

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
FIFTY-FOURTH ANNUAL MEETING
Held in
CLEVELAND, OHIO
OCTOBER 25, 26, 27, 1943



Office of the Secretary
Five South Wabash Avenue
Chicago 3, Illinois

FIRST DAY

Monday, October 25, 1943

The fifty-fourth annual meeting of the Association of American Medical Colleges convened in the Hotel Statler, Cleveland, Ohio, at 9:10 A. M., and was called to order by the president, Dr. Waller S. Leathers, Dean, Vanderbilt University School of Medicine.

Dr. Torald Sollmann, dean of Western Reserve University School of Medicine, welcomed the Association to Cleveland and reported on the local arrangements made for the entertainment of the delegates.

Dr. Henry J. Meleney, chairman of the Committee on the Teaching of Public Health and Preventive Medicine, reported on the activities of that committee in the field of tropical medicine. Through the financial help given by the John and Mary R. Markle Foundation, it had been possible to provide fellowships at the Army Medical School, Tulane University of Louisiana and United Fruit Company hospitals in Central America.

Mr. Archie S. Woods, executive vice president of the Markle Foundation, spoke to the report as did Dr. Wilburt C. Davidson, Dean, Duke University School of Medicine; Dr. O. W. H. Mitchell, Syracuse University College of Medicine.

The next speaker on the program was Major General George F. Lull, Deputy Surgeon General, U. S. Army, who spoke, briefly on the Army Specialized Training Program.

General Lull was followed by Colonel Francis M. Fitts, M. C., who spoke on the same subject.

The Navy V 12 Training Program was discussed by Commander Bart F. Hogan, U. S. Navy, M. C., and Commander A. S. Adams, U. S. N., the officer in charge of this program for the Navy.

These four papers were discussed by Dr. C. Sidney Burwell, Dean, Harvard Medical School; Dr. A. C. Callister, Dean, University of Utah School of Medicine; Dr. L. R. Chandler, Dean, Stanford University School of Medicine; Dr. H. S. Diehl, Dean, Division of Medical Sciences, University of Minnesota; Dr. J. S. Rodman, Secretary, National Board of Medical Examiners; Dr. William Pepper, Dean, University of Pennsylvania School of Medicine; Dr. Rolf C. Syvertsen, Secretary, Dartmouth Medical School; Dr. Arthur Knudson, Albany Medical College; Dr. D. Bailey Calvin, Registrar, University of Texas School of Medicine; Professor W. C. McTavish, New York University; Dr. Carlyle F. Jacobsen, Washington University School of Medicine.

Dr. Willard C. Rappleye, Dean, Columbia University College of Physicians and Surgeons, read a paper on Postwar Medical Education.

At this juncture, the vice president, Dr. John Walker Moore, Dean, University of Louisville School of Medicine, assumed the chair.

The president, Dr. Leathers, delivered his presidential address, "The Association and Some Postwar Problems."

The meeting adjourned at 1:00 P. M.

The annual dinner was held at 7:00 P. M. The toastmaster was Dr. Torald Sollmann, Dean, Western Reserve University School of Medicine. Speakers were the president of the University, Mr. Leutner, and the financial representative of the Board of Regents of the University. A representative of the Mayor of Cleveland—who was compelled to be absent because of important business—welcomed the Association to Cleveland.

SECOND DAY

October 26

The second session convened in the Hotel Statler at 9:00 A. M., President Leathers presiding.

The following papers were presented:

"Effect of the Accelerated Program of Medical Schools on the Curriculum, Faculty and Students," by Victor Johnson, Associate Professor of Physiology, Dean of Students, University of Chicago Medical School.

"Present Methods of Medical Teaching," by Jos. T. Wearn, Professor of Medicine, Western Reserve University.

"Postwar Planning for Medical Education," by Willard C. Rappleye, Dean, Columbia University College of Physicians and Surgeons.

These papers were discussed by the following: W. C. Davison, Duke University School of Medicine; E. S. Ryerson, University of Toronto; M. H. Rees, University of Colorado; C. D. Leake, University of Texas; H. S. Diehl, University of Minnesota; W. H. Grulich, Western Reserve University; Willard C. Rappleye, Columbia University; F. S. Smyth, University of California; Torald Sollmann, Western Reserve University; Joseph C. Hinsey, Cornell University Medical College; Secretary Zapffe; and in closing by Doctors Johnson, Wearn and Rappleye.

"The Place of the Small Community Hospital in Postwar Medical Education," was the title of a paper read by Lester J. Evans, Medical Associate, The Commonwealth Fund. It was discussed by: A. C. Furstenberg, University of Michigan; Rev. A. M. Schwitalla, St. Louis University; B. O. Raulston, University of Southern California; R. J. Bean, Dalhousie University; and C. Sidney Burwell, Harvard University.

"Can Excellence Be Learned?" was the title of a paper read by Alan Gregg, Director Division of Medical Sciences, Rockefeller Foundation. The paper was discussed by: Calvin S. Hall, Western Reserve University; Willard C. Rappleye, Columbia University; S. I. Kornhauser, University of Louisville; Major Margaret D. Craighill, Woman's Medical College of Pennsylvania; Walter S. Bierring, Des Moines, Iowa; W. D. Forbus, Duke University; and, in closing, by Dr. Gregg.

"The Rohrschach Test," was described by M. B. Harrower-Erickson, Madison, Wis. The paper was discussed by: Carlyle F. Jacobsen, Washington University; C. D. Leake, University of Texas; R. B. Allen, University of Illinois; A. Cyril Callister, University of Utah; W. Grulich, Western Reserve University; and, in closing, by Dr. Harrower-Erickson.

The following were appointed the Nominating Committee:

Dr. B. O. Raulston
Dr. W. A. Bloedorn
Dr. J. C. Hinsey

The meeting recessed at 1:15 o'clock.

THIRD DAY

October 27

The third session, held in the Auditorium of the Cleveland Medical Library, Western Reserve University, convened at 9:55 A. M., President Leathers presiding.

The following papers were presented:

"Some Aspects of Medical Education in Industrial Health Conservation," by Carey P. McCord, Medical Director, The Industrial Health Conservancy Laboratories.

"Correlation of Physiology Instruction with War Problems," by Carl J. Wiggers, Professor of Physiology, Western Reserve University.

Dr. E. M. MacEwen was installed as President.

A rising vote of thanks was tendered to Dean Sollmann and the faculty of Western Reserve University Medical School.

The meeting adjourned at 11:20 o'clock.

(Signed) FRED C. ZAPFFE,

Secretary.

Executive Session

Tuesday Afternoon, October 26, 1943

The Executive Session held in connection with the Fifty-fourth Annual Meeting of the Association of American Medical Colleges, at the Hotel Statler, Cleveland, Ohio, October 25-27, 1943, convened at 3:00 o'clock, Waller S. Leathers, President, presiding.

ROLL CALL

SECRETARY ZAPFFE: I have checked the registration cards and found that the University of Manitoba, the University of Nebraska and Temple University are not represented here. Except for those three and the University of The Philippines, all of the colleges are represented by one or more delegates, which makes 80 out of 83 colleges represented.

THE PRESIDENT: The next is the adoption of the minutes of the 1942 session.

The secretary offered the minutes as printed.

DR. REES: I move the minutes be approved as published.

DR. PEPPER: Second.

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

THE PRESIDENT: We will start on the special item of business, namely, the military program which was presented in considerable measure yesterday morning.

DR. RAPPLEYE: The Executive Council felt that at the meeting yesterday there was insufficient time to discuss as fully as some of you wished a number of questions related to the war program of the Medical Schools. A number of you might have had some ideas that you would like to convey to Colonel Fitts and Commander Adams who are here to listen to further comments and discussions. It seemed to us wise that they know, as fully as possible, our ideas, the points at which there seem to be difficulties in adjusting our prewar program to the Navy and Army plans.

They would welcome, as they have on so many occasions, any suggestions, criticisms and comments you would like to make. It is important that you present your ideas, particularly on the matter of the selection of premedical students. The Executive Council last summer urged the bilateral selection of students which, in the last twenty-five years, has been an enormous element of strength in medical education in this country. Both the Army and the Navy are desirous, as far as practical within their program, to take advantage of whatever strength there is in our plan. We have had the feeling in the Executive Council that it would be possible to arrange in our regional committees, our screening committees of the Navy and the medical advisory boards of the Army Specialized Training Program, mechanisms by which individual schools would have an opportunity to consider the applications of individual students and, as far as practical, to assign them there later. Dr. Fitts described the whole program yesterday. In conferences with the Navy officials it seems that in a large proportion of instances, it would be possible to work out a bilateral selection of students.

As we have assured both the Army and the Navy on many occasions, the medical schools are ready to cooperate in every possible way. There is no

debate about that. We are eager to do as much as we can to insure that they get just as many potentially able students as we can possibly recruit into this program. We have contended that a considerable number of potentially competent students, desirable medical trainees, will be reluctant to go into a program of medical education where there is an assignment directly from an impersonal, numerical pool as distinguished from the possibility of that individual being considered and accepted by one of several schools to which he would like to go. In the Army scheme it may well prove that the proposal may not be practical as pointed out by Colonel Fitts yesterday. And yet it isn't fair, to have the important question go by default as it did yesterday, merely because we didn't have time to talk about it. I would like to urge that every one of you who has ideas about it, present them. Colonel Fitts and Commander Adams and their associates will be delighted to have those suggestions.

DR. A. CYRIL CALLISTER (University of Utah Medical School): Our latest difficulty integrates itself with previous difficulties, and that we cannot discuss one portion of this program without, perhaps, considering them all. I refer particularly to the recent allotment of interns and residents to the several states and their hospitals. We have a peculiar local problem in Utah. We have about 1,300 active hospital beds, excluding mental and tuberculosis beds. Our population has increased between one-fourth and one-third in the last two and one-half years. We happen to be a very important second front. We are producing one-third of all the copper used by the Allies, a large portion of the coal used in the intermountain region and on the Pacific Coast. We have had such a lack of hospital bed facilities that patients wait for a week or more to be admitted. We have been developing a teaching hospital in the expansion of our four year medical school, and that hospital has had to take over the care of the poliomyelitis epidemic we have just had, which has been the most severe polio epidemic, from the standpoint of incidence, that has happened. We have the only contagious disease ward in this teaching hospital, the only outpatient department and the only V. D. clinic for inpatients. You can imagine our consternation when, for the 1300 active beds in this area, we were assigned 19 interns and 4 residents. In fact, our professors and their associates will be doing intern work instead of teaching, if that allotment is adhered to.

I admit this is a peculiar problem, but some of the other hospitals of relatively long standing in our community have had their allotments reduced. It occurs to me that, perhaps, in this allotment, some of the weak hospitals who do not and never have had adequate teaching programs for interns are being given a share of the interns that should go to hospitals that have adequate teaching programs for interns.

From the point of view of a short internship, where the education of the intern should be as good as we can possibly make it, I cannot adjust my ideas, or reconcile myself to the fact that we should put these boys with the short internships into a hospital that has not an adequate program for training and curtail teaching hospitals that have an adequate teaching program, that have been trying to do a good job, to the extent that the interns will merely be exploited and will not get any training. They will be exploited for routine work.

I would like to move that, if possible, in the allotment of interns and residents to the respective states, it be placed on a state level; that the State Committee of Procurement and Assignment, with its chairman, should confer with the hospital executives and the faculties of the teaching hospitals to determine what allotment is necessary, for two purposes: one, for the adequate care of the civilians, and, second, for proper instruction of the interns and medical students.

DR. EBEN J. CAREY: I second the motion.

The motion carried.

DR. H. S. DIEHL: I am not sure of what this motion means.

I am glad, however, of an opportunity to discuss this intern-resident program that the Procurement and Assignment Service, in cooperation with the Surgeons General of the Army and the Navy, have projected for the future. It is not a perfect program, but we believe that it represents an improvement over the situation in which we would have found ourselves, without any such planning. The Procurement and Assignment Service must take the major responsibility for this program. It originated with Procurement and Assignment Service. It was some little time before we convinced the Surgeons General of the Army and the Navy that it should have their support and cooperation. The reasons for inaugurating this program were several. In the first place, with students graduating from medical school each nine months and with the twelve months internship, there was a three months overlap in service which represented a waste of medical manpower in most institutions. From the reports we received, the interns in those institutions, during that three months period, did not receive the type of experience and training that was desirable.

A second reason was that, although the Army and the Navy had agreed to postpone calls to active duty of officers who held commissions for twelve months of internship, we were able to receive absolutely no commitment or no assurance from either service that they would grant any deferment beyond twelve months, which seemed to leave us faced with the probability that we would have no deferment of anyone who held a commission, beyond the twelve months internship. Inasmuch as all our graduates, or practically all, are going to be commissioned, it left us faced with the probability that we would have no continuing service whatsoever in our hospitals.

A third reason for this program is that the Procurement and Assignment Service has a dual responsibility. It has a responsibility to cooperate with the armed forces in the provision of medical officers and, also, to do everything possible to distribute medical manpower so as to provide its most effective use to meet civilian needs.

Although the large hospitals are, by this quota system, being reduced, for the most part, in the number of resident staff that they will have, those interns and residents will go to other institutions which, in the past, have had interns and residents. According to the best estimates that we were able to make, some 1,500 interns that were previously serving in approved internships during the past year concentrated in our larger hospitals, and it left many of these other hospitals in very critical situations. The cases presented to Procurement and Assignment Service about the situations in hospitals led the Board to feel that, although possibly from the point of view of medical training, it was not wholly desirable, still it was in the total, over all interest to spread out the interns, to distribute them among the hospitals of the country. It was not intended that any of these interns should go to hospitals that are not acceptable or, in the past, have not been approved for internships and have not had interns.

I would like to explain, briefly, the way these quotas were set up. Some of you have spoken of situations to Dr. Lapham and me in which it appears that errors were made in the computations of these quotas. In cases of that sort, the facts in the situation should be called to the attention of the Procurement and Assignment Service, and I can assure you that consideration will be given to each and every case.

The way the quotas were set up was this: 1940 was taken as a basis, because it was assumed that hospitals the country over had pretty well adjusted themselves to the supply and demand at that time. The number of

interns and the number of residents that each hospital had in 1940 was taken as a base number, and a percentage, addition or reduction, of that base number was made for changes in patient load or hospital admissions since that time. For example, if a hospital had had a 25 per cent increase in patient load, the basic number was increased by 25 per cent. A further adjustment in basic number was made for teaching institutions. Primary teaching hospitals were given an additional 15 per cent increase in their basic number, secondary teaching hospitals a 10 per cent increase. Then, with that adjusted basic number, reductions were made uniformly throughout the country. The reduction in the number of internships was one-third, the reduction in the number of residencies, 40 per cent. Those figures were arrived at by taking the number that we will have available and the number in relation to the number that were filled in 1940. It was believed, after very careful consideration, that those procedures represented as good an over all program as we could arrive at for the distribution of the limited supply of interns and residents available. There may be situations in local communities which could not and were not taken into consideration in computing these quotas, but adjustments can be made.

Dr. Callister's motion, as I understood it, is a recommendation (I do not think it could be anything more) from this group to the Procurement and Assignment Service that these allotments be made on a state basis and the state committee distribute them. The Procurement and Assignment Service considered that, but we felt that it was better to make allotments nationally to the hospitals on the basis of a uniform procedure. Then, if adjustments needed to be made to meet particular situations, to have those requests for adjustments come through the state committee, with a recommendation of the State Procurement and Assignment Committee to the Central Board, where they will be considered by a hospital committee. The reason we felt that was better than to make blanket allotments to the states was that some state committees might have very different points of view than other state committees in what was minimum, adequate coverage. So that I do not see what Dr. Callister's motion can accomplish, other than if this Association wishes to do so, it could recommend to the Directing Board that it change that method of allotment. But the allotments have already been made.

The procedure for appeal of these quotas is set up, in that the institution presents its case for adjustment to the State Committee of the Procurement and Assignment Service which investigates it and then makes its recommendation to the Central Office in Washington, which has the authority to make adjustments.

DR. M. E. LAPHAM: I have not very much to add to what Dr. Diehl has said, except that I want to impress on all of you that you have the privilege of appeal. I hope that everyone will not appeal in every instance for every hospital in the country, which will amount to some twelve or fifteen hundred hospitals which are approved for internships and residencies, but there is always a possibility that there may be some change made at the state level. I think that the State Committee of Procurement and Assignment Service can, as Dr. Callister has suggested, do this informally, without any particular difficulty, if these is a possibility of arranging it within the state. We felt that we were doing a service, because, as Dr. Diehl said, there were 1,500 internships which we estimated were assembled in the hospitals which previously had had two-year internships. So that, instead of having 5,200 internships to spread out, we found ourselves with 1,500 less that number, and many hospitals, of course, had taken on considerably more, probably, than they should have had. We saw no other way but to distribute these interns as equitably as possible.

I agree with everyone that a nine months internship is a bad precedent, and it certainly will not continue after the war, I hope.

I think we have to take into consideration that we are responsible for two things. Practically every hospital that writes to us tells us that they cannot run a hospital without a house staff. That does not apply only to the teaching hospitals; it applies to all hospitals. If a hospital has 200 beds and is a non-teaching hospital, they must get some service, they must give some training in those hospitals. There are patients that must be cared for when the visiting staff is not there. So I do not think there is any question but what we have to give some interns to hospitals that are not essentially teaching hospitals. We have given interns to these hospitals in the past. Certainly, all of the teaching hospitals could not possibly take care of all the interns anyway. Our responsibility is to see that medical service be distributed as carefully as possible. We are always quite willing to make any compromises we can. That is what our office is for.

REVEREND ALPHONSE M. SCHWITALLA: This ruling goes into effect January 1. Before that time we are to see to it that all our interns who have had nine months of service up to that time, are disposed of. Suppose you give us an allocated figure. Does that mean that at no time during the year, in the case of staggered internships, is there to be an excess of the number that have been allocated to that hospital?

DR. LAPHAM: No, sir. There will have to be overlapping, and probably an overlap of sixty days will be acceptable. The Army and Navy have said that we could only retain a man outside of the internship for one month after he has graduated. On the other hand, if there are some interns in a hospital who do not go out for two months after some come in, I think that overlapping will have to take place until the whole transition is completed. There are about twelve or fourteen schools which are not on the regular schedule. There are forty-six schools, I think, which graduate in December; there are two in January and two in November. So, to all intents and purposes, there are about twelve or fourteen other schools which will graduate at odd times. It is going to be difficult to arrange those internships so that there will not be some overlapping. I think we can always make an allowance of from thirty to sixty days in that situation.

FATHER SCHWITALLA: Suppose you have a group of men that you need to fill your allocation on January 1, and they will have had more than the nine months internship,—can you hold them?

DR. LAPHAM: If they have had more than nine months internship,—if they are deferred by the Army and the Navy, that is, as commissioned officers, they will have to go on duty.

DR. R. B. ALLEN: If we happen to be under contract for more than our quota beginning in January, what should we do with the excess?

DR. LAPHAM: The only thing we can recommend, as far as that is concerned, is for you to make some sort of a selection and attempt to get internships, or have the interns attempt to get internships, somewhere else. We realize that is unsatisfactory; that it is probably going to be unfair to a small group, but we had to start this program sometime, and the Board felt it should be started as soon as possible so that we can distribute interns. I think that most of the interns will probably get satisfactory internships. We have recommended that hospitals which have quotas and which have not acquired sufficient interns to fill their quotas should publish the names in a particular place in the A. M. A. Journal every week, so that interns who are available can apply to those hospitals to get internships. It is unsatisfactory, but I think it is about the only thing we could do at the present time.

DR. MAURICE H. REES: Since Procurement and Assignment Service started this, why does not Procurement and Assignment carry through? Since we

have had to give up 25 per cent of our interns, why do not you take the responsibility of cancelling the contracts and placing them? We have got to break contracts. Procurement and Assignment has an office setup. Why do not they take the responsibility of placing these interns?

DR. LAPHAM: I think the contract which the student has with the Army or the Navy comes before a contract with the hospital, and, therefore, it would take care of the interns who will have to complete their service at the end of nine months.

DR. RAPPLEYE: Have you a legal directive from the Director of War Manpower Commission or the President authorizing the cancellation under the war emergency of these contracts?

DR. LAPHAM: This has the approval of the War Manpower Commission.

COLONEL FRANCIS M. FITTS: Do you think that question would come up if these men are in the service? They are being permitted by the Army to pursue a nine months internship. I doubt whether the question would come up at any time.

DR. RAPPLEYE: Probably it is not a point of any great moment under the war program.

DR. LAPHAM: Every state that requires a one year internship has approved the nine months internship, except Illinois, and Dr. Berg seems to feel that Illinois will very shortly accept the nine months internship.

DR. JOSEPH C. HINSEY: When will this plan, in its final form, be published so we can have it? We had our meeting with the state chairman in our institution last Thursday. All that we have been able to see is what was published in the A. M. A. and what was sent out by the American Hospital Association.

DR. LAPHAM: You will have received all of your instructions by now.

DR. HINSEY: The point Dr. Callister brought up, I think, is an important one because, in figuring our quotas, they were figured on the basis of 1940, without any allowance being made for a 10 to 15 per cent increase on the basis of our being an educational institution. The point that he has made is to consider the hospitals that are affiliated with educational institutions. It seems to me that there has been a lack of appreciation in this setup of the significance of the teaching factor of interns and residents.

DR. LAPHAM: It did say 15 per cent.

DR. HINSEY: We have not been able to enjoy that because we had no statement made as to how the quotas were dealt with. I know our quota was not derived from any increase but from the 1940 figures.

DR. LAPHAM: We sent this questionnaire out in August. We are going to base a great deal of our computations on the returns of the questionnaires. Up until last week, about 50 per cent of them had been returned. So that, because we did not want to waste too much time, we went ahead on the information we had, with the understanding that any hospital which felt it was entirely out of line should write to us and attempt to have it adjusted. But many hospitals, I think, will find that they possibly have not been treated as fair as they should have been, because they did not get the information to us. We felt that two months was sufficient time to wait for a questionnaire to be returned, although I realize you are getting many of them.

DR. HINSEY: I feel that a 10 per cent allowance could have been made

on the basis of 1940 figures which have been published. I did not see in the directive which we had any indication of that amount of allowance for a teaching institution.

DR. LAPHAM: It was not stated, and we felt it was just as well not to state it as a general principle because we would probably have had the other 2,000 hospitals writing to us and asking why we were showing preference.

DR. HINSEY: I would like to ask another question. The statement I have seen published says that the Surgeons General of the Army and the Navy may permit a third of the interns to be kept on for an additional nine months and a sixth for an additional nine months.

DR. LAPHAM: That does not apply to the single hospital.

DR. HINSEY: I realize that point, but do we have that assurance, as the word "may" is different than "shall", and have the Surgeons General agreed to it?

DR. LAPHAM: The Surgeons General have agreed to it. The only difficulty is you have to find the interns and residents who are willing to be deferred. On the form which you have to submit to us, the signature of the man for whose deferment you are asking, must appear.

DR. HINSEY: Modified 218?

DR. LAPHAM: That is right.

DR. A. C. BACHMEYER: Is it true that deferment will depend on the commanding officer and the Service Command rather than on the Surgeon General?

DR. LAPHAM: No, sir. It has to go through the State Procurement and Assignment to the Central Office, and we take it up directly with the Surgeons General of the Army and Navy.

DR. ROBERT WILSON: Assuming that in 1940 it so happened a given hospital was inadequately provided with interns and resident staff, on what basis would you make your allotment?

DR. LAPHAM: Of course, there probably would be quite a few hospitals that would never have been satisfied because there are about 3,000 more internships than there are interns. So that at no time have all the hospitals in the country had a satisfactory number of interns according to their own method of computation.

DR. WILSON: Suppose I reported to you that in 1940 we had an inadequate resident staff, would you accept my statement?

DR. LAPHAM: We would have to know how many you had.

DR. WILSON: That was reported. We did not have all we should have.

DR. LAPHAM: I think it depends largely on what your current load is now.

DR. RUSSELL H. OPPENHEIMER: A tremendous amount of injustice is likely to be done to the very best group of men graduating from medical schools, in that they are the ones who receive appointments, we will say, to the more sought after internships, and those are the hospitals which have been cut the most, anywhere from 30 to 55 per cent. I know one hospital that is cut over 50 per cent. These men will have to go out and secure internships, which naturally are not going to be in the middle grade, but in the

bottom grades, because the middle grade ones will probably be pretty well occupied.

There are two questions I am wondering about with reference to adjustment. It seems to me there is going to be a considerable flood of adjustments, which is going to require what we might refer to as an accelerated action on the part of the central committee, particularly since it has to go through state committees, and they may defer from week to week until they make up their minds, before they write to the central committee for action. If these adjustments are late in coming through, these men will already have found it necessary to seek appointments elsewhere. That is the first point. The other point I had in mind and am wondering about is if an adjustment is made so a hospital gets more, where are those men coming from?

DR. LAPHAM: There will have to be adjustment made within the state, undoubtedly.

DR. OPPENHEIMER: You mean you will have to take them away from some other hospital in the state?

DR. LAPHAM: That is right, because we have not a pool. That has to be handled locally.

DR. L. R. CHANDLER: Six schools require an internship in a hospital satisfactory to their faculty before they award the degree. I am sure most of the faculties would accept medical military service in lieu of that either for the full twelve months, if that becomes necessary, or for the remaining three months of the internship. But I am quite sure our faculties would be unwilling to accept a nine months internship or any period of internship in a hospital that was known to be unworthy of any internship at all. I see one or two things we can do. We can revoke the requirements. Or just get ourselves into trouble with the Army or the Navy by having these boys subject to military call and let them all go to military duty without any internship.

DR. LAPHAM: I do not believe the Army would accept them without an internship. They might go into the Navy because the Navy has internships, but the Navy has said they would not take any more than the number they have at the present time. The schools would either have to revoke that ruling or else do as the states have done in many instances, saying they would accept three months of military service in lieu of the complete twelve months of internship.

DR. CHANDLER: I would like to comment on one other feature, the assistant residency, and make a very strong plea that, with the reduced assistant residencies and reduced faculties, we be permitted to choose the very best men we can get for those assistant residencies, irrespective of whether or not the man is in the Army or the Navy, a female or Class 7.

DR. LAPHAM: We are making no attempt to select the individual.

DR. CHANDLER: I know that, but it is my understanding from your directives, previous ones at least, that we are to make the big effort first to take what we can get, not eligible for military service, irrespective of the quality of the personnel.

DR. LAPHAM: I do not believe we ever said "irrespective."

DR. CHANDLER: You did not say it just that way, but it came pretty close to that.

DR. LAPHAM: If we expect to cover the minimum essential residencies in the country, it will require about 3,200 residents, as a minimum. We can only

expect to have deferred by the Army and the Navy about 1,500. So that the other 50 per cent is going to have to come from somewhere, and it will require the ingenuity of the superintendents of hospitals and other selecting groups to provide the other 50 per cent. They are available. I am sorry that we cannot get them for you. In the past you have selected them.

As a matter of fact, Dr. Joe Clemens, who is state chairman in New York, tells me that Bellevue, Presbyterian Strong Memorial Hospitals have taken anywhere from 75 to 100 per cent physically disqualified people. It is rather remarkable that hospitals as large as that could have done so good a job.

DR. RAPPLEYE: About a dozen of our seniors have been dropped from their January appointments. Practically every satisfactory internship in the City of New York has been filled for many months. Cornell and the other schools have the same experience.

DR. LAPHAM: That does not include the approved hospitals?

DR. RAPPLEYE: Yes, there are some vacancies in "approved" hospitals, but some of them are hardly satisfactory for intern training.

DR. LAPHAM: We are attempting to do this on the basis of giving as satisfactory medical service as possible. There are going to be some difficulties. I do not know how they are going to be taken care of, but there must be a sufficient member of hospitals to take care of these. If there has always been a slack of 3,000 interns,—the Navy has taken more than its quota so that there are not 5,200 to distribute, but only 4,600—that the 4,600 certainly can find adequate internships in the United States.

DR. RAPPLEYE: Our idea has been right along that the internship was part of medical education, and we ought to have a good deal to say as to the quality (at least in our recommendations) of service in which these men are to complete their basic education. We have resolutions on this whole situation, the Executive Council is unanimous in its opinion regarding this intern problem. We believe in standing for educational standards even at this time when, in our opinion, this program was not necessary.

DR. LAPHAM: I do not believe that you could accuse the Board of the Procurement and Assignment Service of not standing for educational standards. But this is an emergency which had to be met, and it seemed to us that, with the appeals from the hundreds of hospitals in the country that they had to have house staffs in order to get along (we know that every house staff has been depleted), the best way to handle this would be to distribute the interns more equitably than they have been in the past. I realize that it is going to cause difficulty to some people. Some men are not going to get as good internships in the future as they might have before. There are not going to be as many interns who can have internships in the better hospitals, but I see no other way that we can handle the manpower situation throughout the country without this kind of a distribution.

DR. RAPPLEYE: Colonel Fitts, what would happen to a man dropped from a hospital on January 1, who has not had his internship. What will the Army do with him?

COLONEL FITTS: I think the Surgeon General will order such men to active duty, irrespective of the fact whether they shall have completed their internship. That is only my personal opinion; I am not committing the Surgeon General at all.

DR. RAPPLEYE: Would he be commissioned?

COLONEL FITTS: He would be commissioned on graduation.

DR. RAPPLEYE: He could be called to active duty without the internship?

COLONEL FITTS: He will be commissioned from those schools that have a four year course of instruction, but require a fifth hospital year for graduation. We will have to do as we have done before. When they have a Class A appointment, they are commissioned in the Medical Corps of the United States Army on the certification that they successfully completed the four years of instruction. The deferment of their call to active duty is merely a deferment. It is merely a postponement of the time in which he is to serve in order that he receive further instruction. We did not feel that it was practicable to continue the recent graduate in an enlisted status throughout hundreds of hospitals. The administrative details of taking care of that number of men would have been virtually impossible. Accordingly, it was much more satisfactory to appoint them in the Medical Corps of the Army of the United States and permit them to pursue a hospital internship on an inactive status. At the end of the prescribed hospital internship (that prescription must vary from time to time), he would be called to active duty.

DR. D. BAILEY CALVIN: We are going to have quite a problem in placing our interns. The nine months' rule from date of graduation and one month from the acceptance to the beginning of the internship is going to hurt us considerably in placing our boys in the better internships, starting in most cases on October 1. Our class graduates June 24. Are there any procedures we might follow in helping our boys to get a satisfactory internship of nine months' duration? The twelve months' rule made it possible. If they were allowed twelve months from graduation to complete an internship, there was a slight variation of two or three months, during which time the boys always served in a local hospital and went into another internship or an internship of choice.

DR. LAPHAM: That is regardless of whether they held commissions or not?

DR. CALVIN: That is right.

DR. LAPHAM: I do not believe that the Army and the Navy, at least according to recent information, will allow that to happen, to go beyond a month. Of course, many of your graduates will have accepted internships in hospitals connected with your medical schools, presumably. I would think that many others would probably go to the same hospitals others had to go to under the some program.

DR. CALVIN: A number of our boys have always gone to the East for internships, and most of them are starting October 1. There is that spread of time, of some three months. We have already had some boys called out of our institution, at the end of nine months from date of graduation in one case. The boy had been with us only three months on his internship. He was called out at the end of a three months' internship.

DR. LAPHAM: He has been called up for physical examination? He will actually be called out the first of December.

DR. CALVIN: He only has the three months internship.

DR. TORALD SOLLMANN: When the acceleration took place, it struck different schools somewhat differently, and they accelerated at a somewhat different pace. Forty-six schools will graduate in December, and practically all the hospitals begin their internship in January. That clicks very nicely. Four schools graduate in October; six schools graduate in November; then come the 46 and the nine schools that graduate between January and June. I see no way of connecting these with the thirty-day limitation on internships. We happen to be in the October group. If the hospitals in Cleveland were to start in October, they would strike two difficulties that are serious. In the first place,

they would be restricted to the schools from which they could draw. It is custom, and I believe it is good educational policy, to draw from the schools all over. They could not draw from the 46 schools who finish in December, if they moved their starting date backward to connect with our school. The other difficulty is that, if they attempted to do this, they still have interns of the last class, and they would be staggered; they would have a double number for one or two months.

The real argument or, at least, the most convincing argument educationally, for the nine months' service is that it prevents the staggering. It is, perhaps, easier to stagger the three months which in the rotating internship would be rotating. Our hospitals tell us it would disorganize the internship. Again, if the internship is only to be of nine months' duration, this disorganization is still more drastic. They come out with really seven months of productive internship and two months of confusion. Inasmuch as this particular difficulty was caused by the fact that these schools accelerated more than the average, the armed forces would lose nothing by allowing these men to start in January. They would be starting in January if we had not had this extra acceleration.

DR. LAPHAM: I believe that the majority of schools will work into the program very well. A few schools will be outside.

DR. SOLLMANN: About one-fourth of the schools are outside.

DR. LAPHAM: I am speaking off the record, but I believe that probably the military services might give consideration to a very few interns being retained.

DR. SOLLMANN: And Procurement and Assignment would be willing to do it?

DR. LAPHAM: We would be willing to recommend it if it were not too large a problem. I think, with the small number we are dealing with, it could be done satisfactorily.

DR. SOLLMANN: It is a problem that will, of course, be recurring year after year because they go on in the same way.

DR. J. A. CURRAN: I would like to comment on one statement made by Dr. Lapham, and that is that about every hospital with over 200 beds has to have a house staff. Later on he mentioned the fact there had been a gap between the number available each year and the number of internships. This situation is not credited by the war. There has been an increasing gap for the last fifteen or twenty years between the number of internships available, because of the rapidly increasing size of hospitals and the number of internships throughout the country. So, this cutting down is certainly not going to supply all of the hospitals desiring house staffs with interns. It will supply some of them, but it will only be a drop in the bucket. Obviously, this situation, which has been accentuated by the war, is one which many hospitals, in increasing number, especially the small ones with 200 or 300 beds or thereabouts, have got to face, to find another way of taking care of patients without interns. Whether or not they are good from an educational point of view, is beside the point. There are not enough interns to go around.

I would also like to comment on the fact that whether an internship is desirable or not, or acceptable or not, is one which the graduate himself has a good deal to say about. They are very much better educated, at least in our area, than they used to be on what is a good internship. I would like to re-enforce what Dr. Rappleye said. During the past two years it has been quite difficult to get enough good internships, even in an area with as many hospitals as there are in New York City, to place all of our men in places to which they will go. I think this situation which Dr. Rappleye brought up may come

to the fore very much. You may find that many of these men who are dropped on January 1 will simply say, "I won't take an internship. I will go into the Army as is." So that you will come out with no real replacements for these hospitals you are trying to force these men into. I would like to ask one question, which is bedeviling the hospitals in our area, and that is, how to decide who is to be dropped. In view of this action of the Procurement and Assignment Service requiring hospitals to cut down two-thirds, I think it would be very helpful if they would tell us how to do it. There is one hope, that, perhaps, a way out would be that the boys who have Navy commissions might be dropped and go into Navy internships.

DR. LAPHAM: My only suggestion is that you drop them in reverse of the way you have selected them. I think it would be very unfortunate if many of these men went into the service. I do not think it would be helpful to anybody. The Board has honestly tried to distribute interns as carefully as possible.

DR. RAPPLEYE: It had been the hope of the Navy department that intern examinations could be scheduled for November 29 and 30, but it developed that there are four such examinations to be conducted in 1944 and it was not possible to get ready for a special examination on November 29. There is an examination early in January, 1944.

PRESIDENT LEATHERS: I am sure there is a lot of difficulty in this situation. All we could do, if we did anything, would be to recommend. It is an individual problem, to a very considerable extent. The Executive Council has a resolution to present later and an opportunity will be afforded then for further discussion of this matter. In view of the fact that we wish to go on with other business, unless you wish to do otherwise, I would like to close this discussion and proceed with other matters. Is there any objection?

DR. CHANDLER: I would like to ask a question of both the Army and Navy. Having reduced our faculties to an absolute minimum, and then old age or automobile accidents or tuberculosis or some other illness reduces our personnel to less than that minimum of an essential faculty, would it be possible, when we cannot fill a vacancy by honest effort, to appeal to the armed forces Army or Navy, for a specific individual, probably from our own institution, who is on active duty and might be assigned back to us to fill that position?

DR. RAPPLEYE: There is a resolution on that matter coming from the Executive Council.

COLONEL FITTS: The Army Specialized Training Division is acutely aware of the situation. I have talked it over on several occasions with the Surgeon General's office and intend to continue to do it, because it is of vital interest to us that the faculties remain intact. We are aware of two things: One, there are young men who, perhaps, would wish to enter military service, but who cannot do so because they are declared essential. The suggestion has been made that they be appointed and assigned to active duty in the unit at the school. The other suggestion had been just as you stated, that the return of certain key men now in the military service, for duty at the institution would solve the problem. I have discussed both of those with the Surgeon General and I assure you that, for the Army, I shall continue to do it.

DR. RAPPLEYE: At the meeting Saturday in Chicago of the State Universities, Colonel Beukema said the Army would look with great sympathy and make every effort to return to the faculties those key persons who had earlier been removed and that now are necessary for the proper conduct of the teaching program in certain fields such as engineering, physics, chemistry and others. We have a resolution asking that we open up this question in Washington through these friendly channels and see if it is not possible to help us on our staff problem, which they appreciate just as much as we do. There

is a possibility now, with the situation recognized on all sides and with the general stabilization of the Army and Navy programs now in sight, that something of that kind can be worked out. We are all very hopeful and, certainly, we will get a cordial reception from Colonel Beukema as well as from our friends here.

PRESIDENT LEATHERS: I should like to continue this discussion by giving Colonel Fitts and Commander Adams an opportunity to answer questions or discuss any points they might have wished to do yesterday. Dr. Rappleye has some point of view about the selection of students.

COLONEL FITTS: I do not think either of us has anything to say about that at the moment. We cannot have changed our minds since yesterday. I assure you this thing will not take place for some months to come. We are exploring means whereby it may be effected. As I stated yesterday, I myself do not see how it can be done, but I still will welcome any suggestions you might have to give, if you will take into consideration the simple factors as I stated to certain of you before. I envy the Navy because they will have four months between graduation from the fifth term of their premedical curriculum—four months in which this adjustment may be made. We, of the Army, unfortunately, must make it every month. There will be men completing the fifth term of their premedical curriculum every month. It would require a permanent commission from the schools in each service command to be able to carry out a selective procedure such as the Navy is able to do.

Also, irrespective of actual technics, might I state, as I have before, that the three dimensions, of time, space and number are sufficiently complicated. When we take into consideration that in January, 1945, we will have 500 vacancies, in February 40, in March 60, April, perhaps, none; in May there will probably be 200 or 300. All of a sudden, the 46 schools in June and July, will have 1,100 or more vacancies reserved for the Army; in August it drops to a minimum of 100, or more. That question of time is bad. The question of number is bad, and the distribution of the schools throughout the country, the way they are opening at different dates, again complicates it to a point that those three dimensions have me worried to try to figure them out.

If you inject name into it and, especially, name condition by state, name condition by other things, I just do not see how it can be done.

Another thing, any preferential treatment to individuals or to schools is bound to be prejudicial to other individuals in other schools. I am afraid that we would run into a tremendous amount of difficulty when a man is asked to take an Army trainee because he has a contract, when he has not been acceptable to other schools. Some schools, we have to admit, have been able, in the past, to get the cream. Some schools, unhappily, have had to accept some skimmed milk. For 1944, we are sending the cream—that is in the Army—that has been accepted by the cream schools and will honor the commitments to the others, that is men not at the top of the list. We are hoping that, when our program goes in, there will be no skimmed milk, and even if they may not be the cream, at least it will be very remarkable top milk. It is going to mean, perhaps, unfortunately, that sights have to be lowered just a little bit. Also, sights will have to be raised.

I had a letter from one of the deans of the schools, who was talking about the items of personality, integrity, character, aptitude, all of those things, which we all know about, and how essential it was that he should select men for his own school. There came into my office right at that time one of the most impressive individuals I have ever seen. He wanted to know, if he came into the Army, would we pay for his way through medicine. He had been accepted for the next entering class by that school. I am judging by exceptions, but do not judge the program by exceptions. I believe we can make

it, as a rule, to provide a fine, high grade group of men. If any of you have a modus operandi whereby it can be accomplished, let me know.

PRESIDENT LEATHERS: Commander Adams, do you wish to make any statement?

COMMANDER A. S. ADAMS: The only comment I have to make is, if you see any spots in this program of ours which look soft to you, I would like to hear about them now. Certain it is that we do not sit up in any ivory tower and have all the answers disclosed to us from on high. We are just laborers in the vineyard. So, if you would please be so good as to register your thoughts at this time, I am sure both Colonel Fitts and I will appreciate it.

DR. CALLISTER: Colonel Fitts, we will assume that in an entering class 55 per cent of men have had approximately five quarters; that 25 per cent have had five or six terms, and 20 per cent are 4F or women who have had three or four years of college work. Those men go under instructors to be treated as one group. What do you figure would be the mortality among the men who have had five quarters?

COLONEL FITTS: Let me answer obliquely. The Surgeon General has asked that we produce 3,150 graduates in medicine every nine months in order to satisfy his demand for replacements. We have, by agreement with the Navy and the War Manpower Commission, limited our requests to 55 per cent of the vacancies. Fifty-five per cent of the vacancies in the freshman class of approximately 6,400 represents, roughly, 3,550. In order to get 3,150 out of 3,550 we have to do better than what has been done before. The only way in which it can be done is by reducing the prewar percentage of loss by failures. That does not include the men who withdrew, who are potential failures. The loss for failures would reduce that from 16 to 10 per cent. It is going to be hard to do, but every effort has got to be made to do it, and we are going to try to make that effort. That is the reason why I asked you gentlemen to be the watch dogs of the academic progress of the military students whom you have been asked to train for us. I also would like to come back to the question of the scores made on the Army general classification test. I will be very glad to see the conditions among those that had low scores.

DR. JOS. C. HINSEY: One point has interested me. In the Navy program the men that come to us will come from the naval district in which our institutions are located. Maybe I did not get it yesterday but, as I understand the Army program, there is no such limitation as to service commands. That comes back to the point of the distribution of people from New York to Tennessee, from Tennessee to California. We are asked to take people and educate them in our institutions, and the state institutions are putting a considerable portion of the taxpayers' money into the cost of the education of those people. The endowed institutions are asked to put their endowments into it. We have been glad to do that as long as we have had the principle of bilateral selection. I am wondering what the effect is going to be over the country when you transfer men from one district or service command to another; when you send to the schools in Tennessee, and other state institutions, men from other states. What is the reaction going to be? I would like to reaffirm the statement Dr. Burwell made yesterday in regard to our desire for bilateral section. At the instigation of the local commandant in our service command, we called a meeting of all the deans in New York State in August. It was the unanimous opinion of every institution represented there that we favor, if possible, bilateral selection. You say it is difficult to work out for the Army. I am wondering why, even though you do have these different staggerings of time—the Navy is starting their selection in the fourth term basic—it would not be possible to work out a similar plan with the Army. I would like to make a plea that the attempt be not given up.

COLONEL FITTS: I can assure you that the attempt will not be given up. On the question of regional assignments, I can see that it would be fine if the boys who were inducted in New York, remained in New York; would be assigned to schools in the Second Service Command. However, you know perfectly well how inductees are distributed. Most of the training is done in the Fourth Service Command. I do not believe it is possible always to check on the state of origin of a man and send him to the service command for premedical training, in which is his state of origin, nor be sure that, when he is distributed, he be sent to that. We will say here is a group in a premedical unit. If the man said, "Send ten men to the University of Minnesota" and the loyal sons of Minnesota said, "Please, I would like to be one of those ten," I can see every reason why the commandant, other things being equal, would send him to Minnesota. However, I do not believe it is possible as, for instance, was suggested, we will say for South Carolina to assign to the schools the sons of taxpayers of the State of South Carolina. I do not see how it can be done. Which of the sons of the native sons should be sent? The complications are such, I have not been able to work them out, but we will keep after it.

DR. STUART GRAVES: A question comes up with regard to schools of basic sciences. I would like to ask Colonel Fitts and Commander Adams if I have understood correctly what they have said in the last twenty-four hours, for the sake of the schools of basic sciences and so the deans of four year schools will also be cognizant of their attitude. In the case of the Army trainees, the transfers will be made in exactly the same way as they have before, without regard to service command and without regard to vacancies in the quota of Army or Navy men in the four year schools. Is that correct?

COLONEL FITTS: That is our plan. We have asked that you do that, and we have stated that that is what we desired, that the arrangement now current between the deans be kept in force. I did not realize that there were representatives of Canadian schools present. In the letter which we sent to you we asked you to explain to Army trainees that they should not negotiate except for the junior year in Canadian schools. That had been done in other years. We will not be able to establish training in the Canadian schools. Accordingly, we will not be able to send those men to fill the vacancies which have been assured them in those schools. Would you men who have schools of basic medical sciences check over and be sure that no Army trainees are counting on going for their junior year to schools in Canada, because we would not be able to send them there? The same way with the members of the Medical Administrative Corps who are studying medicine in the Canadian schools on an inactive status. They cannot be called to active duty and assigned for training in medicine unless they are accepted by an American school in which we have units. There are many Americans in McGill who are unhappy because they cannot be in uniform. It is manifestly impossible. I think the Navy had entertained the idea at one time, but found that all negotiations would have had to be carried out through the State Department, and it was decided that it could not be done.

DR. GRAVES: So far as the Army is concerned, barring that one point you make, transfers from schools of basic medical sciences to four year schools anywhere in the United States would be exactly the same as before, and they would be final?

COLONEL FITTS: That is right.

DR. GRAVES: Commander Adams, if I may get you to verify what I understand for the Navy, it is this: that the schools of basic medical sciences will proceed without regard to boundaries between the naval districts.

COMMANDER ADAMS: That is right.

DR. GRAVES: To transfer their men, as they have before, to the four year schools on an informal basis, but when the four year school has indicated what men would be acceptable, then that procedure must be verified formally through the commandant over the sending school, through the commandant over the receiving school?

COMMANDER ADAMS: That is absolutely correct.

DR. GRAVES: That would be final?

COMMANDER ADAMS: Yes, sir.

DR. GRAVES: And without regard to vacancies in the four year school?

COMMANDER ADAMS: Quite right.

DR. B. I. BURNS: Does the directive issued by the Navy to the effect that students who have been admitted to our next class will not necessarily be assigned to the school, apply to our next entering class or to the next one?

COMMANDER ADAMS: I think that the question has to do with the acceptances that we are requesting that you cancel. Is that correct?

DR. BURNS: Yes.

COMMANDER ADAMS: Bulletin 117 provides that all of the acceptances granted subsequent to 1 July for classes other than the one convening now, that is between now and, say, next April, be cancelled. The acceptances granted during the month of July for the next convening class—and the next convening class is the one that is going to convene, let us say, within the next three or four months—will be honored and confirmed as established. But all other acceptances we request that you cancel, that is all other Navy acceptances, of course—we have nothing to say about any others. Those will be resubmitted in accordance with Bulletin 65. The student should indicate in the appropriate place in which he is requested to state "Have you applied for admission to any medical school?" that he did have a previous acceptance, which will be given due weight by our own deans committees in the several naval districts.

LIUTENANT F. S. HASLAM: I would like to correct the information Dr. Rappleye gave. The next examination for acting assistant surgeon will be conducted from January 3 to 7, inclusive. In order for the Bureau to get out the authorizations from the Bureau of Naval Personnel, we are asking that the applications be made in time so as to reach the Bureau of Medicine and Surgery approximately one month prior to the beginning date of the examination which will be December 3.

MEMBER: May I ask how soon the students would be able to hear the results of that examination?

LIUTENANT HASLAM: That involves a period of two months or more. We cannot officially advise the boy he has qualified until the list has been approved by the Judge Advocate General. The papers have to be collected from the various examining boards throughout the naval hospitals, submitted to the naval examining board at Bethesda, which corrects them and submits the list to the Judge Advocate General. A comparable list is submitted to the Judge Advocate General by our medical records section which passes on the physical qualifications of the candidates. This naturally entails quite a good deal of time. Until we receive the list from the office of the Judge Advocate General, we cannot officially notify the candidates. An attempt was made some years ago to carry out the advance notification procedure but many complications developed. When the list was received from the Judge

Advocate General, there were several disapprovals, for various reasons, and it embarrassed the Bureau and inconvenienced the boy. Whereas he may previously have been advised he was qualified, subsequently he found he was not and had failed to contract for a civilian internship. He was naturally in a very embarrassing position.

DR. R. H. OPPENHEIMER: How many additional interns will the Navy accept?

LIEUTENANT HASLAM: I think probably Dr. Lapham, is in a better position to tell you that than I am.

DR. LAPHAM: Admiral McIntire said the other day that he would not accept more than the number they have accepted this year, which is approximately 600.

DR. ROLF C. SYVERTSEN: Apropos of these candidates, have they been investigated were they all ensigns, and did they resign their commissions in order to enter the V-12 Navy college training program?

LIEUTENANT HASLAM: That is quite true. This is an examination of their professional and physical qualifications which rests with the Naval Examining Board at the National Naval Center at Bethesda and with the Physical Qualifications Section of the Bureau of Medicine and Surgery. When those two lists are received by the Judge Advocate General, he makes up a list of those qualified and those not qualified. It is approved by the Secretary of the Navy and returned to us for such measures as we have to institute in order to accomplish their commission. It is totally unrelated to the Ensign H. V. P. status.

THE PRESIDENT: We have devoted an hour and one-half to this discussion and we are a little bit overtime for the regular business of the Association. I think it would be well for Dr. Rappleye, as Chairman of the Executive Council, to read an interesting report on "The Financial Aspects of Medical Education in the War Program." If there is no objection, I will ask him to read this at this time.

DR. RAPPLEYE: We are suggesting the presentation at this time while the gentlemen from the Army and Navy are here because they, too, have an interest in the same questions.

(Dr. Rappleye read the report to be published in the paper marked Journal of the Association of American Medical Colleges, 19: (Jan.) 1944.)

At this juncture, D. H. W. Kostmayer, Dean of Tulan University of Louisiana School of Medicine presented the following statement:

STATEMENT BY DR. KOSTMAYER

It is not my intention to attempt to reopen a discussion of the contracts between the medical schools and the Government. However, it is necessary to refer to these contracts and to events leading up to their completion.

On June 21-22, 1943, representatives of medical schools met with the Eighth Service Command, in Dallas, Texas, to discuss a contract for training medical students. At this meeting I was surprised to hear for the first time the assertion that out-of-state tuition would be the basis of compensation, and the Army people in Dallas were equally as surprised. When I remonstrated, I was told that "key men" among medical teachers had so advised the War Department. On my return home, I wrote to Dr. Zapffe for a statement, and quote from his reply: "The Association has not approved anything to be written into contracts. It has not been consulted by anyone about this; it

has not given an opinion, much less has it issued a directive of any kind. Nor has the Executive Council done so. As a matter of fact, the question has not even been mentioned to the Executive Council or to the Association. I have never heard anything at all about the matter." (Dated June 28, 1943.)

Dated July 3, 1943, the Executive Council sent a memorandum to medical school deans, which reads in part as follows: "In the name of the Association the Executive Council has expressed the opinion that non-resident tuition should be the basis for compensation for medical instruction. It is the belief of the Council that a cost basis may introduce discussions and possible interference in regard to educational policies, standards of instruction, arrangements of curriculum, financial policy, the length of the course, the use of income from endowments specifically given for medical education and other features of the educational program. The income of most medical schools on a tuition basis under the accelerated program has been increased 35 to 40 per cent. For some state universities the income is several hundred per cent greater than normal.

"The Executive Council recommends to the Navy Department and to the members of the Association that the non-resident tuition be the basis of payment for medical instruction. We have made it clear to the Navy that most medical schools are divisions of universities or have their own boards of trustees and therefore the financial policies of the medical schools are determined by the governing boards of the universities of which the schools are parts. Our recommendation is made on the grounds of educational policy."

It should be carefully noted that on June 28th the Secretary of the Association knew nothing of all this and asserted that at that time the Council knew nothing of it; yet within five days the Bureau of Naval Personnel had requested and the Council had furnished an expression of the views of the Association.

It would certainly appear from this that the Council did not meet, or that the Secretary did not attend, despite the provision in our constitution that he must attend all meetings of the Council.

Further careful note should be made of the statement of the Council that compensation should be on a tuition basis which admittedly would cause differentials in increases in tuition varying from 35 per cent to several hundred per cent, yet this was stated to be a recommendation on the grounds of educational policy.

The President of the Association denied my request for a called meeting of the deans of the endowed schools, stating that he thought it unwise and that he lacked the authority to do so.

The Chairman of the Council told me in answer to my letter of protest at the Council's action that the Council made no decisions unless they were fully confident of the attitude and wishes of a large majority of the membership, and that the Council knew long before the Navy contract was prepared that most medical schools strongly favor the tuition basis of payment. How the Council knew this is not set forth, but Tulane Medical School was not asked for an expression of opinion. (It would be interesting to know how many schools were asked.) And as late as June 28th the Secretary of the Association knew nothing of the matter. Since there was never occasion for haste, there appears no reason why each and every member school should not have been consulted. The Chairman of the Council also told me over the telephone that unless we signed up on a tuition compensation basis we could expect our school of medicine to be closed. The letter of Colonel Beukema to Dr. Rappleye, dated July 15th, certainly seemed to confirm this probability, for in it he stated that Dr. Rappleye's offer of assistance and his per-

mission to state the policy of the Association as favoring and recommending current nonresident tuition would be of invaluable aid to the War Department should the basis of payment be questioned.

Expressed with less finesse, this might read: "Thanks for the big stick you have put in our hands. We will certainly use it to beat into line anyone who dares to raise his voice in suggestion of change in the terms we incorporate in the contract."

There were other letters and other telephone conversations, but I do not want to burden you, and besides I have, I believe, presented the gist of my complaint.

I submit my opinion that this entire situation has been grossly mishandled. The action of the Council was taken either without a meeting or without complying with our organic law to have the Secretary present. The Secretary was not even cognizant of the fact that the Council had this matter under advisement.

I submit my further well considered opinion that the action was unwarranted, despite the vote of this Association in Louisville giving authority to the Council to act ad interim, because the question involves a financial problem over which the Association itself has no jurisdiction. I submit as my further considered opinion that the action was unnecessary, since there was ample time in which to confer with each and every member school. Even if the Council had authority to act in the premises, which I maintain they have not, it would have been wise and considerate to determine beforehand the position of each member school and then advise the schools of the majority opinion before giving this to outside sources.

Let me summarize:

1. The making of contracts with the Government is the most momentous event in the history of medical schools, at least since the establishment of this Association.

2. These contracts involve very considerable revenues to member schools, despite the phrase "educational policy."

3. These contracts are entirely one sided and contain clauses which place the security of member schools in serious jeopardy.

4. There was no haste involved, so that a meeting of the Association could easily have been called.

5. This Association has no jurisdiction over the financial affairs of member schools, so could not delegate to the Council what it does not possess.

6. The Council took hasty and unwarranted action without forewarning to member schools, thus making them absolutely impotent in a vital matter which these schools, acting in concert, could easily have controlled to the great advantage of all concerned.

Finally, the matter to me resolves itself into this:

Either members of this Association do not want momentous issues determined by a small group of men, more particularly when there is ample time for free and full consultations, and still more particularly when such issues involve financial interests to a serious degree; or

Members of the Association are quite agreeable to placing the financial affairs and other momentous decisions under the authority of the Council.

In the latter event, I will want to make the situation clear to President Harris of Tulane University, so that he and the Administrators will be fully

cognizant of the risks inherent in such a policy, if they elect to continue membership in the Association.

Submitted by:

H. W. KOSTMAYER, M.D., Dean,
School of Medicine,
Tulane University.

THE PRESIDENT: You have heard this statement. I suppose it is in order for Dr. Rappleye to make any comments.

DR. RAPPLEYE: I have embodied in the report of the Executive Council, at its suggestion, just a few quotations dealing with the topic introduced by Dean Kostmayer. The letter from Admiral Jacobs asking the cooperation of the Association and our response are self-explanatory. We all realize the difficulties many of the schools have. Under date of June 28—which may explain the discrepancy between the inquiry of Dr. Zapffe and his answer and the subsequent letter which we sent out—Admiral Jacobs wrote, after we talked about the matter several times in Washington. This letter was the official communication on which the Executive Council, in the name of the Association, acted.

"The Navy Department has joined with the War Department in a policy of putting compensation for medical and dental instruction upon the basis of the non-resident tuition rate which the school is currently charging its civilian students."

They already had made that decision. We had nothing to say about that.

"In adopting this policy, consideration was given to the fact that these schools are not being asked to change their curricula or fiscal policies, and also to the fact that the cost of medical and dental school instruction is interwoven with the costs of the associated 'teaching hospitals' and considerable difficulty would be involved in a fair and equitable allocation of such costs. Contracts when initially executed will therefore provide for compensation based on current tuition rates. However, an opportunity will be given at a later date to review the matter of the general basis of compensation for medical and dental school instruction, and a determination made as to whether such compensation should not be put on the basis of actual cost as is the case with other types of instruction in the Navy V-12 Program.

"This Bureau would appreciate an expression of the views of the Association of American Medical Colleges with respect to the general basis of compensation for medical and dental school instruction, including a statement as to any position your Association may have taken with respect to this matter."

Every member of the Council was consulted and everyone voted in favor of the following communication, dated June 3.

There was reason for haste on this. The Navy was anxious to get an answer on what we were able to do, or whether the Joint Army and Navy Board would appoint a group of accountants to go into the problem, to satisfy them as to what the financial needs are. We promptly volunteered to do what we could to help. That has been our policy right along.

"In answering the question in your letter of June 28 with respect to the general basis of compensation for medical school instruction, may I record, first, that most medical schools are divisions of universities. Therefore, the financial policies of such professional schools are determined by the governing boards of the universities of which the schools are subdivisions.

"The Association of American Medical Colleges, expressing itself strictly on the educational problems involved, is of the opinion that the current non-

resident tuition should be the basis of payment for instruction. We make that recommendation to the Navy and are so notifying the medical schools and universities concerned. Since the Association does not determine the financial policies of its members, individual institutions may request that you consider placing their contracts on a cost basis."

"Assuring you again of our desire to cooperate completely with the efforts of the Navy on matters of medical training, I am, with kind personal regards."

Then he made some other requests. We were asked to appoint an adviser to the Navy on the question of the costs and other financial problems that might be involved in implementing this very considerable Navy program. The Council appointed the Chairman of the Executive Council to cooperate with the Navy, to collect the data upon which I reported a few minutes ago, not only for the Navy, but for our own information. As I said a few minutes ago, it is before the Joint Army and Navy Board.

I think the question Dr. Kostmayer raises, is a proper one, as to whether we might have called a meeting of the Association, but, please remember that the Association, even if it had met, could not make any commitment other than that of a recommendation.

COLONEL FITTS: The decision had been made in the Army on the basis of non-resident tuition prior to consultation with the Executive Council. It was really an accomplished fact when you were notified of it.

DR. RAPPLEYE: That is right. I would like to make all this clear because it illustrates, if I may digress a moment, some of the problems with which your Council has been wrestling. It is very difficult, and these men from the Army and Navy know the many ramifications and cross currents and directives and all. I think they understand what we have been up against in trying to cooperate with them. They have their problems and we have ours. We have been trying to get a number of these things acted upon as promptly as possible.

In this instance, we had a unanimous vote of the Executive Council. At no time during the year has a single action been taken without full consultation with every member of the Executive Council who could be reached. We were always in contact with each other within a few days, either by telegram or telephone or by mail when we had the time. So that we have carried forward the responsibility that you have placed on us in the resolution adopted at Louisville.

I am not concerned very much about this except to explain it. Perhaps we could have had a meeting of the Association. Dr. Leathers as President, and I and Dr. Zapffe talked about it repeatedly on the telephone and by letter, of calling meetings during the year. Two or three times we had meetings tentatively scheduled, yet we were unanimous on every issue in the Council, except one, which I will present to you later in the evening as part of the Council report. On that we had a divided opinion, and we would not take action. We have made every effort to carry out the intent of this whole program. It is difficult to administer some of these things if you have to call meetings as large as this every time a question is raised.

But I want to leave with you the one idea (we realized it from the beginning), that neither the Executive Council nor this Association has power, in planning financial matters of member colleges. That is for the institution. There are plenty of loopholes, at least in the Army and Navy contracts, to renegotiate, if you desire to do so.

I would like to urge that we not "rock the boat." Indeed, it is to your interest to see that an equitable arrangement is made in relation to this whole

financial picture. Certainly, any institution that is penalized in any way, really penalized, and can demonstrate its penalty by virtue of this program, will get every consideration by the government agencies. I do not know that any institution is really penalized. A few may be having financial difficulties that are ascribable directly to this program. If so, I know they are going to be given consideration by the Joint Army and Navy Board. I say this with the greatest kindness to Dr. Kostmayer. I know his problem, and he is well within his rights, and he should bring here any point he would like to raise. So far as we know, there are only three institutions in the country, that at least the Navy knows about, that have raised a question on the method of payment, and two of them have made very little comment about it; one has made more. I think they are all within their rights to raise any question they desire. That is the attitude of the Navy.

THE PRESIDENT: I got the phone message from Dr. Kostmayer about calling a meeting of the endowed schools. I did not see why we should call such a meeting. If we called anything, we should call everybody.

DR. RAYMOND C. ALLEN: When this matter was coming up, I saw it was an important one, as we all do, so I took it to the Comptroller of the University of Illinois, Mr. Loyd Morey, who I think enjoys a splendid reputation as a financial head among universities in this country, and he advised me that he hoped we would recommend that the basis of contract be placed on the non-resident fee basis. He felt that if we got into the cost analysis situation, we would have great difficulties.

THE PRESIDENT: Any further comment or any questions? I can say I am sure Tulane has had its problem in this respect. I happen to know that President Harris called Chancellor Carmichael, appealing to him to make a special trip to Washington, as President of the Council on Education, to intercede with the officials in Washington. He did so, and came back and said there was nothing could be done, and he agreed to what they were doing about it. It was a futile effort.

DR. KOSTMAYER: I cannot let the moment go by without one more word. It seems to me that the point of the discussion has been missed entirely. I stated at the opening of my remarks that I did not want to open up a discussion of renegotiating contracts. That is a closed issue. I wanted to call the Association's attention to the fact that in a very vital matter, where there was ample time for consultation with member schools, the schools were not consulted. This appears to me a very dangerous precedent. I take it, from the fact nobody else thinks so, everyone else is contented with the machinery which runs the Association of American Medical Colleges. That is perfectly understandable, but I want it understood that I was not trying to open up a discussion of the Army and Navy contracts with medical schools. I signed one for the Navy, that is the President did, the day before I left New Orleans, and the Army one is on the way, and we are to be paid on tuition. That is out of the discussion. But I did hope to call specific attention to the fact that we have dangerous machinery which is running this Association.

THE PRESIDENT: There is one point, Dr. Kostmayer, that might be mentioned. The Association passed a resolution at the last meeting, authorizing the Council to act ad interim. You were there at the time.

DR. KOSTMAYER: Yes, I voted for it.

THE PRESIDENT: You thought we were doing that. That is what the resolution said.

DR. KOSTMAYER: I do not think that is pertinent to the discussion, but I voted for it.

THE PRESIDENT: I am sure it is perfectly right for you to bring this up, and it is to your interest.

DR. RAPPLEYE: I would like to comment that Dr. Leathers and I are fully conscious of the many questions shot at us from all directions. There are times when we have acted through this Executive Council pretty promptly because it seemed necessary. The centralization of authority in our organization which is criticized has proven at times of greatest importance. As an example, the whole Army Specialized Training Program was in jeopardy by an inadvertence in House Army Appropriation bill, yet if we had taken the time in the less than forty-eight hours available to call a meeting of this Association and to function, we would have lost our entire program and the Army would have lost its program. The Navy plan was already through. I was in Washington that day when Admiral Jacobs and the others became greatly concerned from the Navy angle, because, while the Navy bill had been passed, there was no reason why, when the clock came around again and the Army had an entirely different system, the Navy's whole system might have been seriously handicapped also. So you do have, in the case of national emergency, a certain amount of centralized administration. If we do not have that, we shall be greatly restricted in our efforts. We just cannot have a town meeting every time a question comes up.

The Executive Council has been absolutely conscientious on every move we have made, and we have tried in every respect to sample the opinions of each area of the country. That is the great merit of our geographic distribution.

DR. JACQUES P. GRAY: We have not been conscious in Richmond that there has been any attempt on the part of the Executive Council to run the medical colleges. Perhaps, I cannot overcome some of the impressions that have been created, but I would like to compliment the Executive Council, the Chairman, the President and the Secretary for the job they have done during this past year. It seems to me it has been an exceptionally fine one. (Applause.)

THE PRESIDENT: Unless you wish to continue this discussion, I should like to take up the next item, and that is the report of the Secretary.

Report of the Secretary

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Membership.—The membership of the Association remains unchanged. Eighty-five colleges hold membership. Three colleges are postgraduate and graduate schools; seven are Canadian medical schools; one is the College of Medicine of the University of the Philippines. Only eighty-three colleges pay dues. By rule of the Association, any college which has both an undergraduate and a postgraduate or graduate school pays only one due. There is one exception, the Mayo Foundation of the Graduate School of the University of Minnesota which voluntarily pays dues,

Applications.—Two schools have applied for membership,—the School of Medicine of the University of Arkansas and the Medical School of the Southwestern Medical Foundation, Dallas, Texas. These applications have been considered by the Executive Council and will be reported on by the Council.

Visits to Colleges.—The following colleges have been visited during the past year: By the secretary and a member of the Executive Council (Dr. E. M. MacEwen), the School of Medicine of the University of Texas; by the secretary and the secretary of the Council on Medical Education and Hospitals

of the American Medical Association, the University of Arkansas School of Medicine, Middlesex University School of Medicine, Chicago Medical School, College of Medicine of the University of Illinois, Bowman Gray School of Medicine and the Medical School of the Southwestern Medical Foundation. These two secretaries also attended a meeting of the Commission of the Governor of the State of Alabama to assist in determining the location of the four year school of medicine authorized by the State legislature. These joint visits were authorized by the Executive Council and the Association in executive session in October, 1942, as the result of a joint meeting held by the Executive Council with the Board of Trustees of the American Medical Association. Reports on these inspections have been made to the Executive Council. Action has been taken in the case of the University of Texas, the Bowman Gray School of Medicine, the University of Arkansas and the Medical School of the Southwestern Medical Foundation and will be reported by the Executive Council for approval.

Liaison Committee.—This committee was appointed following the joint conference with the American Medical Association Board of Trustees and was authorized by the Association at the Louisville meeting in 1942. The committee from this Association consists of Fred C. Zapffe, chairman; A. C. Bachmeyer and E. M. MacEwen. The committee has held three meetings during the year. Its purpose is to consider matters in which both organizations are interested so that any action to be taken will be similar and as nearly as possible at the same time. The committee is without power. It is merely an agent. The result has been a gratifying one for both organizations and has established amity and harmony in the best interests of all concerned.

Application Study.—Inasmuch as the Army and the Navy will place 80 per cent of medical students in 1945 and thereafter for the duration of the war, this study will be discontinued after 1944 for the duration.

Reports Made by Member Colleges.—The various studies of student a accomplishment and of enrollees will be of greater importance henceforth, therefore, member colleges are urgently requested to make these reports as carefully and as promptly as possible. Some colleges have delayed long before sending information to headquarters which has resulted in considerable inconvenience and chagrin when questions bearing on this information are received and cannot be answered because some colleges have been slow in responding with their data. The Association is the only source of reliable information on these matters, therefore, it is most important that the material be on hand as soon as colleges can send it to headquarters.

Internships.—In 1939, a regional committee on internships was created. This committee was charged with the duty of setting up a list of acceptable internships as reported by the deans of medical colleges. The list was to be kept confidential, used only to advise graduates of good internships. The list was completed and sent to the deans. It is advisable that a revision of the list be made as quickly as possible, therefore, the Executive Council has ordered a revision. It will be forthcoming shortly. The general chairman of the committee is Dr. Jean A. Curran. Other members of the committee are: Dr. Dwight O'Hara, Dr. Maurice H. Rees, Dr. L. R. Chandler, Dr. R. H. Oppenheimer, Dr. William Pepper, Dr. Harold S. Diehl and Dr. A. C. Bachmeyer.

The Journal.—The Journal is now in its eighteenth year. Each issue consists of 5,000 copies. Every copy is sent to an individual address. Every member college is entitled to receive up to 50 copies to be sent to the men and women whose names are submitted by the college. The list will be sent out for revision shortly. Colleges are requested to give thought to the preparation of this list as it is desired that every faculty member who is interested in receiving the Journal has his name on the list and no copies should

be sent to disinterested persons. The Journal is not remunerative. It costs the Association about \$2,500 per year to maintain it over and above receipts from subscriptions and advertising. The advertising has increased considerably during the past five years and it is anticipated that it will continue to increase. The Association cannot afford to secure the help of an experienced advertising agent, therefore, the secretary must solicit advertising as best he can from his desk. Thus far, the result has been satisfactory. Reports coming from many sources confirm the value of this publication—the only one of its kind in the World. It is deserving of your full and hearty support.

Faculty Membership.—Emphasis is again placed on the fact that every member of the faculty of every member college is, de facto, a member of the Association. It is not a deans' association. It is a medical college association. Until now, faculties have not given this fact much thought. The matter has been stressed at every opportunity, both vocally and in print. The entire strength of the Association rests with the faculties although the deans have the ones to carry on the work of the Association. They will welcome help from their faculty. The matter is too important to put aside lightly. Year by year the problems confronting the Association have become more weighty. The help of the faculty is needed to solve them.

Resignations of Deans.—During the past year, two deans have resigned their position, Dr. Seeley Mudd of the University of Southern California, and Dr. B. S. Guyton of the University of Mississippi.

New Deans.—Dr. B. O. Raulston has been appointed dean at the University of Southern California; Dr. Newton Evans at the College of Medical Evangelists, and Dr. J. B. Looper at the University of Mississippi. Dr. R. C. Baker was appointed acting dean at the Ohio State University.

Deaths.—During the year two deans died,—Dr. L. C. Bigelow of the Ohio State University, and Dr. Edw. Risley of the College of Medical Evangelists. Dr. F. Swett, a member of one of the Association's committees died. A former dean also died, Dr. Edgar Allen, who resigned from the University of Missouri to become professor of anatomy at Yale. Dr. Louis B. Wilson, director emeritus of the Mayo Foundation and a former president of the Association died recently.

Respectfully submitted,

(Signed) FRED C. ZAPFFE,

Secretary.

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

COLONEL FITTS: I am just going to take my leave. In the name of the Army I wish to express our appreciation for all you gentlemen have done and assure you of what we are going to do.

The audience arose and applauded.

THE PRESIDENT: The next item is the report of the Executive Council. Dr. Rappleye, please.

Report of Executive Council

The Association at its meeting in Louisville last year adopted the following resolution:

"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 Council 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."

The Executive Council is privileged to report on its activities during the year for your consideration and action. Since the last session of the Association, medical education has passed through a critical period. The training programs of the Army and the Navy have been formulated. The accelerated schedules of the medical schools are now in full operation. The withdrawal of more members of the instructional and hospital staffs for military service has accentuated the difficulties of maintaining standards of teaching. Recent changes in dealing with the house staffs of hospitals, necessitated, in part, by military needs, have a further influence on the length and quality of clinical preparation for medical officers and future practitioners. These, and many other, problems as they developed, have been given earnest consideration by your Executive Council which hereby reports on its actions. ✓

Conferences with the officers of the Army and Navy training programs and with Selective Service officials were held in the fall and winter of 1942. The Council made representations to the War and Navy Departments urging that for educational reasons medical students should not be placed in barracks. In January, 1943, the Council adopted a strong statement against the reduction of premedical preparation below a minimum of eighteen months of intensive, accelerated instruction.

At a meeting held February 13, 1943, the Council appointed Doctors Zapffe, Bachmeyer and MacEwen as representatives of this Association to sit with representatives of the American Medical Association and the American Hospital Association to consider the problems of internships. At that same meeting, the Committee on War Activities was discontinued and its functions assigned to the Council in order to expedite the deliberations and actions of the Association in the rapidly developing war programs.

On February 16, 1943, following the conference in Chicago of the members of the Association, the Council forwarded to the President of the United States, the Secretary of War, the Chairman of the War Manpower Commission and the officers of the Army Specialized Training Division the memorandum regarding the reduction of premedical education to fifteen months. The Navy Department had adopted our suggestions on this question and had changed its requirement to five periods of sixteen weeks. In March the schools were notified of the decision of the Army Specialized Training Division to limit the length of premedical education to five periods of twelve weeks each.

In the spring of 1943, we continued to urge that all medical students be placed on commutation of quarters and rations rather than in barracks and that students accepted by medical schools be assigned to the medical schools which had accepted them, one of the most essential factors in the maintenance of the standards and best traditions of medical education. Advanced information regarding the general outline of the proposed Army and Navy training plans were forwarded to all member colleges in April, 1943. In that same month you were notified of the Army recommendation that the medical

course should provide for forty-eight weeks of instruction in each calendar year for a total over all period of thirty-six months, the minimum length of the medical course recommended by the Federation of State Medical Boards and prescribed by most state boards of licensure.

Early in May, a modification was obtained in the Navy program for the medical course from eight periods of sixteen weeks each (which could be completed in thirty-two months and hence insufficient for licensure to practice in many states) to six periods of sixteen weeks each and two periods of twenty-four weeks duration (which would require thirty-six months and, hence, not interfere with the usual requirements for medical licensure.) The premedical course continued at five periods of sixteen weeks.

The Council was consulted by the Selective Service Headquarters regarding the deferment of premedical students under Occupational Bulletins Nos. 11 and 33-6. Copies of our recommendations were sent to each dean. Our request for modification of physical standards of medical trainees was approved by the Army Specialized Training Division and General Somervell. The entire Army training program was put in jeopardy by the provision in the 1944 House Army Appropriation Bill (passed unanimously by the House of Representatives) which limited financial aid to trainees within two years of completion of their training. Only the prompt action by the medical schools and universities, at our suggestion by telegram, influenced the Senate Finance Committee to recommend deletion of this provision. The Senate and joint House-Senate conference committee finally concurred at 9:30 p. m. June 30th, which was after the Army had issued its orders to demobilize the program, in keeping with the House action a few days earlier.

Under date of June 28, 1943, the following letter was received from Rear Admiral Jacobs, Chief of Naval Personnel:

"The Navy Department has joined with the War Department in a policy of putting compensation for medical and dental instruction upon the basis of the non-resident tuition rate which the school is currently charging its civilian students. In adopting this policy, consideration was given to the fact that these schools are not being asked to change their curricula or fiscal policies, and also to the fact that the cost of medical and dental school instruction is interwoven with the costs of the associated "teaching hospitals" and considerable difficulty would be involved in a fair and equitable allocation of such costs. Contracts when initially executed will therefore provide for compensation based on current tuition rates. However, an opportunity will be given at a later date to review the matter of the general basis of compensation for medical and dental school instruction, and a determination made as to whether such compensation should not be put on the basis of actual cost as is the case with other types of instruction in the Navy V-12 Program."

"This Bureau would appreciate an expression of the views of the Association of American Medical Colleges with respect to the general basis of compensation for medical and dental school instruction, including a statement as to any position your Association may have taken with respect to this matter."

The Council was immediately consulted and answered as per the following letter:

July 3, 1943.

"Dear Admiral Jacobs:

"In answering the question in your letter of June 28th with respect to the general basis of compensation for medical school instruction,

may I record first that most medical schools are divisions of universities. Therefore, the financial policies of such professional schools are determined by the governing boards of the universities of which the schools are subdivisions.

"The Association of American Medical Colleges, expressing itself strictly on the educational problems involved, is of the opinion, that the current nonresident tuition should be the basis of payment for instruction. We make that recommendation to the Navy and are so notifying the medical schools and universities concerned. Since the Association does not determine the financial policies of its members, individual institutions may request that you consider placing their contracts on a cost basis. ✓

"Assuring you again of our desire to cooperate completely with the efforts of the Navy on matters of medical training, I am, with kind personal regards, Willard C. Rappleye, M.D., Chairman."

Another request from Rear Admiral Jacobs asked the aid of the Association in making a study of the costs of medical instruction and suggested that a committee or a representative be available to serve in an advisory capacity. The Council appointed the Chairman of the Executive Council to cooperate with the Navy and to collect data on the whole question of medical school finances for its own information with full appreciation of the numerous difficulties of securing other than approximate values. The latest study of this character by the Association was made in 1927. A summary of the results of the present inquiry will be presented later.

On the announcement of the Army's intention made on July 1 to assign premedical students by number rather than to permit individual schools to select their own students, a strong plea was made to the Army Specialized Training Division, followed by several conferences, emphasizing the importance of permitting medical schools to select their own students from the pool of Army trainees. In recent years about 52 per cent of students seeking admission to medical schools have applied to only one school of the students' choice. It was pointed out that many of the most desirable prospective medical students will not even apply for professional study if they are to be assigned from a pool of trainees and the individual schools of their choice have not the right to select them. Since the recruitment and selection of students is the most important element in medical training the Army plan unless modified in the manner proposed by the Council will lose many qualified trainees and future superior medical officers.

Some schools have raised the question of renegotiating their contracts and requesting the government to pay the cost of instruction or at least an amount per student greater than the nonresident tuition if the schools may not make the decision on their own admissions, on the grounds that institutional income from endowments or other sources not given specifically for medical education should not be devoted to instruction for students not selected by the schools. The Council believes, however, that with all factors considered the nonresident tuition should be the basis of payment for instruction.

The Council approved and circularized the Rules for Affiliated Hospital Units as described in Bulletin No. 31 of the Office of Civilian Defense.

In August the plan of selection of premedical trainees under the Navy program was announced. For the same reasons that pertained in relation to the Army proposals, the Council registered its firm conviction that denial of the right of a given medical school to select its own trainees from the Navy pool will curtail the efforts of the medical schools to recruit and train well qualified medical officers for the service.

The Directing Board of the Procurement and Assignment Service in August notified us of its decision to recommend a reduction in the internship to nine months as part of the so-called 9-9-9 plan for internships and residencies urged by some civilian hospitals even though it represents a further lowering of the standards of medical education. In the absence of a majority vote of the Council in favor of this suggestion the Council did not recommend any change in the policy declared at the Louisville meeting and so notified you on September 3rd.

Under date of August 31st the Directing Board of the Procurement and Assignment Service sent an advance copy of the plan for the allocation of interns and residents in hospitals, 1944, which was to be released September 11th and asked that the Association give consideration to the plan outlined. The program had been approved at the meeting of the Procurement and Assignment Service on August 27th.

Respectfully submitted,

WILLARD C. RAPPLEYE, Chairman.

It was moved, and seconded, that the acts and recommendations of the Executive Council be approved and ratified as the acts and recommendations of the Association.

The motion carried unanimously.

THE PRESIDENT: We will hear two other brief reports. I call for the report of the Representatives to the Advisory Board for Medical Specialties.

Report on the Advisory Board for Medical Specialties

Your representatives were in attendance at the annual meeting of the Advisory Board for Medical Specialties in Chicago on February 14, 1943.

The number of organizations comprising the Advisory Board remains the same as last year, fifteen specialty boards and four other associations interested in graduate medical training.

The program was devoted to a business session and a round table discussion on the problems relating to the war and post-war plans for medical specialty training. The maintenance of standards and requirements is the considered responsibility of the Advisory Board and much thought and discussion are being given by the various boards to their stated requirements.

The Advisory Board approved the request and appointed a committee to set up an Official Service Record for the evaluation of and credit given for military services. At present, credit for military service varies with the individual boards from "decided on merits of individual case" to "full credit for practice in military service."

At the request of the Personnel Offices of the Surgeon Generals of the Army and Navy a Central File of applicants not yet certified has been established in the office of the Directory of Medical Specialists. The Directory is the nucleus of this file supplemented by active information from the Secretaries of the various boards concerning the specialists who are in military service.

Letters from the Surgeon Generals of both the Army and Navy have been received expressing appreciation for the invaluable assistance they received

from the Directory of Medical Specialists which was published in 1942. A third edition of the Directory is in preparation to be published in 1944.

The Advisory Board adopted the report of the Association opposing the reduction of premedical education to fifteen months as being against the best interests of the military services, medical standards and as unnecessary.

A joint meeting of the representatives of the Advisory Board and of the Council on Medical Education and Hospitals of the American Medical Association was also held on February 14, 1943. The question of credit by the Specialty Boards for military service was discussed, particularly in regard to doctors returning from military service and the evaluation of their military medical experience. The data collected from the individual boards on the matter of credit were presented.

There was considerable discussion at the joint meeting of the available facilities for graduate training and it was voted to ask the Council to make a survey of graduate education facilities as may be available in the Army hospitals and to approach the individual American Specialty Boards for information as to other training available in the various specialties.

Respectfully submitted,

(Signed) WILLARD C. RAPPLEYE.

Representatives of the
Association to the
Advisory Board for
Medical Specialties:

Drs. Donald C. Balfour
Willard C. Rappleye

On motion, seconded, the report was accepted.

Report on the Advisory Council on Medical Education

The annual meeting of the Advisory Council on Medical Education was held in Chicago, February 14, 1943.

The major portion of the meeting was devoted to a discussion of the proposed plan of the Government for a reduction of premedical education to fifteen months. The Council went on record as being opposed to this program and reaffirmed the conviction of the medical educators of the Country that the proposed Army Specialized Training Program as related to the abbreviated college preparation for medical studies will result in the lowering of the quality of medical officers produced. The Secretary was authorized to so inform the proper authorities. Letters were sent to President Franklin D. Roosevelt, Hon. Henry L. Stimson, Hon. Paul V. McNutt, Brig. Gen. Joseph N. Dalton and Mr. Goldthwaite H. Dorr.

Respectfully submitted,

(Signed) WILLARD C. RAPPLEYE, Chairman.

Representatives from
the Association on the
Advisory Council:

Drs. Maurice H. Rees
A. C. Bachmeyer
Willard C. Rappleye

On motion, seconded, the report was accepted.

Report on American Foundation for Tropical Medicine

During the first three years which followed the reorganization of the Foundation in 1940 it received only modest support and the Tulane University Department of Tropical Medicine was the only project the Foundation undertook to sponsor. During the years 1940, 1941 and 1942, the total contributions amounted to \$37,000.

Increased emphasis upon instruction in tropical medicine by the Army and Navy Medical Corps prior to and immediately after we entered the war and the interest of various organizations such as this Association, the Research Council and other foundations, the American Foundation has been able to widen its scope.

Since January 1, 1943, \$72,100 has been received from twenty companies and one foundation. Grants have been made to twelve medical schools for teaching and research purposes and to the Journal of Parasitology. The medical schools receiving grants from the Foundation are: Tulane University School of Medicine, New York University, University of Manitoba, Tufts College, Yale University, University of Nebraska, Duke University, University of Pennsylvania, Stanford University, University of Texas, Army Medical Museum and Cornell University. The Foundation also sponsored a research project in African Sleeping Sickness for the Harvard Medical School's Department of Comparative Pathology and Tropical Medicine.

In view of the reorganization of the American Foundation for Tropical Medicine representation from the Association is no longer required.

Respectfully submitted,

WILLARD C. RAPPLEYE.

On motion, seconded, this report was accepted. The meeting adjourned until 8 P. M.

The meeting convened at 8:30 o'clock, President Leathers presiding.

THE PRESIDENT: Dr. Rappleye wishes to present an item of business.

DR. RAPPLEYE: Gentlemen, there is one point of importance, that has been somewhat of a misunderstanding on my part, which has been corrected over the dinner hour. It was initiated by a question from Dr. Alan Chesney and Dr. Smyth. Fortunately, we are able to talk with Dr. Fitts. On April 22, you recall, we sent out a memorandum and a copy of the telegram from Colonel Beukema: "Army desires that forty-eight weeks' instruction be given trainees in each calendar year. Will not prescribe distribution of vacation periods." The contracts from the Army and Navy call for an accelerated program of instructions approved by the Association of American Medical Colleges, and by the Council on Medical Education and Hospitals of the American Medical Association. In the contract itself there is no provision that you need to provide forty-eight weeks of instruction in any calendar year, but the regulations of both the Army and the Navy limit furloughs in any year to 30 days. In effect, of course, this means that trainees must be on duty or assignment for about 48 weeks. Moreover, the Navy prescribes 144 weeks of instruction in medical schools. The accelerated program of the association, strictly speaking, covers 128 weeks, which you can provide in forty-three weeks of instruction in each calendar year. That will allow the four weeks furlough which the Army will grant to the men and five weeks of vacation from academic schedule, and that five weeks will be used by the Army as it sees fit. But it will not be required that you schedule your classes for those five weeks during the year.

The over all period of the medical course must be thirty-six months, because of the licensure requirements and our own agreement with the Federation of State Boards of Medical Examiners. Two schools, perhaps others, are not on the full forty-eight weeks of instruction in each calendar year.

THE PRESIDENT: The next item of business is the consideration of recommendations of the Council. Dr. Rappleye will present these.

*Note: Previous to publication of these Proceedings, the Memorandum of the Executive Council under date of November 12, 1943, was issued after further study of the question.—EDITOR.

Dr. Rappleye read Resolution No. 1.

WHEREAS, A reasonably adequate staff of competent instructors is necessary to provide proper training of medical officers for the Army and the Navy as well as physicians for civilian needs, and

WHEREAS, the demands upon the teaching staffs of medical schools have been greatly increased because of the accelerated program of medical education, and

WHEREAS, A large proportion of the instructional staffs has already entered the various services of the government.

BE IT RESOLVED, That the War Department, the Navy Department, the Procurement and Assignment Service, the Selective Service, Headquarters and the War Manpower Commission be advised that proper standards of medical training cannot be continued in many of the medical schools if more members of the faculties of those schools are called to military duty, and that the War Department and the Navy Department be requested not to call to active duty any member of the faculty of a medical school who is essential for instruction of medical trainees unless and until he is released by the school; and, further, that the possibilities be explored of securing the services of a few members of the former staffs of medical schools who are now in the Army or Navy to participate in instruction where needed urgently in medical school training units.

It was moved, and seconded, that this recommendation be approved.

DR. ALAN M. CHESNEY: I want to state a problem we have had in Baltimore. Our problem has not been with the Surgeon General's office nor so much with Procurement and Assignment, but it has been with the Office of Officer Procurement of the Army which is, as I understand it, under the Adjutant General's office directly. That particular office in Baltimore has adopted what has been, I think, properly called "press gang" methods to try and get men from our medical faculty into the service. They have sent letters to the younger men in the preclinical sciences, not M.D.s, on whom we rely to carry out instruction in anatomy and physiology, the kind of letters that a young man finds it difficult to resist. When we explored this, we found that what they wanted to do with our physiologists, including the professor of physiology, was to send them around the country, lecturing on nutrition. We finally were able to stop that. I think the action taken here is splendid, but I warn you to look out for the Office of Officer Procurement, not the Surgeon General and not Procurement and Assignment. They have even gone so far as to take men we had on our faculty who were responsible investigators under O. S. R. D. contracts with the Army and we could not persuade them to release those men. So, I advise you to be on your guard.

REVEREND DAVID V. McCAULEY: I would like to supplement what Dr. Chesney has said and, perhaps, offer an amendment to the resolution which has been proposed, either deleting "former members of the faculty" or adding a clause that would certainly include present members of the faculty. Your

largest difficulty, as I see it, comes from not merely the Office of Officer Procurement, but also directly from the Surgeon General's office in trying to induce some of the present members of your faculty, already designated as essential members of your faculty, to get themselves into uniform. If those men were put into uniform and attached to the school on active duty as medical officers of either the Army or the Navy, they would be perfectly satisfied and feel that they were doing their bit for their country.

DR. RAPPLEYE: Could we say it this way "of assigning to active duty a few members of the former staffs of medical schools?"

DR. McCAULEY: That would be satisfactory.

DR. RAPPLEYE: We do want the Army or the Navy to assign to us doctors from their Medical Corps to be our teachers.

DR. ROBERT U. PATTERSON: I am sure that every dean has had the same experience we are having in Baltimore. We have many men who are not too young, but they are within the military age, who are and who have repeatedly been reported as essential. Any number of those men have been "strong armed" by the Office of Officers Procurement of the service command in which we are situated. They have really tried to manhandle these men, browbeat them, and shame them into going into the service. We have lost 36.9 per cent of our faculty, and we cannot lose any more if we are going to continue to do our duty in instructing medical students. I would like to see this Association consider the proposition of suggesting that all of the essential members of the faculty who are of military age be commissioned and put on inactive duty so they can wear a uniform and not have to be explaining to their friends and others, as they do at present. The morale of our faculties will not stand it. A badge or mark which will indicate, "I am serving my country where Uncle Sam needs me and not where it pleases me to be," would do.

DR. E. M. MacEWEN: I want to remind you that once a man accepts a commission in the Army, he is entirely out of our control. He is under the Services of Supply. No man can be on inactive status if he is eligible for service. He has either to be in the service or out of it. That is the ruling of the Adjutant General.

DR. R. H. OPPENHEIMER: I would like to comment on the hijacking of members of the faculty by the Office of Officer Procurement. We had that experience in my own community. On investigation I found that the Office of Officer Procurement were really within their rights because they had on their desk letters of clearance from the Procurement and Assignment Service. Those clearances were made by the state committee without any reference to their being essential to the medical school and without any discussion whatsoever with the dean of the medical school. I have a feeling that, if you will investigate the situations in which the Office of Officer Procurement has been hounding your men, you will find that they have been cleared through the state office of Procurement and Assignment Service.

DR. ALAN M. CHESNEY: That is not true as far as Baltimore is concerned. The Office of Officer Procurement sent a man down to go through the files of the state chairman. Wherever a man was declared as available by some hospital, although he might be declared essential by five other hospitals, that representative of the Office of Officer Procurement took that man's name as being available. On the basis of that, they were able to get a commission. So, in Baltimore's case, it was not the fault of the state chairman.

DR. RAPPLEYE: We have been through this same kind of an experience and have had very much the difficulty you had in the Third Service Command. Through the Procurement and Assignment Service office and the Army units

in our area, we had a working arrangement. We talked to our staffs so that any man receiving such a notice, or having pressure brought to bear on him, returned the letter to the dean's office. With our arrangement with the Procurement and Assignment Service and the Second Service Command, that letter was returned to the Office of Officer Procurement with a statement that it obviously had been sent in error. The Procurement people backed us 100 per cent when these men were essential. In discussing this matter with the Army and Navy, we shall go as far as we can, but it is rather important that we be permitted as an Executive Council to explore the situation. We must be on our guard if we put into active duty quite a number of the younger men on our staff and then there suddenly is a shortage of Army personnel, the service command may order out a large part of our staff, and it may be several months before we can get untangled, and in the meantime we have ruined a whole year of instruction.

DR. WM. H. PERKINS: We are in great danger of weakening our stand by putting too many qualifications and reservations on this resolution. I don't think I even like the change to include those presently on our faculty. I would much rather see it stand as it has been very wisely drawn up, I think, and left to the exploration of the Council.

The question was called for, and the motion carried.

DR. EBEN J. CAREY: Dr. Rappleye, has any other presentation been made either to the Army or the Navy, in harmony with the resolution that was passed at Louisville last year in reference to some adequate recognition on the part of the armed forces, to these men who are under 45 years of age and are teaching on our faculties?

DR. RAPPLEYE: We have talked with the men in the units in headquarters about several programs. Of course, the pressure is on them now from all sources to do the same thing for the essential war industries and transportation. There people are asking for the same consideration.

DR. CAREY: As far as industry is concerned, they at least give them an "E". We get zero. (Laughter.)

DR. RAPPLEYE: Probably we should continue our effort. The services have good arguments why they cannot do it. We will have to rely on the loyalty, understanding, and patriotism of our staff who will work without uniform. We have tried to explore this with the services and have not been very successful in getting the kind of arrangement that we all would like to have. It may be as the whole war situation is stabilized, we will be able to do many more things in the next six months than we have been able to do before, because I am confident that the men in the Army and the Navy realize our problem. They are getting as worried as we are about the quality of students that are coming to us, and they are going to take the responsibility of doing the job with us.

Dr. Rappleye read Resolution No. 2.

WHEREAS, The modern training of medical officers and physicians in the clinical fields is in large degree dependent on the quality and character of the hospital services in the teaching units, and

WHEREAS, The proper conduct of the teaching services of the hospitals used for such instruction is dependent on the maintenance of an adequate and competent staff of interns, assistant residents and residents, therefore

BE IT RESOLVED, That the War and the Navy Departments be informed that the reduction of the number of hospital interns, assistant residents and residents in key teaching hospitals as recommended by the Procurement and Assignment Service, without due regard to the vital contribution to

medical education of the house staffs of teaching hospitals, will seriously handicap, if, indeed, it may not render impossible, in many institutions, the proper training of medical officers.

It is fully understood by Procurement and Assignment, but the Council thought that we should go on record. It was moved, and seconded, that this recommendation be approved.

DR. A. C. CALLISTER: There is one point we did not bring out this afternoon in discussing the allotment of interns and residents. The deans have been charged by the Association with the responsibility to grade hospitals on a teaching basis, A and B, as I recall. The deans have advised students making application for hospital internships as to the status of these hospitals, whether they are graded A or B for intern training. In the allotment, so far as my state is concerned, the Bs have shared as well as the As. There has not been any favoritism shown teaching hospitals. We suggested to Procurement and Assignment that changes might be made by the advisory committee and the state chairman within the allotment for that particular state. I do not know how many of you are chairman of Procurement and Assignment in your state. If you have been, you have had a lot of grief in the last year. Leaving it up to this committee and the state chairman to change the allotments, with each hospital making specific demands, perhaps beyond what they have been allotted, is going to make the task still more difficult, as we frequently have on these committees, men who are members of the staffs of the various hospitals concerned. You will find these members each pulling for the maximum number of interns for his hospital.

DR. A. C. BACHMEYER: The War and Navy Departments are not making the allotment. That is the P & A allotment.

DR. RAPPLEYE: It is the War and Navy Departments that decide on the activation of the commissioned officers in these hospitals, the assistant residents, for example.

DR. BACHMEYER: Not at the intern level.

DR. RAPPLEYE: They are beyond the nine months internship, which is permissive only. Our idea was to get at the Army and Navy on this so they understand that their withdrawal beyond a certain figure is going to impair the training of their medical officers. That is what we had in mind.

DR. DIEHL: I think it is an excellent resolution. The Association should very properly place itself on record in this regard. On the other hand, if the Executive Council or this Association has any concrete suggestion about a better method than has been followed for arriving at the solution of this problem, I am perfectly certain that the Procurement and Assignment Service Board would be glad to accept such suggestions.

DR. RAPPLEYE: The Council seemed to feel it was worth while to go on record, calling attention not only to the teaching staff situation but our teaching hospital problem. Then, with this resolution, local institutions would be able to go to a state chairman of Procurement and Assignment if there is a danger of a breakdown of standards. The Army and Navy have been informed of our desire to keep a staff in the hospital, sufficient to continue the clinical training. If we can get support from the entire Association, and not have an individual teaching hospital making the appeal, then the hospitals would have the backing of this Association in urging their needs. There is not a very large abuse as yet, but we see the difficulties coming. The Army and the Navy, from present indications, are likely not to go very far in the deferment of assistant residents and residents, because the indications now are that they are going to have to call out more of these commissioned officers in the hospitals than anyone at the moment has any idea they are going to do.

The Surgeons General of the Army and the Navy are eager to abide by the 9-9-9 plan. But there are reasons to suppose, from the exigencies of the war, that they will not be able to do it. If they are not able to do it, we want to be pretty sure that, if we are going to continue the training of medical officers of the Army and the Navy, those institutions be allowed to go ahead with at least a reasonable base for the training of these men, helped in many instances, of course, by house staffs made up, in part, by those ineligible for commissions in the Medical Corps.

Information reaches us that it will not be possible, after the next three, four or five months, to defer many of the men with commissions. When the Army is called on to fill quotas of medical officers, and there are several hundred of them in a given service command who are young, commissioned medical officers in hospitals, it is very hard to see how they can be retained. But we want to protect, as long as we can and as far as we can, the hospital teaching services, in order that we can train the younger medical officers and students, because once that phase of medical education breaks down in the clinical departments, then we are going to have a very serious problem in preserving our standards. This proposal is a further support of Procurement and Assignment in recommending that persons be not called from these hospital posts, in order that we keep our units going properly. That is the whole intent. Certainly, the disposition all along the line, in Procurement and Assignment and in the Army and Navy, is to meet the educational needs as fully as possible.

DR. JOHN H. MUSSER: I would like to say a word about this particular ruling of P & A. I was not at all surprised to find the Surgeons General opposed to it and that it took a great deal of rather quiet, forceful pushing to make them agree.

However, I was very much surprised to find that two deans, Dr. Lapham and Dr. Diehl, were in favor of it. I think that it is one of the most discouraging things that I have heard for a very long while. We are supposed to be training these boys to be better men for the armed services. In order to do that, we are trying to give them an internship which is something well worth while. If, as was brought out this afternoon, the upper third of the class can get into Presbyterian Hospital and St. Luke's and into Bellevue and the lower third of the class have to go out into hospitals where, at the present time, there is absolutely no training whatsoever for interns, where they become nothing more or less than medical technicians, we are defeating very definitely our efforts to train these men and our graduates to go into the armed services as being doctors who are qualified. I think very definitely and positively that, if the good hospitals cannot accept the men who absolutely need the training, we are defeating the whole purpose of medical education. In other words, Dr. Diehl, I do not mean to tell you and Dr. Lapham that I think you are waiving the thoughts of medical education entirely, and you are discussing now, at the present time, in an educational body, the care of the civilian and the necessity of spreading medical service, so that civilians will be taken care of. I am, as I say, thoroughly convinced that there is not a chance in the world that these men who go out into the smaller hospitals, as Dr. Rappleye brought out today, are taking an internship where they will receive absolutely no training, where they will be taught just exactly the same things they will be taught when they get into the Army, how to stick a needle into a vein and how to give an enema, possibly, and some of these routine things which are not worth a darn when it comes to medical education.

I feel very definitely that these men that we are supposed to be training, and then the lower third, the middle third even, are being turned over to the weaker hospitals where training of interns has gone completely, because of the exigencies of the situation, and expect those boys to get what the Army asks—training. I think, furthermore, if we can take them into the bigger hos-

pitals and places where we know they can get a good training, those men would be very much better qualified to be good medical officers. I also know very definitely that in these smaller hospitals (again, this was brought out in the discussion today), they could not get interns to serve without paying those boys \$75 or \$100 a month. The amount of money that is paid to an intern to serve is in direct relationship to the quality of service and training they give these men. I think you are handicapping not only the men who are going out, the poorer men who are going out, but you are also handicapping the hospitals where the training is given, which is dependent in large part on the amount of teaching that the interns and residents are able to give the students. I am very sorry to see that the two deans felt the way they did and were looking on it not so much as training of interns or training of medical officers but, rather, as taking care of the civilian population.

DR. RAPPLEYE: When the proposal of Procurement and Assignment was discussed during the summer, the Executive Council of the Association took the stand just expressed by Dr. Musser, that we reiterate the attitude that we had expressed at Louisville and urge on the Surgeons General of the Army and the Navy to consider seriously the effect that this would have on the training of medical officers. In both instances, they said this was a matter for the Procurement and Assignment Service. That is one reason why this is directed to the War and Navy Departments because we want them to understand our situation from the standpoint of the responsibility which both of those departments of the government have placed on the medical schools and on our affiliated teaching hospitals.

DR. PHILIP A. SHAFFER: As I heard Dr. Rappleye read that resolution and heard the questions asked about it, I was impressed with the question "So what?" It seems to me that a clause ought to be annexed. This is a serious matter. There is only one way to meet it, and that is to say, with the greatest emphasis that we have not enough full time staff now, and that we would like to have restored something like 5 or 10 per cent of the active members of the staff in order to permit effective conduct of an accelerated program with less mature students, with a now very depleted staff, in order that we may perform a safe job.

Without some such emphatic statement, this resolution will be considered as a commendable platitude and forgotten. I do not believe either the Army or the Navy should be permitted to forget about it, because, if they do, this thing is going to collapse.

DR. DIEHL: I think I ought to say a word for the two deans Dr. Musser named, since Dr. Lapham has left. Dr. Lapham and I were speaking this afternoon not as deans of medical schools but as representatives of the Procurement and Assignment Service, and the opinions we expressed here do not necessarily represent the opinions we express in the Board meetings of Procurement and Assignment Service. However, the suggestion that has been made, that these residents and interns are being sent to hospitals in which they will waste their time does not reflect very well on the approval of internships in this country, because it has not been proposed that any interns or residents be assigned to hospitals that are not officially approved for internship. Furthermore, it does not propose that all hospitals approved for internships receive a quota. Only those hospitals which had interns in 1940 or which had residents in 1940 are given any quotas. Only approved hospitals which had any interns, any residents, in 1940 are given any quotas. Therefore, if the training that students received in those hospitals in 1940 was worthless, then those hospitals ought not to have had interns, and such hospitals ought not to be on the approved list.

DR. RAPPLEYE: That was the basis of our argument several years ago in establishing, through the Association, the tentative beginnings of a list of hos-

pitals that may be regarded as educationally satisfactory. That, of course, is what we were driving at.

DR. DIEHL: If that had been an accomplished fact, we would have had a different basis for allotment.

DR. RAPPLEYE: I agree with you. We would like to make our attitude more effective than it is, but the Council has more or less adopted the policy of trying to accomplish, and we have been very successful thus far in accomplishing, on the whole, our objectives by "peaceable persuasion in a reasonable manner." We can go only so far with our urging. We are much more interested to see if we can persuade them to do some of these things in their own interest. The services see our problem more clearly now.

DR. MUSSER: That is all right, but if you pass this resolution you are going to endorse heartily what they have just asked you to do. It is a blanket recommendation.

DR. RAPPLEYE: We have later a resolution in which we do not endorse the recommendation of Procurement and Assignment on the 9-9-9 plan.

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

Dr. Rappleye read Resolution No. 3.

WHEREAS, The Army Specialized Training Program and the Navy College Training Program are expected to provide all medical school trainees beginning in 1945 for quotas covered by the Army and the Navy programs, therefore

BE IT RESOLVED, That all medical schools rely on the Army and the Navy programs for the processing and assignment of all medical school trainees beginning January, 1945, and that no school accept such trainees on its independent responsibility.

DR. RAPPLEYE: In other words, we are not supposed to accept any admissions on our own independent responsibility for the 1945 classes. That is at the express request of both the Army and the Navy that we do not complicate their procedures by accepting students for 1945 whom they expect to assign through their medical advisory boards, in the case of the Army, and the screening committees of the Navy plan, on which all of the deans will sit. It is through those boards and committees that medical school trainees for 1945 and subsequently will be processed.

DR. H. G. WEISKOTTEN: Did that cover all vacancies in the class or simply the Army and Navy quotas?

DR. RAPPLEYE: Just the Army and Navy trainees. They do not cover the civilian group.

REVEREND ALPHONSE M. SCHWITALLA: Why do we set the date as January 1, 1945? The Navy has set the date as July 1, 1944?

DR. RAPPLEYE: The Navy will honor the students accepted by the schools for the 1944 sessions who have been enrolled previous to July 1, 1943.

DR. SCHWITALLA: Not for any classes beyond July 1, 1944.

DR. RAPPLEYE: The October 1944 class is not covered by this. Acceptance of Navy trainees in October, 1944, who have been accepted previous to July 1, 1943, will be acknowledged and honored by the Navy and assigned to the medical school that has accepted them. They do not want us to do any accepting for 1945.

DR. JOHN W. LAWLAH: Our school accelerates three months behind the regular group, so we would be taking a class which we have already selected for the first of January.

DR. RAPPLEYE: Technically, those trainees will be assigned by the Army. The Army will not recognize those acceptances beyond January 1, 1945, which is the deadline, unless, of course, an exception is made.

DR. PERKINS: Does this mean we do not accept civilians on the 1945 basis?

DR. RAPPLEYE: The resolution has nothing to do with civilians. You can accept civilians for 1945 or 1946, if you wish. The Army and the Navy have no jurisdiction over those applicants.

DR. CALLISTER: I cannot subscribe to this resolution because of a peculiar set of circumstances. Last February, Selective Service came to us and said, "You have 650 premedical students in your state claiming exemption or deferment on the ground of being premedics. You have 40 men to a class. Pick your next three classes, 120, and we will give you an average of 30, making 150. Pick them now or you will not have any, because we are going to draft them." That was considerable of a problem for us because we had to select our June, 1945, classmen that were just coming into college. However, we worked hard up to the first of June, and we selected the students for the classes, including June, 1945. In negotiating our contracts with both the Army and the Navy they have taken that into consideration. Those acceptances were made without qualification. The acceptance money has been taken from the student, and it is in our contract with both the Army and the Navy. I do not think we can change it.

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

DR. DIEHL: The reason for setting aside 20 per cent for civilians was that the usual basis of selection be preserved so far as possible. The Army and Navy estimated that 20 per cent of the students would be disqualified, physically or otherwise, ineligible for service. It is highly desirable that the schools fill the 20 per cent of places with acceptable students who are outside the Army and Navy programs.

DR. RAPPLEYE: There is one point about the Utah situation. Your boys may remain under Selective Service deferment in 2-A, complete their medical training in 2-A, but they would have to pay their own way and not be in uniform. Perhaps your contract covers you in such a way that you will be all right. We must all have in mind that, when the Army and Navy quotas go into effect, January, 1945, the Army and the Navy intend, so far as possible, to fill the medical school quotas, from their college training units. You may find some of your 2-A boys deferred as premedical students who come into the medical school under 2-A Selective Service, unable to obtain a place in the service program in the medical school. The services are going, largely, to fill their quotas from their own students. The reason for that is that the government has spent a god deal of money in the premedical courses, the men have been in uniform, and the services are going to give preference, unquestionably, to the college trained students that are coming into the medical schools. Your 2-As in the medical school may find difficulty in being transferred into the Army plan.

DR. CALLISTER: Of those men we accepted in the next two classes, 80 per cent of them practically are either in ERC, or V-12, so that the Army and Navy get them just the same.

DR. RAPPLEYE: One point is that the appropriation for the ASTP provides for 3,600 first year medical students. The Army is going to assign that 3,600, by

and large, and spend its money on the men who have already been in uniform in the ASTP college units. You want to be careful about the 2-As. We have gone so far now in our own institution to advise all the 2-As that are now college students, coming in January and October, to apply for induction, and to get their basic military training out of the way, if they have time between the termination of their premedical education and the opening of the medical school.

Dr. Rappleye then read Resolution No. 4.

WHEREAS, Political considerations and public policy require that the reservoir of premedical trainees in the Army Specialized Training Program and in the Navy College Training Program be kept at a total sufficient only to insure a constant supply of suitable medical school trainees in preparation for their duties as medical officers, and

WHEREAS, The Army and the Navy insist on the maintenance of adequate standards of medical instruction which can be provided only if trainees are well qualified and have a proper premedical preparation, therefore

BE IT RESOLVED, That the Army Specialized Training Division and the Navy College Training Program limit its reservoir or pool of premedical trainees to a total sufficient only to fill the medical schools with well qualified and adequately prepared trainees who are acceptable to the medical schools for instruction, and further

BE IT RESOLVED, That the medical schools cooperate in every way through the screening committees, STAR Units, selection boards, and other Army and Navy groups to accomplish these ends.

DR. RAPPLEYE: There is a feeling on the part of many Congressmen to at least question the continuance of the premedical training and premedical training. It is obvious that those phases of the program must be continued. To do otherwise would cut off the supply of medical officers. The concern over long deferment for professional education arises partly out of the debate on the drafting of fathers. It is very difficult for these Congressmen to see John Smith deferred as a premedical student and who will be, for four or five years, in a deferred position, when John Smith goes down to the depot to bid his father good-by as he leaves for active military service. This resolution is a suggestion coming not from the Army or the Navy, but from those who are dealing with the broad manpower picture. We have heard from fifteen to twenty colleges with training units whose enrollment of premedical and premedical students is low, lower than it has been for years. We have explained to them that that is to be expected.

Instead of having twelve to fifteen thousand premedical students, applying for admission to medical schools each year, and of whom we have taken only about 6,000, the Army and Navy plan to train only enough to fill the medical school classes and to place the balance in other military services.

It is obvious that in the 200-odd units of the basic phase curriculum of the Army, there are many students who are not satisfactory material. That pool is much larger in numbers, apparently, than will be needed to fill the medical schools if those students were good. It is not evident yet that those students are going to be better than the students we have been receiving. The present impression is they are not going to be as good, but that is something that we cannot tell until we get them.

It was moved, and seconded, to adopt resolution No. 4. The motion carried.

Dr. Rappleye then read Resolution No. 5.

WHEREAS, It is highly important that comparative ratings in the evalua-

tion of premedical trainees in the various service commands and naval districts be established.

BE IT RESOLVED, That the Advisory Boards and screening committees be requested to classify premedical trainees in the following groups:

- A Entirely satisfactory
- B Satisfactory but not of the highest qualification
- C Acceptable
- D Unsatisfactory and unacceptable

In the evaluation, it is suggested that about two-thirds of the rating be given to scholastic standing, corrected where possible to the variations in the grading of the college training units, and one-third to personal interview, recommendations, aptitude tests, evidence of officer-like qualities and similar considerations.

The Boards and screening committees should recommend for medical studies only those who are regarded as acceptable for such professional training. The Army and Navy have repeatedly stated their desire to have only well qualified trainees in the medical school training units. If some such qualitative listing is followed, the reports on available premedical trainees will be on an approximately comparable basis for each area of the country regardless of the numbers of such trainees in each section. Such a plan will assist the Army and the Navy committees in their recommendations for assignment of trainees to medical schools.

DR. RAPPLEYE: Dr. Fitts talked about the attrition in the medical school, and this has something to do with it. Their idea is to take 3,600 in the first year, 400 a month for each of the nine months—from which they expect us to graduate 3,150 students, although the state of attrition is not prescribed. That is allowing for a very low attrition within the medical school. Earlier we had prepared some estimates for Army Specialized Training Divisions, as some of you may recall, based on the several levels of premedical training. Our own predictions had been that with the present plan of only fifteen months of pre-medical preparation, the attrition might run 25 to 30 per cent, our normal being, roughly, in the neighborhood of 16 per cent over a period of years. It did not seem unreasonable to suppose that these boys, coming in with only fifteen months training might have an attrition that would run up to 25 to 30 per cent.

On motion, duly seconded, this resolution was adopted.

Dr. Rappleye then read Resolution No. 6.

WHEREAS, The faculties are expected to maintain their usual standards of medical education for trainees under the Army and the Navy training programs, and

BE IT RESOLVED, The medical schools continue to enforce their prewar standards of scholastic accomplishment.

On motion, duly seconded, resolution No. 6 was adopted.

Dr. Rappleye then read Resolution No. 7.

WHEREAS, Many factors will tend to modify medical education in the period following the war, and

BE IT RESOLVED, That the Executive Council be authorized to make a study and to formulate recommendations regarding postwar medical education and to report at the next meeting. In this connection, the Executive Council solicits and welcomes any suggestions or comments from members and from all other sources.

On motion, duly seconded, resolution No. 8 was adopted.

Dr. Rappleye then read Resolution No. 8.

WHEREAS, It is important to insure, as far as possible, a nation-wide and uniform policy on matters of medical education, and

BE IT RESOLVED, That members of the Association again be urged to submit to the Executive Council all proposals regarding the conduct of medical education under the Army and the Navy programs which contravene or aim to modify existing policies of the Association, and to refrain from sending their individual suggestions directly to the Army or the Navy authorities,—at least until the Executive Council has had an opportunity to consider them in order to obtain as great cohesion and unity of action of the medical schools as possible.

A motion to adopt was regularly seconded and carried.

DR. RAPPLEYE: The next resolution may not require action, but was brought out in the discussions with the Navy and also with the Army since some of our students in the schools of medical science have been going outside of the country in the past to take the last two years of the medical course. We were asked whether or not the medical schools within the United States would be able to absorb those students. Several schools of medical sciences are now expanding to four year programs. That will reduce the number of students who would otherwise have been assigned to other schools or would, perhaps, have gone to Canada.

The resolution reads as follows:

WHEREAS, Medical trainees in the Schools of the Basic Medical Sciences cannot be assigned for completion of their medical training to medical schools outside of the United States, and

BE IT RESOLVED, That four year medical schools in this country be prepared to accept assignments from Schools of the Basic Sciences for all Army and Navy trainees.

On motion, regularly seconded, to adopted this resolution carried.

DR. RAPPLEYE: Early in July we had drafted a statement regarding the bilateral selection of the medical school by the student and of the student by the medical school. The Navy has essentially adopted, in principle, our proposals that the medical school should have the right to select its own students within the naval district. One reason the Council has been less enthusiastic about repeating this is because of the uncertainty as to the quality of students in the Army college training pools. It is quite possible that, if we were given complete freedom in the selection of students from those pools, we ourselves could not select the desirable students if they are not there. We have made strong representations during the summer, and you know the attitude of the Army. It might be just as well to let this matter rest where it is. You approved our action during the summer. It may well be that we can add anything more to it by making another resolution urging this bilateral selection.

DR. C. SIDNEY BURWELL: I have expressed myself on this subject. I am not inclined to wish to dodge the responsibility of choosing students, in so far as we can. If we are agreed it is to the interest of medical education for the medical schools to select their students, I say stand on our belief and say so.

DR. JOS. C. HINSEY: It seems to me we will only be removing an acceptance of the responsibility, in that the screening boards, who choose the boys originally, will have members of our Association, or our representatives there. I do not see where we will entirely escape responsibility, even if we do not take the responsibility in the choice of the entering medical student. We do have

some responsibility in the premedical group.

DR. RAPPLEYE: What we had in mind was the insistence on our part that we have the right to select the students for our own schools. I agree entirely that is the desirable thing to do, if we were confident of that pool, but we are going to have to, in some way, fill our quotas.

DR. HINSEY: We are going to be responsible for the pool, are we not?

DR. RAPPLEYE: We are going to be responsible for the pool, but that is an impersonal selection. You are going to put trainees into the pool, and then the assignment will be made to schools where the attrition will be a great deal higher in some of them than in others. There will be very little adaptation of the individual qualifications of the student to the needs or to the quality of work of that particular school. It may be the thing for us to do, to continue to press for this situation which, as I say, we have presented with great vigor. You have approved our doing it. It might be reiteration only, without gaining very much. They know our attitude.

DR. S. I. KORNHAUSER: I think Dr. Rappleye gave a very pessimistic view of the Navy's candidates. At present, if Commander Adams were here I think he would say we have not got the Navy candidates who have come up through their program, the ones they selected by the examinations. These are only the remnants of the V-1's that were left, and they are the worst of the ones that were remaining. They have sufficient of those to fill the few vacancies for January, 1944, which are the only ones being selected now. Even out of that I think there are sufficiently good candidates, at least in the Ninth Naval District, to take care of any vacancies which may occur. I think we have every reason to believe that the graduates of the naval program, who have come up through their schools and have had the screening tests all along will be pretty good material.

DR. RAPPLEYE: You are correct. At the moment we have only been able to sample the residue, after we have skimmed off the cream for our next two classes, so to speak. So, it is entirely unfair to make any judgment now. On the other hand, one sees in the colleges, in the V-12 plans in the other departments, a general quality of student decidedly below that of the university standards in the past. Of course, we are referring only to the Army, you know, not to the Navy. The only point is you have an entirely different system of handling them. You are putting them in the pool. We have not any idea at the moment what the pool is going to look like. It is just a question of not pressing again the same question we had all summer and until recent weeks. I have not any objection to repeating what we said. I am calling attention to being a little bit cautious now about whether we can find in that reservoir enough of them in the Army; I am not speaking of the Navy.

DR. ROBERT U. PATTERSON: Did I understand you to say that we would be obliged to fill our quota numerically anyway, or only with those who met the standards of the school?

DR. RAPPLEYE: We are supposed to fill only with those who meet the standards. You are going to find a lot of pressure on us to fill the quota. That is one reason, again, why I would like to see us not get our necks out too far in selecting these men at this time, except to put them into the pools of acceptable candidates. You would be in a stronger position to drop the students you found unsatisfactory in the medical school, if you had not chosen them.

If you have bilateral selection of students, you are going to have an explanation to the Army as to why you flunked them. If they are assigned to

you on the pool from various sections of the country, and you have had no voice in the selection even for the pool, then you are going to be in a little better position to say, "These men are not satisfactory." If you have selected them, you are not going to be in such a strong position to fail them.

DR. BURWELL: Is my memory correct that in the suggested plan which the Council submitted to the ASTP, there was a statement that the schools would accept the men they were willing to take; if they then had places left over, they might be filled by the Army? With regard to those people the schools are not willing to select, the responsibility would then be on the Army.

DR. RAPPLEYE: That is correct.

DR. BURWELL: I think it would be a great pity to fail to establish a principle we believe to be correct with regard to the ones we are willing to accept.

DR. RAPPLEYE: That is the way we felt right along.

Dr. Rappleye then read Resolution No. 9.

WHEREAS, The recruitment and selection of well qualified students for medical studies are the most important elements in the maintenance of proper standards of medical education, and

WHEREAS, The bilateral selection of a medical school by the student and of the student by the medical school constitute the keystone in the entire structure of medical education in this country, and

BE IT RESOLVED, That the plans of the Army Specialized Training Program and of the Navy College Training Program should include the right of a premedical trainee to apply for admission to one or several medical schools of his choice and the right of medical schools to select trainees from among those who apply to them for admission.

A motion to adopt this resolution was made, and seconded.

DR. DIEHL: It seems to me to be undesirable to limit that to the Army because, in spite of the kind things that have been said about the Navy. In the Ninth Naval District they made it perfectly clear that the deans, as a group, would select the students, but would not select them for a particular school; at least that was my understanding. That resolution, I think, should apply both to the Army and the Navy program.

DR. RAPPLEYE: After conference the other day with the Navy officers and with Surgeon General McIntire, a new memorandum is out before the screening board committee makes its report, it has the right to refer the application of a given student to the medical school indicated as the choice of the student, and the school can decide whether or not they want to accept that student. Then it is reported to the screening board before the names go to Washington. In one district, the list went to Washington as a list from the deans committee, without having referred the applications to the school of choice. In the Third Naval District, all of those applications have been referred to the medical school to which the student has indicated his desire to go. The medical school has the right to choose that student before the list is made up and before it goes to Washington for assignment. The result is that, in our district, the students, in large part, will be assigned back to the schools that accepted them. That is the technic we recommended in the summer. The Navy will, as far as possible, not assign to any medical school a student who is not acceptable to that school, providing, of course, that the quota is filled.

DR. BACHMEYER: That was not the plan followed in the Ninth Naval District.

DR. RAPPLEYE: The students you desire to accept after August 1, or have accepted after August 1, will have to be returned for processing, but if you indicate your acceptance to the screening committee in the naval district, the Navy will as far as possible honor your acceptance, and that student will be assigned just as heretofore. That is what Commander Adams means; probably in 80 per cent of the cases they will do it.

DR. JAMES C. GRAY: Would it be helpful if a program were developed in the Navy similar to that of the Army Training Program?

DR. RAPPLEYE: Our difficulty in the proposed bilateral selection of trainees is largely in the Army.

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

DR. SHAFER: How is the Army advisory screening board working, or has it worked?

DR. RAPPLEYE: It has not done much because the Army is honoring all our acceptances through 1944. The Advisory Boards will function for the selection of trainees for classes beginning in 1945. The medical advisory boards in each of the service commands will consider all the applicants in each service command for admission to the study of medicine. The deans committee will sift over these recommendations and tests and interviews and decide which trainees are acceptable. We will be called on to put them into groups A, B and C. When those lists are made up from the service command, they will be forwarded to Washington. There they become a part of a pool. The opening dates of the medical schools will be listed. As the openings occur in the medical school, the Army will assign to that medical school the students who have been approved by the various service command advisory boards, so that there will be no assurance that any student trained in a given service command will study in a medical school in the same command. In the case of the Navy, each naval district will have its own pool, and as far as possible, it will fill its medical school quotas from the premedical trainees of that district. As in the case of the Army, the First and Third Naval Districts have many more students in the premedical courses than can be accommodated in the medical schools of those two districts. So that there will be an overflow from the First and Third Naval Districts into other naval districts. That surplus will have to be assigned across the country from central headquarters in Washington.

DR. SHAFER: Is it your expectation that the voices of the representatives of the schools, the deans committee, are going to be rather decisive in the selection for the pool?

DR. RAPPLEYE: That is correct.

DR. GEO. P. BERRY: It seems to me this is extraordinarily complicated right now. What we are interested in is the enunciation of a principle, not one that concerns the immediate program either of the Army or the Navy or how that may shift, but the principle by which the best interests of medical education can be served and, therefore, the best interests of the Navy and Army. If bilateral freedom of choice is in some way worked out and incorporated in the program, why cannot we go on record as stating that and recognize that principle? That is what we are all interested in. If things do not change, we have to do the best we can. The thing is to say it is our conviction that bilateral freedom of choice is the very essence of the success of this program. It is simply enunciated as a principle.

DR. RAPPLEYE: Yesterday, when there was only one comment, made by Dr. Burwell, that seemed to support the idea of bilateral selection of students, the feeling was that the Association, as a whole, was not convinced of the

merits of this idea. Passage of this resolution puts the Association on record as supporting the Executive Council. That is another good reason for passing it and fortifying us in our presentations.

DR. CALLISTER: This may be foreign to the subject, but you have been giving us some information about this Army set-up. I have here, in my hand, the proposed plan for the selection of trainees in the Ninth Service Command. Dr. Chandler, Dr. Baird and other deans in that Command are being summoned to San Francisco on the eighth of November. On the agenda is the proposed formula for admission, in which they propose a minimum scholarship average of 1.5, an interview by the dean or his representative, the Moss or Stanford aptitude test or some other similar test. Then it says "The selection of pre-professional trainees for medicine by committee on basis of scholarship and interview, selecting a pool, at least two for each expected place." That is going to be a large pool. "This selection to be made at the end of the second term." That is after the man has been in school six months. "A review by the committee of the records of trainees at the end of succeeding terms." This might be a good time for the deans here to express themselves as to what policy they might like to pursue, so there would be a similar attitude on the part of all deans in the various service commands when they meet together with the Army to discuss this proposed program.

DR. CHANDLER: I heard this afternoon that the meeting in San Francisco on November 8 has been cancelled, in order for the officers in charge of the ASTP program, as it applies to premedics, to get together for further consideration of the principles of selection of students into medical school. The Council has presented this to various groups in Washington repeatedly since June, and we certainly gave Colonel Fitts a fairly good talk yesterday and today. He is quite well aware of what we think about it. I suspect, on the basis of what has happened here in Cleveland in the last forty-eight hours, these meetings, such as the one in the Ninth District, have been cancelled.

DR. RAPPLEYE: The great difference between the Army and the Navy plans is that the Navy will handle its selection and assignment by naval districts. The Army intends, at the moment, to place all trainees in a national pool and assign them by number out of Washington, wherever the vacancies occur in medical schools. There will not be the local control and administration that we will have in the case of the Navy plan.

On August 16 we received from the Directing Board of Procurement and Assignment Service a request addressed to the Association. It concerns internships. A majority of the Executive Council did not favor the reduction of the internship to nine months and the 9-9-9 plan as recommended by the Procurement and Assignment Service. After further discussion of the problems involved, it was the feeling that the Executive Council should bring to you a recommendation, and this time the recommendation comes as a unanimous vote of the Executive Council.

Dr. Rappleye read Resolution No. 10.

WHEREAS, The internship is an integral part of the basic training of medical officers for the Army and the Navy,

BE IT RESOLVED, That the Association of American Medical Colleges learns with regret of the recommendation of the Procurement and Assignment service to reduce the length of the internship and expresses its opinion that the recommendation is prejudicial to the proper training of medical officers for the Army and the Navy and of physicians for civilian practice, That the Association reiterates its previous declaration of policy that the internship requirement for completion of basic medical education and for licensure to practice should not be less than twelve months.

That in view of the desire of the Association to cooperate in the over-all war effort, it accepts as an emergency measure the decision to reduce the internship to nine months on the assurance given by the Procurement and Assignment Service under date of August 16, 1943, that the Surgeons General of the Army and the Navy will defer "one-third of the interns who hold commissions for a second nine month period in order that they may serve as assistant residents and one-half of these for a third nine month period to serve as hospital residents."

DR. RAPPLEYE: We know the pressure that has been put on the Procurement and Assignment Service from the very strong hospital committee and the attempt to distribute the interns, and all the reasons back of this. But the Association made strong representations to everyone in Washington that the internship should not be reduced below the twelve months, feeling that we ought to complete this basic training as best we could, and, from there one, find some other solution for the house officer problem and the needs of many of the hospitals in need of house staff.

The plan has, in effect, reduced the internship of two-thirds of the interns to nine months. The over all reduction, if we are not able to get the assistant residents and residents to offset this reduction means, in effect, a 25 per cent reduction in the overall intern man months of service rendered in our hospitals of the country. The question is not new. When we put in the accelerated program, this very problem was discussed at length. Some of the hospitals at first had difficulty in adjusting to the irregular intern period. Many hospitals, contrary to statements made in discussion of the question, have welcomed the overlap. These students served the basic medical internship or combined medical and surgical internship for nine months and moved on to serve an additional three months and get a rich experience. Many went into otolaryngology and other services that are valuable in the war program. We were very much surprised in our section of the world to hear that many of the hospitals were opposed to the full year of internship and could not adjust themselves to the program.

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

DR. DIEHL: Relative to the question as to whether one-third of the whole commission interns would be deferred for the second nine months and one-half for the third nine months, the Procurement and Assignment Service considered that an absolutely essential part of this program and did not recommend it until we had in writing from the Surgeons General of the Army and the Navy their assurance that that part of the program would be carried out. If it is not carried out, then the program is no longer in effect and some other plan for the internship would doubtless be considered. But that is just as much a part of the program as is the nine months of internship.

DR. RAPPLEYE: It was a trading proposition, in a sense, to meet a national situation. We appreciate, Dr. Diehl, the problem that faced you. The general statements have been in the medical and hospital press, to the effect that the Army and Navy will defer one-third of the interns to serve as assistant residents and later part of them as residents. Actually, in the document that was sent to us from Procurement and Assignment Service for release September 11, the agreement with the Surgeons General is not quite that. There is no question but that they want to do it. Let me say that as strongly as I can. This is the agreement with the Surgeons General, that the proposal has been accepted by the Surgeons General of the Army and Navy in this modified form: The internship **shall be** reduced to nine months. One-third of the interns who hold commissions in the Army and the Navy **may** be deferred for nine months; one-half of this number, or one-sixth of the total number of commissioned interns, may be deferred for an additional nine months. This plan, if carried out, means the deferment of approximately 1,000 commissioned interns for a period

of approximately seven months. This plan will actually decrease the active duty calls at a time when both the Army and Navy are exceedingly pressed to get more medical officers. It does not seem logical to expect them under present circumstances to defer these men when they are available. So, the Surgeons General were wise to put in here the provision that they may be deferred if circumstances permit. That is my parenthetical expression.

DR. SHAFFER: Would it not be desirable to make the resolution a little more emphatic and say, in case there is any question about the ability of the Surgeons General to carry out this expectation, we would recommend the restoration of one year of internship, to have that matter considered before it is too late?

DR. RAPPLEYE: The internships are being cancelled all over the country, have been within the last week and will continue to be for the next week or ten days. The hospitals are called on to cancel roughly one-third of their internships for the January appointment.

DR. SHAFFER: Would it change the sense of your statement, to say, that in case there is serious doubt of the ability to carry out the assistant resident and the resident part of this program, we would like prompt reconsideration of the nine months' tenure of internship?

DR. DIEHL: No one can predict now what the next nine months will bring. We have just as much reason to count on the deferment of this one-third as we have to count on anything else. For example, the Army had no absolute commitment to give us twelve months' internship previously. That could be reduced if they felt the exigencies of the situation demanded it. I really feel that we have just as much assurance on this as we could possibly have on anything. In regard to the issuance of calls from the service command, the orders for these men are issued directly from the Surgeon General's office. Colonel Hall issues all these himself. The orders will not be issued by the service command.

DR. B. I. BURNS: What relationship does the "may" in that statement have to the number of non-military residents from New Orleans?

DR. DIEHL: I think the "may" means this: They do not say they will defer one-third unless there are requests from one-third that are approved through the Procurement and Assignment Service. For example, suppose the hospitals do not request deferment of that many men with commissions, or suppose there are not that many men with commissions who are interested in having deferments. If those requests are less than 1,000, or whatever the number may be in the one-third, it does not mean the Army itself is going to arbitrary defer more than requested. That is a possibility. I do not think it is going to occur. But we had an agreement on the part of the Army to defer up to 1,000 men who had commissions last June, for a second twelve months, and yet the number of requests that came in from the hospitals of the country totaled only between 700 and 800. I am quite certain that is what the "may" refers to.

DR. RAPPLEYE: The request for deferment is made by the hospital. If a hospital needs some of the present commissioned interns to remain as assistant residents, it should decide at once which ones it wishes to retain and must file application with the state chairman for deferment of these men. The hospital must apply, but the intern must also indicate his desire to be deferred. It has to be a bilateral decision.

DR. RAPPLEYE: We have several miscellaneous items of business. The study of acceptable internships will be resumed and a new list prepared. The Executive Council has appointed Dr. J. A. Curran as the General Chairman. The Regional Chairmen are, as previously, Doctors Pepper, Chandler, Bach-

meyer, Rees, O'Hara, Oppenheimer and Diehl.

We are calling your attention to a group of students that are likely to come up under the Army Specialized Training Program, who have not completed the full high school work sometimes required for licensure in certain states. We want to call your attention to the possibility (as we have to the educational associations) of the difficulty that some of those boys in the future may have with the state licensing boards. Some of them are telescoping the fourth year high school and the freshman year of college, so they are coming in, technically speaking, with only six months of preparation in college over and above their high school diploma. In many instances, they get the high school diploma at the end of the first year of college. It should be said, in passing, that they have only selected outstanding students for this program.

DR. CHANDLER: I move the adoption of the second portion of the Executive Council's report. The first part was adopted before we adjourned for dinner. The motion was seconded and carried.

DR. RAPPLEYE: The Executive Council recommends that probation be removed from the School of Medicine of the University of Texas. Drs. Zapffe and MacEwen made another inspection and are satisfied that so far as the School is concerned, this action is warranted.

On motion, duly seconded and carried, this recommendation was approved.

DR. RAPPLEYE: The Executive Council recommends that the Bowman Gray School of Medicine be approved for the full your years of medical instruction.

On motion, duly seconded, this recommendation was accepted.

DR. RAPPLEYE: The Executive Council reports that action on the application for membership of the University of Arkansas be withheld until an inspection is made. The Executive Council will consider it at the February, 1944, meeting, or earlier, if warranted by such inspection.

Action on the application for membership of the Medical School of the Southwestern Medical Foundation will be withheld until after an inspection which is to be made in November.

The Treasurer has made his report to the Executive Council and it has been accepted and will be published in the proceedings of this meeting. The budget for 1943-44 was adopted by the Executive Council and will also be published in the proceedings. Neither of those items require approval by the Association because, under the Constitution and By-Laws, the matter of financial management rests with the Executive Council.

The last item of business to be brought before you for your consideration is the situation arising from the new Medical Practice Act of Nebraska with Dr. Wilhelmj, dean of Creighton University College of Medicine, tells us about that?

DR. C. M. WILHELMJ: The osteopaths have given us considerable trouble in Nebraska. They apparently selected the State of Nebraska as sort of a testing ground. They got together a great deal of money and two years ago came into the state legislature and, with a great deal of money back of them, attempted to get the legislature to allow them to practice medicine and surgery in the State of Nebraska on an equal footing with the graduates of accredited medical schools. The move at that time came as somewhat of a surprise. It was only with considerable difficulty that we finally defeated the thing by one vote. We have a unicameral legislature that meets every two years. The legislators informed us that they wanted us to come in with some-

thing very definite and concrete at the next session, two years from that time. In the meantime, the Legislative Committee of the State Medical Society got busy and began drafting a new Medical Practice Act. I think the act itself is a very good one as it was originally drawn up. This year it was presented. Again we ran into great opposition, a great deal of money and a great deal of political power. Finally, in trying to get this over, they were forced to grant the privilege to any osteopath who wished to take the board examination. Of course, that immediately weakened the whole stand. After considerable juggling, it was decided that they would add to our Medical Practice Act the statement that they would have to inspect all medical schools who expected to have their graduates come there to practice. That is the reason for that particular requirement.

You will note that those questionnaires sent out are exactly the same that you filled out for the A.M.A., in 1935. They did that because they felt that probably most schools would have on hand carbon copies of those earlier report, and it would be rather simple to have those recopied. The reason that was done was because we immediately ran into this point. We could not say we were going to inspect only the osteopathic schools. That simply would not work we realized that. It became a question of inspecting all schools and sending out the questionnaires. To many of you this is, and I agree, apparently a nuisance. On the other hand, it is well to remember in wartime and troubled times, when our attentions are directed elsewhere and we are busy with things such as we have discussed tonight, those are exactly the times that the cults and others creep up on us and spring things of this type. They nearly caught us in February, and this was a protective measure. We regret it as much as you do, but we hope you will cooperate, and we hope you will realize we are trying to stand them off there because they are using Nebraska as a testing ground.

The question came up why did not they accept the inspections of the Association of American Medical Colleges and the A.M.A. That immediately brought a storm of protest from the opposition, saying, "Well, now, are you going to run things in Nebraska or are you being run from Chicago or some other place?" It was apparent that they had to make their own inspections.

DR. CHESNEY: Mr. President, I was going to ask Dr. Wilhelmj if it would not meet the exigencies of the situation if this body asked the Council on Medical Education and Hospitals of the American Medical Association to make available to the Board of Examiners of the State of Nebraska the data which are now on file as a result of the survey conducted by the Council on Medical Education, the Federation of State Boards and the Association of American Medical Colleges.

DR. WILHELMJ: Dr. Chesney, it is anticipated that at some future date they will probably go to the State Department and say, "Now, we would like to see the records that you have of your inspections of all the accredited medical schools in the country." In other words, they want something on file in the State Department.

DR. CHESNEY: Is a reply to a questionnaire an inspection?

DR. WILHELMJ: It is part of it. The inspection will actually be made. You can anticipate it.

DR. HINSEY: The questionnaires of 1935 would certainly not be authentic. I certainly would not want to send answers to those questionnaires, if they were not answered authentically. It seems to me, if you want something on record, the State of Nebraska could send the secretary into Chicago to fill them out from the information available there. It is asking a great deal at this time for us to fill them out. It is a stack of questionnaires that would have to be re-

ferred to every department head in the place. I know what is going to happen to them in our place, when that is done.

DR. CHANDLER: I move the report of the Executive Council, as a whole, be approved.

DR. REES: Second the motion.

THE PRESIDENT: You have heard the motion. Any discussion? Those favoring it vote "aye"; opposed "no." The motion is carried.

A report of Representatives on Liaison Committee of the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges will be made by Dr. Zapffe.

SECRETARY ZAPFFE: The Liaison Committee consists of three representatives from this Association and three representatives from the Council on Medical Education and Hospitals of the American Medical Association. This committee has met three times, and discussed all the problems that interested both organizations. The actions taken in regard to schools tonight are the result of the conference we had the other evening. Together we have made inspections of Arkansas, the Medical School of the Southwestern Medical Foundation, University of Texas, Middlesex, Alabama, Illinois, Chicago Medical School, and the Bowman Gray School of Medicine, and we have planned a second inspection of Arkansas and the Dallas School in the very near future. We are working together and acting together, something we have looked for, for a long time.

THE PRESIDENT: This is merely a report of information.

DR. CURRAN: I want to report briefly for the Committee on the Study of Social Environment Factors in Medicine, which reported last year at the executive session and was granted permission to continue. That committee has been enlarged somewhat since that time. It has been carrying on as a research committee. It now has representatives from Tufts, Vanderbilt, University of North Carolina, Western Reserve, University of Pennsylvania, Meharry, Stanford, Yale, Cincinnati. Also a similar committee has been formed of the American Social Workers group from the teaching hospitals at Harvard, Yale, New York University, Cornell, Vanderbilt, Duke, University of Pennsylvania, Western Reserve and Long Island College of Medicine, and this committee is working with considerable enthusiasm.

The committee has had two joint meetings, one in New York and one here, and would like to continue its work another year. It is necessary for this committee to raise a small budget for expenses, to continue its work, for travel and, perhaps, some secretarial assistance. We would like permission of the Association to raise a small fund for this purpose.

THE PRESIDENT: This committee is a subcommittee of the Committee on the teaching of Preventive Medicine and Public Health?

DR. CURRAN: Yes.

Upon motion regularly made and seconded, it was voted to continue the work of the committee and to grant Dr. Curran's request to raise funds.

DR. CALVIN: I wish Dr. Leake were here to speak to you about the action you have taken regarding the University of Texas School of Medicine. Most of you are acquainted with the troubles we have been through in the past two or three years. Under the leadership of our dean, Dr. Leake, whom all of you know, things have improved remarkably in our school. On behalf of the faculty of the University of Texas School of Medicine, I extend to you our thanks

for the action you have taken and the trust that you have put in us as a member of the Association.

THE PRESIDENT: The next item is the report of the committee appointed to nominate officers for 1943-1944. Dr. B. O. Raulston is chairman of that committee.

Report of Nominating Committee

DR. B. O. RAULSTON: I wish to report for your committee the following nominations:

For President-Elect: Dr. A. C. Furstenberg, University of Michigan.

For Vice-President: Dr. Philip A. Shaffer, Washington University.

For Secretary: Dr. Fred C. Zapffe.

For Treasurer: Dr. A. C. Bachmeyer, University of Chicago.

For Executive Council (for two years): Dr. Maurice H. Rees, University of Colorado; Dr. L. R. Chandler, Stanford University; and, to fill the unexpired term of Furstenberg: Dr. R. H. Oppenheimer, Emory University.

THE PRESIDENT: This committee was composed of Dr. Raulston, Dr. Hinsey and Dr. Bloedorp.

A motion for adoption of the report was regularly made and seconded.

DR. SHAFFER: Mr. Chairman, are nominations from the floor in order?

THE PRESIDENT: They are always in order.

DR. SHAFFER: I hope it will not be interpreted as any lack of appreciation of the honor indicated by the committee in nominating me as Vice President, if I offer the nomination, as Vice President, of Dr. R. B. Allen of the University of Illinois.

DR. ALLEN: I should like to ask Dr. Shaffer, to withdraw my name because I would very much prefer that there be no contest and that he be elected.

THE PRESIDENT: You have heard the motion to adopt the report of the Nominating Committee. This has been seconded. Is there any discussion? Those favoring this motion will vote "aye"; opposed "no." The motion is carried.

The next item is the place of meeting.

Place of 1944 Meeting

SECRETARY ZAPFFE: In 1892 the Association met in Detroit under the presidency of Dr. N. S. Davis, the father of the American Medical Association, the host at that time being the Detroit College of Medicine and Surgery. I have received an invitation from the successor of this school, the Wayne University College of Medicine, officially extending an invitation to the Association to hold its 1944 annual meeting in Detroit.

DR. EDGAR H. NORRIS: On behalf of the President of Wayne University and the Board of Education of Detroit and the faculty of the College of Medicine, I have great pleasure in inviting you to hold your next meeting in the Motor City. Since the Association helped our school a decade ago in an inspection, we think some real steps, of which we can probably mutually be

proud, have been taken. We are now in the midst of a program which leads us to believe that medical education in Detroit may soon come to be what it should be in that great industrial community. If you choose to accept this invitation, I think your presence a year from now will do much to further the ends of the program which we are pushing.

DR. CHANDLER: I move we accept the invitation from Wayne.

DR. ALLEN: I second the motion.

THE PRESIDENT: Any other invitations? You have heard the motion, which has been seconded, that we select Detroit for the meeting place in 1944. Those favoring this motion will vote "aye"; opposed "no." The motion is carried.

DR. CHANDLER: I move an expression of appreciation to Dean Sollman and Western Reserve University.

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

THE PRESIDENT: A motion to adjourn is in order.

Upon motion regularly made and seconded, the meeting adjourned at 11:10 o'clock.

Report of Treasurer

FOR THE YEAR ENDING AUGUST 31, 1943

ASSETS:

Cash in banks:		
The First National Bank of Chicago	\$36,823.02	
Bank of Montreal, Toronto, Ontario	1,000.16	\$37,823.18
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Petty Cash Advances		385.00
Investments at Cost		22,400.00
		<hr/>
		\$60,608.18

LIABILITIES:

General Funds:		
Deferred Income	\$ 6,750.00	
Accounts Payable:		
Federal Withholding Tax	\$471.20	
Salaries	100.00	571.20
		<hr/>
Accumulated Net Income	\$32,830.02	\$40,151.22
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Restricted Funds:		
Tropical Medicine Fund No. 1	\$ 800.38	
Tropical Medicine Fund No. 2	885.00	
Tropical Medicine Fund No. 3	17,545.43	
Committee on War Activities Fund	1,226.15	\$20,456.96
		<hr/>
		\$60,608.18

GENERAL FUNDS.

INCOME:

Dues	\$12,300.00	
Advertising	4,316.15	
Journal Sales and Subscriptions	142.35	
Aptitude Tests	21,867.59	\$38,626.09
		<hr/>

EXPENSE:

Association Office	\$13,085.46	
Treasurer's Office	302.39	
Journal	6,194.48	
Travel Expense	336.43	
Annual Meeting Expense	777.20	
American Council on Education	100.00	
Aptitude Test Committee	11,256.34	
Contingency	491.51	\$32,543.81
		<hr/>

Excess Income Over Expense..... \$ 6,082.28

RESTRICTED FUNDS

	Income	Expense	Balance
Tropical Medicine Funds:			8-31-43
From John and Mary R. Markle Foundation:			
1. Army Medical School and			

Report of Treasurer Cont'd

Tulane University Study	\$35,000.00	\$34,199.62	\$ 800.38
2 Specimen Distribution Center	1,000.00	115.00	885.00
3 Central America Training	35,000.00	17,454.57	17,545.43
	\$71,000.00	\$51,769.19	\$19,230.81
Committee on War Activities Fund:			
From Josiah Macy, Jr., Foundation	\$ 2,000.00	\$ 773.85	\$ 1,226.15
Total	\$73,000.00	\$52,543.04	\$20,456.96

Budget for 1943-1944

Adopted October 26, 1943

INCOME:

Dues	\$12,300.00		
Journal Advertising	4,000.00		
Journal Sales and Subscriptions	125.00		
Aptitude Test Fees	17,500.00		
Miscellaneous Income:			
Macy Fund	1,226.15		
Markle Fund	19,230.81		\$54,381.96
Underwriting			4,300.00
			\$58,681.96

EXPENSE:

Association Office Salaries	\$11,800.00		
Association Office General Expense	3,150.00		
Treasurer's Office Expense	375.00		
Journal Expense	6,500.00		
Travel Expense	1,000.00		
Annual Meeting Expense	500.00		
American Council on Education	100.00		
Contingency	1,000.00		
Executive Council War Activities	1,226.15		
Tropical Medicine Funds:			
1. Army Medical School and Tulane	800.38		
2. Distributing Center	885.00		
3. Central America Experience	17,545.43		
		\$44,881.96	\$44,881.96

APTITUDE TEST COMMITTEE:

1. Salaries	\$ 5,600.00		
Honorarium	3,600.00		
2. Statistical Studies	500.00		
3. Office Expense:			
Rent	600.00		
Printing	1,200.00		
Postage, Express, Telegrams, Etc. }	900.00		
Miscellaneous Expense }			
4. Travel	350.00		
5. New Equipment	50.00		
6. Contingent	1,000.00		\$13,800.00
		\$44,881.96	\$58,681.96

Committees for 1943-1944

	Term Expires
Committee on Medical Aptitude Test:	
J. Parsons Schaeffer, Jefferson Medical College	1944
Worth Hale, chairman, Harvard University	1945
Carlyle Jacobsen, Washington University	1946
H. E. Jordan, University of Virginia	1947
Paul R. Cannon, University of Chicago	1948
E. M. MacEwen, State University of Iowa	1948
Committee on the Teaching of Public Health and Preventive Medicine:	
H. S. Mustard, chairman, Columbia University	
John E. Gordon, Harvard University	
Chas. E. Smith, Stanford University	
Hugh R. Leavell, University of Louisville	
Jean A. Curran, Long Island College of Medicine	
Committee on the Teaching of Tropical Medicine:	
Henry E. Meleney, chairman, New York University	
Malcolm H. Soule, University of Michigan	
Hiram W. Kostmayer, Tulane University of Louisiana	
Committee on Internships:	
Jean A. Curran, chairman, Long Island College of Medicine	
William Pepper, University of Pennsylvania	
Maurice H. Rees, University of Colorado	
R. H. Oppenheimer, Emory University	
L. R. Chandler, Stanford University	
Dwight O'Hara, Tufts College	
A. C. Bachmeyer, University of Chicago	
Harold S. Diehl, University of Minnesota	
Liaison Committee:	
Fred C. Zapffe, chairman	
A. C. Bachmeyer, University of Chicago	
E. M. MacEwen, State University of Iowa	
Advisory Board for Medical Specialties:	
W. C. Rappleye, Columbia University	
Donald C. Balfour, Mayo Foundation	
Advisory Council on Medical Education:	
W. C. Rappleye, Columbia University	
Maurice H. Rees, University of Colorado	
A. C. Bachmeyer, University of Chicago	
Alternates: R. H. Oppenheimer, Emory University	
C. Sidney Burwell, Harvard University	
E. M. MacEwen, State University of Iowa	
Federation of State Medical Boards:	
Fred C. Zapffe, Chicago	
American Council on Education:	
Fred C. Zapffe, Chicago	
W. A. Bloedorn, George Washington University	
E. M. MacEwen, State University of Iowa	