

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
FIFTY-FIFTH ANNUAL MEETING
Held in
DETROIT, MICHIGAN
OCTOBER 23, 24, 25, 1944



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

FIRST DAY

The fifty-fifth annual meeting of the Association of American Medical Colleges was held in the Hotel Statler, Detroit, Michigan, and was called to order by the president, Dr. E. M. MacEwen, dean, College of Medicine, State University of Iowa, at 9 a.m.

Dr. Edgar H. Norris, dean Wayne University, College of Medicine, welcomed the Association to Detroit and reported on the local arrangements made for the entertainment of the delegates.

Frederick Stearns & Company set up a convenience room to assist the delegates in every possible way. Parke Davis & Company gave a luncheon at the Detroit Boat Club. On Wednesday, Mr. Henry Ford will entertain the delegates at a luncheon at the Willow Run Bomber Plant and arrange for a visit of this wonderful plant.

The first paper on the program, entitled "Postwar Medical Education" was presented by Drs. George S. Eadie and W. C. Davison, Duke University School of Medicine.

Dr. C. Sidney Burwell, Harvard Medical School, presented a paper on "Graduate Medical Education in the Postwar Period."

These two papers were discussed by Drs. H. S. Diehl, Lt. Col. Raymond Hussey, Dr. A. C. Callister, Dr. Victor Johnson, Dr. T. Lyle Hazlett, W. A. Perlzweig, Dr. Bailey Calvin, E. Stanley Ryerson, R. C. Buerki and Lt. Col. Harold C. Lueth.

Papers on the "Deceleration of the Teaching Program were read by Dr. Donald B. Tresidder, president Stanford University, Dr. C. C. Carpenter, Bowman Gray School of Medicine, and Dr. J. Roscoe Miller, Northwestern University School of Medicine.

Dr. Francis S. Smyth, University of California School of Medicine, discussed these papers.

Dr. Philip A. Shaffer, the vice president, took the chair while the president, Dr. MacEwen, delivered the president's address.

The session adjourned at 12:40 p.m.

On Monday evening, the delegates, the friends and faculty and students of Wayne University, the officers of Wayne University joined in an informal dinner. They were addressed by Mr. Charles F. Kettering, vice president of General Motors Corporation.

SECOND DAY

The meeting was convened at 9:15 a.m., the president, Dr. E. M. MacEwen, presiding.

The first paper on the program was read by Dr. Gordon B. Myers, professor of medicine, Wayne University College of Medicine. The paper was titled "The Teaching of Physical Diagnosis."

This paper was discussed by Dr. Wm. G. Leaman, Woman's Medical College.

The symposium on "Requirement of the Internship for Graduation" was presented by Dr. L. R. Chandler, Stanford University School of Medicine, Dr. Wm. Pepper School of Medicine, University of Pennsylvania and Dr. M. M. Weaver, University of Minnesota Medical School.

The discussion on these three papers was participated in by Drs. E. Stanley Dorst, Dr. R. H. Oppenheimer, Dr. Victor Johnson, Dr. J. Roscoe Miller, Dr. B. I. Burns, Dr. A. C. Bachmeyer, Dr. L. R. Chandler and Dr. M. M. Weaver.

The topic "The Internship When to Contact Students; Time of Appointment" was presented by Dr. Joseph Turner, Director of the Mount Sinai Hospital and Dr. L. S. Woodworth, associate director, Harper Hospital.

Dr. R. C. Buerki and Dr. Jean A. Curran joined in the discussion on these papers.

The president appointed the following Nominating Committee: Dr. C. C. Carpenter, Dr. W. H. Moursund and Dr. S. I. Kornhauser.

Adjourned at 12:15 p.m.

Executive Session

Tuesday, October 24, 1944

The meeting reconvened at 4 p.m. with Dr. E. M. MacEwen, President, presiding.

ROLL CALL

Dr. Zapffe: Eighty-four schools are represented by one or more delegates. The University of the Philippines, Vanderbilt and Alabama are not represented.

MINUTES OF THE 1943 SESSION

Dr. Zapffe: The minutes of the last session were printed and distributed to each of you and I move that they be accepted as printed.

The motion was seconded and carried.

REPORT OF THE SECRETARY

Dr. Zapffe: There has been much happening in the past year that I need not speak of in connection with making a report as Secretary. You know what the various memorandums are that were sent out to you, some by myself and some by the Chairman of the Executive Council. You also know of the many communications that you have had from me about various things, pleasant and otherwise.

The membership of the Association since last year has changed by the addition of two new members, the University of Arkansas, School of Medicine, and the Southwestern Medical College of Dallas, Texas. By the authority given to it, the Executive Council has also approved of the four year program in the University of Utah. Seven two year medical schools are left. Utah, Bowman-Gray of Wake Forest College, and Alabama having gone on four years, Utah and Bowman-Gray being in full operation; Alabama will be by June 1, 1945. The entire school will be located in Birmingham.

Of the other two year schools, all but one are planning to go to four years. Two schools will appear before their legislatures for approval of a four year program, Missouri and Mississippi. North Dakota and South Dakota are planning to go to four years.

West Virginia, as you know, has a contractual relationship with the Medical College of Virginia, West Virginia accepting the junior and senior years at the Medical College of Virginia in lieu of two years at its own school.

The only two year school so far as I know that has not made any plans of going to four years is the Dartmouth Medical School. You have doubtless heard of several new colleges to be opened. One has gone further, perhaps, than any of the others, the Essex College of Medicine and Surgery in Newark, New Jersey, which plans to open with a freshman class in November. This is the outgrowth of a junior college which closed up, being owned by one man, a Ph.D., who is promoting the Essex College of Medicine. He owns the building in which the college is to function. They have appointed a faculty of approximately 100 or 150 men drawn from various towns including New York City, Newark, Hackensack and so forth.

The Dean was in my office to talk over the plans of the school. They have nothing except the building and the faculty, no equipment, nothing, although they are proselyting for students.

The University of Connecticut decided to open a medical school but I have not heard anything further about it. In Maine, the Secretary of the State Board of Registration is behind a movement, I understand, to revive a medical school, the old Bowdoin Medical College under the University of Maine.

The Medical Society of the State of Washington is behind a movement to organize a medical school in the University of Washington, at Seattle. That is under discussion and has not gone any further than that stage.

A matter in which you all are no doubt very much interested is the Massachusetts Approving Authority. Dr. Johnson and I have been in touch with the Secretary, Dr. Gallupe, and he has agreed to this: If you will send me the blanks filled in that you received from the Approving Authority and your power of attorney to represent you, it will be recognized. I understand that about one third of the medical colleges have already made an appearance through a representative, that a third filed the blanks but have not appeared and a third have not done anything at all about it.

If you will accept the alternative of having me act as your agent, please do it promptly because I do not want to make more

than one trip to Boston to get you approved, if I can help it. That blank and the power of attorney will be all that is needed. That is acceptable to the Approving Authority.

I sent you recently, in September, a memorandum asking you to send in a list of faculty members grouped under three headings whom you would like to have return to you from service, if that is possible. Up to the time I left home, I received 52 lists. Ten colleges did not want anybody returned. They said that the men who went volunteered and were filling very essential positions in the service so that they did not feel they had a right to ask them to come back. Some said they had made satisfactory replacements. These lists were forwarded to Washington and, apparently, they raised quite a commotion there because some of the colleges had asked for the return of a great number of men which, of course, would not appeal to the authorities at all. These lists have been returned to me. The Executive Council, at its meeting held the other day, ordered the lists to be surveyed, appointed a committee to do it, the long ones curtailed to be sent back to the schools for revision. Those of you who have not yet sent in a list, please keep it down to the minimum. There is no assurance that the authorities will act on this list at all, but if the list is a long one, you can be sure they will not act on it.

My office has been in touch with Washington on the matter of surplus properties supplies. I have had considerable correspondence and the matter at the moment is like this: That every medical school will have to make an application for whatever supplies it may want. I have not yet received a list of available supplies so that I can not send you a list from which you can choose, but the application says it would have to be made by the school and you will either bid for supplies, pay the price set or you will make some other arrangements whereby you can get what is available. I will keep you posted on what happens.

The question of annual admissions, on which a memorandum was sent out to you, you have answered. Some of you have, since I published the list in the JOURNAL, changed the date from early in the year to the fall of the year. The way my list stands now, 31 colleges will open between January 1st and July 15th, 1945. Eleven of these colleges will have a second session in 1945. Those 31 colleges last year enrolled 2,214 freshmen. The large majority of colleges will have only one session, a fall session. Twenty will have only one session in 1945 beginning early in the year and will not have another session until 1946.

It is possible that some of these colleges may change their opening dates, especially the ones that are listed for June and for July. There are eleven in June and seven in July. There were eleven in January and three in March and one in May.

You have been very kind to me in the matter of sending in reports and enrollment blanks and I express my appreciation for your cooperation. It is extremely difficult for us to keep track of all the classes in all the medical schools so that we get the reports in time, but we do need these reports very badly to keep our records up and it is very evident that in the next year or two, there will be considerable use made of those reports in one way or another more than ever before and we use them all the time.

Lest you are not informed on this, I want to tell you about the institution of the Armed Forces Institute of the United States Army which has set up study courses all over Europe and in this country to take care of those soldiers who will be discharged or who have been discharged and whose transportation home is delayed because of lack of facilities. One of the Army men in this Institute told me that these soldiers would have the right to remain as soldiers, under Army discipline or they could elect to take these courses in the Armed Forces Institute. The credits that will come from that source to you when one of these men applies for admission, will have to be evaluated. The American Council on Education is going to set up the credit that can be given and it will be sent to all the colleges and universities in the country for their aid in making selection. The medical schools doubtless will have the same opportunity.

The Liaison Committee consisting of three members of this Association, Dr. Bachmeyer, Dr. MacEwen and myself and three from the Council on Medical Education, Dr. Gordon Heyd, Dr. Reginald Fitz and Dr. H. G. Weiskotten, has held three or four meetings during the year at which we have discussed problems of mutual interest and have arrived at satisfactory solutions which were presented to the respective organizations.

I want to mention one more item and that is your JOURNAL. I hope that you look at the advertising because it is the advertising that has been supporting the JOURNAL to a considerable extent. It has not paid for it, although during the last year, I was able to get enough advertising to meet the cost of the JOURNAL within \$350 and I have already gotten enough advertising beginning in November and particularly in January, so that if nothing more comes in for the year, I anticipate that we

will have a surplus in that account next year of two or three thousand dollars.

I also ask you again to send me news. Maybe you do not think it is news but, it is news for somebody else who does not know it. Many schools send in news. The moving of men is news; new faculty appointments; retirements; anything new that you do, anything new that you set up in the school is news. It may be helpful to some other school that has plans in mind for doing something like you are doing. Have your secretary send me news. I hope that you have enjoyed the JOURNAL. I am told that you do. Others on the outside who get it, like it. They think it is worth while. It gives them a great deal of information that would not be available otherwise.

(Signed) FRED C. ZAPFFE, Secretary

On motion, the Secretary's report was accepted for publication in the minutes.

Report of the Executive Council

The Executive Council presents a brief summary of its activities during the past year. All of its actions have been made known to the membership but it seems well to summarize the activities since the last meeting.

During the year, the Council held four meetings since the last executive session of the Association. It has been in constant consultation during the year by telephone, telegraph, memoranda, letter, or personal visits. No actions at any time were taken without full consultation whenever possible.

Following the session in Cleveland, the Directing Board of the Procurement and Assignment Service, the Chairman of the War Manpower Commission, the Director of the Selective Service System, the officers of the Bureau of Medicine and Surgery of the Navy Department and the officers of the Army Specialized Training Program were notified of the actions taken at the Cleveland session relative to the several resolutions passed at that meeting. Those resolutions dealing with the internship and hospital problems were also sent to the Committee on Hospitals of the Procurement and Assignment Service.

On November 9, 1943, we notified you of the refusal of the Procurement and Assignment Service to modify the intern and resident program as it affected the hospital appointment of Jan-

uary 1, 1944. In that memorandum we called attention to the suggestion of the Procurement and Assignment Service that medical students be allotted to community hospitals not previously used for student instruction and to the threat of further deterioration of medical education under such a plan. Your Executive Council did not recommend approval of the proposal and was unanimously in favor of the preservation as far as possible of proper standards of medical instruction.

Following discussions at the Cleveland meeting of possible modification of the requirement of 48 weeks of instruction in each calendar year, the question was further studied by your Council, and on November 12, 1943, we sent a memorandum to all the deans which concludes as follows:

“In view of the obvious advantages of utilizing the full 48 weeks for academic assignments (not necessarily all class room exercises) and the disadvantages of increasing the military assignments for Army trainees if the full 48 weeks are not used, medical schools are urged to schedule 48 weeks of study and training in each of the three calendar years.”

The Council has been concerned for some time with the question of over enrollment in a few medical schools. A study was made of this situation and the attention of certain schools called to the fact that their enrollment for last year was considerably in excess of that recorded previously. In view of the difficulty of maintaining adequate standards of instruction under the accelerated program and the shortage of teaching staffs, it was the opinion of the Council that all schools should keep their enrollments at a level that would insure adequate training of their students under existing circumstances.

Late in 1943, changes were made in the regulations of the Navy College Training Program in medicine relative to the admission of civilian students. The decisions by the Navy relative to this question were given later to all schools, partly in our memorandum of January 7, 1944.

After conferences with the Army authorities, all deans were notified on January 17th of the advice to be given to civilian students accepted for the first year classes of 1944 who were eligible for military duty under the regulations provided in Selective Service Bulletin No. 33-6 as amended. Copies of that Bulletin were sent to all schools for their guidance.

Early in the year, the Selective Service rescinded its earlier action in deferring students enrolled in the Middlesex University School of Medicine. Legal action was taken by the authorities of that institution and the students and their families. The action of Selective Service had to be reversed and students enrolled at that unapproved medical school were returned to full deferment status pending further action on a petition now before the Superior Court for Suffolk County, Massachusetts.

When the War Department issued its orders reducing the Army Specialized Training Program from 145,000 to 35,000 men, your Council took immediate action and telegraphed Secretary Stimson, General Somervell, Surgeon General Kirk, and the officers of the Army Specialized Training Division urging the retention of a sufficient number of premedical trainees to insure a continuing supply of medical officers for the needs of the Army in the near future. At the same time, we presented the situation to Selective Service Headquarters, emphasizing the importance of retaining occupational deferment of premedical students, at least until the Army might modify its regulations. As you know, a satisfactory solution was obtained and all of you were notified by telegram on February 25, 1944.

The question of the Navy accepting into its training program civilian students enrolled in the first year class of a medical school who are under occupational deferment by Selective Service was answered in the affirmative. The Navy will transfer such students covered by the Navy contract up to one-third of the unfilled places in the original quota of 20 per cent reserved for civilians in the medical school classes.

You were given advanced notice of further changes in the A.S.T.P. early in March of this year. The plans in contemplation again introduced the possibility of a sharp reduction of the number of premedical trainees and students which would have put in jeopardy the output of a sufficient number of medical officers and physicians for the combined military and civilian needs of the country in the near future. The attitude of the Association as expressed through its Council was telegraphed to the President of the United States and others. The American Council on Education, through its several committees, also became concerned about this question and joint conferences were held in Washington. On March 25th, we notified you of the decision of the War Department to reduce its quota of students from 55 per cent to 28 per cent of the capacity of the medical schools for next year.

Based in part upon the decision of the War Department to reduce its number of incoming medical trainees, the Council discussed the possibility of the medical schools returning to the admission of its first year classes once every twelve months instead of every nine months as covered in our resolutions at the Louisville meeting. Attention should again be called to that resolution which stated that the accelerated program would be continued until July 1, 1945, at which time the initial cycle of condensation would have been completed.

In view of the decision of the Army greatly to reduce its medical trainees as a matter of national policy, it seemed wise that the medical schools begin the first steps of deceleration and be given more of an opportunity to maintain proper standards of medical education, now seriously hampered by the great reduction of instructional staffs. Such a move on the part of the medical schools would not impair an adequate supply of doctors four years hence. This matter was thoroughly studied and a special meeting of the Council was called on April 1, 1944.

At that meeting the medical schools were asked to vote on the recommendation No. 1 which reads as follows:

"RESOLVED, That the Executive Council recommends to the members of the Association that all medical schools which will admit a first year class in the fall of 1944 plan to admit the following first year class in the autumn of 1945 and successive first year classes each twelve months thereafter, than those schools which will admit a first year class in January, 1945, admit their following first year class in the fall of 1945 and successive first year classes each twelve months thereafter, with the understanding that in no instance should the deceleration drop back the admission of a first year class by more than four months and also that all civilian medical students and military trainees be continued on the accelerated program of instruction in order to complete the medical course in 36 months."

There was need of prompt decision on this matter by a mail vote in order to permit the Army and Navy to plan for their assignments of trainees to the various institutions to begin studies on dates which might be changed from the previous information in their hands. It was also necessary to act promptly in view of the necessity of the War Department re-negotiating the existing contracts with the medical schools in view of its reduction of the quota from 55 per cent to 28 per cent. The vote

on this resolution was approximately ten to one in favor of the plan of annual admissions. Your attention should be called to the wording of that resolution which recommends the continuance of the accelerated program and the completion of the medical course within the 36 months as required under the accelerated plan and the regulations of the Army and Navy. As you were informed at the time, both the Army and Navy concurred in this recommendation and action by the Association and those Services are now in the process of renegotiating contracts on the basis of that action.

The other three resolutions adopted at the meeting on April 1st were sent to you on April 20th and will be brought up for discussion at this meeting.

Even more serious decisions relative to medical education were being considered early in April by the Army, one of which was the preparation of orders to call all Army trainees in the ASTP who would not graduate before July 1, 1946. The Council took vigorous measures in regard to this possibility and at several stages it looked as though we might be seriously hampered in our war program. After numerous conferences, in which the officers of the A. S. T. P. helped immeasurably, the threatening situation was clarified.

A special situation relative to German War prisoners was presented to the Council but no action was required. It is of general interest, however, that there were in April over 1,000 German prisoners in this country who had been medical students in Germany and that classes had been organized by German physicians attached to these prison camps whereby credit toward a German medical degree and license is to be given for the work they were doing in the prison camps in this country even though there are no clinical facilities.

The April 11th directive of Selective Service Headquarters is now history. The only possible solution to the problem created by that directive was that outlined in our memorandum of April 15, 1944 which was worked out with Selective Service Headquarters. While the advanced matriculation of the students involved created a good deal of inconvenience, the effort has been amply justified and the students involved are now pursuing regular medical instruction. If the plan as proposed had not been carried out, most of the students covered by the advanced matriculation would not have been allowed to study medicine. The situation in the schools would have been serious. The cooperation of the

medical schools has been greatly appreciated by the universities, the students and Selective Service Headquarters.

As explained to you in another memorandum on April 17th, the situation was considerably complicated by the recommendations of the Interagency Committee on Draft Deferments later known as the Interagency Deferment Committee which superseded the War Manpower Commission on certain of these problems. At that time again the suggestion was made that no students be continued in active training who would not graduate before July 1, 1946. The directive originally had excluded interns under 26 years of age and also premedical students. As you recall, it was at that time also that the American Council on Education criticized the action of Selective Service and other government agencies and endeavored to secure a modification of the directive. The discussion was finally consummated by the publication of President Roosevelt's letter of July 5th in which he refused to modify the April 11th directive.

During the discussions with Selective Service Headquarters and the War and Navy Departments the suggestion was made that it might be possible for the services, particularly the Army, to either discharge or otherwise make available a certain number of qualified students for admission to medical schools, such students to be selected by the medical schools. This plan, after unanimous vote, was presented by your Council to Selective Service Headquarters which in turn after its approval forwarded it to the War and Navy Departments. After sympathetic consideration of the problem the Joint Army-Navy Board refused the request in the face of the overall manpower needs of the two services.

The problems of postwar medical education were discussed at a meeting of the Executive Council in February and it was the unanimous opinion of the Council that a study should be made of the questions involved in postwar medical training. It was felt highly advisable that this suggestion be presented to the Advisory Board for Medical Specialties, which has particular interest in the graduate phase of medical education, with the further proposal that such a study be undertaken by the Advisory Council on Medical Education which comprises, as you know, representatives of thirteen national organizations dealing with different phases of medical education. The Advisory Council on Medical Education at its meeting on February 12, 1944 agreed to go forward with such a study and a committee for the purpose

was appointed. Some comment has been made about the membership of that committee and for your information attention should again be called to the fact that the Council is made up of representatives of thirteen national organizations and the committee includes men from all these groups. Since the medical schools are the institutions most directly concerned it is the hope of the Committee on Postwar Medical Education that its efforts will receive your earnest consideration and support when its suggestions are available.

During the summer several proposals were made and a Bill was introduced into Congress calling for the deferment of a definite number of premedical students to insure the supply of medical students on the assumption that present plans would create an alleged shortage of about 15,000 doctors four years from now. In view of the existing contracts with the War and Navy Departments and the availability of women students and those men not eligible for military service together with the prospect that within reasonable time well qualified students will be coming out of the service under the proposed plan for demobilization of the Army, your Council has not endorsed these recommendations. It has continued to support the attitude and statements of the President of the United States, Selective Service Headquarters, the Interagency Deferment Committee, the War and Navy Departments, on this question of manpower as it relates particularly to medicine.

Previous actions and expressions of the Executive Council were reviewed at this meeting on last Saturday and the attitude expressed previously and in this report was unanimously reaffirmed by the Executive Council.

The attempt in recent months to create alarm over the possible shortage of doctors does not seem to be well founded. It already has had a serious adverse result because the public statements and the presentations to the members of the Congress and other public officials are creating an impression that there is a need for more facilities for medical instruction in order to meet the alleged future shortage of doctors.

Already a number of new medical schools are being projected and planned using these arguments as a basis for the need. It would indeed be unfortunate if the standards of medical education in this country were to be lowered and unnecessary new institutions created unless the reasons for doing so are compelling. Even though there might be a slight reduction in first

year medical students in 1945, although it is still too early to predict even that with certainty, the overall needs of the country for physicians can be met through existing institutions. The present prospects for the entering classes in 1945 are that the Army will fill its quota of 28 per cent for the first class admitted in 1945. The Navy will fill its quota of 32 per cent, making a total of 60 per cent from the Services. There are reasonable prospects of recruiting at least 10 per cent of women and at least 5 per cent of men physically disqualified by Selective Service. Hence the total, not counting ex-servicemen, indicates that at least 75 per cent of the capacity of the medical schools will be filled in 1945. Attention should be called particularly to the fact that the War Department plans at this time to fill its quota only for the first class at a given medical school that opens in 1945. About nine medical schools evidently will begin instruction for two classes in 1945. The War Department at this time is not planning to take its 28 per cent quota in the second class which open in these instances. Most of this information was given to you in our memorandum of June 22, 1944, and data was supplied also to the Subcommittee on Wartime Health and Education of the Committee on Education and Labor of the United States Senate.

May we express our appreciation for the information supplied the last of June by the schools relative to enrolment prospects for the year. This information from all but one school was submitted to Selective Service Headquarters and the War and Navy Departments, all of whom are grateful for the data.

The problems presented by the provision in the 1945 Military Establishment Appropriation Act are now familiar to all of you. We are again faced with a real threat to the enrolment of the medical schools as the plan was originally drawn. For a time it looked as though we might lose a substantial number of not only the incoming Army trainees but might even be confronted with a reduction of the student enrolment itself especially in the first two years. The cooperation of the Army authorities and Selective Service with the Association has made possible a solution that under all circumstances is proving to be highly satisfactory although without adequate financial support for many of these young men who had expected to go through their medical training under the Army program.

The American Council on Education made further efforts to secure modification of the basic Selective Service laws to provide

for the deferment of eighteen year old premedical students. The Executive Council again supported the previous policy of the Association and no new developments have occurred. The regret of the Council that the actions taken by the Executive Committee of the American Council on Education without previous consultation with the Association was recorded without that Council.

The Navy V-12 Bulletin No. 236 covering the question of intern training caused some confusion. We contacted the Surgeon General of the Navy and obtained from him a liberal interpretation of that directive which was designed primarily to advise medical trainees in the Navy who were negotiating for intern training in Navy hospitals that it was the desire of the Bureau of Medicine and Surgery that they should endeavor to obtain a rotating or at least a mixed internship. Students who had already accepted satisfactory civilian internships were not to be disturbed and the V-12 medical trainees were not expected to abrogate commitments already made. The cooperation of the Navy on this question was as usual very gratifying.

The attention of the deans was called, late in August, to the possibility that civilian medical students who had been actually enrolled in a medical school before reaching their eighteenth birthday were eligible for consideration for occupational deferment under the existing regulations. This still holds.

Mention was made earlier in this report of the recommendations of Selective Service to the War and Navy Departments that a certain number of qualified service men might be discharged or allowed to pursue medical studies. This had been rejected earlier in the year. This fall, however, the proposal was again made at the suggestion of government officials and particularly in keeping with the letter of President Roosevelt dated July 5th. In view of the Government's plan for partial demobilization of the Army following the end of the war with Germany the matter was not pursued very far by the officials in Washington.

You have been asked recently to submit a list of teachers on your staffs who are now in the service and who are most urgently needed in the schools. It has been felt by the officers in the Surgeon General's office, of the Army in particular, that such information might be useful and would be included in the point rating of men in the Medical Corps when the question of demobilization comes up for consideration following the end of the conflict in Europe. While we cannot be too optimistic about this

possibility we are cooperating in obtaining the information and hope that it can be put to use.

The various aspects of Public Law No. 346, The Servicemen's Readjustment Act, commonly called the "G.I. Bill of Rights," are now common knowledge. The provisions covering the medical personnel are being worked out. It appears that considerable financial aid will be available, even for the group of students just recently admitted who had been discharged from the Army because of the deadline set in the 1945 Military Establishment Appropriation Act as well as for men who entered the services after the age of 25. Men who had been in practice before entering the service are entitled to one year of retraining upon discharge, regardless of the age at which they entered the service.

The important phase of postwar medical education represented by opportunities for the future training of men in postgraduate and residency instruction has been actively discussed by the Council. The generous interest of the W. K. Kellogg Foundation has been most gratifying. At its request a special committee of the Association was appointed to consult with the officers of the Kellogg Foundation to work out plans for financial aid for selected schools.

Before submitting to the Association recommendations formulated during its meetings at this session, you may be assured that the Executive Council has been following closely the various problems relating to medical education particularly at this moment in connection with plans for the partial demobilization of the Army following the successful conclusion of military operations in Europe. In view of the almost universal opinion that the accelerated program of medical instruction and the abbreviated internship combined with the great reduction in the teaching personnel make it impossible to maintain adequate standards of medical education, it is the judgment of the Executive Council that the accelerated program and the shortened internship should be discontinued at the earliest possible moment consistent with the demands of the military services for medical officers. Your Council will continue closely in touch with developments related to this problem and shall keep you fully informed.

Many proposals are being made regarding postwar medical education. A number of the large organizations are projecting plans and predictions of considerable variety. Many of these plans are contingent, of course, upon the time, spread and volume

of demobilization and the availability of shipping, but there are numerous indications that the demobilization is not going to be as rapid as some prophesy. Tentative schedules have not yet been announced and cannot be at this time. However, if, for example, two million men are to be demobilized in 1945, it is fair to assume that somewhere in the neighborhood of eight to ten thousand medical officers might be discharged, many of whom would desire retrainer or refresher courses.

In considering this whole problem of returning medical officers no firm estimates or predictions can be made because of the great numbers of intangibles. Although there are about 5.9 doctors per thousand men in the Army, it is not likely that they will be discharged quite in that ratio. For example, the Army now has about 45,000 doctors in service against its quota of better than 47,000. The shortage would be made up as demobilization began. Furthermore, a considerable group of medical officers now in the Army have been borrowed from the Veteran's Bureau and they will be discharged to that government agency first.

The Navy now has 12,700 medical officers, but is still short 9,000 of its requirements. Even if several million men may be discharged in overseas areas there is no prospect at this time that any but a small proportion of these men can be returned to this country in 1945 owing to the need of transferring active units to the Pacific area and the diversion of a substantial part of available shipping to other parts of the world. As an illustration, already the government is planning training courses in Europe for approximately 800,000 men ready for discharge because shipping will not be available to return them next year.

In all probability the first medical officers discharged will be largely men of the older group for whom short refresher courses would be in large demand. In 1946 further demobilization may free up to ten to fifteen thousand medical officers to return to civilian life from the Army. Perhaps in 1947 we shall see increasing numbers of the younger men returning who will require and desire residency training.

It is important to indicate the possible synchronization of the deceleration of the medical school program and the demobilization of the Army. The deceleration of the medical school program will leave a period in which the number of graduates for a year will be reduced. There will be at that time, therefore, an increased number of intern vacancies in the hospitals.

If these two features occur at the same time, or can be made to do so (which is possible) many of the discharged Army Medical officers will be able to fill hospital positions as residents or assistant residents. If this occurs both the needs of the hospitals for house staffs and of postwar graduate medical training will be met much more easily than has been generally believed. It is quite possible that the situation will not be serious for either the hospitals or the returning medical officers.

The comments above refer particularly to Army demobilization. There is every indication, for obvious reasons, that the demobilization of the Navy group will be much more prolonged. The plateau of Navy Medical Corps discharges after the war (in contrast with the peak of Army discharges) will probably not be reached until 1947-1948 and even then from present indications the numbers of discharged medical officers will be small and of older men. The discharges will continue at a relatively constant rate for five to ten years.

In consideration of these questions of demobilization substantial information is now available on the desires of the individual men for additional training. The present indications are that many of them desire to have specialized training, particularly in numbers far in excess of the distribution of these services in the profession previous to the war. While every consideration must be given to the wishes of the men returning, it is important from a standpoint of medical education that we train specialists in such numbers as can meet adequately the needs of the country and not try to produce an excess number of such individuals for whose service there may not be sufficient demand. A disservice to the country and to many of these service men must be avoided. There is also reason to believe that the demands from the service men once they return will not be as great as their present answers to questionnaires would indicate. It is to be accepted that many of the men returning from the services will endeavor to re-establish themselves in practice or begin practice as promptly as possible in order to return to economic independence in civilian life. Associated also with the return of the men is the necessity in many more medical schools than at present to develop sound educational affiliations with hospitals and to develop adequate and useful training in the basic medical sciences.

The Association has been requested by the Army Specialized Training Division to make a study of the whole question of the

accelerated program and to make a report to that War Department agency. It has been further requested that the Association begin study of the best possible means of supplying medical students in the future after the probable establishment of compulsory military service following the war. Under such circumstances the supply of medical students would be in large part drawn from young men who have had previous military experience and would be in the Army Reserve Corps. The recommendations of the Council on this question will be presented at some future date.

Your Council is following closely the question regarding the disposal of surplus medical supplies and equipment and has been in touch with the joint Army-Navy Surplus Property Board and will make reports directly to the members from time to time as the programs are developed.

The following recommendations of the Executive Council formulated at its meeting held in Chicago on April 1, 1944 are presented for your consideration. These were forwarded to you under date of April 20th. Please note that Recommendation No. 1 has already been voted upon by the Association.

RECOMMENDATION No. 1

The decision of the War Department greatly to reduce its future production of medical officers under the Army Specialized Training Program removes the urgent necessity of the medical schools to continue the admission of first year classes every nine months. The accelerated program of instruction and admissions was initiated by the Association of American Medical Schools in order to make possible the graduation of about 10,000 more physicians than normal during the period 1942-1948. This is being accomplished and is proving to be an important contribution to the overall war effort of the country. It has also precluded other possible methods of increasing the output of medical officers and physicians which might jeopardize the entire structure of medical education in this country.

The urgent manpower situation indicates curtailment in the near future of deferment of most men under 26 years of age. There are now many uncertainties regarding the possibility of filling the non-military quotas of the first year classes each nine months. The Navy has expressed no need to increase its quota

of trainees. There are strong indications that on a schedule of admissions each nine months the medical schools will not be able to secure enough well qualified students to keep the medical schools at capacity.

In view of the drastic reduction in teaching staff during the war which have resulted in a lowering of the standards of medical education, a return to the admission of first year classes only once each calendar year will help materially to restore proper levels of instruction. Everyone predicted the excessive load on the reduced staff because of the accelerated program and realized at the beginning that the plan could be carried only for a limited period, particularly since the staffs retained by the schools were largely the older members.

Since the War Department intends to renegotiate its contracts with the medical schools in the near future, it is important to it, to the Navy, to prospective civilian students and to the schools to have a decision now on the date of opening of the first year class in 1945. Please note that the effect of a return to admissions once a year instead of every nine months will not be felt in the output of physicians from medical schools and the internship until 1949 and then only in a minor degree. The effect in 1950 will be more noticeable.

After a full discussion the following resolution was adopted and is now forwarded to you after discussion with and approval by the officers of the Army and Navy training programs and discussion with the officers in Selective Service Headquarters.

RESOLVED; That the Executive Council recommends to the members of the Association that all medical schools which will admit a first year class in the fall of 1944 plan to admit the following first year class in the autumn of 1945 and successive first year classes each twelve months thereafter, that those schools which will admit a first year class in January, 1945, admit their following first year class in the fall of 1945 and successive first year classes each twelve months thereafter, with the understanding that in no instance should the deceleration drop back the admission of a first year class by more than four months and also that all civilian medical students and military trainees be continued on the accelerated program of instruction in order to complete the medical course in thirty-six months.

This completes the report of the Executive Council for the

year and is now before the membership for consideration and such action as it may wish to take.

Respectfully submitted,

(Signed) WILLARD C. RAPPLEYE, *Chairman.*

E. M. MacEwen

Maurice H. Rees

L. R. Chandler

Philip A. Shaffer

A. C. Furstenberg

R. H. Oppenheimer

Dr. Rappleye: I might say in passing that this over-enrollment of schools was criticized by those in Washington who have our interests in mind, as well as their own, and they felt we had been overdoing it in some instances.

It seems to be in order, Mr. President, that that would be the next order of business, for the Executive Council — merely that what has been read so far be voted as approved. It ought to be recorded for the record.

The President: Are there any questions so far on the Report of the Executive Council?

Dr. Davison: Dr. Rappleye would you prophesy whether the G.I. Bill will include men who have been in practice? I was not quite sure whether the men who have been in practice a year or two and who wanted a refresher course of six months or a year would be eligible.

Dr. Rappleye: Any man who has been in the service 90 days or longer is entitled to one year of a refresher course.

Lt. Col. Raymond Hussey: Might I point out that this is contingent on the fact that their education has been interrupted, delayed or postponed?

Dr. Rappleye: Any individual who has been in service 90 days regardless of the age at which he went in and regardless of whether or not his education has been interrupted is entitled to a retraining program for one year. General Hines told me that himself and I have it in writing.

Lt. Col. Hussey: I am very glad to be put straight on the fact because I thought that it stipulated in the bill that the training or education must have been interrupted, delayed or impeded.

Dr. Rappleye: Any individual who has been in the service 90 days is entitled to one year of retraining program under the G.I. Bill. May I read the clause?

"Title II, Chapter 4, Part 8, Section 1. Any person who served in the active military or naval service on or after September 16, 1940, and prior to the termination of the present war, and who shall have been discharged or released therefrom under conditions other than dishonorable, and whose education or training was impeded, delayed, interrupted, or interfered with by reason of his entrance into the service, or who desires a refresher or retraining course, and who either shall have served 90 days or more exclusive of any period he was assigned for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, is entitled to the one year training."

Dr. D. Bailey Calvin: Would that also apply to these young men who have been in the AST Unit?

Dr. Rappleye: Yes. If they have been in the interim appointed for 90 days, they are entitled to one year of training.

Dr. Calvin: Maybe my question was misconstrued. Here are young men who were transferred as civilians in medical school into the Army Specialized Training Unit without a break. Do they get any consideration under these circumstances?

Dr. Rappleye: Not if they have not been in an Army establishment.

Father Schwitalla: If an ASTP student has been in military training for 90 days or more outside of his college period, he is entitled to all the benefits of the G.I. Bill?

Dr. Rappleye: It says "exclusive of any period he has been assigned for a course of education or training under the Army Specialized Training Program."

Upon motion duly made and seconded, it was voted to approve the Report of the Executive Council.

Dr. Rappleye: The first recommendation, perhaps, is the affirmation by the Association for the record of the vote taken by mail on Recommendation No. 1; namely, that the medical schools open their classes once every year instead of every nine months. There was an affirmative vote by the Association and

we want a record of it as of now as to the ratification by the Association formally.

The President: You have that Resolution before you on this agenda that was passed out this morning. Is there a motion to approve it?

Dr. H. W. Kostmayer: I move we approve it.

The motion was seconded.

The President: Are there any further remarks with regard to the action of the Council recommending that we return as soon as possible; that is, the fall of 1945, to the annual admission with the accelerated program so long as Army and Navy contracts are in effect? Let us get that clear. The Council can only recommend—this Association can only recommend. Any action taken by the Council or this Association must be subject to the charter of your school, to the action of your faculty and to the regulation of the Board of Education. Keep that in mind. We cannot force anybody to do anything except when they violate our minimum standards.

The motion carried.

Dr. Rappleye: We now come to the recommendations that are before you for consideration that have not previously been acted upon. The first one is the admission requirements. It was resolved that medical schools continue their prewar admission requirements for civilian students, providing that such continuance will not delay the admission of students otherwise subject to induction beyond the next entering class following completion of the minimum requirements prescribed by the military services and will not require occupational deferment beyond the twenty-four months allowed by the Selective Service regulations.

The idea of this is merely to give us, the medical schools and the Association making the recommendation, the authority to report to our prospective students that we are going back to the civilian requirements in anticipation of large numbers of men who will be coming out of the services with considerably less than the previous civilian requirements. That is all this was intended to do.

to get thousands of applicants with minimum standards. As you I do not know how vital this is. The admission requirements remain for the individual schools but it seemed wise, as an overall policy, that we express ourselves on this point before we begin

know, there is a proposal before one of the Senate committees now, as an illustration, which is not effective for us but it is going to be proposed, that any nurse who has been in the Armed Services should be regarded as having completed the minimum requirements for admission to a medical school, and having served her country, she ought to be allowed to study medicine. That is a proposal before one of the Senate committees at the present time. It has not come out of the committee and it has not been recommended, but it illustrates what may be put on us in the form of pressure from ex-service groups of one kind or another. We thought it might be wise to state our position at the earliest possible moment because these ex-service men coming back to us as applicants will be in a civilian status and we better get our former standards for admission back as early as possible, otherwise we will be five years, at any rate, untangling the pre-medical question.

It was moved and seconded to accept the recommendation.

Dr. Jos. C. Hinsey: This is rather ambiguous to me. I am wondering whether, at least a portion of the last could be deleted? What is the twenty-four months allowed by Selective Service regulations? Is that in force at the present time?

Dr. Rappleye: You notice when I read it I hesitated when I got to it because I wrote this some months ago. I think that ought to be out. I would rather see that out because I do not know what the regulation will be next. I do not think it bears on the question at the moment.

The President: I would like to have Dr. Zapffe read a portion of a letter from Dr. Hines which is quite significant and enters into this discussion.

Dr. Zapffe: This letter comes from the Veterans Administration and is signed by General Hines, dated September 7, 1944, addressed to Dr. MacEwen as President of the Association. The paragraph is: "You asked for suggestions on how the above committee, of which you are chairman, might help organize plans that would help veterans as they apply for entrance for schools of medicine. Please be advised that your committee could be of great help if they would set up a central evaluating agency or authority to which the credentials of all veterans wishing to enter the study of medicine might be sent for prompt review. Further, your committee could help the program of vocational rehabilitation and education by securing from each member school of your

Association, an understanding that they would give priority to request for admission from any veteran whose credentials had been approved by the above proposed central evaluating authority."

The President: Dr. Zapffe answered that letter and in his answer he stated that the admission of students has always been in the hands of the individual schools and there was no way of changing that. I want you to have that before you when you consider this resolution.

Dr. Alan M. Chesney: Does this mean that the veterans would be obliged to meet different admission requirements than those now in force for the Army and Navy?

The President: As soon as a soldier is out of uniform, he is a civilian. It means the civilian qualifications.

Dr. Chesney: For example, we required a degree prior to the war. We do not require it now for Army and Navy students. Would we be expected, under this regulation, to require it of veterans?

The President: No, you would not be expected to do it. If you wanted to adopt three years as the requirement for admission, we can not do anything about it, but this is a recommendation that, in so far as possible, the schools restore the prewar requirements. No one can force you to do it. The requirements of this Association and of the AMA are two years; in other words, 60 semester hours. But it is our recommendation that we try to get back where we were with civilians during this whole period. In most of the schools they have held them to the original standards and I think it is going to be very essential. In our school we have not taken in a single civilian student, 4-F or women who did not have at least 90 hours of work.

Dr. A. Cyril Callister: I would like to amend this to read as follows: "RESOLVED that medical schools continue their prewar admission requirements for civilian students and veterans." I realize a veteran is a civilian but I think that should be added.

The motion was seconded.

The President: You have heard the amendment and second. Is there any further discussion?

Dr. Diehl: Is a substitute motion in order?

The President: An amendment cannot be amended or substituted according to the Robert's Rules of Order. The motion has to be voted on and a new amendment made. A substitute motion is an amendment to an amendment.

Dr. Diehl: According to Robert's Rules of Order, how could this be referred back for rewording and consideration?

The President: You can vote at any time to reconsider something. I think the best way is to vote it down and then you can make a new motion.

Dr. Diehl: My point was that instead of attempting, since there has been some confusion, you said it was somewhat ambiguous, it might be best to refer it back to the Executive Council for rewording and presentation later this evening.

Dr. Rappleye: What don't you like about it? The last motion is very good and brief.

The President: Let us have that one reread.

Dr. Callister: "RESOLVED that medical schools continue their prewar admission requirements for civilian students and veterans."

Dr. Dorst: I suggest that it read "including veterans."

Dr. Callister: I accept that.

Father A. M. Schwitalla: May I ask a question? Do I understand this to mean that this in some way or another undoes our action at Louisville. If so, I should like to have this worded in such a way so as to bring out the point very clearly that we are to some extent withdrawing something that we did at Louisville which we are all hoping might be done as fast as possible and it seems to me that this motion should tie in definitely with the action which enabled the schools of medicine to go off the 90 semester hours and three-year requirement onto the two-year requirement for admission. I do not remember how that action was worded at Louisville but I think it is an important thing to bear in mind before this is voted on.

The President: Supposing that we lay this on the table, and bring it up later in the meeting.

Father Schwitalla: I move it be laid on the table.

The motion was seconded.

Dr. Philip A. Shaffer: Is it in order to make another comment concerning this question before it is laid on the table?

Dr. Rappleye: Many medical schools have been maintaining their civilian standards during the war period. That was the thing you had in mind?

Father Schwitalla: I do not believe that is in the resolution. That is the point I want to make.

Dr. Rappleye: We will take care of it.

The next item is the resolution which has been debated all day today.

"RESOLVED, that no information be supplied nor any recommendations be made to any hospital regarding the qualifications of medical students for internship appointments until after the completion of the third year of medical school instruction."

It was moved and seconded to accept the resolution.

Dr. Diehl: I am heartily in favor with the purpose of this resolution. I am sure we all are. I am not entirely satisfied that it is going to accomplish the purpose intended because we have attempted to operate under the recommendation of the Executive Council since that was received, but we find that hospitals are making their appointments early. Some of them are making them without recommendations from the dean. A student is entitled to get his transcript from the registrar's office at any time for any purpose. Members of hospital staffs and medical school faculties in other institutions are writing personal letters to members of the faculty in which a student is attending asking personal questions about the student and while I think this is a desirable step, I think it should be supplemented by an amendment to this effect: That the Committee on Internships of this Association be instructed to confer with the Committee on Professional Service of the American Hospital Association and the Council on Medical Education relative to the formulation of a program, a cooperative program, which will provide for uniformity of practice relative to the appointment of interns. We will get further on if we try to work cooperatively with these other units instead of going forward entirely on our own. I would move that as an amendment to the motion.

Dr. Davison: I second the motion.

The President: I think we all recognize what Dr. Diehl has said. There will be, no matter what we do, certain hospitals that will jump the gun. We came to a very definite agreement with the American Hospital Association, within the memory of most of us, that no appointment would be made before the 15th of November and 85 per cent of the hospitals agreed to this. But you know from the discussion this morning what happened. Some of them started to appoint them in June, some in July and some in August. Most of my students came back with internships that year before they got back in the fall. I have no objection to this motion but it will get the same result.

Dr. Diehl: Perhaps I did not make myself clear. It is not to substitute that for the resolution, but to amend the resolution to provide for, in addition to this action, this consultation between our committee and these other groups.

The President: That is all right but I think that is in the mind of the Council. We were talking about that the other day, of trying to get a committee of the Council and the American Hospital Association and our Internship Committee with them to work and try and do that.

Father Schwitalla: May I ask Dr. Diehl if he will kindly accept the elimination of the Council on Professional Relations with the American Hospital Association in place of that accepted statement—the Hospital Associations—because I am definitely of the opinion that approximately 400 hospitals are not represented by their Council nor by the American Hospital Association and we have been blamed for jumping the gun. We have not.

Dr. Diehl: That is entirely satisfactory.

The President: I think we are complicating this pattern. I believe that if you will leave that to the Executive Council, they will see that that action is taken without tying it onto this motion. You have before you the amendment to the motion. All in favor signify by the usual sign; opposed "no." We will have to have a rising vote.

Those in favor stand. The amendment is lost.

Now you have the original motion before you. All in favor signify by the usual sign; those opposed. Carried.

Dr. Rappleye: The next item is one that you have been discussing so much. Inasmuch as the satisfactory internship is now

universally regarded as a necessary and integral part of medical education, BE IT RESOLVED, that the Executive Council recommends that the Members of the Association of American Medical Colleges consider the adoption of a requirement of an internship as a prerequisite to the degree of doctor of medicine."

Dr. Maurice H. Rees: I move we lay this recommendation on the table.

The motion was seconded and carried.

Dr. Rappleye: There is no need of calling special attention to items 4 and 5 on postwar plans. You are urged to submit these postwar plans to the Central Office of the Association whence they will be available for general information and for other purposes of the Committee of the Association that is working on postwar medical training.

We come finally to item 6, dealing with vivisection. Dr. Reed of Illinois has given us some additional information and we should like to substitute the following resolution:

"That this Association extend an invitation to the Federation of Societies for Experimental Biology, the American Medical Association, the American Red Cross, the National Drug Manufacturers Association, the American Association for the Advancement of Science, the National Academy of Sciences and Association of American Dental Colleges, to create a joint committee to deal with the methods of meeting the problems of vivisection."

Dr. Chandler: How about Public Health?

Dr. Reed: It is quite all right.

Father Schwitalla: Is it your idea to work with the Committee of the American Medical Association on this question?

The President: Yes.

Dr. Rappleye: The original suggestion was that there might be created a Society for the Promotion of Medical Research.

Dr. Patterson: May we have the resolution read again?

Dr. Rappleye: "That this Association extend an invitation to the Federation of Societies for Experimental Biology, the American Medical Association, the American Red Cross, the National Drug Manufacturers Association, the American Association for the Advancement of Science, the National Academy of Sciences and Association of American Dental Colleges, the

American Public Health Association, looking forward to the creation of some joint activity in the promotion of medical research.”

The motion carried.

The President: I would like Dr. Zapffe to read a statement. You know our attention was called just a few moments ago in one of the reports about the evaluation of credits given in these Army courses and at the meeting of the Liaison Committee the other night, we agreed practically on the wording that we will submit to you through the council later.

Dr. Zapffe: It was agreed that the Committee would bring this to its respective body. “To accept students from colleges of arts and sciences which have admitted students on the basis of the rating placed on courses by the American Council on Education.”

When I spoke before, I told you that the American Council on Education had a committee or will have, which will rate for accreditation the courses that are given in the Armed Forces Institute and this suggestion means that any applicant who submits credits from a college or university who has been admitted to that institution on the basis of the rating made by the ACE, is to be recognized accordingly by the medical schools.

The President: That is merely for your information. That is what we are doing now. If your college of liberal arts certifies that a student has such and such credits, you do not question where he got them. If they admit students that are going to get so much credit in chemistry, let us say, and that chemistry meets the requirements, why should we question them? If they are going to give a course where they will produce some duds, that is another matter.

Father Schwitalla: The situation that Dr. Zapffe calls to our attention is one that was called to our attention at the time the Armed Forces Institute was organized. The Armed Forces Institute does two things. It has a local habitation, first of all, and it is associated with a definite set of buildings, rules and offices and so on at the University of Wisconsin, but it was put there not as a part of the University of Wisconsin but simply because the University of Wisconsin offered to the Armed Forces Institute the facilities of its halls.

That Institute is composed of representatives of the Army

and Navy and I believe also of the Veterans Administration and a number of other individuals who are responsible — not individuals but organizations, official organizations, who are responsible for the education of the soldier or the sailor.

The Armed Forces Institute does two things. First of all, it actually gives courses, courses by correspondence and by other devices of one kind or another. Secondly, it is acting as a depository of the credits of all of the soldiers for any form of formal or informal education which the soldier might have had from the period of time that he had with the Army until the time that he has been demobilized.

It is true that so far the Armed Forces Institute can give no guarantee that it is competent to take care of all of the credits of the individuals. What it can promise is that it will have on file records and evidence of the completion of examinations, and so on, of practically all of the educational courses, but if you bear in mind that the Armed Forces Institute is going to try to take into consideration all of the formal and informal education, therefore, all the courses taken by the soldier and sailor by the enlisted man during his period in the Army, the formal courses including military courses; secondly, all the informal education by means of such things as private study and correspondence outside of the Armed Forces Institute, you can easily see that it is going to be a tremendous job for the Armed Forces Institute to be assured of all that it can do.

The Armed Forces Institute has presented its problem to the American Council on Education. The American Council on Education had already acted at the time that request came in and produced a committee, a rather large committee, that dealt with the evaluation of the work of the accrediting agencies with reference to the necessity of gathering information for those schools that ought to be accredited by more than one agency. It turned over part of the Armed Forces Institute problem to that committee.

Then it created a committee for that which dealt specifically with credit for the military education, the education of military men and that committee has made several reports. It has several subdivisions. It deals with secondary education and then with education on the college and university level.

The recommendation that is implied in this is as follows: If the Armed Forces Institute, through the policies recommended

by the American Council on Education, has on record that certain individuals deserve so many semester hours of credit, it is up to the university to accept or not to accept that credit. I believe that most of the universities will accept the credit it recommends with reference to this credit or this evaluation and, therefore, I believe also that the medical colleges would be entirely safe to accept whatever the American Council on Education's policies demand of us or suggest that we do.

The President: This was given to you more for information, but if you want to act on it, it will save the Executive Council setting it up. If you approve of it, we will set it out as an approval of this Association.

Dr. Rees: I move its approval.

Dr. W. C. Davison: I second it.

The President: It has been moved and seconded that this recommendation be approved. All in favor signify by the usual sign; opposed. Passed.

Dr. Zapffe: I would like to clear up something. We have had several reports as to the duration of the V-12 training program. In talking with Ensign Wight today, he gave me an entirely different picture. With your permission, I would like to have him tell us just when that course of study is to be terminated.

Ensign John W. Wight (Bureau of Naval Personnel, Washington, D. C.): Any remarks I make are, naturally, contingent upon the needs of the service. I can not say what is going to happen beyond what we know right now. However, we have students in training who will be graduated from pre-medical training this November and March, 1945, July, 1945, November, 1945 and in March, 1946. In an estimate we originally made, based on the figures that Dr. Zapffe gave me about the new annual input, we figure that we will have enough students to fill at least 90 per cent of our 25 per cent quota during 1945.

Those estimates are based on two variable figures; one the number of men that you reject in your screening committee meetings, which now has gone down to about 20 per cent, whereas in the first round of meetings it was about 45 per cent, and also based on the academic attrition which is again somewhat variable. If we add to that 90 per cent that we think we will be able to fill, the number of men coming in from the fleet who are through their premedical education and classified as acceptable

by the committees, we are almost positive we will fill at least 25 per cent of our quotas during the year 1945.

We have another class graduating in March, 1946. That is comparatively small. That is the result of our last input of July, 1944. Their fifth term will be over in March, 1946, and in all probability we will have enough men there to fill in 1946, 35 or 40 per cent of our commitments.

There has not been any official statement issued by the Bureau of Personnel regarding the termination of the V-12 program. There have been various rumors concerning the conversion of that program to some other form of training. Those plans are not crystallized and in any event, it is not likely it will affect the premedical or medical program. The premedical and medical program will go on so far as we know again dependent upon the needs of the service until we finish up the men now in training.

Dr. L. R. Chandler: Would it be out of order, in addition to the report of the Chairman of the Council, to ask Colonel Fitts to tell us what he can about the quotas of premedics finishing term, fifth and fourth now, and their admission next summer?

Colonel Francis M. Fitts: General Lull was very sorry that he could not be here. He gave me one message before he left and I do not know what he means by it, but he said, "Illegitimus non corborundum."

The first thing that is enough to grind you down is that the definite policy for that period between the fall of Germany and the much-to-be desired fall of Japan has not been arrived at as far as the number of medical officers who may be released from active military duty. Despite the fact that it is felt that at least two million individuals will be demobilized, it is not known whether a proportionate number of medical officers can be separated because there still is a large task to be performed and an ever-increasing accumulation of war casualties to be taken care of.

The next thing is that it is very probable that the men who do wish most, who are the best men, that we will want to keep them in the Army for the care of war casualties, as well as you wish to have them come back to you for educational purposes. That is just merely my personal opinion. There is no authoritative statement on it. The only authoritative statement is about the "illegitimus non corborundum."

I thought you would be interested in some figures that I have. We have admitted to training in medicine 18,342 soldiers, 11,721 remaining in training in medicine itself. We have graduated 5,743. We have separated as academic failures 725 and for non-academic reasons, disciplinary withdrawals and others, 143. Included in that number; that is, remaining, are the 317 graduates of the present sophomore class of the two year schools.

We have put into premedical studies under the Army Specialized Training Program, 3,537 enlisted men. Of that number, 1,137 were for 1944 classes, men who had been accepted by you gentlemen in the normal procedures. We have 44 of that number remaining whom we will carry over to 1945. Of those whom we have put in training for 1945 vacancies, amounting to 2,400, we have now remaining and available for assignment a little over 1,800; that is counting on losing the same proportion from the next screening that we lost in the last screening.

You remember we asked you to look the men over a second time and see which were good enough to keep. Some said, "Keep them all." Some said, "Throw them all away." We lost rather widely in some schools; we lost very slightly in others. Now, if the decimation is not greater than it was before, we will have on hand at the end of the year a sufficient number of qualified enlisted men for assignment to one entering class in 1945 up to the full 28 per cent which we asked you to reserve for us.

As you know, in 1946 we will have none. We are asking you to continue those for whom you will have assumed the responsibility of training under training for a period of 36 months, leading toward the degree of doctor of medicine. Of course, all this is contingent on Congressional action and six months after the termination of the national emergency all of those enlisted men become civilians again; so, therefore, any training which was under process at that time, will be discontinued.

May I also point out one other thing. All the officers, both those who are in the Army and in the Navy, except the regular Army officers and regular Navy officers, will cease to be on active duty six months after the termination of the national emergency. When the national emergency will be terminated is problematic, but my personal opinion is that once the shooting is over, Congress will do it just as quickly as possible and you will be getting all of your 44,000 men back from the Army at that time unless legislation is passed saying that somebody has to take care of the sick and wounded who are still Government wards.

The demobilization subsequent to that period, of course, is entirely contingent upon any additional legislative action by Congress. At the present time, I am the only person left to take care of 200,000 sick men six months after the war is over.

I believe it is quite timely that within the next year you gentlemen should consider very carefully what will be done when World War III comes to assure a continued output of doctors, both for the Army and for the Navy.

The national archives in Washington has an inscription which says, "What is past is prologue; study the past." Let us profit by the mistakes that Dr. Hogan and I made so that you gentlemen will make positive recommendations regarding what is to be done. If you say, "Leave them all on inactive duty, recommend that." But a careful study should be made and an evaluation of what has been done, the mistakes that have been made, the good points which may have been developed, not from a point of censure or for praise, but merely in order that a recommendation, a carefully studied recommendation, be made to the nation of steps that should be taken in the event of another national emergency to assure the continuation of the supply of doctors.

Dr. Chandler: Would you answer one question? You gave a figure of a certain number of ASTP trainees ready for admission to medical schools for 1945. You said you expected to meet your present contract quota for one admission. Do you expect to have enough students to make that one class late in the year? Those of us who happen to be admitting two classes in 1945 can expect the Army quota for only one class.

Colonel Fitts: For one class.

The meeting adjourned at six-ten o'clock.

Tuesday Evening, October 24, 1944

The meeting reconvened at eight-thirty o'clock, Dr. E. M. MacEwen, President, presiding.

The President: The next order of business is the report of committees. The first committee to report is the COMMITTEE ON TEACHING OF TROPICAL MEDICINE.

The report will be published in the JOURNAL.

The President: I want Dr. Bachmeyer to give you a report

on the funds we got through the Markle Foundation for this project.

Dr. A. C. Bachmeyer: We have divided the funds we have received from the Markle Foundation into three different funds.

The first fund, No. 1, was the fund that was provided for the training of men at the Army Medical School and at Tulane University. There have been a total of 40 individuals up to the 31st of July who went to Tulane at a cost of \$18,397 or approximately \$459 for the individual. There were 67 men who went to the Army Medical School at a cost of \$20,829 or an average of \$306 per individual so that in those two schools there have been trained a total of 127 men at a cost of \$39,000.

The second fund was appropriated for the distribution center that is collecting and distributing material for the teaching of tropical medicine, and in that fund we had spent approximately \$400. About a \$600 balance remains in that fund.

The third fund was for the men who were sent to the Central American centers for training in the tropics. A total of 99 men have gone up to the 31st of August to Central America for that training at a cost of \$62,938, or approximately \$635 per individual. So, the instructors from the various schools in the Association have had the benefit of this training at a cost of over \$102,000 and there remains approximately \$14,000 of a total of about \$161,000 which was appropriated for this purpose.

The Association owes the Markle Foundation a very real debt of gratitude for the splendid support they have given us.

The President: Following this report, I cannot pass up the opportunity to just say a word about the late Archie Woods. This Association owes a great debt of gratitude to the excellent work he did in making this opportunity available to the schools. I want Dr. Ferrell to carry back to Mrs. Woods and the Foundation our deepest appreciation of what Mr. Woods and the Foundation have done for medical education.

The next committee to report is the COMMITTEE ON TEACHING OF PREVENTIVE MEDICINE AND PUBLIC HEALTH.

Dr. Hugh S. Leavell read the report of the Committee which will be published in the JOURNAL of the Association.

The President: We have this very important report. It seems to me that we can do little more than receive it at the present

time. It will be published in the JOURNAL and then the Council should take consideration of it and make any recommendations. There are some vital things in here that affect individual schools and we could not take action on it now, so, if there are no objections, we will consider the report received and order it published.

The next committee to report is the COMMITTEE ON INTERNSHIPS.

Dr. Jean A. Curran: We had a regular meeting of the Committee on Internships yesterday afternoon at which all members were present except Dean Chandler. He has read the report and it has his approval, so it is a unanimously agreed on report.

At our meeting, we took stock of accomplishments made during the past year and I would like to report them as follows: A questionnaire was prepared and sent out through Dr. Zapffe's office to all regional chairmen for the purpose of internship classification. Then subsequent lists of internships, classified according to our nomenclature, excellent, good or satisfactory, were sent out to you in January, 1944.

I might pause at this moment to give you a brief analysis of the way these groups were distributed. You have these lists in your office. It might be interesting for you to see the proportions of each group. Before the war, there were 760 hospitals offering 8,180 internships approved by the American Medical Association. At present there are about 766 hospitals listed with about 5,600 rationed internships. Of this group, the deans considered 586 hospitals offering 4,984 internships as either excellent, good or satisfactory, which were distributed as follows: In the excellent group there were 134 hospitals, or about 17 per cent of all of the 766 hospitals listed offering approved internships. There were 194 hospitals, or 25 per cent, which were considered as good; 258, or 34 per cent, considered as satisfactory and 180, or 24 per cent, either unsatisfactory or unclassified for lack of adequate information.

If you want to group them, those that might be considered excellent and good would be 42 per cent and those which are only satisfactory, the lowest group or unsatisfactory, would be 58 per cent. The distribution as to internships in the excellent group is 2,174; good, 1,486; satisfactory, 1,320, a total of 4,980. I made no attempt to work out percentages because of the impossibility under present conditions of determining what is the

total group because of the reduction of 5,000 internships during this period due to restrictions by the Procurement Assignment Services.

It may be interesting to you to know that of the 134 hospitals you listed as excellent, 111, or 83 per cent, were used for undergraduate teaching.

Next, we got out questionnaires regarding teaching affiliations which were sent out also from Dr. Zapffe's office and the following information was furnished the deans: First, a list of the American Medical Association internship approved hospitals which are used by you for undergraduate teaching. This was sent out in May, 1944. This gave you one more way to evaluating the quality of the internship which might be offered in each of those hospitals. Second, a list of similar hospitals used for graduate and postgraduate teaching was sent out in July of this year, this attempt resulting from some interpretation by the deans of the term "graduate."

At the meeting yesterday afternoon, the Committee decided to prepare a new questionnaire incorporating the following items: First, hospitals used for undergraduate teaching; in other words, revision of the one sent out to you this year. Second, hospitals used for graduate teaching; namely, assistant residents, residents and fellows, and we want to be sure that it is understood that these are residencies and fellowships to prepare men for practice in a specialty. We will endeavor to learn the length of these various residency patterns. Third, hospitals used for giving short refresher or continuation postgraduate courses. In each group, the dean will be asked to state whether the hospital plays a major or minor role in the teaching program. Departments used will be specified and classified according to our nomenclature. Fourth, additional residency and fellowship opportunities, which may be added as soon as procurement and assignment restrictions are lifted, will be determined after consultation with Dr. Zapffe's office including those in our questionnaire.

We also intend to issue a reclassification of the internships during the Spring of 1945. The list this year is the first one which, I think, has been fairly satisfactory and we hope that with that as a beginning, it will be possible, with your help, to do a much better job this coming year after it has been revised again.

At the meeting yesterday afternoon, Dr. Bachmeyer suggested it was decided to issue a revision of the criterion of what is a good internship. It is proposed to take the report submitted to and accepted by the Association at the October 1939 meeting and bring it up to date. After Committee agreement, it is proposed the new criterion be published in the JOURNAL of the Association in perhaps *Hospitals* or in the Journal of the American Medical Association.

Finally, I have a recommendation regarding internship appointments. This might be considered supplementary to the action taken this afternoon and it may be even a repetition of a motion already passed this afternoon, but I shall have to submit it as included in our Committee action.

On motion of Dr. Diehl, it was voted that the Committee confer with the Council on Professional Practice of the American Hospital Association of which Dr. Buerki is Chairman, relative to the adoption of uniform practices and regulations in regard to internship appointments.

This completes my report of this Committee and I would just like to add one personal word which I am speaking for myself. Today or this afternoon, you all voted to recommend to the medical schools that no information be sent out regarding internships until after the end of the third year. This morning, two guest speakers, Dr. Woodworth and Dr. Turner, both proposed the idea of a school date.

I believe Dr. Woodworth's suggestion was at least seven weeks after the end of the third year. I should think it would be very desirable, at least, if this Association would place itself on record as to whether it approves or disapproves that suggestion.

The President: We have before us this excellent report. There are also the matters that were brought up in the papers by Dr. Turner and Dr. Woodworth, and as I take it from the action, or, at least, the attitude of the meeting prior to this and earlier in the afternoon, there was a mandate which went out to the Executive Council to continue this Committee. The motion proposed by Dr. Diehl and modified by Father Schwitalla was that our Committee work with representatives of the Hospital Associations.

REPORT OF SUBCOMMITTEE ON MEDICAL SOCIAL SERVICE

Dr. Curran: I apologize for taking so much of your time in making two reports. I should also explain that the only reason I am on Dr. Mustard's Committee is because I am Chairman of the subcommittee which deals with this subject. This committee, which was authorized by the Association last year, has the following report to submit.

Since the meeting of the Association last year, a definite cooperative committee arrangement has been set up between this Association and the American Association of Medical Social Workers.

The personnel of the Subcommittee of the Association of American Medical Colleges is, as follows: Dr. J. A. Curran, Chairman, Long Island College of Medicine; Dr. Harold W. Brown, University of North Carolina, School of Medicine; Dr. Loren Roscoe Chandler, Stanford University, School of Medicine; Dr. Thomas D. Dublin, Long Island College of Medicine; Dr. William W. Frye, Vanderbilt University, School of Medicine; Dr. Franz Goldmann, Yale University, School of Medicine; Dr. Thomas A. LaSaine, Meharry Medical College; Dr. Dwight O'Hara, Tufts College, Medical School; Dr. Jonathan Rhoads, University of Pennsylvania, School of Medicine; Dr. John Romano, University of Cincinnati, College of Medicine; Dr. William Schlesinger, Western Reserve University, School of Medicine.

The Subcommittee, representing the American Association of Medical Social Workers, is: Miss Eleanor Cockerill, Chairman, University of Pittsburgh; Miss Ruth E. Barker, Duke University; Miss Eleanor Barnes, New York University Clinics; Miss Harriett Bartlett, Medical Social Unit, Children's Bureau, U. S. Department of Labor; Mrs. Margaret Fitzsimmons, Long Island College Hospital; Miss Dorothy Kellogg, Massachusetts General Hospital; Miss Mary Poole, Hospital of the University of Pennsylvania; Miss Helen Porteus, University Hospitals of Cleveland; Miss Elizabeth P. Rice, New Haven Hospital; Miss Theodate Soule, New York Hospital; Miss Anne Sweeney, Vanderbilt University Hospital.

At a regular meeting of the Joint Committee held November 26, 1943, it was voted to form a subcommittee to be called the "Project Committee on Survey," with power to act in the interim of meetings of the regular committee. The following were

selected to serve: Dr. Jonathan Rhoads, Chairman, University of Pennsylvania; Miss Harriet M. Bartlett, Vice-Chairman U. S. Department of Labor, Massachusetts General Hospital; Miss Elizabeth P. Rice, New Haven Hospital; Dr. Thomas D. Dublin, Long Island College of Medicine; Miss Eleanor Cockerill, Ex-officio, University of Pittsburgh; Dr. J. A. Curran, Ex-officio, Long Island College of Medicine.

Plans for Survey—It was agreed that studies at this time should be intensive rather than extensive; that not less than six nor more than ten centers should be visited, representing various typical situations. It was felt that, as far as possible, a survey team of two people should visit all centers, in order to provide uniformity of appraisal.

Progress Made to Date—Studies made by Miss Bartlett in 1939 and those by our Subcommittee in 1942 indicate a rapidly growing interest in the social component in medical teaching. Although all of our educational resources are being strained to the limit during this war period, it seems essential to continue to review our teaching program in these respects, particularly because of changes forced by the war and the momentous social changes consequent thereto. As to inclusion of this type of teaching in the curriculum, it is felt that it will not necessarily mean the adding of hours or a separate course to the curriculum. What is really needed is a permeation within the present curriculum of our thinking and planning along these lines in order to ensure greater awareness on the part of our students of the broader needs of patients.

Pilot Surveys—In order to formulate plans for further studies, to test the validity of methods, clarify objectives and the timeliness of the whole project, two surveys have been made by Doctors Dublin and Curran and Miss Bartlett in Philadelphia and New Haven at the invitation of the Pennsylvania and Yale University staffs. In these centers, teaching of this nature has been going on for a period of years and a great deal of information was obtained. It was our feeling that the experience of these two schools in the teaching of the social component in medicine is of great value to the whole field of medical education, but its full usefulness will be lost if it is not brought together, analyzed and shared with those in the field who are engaged in similar activities.

During these surveys, we met with groups of professors, staff, residents, interns and students and secured (1) spontane-

ous expressions of conviction of the importance of the inclusion of the social component in the consideration of the patient; (2) the obvious need for clarification of the limits or boundaries of the social component in medicine, and (3) the methods of approach for the teaching thereof.

Preliminary and informal discussions have been carried out with one of the foundations for the financing of further studies, with special consideration of the advisability of studies at this time. From the experience gained in the Philadelphia and New Haven studies, it is the conviction of the Joint Committee that further surveys should be made of a selective nature, and the subcommittee would appreciate the approval and endorsement by the Association of the timeliness of this plan and of a continuation of the project now, provided funds can be obtained from one of the foundations.

Respectfully submitted,

(Signed) JEAN A. CURRAN,
Chairman.

October 18, 1944.

October 21, 1944.

REPORT ON ADVISORY COUNCIL ON MEDICAL EDUCATION

The annual meeting of the Advisory Council on Medical Education was held in Chicago, February 13, 1944.

The problems of postwar medical education were discussed at length. It was pointed out that several organizations interested in this field were developing specific postwar plans and that the Executive Council of the Association of American Medical Colleges at its meeting on February 12th had proposed that this Advisory Council create a Committee on Postwar Medical Education to study and to make recommendation on the problems of professional education which are likely to follow the war. This proposal had been endorsed by the Advisory Board for Medical Specialties.

Acting on the proposal of the Executive Council of the Association of American Medical Colleges, it was voted to create a Committee on Postwar Medical Education, it being understood that certain individuals, not now members of the Advisory Council might well have much to offer, and, therefore, the chairman in making the appointments to the committee need not limit the appointments to members of the Council.

Funds have been made available by the Josiah Macy, Jr. Foundation and in May, 1944, a Committee on Postwar Medical Education was set up. The membership is as follows: Dr. Robin C. Buerki, Philadelphia, Pa.; Dr. Roy B. Harrison, New Orleans, La.; Dr. Bryl R. Kirklin, Rochester, Minn.; Dr. Howard C. Naffziger, San Francisco, Calif.; Dr. Francis G. Blake, New Haven, Conn.; Professor Anton J. Carlson, Chicago, Ill.; Dr. Fred G. Carter, Cleveland, Ohio; Dr. William D. Stovall, Madison, Wis.; Father Alphonse Schwitalla, St. Louis, Mo.; Dr. Walter L. Bierring, Des Moines, Iowa; Dr. Frederick A. Collier, Ann Arbor, Mich.; President Edmund E. Day, Cornell University, Ithaca, N. Y.; President Clarence A. Dykstra, University of Wisconsin, Madison; Dr. Alan Gregg, Director, Division of Medical Sciences, The Rockefeller Foundation, New York City; Dr. John Salem Lockwood, Yale University School of Medicine, New Haven, Conn.; Dr. Arthur C. Bachmeyer, Chicago, Ill.; Dr. Albert C. Furstenberg, President-elect, Association of American Medical Colleges, Ann Arbor, Mich.; Dr. Willard C. Rappleye, New York City.

The Committee is proceeding with the formulation of its study and its report should be completed within a few months.

Respectfully submitted,

WILLARD C. RAPPLEYE,
MAURICE H. REES,
ARTHUR C. BACHMEYER.

REPORT ON THE ADVISORY BOARD FOR MEDICAL SPECIALTIES

Your representatives were in attendance at the annual meeting of the Advisory Board for Medical Specialties held in Chicago on February 13, 1944. The morning round table conference was followed by the business meeting. A joint meeting of the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board was held in the evening.

Postwar graduate medical education, as it relates to the specialty boards, was discussed at length. The Advisory Board endorsed the proposal of the Executive Council of the Association of American Medical Colleges that the Advisory Council on Medical Education create a Committee on Postwar Medical Education to study postwar medical education.

A special meeting of the Specialty Boards was called for

June 11, 1944, in Chicago to discuss the possibility of the establishment of a basic examination in the fundamentals of surgery which would be accepted by each of the several boards as Part I of the examination for all of the surgical sub-specialty boards as well as the American Board of Surgery. Representatives from the American Board of Orthopedic Surgery, American Board of Urology, American Board of Neurological Surgery, American Board of Plastic Surgery and the American Board of Obstetrics and Gynecology were invited to participate in the discussion of this problem.

On June 11, a joint meeting with the Council on Medical Education and Hospital of the American Medical Association was also held.

Colonel B. R. Kirklin, secretary of the Advisory Board, and Lt. Commander Paul Titus, the former secretary, have conferred with General Frank T. Hines of the Veterans Administration in the interest of the Advisory Board about the importance of making benefits under Public Law No. 346 available to discharged medical officers whose internship, residency or other graduate training has been interrupted.

Respectfully submitted,

WILLARD C. RAPPLEYE
DONALD BALFOUR

Dr. Chandler: I move that this committee be continued.

The motion was seconded and carried.

UNFINISHED BUSINESS

Dr. Rappleye: I am still not quite sure just what was intended in the various amendments that were offered. I will read this as I jotted it down while listening to these interesting reports.

“RESOLVED, that in considering civilian students including veterans for admission to medical schools, the members of the Association be no longer guided by the minimum requirements for admission to this Association which were recommended at the meeting held in Louisville in 1942 as a contribution to the

urgent need of medical officers for the military services and physicians for the country, and that the members re-establish their prewar admission requirements for such civilian applicants including veterans."

Dr. Diehl: I move adoption.

Father Schwitalla: I second it.

Dr. Alan M. Chesney: If the intent of this motion is to get back to the prewar standards as soon as possible, why not simply state it in the resolution and let it go at that? I for one think it is a mistake on the part of the Association to endorse the idea that there should be double standards, that you can have one standard of admission for civilians and another for the military. I do not think it is fair. We could not possibly do it in our school and be obliged to admit women on the same basis as men. We simply can not go along on this resolution. We should not have that differential between civilians and the military.

Dr. Philip A. Shaffer: One thought that occurs to me. I objected strongly to the phraseology of the resolution as read this afternoon on the ground that it implied our desire, with respect to entrance requirements in medicine, that we now go back to normalcy and establish whatever we may have had before the war interrupted things. I think that is false. We should say that, as soon as possible, medical education will be relieved from the restrictions imposed on it by the war, thereby leaving us completely free to restudy and improve upon, as, I think, is still possible, our statement of requirements for admission to the study of medicine. I would like to see that idea introduced, not that we want to go back to normalcy, but that we want to have the restrictions removed. That is all. Secondly, I hope this Association will not put itself in the position of being hostile in consideration of the eligibility of veterans for the study of medicine. We could not afford to take that position. We must, on the contrary, say that we, like every other walk of life, will be quite sympathetic to every veteran who desires consideration for his eligibility to study medicine. Obviously, we must not say that, but we may still introduce, for them or any other class, such criteria of eligibility as may satisfy our standards for the future of medical practice.

Dr. B. J. Burns: Will you read the resolution again, Dr. Rappleye?

Dr. Rappleye:

“RESOLVED, that in considering civilian students, including veterans, for admission to medical schools, the members of the Association be no longer guided by the minimum requirements for admission of this Association which were recommended at the meeting held in Louisville in 1942, as a contribution to the urgent need of medical officers for the military services and physicians for the country, and further, that the members re-establish their prewar admission requirements as rapidly as possible.”

The President: Dr. Diehl, will you accept that?

Dr. Diehl: I think that states what we have been trying to incorporate into it.

The President: Will you accept that, Father?

Father Schwitalla: Yes.

The President: You have the resolution before you. Is there any further discussion? All in favor signify by saying “aye”; contrary “no.” Carried.

NEW BUSINESS

Dr. Kostmayer: I would like to call attention to the fact that the address of the President of this organization presented yesterday, has not been given any consideration. This report had a great deal of merit in it, and I dislike very much to see it go entirely unnoticed. I move that the Executive Council appoint a special committee to consider recommendations in the address of the President, to report back to the next meeting of the Executive Council and report to the Association at the next annual meeting.

Dr. Zapffe: It has been moved and seconded that the Executive Council appoint a special committee to consider the recommendations made in the President’s address and report at the next meeting of the Executive Council. Is that right?

Dr. Kostmayer: To report to the next meeting of the Executive Council, the Council then to report to this body at the next annual meeting with recommendations.

Dr. Zapffe: The Council then, in turn, report to the Executive Session of the Association. All those in favor of that motion, please say “aye”; contrary “no.” The motion is carried.

Father Schwitalla: Before you come to the election, I would like to bring up another matter that I think is very important. Dr. Rappleye this morning gave us a summary of his relation with the Veterans Administration. I think it is important to bring the representatives of the schools here up to date or, rather, to bring them down to October 16th on this matter.

I suppose that Dr. Rappleye has not had a chance to see the Veterans Administration since that time. The American Medical Association has a Committee on Postwar Medical Service to which reference was made several times in today's meeting. That committee had an interview with the Medical Director of the Veterans Administration and also with the Director of Vocational Rehabilitation a week ago, Monday, October 16th. A subcommittee had been appointed composed of Dr. W. W. Palmer of Columbia and Dr. Fred'k Coller of the University of Michigan and myself. We had an afternoon meeting and the first problem taken up was the question of the returning veterans who are looking for refresher courses and for opportunities for further education.

The highlights of that conference were briefly these: First of all, the question arose as to whether or not hospitals could qualify as educational centers within the meaning of the G.I. Act. It was settled that, on the basis of the principles laid down in that Public Law; namely, that any educational institution that can qualify as an educational institution, and that can be certified to the Administrator of the Veterans Administration by the appropriate state agency, can qualify as an educational institution and, therefore, hospitals can qualify as educational institutions, provided that they meet the approval of the appropriate state agency.

The proper state agency will, of course, differ in different states. The law also gives the Veterans Administrator the right and power to designate other institutions that he himself on his own initiative can designate as educational institutions and, therefore, it is possible there will have to be some kind of an agency; either this Association or the American Medical Association, or some other group within the state, will have to certify to the Administrator as to what schools and what hospitals can qualify.

Now, it is true that this is not quite clear, a definite understanding that the Administrator is not going to take it upon himself to pass on the eligibility of either colleges or hospitals

for qualification under the law, but it was also pointed out that the easiest way for the Administrator to act is to have submitted to him by the Governors of the various states, those institutions which are to be regarded as institutions of education within the meaning of that law.

This is the first time, I believe, that a commitment of that kind has been made and I believe that in a very few days, it will be possible to confirm this interpretation that I have just now attempted.

Another point that was brought out was this: Those returning from the field are entitled to their education. They are entitled to complete their residences that were interrupted. They are entitled to begin refresher and retrainer courses if they have never had them before. And it was stated that the Veterans Administration would not make a point of the law requiring that those over 25 years of age should afford evidence that their training was interrupted, because, as one of the officials pointed out, surely a physician's training is supposed to go on indefinitely and they are willing to take a very liberal interpretation of this matter and not a strict one.

Thirdly, with reference to the benefits, there are tuition benefits in the laws, you know, and also subsistence benefits that are provided for in the law. The tuition benefits will be the same for the returning veteran in the hospitals or schools as they are for the undergraduate, \$500. The subsistence benefits will be the same as they are for undergraduates; namely, \$50 and \$75, depending upon whether the man is married or not married and depending upon whether he makes the application for subsistence or does not make it.

Also, it was pointed out that any amount that is in excess of the cost of his education beyond the \$500 will be defrayed by the individual and may be so collected.

It was also finally pointed out, and this is a point that is very difficult to see—it is not very clear to me—is this: That the Administrator will probably rule, and this is as far as we got, the committee. That, even if the hospitals pay a stipend to the resident, that stipend may be paid and the resident may collect both his subsistence, and through his institution, he may collect his tuition. That is a very broad, generous statement, I think, of the provision, but, I think, within the wording of the law, it is possible because the only refund required is a refund for

salary for productive work and the work of the resident is not going to be interpreted as productive work within the limits of the law, again, and finally, there is also another provision that, perhaps, may be invoked with reference to this group of persons and that is this: That the Administrator has the power to raise the tuition over the \$500 amount if, in his best judgment, it can be shown that \$500 is not enough to cover the cost of the education of the returning veteran.

ELECTION OF OFFICERS

Dr. C. C. Carpenter: We recommend for

President-elect, John Walker Moore,
University of Louisville.

Vice President, William S. McEllroy,
University of Pittsburgh.

Secretary, Fred C. Zapffe.

Treasurer, A. C. Bachmeyer,
University of Chicago.

Executive Council, W. A. Bloedorn,
George Washington University.

W. C. Davison, Duke University.

Dr. Rees: I move adoption of this report and that the Secretary cast a unanimous ballot.

The President: We have an opportunity for making nominations from the floor in this Association. If there are none, your motion is in order.

The motion was seconded.

The President: It has been moved and seconded that the nominations be closed and the Secretary cast a unanimous ballot for the persons nominated. Are you ready for the question? All in favor signify by saying "aye"; contrary "no." So carried.

Dr. Zapffe: The ballot is cast, Mr. President.

PLACE OF 1945 MEETING

Dr. Zapffe: I have an invitation from the University of Pittsburgh.

"The faculty of the School of Medicine extends a cordial invitation to the Association of Medical Colleges to hold its annual meeting in Pittsburgh in 1945. John D. Bowman, the Chancellor of the University, joins in expressing the hope that we will have the pleasure of entertaining the Association in Pittsburgh in 1945 as a guest of the University. Signed: W. S. McEllroy, Dean."

I have also an invitation from the Tulane University of Louisiana.

"As the time for the meeting in Detroit approaches, I am reminded that a place will have to be chosen for a meeting to be held in the fall of 1945. I want you to know that the Association is cordially invited to meet in New Orleans at that time and that we of Tulane will take great pleasure in doing everything possible to make the gathering a success.

"Our Association of Commerce has already stated that they will be pleased to have the meeting in New Orleans at that time and gives assurance that the hotel accommodations will be reserved and everything else possible will be done to smooth out difficulties which, naturally, arise during wartime.

Signed: H. W. KOSTMAYER, *Dean*.

Here is a letter from the Louisiana State University.

"Enclosed is a letter from the Secretary of the Convention of Visitors Bureau for the New Orleans Association of Commerce which is self-explanatory. It was 15 years ago that the Association met in New Orleans. I am sure that the membership would like to come here, and on behalf of the Medical School, I would like to join in an invitation to you to meet here in 1945."

(Signed) B. I. BURNS, *Dean*.

Dr. Kostmayer: I want to emphasize and re-emphasize what I attempted to say in the letter I wrote to Fred Zapffe, that New Orleans would be proud and pleased to have the Association come there for the 1945 meeting. I think in many ways it would be rather opportune to choose New Orleans at this time because certainly geographically and in many others ways it is the anti-thesis of Detroit.

We have none of the vim and vigor of your industrial city up here of which we are so proud, but we do have some of the

old world atmosphere still left in New Orleans; in fact, perhaps it predominates. We are traditionally lazy and sort of manana or leave-it-until-tomorrow attitude except when it comes to entertaining. We believe in entertaining day and night as well as tomorrow.

So, in addition to providing facilities for the successful conduct of the meeting, we will do our utmost to emulate Detroit. I do not think that we can copy Detroit. It has been too grand. There will, in that respect, be some anticlimax, but you can rest assured that Louisiana State University and Tulane and New Orleans and Louisiana will do all that they can possibly do to make your trip to New Orleans, if you come there next year, a memorable occasion. I hope that you will come down.

The President: Dr. Burns, do you want to put in a little word?

Dr. B. I. Burns: I am sure that it is safe on behalf of that section of the United States south of the Mason-Dixon Line and east of the Rocky Mountains, to invite you to the Capitol City of that area for the next convention. I want to second everything Dr. Kostmayer has promised. We will be delighted to have you come to New Orleans for the next convention.

Dr. W. S. McEllroy: The principal reason for asking the Association to meet in Pittsburgh was stated in that letter. It was simply this: That we would be highly honored and very happy to have the Association meet in Pittsburgh as the guest of the University in 1945.

The second reason is, as Dr. Zapffe suggested to me this afternoon, that the Association of American Medical Colleges met in Pittsburgh in 1906, which is 38 years ago.

The third reason is a practical point from the standpoint of the convenience of the members, and that is the geographical location of Pittsburgh.

I do not mean to say that in Pittsburgh we can compete with New Orleans from the standpoint of climate, but we can recommend the old manana. Seriously, we would like to have you meet in Pittsburgh for the reasons that I stated in that letter. It would be a great pleasure to have the Association meet there, but if, down in New Orleans, they have some special problem that would be implemented—I mean a problem in the interest of medical education in New Orleans that would be implemented

by having this Association meet there—I would defer to the gentleman from New Orleans. But if they have not, we would like to have you meet in Pittsburgh.

Dr. A. C. Callister: I see it is very hard for you to make up your mind, so I want to suggest a compromise, come to Salt Lake City. It is the most beautiful city in America. You can ski at Alta, which is more famous than Sun Valley, in the morning. You can swim in Great Salt Lake that same afternoon, just 15 miles away from where you ski. You can listen to the strains of the great tabernacle organ and hear the hymns of the great Mormon Choir. I am sure that would do you a lot of good.

We have a golf course that rivals all others. I think Dr. Zapffe and Dr. Johnson, who were recently there, will tell you we have the most beautiful mountains in the world. We promise you every kind of hospitality. Gentlemen, I want you to consider Salt Lake City.

The President: We have before us three invitations, Pittsburgh, New Orleans and Salt Lake City. How do you want to vote? Let's try a standing vote.

All those in favor of Pittsburgh stand.
(Eleven men stood.)

All those in favor of New Orleans stand.
(A majority of the assembly rose.)

All those in favor of Salt Lake City stand.
(Three men stood.)

The President: New Orleans has it. Anything else that any member wants to bring forward for the good of the community?

Dr. Rolfe C. Syvertson: One of the failings of humanity is to take things for granted. For a long time the Defense Committee of this Association and its Chairman have been working loyally and well for the good of the Association and its responsibility to medical education and to the country. I think, in recognition of the tireless work and significant accomplishment of Dr. Willard Rappleye, as Chairman of the War Committee of this Association, we should take a vote of appreciation and I would like to so move.

The audience stood and applauded.

The President: Although we will have an opportunity of meeting the local group tomorrow, I would like to take this

opportunity in expressing to Dr. Norris, the faculty of Wayne University and the people of Detroit, our deep appreciation for the wonderful time they have shown us in this meeting, and also to please carry to Fredrick Stearns, Parke Davis and the Ford Motor Company our appreciation for what they have done for us.

The audience stood and applauded.

The President: The meeting is adjourned until nine o'clock tomorrow morning.

The meeting adjourned at ten o'clock.

REPORT OF THE MEDICAL APTITUDE TEST COMMITTEE

Your Committee on the Medical Aptitude Test held several meetings during the year, the primary function of which was to prepare test material in the Association's testing program and the following tests were administered: In November 1943, 13,143 candidates; in April 1944, 3,709 candidates. In addition to the above a contrast was entered into with the Army to supply three editions of the Medical Aptitude Test at a price of \$1,000 per edition. An edition was prepared under the contract for January and again for April first. The July first edition under the contract was canceled by the Army and, accordingly, was not prepared. The Treasurer will know the amount of money received from this testing program; at least the income was well above the budget requirements.

Your Committee was well aware of the lesser college preparation and age of the candidates who would apply to take the test and an effort was made so to modify the test as to make it in the general range of such candidates' abilities. In general, the better candidates were able to answer correctly the greater proportion of the test questions and the number answering only a moderate proportion of the test material did not seem to be greater than in peace time, when the college preparation was much more extensive. A small sampling of men with less even than one year of college seemed able to make good scores.

Your Committee currently finds it somewhat difficult to predict the number of available candidates for the test in 1944-1945. It would appear that the number will possibly be much below the 16,852 who took the test under the Committee's direction in 1943-1944 and it seems possible that the test for this period will not yield sufficient funds to meet our budget obligations. It is firmly believed that the machinery for the test should

be continued. It is clear, even though a deficit arise during the current year, that deficits will later be met as in the past surpluses have accumulated from these tests.

The Committee has been approached by the Veterans Administration to prepare a test for discharged soldiers under their jurisdiction but action on this request has not been taken, the matter being referred to the Executive Council for advice.

During the year, your Chairman has studied carefully the Graduate Records Examination and can report that it is being also adopted by certain schools as test material, less as a general intelligence test and more as a test of a candidate's knowledge of the subject matter in a number of disciplines, including normal premedical sciences. This is on the basis that a number of candidates in the future will have been separated from college study by military duties for a greater or lesser length of time and it will, accordingly, be a measure of a candidate's retention from earlier college courses. The Rorschach test has also been reviewed. The preliminary evidence suggests that it would be an aid in determining certain qualities of personality and, perhaps, will eventually prove to be valuable. So long as candidates are interviewed, it would seem more important to have a test of learning capacity than one to detect qualities of emotional stability.

It would seem unwise for the Association to engage in a multiple testing program even though such a program might yield more assured results than a single testing program can possibly do.

It may be pointed out here that the Graduate Records Examination charge is \$3. Possibly the Medical Aptitude Test fee should be raised, at least for the time. It seems quite clear to the Committee that requests for special examinations should require a definitely larger fee than for the test taken at a regular period.

Respectfully submitted,

(Signed) WORTH HALE, *Chairman.*

THIRD DAY, *October 25*

The meeting was called to order at 9 a.m., by the president, Dr. MacEwen.

The first paper on the program, titled "The Teaching of Parasitology and Tropical Medicine," was read by Dr. Daniel E. Hasley, Wayne University College of Medicine.

The paper was discussed by Dr. Harry L. Clark, Wayne University.

Dr. William Dock, Long Island College of Medicine, read a paper titled "Mixed Task Forces in Medical Education."

Dr. George T. Harrell and Herbert M. Vann, Bowman Gray School of Medicine, contributed a paper titled "Integration of the Curriculum; Overdepartmentalization."

A paper with the same title, one of the three papers in this symposium, was read by Dr. James A. Greene, Baylor University College of Medicine.

The discussion on these three papers was opened by Dr. E. Stanley Ryerson, University of Toronto, and continued by Dr. Donald Slaughter, Southwestern Medical College, Dr. Eric Ogden, University of Texas.

Dr. Zapffe: I would like to call your attention to a few things while you are here in such large numbers. It is not an easy task to get up a program for this meeting. Every year I have appealed to all of you for suggestions for the program. Rarely has a suggestion come to me for a topic that might be included in the program.

I wish you would keep this in mind and indicate to me any thoughts you might have on subjects that could go on the program for the next meeting. It should not be left to one man to choose the subjects and the speakers.

The other thing was brought to my attention this morning with regard to who gets the JOURNAL. Every year I have sent you a list of names from your school of those who are on the mailing list of the JOURNAL. The executive Council ruled some years ago that every member college is entitled to 50 copies of the JOURNAL as part of the dues which it pays. It is rather difficult for me to keep this list alive. I watch everything I can to keep the list up to date, to take off names and to add new names, but I know that I do not succeed always in doing just what should be done.

You can help, if, when you make an addition to your faculty, you will let me know so that I can put that name on the list or if someone is removed from your faculty for any reason, death or otherwise, to advise me of that. You can be helpful in that way.

Another thing that I have had in mind for many years is

the fact that so few of you, comparatively speaking, visit your headquarters. It is your office and I think you should display an interest as to whether that office looks all right physically and whether those who are in the office are doing their job as they should. There is a great deal there for you to see which you can not see anywhere else. We have information there that can not be found anywhere else and it is used every day.

You may feel that some of the reports that you have to send in to me are just a waste of time. I can assure you that they are not. Remember that I have a list of every medical student in the country in a file which includes approximately 24,000 cards. We have to keep those cards alive. We have the name, address, where he took his work, how much he took, what schools he attended, when and what happened to him. All that information is asked for from various sources so that the list must be kept alive.

There are other things there that you should see, but in the main, you ought to come and see that you really have a headquarters, not just a little room, but a real headquarters and see what is in it. Come up; we are glad to see you.

I also want to enlist your support in supplying material for the JOURNAL. Some of you have sent in papers. The program today has brought out a lot of things that ought to be disseminated through the JOURNAL. It is the only means that the teachers in the medical schools have for keeping up to date on what is happening in the field of medical education and teaching. So, keep that in mind, the program, the mailing list and furnishing material for the Journal. Perhaps we will soon be able to make it a monthly instead of a bimonthly.

Dr. C. I. Reed, University of Illinois, presented a paper titled "A Study and Analysis of Faculty and Student Opinions of Training in Preparation for the Study of Medicine."

This paper was discussed by Dr. H. E. Setterfield, Ohio State University, Dr. D. Bailey Calvin, University of Texas, Dr. George H. Gardner, Northwestern University, Dr. S. I. Kornhauser, University of Louisville, Lt. Col. Harold C. Lueth, M.C., U. S. Army and Dr. Reed, in closing.

The President: I would like to at this moment express my appreciation to the members of the Armed Forces, Colonel Fitts and Ensign Wight, who are here, for being with us and for helping us out on so much information we needed. I want to

especially thank the members who appeared on this program for the excellent papers presented and for making a very successful meeting. I would like to ask Dr. Chandler to act as Sergeant at Arms and bring the President-elect forward.

Gentlemen, it is my pleasure to present to you your new President, Dr. Furstenberg.

Dr. Furstenberg: Dr. MacEwen and Members of the Association: I have wondered all morning what an inductee is supposed to do when he is inducted as President of this organization and I asked Dr. MacEwen for help and he said, "All you are supposed to do is come forward and stand before your audience and speak a few well chosen words and identify yourself."

I am a little apprehensive about the state of being identified ever since an experience one of our medical students had a few years ago. This somewhat lethargic fellow went to his class at 1:30 in the afternoon. He took a chair alongside an elderly woman who obviously was a guest at this lecture and he slid down into his chair and went soundly to sleep. After the lecture he rose and stretched and yawned a couple of times and turned to this woman. He said, "That was the most stupid lecture I have ever heard in my life." The woman became very irate and said, "Young man, do you know who I am?" He said, "No, madam, I don't know who you are." She replied, "I happen to be the wife of the man who just delivered that lecture." Well, of course, the student was devastated, but presently he regained his equilibrium and said, "Madam, do you know who I am"? She said, "No, I don't." He said, "Thank God for that."

I take it we are all going home and institute the recommendations that have been offered during the past three days and then we will meet in New Orleans next autumn for some more suggestions and recommendations. Consequently, I feel that a motion to adjourn is in order.

A motion to adjourn was made and carried.

The meeting adjourned at twelve noon.

Report on Examination of Accounts

October 17, 1944

Dr. E. M. MacEwan, President
 Association of American Medical Colleges
 State University of Iowa
 Iowa City, Iowa

Dear Sir:

I have made an examination of the accounts and records of the Association of American Medical Colleges for the fiscal year ended August 31, 1944 and submit the following statements:

Exhibit A	Balance sheet August 31, 1944.
Exhibit B	Statement of Income and Expenditures for the year ended August 31, 1944.
Exhibit C	Detailed Statement of Expenditures for the year ended August 31, 1944.

General Income

The annual membership dues of \$150 were received from each of the members listed during the year 1943-44 in the Journal of the Association of American Medical Colleges. The 1942-43 dues for the University of the Philippines College of Medicine, Manila, were paid during 1943-44.

Members listed as of September 1, 1943	83
New members during 1943-44	2

Members listed as of August 31, 1944	85
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The income from advertising in the Journal of the Association was verified through inspection of reports submitted by the Secretary, and with the space used by advertisers in the six issues of the Journal published during the fiscal year 1943-44. During the month of October, 1944 \$66.64 was received, being the unpaid balance for advertising in the 1943-44 Journals. This amount will appear as income in the 1944-45 accounts.

The income from the sales and subscriptions to the Journal was verified by inspection of the recorded receipts submitted by the Secretary.

The income from the Aptitude Tests represents the net amount from these tests as verified by inspection of the recorded receipts on file. The records indicate that before making remittances some of the colleges had made deductions for miscellaneous expenses.

The income on investments was received from the following U.S. Government bonds:

Serial Number	Face	Values		Discount Realized in Feb. 1944
		Book	Redemption	
V31647F dated December 1941	\$5,000	\$3,700	\$3,745	\$45
V104674F dated December 1942	5,000	3,700	3,710	10
Total	\$10,000	\$7,400	\$7,455	\$55
Six months' interest due 8/1/44 on \$12,000, Series "G", 2½% bonds				150
Total				\$205

Restricted Income

The income received from the John and Mary R. Markle Foundation was for addition to the Tropical Medicine Funds, established in 1942-43. The amounts received and the projects involved as verified by correspondence and reports in the Treasurer's Office are as follows:

No. 1 Army Medical Study	\$ 9,228.17
No. 3 Central American Training	35,462.50
Total	\$44,690.67

The unspent balances in these restricted funds have been carried forward into the new fiscal year.

The amount of \$1,000 was received from the Josiah Macy, Jr., Foundation for the Committee on War Activities Fund. The unspent balance in this restricted account was carried forward into the new fiscal year.

Expenditures

The approved vouchers were inspected and verified to the extent of comparison with all disbursements and the budget as adopted for 1943-44. The distribution of expenditures is shown in Exhibit C.

Balance Sheet

The amount of cash as shown in the banks at August 31, 1944 has been verified with the statements as submitted by the banks. The receipts and disbursements recorded in the cash books were compared with the statements of the banks.

The imprest petty cash funds were verified by correspondence with the exception of the Treasurer's Office, which was inspected. The amounts are as follows:

Secretary's Office	\$ 50
Treasurer's Office	10
Aptitude Test Committee	75
Tropical Medicine Funds—Dr. Henry E. Meleney	100
Maj. George W. Hunter	40.30
Total	\$275.30

Investments have been made in the form of United States Government Bonds. The securities were inspected at the valut of the National Safe Deposit Company and found to be registered in the name of the Association of American Medical Colleges. They are described as follows:

Dated	Serial Numbers	Maturity	Face Value	Present Redemption Value	Book Value
Dec. 1936	M38069B to M380706B incl.	11/1/1946	\$10,000	\$ 9,000	\$ 7,500
Feb. 1937	M191170C to M191179C incl.	1/1/1947	10,000	9,000	7,500
Feb. 1944	M2339896 & M2339897G				
	for \$1,000 each	2/1/1956	2,000	1,976	2,000
	X357140G	2/1/1956	10,000	9,880	10,000
	Total		\$32,000	\$29,856	\$27,000

No change was made upon the books of account to reflect the increased value of the Series "B" or "C" securities which will not be paid until maturity of the bonds, or when redemption is made. The increased value as at August 31, 1944 was \$3,000. The Series "G" securities bear interest at 2½% which is payable semi-annually.

Deferred income as shown in the amount of \$8,250 represents dues received prior to the close of the fiscal year 1943-44 from 55 members for the fiscal year 1944-45.

The accumulated net income has been increased by a net amount of \$4,490.18 which resulted from operations as follows:

Balance September 1, 1943		\$32,830.02
General Income 1943-44	\$39,392.11	
General Expenditures 1943-44	34,901.93	
		<hr/>
Net excess income		4,490.18
		<hr/>
Balance August 31, 1944		\$37,320.20

Yours very truly,

Catharine Mitchell

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BALANCE SHEET — AUGUST 31, 1944

Assets:

Cash in Banks:		
The First National Bank of Chicago	\$31,426.77	
Bank of Montreal, Toronto, Ontario	1,009.95	\$32,436.72
	<hr/>	
Petty Cash Advances		275.30
Investments at cost		27,000.00
Prepaid expense for 1944-45		85.50
		<hr/>
		\$59,797.52

Liabilities:

General Funds:

Deferred income for 1944-45	8,250.00	
Accounts Payable—Federal withholding tax	492.25	
Accumulated net income	37,320.20	46,062.45
	<hr/>	

Restricted Funds:

Tropical Medicine Fund No. 1	2,982.61	
Tropical Medicine Fund No. 2	600.44	
Tropical Medicine Fund No. 3	9,101.37	
Committee on War Activities Fund	1,050.65	13,735.07
	<hr/>	
		\$59,797.52

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

STATEMENT OF INCOME AND EXPENSE

GENERAL FUNDS

Income:

Dues	\$12,900.00	
Advertising	6,173.61	
Journal sales and subscriptions	204.35	
Aptitude tests	19,909.15	
Income on investments	205.00	\$39,392.11
		<hr/>

Expenditures:

Association Office	13,510.67	
Treasurer's Office	307.32	
Journal	6,721.17	
Annual meeting expense	796.48	
American Council on Education	100.00	
Aptitude Test Committee	12,896.20	
Contingency	570.09	34,901.93
	<hr/>	

Excess Income over Expenditures		\$ 4,490.18
		<hr/>
		<hr/>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

STATEMENT OF INCOME AND EXPENSE Cont'd

RESTRICTED FUNDS

Tropical Medicine Funds: From John and Mary R. Markle Foundation—	1943 - 44			Balance 8/31/44
	Balance 9/1/43	Income	Expenditures	
1 Army Medical School	\$ 800.38	\$ 9,228.17	\$ 7,045.94	\$ 2,982.61
2 Specimen Distribution Center	885.00		284.56	600.44
3 Central America Training	17,545.43	35,462.50	43,906.56	9,101.37
	<u>19,230.81</u>	<u>44,690.67</u>	<u>51,237.06</u>	<u>12,684.42</u>
 Committee on War Activi- ties Fund: From Josiah Macy, Jr., Foundation	 1,226.15	 1,000.00	 1,175.50	 1,050.65
 Total	 <u>\$20,456.96</u>	 <u>\$45,690.67</u>	 <u>\$52,412.56</u>	 <u>\$13,735.07</u>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

DETAILED STATEMENT OF EXPENDITURES

FOR THE YEAR ENDED AUGUST 31, 1944

GENERAL FUNDS

Association Office:

Salary — secretary	\$ 8,000.00
Salaries — stenographer and clerk	2,570.00
Office rent	1,992.00
Surety bond premium	25.00
Postage, printing, stationery and miscellaneous ..	923.67
	<hr/>

Treasurer's Office:

Salaries — bookkeeper and clerk	175.00
Surety bond premium	50.00
Auditing fee	50.00
Miscellaneous expense	32.32
	<hr/>
	307.32

Journal:

Publication	6,721.17
	<hr/>

Annual meeting expense:

Printing, reporting and miscellaneous	796.48
	<hr/>

American Council on Education:

Membership	100.60
	<hr/>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DETAILED STATEMENT OF EXPENDITURES Cont'd

Aptitude Test Committee:

Salaries	6,045.58
Honorarium	3,600.00
Travel	659.96
Office rental	600.00
Surety bond premium	10.50
Postage, printing, stationery and miscellaneous ..	1,980.16
	12,896.20

Contingency:

Special meetings	570.09
Total expenditures — General Funds	\$34,901.93

RESTRICTED FUNDS

Tropical Medicine Fund No. 1:

Maintenance and travel	\$ 6,779.01
Salary — stenographer	265.00
Miscellaneous expense	1.93
	7,045.94

Tropical Medicine Fund No. 2:

Miscellaneous expense	284.56
	284.56

Tropical Medicine Fund No. 3:

Maintenance and travel (Portion of expense was \$15,091.56 paid to Pan American Airways and \$2,342.24 paid to United Fruit Co.)	42,157.56
Salary — stenographer	1,320.00
Miscellaneous expense	429.00
	43,906.00

Committee on War Activities:

Honorarium	200.00
Travel	203.60
Miscellaneous expense	771.90
	1,175.50

Total expenditures — Restricted Funds	\$52,412.56
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EXPENDITURES SUMMARY

General Funds	\$34,901.93
Restricted Funds	52,412.56

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BUDGET FOR 1944-1945

Income:

Dues	\$12,750.00
Journal Advertising	7,000.00
Journal Sales & Subscriptions	200.00
Aptitude Tests	2,500.00
Income on Investments	300.00
Underwriting from Surplus	12,775.00
	\$35,525.00

Expense:

Association Office	\$15,000.00
Treasurer's Office	375.00
Journal	7,000.00
Annual Meeting	650.00
American Council on Education	100.00
Aptitude Test Committee	10,400.00
Travel	1,000.00
Contingency	1,000.00
	\$35,525.00

Special Funds:

Committee on War Activities	\$ 1,050.65
Tropical Medicine Funds:	
No. 1—Army Medical School	2,982.61
No. 2—Distributing Center	600.44
No. 3—Central America	9,101.37

Budget adopted at meeting of the Executive Council on Wednesday,
October 25, 1944.

MEDICAL APTITUDE TEST COMMITTEE

BUDGET FOR 1944-45

1. Salaries	\$ 5,600.00	\$ 5,630.47	\$ 4,800.00
Honorarium	3,600.00	3,600.00	3,000.00
2. Statistical Studies	500.00		
3. Office expense			
Rent	600.00	500.00	600.00
Printing	1,200.00	1,151.65	750.00
Postage, Supplies, etc.	900.00	920.86	850.00
4. Travel	350.00	592.84*	350.00
5. New equipment	50.00		50.00
Contingency	1,000.00		
	\$13,800.00	\$12,495.82	\$10,400.00

*Approximately

Respectfully submitted,
Worth Hale, M. D.
Chairman, Medical Aptitude Test
Committee

Committees for 1944-1945

Term
Expires

Committee on Medical Aptitude Test:

Worth Hale, chairman, Harvard Medical School	1945
Carlyle Jacobsen, Washington University	1946
H. E. Jordan, University of Virginia	1947
Paul R. Cannon, University of Chicago	1948
J. Parsons Schaeffer, Jefferson Medical College	1949
Wm. S. McElroy, University of Pittsburgh	1945

Committee on the Teaching of Tropical Medicine:

Henry E. Meleney, chairman, New York University
Malcolm H. Soule, University of Michigan
H. 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
Harold S. Diehl, University of Minnesota
A. C. Bachmeyer, University of Chicago

Liaison Committee:

Fred C. Zapffe, chairman, Chicago
A. C. Bachmeyer, University of Chicago
E. M. MacEwen, State University of Iowa

G. I. Bill of Rights:

W. A. Bloedorn, chairman, George Washington University
W. C. Davison, Duke University
Fred C. Zapffe, Chicago

Committee on Promotion of Medical Research:

A. J. Carlson, chairman, University of Chicago
Raymond B. Allen, University of Illinois
Geo. E. Wakerlin, University of Illinois
C. I. Reed, University of Illinois
A. C. Ivy, Northwestern University
Philip A. Shaffer, Washington University
L. R. Chandler, Stanford University

Committee on Medical Social Service Work:

Jean A. Curran, chairman, Long Island College of Medicine

Joint Committee of the Teaching of Social and Environmental Factors in Medicine:

Representing the Association of American Medical Colleges:

J. A. Curran, chairman, Long Island College of Medicine
Harold W. Brown, College of Physicians and Surgeons, Columbia University
Loren Chandler, Stanford School of Medicine
Thomas D. Dublin, Long Island College of Medicine
William W. Frye, Vanderbilt University School of Medicine
Franz Goldmann, Yale University School of Medicine

Thomas A. LaSaine, Meharry Medical College
Dwight O'Hara, Tufts Medical School
Jonathan Rhoads, University of Pennsylvania School of Medicine
John Romano, University of Cincinnati College of Medicine
William Schlesinger, Western University School of Medicine

Representing American Association of Medical Social Workers:

Miss Eleanor Cockerill, chairman, University of Pittsburgh
Miss Maude McCracken, Duke University
Miss Eleanor Barnes, New York University Clinics
Miss Harriet Bartlett, 989 Memorial Drive, Cambridge, Mass.
Mrs. Margaret Fitzsimmons, Long Island College Hospital
Miss Dorothy Kellogg, Massachusetts General Hospital
Miss Mary Poole, University of Pennsylvania
University Hospitals of Cleveland
Miss Elizabeth P. Rice, New Haven Hospital
Miss Theodate Soule, New York Hospital
Miss Anne Sweeney, Vanderbilt University Hospital

Committee on Revision of Constitution and By-Laws:

Alphonse M. Schwitalla, S. J., St. Louis University
Fred C. Zapffe, Chicago
Harold S. Diehl, University of Minnesota

REPRESENTATIVES TO OTHER ORGANIZATIONS

Advisory Board for Medical Specialties:

John H. Musser, Tulane University of Louisiana
Donald C. Balfour, Mayo Foundation

Advisory Council on Medical Education:

Maurice H. Rees, University of Colorado
A. C. Bachmeyer, University of Chicago
E. M. MacEwen, State University of Iowa

Alternates:

R. H. Oppenheimer, Emory University
C. Sidney Burwell, Harvard University
C. C. Carpenter, Bowman Gray School of Medicine

Federation of State Medical Boards:

Fred C. Zapffe, Chicago

American Council on Medical Education:

W. A. Bloedorn, George Washington University
W. C. Davison, Duke University
Fred C. Zapffe, Chicago

**Representatives on Committee on Postwar Medical Service of the American
Medical Association**

Fred C. Zapffe