

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
FIFTY-SIXTH ANNUAL MEETING
Held in
PITTSBURGH, PENNSYLVANIA
OCTOBER 29, 30 and 31, 1945



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

Monday, October 29, 1945

The first session of the Fifty-sixth Annual Meeting of the Association of American Medical Colleges convened in the Hotel William Penn, Pittsburgh, Pennsylvania, at 10:10 A. M., Dr. A. C. Furstenberg, President of the Association, presiding.

President Furstenberg: Our host, Dr. McElroy, has some announcements he would like to make.

Dr. William S. McElroy (University of Pittsburgh): We are delighted to have the Association meet in Pittsburgh. I hope your stay here will be pleasant. You will find at each chair a brief memorandum on the arrangements for your entertainment. Will you please refer to that sheet? (Announcement about entertainment features.)

President Furstenberg: Dr. Zapffe would like to introduce the new deans at this time.

Secretary Zapffe: At Alabama, now known as the Medical College of Alabama, Dr. Roy R. Kracke succeeds Dr. Stuart Graves. At Colorado, Dr. Ward Darley succeeds Dr. Maurice H. Rees. At the College of Medical Evangelists, Dr. Harold Shyrock succeeds Dr. Newton Evans. At Wayne University, Dr. Hardy A. Kemp succeeds Dr. Edgar H. Norris. At Dartmouth, Dr. Rolf C. Syvertsen succeeds Dr. John P. Bowler. At Vermont, Dr. William E. Brown succeeds Dr. C. H. Beecher. At Louisiana State University, Dr. Wilbur E. Smith succeeds Dr. B. I. Burns. At Western Reserve, Dr. Joseph T. Wearn succeeds Dr. T. Sollmann. At Emory University, Dr. Edward Stead succeeds Dr. R. H. Oppenheimer. At Mississippi Dr. Guyton succeeds Dr. Looper. At Utah, Dr. H. Leo Marshall succeeds Dr. Callister. At Western Ontario, Dr. G. E. Hall succeeds Dr. Campbell. At Alberta, Dr. J. J. Ower succeeds Dr. A. S. Rankin. At Vanderbilt University, Dr. Goodpasture succeeds Dr. Leathers. At Meharry, Dr. Don M. Clawson succeeds Dr. Turner. At Boston, Dr. Branch has resigned. His successor has not yet been appointed. At Loyola, Dr. Volini has resigned. So far as I know, his successor has not been appointed. The University of Washington has decided to operate a four-year medical school in Seattle. The dean is Dr. Edward L. Turner, former President at Meharry. ✓

Dr. William Pepper (University of Pennsylvania): There is still a new dean in the making. This afternoon the Committee at Pennsylvania will appoint a new dean for the Medical School. He is here. I should like to present him. Isaac Starr!

President Furstenberg: We will now proceed with the program. The first speaker is Dr. Kenneth W. Vaughn, of the Carnegie Foundation. The title of his paper is, "The Graduate Record Examination."

The paper was discussed by Drs. A. C. Furstenberg, C. Sidney Burwell, Harold S. Diehl, Raymond B. Allen and L. R. Chandler.

President Furstenberg: The next subject is "Measurement of Aptitude for Medicine," to be presented by Dr. Worth Hale, Harvard Medical School.

This paper was discussed by Drs. A. J. Carlson and Kenneth W. Vaughn.

President Furstenberg: The next subject, "Interest and Attitude as Factors in Achievement in Medical School," will be presented by Dr. Carlyle F. Jacobsen, Washington University School of Medicine.

This paper was discussed by Drs. Philip A. Shaffer, A. J. Carlson, Stockton Kimball and F. A. Moss.

The president, Dr. A. C. Furstenberg, then delivered his address. Adjourned at 12:45 P. M.

Tuesday, October 30, 1945

The meeting convened at 9:45 A. M., President Furstenberg presiding.

President Furstenberg: The program this morning consists of a symposium on Visual Education. This very important subject will be opened by Mr. Tom Jones, of the University of Illinois College of Medicine. Dr. J. E. Markee, of Duke University School of Medicine, followed Mr. Jones. Dr. Henry E. Morton, University of Pennsylvania School of Medicine, presented the next paper. Mr. Lewis Waters, Southwestern Medical College, read the next paper. Commander D. F. Smiley, M.C., U.S.N.R., read the final paper in the symposium. The participants in the discussion of these papers were Drs. W. W. Peters, R. P. Walton, A. J. Carlson, and Geo. H. Miller.

The president appointed the following Nominating Committee: Dr. W. A. Bloedorn, Dr. C. C. Carpenter, and Dr. Donal Sheehan.

Adjourned at 1:10 P. M.

Executive Session*

Tuesday Afternoon, October 30, 1945

The meeting convened at 2:45 o'clock, President Furstenberg presiding.

President Furstenberg: The meeting will come to order, please. We carried over one item of business this morning. It is the presentation of a new camera by Captain Rollin King. This camera is used for making clinical records and this is the first showing of this device.

Captain Rollin King, U.S.A. Signal Corps, stated that the Surgeon General's Office requested the Office of the Chief Signal Officer to develop a new type of camera, a clinical record camera, which would allow them to make case history records without special types of equipment or attachments for different types of shots, and yet keep the camera so simple that it would not require an expert photographer. The camera was to have a self enclosed light source, that would eliminate any possibility of a double exposure, and that would take automatically any type of picture in color or black and white, one inch up to full figure photography, and the photographer would only be required to see that the camera was in focus. Captain King demonstrated the camera and showed slides.

President Furstenberg: The first order of business is the Roll Call. Dr. Zapffe!

Secretary Zapffe: All but five of the colleges in membership are represented. They are: Louisiana State University, McGill University, Manitoba University Medical School, and the University of South Dakota. The remaining colleges are represented by 188 delegates.

President Furstenberg: I call now for the adoption of the minutes of the 1944 session.

Secretary Zapffe: The minutes were printed and a copy was sent to the dean of every member college. I offer the minutes for acceptance as printed.

[Upon motion, regularly made and seconded, it was voted that the minutes of the 1944 session be accepted as printed.]

President Furstenberg: We have a long agenda, and a great many items of vital importance to all of us. We are fortunate in having with us men of authority to discuss these important problems and I shall ask them to discuss the various items that appear in the agenda.

They are listed as follows:

1. Release of Medical Officers by Army and Navy
2. Admission of Service Men to Medical Schools

* Stenographic report; not corrected by the speakers.

3. When can deceleration be effected?
4. The Army Specialized Training Program
5. The Navy V-12 program
6. Discontinuance of the 9-9-9 program
7. The G. I. Bill of Rights
8. Supply of Medical Students for 1946 and thereafter

Major General Paul R. Hawley must get away early this afternoon and I shall call on him to speak to us about the Veterans' Administration, and what the medical officer can get under the G. I. Bill of Rights when he comes back.

Major General Paul R. Hawley, M.C., U.S.A.: Mr. President and Gentlemen: There is apparently a misunderstanding as to my responsibility and authority in medical education by the Veterans' Administration. I have actually no responsibility and no authority. The Administrator has sent Mr. A. L. Combes from the Division of Rehabilitation and Education of the Veterans' Administration, to answer your questions. Being thoroughly sympathetic to the aims of this organization, I offer you my service to do all in my power to get the interpretation of the bill which will permit you to achieve your aims or to further amendments to the bill for the same purpose. Mr. Combes, will you come up here?

Mr. A. L. Combes (Veterans' Administration): Dr. Zapffe, I did not understand that you had in mind for me to speak on any particular subject, but to answer questions.

Major General Hawley: I think the problem in which they are mostly interested is postgraduate training, residency training in the hospitals of the United States, in teaching hospitals and in other than teaching hospitals. I think there has been an interpretation made of the Bill of Rights to the effect that residency training in hospitals is "on the job" training and therefore no fees can be paid for that training. The Bill of Rights says that there shall be no fees paid for apprentice training on the job. I submit that residency training is not apprentice training and, therefore, the bill as it stands does not prohibit the payment of tuition to hospitals for the training of residents.

Mr. Combes: General Hawley has stated that quite correctly. He has stated the language of the law and he has indicated that in the work we have done thus far, we have considered that training in residence and training in hospitals that were non-teaching hospitals, or that were training hospitals, was training on the job, and we have considered that phrasing of the law contemplated that type of training to be included as training on the job. I think, quite frankly, that General Hawley is correct in feeling that there is a question as to whether we ought to consider training of residents, training on the job. It is indicated in the law as a type of training for which we may

not pay tuition; at least, that is the position we have taken. In view of the question that has been raised as to whether or not it is to be considered as we have been considering it, we need to get a definite interpretation of the law on that particular point, and I think that is what we shall do.

Dr. Zapffe asks how many years of training the veteran may be entitled to, and the answer there, without regard to the type of training that the man may take, is about like this: The law provides a basic entitlement in terms of educational training, somewhat like this: That the veteran who is entitled to any training or education at all, is entitled to a year of educational training, that is, a year of twelve months, and then the law provides further that if the veteran in entering the service had his own education interfered with, delayed or interrupted, he may be entitled to educational training beyond the year, in addition to the basic year; and it further provides that if the man was 25 years or less in age when he entered the service, that it will be presumed that his educational training was interrupted or interfered with when he went into service.

Accordingly, if the man, when he went into the service, was 25 years old or less, he is entitled to that basic year, and, in addition to that, he is entitled to such education or training equal to the time that he spent in the service; for example, if he spent only his basic ninety days, which would be the minimum required to entitle him to any training, but he was less than 25 years of age when he entered the service, he will be entitled to his basic one year, and, in addition, the ninety days that he spent in active service.

If he was in active service for one year, he will be entitled to his basic year plus one year in active service that he had. Likewise, if he was in the service for three years, he is entitled to his basic one year, plus three years, a total of four years, which is the maximum that the law provides for.

Secretary Zapffe: Do the students who were under A.S.T.P., who were really in active service—does that time count?

Mr. Combes: Does the time count, asks Dr. Zapffe, as entitlement for the veteran, the time that the veteran spent in his A.S.T.P. course? It depends, and I should like to say, too, that on the question of entitlement, I am definitely and distinctly out of my field. My field is education and training. The determination of entitlement, eligibility, is in the hands of another division, so that what I might have to say to you, based on the rather limited knowledge and understanding I have—however, on Dr. Zapffe's question, the law provides that the entitlement of the veteran be based on his active service. His active service does not include the time that the veteran spends in his A.S.T.P. course, if that A.S.T.P. course is a so-called civilian course, and it is completed.

In other words, the course in medicine is a course which fits a man for a civilian occupation. As such, it is my understanding that medicine and pre-medicine, dentistry and pre-dentistry, veterinary and pre-veterinary, are all considered civilian courses and basically do not count as credit for the man's entitlement to training under the G. I. Bill; however, commonly the individual application of the veteran is adjudicated on the basis of the facts of the man's active service. The question of whether he pursued a course of A.S.T.P. or V-12, or any other courses is definitely considered in the adjudication.

Dr. Zapffe raises the question, What about the man who was over twenty-five? As I stated, the law provides that the man is entitled to more than his basic year if his education was interfered with by his going into service. The man who was over 25 has only to demonstrate that his education was interfered with by his going into service.

Question: In any case, regardless of age, the basic year is provided?

Mr. Combes: That is correct. It is only a question of whether going into service interfered with his education—that applies only to when he wants education beyond one year.

Question: Granting a young man is entitled to four years' training, provided he takes two years in liberal arts to complete his education, can he then get two years in medicine?

Mr. Combes: Yes, he can take his full entitlement.

Question: May I ask another question? Going back to the matter of compensation, you have answered regarding residency and fellowship, but is a man entitled to benefits under the G. I. Bill if he takes half-time, an instructorship or assistantship, which may pay \$1,500 or \$2,000 a year? Is he entitled to the G. I. Bill provisions, assuming he is going on and taking a graduate course in addition to his part-time teaching responsibility?

Mr. Combes: This is the case where the veteran is employed part time. The doctor in this particular instance is holding down a part-time position and the question is whether that doctor is entitled to educational or training benefits of the G. I. law, and the answer is definitely yes. Any man who is pursuing employment part time or full time is entitled to the benefits of the law in so far as the courses are concerned.

His employment, however, may affect the question whether he will be entitled to subsistence allowance. Commonly the veteran pursuing the course of educational training is entitled to \$50 a month if he has no dependents, and \$75 a month if he has dependents; however, the ruling has been made that when the veteran is employed

full time and that full time employment is not a part of his education or training course, the two are not related at all; they are not related closely enough so that we can say that the training that he is taking or the employment he is taking are each a part of the other; then commonly he is not paid subsistence allowance.

Question: I think in the case I cited that the teaching he is doing is contributing to his practical education.

Mr. Combes: The situation you cited was not a case of full time employment; it was a case of part time employment and part time employment commonly does not affect the amount of subsistence allowance a man is given. There is one situation which might be an exception to that, but it is not very likely to affect the doctor, I would say, and that is that under the division of the law where the Administrator is given discretion with regard to how much subsistence a man may be paid while he is training on the job, by policy we have determined not only under the G. I. Bill of Rights, but also under the disabled man, that while a man is in training, training shall not be more profitable to him than employment, having in mind vocational training and carrying it back to the disabled man, under 16, the old program under World War I days, it was not too uncommon to find that the veteran in training on the job, receiving wages or salary, that wage or salary combined with his compensation which was incident to training, the two together amounted to more than he could ever hope to get in employment after he was rehabilitated and working on the very thing he was being trained for. Consequently, training was much more attractive than employment in that case.

To obviate that situation as much as possible, this policy is operative at this time and has been from the beginning: When a man goes into training, a determination is made as to what vocation he is training for, and along with that, the amount of money that will be paid him as salary or wage when he is rehabilitated or completes his course and enters the employment he has been or is being trained for.

Assuming for the moment that what he is shooting at is \$200 a month, that being the entrance wage or salary that will be paid him when he enters the employment that he is training for, and assuming that under the G. I. Bill he is without dependents and draws, therefore, \$50 a month. If he were to be paid \$150 a month by his employer-trainer, he would have a combined \$200 a month from his subsistence allowance and his wages or salary. That \$200 a month is equal to the \$200 a month which he will receive as salary when he is working at the thing he is training for. His subsistence and his wages while he is in training do not exceed the \$200, so he gets both, but if he were to be paid \$200, say \$175, then his subsistence

allowance and his wages would equal \$225, \$25 more than he would be paid if he were working on the thing he is training for, and under our policy, the subsistence allowance would be cut \$25, to bring the combined income of the man down to \$200.

Secretary Zapffe: The entitlement is \$500 for training. Must he spend that in one year? Can he spend it on a course that is of one month's duration and costs \$500, or two months', or three months', or what?

Mr. Combes: Dr. Zapffe presents this one: He refers to the \$500 maximum which the law provides as the maximum amount which may be spent on the man under the G. I. Bill during the regular school year. Incidentally, the regular school year in the schools you are interested in, will not use that basic entitlement of the veteran. The basic entitlement to the veteran is one calendar year, twelve months. The ordinary school year, using the terms of the act, in the schools that you are concerned with, is rarely more than nine months, so your school year commonly has been set for purposes of the G. I. Bill as a period of thirty to thirty-eight weeks, which allows College A to have a school year of thirty weeks, and College B to have a school year of thirty-eight weeks, and College C, thirty-four weeks, and so forth.

The \$500 which the law makes available as the maximum amount that can be spent for the man, for tuition, supplies and equipment, and other expenses commonly involved in the course, is available only for the school year. Let us take the school year as thirty weeks. If the man pursues a course of ten weeks, which is one-third of the school year at this particular college, then the maximum which we may spend on the man for his ten weeks' course, full time course, not part time course, is one-third of \$500. If it were to be fifteen weeks, one-half of the school year, we could spend a maximum of \$250 on the man, one-half of the \$500.

In other words, where the college year is thirty weeks, we can spend per each week of a course, one-thirtieth of \$500, somewhere in the neighborhood of \$15 or \$16 a week, full time course. If he takes only a part time course, we can spend only one-half that amount a week.

That is the thing which gets in the way of the physician pursuing a course, a short course, which costs more than that proportion of the \$500. For example, flight courses, just as well as your medical courses, will be oftentimes for short periods, and relatively high costing. You cannot fly airplanes without spending a lot of money, so that those piloting courses commonly cost more than \$16 a week—quite a good deal more at the present time, and we cannot pay it.

We can pay the maximum of \$16 a week, and we have to call it a day. If the boy pursues the course, he has to go on his own or make other arrangements.

The bill which is before Congress now to amend the G. I. Bill probably will take care of that pretty well, because it will provide that we can pay whatever the course costs, whatever the school charges any other student; however, for example, if it ran for only ten weeks and cost \$500, \$500 is the maximum we can pay for the school year, and we charge that man's entitlement one full year, one school year, not one calendar year, say, thirty-four weeks, depending on the college.

Secretary Zapffe: Assuming that this man is going to the medical school and taking a course of study that actually costs the medical school more than the \$500 per school year, can they charge the Veterans' Administration for the extra cost?

Mr. Combes: No, they cannot.

Question: If a veteran were doing work as a graduate student, which was on a two months' program, to correspond to a short year of thirty, thirty-four, or thirty-six weeks, after the \$500 has been expended, tuition for that period, he will begin on the next \$500?

Mr. Combes: Yes, sir. Of course, I told you that the school year had been determined as a school year of thirty to thirty-eight weeks. If this particular course which you speak of were to be forty weeks, then you would be entitled to 40/38ths of \$500. If your school ran the whole calendar year, fifty-two weeks, you would be entitled to 52/38ths of \$500, and similarly, with any variation of your school year.

Question: In the case of the \$500 being used in the school year of nine months, and the man is entitled to one basic year, three months additionally, it will be prorated for three-fourths of \$500, for the three months, if he undertakes full time study?

Mr. Combes: I don't believe I have that very clearly.

Question: Nine months he has spent, at the cost of \$500.

Mr. Combes: Is that a school with a school year of nine months?

Question: That is true.

Mr. Combes: Yes, sir.

Question: He is entitled to one basic year. If he elects to take three months in some other capacity, the full time training, is he entitled to one-fourth of \$500 for the additional time to make a calendar year?

Mr. Combes: If he is entitled at all to pursue that training beyond that nine months, then the answer is that the school will be paid in proportion to the amount of additional time.

As you say, if he were to take by entitlement three more months, and his regular school year was a nine months' school year, then the school would be entitled to be paid for the additional time that the boy pursued his course, namely, three months being one-third of nine months, the school would be entitled to one-third of \$500, in addition.

Question: The second question is: A student starting A.S.T.P., or entering military service from scratch, from A.S.T.P., and terminated in A.S.T.P., has he any entitlement to any basic training?

Mr. Coffey: It must be ninety days' active service.

Question: May I ask a question along that general line? Both A.S.T.P. and V-12 students in most cases have spent a month or two months and waived assignment—

Mr. Coffey: The answer is yes.

Question: —both in Army and Navy training. Several of the A.S.T.P. students have been assigned to hospitals, too.

Mr. Coffey: You mean in the middle of the A.S.T.P. period. If it is up to ninety days, yes.

Question: Some of the V-12 students were kept in the V-12 category; some were shifted to V-6. Will both groups qualify?

Mr. Coffey: The basic answer would be whether the man had ninety days' active military service. Ninety days would be any type of military service outside of the school training program.

Mr. Combes: I have this one question, May tuition be paid to the veteran? The law provides that the Administrator may pay to the institution, for tuition and certain other specified expenses, including books and supplies, equipment and expenses commonly necessary for the successful pursuit and completion of the course, so the answer to this question is that none of the \$500 may be paid to the veteran, under any circumstances, with the possible exception that he might under certain conditions be reimbursed for some payments which he may have made himself. Up to the present time I do not know that any reimbursements have been made.

President Furstenberg: Can the institution turn it over to the veteran?

Mr. Combes: May the institution pay over to the veteran any part of the \$500 which may have been paid to the institution? My own individual answer to that would be that if the institution properly charged the Veterans' Administration for proper items of expense and the Veterans' Administration paid the institution for those items of expense which the Veterans' Administration owed the institution, it is nobody's business what the institution does with its money after it is paid its money, and the fact that it was ever part of the \$500, so far as I can tell, would not have anything to do with the question.

Rev. A. M. Schwitalla (St. Louis University) : May I clarify a few points with reference to this Association's participation in the work of the Committee on Postwar Medical Services? This Association was represented on that Committee by Dr. Zapffe, and I think Dr. Zapffe had an active part in all of the activities of that Committee, of the hearings and of the reports. A committee or a subcommittee of the Committee on Postwar Medical Services called on Mr. Stirling, of the Rehabilitation Service, immediately after the question arose about the fate of the residents or of the veterans who had become residents in hospitals, and we had from Mr. H. V. Stirling a very definite commitment with reference to many of the points raised here this afternoon. Thus, for example, we had a definite statement from him that he regarded the experience of the resident in a hospital as an educational experience and not on-the-job training. That was expressly and explicitly said. We also asked him very explicitly whether or not an institution, like a hospital that is not connected with a university or an educational institution, whether such an institution might be entitled to receive tuition for the expenses of the veteran residents, and the answer was an unqualified "yes," provided that it could give evidence that it is carrying on an educational program and, secondly, that it was properly certified to the Veterans' Administration as an educational agency by the appropriate state official, the appropriate state official in the meaning of the law being the Governor of the state, who was finally responsible.

We also asked Mr. Stirling whether an institution would be entitled to receive tuition if up to the present it had not been accustomed to receiving tuition from its residents, and again we had an unqualified "yes," and Mr. Stirling told us at that time that the fact that an institution had used a resident in one capacity in the past and now wants to give him an additional opportunity, an educational opportunity to qualify himself, for example, for the passing of an examination by one of the specialty boards, or to prepare himself for the better exercise of his position as a general practitioner, would necessarily entitle that man to whatever tuition that institution wanted to charge.

We also asked him very specifically whether, if in the same institution there should be non-veterans and veterans, residents in the various branches of medicine, the institution may charge tuition of the veterans and not of the non-veterans, and again he said, as far as he is concerned, he does not see any reason at all why we should have any doubt whatever about these questions. All these points were published in the Journal of the American Medical Association.

Subsequent to that a number of other questions arose, and those other questions pertained to a further clarification of some of these

points, and another report was prepared and published in the Journal of the American Medical Association.

All of this happened at the time when Dr. Johnson and others were seriously concerned with increasing the number of approvable residencies in the various hospitals of the country, for the purpose of creating educational and professional opportunities for returning veterans. It was clear that the reports that had been published in the Journal of the A.M.A. had a decided bearing on increasing interest in this question and in the course of time Dr. Johnson, and the Council on Medical Education and Hospitals, accumulated a total of 7,666 approved residencies in the various hospitals of the country, of which approximately four thousand were in hospitals that are classified by the A.M.A. This need not be taken entirely too seriously, but I am offering it simply as a sample of the volume of opportunity that is involved here, wherein hospitals that are called university hospitals—as an indication, merely, without attaching too much importance to it, as an indication merely of how many institutions might be involved in a possible change of policy—subsequent to all of this a question arose in one of our university hospitals that had asked whether or not it could accept fifty additional residencies—it expressed a desire to the Veterans' Administration to organize fifty additional residencies in the hospital, and asked whether or not the Veterans' Administration would in some way or other indicate its attitude.

I believe in one of the letters the expression was used whether the Veterans' Administration would "contract to pay for that number of additional residencies." The answer came back—this was a hospital that had applied, and, the hospital not being an educational institution, the Veterans' Administration could not enter into any agreement or understanding with that institution. To forestall that kind of interpretation, the Committee on Postwar Medical Services proceeded particularly carefully because it wrote to the governors of all of the states, calling attention to their obligations under the G. I. Bill, 346, and also mentioned Public Law No. 16, and invited the attention of the governors of the states to the fact that medicine was particularly interested in the list that would go from the various states to the Veterans' Administration.

There were answers from the governors of more than three-fourths of the states, all of them expressing their deep concern for safeguarding the medical education of the returning veteran physicians. It was to me one of the most amazing manifestations of unanimity with reference to serious questions of this kind.

Then the question—General Hawley, may I quote the letter?

General Hawley: Yes.

Father Schwitalla: General Hawley was good enough to interest himself in the letter written to this hospital, and he suggested that the application for the fifty additional residencies might be made in the name of the university and not in the name of the hospital. That obviously involved a principle that possibly might become very critical, namely, this principle, that if the residencies in the non-university hospitals or the non-teaching hospitals, not connected with a university, if those residencies were not to be entitled to receiving tuition for the residents, then clearly the number of educational opportunities for the returning physician veteran would undoubtedly be greatly reduced, and that is exactly where this situation stands today. General Hawley, fortunately, has been good enough to say this to us, last night, to two of the members of the Committee, that on November 7th he would arrange a meeting with the Solicitor-General of the Veterans' Administration, and he hoped that some of these points might be clarified.

The points at issue, as you see, are clearly these: Are the residencies in our hospitals—say non-teaching hospitals, in order to sharpen the contrast as much as possible—educational opportunities, or are they on-the-job training within the meaning of the law? If they are educational opportunities, then there should be some way of proving that they are educational opportunities, if that proof is demanded by law or by proper authority, and it should be rather easy to show that a hospital that conscientiously carries out its obligations to its residents is not profiting to the extent that those residents are there merely for the sake of the hospital and the care of the patient, but that the hospital is carrying out an educational undertaking. There are costs in laboratories, in probable payments that ought to be made to various officials, additional costs to the hospitals. At the same time there broke the information that a bill was being prepared to embody the amendments to Public Law 346, that is H.R. 3749, in charge of Senator Edward Johnson, of North Carolina. For some reason or other the medical group was not called to the hearing, but the Committee took action very quickly and suggested to Senator Johnson that a statement from the medical group should be embodied in the protocol of the hearings, and Senator Johnson has agreed. On that bill the subcommittee of the Committee on Postwar Medical Services is making a number of requests, all of which seem to be particularly far-reaching. One request is that because of the fact that the residency, in the mind of the Committee, is not merely on-the-job training, but actually an educational experience that there be contained in the bill a declaration to that effect.

In paragraph 11, of 346, there is a list of the institutions which might be considered educational institutions. If we can have the word "hospitals" approved for residencies written into that para-

graph, our problem is going to be solved. Secondly, if throughout the bill, or the law, where the word "student" is used, there be some indication that by "student" is meant also a resident in one of the specialties of medicine, a further clarification of the issues will have been made and another point will have been gained.

We are also asking that in that amended law when, as, and if it be brought before Congress, there be provision made to eliminate, with reference to returning physicians, all limitations as to age, on the theory that medicine and medical men are never through studying. A medical man's education is always interrupted if he is doing anything else except practice or continue the work for which he has prepared himself, and therefore, we are asking that this twenty-five-year-age limitation be completely eliminated from the law in favor of the physicians. There are others, I think, making the same claim.

There is also a claim made among the amendments that payment for tuition be made for residents in any kind of hospital, whether it be a teaching hospital or a hospital not connected with universities, even though the institution is at the same time paying, by means of an honorarium, the other residents who are not veteran physicians.

The further request is made that the physician veteran be permitted to receive an honorarium, even though the Veterans' Administration is paying tuition for him while he goes to that hospital; in other words, I think that we have tried to put into words as far as possible the actual situation which we believe exists in hospitals today, where there are residents who are receiving partial stipends and who are being maintained by the hospitals in board and lodging, and we have some assurance that those amendments will be written into Senator Johnson's bill.

What the fate of those will be, of course, as that reaches the floor of Congress and as it reaches the Committee, is something no one can easily foretell, but some understanding has been created. The lawyers have been extremely active in this whole situation. They are making claims for veteran lawyers which are not a bit more bold than those that I have tried to summarize as emanating from the medical groups, so that we at least know this, that we will not be accused of having the greatest amount of brass of those who have appeared before the Congressional Committee.

Question: We have commitments to make about housing. All of us are in a very bad state. This may take months. I wonder if there is any way that could be short-circuited in order that we can try to take care of these men who are back now and should be taken care of as soon as possible.

Father Schwitalla: May I point out that the meeting on November 7th is designed—undoubtedly Mr. Combes is going to sit there,

at least I hope he will—to find out whether some of these advantages can be gained through the existing regulations or whether we have to wait until redress is found in new legislation.

Dr. A. C. Bachmeyer (University of Chicago): Can the residency under the G. I. Bill begin before the man's terminal leave expires?

Mr. Combes: The answer there is "no." He is still in the service. There is also, as perhaps you know, before Congress a bill which may definitely straighten that out, because when the man starts his terminal leave, he takes his back pay with him, or his accumulated leave pay with him, and he is free to embark on a job and study under the G. I. Bill, or a job with the Government, just the same as he is now free to take a civilian, non-governmental job.

General Hawley: The bill has passed the Senate and will be presented to the House within the next few days. That is very much affecting our employment of people coming out of the service with terminal leave.

President Furstenberg: Now we must leave this question of the interpretation of the G. I. Bill of Rights. Thank you, General Hawley. We must go on to some of the other items on the agenda—first, the release of medical officers by the Navy. Possibly in that item we may also include the Navy V-12 program. I will call on Admiral McIntire to discuss those items, please, Vice Admiral Ross T. McIntire, Surgeon General, U. S. Navy.

Vice Admiral Ross T. McIntire, U.S.N.: I could cover a lot of territory today but I think you will undoubtedly have many questions you will want to ask of the various representatives that are going to follow me, so I will be as brief as I can in what I have to say. I can dismiss very rapidly the V-12 program. I think all of you know that the Navy Department has taken very positive action in that regard. The training program will also be discussed a little later by one of our representatives. I can say to you that by March 1st the entire V-12 program, as far as the Medical Department is concerned, will be a finished thing. That means, I believe, a very fine forward step. I want to take this opportunity to say that I believe that this is the time for the colleges, for the medical departments of the services, to put their houses in order. I fail to see anything to be gained by procrastination or by delay, and so, for that reason, we believe that it is well to see the 9-9-9 program also disestablished, deceleration begun, and that the many things that will come up for discussion in smoothing out details can be very easily handled if we take the trouble to sit down and work them out. I realize that by the stoppage of the 9-9-9 program, we will pose certain disadvantages to many institutions. I have talked to a number of deans. I have talked to a number of representatives of civil institutions, and I think the problem of housing is one of the things that comes up immedi-

ately. A number of us have talked over that point, and I believe that can be handled without too great trouble; in other words, I think it is very sensible to go on with the plans that have been offered by Procurement and Assignment in the method of stopping the 9-9-9 program. From the Navy standpoint, it is a very simple thing. I think it is not so simple from the Army standpoint, but that will be discussed very fully by their representatives, but they, too, will have ways and means of working it out.

So it seems to me that this is a time when we should all do everything possible to stop this period, let me say, of rather more than mild hysteria, and get down to basic principles, and between the services and the civil organizations, work out a plan whereby we can return to you the men that we have taken away from you. As far as the Navy is concerned, we are making every effort to get back to the teaching institutions the men whom you have designated as urgently needed. We have run into a few embarrassing things in that regard, for there are such people still in the world as Area Commanders, and they take rather violent exception once in a while to our attempting to move a man out of an area and bring him in to the continental limits, but once explained, we find that, too, can be overcome. I think that in the very near future, that is, in the immediate weeks, you will receive back all of the men in the category 1, as you know it. The Navy will again reduce points on the first of January to 51, and I can say this to you, although it won't be published till later, that approximately March 1st the points will again be reduced, so you may look forward rather confidently to receiving group 2, some shortly after the first of the year, and I hope that by the first of September, 1946, you will have back all your people and that the Navy will have less than one thousand reserve medical officers left on active duty.

If we can carry out that program, and that is our intent, I think you will all be satisfied. It is not as easy as it sounds to do some of these things. We still have a definite obligation in our hospitals. We are going to have some patients who will be there a long time. It is going to be difficult for us to keep in these hospitals the key men that we would like to have there, but we have decided that this is the time to bring in our men in the regular corps, men who have had excellent training. They are men who have entered the Navy from 1927 on up the years. Many of them have had to go into executive work in the field, even in continental limits. These men are all available again for professional work, and our training program is set up in a manner that these men will again come back and will receive what is necessary to put them back in the key spots, and in that way we will release our key reserve officers in a much more rapid fashion than we had anticipated.

The Navy training program for interns and for residencies in our hospitals has been going on over a long period of time and I can say to you that it has been very successful. It is now our plan to be very sure that nothing happens to upset that program and that it will continue, and I have at this time the very competent officers in the reserve, among our regulars and among our civilian consultants, working out ways and means whereby this plan can be successfully continued without a hiatus, and I think it is very important, for we have found this, and I say this to you seriously—we have found this attitude among the junior officers—and I am only speaking in this way of the Navy for I do not know just what the Army reaction is on this—something that has disturbed me very greatly, that the young man feels that he needs to leave the service immediately, that he does not have any particular responsibility professionally or to his service, and that he should be allowed to leave at once even though we point out the fact that the older man who came in in 1939, and 1940, and 1942, should certainly have prior claim. There are many reasons for this and one of them is the fact that as they state it, they believe they must secure immediately residencies that are existing in civil life, and that they must stay in those residencies.

That is a serious thing that we must face in the service, for we must be very sure that we satisfy these men. We want our young men to be well trained, and we want, too, to be able to send many of our men into civil institutions, and that is one thing that I would ask you today to give consideration to, that in the not too distant future we will ask many of the civil institutions of this country to take long term residencies from men in the regular Navy. We expect to have a continuing postgraduate training course established in a much greater fashion than before World War II, whereby we keep at all times some two hundred regular officers in your midst. We believe that that is a sound thing to do for we think there that we gain by an exchange of professional experience and teaching. In return for all of this, the Medical Department of the Navy intends to make available to the profession, to the teaching institutions, something that I believe will be of tremendous benefit to you in your future educational methods in tropical diseases. We are busy at this time setting up a plan whereby we will provide clinical teaching in tropical diseases that will be available not only to the Navy and to the other services, but also to the teaching organizations. We will pass on to you in the very next few weeks, the plans for that. I can assure you that it will work, for we have an ambitious plan of using our key reserve officers in an active consultant capacity, not only in our central locations in the continental limits, but also in this teaching institution which will be many thousands of miles away.

So I believe that this war has taught us much that can be done,

obstacles in medical education that can be easily overcome in a short space of time, and planning should be as thorough in medical education as it is in military preparation. I think in your future planning you should give further thought to preventive medicine, not just the superficial things that we do, immunization, simple methods of control of disease, but let us go into a very thorough study of the fundamentals of preventive medicine and let us give these young men that in our schools. We must do it. We must go far beyond what we have done in the past. I have no fear that you will not do this. It is my hope that as we continue along, there will be the closest liaison between the medical departments of your governmental services and the teaching institutions of the country.

President Furstenberg: I should like to call on other representatives of the Navy. Commander L. Marshall Harris, would you say a few words, please?

Commander L. Marshall Harris, M.C., U.S.N.: I do not believe I can add anything to what the surgeon general, Admiral McIntire, has told you. He has answered the questions uppermost in your minds. I do remember when we had the small problems with the V-12 when I first became associated with it, and I attempted to represent the surgeon general in subsequent smaller meetings and I have remarked to Admiral McIntire, and Lieutenant Wight, who is here, and will speak later, and others, we have never felt on the defensive here at all, so I have nothing to say except to thank you very much for your cooperation in the matter of internship where the rotating type came up. The difficulty we had was soon ironed out.

We had an acute shortage of medical officers in the Navy. We felt at that time we must have a product trained by a general rotating type of service. Right now we are looking more toward specialization. We hope our men from the regular Navy and those of the Reserve who care to transfer to the regular Navy, can be trained to meet the requirements of the American Boards. We have had able medical officers and consultants, some of the regular Corps, who have definite plans for this training, and there is no reason why we can not carry on in our medical centers, using the civilian teaching institutions to carry out our program.

President Furstenberg: Thank you very much, Commander Harris. Lieutenant John W. Wight, Bureau of Personnel, U. S. Navy!

Lieutenant John W. Wight, U.S.N.R.: It may be fitting to make a few remarks regarding the reasons for the Navy's proposed program of dissolution of V-12 medical training. On the 14th of August, the date of the surrender of Japan, the Navy found itself with approximately 5,700 medical students, and 1,400 dental students, and with another 1,100 men due to go into medical or dental training in

the ensuing two months. The Navy had already established at that date the means by which it would demobilize the Reserve. The chief instrument for that demobilization was decided upon as a point system. The Director of Training therefore found himself with two very pressing problems, the most important of which was almost a universal lack of sufficient points for discharge among medical students; and the second point, no less important, that there was no demonstrable need for 18,000 men in medical and dental training.

After consultation with the Bureau of Medicine and Surgery, it was decided that the program, because of this lack of any demonstrable need for so many trainees, should be dissolved at the earliest possible date. It was necessary to take a date that would do the least harm to all of the schools concerned, and here we were faced with a problem which has plagued us ever since the program began, that of having different schedules for every school. That has been without question the most difficult thing we have had to deal with. It was the reason for our having men on hospital duty prior to going to medical school, and the reason for a good many of our headaches. Knowing that we would hurt some schools, no matter when we set this date, we selected the date of the 1st of September, after which no new class might start, but since it was almost that date when we decided on it, it was seen that it was too soon. We should not terminate our contracts that early. We considered dates by fifteen-day periods all the way up to the first of November, which was finally decided on so that now no student may start a new term after the 1st of November.

Since these students were being put on inactive duty without regard to any point system, it became necessary for the Navy to justify its action with the public. The situation was, as previously stated, seven thousand students in medical training. They represented almost a quarter of all the students in the country, and there was no manifest need for their services, yet in order to get them out of the Navy, we had to do it without going to the point system, and without offending the public, which was particularly touchy about college training programs and the benefits that were heaped upon the students who were placed in those programs.

The solution was to put the men on inactive duty only if they would stipulate in writing that they planned to continue professional training. By this means we accomplished two things. We got the men out from under the Navy conducting the program with public funds, and got them in a position where they could become prepared to serve the civilian population, and we stipulated that each student sign that if he be not taken to continue his professional training, he would be taken back to active duty in the fleet. I think it is safe to say

there probably will not be many men taken back to active duty in the fleet. Some will tell us they will continue, and as soon as they are in school, will go out and find better work and more money as welders, and then we will have to go out and bring them back, to show them we mean business. There will be few of this kind, and I do not think you need be concerned about it.

All pre-professional students will be inactivated on November 1, and they will be required to sign a statement that they will complete pre-professional training and then go through professional school. No new students will be transferred to professional school by the Navy. All the men ready to go will be put on inactive duty.

Students may change medical schools if they want to. We will not stand in their way at all. They may change from dentistry to medicine, or vice versa. The only thing we require is that he maintain the standing of a professional student. We do not care where they do it or for what profession they are studying, and we are not particularly concerned about the speed with which they do it. We will not let a man drop out for a long period in order to earn money to go through school, because that just would not sit well with the folks at home. We can not do it that way, but we expect there will be a large number of men who will finish their pre-professional training in the fall and will not be able to go to medical school until next fall. They will go to school at the next convenient date when there is a new class started in the school which has accepted them.

As Admiral McIntire said, the internships will be continued as in the past. Naval internships will continue to be available to students who have been in the Naval training course, and will continue until the National Emergency is terminated. After that time new rules will probably be made, and it is hoped at that time the category of Acting Assistant Surgeon will be reopened.

No provision has been made for the return to professional school for men not in the V-12 program, and who do not have sufficient points for release. A man who had spent some time in professional school or perhaps merely pre-professional school and is now in the fleet as an enlisted man or officer, cannot get out of the service for the purpose of going to medical school, unless he has the points.

Many of you have probably read Navy V-12 Bulletin 322, which concerns itself with the disposition of Government property used by the Navy V-12 units. It is a long statement and I will not attempt to go into it, but I can say briefly that this document permits the resale of all our equipment to the schools for resale to the students at greatly reduced prices. If you have not seen it, the commanding officers of the respective units can certainly put it in your hands.

There was a discussion of the G. I. Bill of Rights, but I think it

is fitting that I make one remark, since so many questions about the bill have come to the Bureau. The Navy has no cognizance over the G. I. Bill of Rights or its ramifications administratively or even in an advisory capacity. Its benefits are available only to people no longer on active duty and therefore the men are no longer under the cognizance of an armed service.

I should like to close by expressing the gratitude of the Navy Department for the fine cooperation we have had from all the medical schools. It has been a very trying program, probably mostly because you have had an outside agency step in and try to help you run your schools. We have tried to do as little of that as possible, but it certainly must have been difficult to have us send you men you did not know and many of them probably did not know you. We feel it has been an excellent program and has done great good for the service, and we have been extremely satisfied with it.

Since this is the last meeting of this group I will probably attend, I cannot refrain from making a few personal remarks. When I came into the service, I hardly expected to be put into a job such as this. It has been a very odd way to fight a war, but it has been a delightful experience, and I shall always value the acquaintances I have made here.

Question: How about the student who fails?

Lieutenant Wight: If he fails, he will be taken back on active duty. He will no longer be a student in good standing. He will be required to indicate to the Bureau of Naval Personnel that he is no longer in good standing, and that his status is being automatically changed and therefore he will be taken on active duty.

Question: May a student continue his studies in a college after the V-12 program is discontinued, or will he be considered like a welder unless he enters professional school?

Lieutenant Wight: You are speaking of the undergraduate program?

Question: They have only had two years of that. Will he be permitted to continue and to take four years of college work, or will he be considered as a welder?

Lieutenant Wight: No, sir, he can take, or rather continue pre-professional training until he has completed the normal amount of work and gets acceptance. I do not mean he can knock around five or six years trying to get into medical school, but he can follow a normal curriculum, if it is four years, for the college he wants to go to.

Question: Are these men immediately being put on inactive service in November and December, to be recalled into active service and then sent—where?

Lieutenant Wight: That depends entirely on the course of demobilization. Probably there are large numbers of men now serving internships who will complete them in April who will be called up to active duty; however, a student who does not complete his professional training, say, in January, will have at least a nine months' internship, which will take him up into November, and by that time you are two months past the date the Secretary of the Navy has set for the Reserves to be demobilized.

Question: Are the present senior students graduating in March to be given inactive duty?

Lieutenant Wight: They can go on inactive duty and take a civilian internship, or apply for naval internship and stay on active duty in the service.

Dr. Philip A. Schaffer (Washington University): Is the Navy at all concerned with an accelerated program after March 1?

Lieutenant Wight: The Navy will place no object in the path of deceleration as soon as the last man has left any given institution.

Question: Would the Navy return a man serving a required fifth year? Would they recall him to duty before his M.D. degree had been awarded by the Navy?

Commander Harris: The answer is no. He will not be called to active duty until he has his M.D. degree.

Question: Did I understand your answer to the first question that we must stay on the accelerated program until the last man in the Navy is put on inactive service?

Commander Harris: No.

Lieutenant Wight: Quite the contrary. We will place no obstacle in the path when the last Navy man at your institution has been inactivated, and that will be the last man who goes out of the last school the 15th of March, maybe a day or two later than that.

President Furstenberg: Now we will go on with some of the problems that pertain to the Army, the release of medical officers by the Army and we would like to know when can deceleration be effective in the Army specialized training program. We will call upon Major General George F. Lull.

Major General George F. Lull (Deputy Surgeon General, U.S.A.): It is a great privilege to appear before this body, as I have appeared on a number of occasions, and now that the war is coming to an end, I want to tell you what a grand job you men who are running medical schools have done for us. We realize the handicaps you have worked under. You get into arguments with our office, but that is to be expected. They are all on a friendly basis, I hope. You have done a grand job and I have never worried since the start about the quality

of doctors you were turning out. A lot of people said that these men you were turning out would never amount to much. You know that in the beginning they held up their hands and said the standard of medical education has fallen to such a low point it will take twenty-five years to recover. I did not agree with it then and I do not agree with it now. We have gotten out of the service a great many medical officers. Last week we discharged 1,306. Since September we have discharged 7,622. Since V-E Day we have discharged 9,526. Those men are all going back to civil life. A great many of them are going back to teaching positions, and a great many more are going back to further higher education in the specialties. I do not know and I can not give you the percentage of men who are being discharged who desire residencies, but the number is far greater than any of us in the service thought it would be. These men want residencies. They are willing to take residencies if they can get good ones, but they do not want poor residencies.

As far as the deceleration program is concerned, we have always thought in the Surgeon General's Office that acceleration was something that you people started as a patriotic move. It was entirely in your hands when you started it and whenever you want to stop it, that is your business, not ours.

Now, there is just a word of warning about the A.S.T.P. As you know, the A.S.T.P. is going to be continued until the end of this fiscal year. After that we do not know what will happen. The General Staff has indicated that they might ask for funds to continue the A.S.T.P. They will not continue the A.S.T.P. if you decelerate. They say they will send the students some place else. Where? Figure out where that is.

We have still in our hospitals in the United States over 275,000 patients who need care. Some of those are long-term cases. We expect that by the first of the year we will have one-third of the Medical Corps demobilized. Our hospital patients are now going down at the rate of 10,000 a week. The net loss is 10,000 a week; counting admissions and balancing them against the discharges, we are losing 10,000 a week. That means that really the equivalent of ten general hospitals is being absorbed each week.

The Navy is in a more fortunate position with the regular corps than we are. Our regular corps is much smaller than at the beginning of the war. There is no provision in the law to decrease the corps as yet, and the War Department has ruled we will take in no more officers in the regular establishment from civil life. The only officers we admitted were graduates of West Point. None of the technical services have any new men. The Navy has been able to take in men, which is a splendid thing, and I only wish that we had had

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this opportunity. The only thing we can do when a young man shows interest in coming into the regular Army is to say, "All right, what do you want to do? We will assign you to a general hospital on duty in a position comparable to that of a resident, and let you stay there until Congress signifies what its intentions are toward enlarging the Army." We have no knowledge, no accurate knowledge, of just how big an army we are going to have, or whether or not we are going to have universal military training, and we have to wait until Congress decides for us just what we are to have, until we can cut our cloth to fit.

We have at the present time returned to professional training about 150 regular officers. Sixty-six of these officers are assigned to general hospitals, as understudies of chiefs of service and chiefs of sections. These men, for the most part, have all had training before the war. Some of these men are American Board men, but they have done no professional work during the war. There were not over a dozen regular officers who did professional work during the war. They were all taken out to do administrative work, and it takes some time to return them. We have seventeen officers of the regular establishment at schools of public health for a year's training.

It is a big problem that we have to face, and we hope that you will bear with us. We know that every dean may have a list of people he wants, but he also wants someone who is not on the list. You know that circumstances come up which change the position of men back home, so one department you think is going to be a strong department, falls down, and you want a man out of the service. One hundred and ten men requested in the deans' list were on foreign service.

The Chief of Staff has directed General Eisenhower and General MacArthur to return these men to the United States regardless of points, and when they return, they will be separated from the service. We have already separated on an average of five men for medical school on other than the point system on your request. On the point system, of course, a great many others are separated. The affiliated units were called early. They saw lots of foreign service, and most of the men in the affiliated units have enough points to get out on, and those men have been separated under the point system.

We still have a job to do and it is a difficult job. Our great problem is with the specialists. The specialists who came in early were either men over 48 years of age or they came in before Pearl Harbor, or with affiliated units, and they all have points enough to get out.

We have in some of our hospitals a certain backlog of cases, especially in plastic and neurosurgery. These cases are being worked up as fast as possible, but it is a very difficult thing to do with a limited number of plastic and neurosurgeons available. There are just not

enough available in the country to do this work, and we are making as much headway as can be expected.

There are 1,200 cord cases in our hospitals. An estimate, which is just an estimate, is that 800 of those men will be invalids the rest of their lives. They never can be retrained. Those men have to be taken care of. They will, of course, be transferred to the Veterans' Administration. The Veterans' Administration has already taken some of these men. The Veterans' Administration is crowded. They have taken our psychotics. They have taken cases of tuberculosis and they have taken these cord cases wherever possible. Their hospitals are filled up. They are all overcrowded, so it is very difficult to handle large numbers of these cases.

Fortunately, as far as tuberculosis is concerned, on account of the screening out process when they were inducted, we have had a relatively small number of cases of tuberculosis. The admission rate has been very small.

Now you all get word about some man on your staff or a member of your faculty who is some place where he has nothing to do. If I judge by the letters I get from friends and Congressmen, nobody in the Medical Department ever works, but this same Medical Department has taken care of fifteen million patients in this war. There have been one hundred and fifty million admissions to Army hospitals. Someone took care of them.

It is true that there are many places where medical officers have been assigned where their work has been light. They talk about doing things that they were not trained to do in civil life. General Rankin made a survey of 1,000 men who had qualified under the American Specialty Board in Surgery and 98 per cent of the thousand men were doing surgery. The other 2 per cent included certain men in key positions who were doing administrative work as hospital commanders or work of that sort. The rest of them were all doing surgery.

It is pretty difficult in an enormous group of men scattered all over the world, to place every peg in the right hole, and, as Admiral McIntire said about the Navy, the same is true about the Army. There are certain area commanders and theatre commanders who are still commanders and they have something to say about the men under their command. We can control it more or less in the United States, but it is very difficult to control it abroad.

Now, if there are any questions—?

Question: I believe I understood the Navy people to say if we got off the accelerated plan, and went on some form of deceleration, they were not particularly concerned about how fast we do it. Are there any plans at the present time with regard to the Army?

General Lull: Colonel Fitts can answer that question. If the A.S.T.P. is stopped, I believe that the War Department will be directed to offer the man a discharge to continue his education or to continue in the Army as an enlisted man. That has not been announced.

Colonel Francis M. Fitts, M.C.: If the A.S.T.P. is discontinued because of lack of funds, the Army will adopt the same policy as the Navy, which is transfer to the enlisted Reserve Corps, inactive, subject to subsequent recall on completion of, or at the end of his professional education. Of course, if the National Emergency is not—

General Lull: That is what they refused to do with the other groups we had. I am glad to hear that.

I should like to ask the Veterans' Administration a question. A man who is not discharged but placed on inactive duty, inactive reserve, does he come under the G. I. Bill of Rights, if he qualifies otherwise?

Mr. Combes: He does not.

General Lull: Not until he is out of the Reserve? He is still in the Army or the Navy. The Navy is of the opinion that he will be eligible.

Mr. Combes. My understanding of the man's status there is not too certain. Does he have a certificate of discharge?

General Lull: No.

Lieutenant Wight (U.S.N.): All Naval officers, regardless of the date they go out of the service, go on inactive service. A Naval Reserve officer is not discharged. If your interpretation is correct, there will not be a single reserve officer who is able to participate in the benefits of the bill.

Mr. Combes: I will say then, definitely failing to understand exactly what is involved in inactive status, I am not sure of the answer to the question. In the case of a man discharged from the Army, he carries with him a certificate of discharge when he is out of the service, and on that date he is eligible to enter on the benefits that are available under the G. I. Bill. I am sorry I cannot give you a reliable indication with respect to the Navy.

General Lull: We have a reserve, that is true, but when an officer is separated from the service, he reverts to inactive status, and he gets a discharge a little different from an enlisted man. You cannot call a reserve officer without his own consent. An enlisted man in the enlisted reserve can be ordered any place. He is still under orders.

Mr. Combes: I am out of my field when I attempt to talk about that. I am uncertain as to my answer.

President Furstenberg: I should like to call on Colonel Francis

M. Fitts, of the Army Specialized Training Division, to discuss this subject and then we will present our questions later.

General Lull: Father Schwitalla brought up the point that the man in the medical school is protected by Selective Service. That covers that point, but not the point about whether or not he can benefit by the G. I. Bill.

Colonel Francis M. Fitts, M.C.: Since both Admiral McIntire and General Lull have given you the answer to the questions, I do not know whether I have any bad news to give you; however, since I have had the pleasure of appearing before you each year now since February, 1942, I want to give a report of what has been done and in order that that report be as lucid as I can make it, I have written out a speech. I will read that and interpolate as I see best.

I have entitled my paper "Current Status of and Plans for Medical Training Under the Army Specialized Training Program."

You are all familiar with the conception, the birth, the adolescence and the maturity of the medical phase of the Army Specialized Training Program. It is only natural that you inquire into its current status—and into what I am sure is of even greater interest in this period of reconversion—into its future.

Before casting the horoscope of this quite unwelcome guest, let me examine into its immediate past.

You are all aware that by the end of the year 1942 it was apparent that the additional requirements of the armed forces could not be met by future withdrawal of physicians from the essential—though non-military—activities of the nation. Losses among medical officers in the armed forces could not be replaced from among practicing physicians—and these losses, for the Army alone, were estimated to approximate 4,000 each year. Replacements must be procured, and the Commanding General of the Army Service Forces was directed to train enlisted men for this purpose.

Since neither the facilities nor the faculties for this type of replacement training were not—and are not—available within the Army, the Army Service Forces were directed to arrange for the conduct of necessary instruction in medicine in the approved medical schools of the country and for the preparatory training of qualified candidates for the study of medicine in the accredited colleges and universities.

The Army Specialized Training Division was designated as the agency for the planning and operation of this program.

What has been accomplished in your individual schools is known to each of you. I wish, however, to make a brief overall report to the Association on A.S.T.P. training in the field of medicine to date, and

to outline, insofar as it is reasonably possible, the plans of the War Department for the continuation of this training.

The first members of the Enlisted Reserve Corps were called to active duty in May, 1943, and assigned to units of the Army Specialized Training Program established at contracting medical schools. Since then 20,383 enlisted men have so been assigned for instruction in medicine and 3,546 for premedical training in preparation for assignment for training in medicine itself.

Of this number 10,035 have been graduated in medicine, while 2,855 have successfully completed the prescribed premedical studies to meet the minimum prerequisites for the study of medicine. They are included in the total figure previously given.

1,010 medical trainees have been separated by reason of academic failure, 743 for non-academic causes. 8,159 remain in training at the end of October, 1945.

Of the 3,546 candidates for the study of medicine assigned to 52 colleges and universities at which A.S.T.P. premedical curricula were given, 1,184 had been accepted by individual medical schools for admission to 1943 and 1944 entering freshman classes. 2,407 were selected by medical interviewers from among candidates completing the second or third term of the Basic A.S.T.P. curriculum.

All premedical training was completed prior to January, 1944. Pending actual movement to A.S.T. units at medical schools to which assigned, the enlisted men selected for medical training were, as you know, placed on interim duty in military hospitals. The last of these began their freshman medical studies yesterday.

All training under the Army Specialized Training Program has been conducted on firm demands of the using service. Not only were requirements completed for 1943, 1944 and 1945; post-hostilities requirements have also been carefully established. The Surgeon General estimates that a minimum of 10,000 medical officers will be required to assure an adequate medical service for the military establishment which is planned for the period following complete readjustment in July, 1946. Incidentally, I think the press has stated that instead of requiring 2,500,000 troops at that time the requirements will be for 1,900,000. It is estimated that if that continues for a few years until the war is liquidated, until the situation in both hemispheres is assured, that it will now be necessary to continue or to have them on active duty in order to assure the health of the troops, a minimum of 10,000 medical officers.

In order that medical officers then in the Army may be released after reasonable periods of service—say a total of 3½ years, 3,900 replacements must be available in 1946, 2,650 in 1947 and 1,250 in 1948. The A.S.T.P. is the only assured source of these replacements.

The Chief of Staff has, therefore, directed that the training of such replacements be continued under funds already made available by the Congress for this purpose. Just as soon as V-J Day came, the War Department was directed to terminate all training that was considered unnecessary. Hostilities were over and therefore any training that was directed toward the conduct of active military operations would be discontinued.

The training under the Army Specialized Training Program in engineering was directed to be liquidated within four months. The young soldiers who were being trained in engineering were considered of greater value to the country because of their low scores, in order to replace high-scored soldiers in the theatre, than it was to continue them under specific training when they would become available at a future date.

In like manner the men that we had under training that we were planning to place under training in Japanese, were no longer required. It appears that everyone speaks English in Japan (laughter), and accordingly the training in Japanese for enlisted men is being terminated when those who were placed in training in November will have completed a certain specific amount of instruction in Japanese.

The question then came up, What shall we do with those who are being trained in medicine? The Surgeon General was asked to reiterate and to reaffirm his requirements for such training, what we call replacement training.

Throughout the entire war we have trained enlisted men on certain rate scales to replace surgical technicians, radio technicians, automotive technicians—all of those men have been retrained as replacements in order to take the place of the man who was actively engaged in the military service in those particular technical services, so the question then was placed before the Surgeon General, Do you need the enlisted men who are now under training in medicine? The Surgeon General came back with a yes.

The hard-boiled staff was not content with merely an assurance of an affirmative, but said: Bring it in short in numbers, and it was at that time that the Surgeon General stated that unless the officers who are in the Army after July of next year are to be retained, and for an indefinite time, we must have replacements, and the only replacements for those are the enlisted men who are being trained under the Army Specialized Training Program.

He might have stated: You can not have your cake and eat it, too. You can not have the doctors back and not have replacements for them; as long as this situation remains that we have to have a certain assured medical service.

Funds are assured through June 30, 1946. It is obviously only reasonable to anticipate that, if the requirements for replacements for medical officers remain unchanged, the War Department will request funds for the necessary training in the next fiscal year.

If funds are not forthcoming, A.S.T.P. medical training must be terminated. This should be done in the most practical manner possible. Soldiers then separated from the program should be given the option of assignment to other military duties or transfer to the Enlisted Reserve Corps for release from active duty and recall after graduation if the military situation so requires.

On the other hand, if funds are made available, contracting schools will be requested to continue this training under the program now current. Because of the urgent need of replacements for medical officers who otherwise cannot return to their civilian practices, the War Department must request that the standard instruction be given in medicine in the minimum period of time—in other words, to request an “accelerated” program by the schools which desire to participate in this training.

In order to train the maximum number of replacements, the transfer of enlisted men from A.S.T. units at non-participating institutions to units at schools in which their training may be completed, must be given serious consideration.

If training is continued as originally planned 5,242 should graduate during 1946, 1,497 in 1947 and 1,396 prior to October, 1948. An attrition equal to that of the past two years should reduce this output to about 7,000. The Army will have assured the conversion of over 17,000 enlisted men into physicians and into medical officers—and, incidentally at the average monthly cost for instruction, textbooks, and instruments of only \$62.47.

General Walker, the Director of Military Training, charged me to express to you appreciation of the Commanding General of the Army Service Forces, for your complete cooperation in what we have considered a very essential training program, and, as Lieutenant Wight said, I myself wish to thank you for the very wonderful reception and kind and generous attitude that you have had toward me. I assure you that I have attempted to temper the wind to the shorn lamb in so far as possible and to live up to the motto of my chief, “Illegitimus non est carborundum.”

Dr. H. G. Weiskotten (Syracuse University): Why cannot the Army continue this program, somewhat slowed, this year, and allow the medical schools to do what they feel is mighty important for them to do, return to their normal program, rather than follow these other programs?

Colonel Fitts: I can only tell you that the Chief of Staff for Training stated categorically that they did not feel that it would be possible to further postpone the availability of these replacements, which will permit the Army and the Congress to release to civilian communities the medical officers for whom we are training replacements.

Question: Is it not true that the Army has agreed to go into the 12-12-12 training?

General Lull: I have never heard of a 12-12-12 program.

President Furstenberg: I should like to call on Dr. Paul Barton, Executive Secretary, Procurement and Assignment Service, in respect to the 9-9-9 program. Dr. Barton!

Dr. Paul Barton: I notice my assignment is the discontinuance of the 9-9-9 program, and it ought to be a reasonably popular program. I hope the text which follows will be equally satisfactory. In giving consideration to the discontinuance of this program, we must review for a moment a little of the background. Procurement and Assignment Service was created as a professional federal agency to attempt to equalize the medical manpower available to the military and the civilian population. As long as problems exist and there is any imbalance between the two, Procurement and Assignment Service has a job. It does not expect to continue very much longer and will get out as fast as it can. In the meantime it wishes to continue to meet its obligation to the best of its ability and at the present time this consists of two major parts:

(1) The return of physicians to their former practice, where they are critically needed; and,

(2) The 9-9-9 program.

I should like to clarify one other program for just a minute, and then I will get to my subject. We have no direct connection in the program of the return of faculty members.

One of the audience said to me this noon: Why is not the return of an orthopedic surgeon to a faculty as critical as the return of an orthopedist, if there is only one, in West Texas? The answer is: We were not in the middle on the faculty proposition and the deal is one between the deans and this Association, and the other is, your Surgeons General. We will be glad to facilitate or help in any way we can, but they are not for us to judge as to their critical nature and therefore we cannot facilitate such requests.

Now, the 9-9-9 program was not cooked up by someone who had too much heroin or anything else. It was something devised by people who realized fully it was not a contribution to either hospital care or to medical education, but that it was the only, or rather the alternative to the hospitals having practically no residents. At the time

the armed forces acquired 80 to 85 per cent of our medical students, it became obvious that 80 to 85 per cent of our students went in the armed forces at the end of twelve months of internship and would not be available for service as residents. American hospitals must have residents. We, therefore, went to the Surgeons General and said: We are faced with two problems, one of three months' overlap, and, secondly, a necessary supply of residents. Leaving out all the details, the Surgeons General were willing to go along even though it meant considerable trouble for them, and we let them have some of their interns at the end of nine months instead of twelve, and finally got that fixed up with the State Boards, but we did request the right to retain in these civilian hospitals a reasonable number of residents so that we could at least give some portion of what we considered satisfactory medical care. The Surgeons General in making this lend-lease, were doing a favor to the hospitals, and they did it because they knew it was necessary, and I am sure that they have had tremendous difficulty in justifying it to some of those who are a little higher up in the hierarchy; nevertheless, they have gone along with it and they have more than gone along with it.

When we came to the point where the original design did not fit the pattern, the Surgeons General went along with an extension so that we could continue to operate our civilian hospitals. That is all right as long as there is a war on. As long as there is no other supply to serve as residents, that is fine, and it is appreciated, and we owe them our thanks, but there now is another supply available to fill these residencies and, knowing that the Surgeons General are no longer anxious to continue in lend-lease, more particularly because every man who stays in a residency means that one more man stays in the service. No matter how many he discharges, he can discharge one more for every resident he picks up—note that a lot of men in the service paid for their own education and went into the Army of their own free will, and it is not very comforting for them to realize that they are staying in the service so that a man whose education was paid for by the Federal Government and who has never seen active duty, continues to remain in civilian life.

This is such an acute problem at the present moment that there is actually a Senate resolution, which is gaining headway, suggesting that every one of these men who has not seen active duty be placed on active duty immediately. The solution which will be satisfactory to the hospitals and the solution which will be acceptable to the Surgeons General, and one which will prove beyond question of doubt to the proponents of this resolution that everything is being done to make this replacement as rapidly as possible, without disturbing the civilian hospitals too much, is this:

We established some time ago the fact that any hospital could place on its resident staff a veteran of this war, without counting him in the quota. We now urgently request that each hospital place as many such men on duty as they possibly can, against the day when they will represent the principal if not the sole source of supply of residents, the day when there will no longer be any deferment of replacements. The supply is just beginning to show its head and shortly it will be obvious to all of you, if it is not yet, that the supply should be adequate; in fact, it should be sufficiently more than adequate so that you will have the right of selection among these men who have been on active duty. These men should be taken on now because every month that you have in which to train them will be to your advantage, and every month that they serve in your institution, they will be able to serve you that much better when the deferred commissioned officer, if you will, with apologies to Selective Service—we have to talk about delay in active duty, because that is their category—every deferred commissioned officer or practically every one, is out of the picture.

In other words, get busy today, pack up with veterans, train them so that you will have an adequate group to select replacements for deferred commissioned officers who will be called to active duty as early as it is feasible in connection with the maintenance of our present program.

How long should that take? The Surgeons General are hopeful that the vast proportion of that job can be done between now and April 1, and that it will not be necessary, if you are successful in doing it, to request deferments beyond that date. Certainly every senior resident at the present time will be called to duty on April 1, or prior to that time, when he is replaced satisfactorily by a veteran, and these veterans will be available to you and you will have to accept them unless there is some very good reason for not doing so, and train them with that point in view. The same thing applies to the junior resident.

And now we come to this question which you have propounded with the other speakers, and that is the question of the internship under the 9-9-9 program. Present planning—and I am sure after hearing what General Lull and Admiral McIntire have had to say, in contrast to what Colonel Fitts has said, I can do no more than say present planning—is that the men now serving internship and who will complete nine months of service on April 1, will continue in those internships until July 1, because the double purpose of getting back as fast as we can not only to a twelve months' internship, but to a July date, is imperative, and, to continue along the same line, those men who graduate in April should start their internships on that date and will continue in those internships for fifteen months, so that they also will get into the July scheme of things.

If a hospital is embarrassed, and I don't see how they can be, the way they holler for an increase in quota of interns, by this group which doubles over for three months, the Surgeons General will call to active duty the man who has nine, nine and a half, ten, ten and a half, eleven or twelve months of internship. They will relieve you of any excesses that you may have, if that doubling up is going to bother you too much. I don't think it should. After all, theoretically you are operating on a peacetime basis, and I think it ought to work out pretty satisfactorily.

The Surgeons General are, I think, to be complimented for going along with this program, more particularly because of their willingness to go to the July date, because that is one more place where they are subjected to criticism as far as using these men as replacements. The replacements which are satisfactory to them and which will be most useful to them, are these residents.

We will have in your hands, within ten days, a program which will give the details of what I am talking about, but I don't want any of you to wait ten days to start lining up the veterans to take care of your residency situations, that is, if you want residents in the future.

President Furstenberg: I should like to ask Colonel Richard Eanes, of the National Selective Service System, to speak at this time.

Colonel Richard H. Eanes: It is my duty to discuss with you the question of the deferment of medical and premedical students. Principally, I will discuss the reasons of the Selective System for not deferring men to continue in premedical studies. No one would deny the desirability of giving the educators full access to the youths graduating from the secondary schools. All would like to return to our system of a free choice for everyone. It is evident that the international situation makes this impossible. It is necessary that our Army and Navy be maintained at a strength to insure their respective missions. It is not believed that we could get very far toward the necessary numbers without a compulsory system of some kind. In a compulsory system it is fairest and most democratic that all who are physically and mentally qualified should serve, with no favors to any. It is said to us that this will deprive the nation of the benefit of the superior intellect of some who are particularly suited for technical and scientific training. This hardly seems justified when we know that these young men will be returned within their developing age, free to pursue such studies as they choose. The armed forces will not destroy that attribute which directs a young man to a technical or scientific career; neither will they destroy the mentally industrious person's desire for advancement. To the contrary, they will stimulate that. We know that many young men are called to pre-

professional training but few are chosen for professional training. During a period of training in the armed forces, the young men will have an opportunity to find themselves, so to speak. From among those who served and then began professional training, we predict a smaller scholastic mortality.

It has also been stated that young eighteen and nineteen-year-old youths are not mature enough for a rigorous career in the armed forces. This is true in some cases and provision has been made in both the Selective Service System and the armed forces to weed those out. The majority are mature enough and this has been amply proved recently in all the battle theaters. A prominent physician recently came to argue the immaturity of the eighteen-year-old youth. He told me that we must not take these eighteen-year-olds, but we should leave them at home to mature, but that we can safely draft those who have attained the age of twenty or twenty-one. This particular physician had a personal interest in that he had a son studying pre-medicine, and this son was just attaining the age of eighteen. My reply to him was, "Doctor, we will be delighted to induct those who are twenty and twenty-one if you will show them to us." If our records are at all correct, we have already inducted all of those that we can possibly touch.

In spite of all of this, the Selective Service System is very much interested in the next freshman class in the medical schools and those classes which are to follow all the way through 1949. It is necessary, though, that we look to see what we have on hand to meet our primary obligation to the Army. This is actually an estimate of the situation and as long as the armed forces call for approximately the number they now need, there is no other source from which the Selective Service can supply their needs. There are, attaining the age of eighteen, approximately 100,000 youths each month. Experience has shown us that of those 100,000 youths, 25,000 will be found physically or mentally disqualified for service. That leaves 75,000 available for possible induction. Experience has also shown us that out of that group 25,000 voluntarily enlist by the time they are eighteen years of age. By so voluntarily enlisting, they have the choice of their service. That leaves us 50,000 men available for induction, or for some other disposition.

At no time since Pearl Harbor has the call upon the Selective Service System from the combined armed forces been as low as 50,000, and I can assure you that it is some distance above 50,000 through November and December of this year.

In addition to the armed forces, out of this 50,000 must come those men whom we are required to defer under the Tydings Amendment to the Act. and in addition to those farm boys, we have a num-

ber of ministerial students as well as appointments to the Army Academy at West Point, and the Navy's Academy at Annapolis. Occasionally there are other "hardship" cases which must come under consideration, as well, so out of the 50,000 we are required to supply more than 50,000 to the armed forces as well as to defer those men who have special privileges under the law.

Colonel Fitts has told you that the Army's figure for an army of occupation is going to be somewhere around 1,900,000 men. If you subtract 125,000, which I believe is the maximum that the Army was ever able to enlist in a peacetime service, from 1,900,000, it leaves us with 1,775,000, with 75,000 men, approximately, going into the services per month, and we divide that 75,000 into 1,775,000, and we will find that it will take better than twenty-three months to have a complete turnover; in other words, the man who goes into the service cannot expect to come out for twenty-three and a fraction months; that is, when we take every man.

From this it is quite apparent that there are no young men who are physically qualified for general military service available for pre-professional study unless men who have served and who are earning and have earned the right to discharge, are held pending further replacement, and even so it would be distasteful for a veteran to be denied a place in the medical school because some young man deferred for the purpose of medicine, happened to get accepted in a medical school first.

As I have already stated, General Hershey is tremendously interested in the medical classes. You have sold the bill to him and he wishes to point out to you the availability of certain classes of men. On September 1 of this year, in accordance with our inventories, there were available 880,319 men twenty-two years of age who had served, who have satisfied the Selective Service in their liability to the military forces, or were classified in Class 4-F, or who have been placed in a limited service classification, none of whom the armed forces are taking now except some myopics, and we are thoroughly cognizant of the fact that somewhere around 50 per cent of those, or maybe a little better with the 4-F group—those who were physically or mentally incompetent to serve—but where every man counts in such a tight manpower situation, we feel consideration should be given to those in that group who are qualified to study medicine, and there is no disposition on our part for the standards of medicine to be lowered.

In addition to this, on September 1, the armed forces combined were releasing about 50,000 men per day, and perhaps that number has not carried through from the first day of September, but the tempo is gradually increasing. Several days ago it was above 50,000

men. These men have served and they have fulfilled their obligations. The nation is indebted to them, and those who are qualified to follow their ambition should be encouraged and assisted in every way possible. On September 1 there were of these discharged men 566,331 under twenty-six years of age. I have to give you these as under certain ages because that is the way the breakdown is made by the statisticians. It seems to us that among this number there may be found a sufficient number of men to enter the premedical courses and prepare themselves for medical colleges.

We know that the time is short to prepare a man for premedicine by the opening time of 1946, but there evidently are among these men many who have in part prepared themselves, and we are impressed with the fact that from Europe particularly, there have come a number of letters indicating that educated men who have been drafted and who have served in the Medical Department, have created within themselves an interest in medicine by virtue of their service, and when they return, they will, perhaps, care to pursue those courses further. It is for you medical educators to determine their qualifications. The Selective Service System does not presume to approach that point. These men will be available, some of them, in 1946. Subsequent to 1946 there will be, of course, still increasing numbers.

We have heard that the Navy is going to stop its V-12 program, but then they were not going to turn them over to the hard-hearted Selective Service System. I was a little surprised when I learned, and I did learn it here, that the Army likewise will hold onto them and cast around them this reserve status so that the Selective Service can not approach them, if it becomes necessary to stop the A.S.T.P. I did not know that the Army looked on us as being so terrifically hard-boiled. But it matters not—I can tell you, as many of you already know, provision is made or has been made long since for the deferment of bona fide medical students and these men, if they are discharged, will be bona fide medical students, and as long as they continue to pursue, satisfactorily to you, their courses in medicine, the Selective Service System will consider them for deferment.

Now an explanation on the establishment of the Selective Service System and just some of the things that happen within it: From letters and from telephone messages and telegraph messages we receive from the deans, we are not confident that you understand that every local board is more or less autonomous. It has the right to classify, and it alone has the right to classify, subject to appeal. If a medical student is classified in Class 1-A, that is, available for military service, there is nothing that we can do in Washington, except to call the attention of the State Director to that fact and ask

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him to look into the case, with the idea of appeal. Of course, if it comes down to a hard-boiled question of whether the local board will permit an appeal, or whether it will be heard or not, after the appeal time has run out, we have interfered. We have interfered at the request of a number of you gentlemen, but the appeal period is ten days, and you or the student, the registrant, has the right to appeal within the ten day period. It behooves you to exercise that right before any representation is made to the national headquarters. See that the student who is classified in Class 1-A—and, of course, I am confining this to the student who is academically satisfactory to you and whom you wish to continue in school—see that his 1-A classification is appealed to the appeal board within the state within the ten day period. That appeal must be passed on if the time limit has not expired. As I say, I cannot promise you that national headquarters is going to reopen the question after the ten day period has expired, but I will tell you—and some of you know that we have done it—when a case is appealed, it must be heard by the appeal board, and it must be that appeal board which is in the jurisdiction where your school is located. That is by act of Congress, so there is no getting around that.

The appeal board ordinarily has a little broader vision of the subject, and they are ordinarily quite liberal in their medical student deferments. If they are not, and there is a split vote, you still have the right to appeal. You have the right to appeal to the President. If there is no split vote, and they place the man in Class 1-A by unanimous vote, you cannot appeal to the President, but General Hershey can, so can the State Director. You have friends who are State Directors, and I hope that we are all friends. So some of you know well what to do there.

There is just one other statement that I wish to make. The Selective Service System is no longer interested in the accelerated program. If you decelerate, we will continue the development of these bona fide medical students whom you are certifying through the vacation period.

Father Schwitalla: Under what regulation is deferment now taking place, the deferment of medical school—it is not occupational deferment, any more?

Colonel Eanes: Oh, yes, it is. We don't differentiate it from occupational deferment. We carry them in Class 2-A under our occupational classifications. We don't differentiate them, and we consider you are the employer. That has been ruled long ago, to meet with our regulations.

Father Schwitalla: What happens if the appeal board of the man's primary board, the local board, wants to pass on the appeal, rather

than the appeal board of the school of medicine? Have they a right to do so?

Colonel Eanes: No, sir. They cannot do it because the act of Congress says it will be referred to the appeal board having jurisdiction at the principal place of employment. Gentlemen, this is the first time I have been before you, but I am certainly appreciative of the consideration and the entertainment which I have received at your hands.

Question: Suppose that this vacation period when we go into deceleration—vacations would be as long as six or nine months—would you still defer those men?

Colonel Eanes: No, sir, I should have said “normal.”

Question: Some schools have possibilities of stopping in April and beginning in October.

Colonel Eanes: We have not considered that, and we have considered the vacation period as only approximately three months.

Question: You would not be disposed to defer a man even though he were still in school and waiting?

Colonel Eanes: I think that would be considered abnormal.

Dr. W. C. Davison (Duke University): Has the local draft board the right to defer a premedical student?

Colonel Eanes: Yes, sir. It has the right to defer a premedical student, but it is contrary to the policy of the Selective Service System that one should be deferred, and the State Director and Director of the Selective Service, again, has the right to appeal.

Dr. Davison: Would it not be more profitable for the country as a whole for the premedical student to be deferred? He could serve these twenty-three and a half months as a medical officer, considering the needs of the Veterans' Bureau, and the Army and the Navy?

Colonel Eanes: You are figuring so far into the future that we simply cannot figure that far, and how will we make our call while this man is being deferred to study premedicine, and some other man is being held in the armed forces an extra long period of time, so that he may study medicine? Why not let this man who has served his two years come back and take his premedicine and medicine?

Dr. Davison: Would he go back to serve as a medical officer after he had served his two years?

Colonel Eanes: You are getting into another question there. I am afraid you have been listening to some of the dischargees of this particular time, but if our memory serves us right, they were very much disgruntled when they came out in 1918 and 1919, but they had a change of heart, you know, later on, and some of them had reserve commissions and held onto them and did good work in this war as well.

Dr. A. J. Carlson (University of Chicago): Colonel, you spoke of three months' vacation or six months' vacation. In ordinary times we know that some of the ablest students in all the medical schools frequently spent three months or even six months not in courses but in special research problems, special research tasks that were tasks that contributed materially to their training and their qualifications as doctors. Would you take that into consideration at all?

Colonel Eanes: I don't think so. We feel that we have made a considerable concession when we—and incidentally, gentlemen, I might tell you that we are simply trying to give to the doctors as much of that which we are forced to give to the ministerial students, and we have been forced to give them this vacation period, which is a normal period, just through the summer, or what is considered a normal period in this country. The ministerial students must have it, and we are trying to treat the doctors as well as we have to treat the preachers, and then we are taking into consideration your desire to go back to your normal program.

President Furstenberg: I should like to call your attention to the presence of an honored guest who has joined us this afternoon. I am going to ask him to rise, please—Dr. Henry S. Houghton, Dean of the Pekin University Medical College of China, recently released from three and a half years of imprisonment. Dr. Houghton! (Prolonged applause.)

Adjournment is in order until seven o'clock this evening at dinner. (The meeting adjourned at six o'clock.)

Executive Session—Continued

The meeting was called to order by President Furstenberg at 8:35 P. M.

Report of Secretary

This report will be brief. During the past year I have kept you advised of happenings by means of memoranda. An annual review is therefore not necessary. I can assure you that your headquarters and all other officers have been on the qui vive every moment with an eye out for your interests. Failure to achieve an aim has not been our fault. We have always done the best we could under all circumstances. Never could we exercise complete control.

You have been advised of our efforts to ensure a student body for 1946 and for the succeeding two or three years by easing of Selective Service regulations. So far we have failed. We have done all we could to secure the release of essential faculty members. In that

we are succeeding although not as rapidly as you wish it done. You will hear more about that later from representatives of the Army and the Navy.

We have worked hard to secure release from the 9-9-9 program. It is in the offing, again not as you wish it but it is an easement. Interns will again be permitted to serve 12 months beginning July 1, 1946. However, the placement of residents will be taken over by the Army. Colleges and hospitals will not be allowed to advance interns to these positions. On the termination of the internship the incumbent will be called to active service. More about that later.

You have been advised that the Navy V-12 training program will be discontinued next month. Students enrolled in this program may continue their medical studies as civilians, paying their way, or accept assignment to the fleet.

The Army Specialized Training program will be discontinued at the end of the present fiscal year (June 30, 1946) unless Congress appropriates funds to continue the program.

In any event, colleges may now plan to decelerate by next Fall even if the A.S.T.P. is continued. Selective Service has intimated—and will announce definitely later today—that medical students will be given deferment even during the vacation period between annual sessions if it does not exceed three months in duration.

I would like to call your attention to two items: (1) The Journal. I hope that you have noticed the large increase in advertising—more than 100%—during the past year. Also, the fine appearance of these ads. They are most attractive. I bespeak for the advertisers your full support. To them must go the credit of making the Journal not only self-supporting—for the first time since it was established in 1926—but actually contributing nearly \$1,500 to the income of the Association.

Again, I must request you to send in news items. Collecting news from many sources is not only a difficult but an unreliable job because of lack of assurance of authenticity. So, please, delegate to some one in your office the job of sending me news. Anything and everything that happens is news. A few schools have a news service, which is a splendid effort. It helps, also, to keep your school in the public eye.

The Journal mailing list should be corrected. The war has brought about many changes in faculties. You can be very helpful if you will send in a list of names to go on the mailing list. You are entitled to receive up to 50 copies of the Journal as a part of your annual dues. Please do this now.

I will also appreciate your sending me as quickly as possible the

report on the accomplishment of your students for the session ending in 1945. Not all these reports have been received. Checking is difficult because of the variation in time of ending of sessions. We do the best we can—but we are shorthanded and there is much to do. If you give us a little help, we can make the grade.

The membership remains unchanged.

Fred C. Zapffe, Secretary.

Report of the Executive Council

Dr. E. M. MacEwen, Chairman of the Executive Council, presented this report, which was acted on ad seriatim.

1. Wayne University College of Medicine. A progress report was filed with the Secretary by Dr. Smith, Chairman of the Executive Council of the College of Medicine.

The Executive Council recommends the acceptance of this report of progress.

A motion to concur was made, seconded and carried.

2. University of Buffalo School of Medicine. Similarly a report of progress at the University of Buffalo School of Medicine was received from Chancellor Capen of the University of Buffalo.

The Executive Council recommends the acceptance of this report.

A motion to concur was made, seconded and carried.

3. Hahnemann Medical College and Hospital of Philadelphia. Dr. Von Rapp, Dr. Scott, and Mr. Wilford, Secretary of the College Committee of the Board of Trustees, appeared before the Council and reported on progress made since the inspection by Dr. Zapffe and Dr. Victor Johnson some months ago.

At the June 4, 1945, meeting of the Executive Council it was voted to recommend that Hahnemann Medical College and Hospital be placed on probation. The Council on Medical Education and Hospitals of the American Medical Association has already taken such action. The Executive Council at this time recommends that this action be confirmed.

It further recommends that the report of progress be accepted.

On motion these recommendations were adopted.

4. What credit shall be given to students in foreign universities seeking admission de novo or for advanced standing in medical schools in the United States?

The Executive Council makes the following recommendations :

When an approved medical school wishes to consider an application from a student presenting credentials from a foreign university for admission with or without advanced standing, the following be adopted as a uniform procedure.

(a) That only credentials sent directly from the foreign school to the American school be considered.

(b) That the applicant meet the admission requirements of the school to which he is applying and that his credentials be evaluated, preferably by examination, by the University Examiner of Credits or by the usual agency of the medical school.

(c) That medical school subjects be evaluated, preferably by examination, by professors who teach those subjects in the medical school to determine the competency of the applicant in those fields.

(d) That not more than two years of medical credit be allowed for work done in a foreign school.

(e) That the candidate be advised that meeting these requirements and graduation is no assurance that he will be eligible for licensure in the United States.

(f) That applicants from a foreign university for admission to the freshman class be requested to take one year of premedical work in an approved American college of liberal arts before being given consideration for the study of medicine.

On motion, duly seconded, these recommendations were approved and adopted.

5. The Executive Council wishes to reiterate action taken some years ago to the effect that no approved medical school can give any credit for time or work not done in an approved medical school.

No action required.

6. Credit to be given to veterans for courses taken in the Armed Forces Institute.

The Executive Council recommends that credit given by the Armed Forces Institute and accepted for credit toward a degree by an approved college of liberal arts be accepted by medical schools as elective subjects but in no sense shall they replace the required courses in the laboratory sciences.

Moved and seconded to approve. Carried.

7. Attitude of the Association toward discharged medical officers, graduates of unapproved medical schools, who are seeking post-graduate study.

The Council recommends that it be the sense of the Association that veterans applying for review or refresher courses, primarily of a didactic and demonstration nature, may be accepted by member institutions in accordance with their own rules and regulations.

Moved to approve; seconded and carried.

Report of the Committee for the Promotion and Protection of Animal Experimentation in Biological Medicine and Dental Research and Teaching appointed by the Executive Council at the last annual meeting of the Association.

The report proposes that a committee on public relations be set up supported financially by medical schools and various groups and organizations.

The Executive Council recommends the adoption of the report and suggests that the scientific organizations named in the report be invited to join in the formation of this new organization.

Approved by a unanimous vote.

9. The University of Puerto Rico has set up 50 annual scholarships to be granted for selected students who wish to study medicine in the United States and has asked the Association to endorse this plan and participate in its operation.

The Executive Council recommends that the Secretary, after consultation with Dr. O. Costa Mandry and Dr. Morales Otero of Puerto Rico appoint a committee to assist such medical schools as wish to do so in the selection of students from Puerto Rico.

Approved.

10. Communication from the University of Virginia regarding student Musgrove seeking permission to admit this student to the second trimester of the second year.

The Executive Council recommends that the University of Virginia be permitted to waive the entrance requirements in the case of this student but that time credit for courses not taken in the medical school is a legal factor which the school must work out itself.

Approved.

11. Communication from Dr. Whipple regarding teaching of preventive medicine and public health.

The Council was of the opinion that this is an institutional matter and requires no action by the Association.

12. Statement of the Subcommittee on Education of Physician Veterans of the Committee on Postwar Medical Service submitted to the Senate Finance Committee for inclusion in the proceedings of the hearings on amendments to Public Law 346 (H.R. 3749) "The G. I. Law." (Signed by Frederick A. Collier, Victor Johnson and Alphonse M. Schwitalla, S. J., Chairman.)

The Executive Council recommends the adoption of the requested amendments suggested by this subcommittee which are as follows:

1. That there be introduced into the Act, in whatever places it seems necessary, the provision that hospitals, approved for residencies by the Council on Medical Education and Hospitals, be declared eligible to receive tuition payments for their education of assistant residents and residents, and, where necessary, interns, when such hospitals can demonstrate that such education involves the expenditure of hospital funds; that this payment should be made, even if the hospital is at the same time employing non-veteran civilian physicians without charging them tuition, and even if the hospital has never in the past made a tuition charge for such education.

2. That physician veterans, otherwise eligible to receive the benefits provided by the Servicemen's Readjustment Act of 1945, should be considered and declared to be "Students" for the purposes of the Act, while they are acting as house officers or assistant residents or residents in a properly approved hospital which has submitted evidence of the soundness of its educational program, and which has been approved by due processes of the Council on Medical Education and Hospitals; this status as "student" in no way contravening this student's right to an honorarium paid to him by the hospital in which he receives his education nor his right to full maintenance benefits as provided in the Act, even though the hospital, under certain conditions and in certain situations, requires him in the fulfillment of his educational program to live within the hospital and to receive from the hospital his entire or his partial board; provided that the total value of the benefits under the Servicemen's Readjustment Act, together with the hospital stipend, inclusive of room and/or board, do not exceed the usual salary or income from practice for a physician beginning the practice of medicine.

3. That all physician veterans be declared eligible for the educational benefits conferred by the Act, whatever may be their age, and even though they have been holders of the M.D. degree for years, since many holding such a degree are, by reason of their service with the with the Armed Forces, less qualified for the civilian practice of medicine, and many others have been deprived, by their service with the Armed Forces, of opportunities for securing that degree of education which would qualify the physician as a specialist, particularly since specialists in medicine have been prepared in vanishingly small numbers during the last four years, to the highly probable detriment of the nation's health.

4. That when a physician veteran chooses to follow a short term general refresher course or a short term course in some special phase

of medical practice, general or specialist, the Veterans' Administration be required to pay tuition for such a course to the institution in which it is taken, not on a pro-rated basis, but on the basis of the equal and usual charge which the educational institution customarily assesses or assesses for this particular course, against non-veteran civilian students.

5. That a special declaration be included in the Act permitting discharged medical officers during their terminal leave to begin their medical studies even before the expiration of their leave, provided that they be considered eligible for veterans' benefits immediately upon expiration of their terminal leave or their discharge.

On motion, duly seconded, it was voted unanimously that the Association endorse these recommendations.

13. The Executive Council recommends that specialty boards be requested to accept as meeting the requirements for specialty board certification service in a hospital which cooperates with and is sponsored by a medical school as equivalent to their own service.

Approved.

14. Louisiana State University School of Medicine.

The Council recommends that no action be taken regarding this institution until further information is received.

15. Dr. Walter L. Bierring, Secretary of the Federation of State Medical Boards, presented a report on certain licensure problems affecting the medical officer returning to civilian practice which was originally presented to the Committee on Postwar Medical Service on September 22, 1945. He stated that a copy of this report would be sent to the dean of every medical school.

Dr. MacEwen: The next matter should be action on the Report of the Committee on Revision of the Constitution and By-Laws. Following the last meeting a committee was appointed, consisting of Father Schwitalla, Dr. Diehl and Dr. Zapffe. They got the conditional recommendations in to the Council too late for consideration, but these should be in your hands before long and will be brought up for action at the annual meeting next year.

Father Schwitalla: The points the Committee has had under consideration, and the changes that have been suggested from various sources are briefly these: A method of defining more fully in the Constitution the character of this Association, first, its organic structure, and, second, its particular character as an evaluating and approving agency, and, perhaps, even as an accrediting agency. The technic adopted was to throw as much of the organizational detail into the Constitution as necessary to define the powers and the nature of the Association, reserving for the By-Laws as much of the technic

of carrying out or achieving the purposes, as can be put into By-Laws. We suggest there should be two kinds of membership, institutional membership, and personal or associate membership. The institutions are the constituent members of the Association. The entire faculty of the school will be associate members. This brings about a result that this Association has long desired, namely, to bring home to the schools that the entire faculty of the school is a member of this Association and should be called on to serve the Association.

Then there is a very important definition of the Association's function as a school approving agency. It defines the approval of a school or college of medicine by the Association as establishing the members of the school of medicine as constituent members; the details as to how membership can be secured should be left to the By-Laws.

The powers of the Executive Council are defined in detail. There are details concerning the procedures for dropping and reinstating an institution and putting one on probation, and recalling into membership; and, finally, in the Constitution and By-Laws there is a definition of the officers which is open to a great deal of debate, and perhaps to considerable study.

Dr. MacEwen: It is planned to have this report brought up at another meeting of the Executive Council and then sent to the member colleges for suggestions.

Next is a report on the accelerated program.

The Executive Council recommends that the Association urge and request the War Department to discontinue the accelerated program, the Army Specialized Training program, and that all schools at the end of the present academic year drop the accelerated program and resume the regular program.

Approved by a unanimous vote.

16. The Executive Council recommends the adoption of the following resolution:

Whereas, The hospital residency is generally recognized to be an essential educational experience in the various special fields of medicine, and

Whereas, The hospital residency is required by the several specialty boards as prerequisite for admission to examinations by those boards.

Be It Resolved, That the Association of American Medical Colleges requests the Federation of State Medical Boards to effect such changes in their respective state laws or regulations as will permit graduates in medicine to pursue such educational opportunities as are approved by the specialty boards, the Council on

Medical Education and Hospitals of the American Medical Association, and their respective boards without formal licensure to practice medicine during this period of training.

Approved.

17. The Executive Council approved the Report of the Treasurer.

18. Supply of medical students for 1946 and thereafter.

The Executive Council urges that member colleges do not lower standards of admission during this critical period.

Dr. MacEwen: The Council recommends that the Association request the Army and Navy to discontinue the 9-9-9 program and continue present appointments and all subsequent appointments for a period of not less than twelve months.

Dr. L. R. Chandler: We ought to go on record as expressing our opinion about this. We did not get a chance to do so today. We were told by official representatives of Government agencies that they had decided that there were not going to be any more assistant residents or residents who held commissions, after July 1, 1946. I suggest that we ask for a vote and put ourselves on record.

Dr. George Packer Berry (University of Rochester): I think we are all agreed that we want to bring into our hospitals as many veterans for assistant residency and residency training as we can. Our objectives coincide with the objectives of the Army and the Veterans' Administration. We have built up a continuing service of internship, assistant residency and residency which has been the main line in teaching activities with clinical opportunities. I agree with Dr. Chandler that for the Association to accept a recommendation of the services without discussion that nobody can be maintained in hospital service beyond an internship, is not desirable. There will be cases where the best teaching interests demand that we keep certain individuals for further training.

Dr. Chandler: My point is simply to put ourselves on record that the plan is educationally unsound; that we would like to get off the 9-9-9 program, continue the present appointments for twelve months, and all subsequent hospital graduate training appointments for twelve months.

Approved unanimously.

Dr. MacEwen: The next resolution seems to be very much to the point after what Colonel Eanes said today.

"The Council recommends that the Association request the Army and Navy to release bona fide premedical students who have been accepted for admission to medical schools."

Approved.

Dr. MacEwen: The Executive Council recommends that the Association urge the release of essential medical teachers at the earliest possible date, particularly since they are so badly needed for the instruction of veterans.

Approved.

Dr. MacEwen: Most of you are familiar with the meetings that were held during the past year at the request of Dr. Bush, to discuss the possibility of some sort of foundation for research supported by the Federal Government. Several bills have come out in Congress recently on this but in particular two bills have been advanced, one by Senator Magnuson, of Washington, and one by Senator Kilgore, supported by Senator Johnson, of Colorado, and Senator Pepper. The Magnuson bill was put out very much in line with the proposals of Dr. Bush's report, and very much in line with the meetings held all over the country by most of you people here represented. We were called to Washington last Monday and Tuesday to meet before the Senate Committees on these bills. I stated that although I was representing this Association, I could only speak for myself, but that we were to meet this week and I would present to the Council and the Association a resolution; namely, that the Executive Council recommends that the Association go on record in favor of the Magnuson Bill providing for the organization of a National Foundation for Research.

I had a long distance call from the chairman this morning, in which he asked me to urge upon the members of this Association to write a letter to the members of the respective committees, sending a copy of those letters to Senators Kilgore and Magnuson, and also to your own Senators and your District Representatives. There has been introduced into the House another bill which is very similar to the Magnuson bill and if this bill is lost in the Senate, they will try to fight it along the line suggested by Dr. Bush and the Committee up through the House, but they feel if we could get enough letters in to the Senate, we might get the revisions in the present bill that would be satisfactory to the science groups.

A motion was made to approve.

Dr. H. S. Diehl: Since it is unlikely that the Magnuson bill will be passed and the same is true of the Kilgore bill, would it not be better for this Association to express its endorsement of federal support of medical research along the line of or in accordance with the general principles set forth in the Bush report? I make this an amendment to Dr. MacEwen's suggestion.

On motion the amendment was approved and the original motion as amended adopted.

Report of the Committee on the Promotion of Medical Research

Your Committee for the Promotion and Protection of Animal Experimentation in Biological, Medical and Dental Research and Teaching appointed by the Executive Council at the last annual meeting of the Association offers the following recommendations:

1. That the Association sponsor an organization to be known as the National Commission for the Protection of Medical Science.

2. That the general functions of the Commission be three fold: (a) Education of the public relative to the necessity, importance, humane character, and accomplishments of animal experimentation in medicine and biology, through all available channels of information; (b) Aid in preventing the enactment of national and local legislation restrictive to animal experimentation, assistance to local groups to be upon request; (c) Promotion of legislation providing for the protection of animal experimentation in medicine and biology.

3. That the following organizations and others be invited to endorse the Commission:

American Medical Association
American College of Physicians
American College of Surgeons
American Surgical Association
Association of Military Surgeons
American Dental Association
Association of American Dental Colleges
American Pharmaceutical Association
American Association of Colleges of Pharmacy
American Veterinary Association
Association of Colleges of Veterinary Medicine
American Public Health Association
American Federation of Societies for Experimental Biology
Society for Experimental Biology and Medicine
American Chemical Society
American Association for the Advancement of Science
American Association for Adult Education
National Academy of Sciences

American Association of Scientific Workers
American Red Cross
National Foundation for Infantile Paralysis
American Cancer Society
National Drug Manufacturers Association

4. That a temporary, organizing Board of Directors of the Commission be appointed on a regional basis by the Executive Council on recommendation of the Committee presenting this report.

5. That the location of the central office of the Commission be determined by the temporary Board of Directors.

6. That the executive staff of the Commission tentatively consist of a Director, an Assistant to the Director, a Secretary and a Typist, the Director to be appointed by the temporary Board of Directors.

7. That the initial budget of the Commission be approximately \$30,000 per year.

Your Committee has already circularized the member institutions of the Association to determine tentatively their willingness to support financially an activity of this type. The circularizing letter sent in May, 1945, suggested \$400 and \$200 per year for five years for the more and less heavily endowed medical schools, respectively. To date, 29 replies have been received from the 84 schools. All of the replies were favorable to the proposal. Twenty institutions indicated their willingness to accord financial support totaling \$5,000 per year. Eight schools were sympathetic but unable to contribute, chiefly because they are state institutions. One school is still considering. Your Committee suggests that the 55 schools not heard from be approached again if the Association decides to sponsor the Commission. The large research institutes and the ethical pharmaceutical houses will undoubtedly wish to contribute. Additional funds should be available from the proposed endorsing organizations listed above and from other sources. In any event, there should be no difficulty in meeting the budget suggested.

Your Committee stands ready to cooperate further in every possible way toward the establishment of the proposed Commission.

A. J. Carlson, Chairman
R. B. Allen
L. R. Chandler
A. C. Ivy
C. I. Reed
P. A. Shaffer
G. E. Wakerlin, Secretary

Dr. Carlson: You have the report before you. I will not be satis-

fied with a mere pro forma approval of this report. A positive vote or a negative vote has got to come from the house. You saddled this burden onto me a year ago, and I have no courage to go on unless there is genuine interest, understanding and approval by this group. This group must take the initial responsibility, although the plan is that this Commission, when once established, should be more or less independent. It undoubtedly will receive financial support from many sources. It is about time that we begin to educate the public against the fanaticism of antivivisection which is growing in this country. The name suggested may not be the best, but the important thing is the establishment of a temporary board of directors, which should be appointed by your Executive Council.

Dr. Raymond B. Allen (University of Illinois): If we approach this problem in a realistic and, perhaps, an aggressive way, we can do something about it that will conform to modern conceptions of public relations and adult education. I was disappointed that more schools did not respond to the Committee's request for some evidence of your willingness to support this enterprise. Some twenty institutions responded. Some eight institutions indicated they were very sympathetic, but for one reason or another would not be able to commit themselves to a financial contribution. Not heard from were some fifty-five institutions. There are a number of organizations and institutions on which I am sure we can rely for a very substantial contribution. Public relations officials we have consulted have indicated that if we raise \$30,000 annually for a period of five years, we could employ a director who would have had some experience in the field of science writing and some contact with legislative problems who is interested in the future of medical science, and who would organize a program that would be of tremendous benefit to each of us whenever these problems arise. This plan is as broad as public relations itself, and I am confident that if this Association will accept the percentage of this project, that it will be off to a successful start.

A motion to adopt this report and to approve of the suggestions contained therein was made, seconded and carried.

Report of the Committee on Internships

The following resolutions were adopted by the Committee on Internships on the assumption that the 9-9-9 program of internships and residencies is now being modified with the approval of Procurement and Assignment Service and the military services.

The minutes of the meeting held in Detroit in 1944 having been sent to all members were approved.

The Chairman reported that the agreement entered into in Detroit by the Association while not observed completely by a few medical schools and hospitals, had been followed by most of the institutions in the country and had resulted in a very great advance in bringing order out of a chaotic situation. The advantage of this year's experience it is anticipated will bring about full cooperation during the coming year. The essential ingredients of this advance were the participation in the agreement by the Association, the American Medical Association, and the three national hospital associations with consequent assumption of responsibility by the parties concerned.

A proposal to revise the educational criteria for an internship acceptable to the medical schools proved to be not feasible during the present wartime shortage of personnel. However, it was reported that the New York Committee for the Study of Hospital Internships and Residencies has secured a grant from the Commonwealth Fund to undertake a two year experimental project in two non-teaching hospitals to set up a teaching program for house staffs similar to university hospitals, under the supervision of half time directors of house staff education. Subsequent reports will be made to the Association concerning the results obtained.

Applications and credentials for internships to begin by July 1, 1947, shall not be released by the medical schools nor received by the hospitals before June 1, 1946.

Hospitals shall not issue the acceptances of interns, either written or verbal, before July 1, 1946.

The prospective intern's acceptance or rejection of such appointments shall reach the hospital on or before July 8, 1946.

A proposed uniform application blank was submitted by a special subcommittee composed of Mr. E. I. Erickson, American Protestant Hospital Association; Rev. J. W. Barrett, Catholic Hospital Association; Dr. H. V. Hullerman, American Hospital Association, and Dr. J. A. Curran (Ex-Officio) Association of American Medical Colleges.

After the above resolutions have been considered those approved will be printed on the back of the blank for the guidance of both hospitals and medical schools. This blank will then be referred to the American, Catholic and Protestant Hospital Associations with a recommendation that it be approved by each and adequately publicized in the hospital journals and through other channels.

Jean A. Curran, Chairman.

Name and Address of Hospital

ATTACH
PHOTOGRAPH

APPLICATION FOR INTERNSHIP from..... to194....
 NameDate of birth
 Address (Home)Birthplace
 Address (Present)Sex..... Race.....
 Marital State..... Citizenship..... Religion.....
 Dependents.....
 State of health.....
 Present and previous military service.....

 Premedical college.....Year completed.....
 Degree or number of years college preparation.....
 Advanced work and degree.....
 Medical schoolName of dean.....
 Graduation dateDegree
 Does school require internship before awarding M.D. degree?.....
 National Board and State Board examinations—dates taken and results

 Membership in organizations (professional and others).....

 Practical and hospital experience.....

 References

 Remarks.....
 Date..... (Signed).....

Dr. J. A. Curran: For the benefit of the newer members of the Association, I should tell you that this Committee on Internships is a regional committee. The country is divided into eight regions, and the Chairmen are: Dr. L. R. Chandler, Region 1; Dr. J. P. Tollman, Region 2; Dr. H. S. Diehl, Region 3; Dr. A. C. Bachmeyer, Region 4; Dr. Dwight O'Hara, Region 5; Dr. R. H. Oppenheimer, Region 6; Dr. Wm. Pepper, Region 7, and I am the Chairman of Region 8, and Chairman of the General Committee.

Since the last meeting of the Association there have been two meetings of this Committee. One was held in Chicago, at the time of the Congress on Medical Education, and to that meeting were invited representatives of the three national hospital associations, and a representative of the A. M. A. sat in with us. At that time we drew up additional agreements to implement the motion made by you last year, namely, to defer the placement of our students in internships until the conclusion of the junior year. You are all familiar with what

has happened since that time. On July 23 we prepared another list of internships throughout the country and that has been sent to you. If any of the newer deans do not have a copy, if you will let me know, I will see that you have one. These lists are confidential, not to be published, or shown to the student, but are for the guidance of the deans in advising the students about internship placement. A uniform application blank has been prepared. It has been approved by the three hospital associations and by the A. M. A. If you approve of this blank, the new regulations will be printed on the back of the blank, so that each applicant, the hospital and the medical school, can refresh their minds as to the agreement.

On motion duly seconded, the report was received and the recommendations contained therein were approved.

Report of the Joint Committee on the Teaching of the Social and Environmental Factors in Medicine

The general aim of this project, which was approved at the autumn executive session of the Association in Detroit, is to prepare a report on objectives and methods in the teaching of the social and environmental factors in medicine. It is a cooperative undertaking with the American Association of Medical Social Workers and is being carried on under the auspices of a joint committee of the two associations.

Major effort in 1945 has focused upon obtaining data about this teaching through field visits to about a dozen medical schools in different parts of the country. The visits are made by a medical educator and the Executive Secretary, Miss Bartlett. The present team of medical surveyors consists of: Dr. William W. Beckman of Harvard, Dr. E. Gurney Clark of Washington University, St. Louis, and three members of the Long Island College of Medicine staff: Dr. Thomas D. Dublin, Dr. Fred L. Moore, and Dr. J. A. Curran. Up to the present the following eight schools have been visited: Harvard, Long Island College, Meharry, New York University, Pennsylvania, Tufts, Vanderbilt, and Yale. The schedule for the rest of the year covers the Universities of California, Stanford, and Iowa in November, and Cornell and Washington University, St. Louis, in December.

The surveyors spend from several days to a week at each school. During the visit they observe the teaching, confer with faculty, house staff and students, and review written material. They are chiefly interested in learning the extent to which consideration of social and environmental factors enter into the curriculum, whether as a part of the basic instruction or in special courses or projects. This means

that they endeavor to get a picture of the whole curriculum as well as specific illustrations of this teaching. A factual report of from 20 to 50 pages is prepared on each school and submitted to the school for criticism. This material will be the basis for the final report of the committee.

A meeting of the full Joint Committee was held in May and another meeting will be held when the first draft of the report is completed. A small executive committee meets more frequently under the Chairmanship of Dr. J. E. Rhoads, Assistant Professor of Research, University of Pennsylvania, to direct the progress of the study. The project is supported by a grant from the Milbank Memorial Fund and we have assurance of continuance of support in 1946, including the necessary arrangements for the publication of the report. We expect to begin work on the final report early in 1946 and to have it ready for publication later in the year. The objective is to show the most successful methods of carrying on this teaching up to the present and the problems that must be solved for its effective future development.

Questions have naturally arisen as to the suitability of such a study during war time. In our medical school visits we take into account not only the present teaching but the normal prewar program and the plans for future development. More instances of expansion than curtailment of this teaching under wartime conditions have been observed. At all visits so far we found a great deal of interest among members of the faculty, administration, and students. There is increasing evidence of the need for some straightforward presentation of this subject at this particular time, when medical schools are planning their return to the four-year curriculum. The fact that two of the schools visited were in the process of revising their curricula so as to give emphasis to this teaching is a confirmation. It seems clear that this study is timely and practical in relation to a widely felt need.

(Signed) J. A. Curran, M.D., Co-Chairman.

On motion, duly seconded, this report was received and approved as a report of progress.

Report of Aptitude Test Committee

In view of the wide use of testing procedures not only by universities but by business and industry as well, your Committee recommends:

1. That the Association reaffirm its approval of some test to supplement present premedical college data on all applicants.
2. That data about the more recently suggested tests be secured

from such universities and medical schools as may now be using them or may begin to use them experimentally.

3. That the Association, as in 1934, appoint a special committee on tests, its object to be the collection of critical data on the performance of these testing devices in reasonably measuring qualities of personality or scholarship.

4. That within the limits set by currently used or recommended tests, this special committee report on what quality should be examined by the test,—whether it be scholastic or for traits of character.

5. That the present Committee be empowered to continue along the lines now in effect and to inaugurate an autumn test for use during the current season. If the autumn test is approved a fee of \$2.00 is recommended.

Worth Hale, Chairman.

Approved.

Report of Representatives to Advisory Council on Medical Education

Dr. MacEwen: Your representatives to the Advisory Council met in February last year and were advised to proceed to develop a program on restudy of premedical and medical education. Attempts were made to get something on record, but because of the shortage of personnel, no one was willing to undertake the task. Further consideration by the Committee indicates that it will require a great deal more money than we have available. Five thousand dollars was appropriated by one of the foundations to do this, and until a full time person can be obtained and paid and an appropriate amount of money procured, we see no hope of getting a report.

On motion, the report was received.

Report of the Representative to the Advisory Board for Medical Specialties

Dr. Donald C. Balfour (University of Minnesota): The meeting last February was paralleled very much in this discussion. Very much of the time was taken up with a consideration of what credits are to be given veterans who are eager to meet the requirements of the various boards. Definite decision was held in abeyance because with the close of the war, the beginning of the deluge is showing up for

all boards, and there will be some very difficult problems for the boards to settle, but I think the general tendency is for them to be rather liberal, without permanently lowering the requirements for certification by the boards. There was a good deal of discussion also about our responsibility to those from foreign countries who were coming up for training during the war, and just what certification might be given those who were apparently worthy of it. Dr. Titus told of the development of the new directory of specialists.

President Furstenberg: We will go on to new business, "Presentation of the case of the College of Medicine of the University of the Philippines," and we have two representatives here, Dr. Arturo B. Rotor, and Lieutenant Colonel Francisco J. Dy, M.C., A.U.S. Colonel Dy!

Rehabilitation of a Medical Center

Arturo B. Rotor, M.D., and Lt. Col. Francisco J. Dy, M.C., A.U.S.,
Representing the Commonwealth of the Philippines,
Washington, D. C.

The College of Medicine, University of the Philippines, became a member of the AAMC many years ago. Because of the long trip involved, we have so far been able to attend only one of your annual meetings. We are, therefore, very happy that today we are privileged to be with you and tell you something about our college.

Before the war we had one of the finest medical institutions in the Far East. Our medical center consisted of the Medical School, the Philippine General Hospital, the Institute of Hygiene, the Bureau of Science, the Cancer Institute, the Post-Graduate School, the College of Pharmacy, the School of Dentistry, and the School of Nursing. In addition, affiliated with this center, and used for teaching and training purposes were the San Lazaro Hospital for Infectious diseases, the Quezon Institute for tuberculosis, the National Psychopathic Hospital, an Urban Health demonstration unit and a malaria control station. The Philippine General Hospital was an 800-bed hospital used exclusively by the College of Medicine. The Bureau of Science housed the most complete scientific library in the Far East. Our curriculum and admission requirements followed the standards you have set up here. Every year the Philippine Government sent a number of young faculty members to American hospitals for graduate training. I am sure there are many in this audience now who at one time or another had one of these Filipino doctors doing post-graduate work in his department. Our average annual enrollment was about 400 and every year we graduated about 70.

In addition to our membership in the AAMC we had other close and cordial contacts with medical organizations and physicians in the United States. Our Philippine Islands Medical Association is affiliated with the American Medical Association. Exchange of papers and views between our workers and your workers was frequent. Moreover, our college was originally founded by a group of devoted and self-sacrificing American doctors, many of whom are still alive. In this very audience today are a number of distinguished men who contributed mightily to the steady growth and progress of the medical profession in the Philippines.

This Medical Center had a tremendous task to perform and grave national responsibilities. It was entrusted with the education and training of young men and women in the prevention and cure of diseases. It was also the focal point of all research activities. The Philippine Government recognized its vital role and supported it as liberally as was possible within the limitations of a moderate budget.

Then came the war and tragedy. The wanton destruction of Manila is well known to you. The Japanese burned or blasted practically all the buildings in the university area. The College of Medicine and all its equipment was a heap of rubble when I saw it the day Manila was re-taken. The Japanese planted a torpedo in the basement of the Institute of Hygiene and blew it up, destroying the library completely and damaging beyond repair whatever equipment remained. The College of Pharmacy building which housed the Departments of Biochemistry, Physiology and Pharmacology, was also burned and destroyed. The Bureau of Science was razed to the ground and its library, herbarium, and museum were reduced to ashes. About 80 per cent of Manila was burned, and with this went the books, journals, medical equipment and supplies that the city had. The scientific plant that we had laboriously built up for years and years was lost in a few nights of ruthless pillage and destruction; and our scientific program was set back at least 30 years. Even the clinical records of the hospital which had taken many years and tremendous efforts to build up, and which could not have been of any military value, were systematically burned by the Japanese.

But the spirit of our people remains unbroken. The next day after the Japanese were driven out of Manila, repair and reconstruction started. With the help of the U. S. Army, the debris was cleared from the hospital, and now although the smell of death is still perceptible among the ruins, and although the shell holes in the roof and walls have not yet been patched up, the hospital is already operating to take care of war casualties. Last August the University of the Philippines re-opened four colleges, including the College of Medicine. However, only students for the third, fourth and fifth year classes were accepted to complete their training.

Classes are held in any corner of the hospital that can accommodate a small group. Clinics and demonstrations are often done in corridors, or in the court yard which very recently had been a battleground.

The Medical Center of the Philippines must be rebuilt and the medical profession rehabilitated. We must find means to get equipment, apparatus and supplies quickly; because the need is urgent, we must train young men and women to be doctors, dentists and nurses and do it on the same high standard that permitted us to be a member of the AAMC.

We are very grateful for this unusual opportunity to make known the problems connected with the rehabilitation of our medical center because we feel that we can reach a great number of our friends through the Association of American Medical Colleges. In the course of our mission here, we have met a great many Americans who have spoken with great respect and admiration of the way in which the Filipinos have chosen to cast their lot with America, for better or worse. In Bataan and Corregidor the Japanese called on the Filipinos to lay down their arms and desert their American comrades-in-arms in the hopeless struggle. My countrymen answered that invitation in a way which is too familiar to you for me to describe again here. It is one of the proudest chapters in our history, and I hope you will remember it in your history too.

Assistance to our country and a program of rehabilitation have already been promised by the United States speaking through its highest representatives, from President Roosevelt and President Truman, to ranking members of Congress. We are concerned here with one aspect of that program, but it is such an important portion that we felt we should bring it to your immediate attention. This is the problem of the rehabilitation of our scientific institutions, more specifically, for the purpose of this meeting, of our Medical Center.

During the three years of intellectual blackout incident to Japanese occupation, scientific progress and development came to a dead stop in our country. It is necessary therefore that key members of the faculty of the College of Medicine and of the staff of the Philippine General Hospital be afforded a way of catching up with what had gone on during this time; not only must they know what penicillin and DDT are, but also what new instruments and devices are now being used to aid in the diagnosis and treatment of disease. Six months to a year's work in a big hospital in the United States for any young doctor or teacher or researcher would be a "shot in the arm" for our medical profession as a whole.

Without a library a medical school cannot function. We must, therefore, find books, journals, reprints and other publications, both

current and back issues. Apparatus and equipment will have to be secured for our laboratories, as well as demonstration models and the specimens for teaching purposes.

Perhaps there are some of you here today who are in a position to give us some assistance. Perhaps you can make available a fellowship, internship or assistantship for a Filipino doctor, who, on returning home, will in turn help a dozen or a hundred other physicians and medical students. Maybe you have nothing but an extra set of journals for which you don't have much use now. Please don't hold back. I assure you every gift, whether it is an endowment or a reprint, will be welcome. Every offering you give will be not only a token of friendship from one physician to another, but also a memorial to the cause of freedom which your soldiers, and our soldiers, so gallantly served.

Report of Nominating Committee

Dr. W. A. Bloedorn: Your Committee desires to submit the following nominations for the ensuing year:

For President-Elect:

Dr. William S. McEllroy, University of Pittsburgh.

For Vice-President:

Dr. Joseph C. Hinsey, Cornell University.

For Secretary:

Dr. Fred C. Zapffe.

For Treasurer:

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

For Members of Executive Council:

Dr. E. M. MacEwen, State University of Iowa.

Dr. L. R. Chandler, Stanford University.

President Furstenberg: Are there any nominations from the floor?

(Upon motion regularly made and seconded, it was voted that the nominations be closed. Upon motion regularly made and seconded, it was voted that the Report of the Nominating Committee be adopted, and the nominees were declared elected.)

Place of 1946 Meeting

Dr. W. C. Davison: I move we meet in New Orleans next year.

Dr. Kostmayer: I hesitated to get up and make a bid for the Association to come to New Orleans, for what is very probably a personal reason. Dr. Maxwell E. Lapham, Dean of the School of Med-

icine, at the Pearl Harbor attack, volunteered for and was immediately accepted into service with the United States Navy. He is expected back in New Orleans to assume the deanship at Tulane, almost momentarily. His orders have actually gone through. I would, therefore, be asking him to assume a burden of entertainment and provision for your welfare which he is not in a position to second. I know that that second would be very heartily given. It was my intention, therefore, if no other city got the bid, to ask Dr. Lapham in the space of a couple of weeks, to write to the Secretary and invite you to come to New Orleans. Nothing would give me more pleasure, or New Orleans more pleasure, I assure you.

The motion, seconded, carried.

Miscellaneous Business

President Furstenberg: There is one resolution I would like to present for your consideration. You heard the plan for the medical and surgical care of veterans presented by General Hawley last night. I wonder if you would care to consider this resolution:

RESOLVED, That the Association express confidence in Major General Paul R. Hawley's plan for the medical and surgical care of veterans, and recommends it in substance to the Administrator of the Veterans' Administration, General Omar N. Bradley.

Approved.

Motions of thanks to the officers, to Dr. McEllroy and his aides, and the University of Pittsburgh were made, seconded and carried by a rising vote.

Adjourned.

Wednesday, October 31, 1945, 9:45 A. M.

The meeting convened, President Furstenberg presiding.

Dr. Harold Cummins, of Tulane University of Louisiana School of Medicine, spoke on the subject, "Embryology in the Medical Curriculum."

Dr. Edward Murgage, University of Colorado School of Medicine, followed with a paper titled, "Appointment and Tenure of Faculty of Professorial Rank."

Dr. Tinsley Harrison, Southwestern Medical College, read a paper titled: "Tradition, the Rivet in the Medical Curriculum."

Drs. W. T. Sanger and A. W. Hurd, Medical College of Virginia, read a paper titled: "What the Educator Thinks the Ideal Medical Curriculum Should Be."

The paper, "Social and Environmental Factors in Medicine," by Alexander H. Colwell, University of Pittsburgh School of Medicine, was read by title owing to the illness of the author.

Dr. MacEwen: One matter is giving considerable concern to all schools: What is going to become of all the men 18 years old? Are we going to get them? You know that the bill that came up last year was blocked. Lt. Commander John B. Truslow, U.S.N., has been assigned to the Committee on Wartime Health and Education, by the Surgeon General of the Navy, and he has sent me a letter with a request. He says:

"I am eager to get the facts down in black and white on the problem of enrollment in medical schools, in order to ascertain whether we need any legislation on the subject, and if so, of what description; therefore, I am interested not only in the Selective Service classification of first year men but also the change in such classification resulting from the war or the discontinuance of military training.

"Data other than enrollment statistics will be of value if it casts any light on the quality of students in the various categories, as well as in number and quality of applicants for 1946. This really boils down to a request for a description of the number and quality of men and women in medical training today. Since such a request might be answered reasonably only after a year's study, I am really only interested in what you can give me within the next few weeks, which I hope will include the Selective Service classification of freshman class admitted between January 1, 1945, and January 1, 1946."

When you get a letter from our office, will you please answer it immediately so we can get this information to Commander Truslow?

Dr. H. L. Marshall (University of Utah): I wonder if I could ask a question which has bothered a number of us. The policies of the military service apparently have brought men into our institutions who have not looked carefully into their ability to finance their medical course. The rather abrupt termination of the Navy program and the impending termination of the Army program have thrown a good deal of confusion into the minds of many students as to their financial future in medical schools.

I received a telegram from home this morning saying that 22 per cent of our students will need to depend on loans to finance their education through the undergraduate course, and that 10 per cent of those are definitely depending on the institution for help. If it is a problem with any of you, do you have any light as to just how this

may be managed and what agencies, if any, may be appealed to, in case our institutional loan funds will not stand this rather unusual condition?

Dr. MacEwen: I think this is going to be part of the survey of Commander Truslow.

President Furstenberg: It now becomes my duty and pleasure to introduce our next President, and I hope to be able to do this with full realization of the amenities involved on this occasion.

I should like Dr. Chandler and Dr. Bloedorn to bring our new president forward, please.

It gives me great pleasure to induct officially Dr. John Walker Moore into the office of President of the Association of American Medical Colleges. I know he will discharge the duties of this office with competence and dispatch and to the full satisfaction of all the deans of the United States and Canada.

President John Walker Moore: I thank the members of this Association for electing me President for the coming year. I am sure I will not be able to measure up to the high standards that have been set by my predecessors. Be that as it may, to take the lead in medical affairs in this country our school may have to care for sick veterans in veterans hospitals or even to establish diagnostic clinics in connection with our teaching centers—all of this with the idea of supporting and supplying the best medical care where it is needed. We wish to encourage regional meetings in the Association, as advised by Dr. MacEwen, and we welcome any suggestions that you may see fit to give at any time. I assure you the South will not take more than its usual breaks, especially if California will be around. (Applause.)

The meeting adjourned at 12 Noon.

Fred C. Zapffe, Secretary.

Auditor's Report

October 24, 1945.

Dr. A. C. Furstenberg, President
Association of American Medical Colleges
Hotel William Penn
Pittsburgh, Pa.

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, 1945, and submit the following statements:

- Exhibit A Balance sheet August 31, 1945.
- Exhibit B Statement of Income and Expenditures for the year ended August 31, 1945.
- Exhibit C Detailed Statement of Expenditures for the year ended August 31, 1945.

General Income

The annual membership dues of \$150 were received from each of the 85 members listed during the year 1944-45 in the Journal of the Association of American Medical Colleges.

The income from advertising in the Journal 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 year 1944-45. One advertisement remains unpaid and income will be taken up when payment is received.

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 received 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 \$12,000 United States Government Series "G" bonds due February 1, 1956, which bear interest at 2½ per cent payable semi-annually:

Six months due February 1, 1945.....	\$150
Six months due August 1, 1945.....	150
Total	<u>\$300</u>

Restricted Income

The income received from the John and Mary R. Markle Foundation was for addition to the Tropical Medicine Fund No. 3, established in 1942-43 for training in Central America. The unspent balance in this restricted fund has been carried forward into the new fiscal year. The amount of \$3,125 received from the Milbank Fund was for the work of the Committee on the Teaching of Social and Environmental Factors in Medicine.

Expenditures

The approved vouchers were inspected and verified to the extent of comparison with all cash disbursements and the budget as adopted for 1944-45. The distribution of expenditures is shown in Exhibit C.

Balance Sheet

The amount of cash as shown in the banks at August 31, 1945, 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	\$ 50.00
Treasurer's Office	10.00
Aptitude Test Committee.....	75.00
Tropical Medicine Funds	
Dr. Henry E. Meleney.....	100.00
Distributing Center	40.30
Total	\$275.30

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

Dated	Serial Numbers	Maturity	Face Value	Present Redemption Value	Book Value
Dec. 1936	M380697B to M380706B incl. for \$1,000 each.....	11/1/1946	\$10,000	\$ 9,400	\$ 7,500
Feb. 1937	M191170C to M191179C incl. for \$1,000 each.....	1/1/1947	10,000	9,400	7,500
Feb. 1944	M2339896 and M2339897G for \$1,000 each.....	2/1/1956	2,000	1,938	2,000
Feb. 1944	X357140G	2/1/1956	10,000	9,690	10,000
June 1945	M3833870G	6/1/1957	1,000	988*	1,000
	Total		\$33,000	\$31,416	\$28,000

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 the maturity of the bonds, or when redemption is made. The increased value as at August 31, 1945, was \$3,800. The Series "G" securities bear interest at 2½ per cent which is payable semi-annually.

Deferred income as shown in the amount of \$3,000 represents dues received prior to the close of the fiscal year 1944-45 from 20 members for the fiscal year 1945-46.

The accumulated net income has been decreased by a net amount of \$2,705.85 which resulted from operations as follows:

Balance September 1, 1944.....	\$37,320.20
General Expenditures 1944-45	\$32,988.09
General Income 1944-45	30,282.24
Net excess expenditures over income.....	2,705.85
Balance August 31, 1945.....	\$34,614.35

Yours very truly,

CATHARINE S. MITCHELL.

* Not redeemable during first six months—value is \$988 after first six months.

Exhibits

Exhibit A

ASSOCIATION OF AMERICAN MEDICAL COLLEGES BALANCE SHEET — AUGUST 31, 1945

Assets:

Cash in banks:		
The First National Bank of Chicago.....	\$11,297.10	
Bank of Montreal, Toronto, Canada.....	1,346.36	\$12,643.46
Petty Cash Advances		275.30
Investments at cost		23,000.00
		\$40,918.76
		\$40,918.76

Liabilities:

General Funds:

Deferred income for 1945-46.....	3,000.00	
Accounts Payable—Federal withholding tax.....	485.90	
Accumulated net income	34,614.35	33,100.25

Restricted Funds:

Tropical Medicine Fund No. 1.....	\$1,099.70	
Tropical Medicine Fund No. 2.....	600.44	
Tropical Medicine Fund No. 3.....	396.93	
Committee on War Activities Fund.....	721.44	2,818.51
		\$40,918.76
		\$40,918.76

Exhibit B

ASSOCIATION OF AMERICAN MEDICAL COLLEGES STATEMENT OF INCOME AND EXPENSE FOR THE YEAR ENDED AUGUST 31, 1945

GENERAL FUNDS

Income:

Dues	\$12,750.00	
Advertising	9,105.93	
Journal sales and subscriptions.....	211.00	
Aptitude tests	7,915.31	
Income on investments	300.00	30,282.24

Expenditures:

Association Office	\$13,966.45	
Treasurer's Office	318.15	
Journal	7,423.14	
Travel expense	1,617.59	
Annual meeting expense	583.73	
American Council on Education.....	100.00	
Aptitude Test Committee	8,769.24	
Contingency	209.79	32,988.09

Excess Expenditures over Income.....		\$ 2,705.85
		\$ 2,705.85
		\$ 2,705.85

RESTRICTED FUNDS

	Balance 9/1/44	1944-1945		Balance 8/31/45
		Income	Expenditures	
Tropical Medicine Funds:				
From John & Mary R. Markle				
Foundation—				
1. Army Medical School.....	\$ 2,982.61	.....	\$ 1,882.91	\$ 1,099.70
2. Specimen Distribution Center	600.44	.....	.....	600.44
3. Central America Training..	9,101.37	\$ 309.23	9,013.67	396.93
	<u>\$12,684.42</u>	<u>\$ 309.23</u>	<u>\$10,896.58</u>	<u>\$ 2,097.07</u>
Committee on War Activities Fund:				
From Josiah Macy, Jr.,				
Foundation	\$ 1,050.65	.....	\$ 329.21	\$ 721.44
Milbank Fund .....	.....	\$ 3,125.00	3,125.00	.....
Total	<u>\$13,735.07</u>	<u>\$ 3,434.23</u>	<u>\$14,350.79</u>	<u>\$ 2,818.51</u>

Exhibit C

ASSOCIATION OF AMERICAN MEDICAL COLLEGES DETAILED STATEMENT OF EXPENDITURES FOR THE YEAR ENDED AUGUST 31, 1945

GENERAL FUNDS

Association Office:

Salary—Secretary	\$ 8,000.00
Salaries—stenographer and clerk	2,877.50
Office rent	1,992.00
Surety bond premium	25.00
Postage, printing, stationery and miscellaneous.....	1,071.95
	<u>\$13,966.45</u>

Treasurer's Office:

Salaries—bookkeeper and clerk	\$ 200.00
Surety bond premiums	50.00
Auditing fee	50.00
Miscellaneous expense	18.15
	<u>\$ 318.15</u>

Journal:

Publication	\$ 7,423.14
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Travel expense	1,617.59
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Annual meeting expense	583.73
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American Council on Education:

Membership	100.00
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Aptitude Test Committee:

Salaries	3,936.89
Honorarium	3,000.00
Travel	171.44
Office rental	600.00
Surety bond premium	10.50
Postage, printing, stationery, and miscellaneous.....	1,050.41
	<u>8,769.24</u>

Contingency:

Special meetings	209.79
Total expenditures—General Funds	<u>\$32,988.09</u>

RESTRICTED FUNDS

Tropical Medicine Fund No. 1:

Maintenance and travel	\$ 1,750.08
Salary—stenographer	80.00
Miscellaneous expense	52.83
	<u>1,882.91</u>

Tropical Medicine Fund No. 3:

Maintenance and travel	8,778.89
Miscellaneous expense	234.78
	<u>9,013.67</u>

Committee on War Activities:

Travel	258.62
Miscellaneous expense	70.59
	<u>329.21</u>

Milbank Fund:

Work of the Committee.....	3,125.00
Total expenditures—Restricted Funds	<u>\$14,350.79</u>

EXPENDITURES SUMMARY

General Funds	\$32,988.09
Restricted Funds	14,350.79
Grand Total	<u>\$47,338.88</u>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES*
BUDGET FOR 1945-1946

Income:

Dues	\$12,750.00
Journal Advertising	9,000.00
Journal Sales and Subscriptions.....	200.00
Aptitude Tests	6,500.00
Income on Investments	300.00
Underwriting from Surplus	10,475.00
	\$39,225.00
	\$39,225.00

Expense:

Association Office	\$15,000.00
Treasurer's Office	375.00
Journal	7,500.00
Annual Meeting	650.00
American Council on Education.....	100.00
Aptitude Test Committee†	12,600.00
Travel	1,500.00
Contingency	1,000.00
	\$39,225.00
	\$39,225.00

Special Funds:

Committee on War Activities.....	\$ 721.44
Tropical Medicine Funds:	
No. 1—Army Medical School	1,099.70
No. 2—Distributing Center	600.44
No. 3—Central America	396.93

†APTITUDE TEST COMMITTEE BUDGET
1945-1946

Salaries	\$ 5,600.00
Honorarium	3,600.00
Statistical Studies	500.00
Rent	600.00
Printing	900.00
Postage, Supplies, etc.	900.00
Travel	350.00
New Equipment	150.00
	\$12,600.00
	\$12,600.00

* Budget adopted at meeting of Association of American Medical Colleges held in Pittsburgh, Pennsylvania, October 29-31, 1945.

COMMITTEES FOR 1945-1946

Committee on Medical Aptitude Test:

	Term Expires
Worth Hale, Chairman, Harvard Medical School.....	1950
Carlyle F. Jacobsen, Washington University	1946
H. E. Jordan, University of Virginia.....	1947
Wm. S. McEllroy, University of Pittsburgh.....	1947
J. Parsons Schaeffer, Jefferson Medical College.....	1949

Committee on Internships and Residencies:

Jean A. Curran, Long Island College of Medicine
Wm. H. Perkins, Jefferson Medical College
J. P. Tollman, University of Nebraska
R. H. Oppenheimer, Emory University
L. R. Chandler, Stanford University
Dwight O'Hara, Tufts College Medical School
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

Committee on War Activities and Government Relations:

W. A. Bloedorn, Chairman, George Washington University
W. C. Davison, Duke University
E. M. MacEwen, State University of Iowa
Fred C. Zapffe, Chicago

Committee on Promotion of Medical Research:

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

Committee on Revision of Constitution and By-Laws:

Rev. Alphonse M. Schwitalla, S.J., Chairman, St. Louis University
Harold S. Diehl, University of Minnesota
W. S. Middleton, University of Wisconsin
Stanley Dorst, University of Cincinnati
Fred C. Zapffe, Chicago

JOINT COMMITTEE ON THE TEACHING OF THE SOCIAL AND ENVIRONMENTAL FACTORS IN MEDICINE

The personnel of the sub-committee of the Association of American Medical Colleges is as follows: Dr. J. A. Curran, Long Island College of Medicine, Chairman; Dr. William W. Beckman, Harvard Medical School; Dr. Harold W. Brown, DeLamar Institute, College of Physicians and Surgeons; Dr. E. Gurney Clark, Washington 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. Samuel C. Harvey, Yale University School of Medicine; Dr. Joseph C. Hinsey, Cornell University Medical College; Dr. Thomas A. LaSaine, Meharry Medical College; Dr. Donald S. Martin, Duke University School of Medicine; Dr. James Howard Means, Harvard Medical School; Dr. Fred L. Moore, Long Island College of Medicine; Dr. Dwight O'Hara, Tufts College Medical School; Dr. Jonathan E. Rhoads, University of Pennsylvania School of Medicine; Dr. John Romano, University of Cincinnati College of Medicine; Dr. William L. Schlesinger, Western Reserve University.

Representing the American Association of Medical Social Workers: Miss Eleanor Cockerill, Chairman, School of Applied Social Sciences, University of Pittsburgh; Miss Harriett M. Bartlett, Boston; Mrs. Margaret Fitzsimmons, Long Island College Hospital; Miss Dorothy E. Kellogg, Massachusetts General Hospital; Miss Maude McCracken, Duke University Hospital; Miss Mary L. Poole, Hospital of the University of Pennsylvania; Miss Elizabeth P. Rice, New Haven Hospital; Miss Theodate H. Soule, New York Hospital; Miss Anne Sweeney, Vanderbilt University Hospital; Miss Mary I. Madsen, University Hospitals, Cleveland.

Project Committee

Dr. Jonathan E. Rhoads, Chairman	Dr. Curran
Miss Rice, Vice-Chairman	Dr. Dublin
Dr. Beckman	Dr. Moore
Dr. Clark	Miss Soule
Miss Cockerill	Miss Bartlett, Secretary

Committee to Study Psychometric Tests:

Carlyle F. Jacobsen, Chairman, Washington University
Wm. S. McEllroy, University of Pittsburgh
J. Parsons Schaeffer, Jefferson Medical College
E. F. Lindquist, State University of Iowa
Geo. Packer Berry, University of Rochester

REPRESENTATIVES TO OTHER ORGANIZATIONS

Advisory Board for Medical Specialties:

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

Advisory Council on Medical Education:

E. M. MacEwen, State University of Iowa
A. C. Bachmeyer, University of Chicago
Wm. S. McEllroy, University of Pittsburgh

Alternates:

R. H. Oppenheimer, Emory University
C. Sidney Burwell, Harvard University
C. C. Carpenter, Wake Forest College

Federation of State Medical Boards:

Fred C. Zapffe, Chicago

Committee on Postwar Medical Service:

Fred C. Zapffe, Chicago

American Council on Education:

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