

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
FIFTY-SEVENTH ANNUAL MEETING
Held in
EDGEWATER PARK, MISSISSIPPI
OCTOBER 28, 29 and 30, 1946



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

FIRST SESSION, MONDAY, OCTOBER 28, 1946

The Fifty-seventh Annual Meeting of the Association of American Medical Colleges was held in Edgewater Park, Mississippi, October 28 to 30, 1946.

The session was called to order by the President, Dr. John Walker Moore, at 10:00 A.M.

The Secretary asked for permission to name and introduce the new deans who have taken administrative positions since the 1945 meeting of the Association. He announced that the list contained twenty-two names and that in the past three years there have been fifty-two changes in deanships, the result of deaths, resignations and retirements. As each dean's name was called he arose.

The regular program was then taken up. The first paper on the program, entitled "The Support of Medical Education," was read by Dr. H. G. Weiskotten, Dean of Syracuse University College of Medicine. The following three papers, which were a part of the symposium on the financing of medical schools, were also read: "Financial Requirements for Acceptable Standards of Medical Education" by Dr. A. C. Furstenberg, Dean of the University of Michigan Medical School," "State Funds in Support of Medical Education," by Mr. H. B. Wells, President of Indiana University, and, "Support of Medical Education by Student Fees," by Dr. Victor Johnson, Secretary of the Council on Medical Education and Hospitals of the American Medical Association.

The discussion on these four papers was participated in by Drs. Edw. L. Turner, D. S. Pankratz, Robt. Woodbury, Jos. C. Hinsey, Jean A. Curran, Ward Darley, Currier McEwen, A. M. Schwitalla, J. D. Williams, W. E. Brown, L. R. Chandler, Paul A. McNally, Donald Slaughter, Wiley D. Forbus, D. Bailey Calvin and Stuart Graves.

At this juncture the President, Dr. John Walker Moore, Dean of the University of Louisville School of Medicine, read the presidential address entitled "The Preceptor Method of Teaching."

The meeting was adjourned at 12:45 P.M.

SECOND SESSION, TUESDAY, OCTOBER 29, 1946

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

The first paper on the program, entitled, "Curriculum; Integration and Departmentalization," was read by Dr. C. C. Carpenter, Dean of the Bowman Gray School of Medicine.

This paper was discussed by Drs. Victor Johnson and Isaac Starr.

The next paper was read by Dr. Lester J. Evans of the Commonwealth Fund. The paper was entitled "The Medical Educator of the Future."

This paper was discussed by Drs. Ward Darley, A. M. Schwitalla, B. I. Burns, O. W. Hyman, Harold S. Diehl, Eben J. Carey, C. Sidney Burwell, Harold C. Lueth, Sam L. Clark and Donald Duncan.

Dr. Trawick H. Stubbs, Assistant Dean, Emory University School of Medicine, read a paper entitled "Problems of Integration in the Medical Curriculum."

No discussion.

Dr. Carlyle Jacobsen, Dean of the Graduate School of State University of Iowa discussed the "Evaluation of Psychometric Tests."

The paper was discussed by Dr. H. G. Weiskotten.

The Rev. Alphonse M. Schwitalla, Dean of St. Louis University School of Medicine, read a paper entitled "Education for the Professions."

No discussion.

Dr. D. Bailey Calvin, Associate Dean, University of Texas School of Medicine, read a paper entitled "Recent Advances in Medicine and Their Effect on Pre-medical Needs."

The paper was discussed by Drs. Donald Slaughter and W. J. B. Riddell of the University of Glasgow.

The President appointed the following Nominating Committee with instructions to report at the Executive Session: Drs. Currier McEwen, chairman; Dwight O'Hara and George P. Berry.

The meeting was adjourned at 1:00 P.M.

EXECUTIVE SESSION

The Association went into Executive Session at 4:00 P.M., with President Moore presiding.

The first order of business was the roll call.

The Secretary announced that all of the member colleges in the United States, except Howard University, were represented by one or more delegates. Only one Canadian member college was represented, the University of Toronto. The University of the Philippines was not represented.

The total registration of delegates was 179.

The Secretary then presented the published minutes of the 1945 session, which he offered for adoption. Every member college had received a copy of these minutes.

On motion, the minutes as printed were adopted.

The next order of business was the report of the Secretary.

REPORT OF THE SECRETARY

This report must be brief because what might be included in it is already a part of the records in the form of news bulletins and memoranda which have been sent at frequent intervals to all the member colleges. These memoranda set forth actions taken by the Executive Council at its interim meetings and other information which it was felt the member colleges should have and no doubt wanted. If you have read these bulletins you are well informed on what has been taking place since October, 1945.

The membership of the Association remains unchanged except for the fact that the Medical College of Alabama is now a four year school; and the School of Medicine of the University of South Dakota is in process of setting up the clinical years. Reports on these two institutions will be made in the report of the Executive Council.

For a number of years I have reported to you on the changes in deanships. Each year the number is becoming greater. Since the 1945 meeting three deans have died; twenty-one deans have either been retired, or resigned and twenty new deans have been appointed. There are still vacancies in the deanship of five medical schools. This turnover is bound to have a tremendous influence one way or another on the progress of medical education, since many of the new deans are also new in the field of deaning. We wish them every success and extend a helping hand. The list of changes in deanships as reported to this office is as follows:

CHANGES IN DEANSHIPS

DEATHS:

Newton Evans, College of Medical Evangelists
Tom Lowry, University of Oklahoma School of Medicine
Edward W. Koch, University of Buffalo School of Medicine

RETIRED OR RESIGNED:

A. C. Rankin, University of Alberta Faculty of Medicine
W. C. Gallie, University of Toronto Faculty of Medicine
E. S. Ryerson (assistant dean), University of Toronto Faculty of Medicine
W. B. Smith, Louisiana State University School of Medicine
Geo. W. McCoy (acting dean), Louisiana State University School of Medicine
Italo Volini, Loyola University School of Medicine
A. W. Stearns, Tufts College Medical School
Ray B. Allen, University of Illinois College of Medicine
C. W. M. Poynter, University of Nebraska College of Medicine
John W. Lawlah, Howard University College of Medicine
B. S. Guyton, University of Mississippi School of Medicine
Chas. Branch, Boston University School of Medicine
R. U. Patterson, University of Maryland School of Medicine
Margaret Craighill, Woman's Medical College of Pennsylvania
Tinsley Harrison, Southwestern Medical College
J. P. Ohlmacher, University of South Dakota School of Medicine
W. D. Gatch, Indiana University School of Medicine
P. A. Shaffer, George Washington University Medical School
J. P. Gray, Medical College of Virginia
Edward H. Stead, Jr., Emory University School of Medicine
H. Leo Marshall, University of Utah School of Medicine
Byron Robinson, University of Arkansas School of Medicine
David V. McCauley, Georgetown University School of Medicine

NEW DEANS:

Jas J. Smith, Loyola University School of Medicine
Vernon P. Lippard, Louisiana State University School of Medicine
J. P. Gray, University of Oklahoma School of Medicine
Robert A. Moore (acting dean), George Washington University Medical School
Donald G. Anderson, Boston University School of Medicine
Stockton Kimball, University of Buffalo School of Medicine
Harold Shryock, College of Medical Evangelists
Dwight O'Hara, Tufts College Medical School
Harold C. Leuth, University of Nebraska College of Medicine
K. A. MacFarlane, University of Toronto Faculty of Medicine
J. J. Ower, University of Alberta Faculty of Medicine
D. S. Pankratz, University of Mississippi School of Medicine
Marion Fay, Woman's Medical College of Pennsylvania
Wm. Lee Hart, Southwestern Medical College
Donald Slaughter, University of South Dakota School of Medicine
Joseph J. Johnson, Howard University College of Medicine
Chas. L. Brown, Hahnemann Medical College
R. Hugh Wood, Emory University School of Medicine
R. Y. Young, University of Utah School of Medicine
John B. Youman, University of Illinois College of Medicine
Henry C. Chenault, University of Arkansas School of Medicine
Rev. Paul D. McNally, Georgetown University School of Medicine

The war caused many difficulties of administration in the office of the Association. The accelerated program made it next to impossible to keep up with reports of various kinds because the dates of the opening and closing of academic sessions were so varied. Most of the member colleges cooperated well in these trying times; a few had to be prodded into sending in reports which by now should be a recognized routine procedure by every medical school. Nearly twenty years have elapsed since the medical schools have been sending reports to the office of the Association. As stated on previous occasions, these reports have very great value, although every member college may not yet have encountered the need for making use of the files which represent a composite of all reports received. It would be extremely helpful if at the end of every college session every member college would automatically send reports to this office.

Since the last meeting, the mailing list of the Journal of the Association has been revised. This, as you will readily understand, is quite a task which involves the deletion and addition of many names. Here, again, it would be helpful if every college were to notify this office of additions it would like to make to its mailing list; likewise deletions. Faculties do change; men die and others take their place. Every faculty member who is interested in receiving the Journal should have his name on the mailing list. We try to keep this list up-to-date by watching notices of deaths and new appointments as published elsewhere; but, it would be much easier for us, and not a great strain on your office forces, if you were to notify us of changes that should be made. I hope the time is not far distant when the Journal can be put on a monthly basis. It has proven its worth and that there is a place for it in journalism. It is no longer a drain on the funds of the Association. Since last year there is a small return. Were it not for the extremely high cost of publication, this return would be larger than it is; but, even a small return is a source of congratulation.

I thank those colleges which send in news regularly. From year to year the number of schools doing this has increased. I hope that sooner or later all schools will set up a publicity department which will distribute news. Anything that happens in your school is news to every other school. We like to have our news authentic.

As you have been advised through the News Bulletins, the Executive Council has appointed a number of committees, such as the Committee on the Borden Award; a Committee on Preparation for War, and a Committee on the Evaluation of the Psychometric Test. These committees will report to you later.

Your office has also kept in close touch with Selective Service, with the Veterans Administration, and with the Medical Departments of the Army and of the Navy. You have received notice of actions taken by these various groups that deal directly with medical and premedical students. You are again urged to contact the office of the Association on any questions that have to do with the activities of these Government agencies.

The Liaison Committee, consisting of three representatives from this Association and three from the Council on Medical Education and Hospitals of the American Medical Association, has held four meetings since the Pittsburgh meeting. Problems of mutual interest to both groups were discussed and actions taken which were reported to the Executive Council and the A.M.A. Council for final action. The Executive Council will report further on these. This Committee fills a need and makes it possible for the two groups represented to take like action at as nearly the same time as is possible depending on the time of meeting of the parent bodies. Furthermore, it has brought the two groups together and established harmony and unity.

(Signed) Fred C. Zapffe
Secretary

The next order of business was the report of the Executive Council, which was read by the chairman of the Council, Dr. E. M. MacEwen.

REPORT OF THE EXECUTIVE COUNCIL

The Council has held four meetings since the 1945 meeting of the Association. The colleges have been advised of actions taken at this meeting on matters which dealt with the business of the Association.

UNESCO—Pursuant to request received from the United Nations Educational, Scientific and Cultural Organization (UNESCO) Dr. W. A. Bloedorn was appointed by the Council as the representative of the Association. The purpose of UNESCO is to contribute to peace and security by promoting collaboration among all nations through education, science, and culture. The Association is one of fifty organizations chosen by UNESCO to hold membership in that organization.

R.O.T.C. Units—The question of establishing R.O.T.C. units in medical schools was brought to the attention of the Council. The matter was discussed fully; the Council is of the opinion that this is a matter to be decided by each medical school for itself, but urges that serious consideration be given to it before a decision is made.

Borden Award—A report was received by the Council from the Borden Award Committee outlining the plan of action decided on by the committee. The Council approved of this report and the Secretary was instructed to forward it to the Borden Foundation together with a report on the action taken by the Association.

Revision of Constitution—The Council again reviewed the report submitted by the Committee on Revision of the Constitution and By-Laws. It was considered unwise to take action on this report at this time because of objection to some of the items in the report by several colleges. Therefore, the Executive Council recommends that action be deferred until the next annual meeting of the Association. In the meantime, every member college should study this report carefully and submit its opinion in writing to the Secretary not later than January 15, 1947. The committee on Revision concurs in this recommendation.

Aptitude Test—The member colleges have been advised by the Secretary of the discontinuance of the medical aptitude test as of August 31, 1946. At the Pittsburgh meeting in 1945 a committee on Evaluation of Psychometric Tests was appointed, of which Dr. Carlyle Jacobsen of the State University of Iowa is chairman. This committee was also instructed to extend its activities to devising a new aptitude test with the suggestion that if possible a test can be given sometime in January, 1947. Since Doctor Jacobsen has already addressed the Association on the activities of his committee, which he requested be named the Committee on Student Personnel Practices, the Association is aware that arrangements have been made with the Graduate Record Examination Board to set up a special test for applicants for admission to medical school; this test to be given sometime early in January. The Executive Council recommends that these activities be approved.

Preparation for War—The Committee on Preparation for War, of which Dr. Stockton Kimball of the University of Buffalo is chairman, presented a preliminary report to the Executive Council. The Executive Council has instructed the Secretary to have this report mimeographed and sent to the deans of the medical schools. The Council recommends that this committee be continued and report given at the next annual meeting of the Association. The Secretary was also instructed to publish this preliminary report in the Journal of the Association.

Revision of Curriculum—The Executive Council recommends that the Association undertake a study of the curriculum and of medical education in general.

Visual Auditory Committee—The Executive Council recommends the appointment of a committee to encourage the use of Visual Auditory Education in medical schools and to make a study of the material available for this purpose.

Medical College of Alabama—The Medical College of Alabama having requested approval of the clinical years of the medical course, an inspection of the institution was made. It proved to be satisfactory; therefore the Council recommends that the Medical College of Alabama in Birmingham be approved as a four year medical school.

University of South Dakota—By request of the University of South Dakota, a survey was made of the School of Medicine by Doctors MacEwen and Victor Johnson. The preliminary report of this survey encourages the improvement of the set-up of the first and second years of the medical course before attempting to undertake the third and fourth years of the course.

Specialty Board Certification—At a meeting of the Executive Council held in October, 1945, the Council recommended 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 of the locality as equivalent to their own service.

The Executive Council now recommends that the following resolution be substituted:

WHEREAS; there has been an increased demand for basic science training in preparation for specialty board certification, for which there has been indication of setting up prescribed curricula,

BE IT RESOLVED, that the Executive Council be authorized to meet with the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association to formulate a policy and an acceptable technique for the provision of such training.

In order to express the opinion of the members of the Association of American Medical Colleges at such a meeting, it is requested that each Dean forward to the Secretary in writing such opinions and recommendations as he and his faculty may choose to make.

Armed Service Courses—The Executive Council recommends that medical schools accept high school and premedical college credits based on courses taken, or examinations given, in the Armed Services which are approved by the American Council on Education, excluding laboratory courses and/or blanket credit, for time served in the Armed Forces.

Veterans Administration—The Executive Council recommends the adoption of the following resolution:

WHEREAS: The Association of American Medical Colleges in Executive Session in 1945 unanimously endorsed the plan for the medical care of Veterans, under a cooperative program with the medical schools, and

WHEREAS: the experience of the past year has demonstrated the high standards of such a program,

BE IT THEREFORE RESOLVED: That the Association of American Medical Colleges highly commends the Veterans' Administration upon the progress made under the able administration of General Bradley and General Hawley and reaffirms the support toward the continuation of the present program and high standards of administration.

Treasurer's Report—The Treasurer submitted his report which was accepted unanimously. The report will be published in the proceedings of the annual minutes. The budget for 1946-1947 was discussed and the budget submitted by

the Treasurer with the cooperation of the Secretary was approved. The budget will also be published in the proceedings.

Respectfully submitted

(Signed) E. M. MacEwen
John Walker Moore
W. S. McEllroy
Joseph C. Hinsey
L. R. Chandler
W. A. Bloedorn
W. C. Davison

On motion duly seconded and carried, the recommendations made in the report of the Executive Council were approved and adopted.

The next order of business was the report of the Committee on Internships and Residencies, which was presented by the chairman of the committee, Dr. Jean A. Curran. After some discussion, the report of the committee, amended in some respects, was adopted. The report as amended and adopted was as follows:

REPORT OF COMMITTEE ON INTERNSHIPS AND RESIDENCIES

Report of Chairman: The experiences of the past year were reviewed and the problems ahead were outlined in the agenda sent out on October 14, as follows:

- A. Consideration of internship placement dates in light of experiences with the program over the past two years.
- B. Preparation of a new confidential list of internships in the United States according to educational standing.
- C. Revision of criterion of acceptable internships and residencies.
- D. Question of the issuance of uniform application blanks with placement procedure outline on the back of the blank.
- E. New developments in intern and resident education.

Actions taken by the Committee:

A. It was agreed that the placement program should be continued. Reports from both college and hospital sources indicated that in the majority it has been a definite advance and successful far beyond expectations.

1. Reactions of American Hospital Association reported by Dr. Robin C. Buerki:

- (a) Violations by hospitals (and some schools) were reported as high as 25 per cent.
- (b) Yet the A.H.A. wishes the system continued without much change.
- (c) Willing to have schools discipline hospitals for flagrant violations.
- (d) Present oversupply of internships is contributory to the decline of educational quality.
- (e) Each hospital should give applicant prompt notification of acceptance, place on alternate list, or of rejection.

Recommendations by the Committee:

1. That letter of recommendation by faculty members as a hospital requirement should be eliminated, all information about applicants being centralized in the deans' offices and credentials sent out from there.
2. That the hospital be requested to eliminate statements from intern application blanks that the student will agree to accept if appointed.

are presented. Dr. Berry, the original chairman of the committee which has prepared this report at the request of Dr. Zapffe, had to relinquish this position owing to his absence at Bikini during a part of the year. Since his return, he has been able to contribute to the work of the committee. The members of the committee are most appreciative of the promptness and reflection exhibited in filling out and returning these questionnaires, which were based chiefly on the paper read by Colonel Francis Fitts before this Association in 1942 under the title "Medical Education in War Time."

We summarize the opinions and conclusions presented, together with some of the pertinent comments. An attempt has been made to reduce the replies to figures. It is realized by the committee that such a method of presentation inevitably leaves significant shades of opinion unexpressed. Such over simplification appears, however, to be essential to clarity. Our effort has been to express the intent of each response. Bias on the part of the members of the committee, based on experience with the matters under discussion, could not be avoided, but an attempt to be as objective as possible has been made.

The opinions and conclusions expressed in the 64 questionnaires returned are summarized as follows:

Table 1

Should deferment be granted to	Yes	No
<i>Selected</i> premedical students?	55	1
<i>All</i> premedical students?	11	53

Selected premedical students but not *all* premedical students should be deferred from military service. The distribution of opinions on this subject is shown in Table 1. The selection should be on the basis of demonstrated ability and promise, and consequently could not be made until the end of the first year of college work. Premedical advisors, committees of college faculties and committees of medical-school deans and not Selective Service Boards nor representatives of the armed forces should be responsible for selecting students to pursue premedical and medical training. This is an important aspect of the exercise of authority by the schools. There is much to be gained from training a generous supply of premedical students. Those who do not succeed in entering a medical school will have had training making them very useful to the hospital corps of the military services. (Parallel programs should retain men in training in all the basic sciences.) Potential scientists are one of the country's greatest assets—they must be trained and not lost. Premedical advisors should inform the unqualified that they will not be recommended to medical schools. These advisors should also assist prospective medical students in applying to the particular medical schools for which they seem most fitted.

In war years a definite quota of premedical students should be established on a national basis. Since about 6,500 medical students are admitted annually,

a quota of 15,000 premedical students in each premedical year is suggested. This represents, at the start, a ratio of $2\frac{1}{2}$ available to 1 selected, and provides a reasonable margin for academic failure. This quota should be divided among the accredited colleges, approximately 90 per cent being assigned to the 70 or 80 colleges and universities which now provide the bulk of the premedical students. The assignment of quotas should be the function of the Association of American Medical Colleges and of the American Medical Association.

Table 2

Duration of premedical training recommended:	War-Time	Peace-Time
		(J.A.M.A. 1946)
3 years	51	54
2 years	15	12
4 years	0	2
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Total	66	68
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Ratio:	3.5:1	4.5:1

In war the peacetime premedical curriculum should not be altered in content or in length. Out of 66 responses, 51 advocated at least a 3-year, and 15, a 2-year premedical curriculum. This is a ratio of approximately 3.5:1 in favor of the 3-year course. It may be compared with the existing 4.5:1 ratio noted in the Education number of the *Journal of the American Medical Association*, dated August 17, 1946. We recommend the 3-year premedical curriculum in war as in peace.

Table 3

Acceleration of	Favored	Opposed	Approx. Ratio
Premedical course.....	38	27	3:2
Medical course	34	31	1:1

Acceleration of the premedical course was favored by a vote of 3:2. The vote favored acceleration of the *medical* course also. The figures were 34:31, which is roughly a tie. Comments indicated that many affirmative votes indicated willingness to assist during a war emergency, rather than enthusiasm for a program of acceleration. To this generalization, there were a few enthusiastic exceptions.

It is noted that even under pressure of war, one half of the medical schools opposed acceleration; or, stated the other way, one half of the medical schools expressed willingness to accelerate to meet wartime needs. Immaturity of the

students and physicians produced by wartime acceleration was a universal complaint. It was suggested that if acceleration of the premedical curriculum were avoided and the three year premedical program adhered to, the students reaching medical school would be sufficiently mature to permit acceleration of the medical curriculum. To prevent the fatigue of faculty and students which occurred during the accelerated program, all suggested plans for acceleration recommend 8 weeks per year in the form of holidays and intervals between semesters, instead of the 4 weeks granted during World War II. Experience leads us to recommend a non-accelerated program. A second choice would be acceleration on an 8 weeks' vacation plan.

Table 4

Selection of Medical Schools by	Favored	Opposed
a. Individual Medical Schools.....	48	8
b. Armed forces	0	45
c. Combined a and b.....	28	21

A vote of 48:8 emphasized that medical students should be selected by individual medical schools. No one voted in *favor* of selection by the armed forces, whereas 45 voted *against* this method of selection. As a second choice, selection by combined representatives of medical schools and the armed forces would be agreeable to more than one half of the schools replying. The vote on this question was 28:21.

Table 5

Preference for methods of selection

Navy method	26
Army method	0
Equally satisfactory	3
Neither satisfactory	6

The Navy's method of selection of medical students during the last war, which involved giving professional, academic groups considerable authority in the selection of students and permitting the students so selected a choice of medical schools, was much preferred by the medical schools to the more arbitrary Army method. Thus, whereas 26 favored the Navy's method, none preferred the method utilized by the Army. Thus, also, one Navy reply contains the statement, "Our Navy trainees did better on the average and among them were found more outstanding students than in the case of the Army." It is our opinion that the individual medical schools, by virtue of their long years of experience, should in war, as in peace, be given the responsibility for the selection of candidates for the study of medicine.

Table 6

Should medical students be	Yes	No
a. Deferred	64	1
b. Put into uniform	36	31
c. Fully subsidized by the government.....	30	37

Practically all who replied felt that medical students should be deferred from military service throughout the medical course. The vote was 6:5 in favor of putting them into uniform. Several deans suggested the granting of special insignia, instead. The advocacy of placing students in uniform was based to a considerable degree on the attitude of some medical students who felt that they were shirkers, or that their friends so considered them. In a reply from Canada it was predicted that another war would certainly require universal regimentation of society and that under these circumstances no stigma would be attached to a civilian medical student or faculty member. Many expressed the view that the A.S.T.P. and the V-12 programs were "superfluous."

Table 7

Method of Provision of Books and Equipment:	
a. Government issue	17
b. Private purchase	39
c. Governmental vouchers	3
d. No opinion	9

Subsidization by the government of all expenses and equipment was opposed by approximately a 6:4 vote. The preferred alternative was that "Loan funds, rather than subsidy, should be available for needy medical students." Government issue to medical students of textbooks, instruments and other supplies was favored by 17 and *opposed* by 39. We quote this comment: "If the Army gives young men full maintenance and the salary of a private first class, they should be required to purchase their own books and supplies." An aspect of the question which it is important not to overlook was stated as follows: "Some form of governmental subsidy is important, for we learned during the war how many capable students had failed because of economic handicaps to reach medical school in the past. We cannot afford such wastage in wartime; we ought not to put up with it in peacetime." Issuance of a governmental allotment or voucher of \$75.00 to \$100.00 per year to each student, or at least to each needy student, for the purchase of books and equipment was recommended by 3 deans. This would permit flexibility in purchases by the students; it would give them individual responsibility; it would eliminate a considerable amount of bookkeeping and of overworking of understaffed personnel in the medical school.

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Rather universal sentiments concerning A.S.T.P. and V-12 allotments were thus expressed: "The policy of total and complete government support for students in any profession helps them to achieve an irrational outlook on their social responsibilities." "It is not good for young people to get the notion that the country owes them everything." "This policy has made a number of them demanding leeches."

Two suggestions were submitted to replace what one dean labeled "Such monstrous foolishness as A.S.T.P. and V-12":

1. "Defer faculty and students and leave all other matters to individual schools and to the Association of American Medical Colleges" and

2. "Enroll fit students in the Enlisted Reserve Corps and then place them on inactive duty status—Students failing to do satisfactory work could be activated and sent to duty. Thus, the Army would have direct hold upon these men and there would be absolutely no need for all the fuss and furor, the rigmarole and red tape, and the wasteful and vicious practice of army programs; the need for financing books, housing, uniforms, medical care, tuition and other items of expense which any young man in such a situation could and would reasonably expect to bear. In this way, the Army would have its doctors; the schools would have 'Civilian' students. Because they are already in the Army or Navy, none could say the students were draft dodgers." Both of these plans appear preferable to the A.S.T.P. and V-12 programs. We are inclined to recommend the second of the two if combined with a policy of governmental loan funds and allotment of books for the needy, plus a special enlisted reserve corps insignia.

Table 8

Opportunity for Student "Repeats"

Favored	22
Opposed	37

The vote was approximately 5:3 against allowing students to repeat a year or a course during wartime, but it was nearly 3:1 in favor of leaving the decision as to repeats up to the faculties of medical schools. Since no opportunity is provided for summer studying before repeating an examination, conditions and makeup examinations are not compatible with an accelerated program. A weakness of the wartime program has been a tendency for kindhearted committees to promote some students who did not deserve promotion. It would seem wisest to leave the decision in this matter to the individual schools, with the recommendation that repeating should be permitted only in exceptional circumstances.

Table 9
Dormitories and Common Mess

Opposed	48
Favored	8
Status quo	6

The need for considering local situations rather than operating under blanket, nation-wide regulations was evidenced by the answers to several questions:

a. Housing students in dormitories and feeding them in a common mess was considered inadvisable by a large majority, primarily because of the dangers of regimentation, but it was realized that local situations might occasionally require such housing and messing.

b. Medical and dental service for medical students, in the opinion of 49 commentators, can best be handled by the established University Student Health Service, but, obviously, where such a service is not available, some substitute plan must be arranged. It was not considered desirable to have this service rendered by Army officers or at Army installations.

Table 10
Government Contracts

Approved	39
Approved with reservation	10
Disapproved	7

c. The handling of contractual matters with the Government, pertaining to A.S.T.P. and V-12 programs, was considered generally satisfactory by approximately a 7:1 vote, but criticism of the cumbersomeness of the methods and the delays in payment was voiced by 10 of those expressing general approval. The desirability of giving individual medical schools more voice in local management was thus expressed: "The government should grant more autonomy to the medical schools. It is doubtful that there would be any significant degree of extravagance." We concur in this recommendation. Elimination of the A.S.T.P. and V-12 programs would happily eliminate this entire problem.

Table 11
R.O.T.C.

Opposed	37
Favored	18
No knowledge	13

R.O.T.C. Training Programs have been reinstated by the Army in medical schools in which such programs were in existence before the war. As conducted

before World War II, these R.O.T.C. courses were considered by a vote of 2:1 of those replying to have been of doubtful or of no value. Several deans strongly advocate continuance of the program, but more believe that the R.O.T.C. program was futile as given and that it tended to interfere with studies. It is thought that the same ground might be more effectively covered during a summer encampment or after a doctor has been inducted into service. Moreover, it was considered unjust that those who spent time and effort in taking the course before World War II received during the war no preferment on this account. We quote one opinion, parenthetically, "R.O.T.C. Training in medical schools in peacetime has something to commend it. It furnished the student with a few weeks' paid vacation in the summertime and a uniform, the pants of which are quite good for skiing." It remains to be demonstrated whether the newly initiated program will be sufficiently improved to justify its retention.

Two critical comments are quoted in toto: "Predicated on the training program which existed before World War II, we would not be in favor of a like R.O.T.C. as being of any value. If the military authorities in their plan for national defense consider some medical military instruction desirable, we are of opinion that this can best be done by assigning to the medical school a well qualified, alert junior medical officer, for not less than one year, nor more than two years. This officer would be selected because of his ability to profit by graduate study and to be required to follow a postgraduate research course throughout the year under the Head of the Department in which he has a major interest. This officer to give not less than 6, or more than 10 seminars in the field of military medicine or subjects which military authorities desire. This would assure the medical school of getting the highest and most intelligent type of professional men in their school as representatives of the military forces. It would also definitely be beneficial to the professional training of the military services. This contact would be more stimulating and the accessions to the military medical services would be on a sounder basis."

"I am completely opposed to the reintroduction of R.O.T.C. programs in medical schools and I believe that my experience in the Army and as a former R.O.T.C. student gives me a background for forming an opinion. I was a member of the R.O.T.C. for four years as a medical student and also attended the six week course at Carlisle Barracks at that time. I believe it was time wasted and would have been even if a war had come shortly after I had finished that period of training. This is largely because all of us in the course took it without any particular thought of using what we learned. During the recent war, on the other hand, medical officers obtained infinitely more in a short time through intensive courses given at Carlisle Barracks and other places. Furthermore, men who had reserve officers' commissions were at a disadvantage in the recent war if they were young, and there were repeated instances of officers

going in directly from civilian life with a higher rank in the Army than their contemporaries in the medical reserve. The reserve officers in the older age group presented problems of another sort which I repeatedly encountered as Medical Consultant. The sort of man who stayed in the Reserve usually had a somewhat "boy scout" attitude and was rarely a highly skilled physician or surgeon. On the other hand, his years of service assured him a rank of Lieutenant Colonel or Colonel. There just were not suitable Army positions to give these men with high rank but who lacked the skill to head professional services. In other words, I believe that the plan to introduce the R.O.T.C. is worse than waste of Government money, for it would be money spent to the detriment of Army efficiency."

Table 12

Military Instruction in the Medical Curriculum

None	14
Minimal	5
1 hr.	15
2 hrs.	13
3 hrs.	5
4 hrs.	4
5-6 hrs.	1
Camp	6

There was considerable variation in opinion concerning the amount of military instruction during wartime which is considered to be compatible with effective work in the medical course. Of 63 replying, 28 recommended 1-2 hours per week and 14, no instruction at all. The 10 remaining recommendations scattered over a range of from 3 to 6 hours per week. We quote two comments. The first: "We struggle from the time students enter until the time they leave to make individual thinking and acting persons of them. Military instructions at the levels given to medical students during World War II was a flat negation of this fundamental concept." The second by a former medical officer: "It is recommended that acceleration not be practiced and that the entire summer session be devoted to field medical exercises that are realistically and intelligently applicable to the contemplated duties of the Lieutenant of the Medical Corps. Military Surgery is normally adequately treated in proper courses of traumatic surgery, orthopedic surgery and public health instruction that are well presented in the average medical course in war just as in peacetime." In our opinion the value of special instruction in military medicine in medical school in time either of peace or war has not as yet been demonstrated.

Moving now from student to faculty problems, we quote the following comment: "The great reduction in staff in many departments, particularly in med-

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icine and surgery, may be one of the inevitables of war, but if standards are to be maintained during a national emergency, provision should be made to retain adequate teaching staffs." Although no one wished to interfere with the right of faculty members to volunteer for military service, the necessity for better means of retention of adequate teaching staffs was underlined. How is this to be accomplished?

Table 13
Teaching Staff

	Deferment	Assignment
Favored	63	22
Opposed	4	35

Of the 64 replies, 62 favored deferment of the teaching staff from military service; 22 favored and 35 opposed, the detailing of medical-officer faculty members to medical schools. A strongly worded reply to the question of detailing medical-officer faculty members read: "No—most emphatic No! A large number of the younger Faculty and some of the Senior Faculty will always have to be released to the Army in case of war. The medical schools cannot be relieved of this responsibility and schools will have to get along with greatly reduced faculties. Those members who do remain should be deferred because they are doing essential work. I would not want "Bars" and "Oak Leaves" running around on this faculty during a war." There was repeated expression of fear that commissioning of medical faculties "would place the medical colleges completely under military control." Several, on the other hand, felt that commissioning some or all of the faculty would be a good solution providing the schools were permitted to select and to retain these men. Several others voiced an opinion like the following: "Rotation of members of a medical faculty between service in military institutions and at his own medical school would maintain a more adequate teaching staff, would keep the medical officers from going stale and would bring to the students first hand accounts of military problems." A specific means for accomplishing this was outlined in one reply as follows:

"In the event of another national emergency it is believed there should be a sufficient backlog of trained medical officer personnel. These needs can be met only if each physically qualified young graduate is required to give a certain amount of service to his country. A program of summer training camps along realistic and informational lines could well meet the needs.

"During the emergency a Selective Service System should be operated, but a National Service Registration should precede the operating of Selective Service. A civilian agency with representatives of all segments of medical practice should be entrusted with the assignment and recall of all doctors in the country.

“Medical schools should be allowed to operate along lines as close as is possible to their normal peacetime operations. Faculties of medical schools would be assigned to duty with a medical school by the National Governing Board. Medical students would likewise be assigned to medical schools by this Board. Medical officers would be selected by the Board from among the available physically qualified, emotionally stable and professionally trained individuals. A definite system of rotation should be announced and strictly adhered to throughout the emergency. The civilian agency should release doctors to the Army and Navy for limited periods of service and upon completion of the term of service, they should be available for reassignment at the discretion of the Board.”

This proposal appears to be workable, provided that the National Governing Board is so constituted that the medical schools are given power in the selection and retention of their own faculties and student bodies.

Concerning intern training, only 2 recommended 9 months of internship, 48 recommended 12 months, or a minimum of 12 months, 3 recommended 18 months and 4, 2 years.

Prewar methods of selection and training of residents were recommended during wartime. In wartime the training of specialties must not be interrupted. We quote several comments:

(1) One dean suggested formation of a “Board to fix (a) military (b) civilian requirements. Candidates to meet these needs to be selected (1) from recent graduates in armed forces, 1 or more years in actual combat from finer prospects in armed forces, (2) from men disabled for active duty, and (3) women. The plan of World War II insured deficiencies for all purposes.”

(2) “From one-third to one-half of the interns should be retained for a second year of training and from one-third to one-half of the latter group for a third year. Perhaps some should be kept longer than this. It is essential that some young men be given enough postgraduate training to provide a continuing flow of top flight individuals for the future. Selection should be left up to the schools and hospitals.”

(3) Again, “If the war had lasted another year the Army would have been desperately handicapped because of the inadequate hospital training of their younger medical officers. The resident system through the past 20 years was responsible for the brilliant work of the medical corps. The Army should permit the maximum number of men who can be spared to remain in the inactive reserve in order to continue training until they are actually needed, instead of collecting them into larger pools long before they are ready to use them.” “The Army should not consider medical manpower in the same category as tanks and canned tomatoes.”

Many of the answers given suggest the need for a change in tables of organization of the armed forces. We quote one reply: "Most of the faults and complaints of our recent program would appear to be the result of the secondary or inferior position which the Surgeon General of the Army's office occupies with respect to the Supreme Command." This situation is better in the Navy. "The medical profession should have a recognized place in high authority. Correlated with that, there should be encouragement for the best medical minds to participate early in the formulation of medical programs—Britain, with perhaps more tradition, was less wasteful of professional personnel. In addition to preserving the non-accelerated program, no barrier separated professionals in civilian and military service."

Since medical care in time of war involves induction of many civilian physicians, and since the nature of the destructive implements being developed is such that, in the event of another war, civilian health and civilian injuries may be as important a military problem as the health and injuries of the armed forces themselves, the committee wishes to submit these suggestions offered in the replies to the questionnaires: (1) that the armed forces should consider alteration of the tables of organization in the armed forces so that only skeletal medical units will be retained, (2) that physically fit graduates should be placed in the enlisted Reserve Corps in time of war and should be permitted to continue their hospital residencies and specialty training, and should be called to active duty *only* when they are actually needed in the theater of war, (3) that battalion aid stations should be manned by enlisted men well trained in first-aid, rather than by doctors, (4) that an administrative corps not composed of physicians should be developed to handle the paper work, and (5) that increase in rank for doctors in the armed forces should be so arranged that physicians of higher rank may still be permitted to be doctors.

A final quotation is presented by way of summary:

"We believe that the armed forces must learn how to make better use of medical manpower—all of our staff members back from service emphasize the waste of medical-officer personnel. There are many ways of extending a physician's hands, provided the physician is good in the first place. Our Allies did this successfully, while we continued to adhere to the 'Sacred Formula' of 6½ doctors per thousand. In the event of another war, we must do all we can to avoid the evils of shortening the premedical and medical periods of training, accelerating beyond the point of successful academic accomplishment, teaching with inadequate staffs, and cutting down on essential postgraduate training in hospitals. Now is the time to plan—not after the outbreak of war forces hastily-conceived, trial-and-error methods. No matter how war may change in the future, sound educational practices will pay dividends.

"Many of the losses in the quality of medical training during the past war

would have been avoided had greater autonomy been granted to our universities and professional schools. We know how well the exercise of such authority worked in England and Canada. Under such circumstances, planning and execution would be in the hands of those thoroughly acquainted with the teaching problems involved, rather than in the hands of the military."

"Our firm conviction is that the Army should handle Army work and allow educators to handle education. We had a beautiful demonstration of people trying to do something with which they had no familiarity and making a mess of it. It will take years for us to wear down the unfortunate things that have cropped into premedical and medical education under the program of the last three or four years."

The fundamental issue in the entire problem of medical education and supply of physicians in time of war is that the job of doctors in military service is to function as doctors and only incidentally as soldiers. Doctors will consequently be best trained to do their job at the war fronts when their training as doctors is the best available. This was demonstrated by the successful job done by well trained civilian doctors when called into service in World War II. If this job is to be repeated, it is imperative that the process of education of doctors shall not be unnecessarily obstructed by the needs of military organization.

We conclude with this comment:

The deans who answered the questionnaire and the members of the committee preparing the present reports are fully aware that it is always easy to criticize. There is only one way to avoid the evils attendant on programs thrown together under the pressure of war. *Now*, before some future "Pearl Harbor" is the time to formulate the way in which the medical schools can best plan their programs to meet possible wartime needs. This report is obviously only a first step in the formulation of a program. It will take a painstaking study to find the best solution for the many problems about which such a divergence of opinion exists as is noted above. In recognition of this fact, we should like to offer the following resolution:

"Whereas representatives of the Army, the Navy, the Veterans Physicians, the American Medical Association and the Association of American Medical Colleges have all been surveying their experiences in World War II, and

"Whereas the problem of medical education in wartime is inextricably interwoven with the problems of civilian and military medical care and the Tables of Organization of the armed forces.

"Be It Resolved, that the Association of American Medical Colleges invite each of the above named interested groups to select representatives to form a liaison committee which will study and report on the problem of medical education and medical care in wartime and will attempt the formulation of a plan for use in case of a future war emergency."

The report of this committee was read and the recommendation made that the committee be continued to report further at the next meeting of the Association.

Dr. Jean A. Curran, chairman of the Committee on Social and Environmental Factors in Medicine, reported for that committee. The report was not a final report since the work of the committee is not yet completed. All of the data collected by this committee will be gathered together and published in book form. Dr. Curran requested that the committee be continued for follow-up studies.

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

During recent years which have been marked by far-reaching changes in American society, there has been a tendency on the part of the public to accuse the medical profession and the medical schools of the United States and Canada of unprogressiveness in adapting teaching and service programs to meet new conditions. There has been special concern over apparent neglect of "social medicine," which is at best a poorly understood term. Actually, this criticism is more revealing of the lack of public understanding of how much has been accomplished by the American medical profession.

A bit more research would have disclosed that five years before Johns Hopkins even had a medical school, John Shaw Billings was already advising its faculty to introduce medical students to the social and environmental factors complicating illness. That Osler in 1897 was concerned with his clinic patients' social problems. That Richard Cabot's efforts to deal with such problems date back four decades. That such leaders in this field as Dr. George R. Minot and Miss Ida M. Cannon have long been active. That eight years ago, Toronto, Vanderbilt, Harvard, Yale, Syracuse, Johns Hopkins, Georgia, New York and Minnesota Universities, the Medical College of Virginia, Tufts and Long Island had already made definite progress toward a social understanding of disease. Of more recent date is Meharry's comprehensive plan for teaching the social components of medical care to senior students. In 1939, the Education Committee of the American Association of Medical Social Workers, after a 10 year study, stated that 11 medical schools with a total of 13 teaching hospitals had social service departments participating in teaching projects which were a regular part of the medical curriculum: these schools numbered Johns Hopkins, Harvard, Tufts, Western Reserve, Vanderbilt, Louisiana State, Yale, University of Pennsylvania, the Medical College of Virginia, St. Louis University, and Syracuse.

Social medicine has for the past 70 years at least not been ignored. Both clinicians with vision and organized social service have been aware of and given their efforts to understanding and dealing with the social components of illness. Recent investigation places what blame there is on those of us who have been slow to see and follow the trend toward a more comprehensive teaching of medicine.

The present study of the nature and extent of teaching of social and environmental factors in this country had its beginnings in 1941. At the Richmond meeting of the Association of American Medical Colleges in October of that year a committee was appointed to explore the subject. Originating as a subcommittee of the Association's Committee on the Teaching of Public Health and Preventive Medicine, this committee made a survey of the literature on this subject, obtained a statement from the American Association of Medical Social Workers, and sent questionnaires to the deans of 76 medical schools in the United States and Canada. Replies were received from 59 of the American and 8 of the Canadian schools.

On analysis, these replies seem to show that:

1. 32 (48%) of the 67 schools gave certain faculty members special responsi-

bility to teach social and environmental factors in medicine (in approximately half of these schools, to professors of preventive medicine).

2. The faculty departments and clinics most commonly showing special interest in social and environmental factors were Medicine, Pediatrics, Psychiatry—in that order—with Preventive Medicine and Obstetrics tying for fourth place. Orthopedics, surprisingly enough, was mentioned only 5 times. In two-thirds of the schools where a professor was specially designated there was also planned participation of social workers in the teaching.

3. The reported effect this teaching had on medical service was to:

- (a) Reduce re-admissions of chronic cases¹ (35 schools).
- (b) Improve diagnosis and treatment² (45 schools).
- (c) Better orientate students³ (52 schools).

4. 27 out of 67 schools routinely required an adequate record of social and environmental factors in the medical history; in 13 schools the recording was variable.

5. Of the 55 schools having social service available, 31 (56%) reported planned participation of social service in the teaching⁴, viz.,

Teaching exercises with social worker participation:

- 1. Conferences32 schools
- 2. Follow-up30 schools
- 3. Home visit studies.....24 schools
- 4. Lectures20 schools
- 5. Ward rounds15 schools

In 1942, following the presentation of this Report, the Association voted to continue this Committee as an independent body.

In 1943, the American Association of Medical Social Workers was invited to appoint a committee which would cooperate with the Committee of the Association of American Medical Colleges.

In 1944, as a result of preliminary exploration, which included tentative studies at the University of Pennsylvania and Yale University medical schools, the Project Committee, established in 1943 to act as an executive and coordinate body for the Joint Committee, decided to make a formal study and report. The study was approved and authorized by both the Association of American Medical Colleges and the American Association of Medical Social Workers and a grant obtained from the Milbank Memorial Fund.

WHO WERE RESPONSIBLE FOR MAKING THE STUDY

Co-Chairmen, Joint Committee—

Dr. J. A. Curran, President and Dean, Long Island College of Medicine.

Miss Eleanor Cockerill, Associate Professor of Social Case Work, School of Applied Social Sciences, University of Pittsburgh.

Chairman, Project Committee—

Dr. Jonathan E. Rhoads, Assistant Professor of Surgical Research, University of Pennsylvania School of Medicine.

Executive Secretary—

Miss Harriett M. Bartlett, 49 Fruit Street, Boston, Massachusetts.

Representing the Association of American Medical Colleges:

Dr. William W. Beckman, Instructor in Medicine, Harvard Medical School.

1. 1942 Report, Appendix, Table 10.

2. *Ibid.*, Table 11.

3. *Ibid.*, Tables 12, 13.

4. 1942 Report, Appendix, Table 4.

- Dr. Harold W. Brown, Professor of Parasitology, DeLamar Institute, College of Physicians and Surgeons.
- Dr. Loren Roscoe Chandler⁵, Dean and Professor of Surgery, Stanford University School of Medicine.
- Dr. E. Gurney Clark, Professor of Preventive Medicine, Washington University St. Louis, School of Medicine.
- Dr. Thomas D. Dublin, Professor of Preventive Medicine and Community Health, Long Island College of Medicine.
- Dr. William W. Frye, Professor of Preventive Medicine and Public Health, Vanderbilt University School of Medicine.
- Dr. Franz Goldman, Associate Clinical Professor of Public Health, Yale University School of Medicine.
- Dr. Samuel C. Harvey, William H. Carmalt Professor of Surgery, Yale University School of Medicine.
- Dr. Joseph C. Hinsey, Dean, Cornell University Medical College.
- Dr. Thomas A. LaSaine, Associate Professor Preventive Medicine, Meharry Medical College.
- Dr. Donald S. Martin, Associate Professor of Bacteriology and Associate in Medicine, Duke University School of Medicine.
- Dr. James Howard Means, Jackson Professor of Clinical Medicine, Harvard Medical School.
- Dr. Fred L. Moore, Professor of Social and Environmental Medicine, Long Island College of Medicine.
- Dr. Dwight O'Hara, Dean and Professor of Preventive and Industrial Medicine, Tufts College Medical School.
- Dr. Howard W. Potter, Professor of Clinical Psychiatry, Long Island College of Medicine.
- Dr. John Romano⁶, Professor of Psychiatry, University of Cincinnati College of Medicine.
- Dr. William L. Schlesinger, Demonstrator of Medicine and Preventive Medicine, Western Reserve University School of Medicine.
- Dr. John C. Whitehorn, Professor of Psychiatry, Johns Hopkins University School of Medicine.
- Representing the American Association of Medical Social Workers:
- Miss Eleanor Barnes, Director⁷ Social Service Department, New York University Clinics.
- Mrs. Margaret Fitzsimmons, Director Social Service Department, Long Island College Hospital, Brooklyn.
- Miss Dorothy E. Kellogg, Social Service Department, Massachusetts General Hospital, Boston.
- Miss Mary I. Madsen, Acting Director Social Service Department, University Hospitals, Cleveland.
- Miss Maude McCracken, Director, Social Service Department, Duke University Hospital.
- Miss Mary L. Poole, Director, Social Service Department, Hospital of the University of Pennsylvania.

5. Resigned, 1945.

6. Resigned 1946.

7. Resigned 1945.

Miss Elizabeth P. Rice, Director, Medical Social Service, New Haven Hospital.
Miss Theodate H. Soule, Director, Social Service Department, New York Hospital.

Miss Anne Sweeney, Social Service Department, Vanderbilt University Hospital.

Miss Helen P. Tholen, Director⁸, Social Service Department, University Hospitals, Cleveland.

WHERE THE STUDY WAS MADE

We visited 13 colleges: California, Cornell, Harvard, Iowa, Long Island College of Medicine, Meharry, New York University, Pennsylvania, Stanford, Tufts, Vanderbilt, Washington University (St. Louis), Yale.

WHAT WE ATTEMPTED TO DO

What we hoped to learn by this study was whether and to what extent a consideration of the social and environmental factors in illness entered the curricula of medical schools and what the objectives and methods of this teaching were. Specifically we wanted answers to the questions:

1. Is the medical student's attention directed to his patient's physical and personal environment?

2. Is the student taught the effects this environment may have upon the prevention, diagnosis, and treatment of his patient's illness?

3. Is the student taught how to understand and utilize the resources the community provides for his patient's care?

HOW WE WENT ABOUT IT

A study team consisting of a medical teacher and the Committee's Executive Secretary, Miss Harriett Bartlett, visited, between October, 1944 and February, 1946, 13 medical schools. The team of medical investigators included: Drs. William W. Beckman (Harvard), E. Gurney Clark (Washington University St. Louis), and three faculty members of the Long Island College of Medicine: Drs. Thomas D. Dublin, Fred L. Moore, and J. A. Curran. The schools listed above were selected because (1) they represent the various types of teaching (as in internal medicine or public health); (2) they represent the major sections of the country—both urban and rural institutions were chosen, and with white and colored student groups; (3) they showed evidence of faculty interest in or actively taught social and environmental aspects of illness. The remaining 65 schools investigated were sent letters of inquiry into their curricula and objectives of instruction.

We spent several days to a week at each school, observing the teaching, conferring with the faculty, house officers, students, social workers. We also reviewed available written material. We tried to get a picture of the curriculum as a whole as well as an idea of specific methods of teaching the social aspects of disease.

This is the outline of objectives prepared as a guide for us.

A. To obtain a background picture of the medical student body and the general medical curriculum in each school.

1. Selection of students for admission

What methods and criteria are used for selecting students?

What are the chief characteristics of the student body (i.e., geographical distribution, urban or rural residence, etc.)?

8. Resigned, 1945.

2. The general curriculum

How is the student first oriented to the medical course?

What responsibility is he given for planning his own program?

What is taught about the influence of environment factors and the patient's way of living upon the development of the disease and its care? In what courses is this emphasis clearest?

What special medical assignments seem to have significant social implications?

How is history-taking taught? Do students' clinical histories include data of social significance?

What is the method of teaching preventive medicine and public health?

How far are they integrated with clinical medicine?

- B. To study the methods in which the student comes in contact with patients during his medical school training, particularly during his clinical years of instruction.

When and under what conditions does the student first meet the patient and observe the process of individualizing patients? Is he helped to see what this process involves?

When does the student first have some responsibility in connection with the care of patients? How is he helped to prepare for this experience?

What is the nature of his work with patients in the wards and clinics? What is the fullest measure of responsibility assigned to students for care of patients?

What type of individual supervision is given the student in his clinical work by the medical school faculty, visiting physicians on the hospital staff, and the resident staff?

Does the student anywhere in his course see consideration given to the whole patient (including attitudes, social relationships and environment) as a part of individual diagnosis and planning of treatment? In presenting cases is he held responsible for the social aspects? Has he learned to make an individualized plan for a particular patient?

What is taught about the understanding of emotional aspects of illness?

At what points does the student have contact with the social service department? In what ways does the department participate in the teaching?

- C. To study specific teaching projects where they exist, such as social and environmental case studies, or instruction regarding community resources. What is the nature of these special projects?

What evidence is there that students have benefitted from this type of teaching?

A combination of methods will be needed to obtain the answers to these questions, including observation, conferences, and review of written material.

LETTER SENT TO DEANS OF MEDICAL SCHOOLS

November 5, 1945

You will recall or it may have come to your attention that in 1942 the Association of American Medical Colleges sent to your school a questionnaire inquiry regarding methods employed in teaching of social and environmental medicine. Your reply was incorporated in a report submitted to the Association. Because of the interest revealed at that time, the Association authorized a committee for further studies in cooperation with the American Association of Medical Social Workers. Representatives of this committee are now engaged in visiting a dozen medical centers where various types of approach to the subject have been used.

A report summarizing detailed observations at these visits will be prepared at the end of the study.

Since it is not possible to visit all centers, we would appreciate a brief report from you concerning changes that have occurred since 1942, so that you may bring us up to date. We are chiefly interested in learning the extent to which consideration of social and environmental factors enters into the curriculum, whether as a part of the basic clinical instruction or in special courses or projects. Although current developments make these factors of steadily increasing importance, we realize that wartime pressures make it difficult to supply detailed information. Hence we would greatly appreciate it if you would include in a letter the highlights of the situation in your school. We are particularly interested in such points as the following:

In ward and clinic instruction is consideration given to the social, economic and psychological aspects of the patient's situation as well as the clinical and laboratory findings? Are the students held responsible for knowing these factors in their cases? Do they learn to make an individualized plan for a particular patient in terms of the social and environmental problems with which that patient must deal, including care outside the hospital? What instruction is given regarding community organization of resources for medical care?

It would be helpful if you could indicate under what departments the various types of instruction occur. What special methods of teaching are used, such as social and environmental case studies, visits to patients' homes and community agencies, etc? In what way do the social service departments in your teaching hospitals participate?

We would also be much interested to know what you consider the best method of including this teaching in the curriculum and what plans you have regarding this instruction in your school in the future.

Your comments will be most helpful. We are sending extra copies of this letter, since we think it likely you will wish to share it with members of your faculty.

From replies to this letter and from the school visits we have obtained information from 92 per cent of the member schools in the Association.

WHAT WE FOUND

In general: We found teaching of social and environmental factors going on in the form of:

1. Formally organized active case study projects.
2. Extension of basic clinical instruction to include fuller history taking, home visits, case conferences, clinical discussions, ward-round teaching.
3. Joint effort of two or more departments to teach the social aspects of disease, viz., Public Health, Preventive Medicine, Psychiatry.
4. Teaching of social factors in specialized services of teaching hospitals.

Departments most frequently named (in replies to our 1942 inquiry) as showing special interest in social and environmental factors were: Medicine (39), Pediatrics (36), Preventive Medicine (27), Obstetrics (27), Psychiatry (25). In both the 1942 and 1945-46 studies, Medicine and Preventive Medicine were the departments most frequently found to have assumed definite responsibility for formal teaching of these factors.

The resources of hospital social service departments are being used in this teaching in a variety of ways. At the request of the medical faculty, social workers are giving consultation and help to medical students concerning social problems of individual patients and orienting students to community health and

welfare programs. We found medical social service playing a significant teaching role in case study projects in all schools visited during our survey. While in 1942 not more than 31 out of 55 schools where organized social service was available reported that social workers were given a planned share in the teaching, letters from deans several years later indicated a steady increase in social service participation. Not only schools lacking this service but those where it is already available mentioned their need for more social workers to help with the teaching.

Interest in the teaching of social and environmental factors was shown by our investigations to be widespread. There was not a single school but whose response showed some measure of recognition of the subject's importance. Four-fifths of the schools, the latest data of the 1945-46 study revealed, testified to carrying on some type of planned instruction in this area; it might be some specific project such as lectures, or more or less unrelated activities in different departments, or teaching included as a part of the clinical instruction in one or more departments. Several schools described plans being considered for expanding this teaching. Of the less than ten schools that reported no instruction of this type in progress, six of them indicated definite plans for including it in the near future. Harvard Medical School and New York University were revising their curricula, in which social and environmental factors were to enjoy greater recognition. A similar intention was expressed by Indiana, Minnesota, Nebraska and Wayne.

SPECIFIC FINDINGS

We found two major approaches to the teaching of social and environmental factors, with the characteristics described below:

Case study projects for teaching social and environmental factors.

1. These are formally organized projects for the special purpose of emphasizing the social and environmental factors in medicine.
2. The student is required to carry through a full study of at least one case, going further than usual into the personal and social aspects, the home situation, the community resources, etc.
3. There is opportunity for seminar discussion of the material, so that the implications may be explored and students learn from each others' cases.
4. The teaching is done by the instructor in clinical medicine or in preventive medicine and public health, under varying auspices, with collaboration of the hospital social service and others.

Permeation of the regular clinical instructions with teaching of social and environmental factors:

1. The approach is recognized by the clinical department as a part of its responsibility in teaching medicine.
2. It is included regularly in the daily instruction with other aspects of diagnosis and treatment, without special emphasis.
3. The teaching is done by the clinical teacher, with such collaboration from "specialists" (psychiatrists, preventive medicine faculty, hospital social workers, and others) as is indicated.
4. The student is taught to recognize, evaluate—and when capable assume responsibility for—the relevant social and environmental factors in every case.

A review of the actual methods observed in various schools will serve to demonstrate the nature of this case teaching.

CASE STUDIES AT VANDERBILT UNIVERSITY SCHOOL OF MEDICINE

We can begin with a project under a department of preventive medicine and public health, as it is employed at the Vanderbilt University School of Medicine. The importance of social and environmental factors in medicine has, under the former Dean, the late Dr. W. S. Leathers, long been recognized in the curriculum of this school, throughout its clinical department. The environmental case studies, begun in 1932, are conducted under the auspices of the Department of Preventive Medicine and Public Health and have the cooperation of the Social Service Department at the University Hospital.

About half of the senior class, working in pairs, are assigned or select cases. They study the patient's clinical record, discuss what to do with the medical and social instructors. They are given two outlines as a guide. The first calls for a statement of the medical and social situation, the plan for the patient, later follow-up on results, and discussion of the value of the study to the individual student. The second outline, prepared by the social service department, lists significant points to keep in mind in studying personal and social problems.

The students then visit patients' homes and interested health and social agencies. They may but they do not have to consult the medical and social instructors. Social workers do not go along with students on home visits but do discuss relevant matters with them, and help students in making contacts with community agencies.

After a thorough one-to-three-month study the students meet in groups in the medical instructor's office, with the social instructor present, to rehearse the presentation of the cases in class. All cases are fully written up and presented at regular sessions of the course, with the staff of the Department of Preventive Medicine and Public Health, members of the Social Service Department, and frequently heads of other medical school departments and representatives of community agencies also attending.

MEDICAL-SOCIAL CASE STUDIES AT HARVARD MEDICAL SCHOOL (MASSACHUSETTS GENERAL HOSPITAL)

Here the program illustrates how the case study project is used as an integral part of general clinical instruction under a Medical Service.

The teaching of the social aspects of medicine on the medical services of the Massachusetts General Hospital is facilitated by joint activity of the medical and social service staffs. As part of his routine work-up of all patients assigned him, the student is expected to be familiar with all pertinent social data and often uses social service as an additional source of information.

Within a framework of general clinical instruction in which the social factor is given considerable emphasis, as a rule, a special project for case studies and conferences somewhat like the Vanderbilt method has been a feature of the medical service teaching at the Massachusetts General Hospital since 1932.

Once each month, all student clerks in the medical service attend special medical-social case teaching conferences. Every student attends two such conferences in the course of his required two-month senior clerkship in medicine. At this second conference he is required to have ready for general discussion a medical-social case study of one of the patients assigned to him on the ward. The student chooses his own case for study according to his particular interest. He may and usually does consult social service in the course of working up the case report. Visits to patients' homes and to social agencies are relatively rare. In the last year or two Dr. William W. Beckman, who directs the project, invites senior members of the visiting staff of the hospital to participate. They welcome this invitation and attend almost religiously. Their attendance

has had the effect of giving the conference greater importance in the eyes of the students and thus enhancing teaching value. Also, the attending staff have a better chance to follow through with the care of a patient than is provided on ward rounds when, in a relatively brief time, every patient on the ward must be seen and decisions of immediate importance made. Those visiting staff members who have attended these monthly teaching sessions are reported to pay greater attention to social and environmental data in connection with their routine ward duties; thus it would seem that this session has value for staff members as well as students.

CASE STUDY PROJECTS AT OTHER SCHOOLS

The case study projects at the greater number of schools surveyed followed the general pattern in the two projects described. Any of these projects could have been used equally well to illustrate the essential teaching methods.

The choice of titles used at the various schools for their case study project is of some significance in indicating the purpose and emphasis. Some of these titles are as follows:

Social and Environmental Case Studies (Long Island College of Medicine; also Vanderbilt University, with terms reversed).

Study of the Patient in the Environment (Stanford University).

Clinical-Public Health Case Studies (Yale University).

Medical Social Case Studies (Harvard and Meharry Medical Schools).

Case History Writing, from the Social and Preventive Aspects (University of Manitoba).

These case study projects represent the most clearly defined new techniques which have been developed as a means of teaching the social and environmental factors in medicine. In more than a dozen schools the pattern is sufficiently similar so that the chief characteristics of the method can be generalized. If a composite photograph of these projects were made, the main features would emerge somewhat like this:

Student required to do a full study of at least one case, with emphasis on social and environmental factors, during the third or fourth year.

Under direction of medical instructor (usually Department of Medicine or Preventive Medicine and Public Health) with cooperation of other clinical teachers, particularly psychiatrist.

Social service shares responsibility with medical instructors.

Student has help in selection of case from both medical and social instructors.

Also has help in knowing how to approach patient and others through consultation and individual conference with instructors, as needed.

Suggestive outline often given for writing of case study (not to be rigidly followed).

Visit often made to patient's home, also to social and health agencies interested in the case.

Enough interviews are held with patient to establish confidence and understanding of needs.

Situation is followed long enough to see some changes and developments in relation to the care of the patient.

Further conferences held with instructors as needed to attain understanding of the particular case.

Student is expected to analyze his findings and the significance of the learning experience to himself.

Certain cases selected for presentation and discussion with small groups of students.

Medical instructor presiding, social instructor (and sometimes others) present; method allows for discussion by student group.

Discussion starts from individual case, stresses understanding of the patient and his needs, then moves out to broader community and social aspects.

Every students participates in at least two such discussions and prepares at least one full case study.

It is of interest to consider some of the more significant variations in the teaching methods, from school to school. Tufts and Stanford stand out particularly, Tufts because of the framework of its program, and Stanford because of the emphasis upon certain types of subject matter. At Tufts the "conferences on social aspects of medical care" are integrated with a program of domiciliary medical service covering a large district in the City of Boston and centered at the Boston Dispensary. The home care is given by a group of full-time preceptors and fourth-year students working closely together. A full-time social worker is assigned. Most of the fourth-year students spend a month on domiciliary service, during which weekly conferences on the social aspects of medical care and special cases "worked up" by the students are discussed in seminar in the usual way. We accompanied students and preceptors to the patients' homes, to observe the teaching process and although social aspects were not regularly recognized and included, we saw that potentialities for such a teaching development were clearly present in this promising combination of a case study project with a domiciliary service.

At Stanford University, in connection with Professor Charles E. Smith's course on "The Patient in His Environment," the case study is done by a team of three students. One student examines the patient in one of the clinics, a second studies the social and environmental factors in the case, and a third is responsible for the study of the agencies involved. Twenty-two hours are provided for conferences on these cases. The first thirty minutes of the conference is spent by the student, the clinical instructor, and Dr. Smith (or his assistant) in discussing important clinical and environmental features of the case. The last thirty minutes is devoted to a detailed discussion concerning the community agencies which have been called upon. Usually a representative of this agency leads the discussion. From the general plan of the project and a review of student case reports taken at random from the files, it was our impression that the greatest emphasis was placed upon the types and usage of community agencies rather than the actual environment of the patient and his reaction to it.

The projects at Yale and New York Universities, Long Island College of Medicine, Meharry Medical College, all closely resemble the Vanderbilt plan. At Yale the medical social worker's contribution to this teaching has been demonstrated with unusual care. The conferences between individual student, social service director, and staff social worker during the "working up" of the case are a thoughtfully planned, important part of the project.

At New York University Dr. Henry E. Meleney is assisted in his present teaching by several instructors who hold clinical appointments in Medicine and are closely in touch with ward and clinic patients. Students meet in groups of four at two or more formally scheduled conferences to discuss with medical and social instructors the selection of cases and the general plan of study. The work on the case study is done by students in pairs. Social workers accompany students on home visits, this being, as far as we could learn, the only school where such a plan is regularly followed.

At Meharry Medical College Dr. Thomas A. LaSaine has developed Medical

Social Seminars, following the general pattern here described, as a part of the senior course in preventive medicine and public health. The more general recognition of social and environmental factors apparent in this school may be explained by the frequency and unavoidability of these problems among the Negro patients seen.

In the project developed at Long Island College of Medicine by Dr. Thomas D. Dublin and now directed by Dr. Fred L. Moore, Professor of Social and Environmental Medicine, a longer time than usual is given the student for contact with his patient. Case assignment is made early in the third year and seminar discussion is not held until the fourth year, giving the students a relatively long period for following their patients.

At Cornell University Dr. Wilson G. Smillie, Professor of Public Health and Preventive Medicine, has used the case study-seminar pattern for junior student studies of family health and nutrition. Cooperating were public health nurses at the city health center where the major teaching is done. At the time we were making our survey, a medical social worker was temporarily participating in this teaching for demonstration purposes but whether she would go on doing so regularly was uncertain.

At California and Washington (St. Louis) Universities, the projects have the joint auspices of Departments of Medicine and Preventive Medicine. The present teaching at California is an outgrowth of Dr. Kerr's early interest in acquainting students with social factors through home visits under supervision of medical preceptors. One interesting feature is the joint instruction of medical students and medical social students from the school of social work at the University, who work concurrently on the same cases and report their findings before the combined student groups. Under Dr. William J. Kerr's influence the emphasis on social aspects pervades the teaching in the Department of Medicine.

At Washington University Dr. Barry Wood and Dr. E. Gurney Clark, respective heads of the Departments of Internal Medicine and of Preventive Medicine and Public Health, have collaborated on a new project (developed during 1945) with certain features of unusual interest. The schedule is arranged so that a clerkship in preventive medicine follows the senior medical clerkship. Students follow patients seen during the medical clerkship, report on them during the preventive medicine clerkship. Follow-up studies are expected to include home visits "in order to make observations on social and environmental factors concerned in the patient's illness." Cases are presented and discussed at seminars under Dr. Clark's direction during the preventive medicine clerkship. This same plan is carried out at Washington University with the Departments of Pediatrics and Neuropsychiatry. The close integration with the teaching of basic clinical medicine and the opportunity for students to study social aspects on a whole group of their clinical cases suggest a line of development that other schools might well explore.

The Harvard teaching method, it will be recalled, differed from many later projects in that it was carried solely by the Department of Medicine. Dr. George R. Minot at the Boston City Hospital and Dr. Harry Linenthal at Beth Israel Hospital have developed similar case-conference projects. The Harvard plan does not customarily include home-visiting as part of the case study, as is usual in other schools. The student studies the social situation through interviews with patients and relatives at the hospital and collaboration with the social service department.

At the University of Pennsylvania there developed more than ten years ago a project differing from the general pattern of the others. Here senior medical students, in groups of four, come to the Social Service Director, Miss Mary L.

Poole, for two conferences, based on case records prepared by medical social workers and read by the students. No medical instructor attends.

All of the projects discussed so far have been incorporated in required courses. The method is also being used successfully in an occasional elective course. At Cornell Dr. Smillie, working with the social service department, evolved a "Family Health Study," in which third year students were each assigned a family to follow over two years. The fourth year, the students met in small groups to discuss their cases with medical and social instructors. At New York University a social and environmental case study and seminar discussion is part of Professor A. C. DeGraff's full year elective course at the New York University Cardiac Clinic, with the social service participating. Some students attend for two years.

Through correspondence we have found that this general pattern of case study project is followed at Duke, Louisville, Manitoba, Medical College of Virginia, Syracuse and Western Reserve.

PERMEATION OF GENERAL CLINICAL INSTRUCTION WITH TEACHING OF SOCIAL AND ENVIRONMENTAL FACTORS

University of California: Department of Medicine: Here Dr. William J. Kerr, Professor of Medicine, has organized his department so as to provide for students and resident staff an unusual degree of continuity and responsibility in their contact with patients. Before acceleration a case summary including social, economic and environmental data in relation to the illness was required of every student for one patient weekly. Students visited patients' homes "to permit the student to investigate the social and economic aspects of clinical medicine." The medical social worker is available to students for consultation during clinic hours.

Stanford: Medical Teaching Rounds: Here we observed during attendance at ward rounds how Professor Arthur L. Bloomfield carries out his belief that no special courses are necessary for the teaching of social and environmental factors but that these can be taught in the every day routine handling of patients in ward and clinic. In the case of a woman patient for whom surgery was advised, he emphasized the point to the students that the surgical procedure would have to wait upon solution of the patient's problem about the care of her two small children, a solution that the social workers could bring about. In the case of the other patient, who had cancer, Dr. Bloomfield discussed with his students the plan for after-care, and the physician's responsibility regarding what and to whom information could be given.

Long Island College of Medicine: Surgical Teaching Rounds: Here we observed how aware was Dr. Phillips F. Greene, Clinical Professor of Surgery and Associate Dean, of the social and environmental aspects of the cases, although he did not consciously stress them.

Vanderbilt: Teaching on an Obstetrical Service: Dr. William W. Frye, Professor of Public Health and Preventive Medicine and holding an appointment in Obstetrics and Gynecology also, some years ago reorganized the home delivery service in order to develop its possibilities. The service now utilizes the experience of a public health nurse and a medical social worker. He has not yet been able to develop special conferences for discussion of social and environmental factors in home maternity care but brings out this viewpoint in clinical conferences held with students on the ward.

Yale: Teaching in a Pediatrics Department. The clinical teaching and care of patients here is, under the influence of Dr. Grover F. Powers, Professor of Pediatrics, permeated by an atmosphere of social understanding of illness in children. The resident ward rounds on Pediatric Service further illustrate the inclusion of

social and environmental aspects within the regular clinical program, the medical social worker attending once a week.

University of Pittsburgh: Clinical Conferences on Medical Wards: In a recent paper, Dr. Alexander H. Colwell describes the method here of the joint teaching of students of medicine and medical social work from different divisions of the University, who work on the same cases and thus learn from each other.

Harvard and Tufts (Beth Israel Hospital, Boston): Medical Ward Conferences: The fourth-year student benefits from daily ward-round instruction by a member of the attending staff, who is jointly responsible with the medical social worker for formal two and one-half hour case conferences on social aspects of illness held weekly during every alternate month for students assigned to the medical service. Each student assigned to a fourth-year clerkship in medicine attends at least four such medico-social conferences during the two-month clerkship.

OTHER METHODS OF TEACHING SOCIAL AND ENVIRONMENTAL FACTORS IN MEDICINE

Besides case teaching other important methods are being used for teaching the social aspects of illness:

Lectures in Clinical Medicine

Yale: Dr. Samuel C. Harvey meets with the junior class four times during the course of the surgical lectures and clinical demonstrations. A medical student usually presents a case in its medical aspects. Dr. Harvey discusses the case, then asks the social worker who is always present to bring out the social aspects of the case as related to surgical care. The social worker stated that Dr. Harvey constantly stresses the importance of social factors, asking whether the patients with potential social problems are known to social service, pointing out the need to know possible social strains in planning surgery and recognizing the economic problems that long time, recurrent illness presents to the family.

University of Pennsylvania: The pattern followed here by Dr. John H. Stokes in his course on syphilology has more often been a special lecture on social aspects of syphilis by the social worker rather than integration of her contribution with that of the clinical instructor, in the manner of Dr. Harvey.

Iowa: Dr. W. D. Paul, Department of Medicine, has developed interesting visual aids for teaching emotional, social and environmental factors in medicine. He has prepared a large poster demonstrating the "vicious circle" of fatigue, strain and anxiety in the production of gastrointestinal disorder. He also uses life-history charts set up in double columns to show the time relationship between medical and social events in the life of the patient, a method adopted from Dr. Stanley Cobb and Dr. Adolf Meyer.

TEACHING COMMUNITY ASPECTS THROUGH LECTURES, CONFERENCES AND FIELD VISITS

In addition to the teaching previously described other methods for teaching this same subject matter are commonly employed. The two major patterns of such instruction are (1) either to bring the student in contact with the health and social agencies that are cooperating with the teaching hospitals, or (2) to present the material in lectures or less formal conferences.

An example of such a program—as observed during our survey—is that developed by Dr. Dublin at Long Island College of Medicine whereby during his preventive medicine clerkship the fourth-year student has considerable opportunity not only to observe health and welfare programs in operation but also to confer with agency representatives.

In schools where there is no special clerkship in preventive medicine, regular periods out of the time assigned to the department may be set aside for com-

munity visits and contacts. An example is Dr. T. J. LeBlanc's program at the University of Cincinnati.

Instead of intensive programs of this kind there may be a single session or two included at some suitable point in the medical course to call the student's attention to the importance of the community resources available to him in planning the care of his patients. At New York University Dr. Meleney has asked the medical social workers in the two major teaching hospitals to be responsible for a two-hour session on social agencies early in the preventive medicine clerkship.

At Duke University the medical social service division gives a one-hour lecture in the physical diagnosis course, as an introduction to the various social services in the hospital and community. At Oregon two such sessions are given at the beginning of the third year. At California, Georgetown, and Buffalo this type of brief orientation is given when the student starts work in the outpatient department. In most instances the social service department either participates or takes full responsibility.

Many courses are given in medical schools which have some sort of social implications. In answer to our inquiry, special courses such as the following were mentioned: Medical history and ethics (Texas); orientation to the practice of medicine (Minnesota); legal medicine (Illinois); social medicine (Toronto); and a course entitled, "The Broader Aspects of Medicine" (Bowman Gray). Courses in medical economics were mentioned at Marquette, Michigan, and Georgetown.

We observed two methods by which these "broader aspects" are being introduced into the medical course. At Harvard and Long Island College of Medicine special lecture courses have been organized under the department of preventive medicine, on such subjects as organization and availability of medical care and the physician's responsibilities. At Yale, this material has now been incorporated in the required senior course in public health.

The other method of planning this teaching is to include individual sessions on these subjects as part of a course covering a wider field. For example, in the courses on preventive medicine at Cornell, Dr. Smillie includes sessions on such subjects as the crippled children's program, medical social service, and adequacy of medical care. In the third year conjoint course at Washington University (St. Louis), symposia on specific diseases or techniques of treatment are combined with symposia on such subjects as maternal care and community facilities in tuberculosis.

CONCLUSIONS AND RECOMMENDATIONS

Certain general conclusions and recommendations for further study have been drawn from analysis of the data gathered during the study. These were voted upon by the Joint Committee at its June 1946 meeting. They are now being formulated and will appear in the final published text.

It was moved and carried unanimously that the report be accepted and the request of the committee for continuation be granted.

At this juncture Dr. W. H. Perkins, chairman of the Conference on Professors of Preventive Medicine held earlier in the month was given an opportunity to report on that meeting. He recommended that the committee reports at that conference be printed in the Journal of the Association of American Medical Colleges for information, study and future action. A motion made to that effect was carried unanimously.

In the absence of the chairman of the Committee on Borden Award, Dr. E. A. Doisy, a brief report of the activities of that committee was made by the Secretary. The committee held one meeting and formulated plans of procedure which were submitted to the Borden Foundation for approval. This approval was forth-

coming promptly. These rules will be distributed to the member colleges and will be printed in the next issue (November) of the Journal of the Association.

Dr. Carlyle Jacobsen, chairman of the Committee on the Evaluation of Psychometric Tests, reported on the activities of his committee. He stated that the committee felt that since it was important to give an aptitude test in the near future, the committee could not in the time available build up a satisfactory testing program; therefore, the committee had contacted the Graduate Record Examination Group and is now endeavoring to make satisfactory arrangements with that Group to give an examination early in January, an examination which would meet the needs and requirements of an aptitude test for those who may be contemplating entering on the study of medicine. Details and full information will be forthcoming as soon as arrangements have been concluded.

The Secretary stated that he had been instructed by the Executive Council to notify all the colleges which had given the medical aptitude test, now discontinued, for many years that new arrangements were being made for working out a satisfactory testing program.

It was voted unanimously that Doctor Jacobsen's committee proceed to develop a testing program as outlined by him and that a test be given as early as possible in January, 1947. At Doctor Jacobsen's request the name of this committee was changed to Committee on Student Personnel Practices. Doctor Jacobsen was authorized to select the members of his committee.

At this juncture Dr. A. C. Bachmeyer, who had officiated as the director of an extensive hospital survey for the past several years, was requested to present a brief report on his activities, findings, and recommendations. Doctor Bachmeyer addressed the Association briefly.

At this juncture a recess was taken until 8:00 p.m.

* * * *

The Executive Session was resumed at 8:00 p.m.

Dr. Chas. A. Doan, Dean of the Ohio State University College of Medicine, made a brief report on "Grants in Aid of Research by the National Health Institute."

The Secretary presented Mr. W. W. Wentworth, Secretary of the Borden Foundation, who was instrumental in arranging for the administration of a Borden Award by the Association of American Medical Colleges. Mr. Wentworth addressed the Association briefly.

Dr. Paul Magnuson of the Veterans' Administration, addressed the Association briefly on the problem of cooperation between the Veterans' Administration and the medical Colleges.

A vote of thanks was extended to Doctor Magnuson for coming to the meeting to discuss this subject.

Col. Richard E. Eans, representing National Selective Service, spoke briefly on the relation of premedical and medical students to Selective Service in the near future.

At this juncture the Nominating Committee presented its report:
President, Wm. S. McEllroy, University of Pittsburgh
President-Elect, W. A. Bloedorn, George Washington University
Vice-President, Maxwell E. Lapham, Tulane University of Louisiana
Secretary, Fred C. Zapffe
Treasurer, A. C. Bachmeyer
Members of Executive Council:
Jos. C. Hinsey
W. C. Davison

The committee recommended the adoption of this report.

The President called for nominations from the floor; none being forthcoming, the recommendation of the committee was put to a vote and carried unanimously. The Secretary was instructed to cast the ballot of the Association for the election of the nominees. The Secretary reported that the ballot was cast.

Dr. L. R. Chandler moved that a vote of thanks be extended to Dr. A. C. Bachmeyer for his fine work in making the hospital survey. The motion was carried unanimously.

Dr. Chandler moved that the 1947 meeting of the Association be held in Grove Park Inn, North Carolina, if satisfactory arrangements can be made, at a time to be decided by the Executive Council. The vote was carried.

Dr. Eben J. Carey moved that a vote of thanks be extended to the management of the hotel for the excellent service given the Association. The vote was carried unanimously.

There being no further business to come before the Association, the meeting was adjourned subject to call by the Executive Council.

The meeting adjourned at 12:30 p.m.

(Signed) Fred C. Zapffe

THIRD SESSION, WEDNESDAY, OCTOBER 30, 1946

The meeting was called to order by President Moore, at 9:45 a.m.

President Moore introduced the new President, Dr. Wm. S. McEllroy, Dean of the University of Pittsburgh School of Medicine, who then assumed the Chair.

The first paper on the program was read by Dr. E. Cowles Andrus of the Johns Hopkins University School of Medicine; it was entitled "Private Clinics in Medical Schools."

The paper was discussed by Drs. Alan M. Chesney, J. Roscoe Miller, L. R. Chandler, Currier McEwen, A. C. Bachmeyer and Jean A. Curran.

"Research by Medical Undergraduates" was the title of a paper read by Dr. Chas. A. Doan, Dean of the Ohio State University College of Medicine.

The paper was discussed by Drs. George P. Berry and W. J. B. Riddell.

Dr. Thos. D. Dublin of Long Island College of Medicine read a paper entitled "The Basis for Teaching Social and Environmental Factors in Medicine in the Undergraduate Medical Curriculum."

This paper was discussed by Dr. Wm. H. Perkins.

Dr. Wm. W. Beckman of the Harvard Medical School read a paper entitled "Some Aspects of the Clinical Teaching of Social and Environmental Factors." No discussion.

At this juncture, Dr. Anton J. Carlson, chairman of the Committee on the Promotion of Medical Research, which was appointed by the Association in 1944, presented a written report and spoke extemporaneously on the work of his committee, which finally was resolved into the National Society for Medical Research.

At the conclusion of Doctor Carlson's presentation and talk it was voted unanimously to endorse the work of Doctor Carlson and his associates and to promise the full support of the Association for the work undertaken by the National Society for Medical Research.

As a result of the discussion of the financial support of the activities of this society, it was voted unanimously that the National Society for Medical Research bill the member colleges of the Association for whatever amount the Society had decided was fair and proper for each institution.

There being no further business to come before the Association at this time, an adjournment was taken at 1:00 p.m.

(Signed) Fred C. Zapffe
Secretary

NATIONAL SOCIETY FOR MEDICAL RESEARCH*

ITEMS OF HISTORY

At the Detroit meeting of the Association in Detroit in 1944 a special committee was appointed to consider and make recommendations regarding the sponsorship by the Association of an organization to conduct a national educational program on the subject of animal experimentation.

At the Pittsburgh meeting in October, 1945, the Association voted to sponsor "The National Commission for the Protection of Medical Science" and the Executive Council appointed a Board of Directors to organize the Commission. In December, 1945, with the approval of the Executive Committee of the Association, a letter was sent to the Deans informing them of the purposes of the organization and inviting a contribution from each school of an amount ranging from \$200 to \$400 a year for a period of five years.

The Board of Directors met in Chicago on February 1, 1946. At this meeting the name of the organization was changed to the National Society for Medical Research. A single purpose "to inform the public regarding the necessity, humane character and accomplishments of animal experimentation" was adopted; and it was decided to incorporate the Society.

In April, 1946, the Friends of Medical Research of New York State decided that they would not organize on a national basis and voted to give the balance of the funds collected by them to the National Society. The Executive Committee of the Board of Directors of the Society (see Appendix A) formulated a constitution (see Appendix B) for the Society which was approved by the Board of Directors and the Society was incorporated as a non-profit organization in the State of Illinois.

On May 16, 1946, Mr. Ralph Rohweder, formerly President of the Junior Association of Commerce of Chicago and a National Director of the Junior Chamber of Commerce was appointed Executive Secretary of the Society and an office was rented at 25 East Washington Street, Chicago. Late in May and before the staff was organized, the Society was asked to render educational advice in Detroit where antivivisectionists had obtained an injunction against the use of impounded dogs for medical research. In June two writers with professional experience were employed.

MEMBERS

More than 40 national scientific organizations have become either contributing or endorsing members of the Society; many others are pending. The American Red Cross, the United States Junior Chamber of Commerce and the Chamber of Commerce of the United States have become endorsing members.

*Report to The Association of American Medical Colleges, October 29, 1946.

The following resolution of the Chamber of Commerce of the United States was passed by a referendum vote of 2424 organizations in favor, 18 against, (representing more than a million businessmen):

"In view of the great progress that has been made in preventive and curative medicine and surgery through animal research and the prospect of even greater progress in the future, the National Chamber is unalterably opposed to the prohibition of this scientific procedure. Such a prohibition would seriously hamper all medical progress."

We expect that every scientific organization and lay organization of national significance will become endorsing members.

FINANCE

A total of \$29,120.88 has been received up to October 15, 1946, as contributions for the year April 1, 1946 to April 1, 1947. Of this sum only about \$5,000.00 has been expended to October 1, 1946. The plan has been to develop slowly and securely. A budget of \$23,000.00 for the year has been approved by the Executive Committee (see Appendix C).

Of the 69 four-year schools, 36 have contributed \$9,541.00. Thirty-three of these member schools have given no financial assistance to date. Of the 8 two-year schools, 3 have contributed \$600.00. Of 38 State or Municipal schools, 14 have contributed. Twenty-four of these schools have given no financial assistance to date. No schools in Canada have contributed. The Faculty of the University of California contributed \$291.00 as a voluntary contribution of individuals. Various individuals have contributed a total of \$202.28. The Friends of Medical Research of the State of New York turned over a balance of \$11,357.60 which was derived from commercial concerns. We have received \$5,950.00 directly from commercial concerns. Invitations to contribute were not sent to those concerns who contributed this year to the Friends of Medical Research. Several scientific societies have contributed a total of \$1,470.00 to date; others have contributions under way amounting to more than \$1,000.00 (see Appendix D).

The Society had a balance of \$23,840.00 as of October 1, 1946 (see Appendix E).

PROGRAM

The National Society for Medical Research was founded on the hypothesis that continuous, positive public education on the role of animal experimentation in medical progress would accomplish more in nullifying the antivivisection movement than intermittent defense campaigns undertaken under pressure. The Society was conceived as an agency for producing and distributing articles, releases, pamphlets, and other informative materials. Much has already been accomplished in this direction.

The Society has also started to mobilize established educational media. In this connection it is exceedingly important for biological scientists and the public relations experts of universities and medical schools to cooperate by indicating in their research releases that animals were used in making the discovery. The appalling ignorance of the public regarding the source of medical discoveries is due primarily to the fact that the means of making a discovery is rarely mentioned in magazine or newspaper articles.

The Society has been asked for literature by numerous persons throughout the country who in some way have heard of its existence. Several letters have been received from teachers of biology in colleges who have asked for literature because some of their students believe what they read in the Hearst Press. The existence and aims of the Society will be publicized among the teachers of high school and college biology.

SOME ACCOMPLISHMENTS

To obtain the cooperation of various agencies in publicizing the accomplishments of animal experimentation, we have taken the following actions:

A letter was sent to public information directors of all medical colleges in July, 1946, asking them to cooperate by mentioning the use of animals in their releases. Individual correspondence has followed. Arrangements have been made for the organization of a committee of the College Publicity Directors Association to work with the Society in the development of improved public relations programs for medical institutions. A publicity advisory committee of Chicago college publicity directors has been established to work out policies to be used as models for country-wide use. The entire membership of the Federated Societies for Experimental Biology was sent a letter explaining the basis for a recommendation that all papers and releases include information on the experimental foundation of medical discoveries. Science writers of Chicago newspapers, news wire services and Life Magazine have been contacted regarding the importance of telling experimental background in medical articles. Letters have been written to authors of medical articles and institutions from which articles emanate calling attention to opportunity to serve science by including research facts. A Resolution was passed by the American Diabetes Association at its silver anniversary meeting calling attention to the dog studies responsible for the discovery of insulin. Newspapers and magazines reporting the meeting included the experimental story. A sample release was prepared for medical colleges in connection with National Dog Week, September 22-28. Release mentioned the role of dogs in medical progress. Letters were written to sponsors and directors of radio programs dealing with medical and scientific subjects urging the inclusion of references to animal tests whenever suitable. Contact has been made with a number of free lance writers who will prepare popular articles for sale at no cost to the Society. Letters were written to a number of leaders in veterinary research who replied with extensive reports on their current work. This material will be used for articles in pet and agricultural publications. It will also provide the basis for a pamphlet on the contribution of animal studies to animal welfare.

The educational programs and articles of the Society have been directly or indirectly responsible for some of the following activities:

A 15-minute dramatization was presented on "The Human Adventure" radio show March 29th. An article by J. D. Ratcliff and Norman T. Kirk was published in Collier's for June 29. Bernard De Voto devoted his regular Harpers magazine feature "The Easy Chair" to an exposure of antivivisection in the June issue. An article by A. C. Ivy appeared in the August issue of Clinical Medicine. An article by A. C. Ivy and A. Zobel appeared in the September issue of the Journal of the American Pharmaceutical Association. An editorial on antivivisection activities appeared in the April issue of the Journal of the American Dental Association. An editorial on antivivisection appeared in the May issue of the Journal of the American Medical Association. A cartoon by famed cartoonist Bill Mauldin appeared in newspapers throughout the United States on July 14, 1946. An editorial on antivivisection by Ralph Rohweder appeared in the Jaycee Chicagoan in June. An article by Ralph Rohweder in Forward magazine for September referred to the antivivisection movement. A two-part article by Gregory Rice appeared in Medical Economics for June and July. An article entitled Operation X by Albert Q. Maisel appeared in the September Readers Digest. A debate on animal experimentation appeared in Readers Scope for August 1946. A discussion of animal experimentation was held on the radio program "The Doctors Talk It Over" broadcast by the Mutual Broadcasting Company. An antivivisectionist's Pledge Card which highlights the ridiculous

tenets of the cult has been drafted. An article on the part played by animals in pharmacological testing by Harald Holck was published in the American Journal of Pharmacological Education. Articles on nutritional studies, vascular surgery, digitalis, congenital deformity of the heart, filariasis, and anemia, have been prepared and are being adapted for use in specific popular publications. An article on the debt of the U. S. Army Soldier to Animal Investigation by Elliot C. Cutler appeared in the April issue of the Harvard Medical Alumni Bulletin. The Society displayed an exhibit prepared by N. R. Brewer and A. R. Roseberg at the annual meeting of the American Veterinary Medical Association in Boston in August, 1946. An article on the development of plasma transfusion methods has been written by George Thuerer for The Crippled Child. The "Telareel," a dramatized radio news broadcast on the American Broadcasting Company network, carried a message on animal experimentation by H. A. Lichtwardt on June 3. A round table discussion on animal experimentation was conducted on station WJR on June 9. Information for an article on animal experimentation was supplied to Look magazine. A picture of a dog used in polio experiments with doctors and patient was syndicated and used throughout the United States. A picture feature entitled "Test Tube Zoo" showing animals used for experimental purposes and their contributions has been used by one paper and is being prepared for national distribution. An article on the development of the sulphha drugs prepared by E. H. Lanphier and C. C. Pfeiffer has been submitted to Harpers Magazine. An open letter to an antivivisectionist has been drafted for later use. The magazine, "The Crippled Child" requested and received a general article on animal experimentation for use in December. The Chicago Star has requested an article exposing the role of the Hearst press in the antivivisection movement. The St. Louis Star Times has asked Piero Foa to prepare an article on animal experimentation. Bill Case, staff writer for the Detroit Free Press, has written a series of articles in connection with an antivivisection suit to enjoin the city's sale of pound dogs to medical institutions. Cartoons ridiculing antivivisectionists appeared in The Physician, and Medical Economics. Help was given a writer for Saturday Evening Post on the counter-antivivisection activities of A. J. Carlson.

The Executive Committee believes that education leading to clear-cut positive legislation providing for animal experimentation must be promoted in all states and in cities in which medical institutions are located.

It should be emphasized that the end product of antivivisection agitation is legal and legislative action. Legal obstructionism by the antivivisectionists is facilitated by vague laws. In addition, scientists have always been on the defensive and have been considered in the light of the uninformed mind as culpable. Even the partially informed mind, we have found, is inclined to believe that "where there is some smoke there must be some fire." In fact, it is difficult for any one who does not actually know antivivisection agitators to believe that these people are insincere, inconsistent and in most instances liars.

When scientists who have been libeled and slandered do not sue in court, many believe that the scientists are guilty. Medical scientists have abhorred court action and therefore have frequently found themselves in court defending research against slanderous charges by the AV's. Inasmuch as these court fights cannot be avoided, it seems desirable that they be initiated by the scientists involved, not only because there are legitimate grounds for legal action against the antivivisectionists but also because it is poor strategy and worse for morale to be continually on the defensive. Though this matter is debatable, medical schools and biological scientists should consider the advisability of court action in each case as it arises. Because of the individuality of each case, a rule or policy cannot be formulated. However, we should in each case consider the

advisability of dramatizing the slanderous nature of antivivisection propaganda with lawsuits and to expose the illegal operation of antivivisection societies as non-profit, charitable institutions.

In addition, antivivisectionists announced in August, 1946, a nationwide legislative program for 1947 after the receipt of a large bequest which bore the stipulation that antivivisection legislation be introduced every year for 25 years.

With the legal and legislative aspects of the problem in mind, the following actions have been taken.

Individual letters have been written to the legislative chairmen of all state medical societies requesting information on present laws and outlining the legislative problem in general terms and to maintain alertness regarding antivivisection legislation. Model state and local laws are in preparation under the direction of a special committee. A leaflet has been written for use in promotion of legislation specifying that pound dogs that would otherwise be destroyed shall be given to medical institutions.

In Michigan an informal organization set up to defend research against the antivivisectionists is now at work in behalf of a positive state law supporting animal experimentation. The Chamber of Commerce of the United States has passed a resolution endorsing animal experimentation and has promised to actively support the educational efforts of the Society. This action of the Chamber of Commerce has been and will be of great value.

In conclusion we should not forget that education is the duty of those who know and that ignorance is fertile soil for anti-science legislation.

APPENDIX A

BOARD OF DIRECTORS

- *A. J. Carlson, President
- *A. C. Ivy, Secretary-Treasurer
- R. B. Allen, University of Washington
- Alfred Blalock, Johns Hopkins
- *C. S. Burwell, Harvard
- *E. J. Carey, Marquette
- *L. R. Chandler, Stanford
- W. C. Davison, Duke
- R. E. Dyer, National Institute of Health
- H. S. Gasser, Rockefeller Institute
- E. W. Goodpasture, Vanderbilt
- J. G. Hardenbergh, American Veterinary Association
- J. C. Hinsey, Cornell
- *Victor Johnson, American Medical Association
- *C. D. Leake, Texas
- E. M. MacEwen, Iowa
- W. S. McEllroy, Pittsburgh
- B. O. Raulston, Southern California
- A. M. Schwittala, St. Louis
- Isaac Starr, Pennsylvania
- E. L. Turner, Univ. of Washington
- Floyd S. Winslow, New York State Medical Society

APPENDIX B

CONSTITUTION AND BY LAWS OF THE NATIONAL SOCIETY FOR MEDICAL RESEARCH

Constitution

I

1. This Society shall be named the "National Society for Medical Research."
2. The Society shall be a non-profit scientific, educational and charitable institution founded to

*Member of Executive Committee to transact all interim business.

encourage and advance research in Biology, Medicine, Dentistry, Pharmacy and Veterinary Medicine by collecting and disseminating knowledge regarding the necessity, the humane character and the accomplishments of animal experimentation and by fostering research and teaching in the biological sciences, particularly those which promote human welfare by contributing to the prevention, control and cure of disease in men and animals.

II

1. The Society shall consist of contributing and non-contributing members.
2. Any person, organization, institution or corporation interested in the aims of the Society may become a member of the Society, and they or their officially designated representatives may attend the meetings of the Society or Board of Directors.

III

1. The management of the Society shall be vested in a Board of Directors, numbering from ten to twenty-four and including a President and a Secretary-Treasurer.
2. The President and Secretary-Treasurer shall be elected by the Board of Directors for one year.
3. The Board of Directors, which was originally appointed by the Association of American Medical Colleges, shall be self-perpetuating and new members shall be elected for one year by the majority vote of the members of the Board.
4. An Executive Committee, consisting of the President and Secretary-Treasurer and five other members of the Board of Directors elected at any meeting of the Board of Directors, shall have the power of conducting the business of the Society subject to the approval of the majority vote of the members of the Board of Directors.
5. The Board of Directors shall make an annual report to the Executive Committee of the Association of American Medical Colleges.

IV

1. At least one annual meeting of the Board of Directors shall be held on the call of the officers of the Society or three members of the Executive Committee, the notice calling the meeting shall provide the time and place and shall be mailed three weeks prior to the meeting, to the Board of Directors and members of the Society. Special meetings may be called by a majority vote of the Executive Committee or three members of the Board of Directors.

V

1. The Society shall have no regular membership dues. It shall accept contributions and send bills for dues to those members requesting such bills.

VI

1. Proposed changes in the Constitution may be made at an annual meeting of the Board of Directors. The change shall be made if two-thirds of the total membership of the Board of Directors cast their vote in favor of the change; if the total membership of the Board is not present to vote, the vote shall be completed by mail.
2. Seven members of the Board of Directors shall constitute a quorum for the transaction of business; a member of the Board may give his proxy to another member.
3. Four members of the Executive Committee shall constitute a quorum for the transaction of business, but only two such members shall be present by proxy.

APPENDIX C

Budget

Staff Salaries and Expenses:		
Executive Secretary	\$ 6,000.00	
Writer and Secretary	2,400.00	
Copywriter up to	3,500.00	
Newsman and Writer	3,500.00	
Contingency	100.00	
		\$15,500.00
Rent		1,140.00
General Office Equipment and Overhead		1,700.00
Educational Materials		4,660.00
		\$23,000.00

APPENDIX D

Summarized Contributions to the National Society for Medical Research up to October 15, 1946

	Receipts
4-Year Schools, U.S. (Contributions by 36 schools).....	\$ 9,541.00
2-Year Schools, U.S. (Contributions by 3 schools).....	600.00
Personal Gifts	202.28
Scientific Societies	1,470.00
Friends of Medical Research	11,357.60
Commercial Concerns (Contributions by 14 companies).....	5,950.00
Total	\$29,120.88

APPENDIX E

FINANCIAL STATUS OF NATIONAL SOCIETY FOR MEDICAL RESEARCH AS OF SEPTEMBER 30, 1946

Receipts:			
4-year schools	\$	9,541.00	
2-year schools		600.00	
Personal gifts		202.28	
Contributions from societies		12,327.60*	
Contributions from concerns		5,950.00	
Total up to October 22, 1946.....			\$29,120.88
Deposited in October.....			710.00
<hr/>			
Receipts up to September 30, 1946.....			\$28,410.88
Bad check	\$	2.00	
Refund		26.40	
		<hr/>	
	\$	28.40	28.40
<hr/>			
Total receipts shown by Bank Deposits up to October 1, 1946....			\$28,439.28
Expenditures as of September 30, 1946.....			4,598.52
<hr/>			
Balance shown by Bank Report of October 1, 1946.....			\$23,840.76

*\$11,357.60 of this sum was received from the Friends of Medical Research and was contributed by commercial concerns.

REPORT ON EXAMINATION OF ACCOUNTS

October 17, 1946

Dr. John Walker Moore, President
Association of American Medical Colleges
University of Louisville
Louisville, Kentucky

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, 1946 and submit the following statements:

Exhibit A—Balance Sheet August 31, 1946.

Exhibit B—Statement of Income and Expenditures for the year ended August 31, 1946.

Exhibit C—Detailed Statement of Expenditures for the year ended August 31, 1946.

GENERAL INCOME

With one exception the annual membership dues of \$150 were received from each of the 85 members during the year 1945-46. The unpaid amount of \$150 was received during the month of September, 1946, and will appear as income in the 1946-47 accounts.

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 1945-46. During the month of September, 1946, \$53.31 was received, being the unpaid balance for advertising in the 1945-46 Journals. This amount will appear as income in the 1946-47 accounts.

The income from the sales and subscriptions to the Journals 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 United States Government Series "G" bonds which bear interest at 2½ per cent per annum payable semi-annually—

Face Value	Maturity	Interest Due Dates	Amount
\$12,000	February, 1956	February and August	\$300
<u>1,000</u>	June, 1957	June and December	<u>25</u>
<u>\$13,000</u>			<u>\$325</u>

RESTRICTED INCOME

No additions were made to the balance in the Tropical Medicine Funds. The unspent balances in these accounts have been carried forward into the new fiscal year. The unexpended balance in the Committee on War Activities Fund was returned during 1945-46 to the Josiah Macy, Jr., Foundation.

EXPENDITURES

The approved vouchers were inspected and verified to the extent of comparison with all cash disbursements and the budget as adopted for 1945-46. The distribution of expenditures is shown in Exhibit C.

BALANCE SHEET

The amount of cash as shown in the banks at August 31, 1946, 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 and the amounts are as follows:

Secretary's Office	\$ 50
Treasurer's Office	10
Aptitude Test Committee cancelled during September 1946—amount deposited in bank	75
Tropical Medicine Funds Distributing Center	<u>31.34</u>
Total	<u>\$166.34</u>

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
Nov. 1936	M380697B to M380706B incl. for \$1,000 each	11/1/1946	\$10,000	\$ 9,800	\$ 7,500
Jan. 1937	M191170C to M191179C incl. for \$1,000 each	1/1/1947	10,000	9,800	7,500
Feb. 1944	M2339896G and M2339897G for \$1,000 each	2/1/1956	2,000	1,912	2,000
Feb. 1944	X357140G	2/1/1956	10,000	9,560	10,000
June 1945	M3833870G	6/1/1957	1,000	978	1,000
Total			<u>\$33,000</u>	<u>\$32,050</u>	<u>\$28,000</u>

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, 1946 was \$4,600. The Series "G" securities bear interest at the rate of 2½ per cent per annum.

Deferred income shown in the amount of \$7,050 represents dues received prior to the close of the fiscal year 1945-46 from 47 members for the fiscal year 1946-47.

The accumulated net income has been increased by a net amount of \$7,038.62 which resulted from operations as follows:

Balance September 1, 1945		\$34,614.35
General Income 1945-46	\$43,886.27	
General Expenditures 1945-46	36,847.65	
Net excess income		7,038.62
Balance August 31, 1946		\$41,652.97

Yours very truly,

(Signed) Catharine Mitchell

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
BALANCE SHEET—AUGUST 31, 1946

ASSETS

Cash in banks:		
The First National Bank of Chicago	\$20,568.43	
Bank of Montreal, Toronto, Canada	1,810.04	\$22,378.47
Petty Cash Advances		166.34
Investments at cost		28,000.00
Prepaid Surety Bond Premiums		142.50
		\$50,687.31
		\$50,687.31

LIABILITIES

General Funds:		
Deferred Income for 1946-47 Dues	\$7,050.00	
Accounts Payable—Federal Withholding Tax	.20	
Accumulated Net Income	41,652.97	\$48,703.17
Restricted Funds:		
Tropical Medicine Fund No. 1	1,029.63	
Tropical Medicine Fund No. 2	591.48	
Tropical Medicine Fund No. 3	363.03	1,984.14
		\$50,687.31
		\$50,687.31

STATEMENT OF INCOME AND EXPENDITURES
FOR THE YEAR ENDED AUGUST 31, 1946
General Funds

Income:		
Dues	\$12,600.00	
Advertising	11,287.85	
Journal Sales and Subscriptions	369.88	
Aptitude Tests	19,303.54	
Income on Investments	325.00	\$43,886.27
Expenditures:		
Association Office	15,792.58	
Treasurer's Office	307.59	
Journal	8,149.81	
Travel Expenses	1,006.24	
Annual Meeting Expense	1,056.27	
American Council on Education	100.00	
Aptitude Test Committee	10,265.05	
Contingency	170.11	36,847.65
Excess Income over Expenditures		\$ 7,038.62
		\$ 7,038.62

Aptitude Test Committee:

Salaries	\$ 4,750.37
Honorarium	3,600.00
Travel	176.81
Office Rental	600.00
Surety Bond Premium	6.25
Postage, Printing, Stationery and Miscellaneous	1,131.62
	<u>\$10,265.05</u>

Contingency:

Special Meetings	\$ 70.11
Rees Memorial Fund	100.00
	<u>\$ 170.11</u>

Total Expenditures—General Funds \$36,847.65

Restricted Funds

Tropical Medicine Fund No. 1:

Maintenance and Travel	\$ 57.75
Miscellaneous Expense	12.32
	<u>\$ 70.07</u>

Tropical Medicine Fund No. 2:

Miscellaneous Expense	\$ 8.96
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Tropical Medicine Fund No. 3:

Maintenance and Travel	\$ 7.25
Miscellaneous Expense	26.65
	<u>\$ 33.90</u>

Total Expenditures—Restricted Funds \$ 112.93

EXPENDITURES SUMMARY

General Funds	\$36,847.65
Restricted Funds	112.93
	<u>\$36,960.58</u>
Restricted Funds— Returned to Donor	721.44
	<u>\$37,682.02</u>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Budget for 1946-1947

INCOME

Dues	\$12,750.00
Journal Advertising	10,000.00
Journal Sales & Subscriptions	250.00
Income on Investments	325.00
Underwriting from Surplus	15,150.00
	<hr/>
	\$38,475.00

EXPENSES

Association Office	\$16,000.00
Treasurer's Office	375.00
Journal	8,500.00
Annual Meeting	1,000.00
American Council on Education	100.00
Aptitude Test Committee	10,000.00
Travel	1,500.00
Contingency	1,000.00
	<hr/>
	\$38,475.00

**MINUTES OF ORGANIZATION MEETING OF EXECUTIVE COUNCIL
HELD OCTOBER 29, 1946**

All the members of the Executive Council were present.

Dr. E. M. MacEwen was re-elected Chairman for the ensuing year.

Dr. W. A. Bloedorn was appointed representative to the Visual Auditory Aid Committee, consisting of representatives of Government agencies. Doctor Bloedorn was also elected Chairman of the Committee on Visual Aids to Teaching and Doctors Joe Markee and H. W. Walton were appointed associates.

A Committee on Revision of the Curriculum and Medical Education was appointed with the following personnel: Dr. Joseph C. Hinsey, chairman, and Doctors C. C. Carpenter and Thos. W. Perry. The Council decided that before this committee went into action it would be advisable to submit this item for consideration to the Advisory Council on Medical Education since it is possible that that group may be persuaded to take an interest in this topic and accept it as an activity. Doctor MacEwen who as the President of the Advisory Council was authorized to take up this question with that group.

The Treasurer was authorized to set up a salary for an assistant to the Secretary not to exceed \$8,000. A committee was appointed to look into this matter; the personnel of the committee is Doctors MacEwen, McEllroy and Zapffe.

The Secretary was instructed to send out letters to all arts colleges which have hitherto participated in giving the medical aptitude test informing them that the test as given formerly has been discontinued and that the activity has been transferred to another committee to be known as the Committee on Student Personnel Practices. The Chairman of that committee is Dr. Carlyle Jacobsen, dean of the Graduate School of the State University of Iowa. Doctor Jacobsen was authorized to contact existing testing agencies and try to arrange for the giving of an aptitude test sometime early in January for applicants for admission to medical schools in the Fall of 1947. Doctor Jacobsen had indicated previously that it may be possible to interest the Carnegie Record Examination group in this problem.

The following committees for 1946-1947 and representatives of the Association to other organizations, were appointed:

COMMITTEES FOR 1946-1947

COMMITTEE ON INTERNSHIPS AND RESIDENCIES

Jean A. Curran, chairman, Long Island College of Medicine
L. R. Chandler, Stanford University
J. P. Tollman, University of Nebraska
Isaac Starr, University of Pennsylvania
Harold S. Diehl, University of Minnesota
C. C. Carpenter, Bowman Gray School of Medicine
Dale G. Friend, Harvard University
A. C. Bachmeyer, University of Chicago

COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS

Reverend A. M. Schwitalla, chairman, St. Louis University
Harold S. Diehl, University of Minnesota
E. M. MacEwen, State University of Iowa
W. S. Middleton, University of Wisconsin
Stanley Dorst, University of Cincinnati
Fred C. Zapffe, Secretary of the Association

COMMITTEE ON STUDENT PERSONNEL PRACTICES

Carlyle F. Jacobsen, chairman, State University of Iowa
E. F. Lindquist, State University of Iowa
George Packer Berry, University of Rochester

COMMITTEE ON PREPAREDNESS FOR WAR

Stockton Kimball, chairman, University of Buffalo
Dayton Edwards, Cornell University
George Packer Berry, University of Rochester

COMMITTEE ON BORDEN AWARD

E. A. Doisy, chairman, St. Louis University
James McNaught, University of Colorado
Brian Blades, George Washington University
John B. Youmans, University of Illinois
Charles Best, University of Toronto

COMMITTEE ON VISUAL EDUCATION

W. A. Bloedorn, chairman, George Washington University
Joe Markee, Duke University
H. W. Walton, Medical College State of South Carolina

COMMITTEE ON REVISION OF CURRICULUM AND MEDICAL EDUCATION

Jos. C. Hinsey, chairman, Cornell University
Thos. W. Peary, George Washington University
C. C. Carpenter, Bowman Gray School of Medicine

REPRESENTATIVES TO OTHER ORGANIZATIONS

JOINT VISUAL-AUDITORY COMMITTEE OF GOVERNMENT AGENCIES

W. A. Bloedorn, George Washington 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

ADVISORY BOARD FOR MEDICAL SPECIALTIES

Victor Johnson, Mayo Foundation
L. R. Chandler, Stanford University

FEDERATION OF STATE MEDICAL BOARDS

Fred C. Zapffe, Secretary of the Association

JOINT COMMITTEE FOR THE COORDINATION OF MEDICAL ACTIVITIES

Fred C. Zapffe, Secretary of the Association

AMERICAN COUNCIL ON EDUCATION

W. A. Bloedorn, George Washington University
W. C. Davison, Duke University
Fred C. Zapffe, Secretary of the Association

UNITED NATIONS EDUCATIONAL, SOCIAL AND CULTURAL ORGANIZATION (UNESCO)

W. A. Bloedorn, George Washington University

The Council then adjourned.

(Signed) Fred C. Zapffe, M.D.
Secretary