

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
FIFTY-EIGHTH ANNUAL MEETING
Held in
SUN VALLEY, IDAHO
OCTOBER 27, 28 and 29, 1947



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

FIRST SESSION, MONDAY, OCTOBER 27, 1947

The fifty-eighth annual meeting of the Association was called to order by President Wm. S. McEllroy, at 9:30 A.M.

The Secretary made some announcements in re travel arrangements and other incidentals pertaining to the conduct of the meeting.

The regular program was then taken up as printed.

The first paper was read by Dr. Donald B. Tresidder, President of Stanford University. His subject was "Aims and Objectives of Medical Education."

The paper was discussed by Dr. Victor Johnson, director of the Mayo Foundation.

The next paper was read by Dr. Alan M. Chesney, Dean, Johns Hopkins University School of Medicine. It was titled "Some Impacts of the Specialty Board Movement on Medical Education."

This paper was discussed by Drs. C. C. Carpenter, Bowman Gray School of Medicine; Dr. R. C. Buerki, University of Pennsylvania Graduate School of Medicine; Dr. Harold C. Lueth, University of Nebraska College of Medicine, and Dr. Trawick Stubbs, Emory University School of Medicine.

Dr. B. R. Kirklin, Secretary of the Advisory Board for Medical Specialties, followed with a paper titled "Basic Science Requirements for Specialty Certification."

Dr. Walter L. Bierring, Secretary, Federation of State Medical Boards, discussed this paper.

Dr. Currier McEwen, New York University College of Medicine, then read a paper titled "Graduate and Postgraduate Training for Specialization."

Discussion of this paper was participated in by Drs. H. G. Weiskotten, Syracuse University School of Medicine; John Walker Moore, University of Louisville School of Medicine; Frode Jensen, University of Colorado School of Medicine; John B. Youmans, University of Illinois College of Medicine; Ward Darley, University of Colorado School of Medicine; B. R. Kirklin, Mayo Foundation, and Anton J. Carlson, University of Chicago.

Colonel Walter H. Moursund, Medical Corps, United States Army, followed with a paper titled "A New Approach to Basic Science Instruction at the Postgraduate Level."

Dr. McEllroy then read his presidential address titled "The Association of American Medical Colleges."

Adjourned at 1 P.M.

CONFERRING THE BORDEN AWARD

The usual "get together" dinner was held on the evening of October 27 at 7:00 P.M.

There were no speeches but it was made the occasion for announcing the name of the recipient of the Borden Award for 1947—Dr. Vincent du Vigneaud, professor of biochemistry, Cornell University Medical College. The report submitted by the committee charged with the responsibility of selecting the winner of the award was read by the Secretary. (See page 19.)

Mr. W. A. Wentworth, secretary of the Borden Foundation, made the award consisting of a gold medal and \$1,000 in cash.

President McEllroy then spoke briefly of the work done by Dr. du Vigneaud who followed and accepted the award graciously and briefly.

SECOND DAY, TUESDAY, OCTOBER 29, 1947

President McEllroy called the meeting to order at 9:30 A.M.

The first paper on the program was contributed by Dr. Thomas Parran, Surgeon General of the United States Public Health Service. His subject was "The Shortage of Medical Personnel."

The paper was discussed by Drs. Donald G. Anderson, secretary of the Council on Medical Education and Hospitals of the American Medical Association; Victor Johnson, director of Mayo Foundation; Montague Cobb, Howard University School of Medicine, and Joseph C. Hinsey, Cornell University Medical College.

At this juncture, the President introduced Brigadier General George E. Armstrong, Deputy Surgeon General of the United States Army, who spoke briefly on a course on nuclear energy offered by the Army Medical Department.

The following papers were then read as a symposium:

"Selection of Medical Students," by Dr. F. Jos. Mullin, University of Chicago.

"The Personal Interview of Applicants," by Dr. Grant Taylor, Duke University School of Medicine.

"The Discovery of Medical Talent," by Dr. Dewey B. Stuit, director of study, Committee on Student Personnel Practices, and

"The Relationship Between Success in the Study of Medicine and Certain Psychological and Personal Data," by H. A. Shoemaker and John H. Rohrer, University of Oklahoma School of Medicine.

The discussion of these papers was participated in by Drs. D. Bailey Calvin, University of Texas Medical Branch; Dr. Carlyle Jacobsen, State University of Iowa and chairman of the Committee on Student Personnel Practices; Dr. Kenneth W. Vaughn, Graduate Record Examination Board of the Carnegie Foundation; Dr. Trawick Stubbs, Emory University School of Medicine; Dr. John L. Caghey, Jr., Western Reserve University School of Medicine, and Dr. Myron M. Weaver, University of Minnesota Medical School.

President McEllroy appointed the following Nominating Committee: Drs. C. C. Carpenter, chairman; John Walker Moore and Jean A. Curran.

The meeting adjourned at 1 P.M.

EXECUTIVE SESSION, OCTOBER 28, 1947

The delegates assembled at 3:00 P.M. and went into executive session, with the President, Dr. Wm. S. McEllroy, presiding.

ROLL CALL

The first order of business was the roll call.

The Secretary announced that all but six of the colleges in the United States were represented by one or more delegates. The University of the Philippines was not represented and none of the Canadian universities was represented.

The total registration was 202.

MINUTES OF THE 1946 SESSION

The Secretary presented the minutes of the 1946 session as published 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 SECRETARY

It is with the deepest regret that I refer to the great loss sustained by this Association in the passing of Dr. E. M. MacEwen who, at the time of his death, was the chairman of the Executive Council. Doctor MacEwen served the Association well in many capacities: as a committee member; as a president and as a member and chairman of the Executive Council. I know well that this Association lay very close to his heart. He was keenly interested in what it was doing to advance medical education and teaching, and to supply information which was not obtainable elsewhere or which was of great moment in many ways. The Executive Council will present to you a resolution adopted the other day which expresses our sentiments at the loss of a good fellow workman, a good friend and a good man.

The membership of the Association has not undergone any changes since my last report. Two colleges, the University of South Dakota School of Medicine and the Hahnemann Medical College are still on probation. It is planned to visit these colleges in the near future with a representative from the Council on Medical Education and Hospitals of the American Medical Association in order to determine what the next step of action shall be with respect to these two colleges.

The Secretary has made every effort during the past year to keep you advised of activities ad interim by means of news bulletins, memoranda and the Journal. If you have read these several documents, you will be apprised of everything that has happened, except for activities of recent origin.

At the request of the Surgeon General of the United States Army, which came to the Association through the agency of Dr. John B. Youmans, the Executive Council appointed Dr. Frederick J. Stare of Harvard Medical School as the representative of the Association on a committee which was to concern itself with the problem of nutrition.

After consultation with the Council on Medical Education and Hospitals of the American Medical Association, it was agreed that there be appointed a Committee on the Evaluation of Foreign Credentials, whose personnel should consist of members of the Council and of this Association, and other interested groups in education as well as government agencies. Dr. A. C. Bachmeyer and your Secretary were appointed the representatives of the Association on this committee.

You will recall that the American Medical Association last December proposed that there be made a survey of medical education and teaching. This survey was to be made under the active cooperation of the Council on Medical Education and the Association of American Medical Colleges. At a joint meeting of these two bodies, held in June in Atlantic City, it was decided to appoint a temporary Planning Committee which was to draw a blueprint of action for making this survey. Three representatives from each group were appointed on this temporary committee: for the Council, Doctors Weiskotten, Johnson and Anderson; for the Association: Doctors Hinsey, Bloedorn and Bachmeyer, with the Secretary ex officio. This joint committee held a meeting in Chicago in September, 1947, and decided on a plan of procedure. The report of this committee will be presented to you later.

Reports will also be presented to you from the following committees: Committee on Audiovisual Education; Committee on Personnel Practices; Committee on Internships and Residencies, with a report from a subcommittee on Rules and Regulations for Interns; Committee on Revision of the Constitution and By-Laws. All these reports, of course, are in addition to the report to be made to you by the Executive Council.

I again want to call your attention to the importance of keeping revised and up-to-date the mailing list of the Journal of the Association of American Medical Colleges. My attention has been called to the fact that many faculty members do not know of the existence of this Journal. New deans have told me that they were not apprised that there was a mailing list for the Journal for their school. I again say with all truthfulness that never have I received word from any school to remove from the list the name of a man who either has died or has left the faculty; and, with very few exceptions, have I been asked to add to the list the name of a new appointee. As you know, every member college is entitled to 50 copies of the Journal. Revising the mailing list is expensive. We pay for deletion and addition of names. When you consider that we publish nearly 5,000 copies of every issue of the Journal, you can realize what a tremendous job it is to revise this list, especially since every copy goes to an individual address. Incidentally, men change their address—they seldom notify us, but the Post Office Department does; that costs us two cents per notice. It seems very strange that with the wide distribution of this Journal, and the fact that it is now 22 years of age, there are still members of faculties who do not know of its existence. Remember, this is the only "Trade Journal" for medical education and teaching, and the "House Organ" of the Association of American Medical Colleges. It contains much information that is not available from any other source.

In this connection, I must call your attention to the fact that the activities of this Association are not as widely known and appreciated as their importance warrants. It is extremely distressing when the president of a university who has approved of paying an annual due to the Association for many years asked the question "What does the Association do?" In that particular instance I tried to answer the question. But if I had done justice to the Association, I should have written a monograph or, at least, a brochure setting forth what the Association has done. The Association is now in its fifty-eighth year—perhaps it has almost reached its expectancy; at least, the thought intrudes itself into one's mind when the question is asked: "What does the Association do?"

It will no doubt astonish you when I tell you that of the total membership of the Association (87) only 21 colleges have called at the office of the Association! Only a few of the past presidents of the Association have visited the office. And some of the visitors merely called to pay me their respects! They did not have time to go into the activities of the Association. Is this failure to visit headquarters an expression of confidence in me or of disinterestedness? I am certain that it is not the latter. Visiting the office is one way to see at first hand what the Association is doing and to decide whether these activities are worth while.

Since the last meeting, visits have been made jointly by the Council on Medical Education and Hospitals and this Association of the University of Missouri School of Medicine. The Chicago Medical School, The Dalhousie University Faculty of Medicine; all on request of the schools mentioned. In the case of the Chicago Medical School, approval was sought. This could not be given but it was agreed that the work of the first two years met the rules and regulations of both organizations making the inspection. Approval of the school could not be given, first of all, because of the set up in the two clinical years; and, second, because it is not deemed advisable to approve of any part of a school. In the case of the University of Missouri, the inspection was in the nature of a survey to assist the authorities of the school and university in arriving at a decision as to whether an expansion to four years was warranted. In the case of Dalhousie, the inspection was requested for the purpose of surveying what had been accomplished since the previous inspection in 1939, and to assist in the revision of the cur-

riculum. The clinical facilities of the school have been expanded a great deal since the previous visit; a new and most acceptable library building has been erected; the oldest building on the campus is being remodeled for the anatomy department at a cost of \$100,000, and many other changes and improvements have advanced the standing of the school very much. This school, as you know, serves, primarily, only the Maritime Provinces. Briefly, it must be said that what has been and is being done is most commendable.

The West Virginia School of Medicine has asked for a survey covering the possibilities of an expansion to four years. This survey will be made in December. The University of North Dakota has also asked for help in making plans for expansion to four years. This survey will be made as soon as the university authorities have completed the blueprints for this expansion.

Finally, I want to tell you about the changes in deanships since the 1946 meeting: two deans have died, Dr. E. M. MacEwen of Iowa and Dr. Eben J. Carey of Marquette; six deans have resigned: Dr. G. E. Hall, Western Ontario, who was appointed president of the university; Dr. Donald G. Anderson of Boston University, who is now secretary of the Council on Medical Education and Hospitals of the American Medical Association; Dr. J. C. Meakins, McGill University; Dr. Francis G. Blake, Yale University; Dr. H. L. French, University of North Dakota; Dr. Henry Chenault, University of Arkansas, who is now vice president in charge of Medical Affairs; Dr. J. P. Gray, University of Oklahoma.

There are nine new deans: Dr. James M. Faulkner, Boston University; Dr. Harvey B. Haag, Medical College of Virginia; Dr. C. N. U. Long, Yale University; Dr. Robt. A. Moore, Washington University; Dr. Benjamin Wells, Arkansas University; Dr. John D. VanNuys, Indiana University; Dr. Alfred H. Lawton, North Dakota University; Dr. J. B. Collip, Western Ontario University; Dr. Frederick Smith, McGill University; Dr. John L. Hirschboeck, Marquette University.

Respectfully submitted,

Fred C. Zapffe, M.D.,
Secretary.

The report of the Executive Council was called for and was submitted by Dr. Joseph C. Hinsey.

REPORT OF EXECUTIVE COUNCIL

This report was presented by Dr. Joseph C. Hinsey, the newly elected chairman of the Council, who succeeded the late Dr. E. M. MacEwen. The report read was as follows:

The Executive Council has held four meetings since the 1946 meeting. Several new committees have been appointed by the Council during the year, such as a representative on the Nutrition Board created by the Surgeon General of the Army, and a member of a Committee on the Evaluation of Foreign Credentials. Dr. F. J. Stare of Harvard represents the Association on the Nutrition Board and Dr. A. C. Bachmeyer is the representative on the committee on the Evaluation of Foreign Credentials. At the request of the chairman of the Committee on Student Personnel Practices, Dr. Carlyle Jacobsen, five additional members were appointed to that committee increasing the personnel of the committee to eight. As you may have noted in previous years, a list of all the committees and representatives of the Association to other organizations is published in the Proceedings of the Annual Meeting, a copy of which is sent the deans of all the member colleges.

The Executive Council recommends the adoption of the following resolution dealing with the death of Dr. E. M. MacEwen for many years a member of the Executive Council, past president of the Association, and at the time of his death chairman of the Executive Council:

Ewen M. MacEwen died on September 2, 1947, at the age of sixty-three. At the time of his death Dr. MacEwen was Professor of Anatomy and Dean of the State University of Iowa College of Medicine and Chairman of the Executive Council of the Association of American Medical Colleges. He was also a past president of the Association. He was known affectionately as "Mac" by his many friends, indicative of his genial personality. He was a recognized leader in medical education. His standard of performance and his ideals were the highest; he applied them to himself as rigidly as to others. Always, however, he was tolerant, thoughtful of the problems and wishes of others and gave credit to all where it was due. His passing was untimely and came much too early in the life of an outstanding worker and leader, not only in his professional field, but in the activities of his community as well. The Association of American Medical Colleges mourns the loss of one of its beloved officials and sincere friends and orders that this memorial be spread upon its minutes and that copies be sent to his family, to the President, and to the Medical Faculty of the State University of Iowa.

You have been kept advised during the year of the appointment and activities of a Committee on Borden Award. The committee was unable to recommend that this award be given in 1946. It has agreed on giving the award to an outstanding scientist and research worker for 1947. The award was presented yesterday to Dr. Vincent du Vigneaud, professor of biochemistry in the Cornell University Medical College. The committee will be reappointed to resume its labors for 1948. It is hoped that some one will be found worthy of the award during that year. You are asked to follow the same procedure as in the previous year, sending your nominations to the office of the Association together with the necessary material to support the nomination.

The Executive Council has been informed that it is probable that General Omar N. Bradley, administrator of the Veterans' Administration, may be assigned to other duties in the Army. Having great faith in the integrity and ability of Dr. Paul R. Hawley, Chief Medical Director of the Veterans' Administration, the Executive Council is very desirous that he should succeed General Bradley, in the event that there is such a vacancy. Feeling that this would be the consensus of the Association, the Executive Council has, accordingly, sent telegrams to the President of the United States, and other influential persons in Washington, urging the appointment of Doctor Hawley as Administrator of the Veterans' Administration. Your approval of that action is requested.

Being convinced that there should be a closer cooperative relationship between this Association and the various Government Medical Services, such as the Army, Navy, Public Health Service, Veterans' Administration and Air Forces, the Executive Council recommends that each of these Services be requested to appoint a liaison officer who will attend all of the executive and other sessions of this Association for the purpose of discussing problems of mutual interest. Thus, the Association can be helpful in the solution of problems touching on medical education, and the Services will be in direct touch with the members of the Association. The Executive Council recommends approval of this suggestion.

In this connection, the organization of affiliated reserve hospital units by the Army was also brought to the fore and the Council adopted the following resolution; for which your approval is sought:

RESOLVED, That it is the feeling of the Association of American Medical Colleges that the organization of affiliated reserve hospital units would be facilitated by the appointment of only the chiefs of the Services at this time, leaving the appointment of other officers until such time as the unit may be called into active service.

Doctor Bloedorn, the chairman of the Committee on Audiovisual Aids in Medical Education outlined the progress made by his committee and the proposed plan for the development of a Medical Film Institute. As the first step in the development of interest in medical films, it was suggested that a pilot film be prepared and that it be shown by a competent person to all medical schools as an indication of what can be done with films in medical teaching.

The report of the committee was accepted and the committee was authorized to proceed with the preparation of the pilot film. The Executive Council recommends that the Association approve of the plan outlined by the committee looking toward the establishment of a Medical Film Institute. This plan has already been published in the Journal of the Association and all the deans of the medical schools have been supplied with copies of the report so that they are informed of the nature and scope of this undertaking.

The temporary committee on the Survey of Medical Education appointed by the Executive Council in June, 1947, after a conference with the Council on Medical Education and Hospitals of the American Medical Association, has had a number of meetings since that time and has prepared a report. This report will be read to you later in the proceedings by Doctor Bachmeyer, who was a member of the temporary committee and is also a member of the group which will have complete charge and control of this survey, which promises to be one of the most informative surveys that has ever been undertaken.

The Executive Council approves of this activity and of the report to be submitted.

In connection with the teaching program in veterans' hospitals affiliated with medical schools, the attention of the Executive Council was called to the fact that in some instances there is confusion and delay in carrying out some activities on the part of nonmedical personnel, therefore the Council recommends the adoption of the following resolution:

WHEREAS, The concepts, plans and accomplishments of Dr. Paul R. Hawley for outstanding medical service for veterans are highly endorsed, and

WHEREAS, The medical schools have had repeated examples that the carrying out of this program has been delayed by nonmedical personnel of the Veterans' Administration; therefore be it

RESOLVED, That the Association of American Medical Colleges, in their annual meeting on October 28, 1947, representing the medical colleges of the country, strongly urges that the Department of Medicine and Surgery of the Veterans' Administration be given the entire control and responsibility for the supply, construction and finance departments, as they apply to medical activities.

The Executive Council has already gone on record that it favors an increase in the annual dues. This increase is needed in order that the Association may continue to carry on its usual activities and other new activities which are becoming necessary, for obvious reasons, to provide larger space for the headquarters office and increase the working personnel. In the opinion of the Executive Council the dues should be increased to \$500.00 per year, effective July 1, 1948; and it so recommends.

The Council received advance reports from various committees, all of which will report to you a little later. These committees include the Committees on Internships and Residencies; the Committee on Preparedness for War; the Committee on Student Personnel Practices.

As you are aware, no doubt, it has been decided that there should be a Survey of Medical Education under the auspices and sponsorship of this Association and the Council on Medical Education and Hospitals of the American Medical Association. In June, 1947, a temporary Planning Committee was appointed: For the Association, Drs. Bachmeyer, Bloedorn and Hinsey; for the council of the American Medical Association, Drs. Weiskotten, Jensen and Anderson. This committee has had two meetings and has outlined objectives and plan of procedure. The temporary committee has resolved itself into a permanent organization consisting of the following: Association of American Medical Colleges: A. C. Bachmeyer, chairman; Joseph C. Hinsey; Council on Medical Education and Hospitals of the American Medical Association: Drs. Weiskotten and Victor Johnson. The secretaries of both groups will be exofficio members. Dr. Anderson was chosen to be secretary of the committee. A full report on this activity will be published. The Executive Council recommends approval of the action taken thus far.

The Secretary was authorized to proceed with the preparation of a third edition of the pamphlet entitled "Fellowships, Funds and Prizes for Graduate Medical Work in the United States and Canada." Your cooperation in this effort is earnestly requested.

A subcommittee of the Committee on Internships and Residencies of which Dr. Dayton Edwards was chairman has prepared a revision of the rules and regulations governing internships. A copy of this report will be sent to you for your consideration. You are requested to give it your careful attention and send any suggestions you may wish to make to the office of the Association.

The report of the Treasurer was received and approved. It will be published in full in the Proceedings.

The Executive Council requests approval of the recommendations made in this report.

(Signed) Wm. S. McEllroy
W. A. Bloedorn
M. E. Lapham
John Walker Moore
L. R. Chandler
W. C. Davison
Jos. C. Hinsey, Chairman.

After the reading of this report, it was voted that the various items mentioned in the report be acted on, separately. This was done and in each instance a vote to concur in the recommendation made was an unanimous one in favor of adoption.

After these actions on the individual items, a motion to adopt the report as a whole was made, seconded and carried.

GOVERNMENT LIAISON OFFICERS

At this juncture, the Executive Council presented a resolution on which special action was desired. The Council believes that the plans of the Government Medical Services would be expedited more effectively if opportunity were presented to the Association to discuss these plans with the Services before their adoption. The Executive Council therefore recommends that the United States Army, the United States Navy, the Veterans' Administration, the United States Public Health Service, and the United States Air Force be invited to present such plans as affect medical education at any level to the Executive Council for discussion. In order to have these discussions become part of the official records, it is desired that the chiefs of these various Services be invited to appoint liaison officers who will attend the meetings of the Executive Council and of the Association of American Medical Colleges for the purpose of establishing closer contacts.

The resolution was adopted unanimously.

INCREASE IN DUES

The Executive Council also desired at this time to call attention to the fact that the increase in dues, recommended in its report and approved by unanimous vote, will not be effective until July 1, 1948.

MEDICAL SCHOOL FINANCES

The President announced that he had received a telegram from Dr. Alan Gregg of the Rockefeller Foundation suggesting that the Association prepare a statement for the press relative to the financial status of the medical schools of the country. The question was submitted to the Executive Council and a committee was appointed to consider and prepare such a statement for presentation at a subsequent time. The committee consists of Doctors W. C. Davison, Wm. S. McEllroy and George Packer Berry. Doctor Berry, speaking for the committee, stated that in the opinion of the committee no public statement should be made at this time.

This action met with unanimous approval.

The next order of business was the report of the Committee on Internships and Residencies. The report was submitted by Doctor Curran, the chairman of the committee. There was considerable discussion of this report and as finally adopted it read as follows:

REPORT OF THE COMMITTEE ON INTERNSHIPS AND RESIDENCIES

A meeting of this committee was held a few days ago. Present were: Drs. Curran (chairman), Bachmeyer, Carpenter, Chandler, Davison, O'Hara, Starr, Weaver and Zapffe representing the Association of American Medical Colleges; Dr. Anderson representing the Council on Medical Education and Hospitals of the American Medical Association; Dr. Buerki, the American Hospital Association, and Dr. Broun, the Catholic Hospital Association.

There was a general discussion of the present plan of intern applications and appointments. Dr. Buerki reported that the hospitals, through a joint committee of the three hospital associations, recommend that the present policy and plan be continued.

After considerable discussion the following actions were taken:

(1) That a plan of intern applications and appointments, agreed to by the medical schools and hospitals, be continued.

(2) That the following plan be adopted for the year 1948-1949 for internships beginning July 1, 1949.

(a) Applications and credentials to be submitted only through the dean's office to hospitals with the date for filing applications and release of credentials by the medical schools, set at October 15, 1948. Credentials ordinarily will consist of an executed application blank and a letter from the dean, but do not preclude such letters from members of the faculty as they may wish to write, unsolicited by the candidate.

(b) Applicants may visit hospitals and be interviewed by hospital intern committees but the hospital administration shall not commit the hospital or obligate the applicant or potential applicants before November 15, 1948.

(c) No intern appointments shall be made prior to November 15 from applicants who are members of the senior class in medical school. Hospitals may decline an applicant at any time.

(d) Applicants shall accept or reject hospital appointments before midnight of November 18, 1948.

(e) These regulations shall apply only to undergraduate medical students who have not completed the fourth year of their medical school course.

(f) Copies of these regulations shall be mailed to all deans of medical schools, to all hospitals approved for internships, to the officials of the three hospital associations and to the Council on Medical Education and Hospitals of the American Medical Association.

(3) The uniform intern application blank be revised in accordance with these regulations and sent to all interested organizations with the recommendation that such uniform application blank be used whenever possible.

(4) For purposes of evaluating internships, the present regions be subdivided into 15 regions and the Executive Council of the Association of American Medical Colleges appoint a chairman for each region who shall then be a member of the Committee on Internships.

(5) That the Canadian Hospital Association be requested to conform to this adopted plan of intern application and appointment, insofar as it applies to students of medical schools in the United States.

(6) That this committee's list of internships be made available to the Council on Medical Education and Hospitals for their confidential use.

(Signed) J. A. Curran, Chairman
for the Committee.

The report of the subcommittee appointed to draw a statement dealing with the topic "Intern Education" was submitted by Dr. Dayton Edwards, the chairman of that group. The report follows:

REPORT ON INTERN EDUCATION

The subcommittee on Intern Education of the Association of American Medical Colleges has given much thought in recent years to plans for the betterment of hospital education for interns and residents. A pamphlet published by the Association entitled "The Internship" contains the most recent reports by the committee.*

In the summary of one of these reports the authors stress the following: (a) the close relationship which the medical college curriculum bears to the internship educational program, (b) the role of the internship in supplementing the medical course and in preparing either for general practice or for specialization, (c) the necessity for careful organization of house staff programs with progression of responsibilities of interns and residents and (d) the importance of giving primary consideration to the formation of an interested attending staff rather than placing too much emphasis on program details.

Although the developments in intern education have not been extensive since the previous reports were made, a re-appraisal of the criteria of intern training has seemed advisable for the purpose of bringing the subject matter up to date. In the present discussion liberal use will be made of the findings and deductions of previous committees with such additions as have been gleaned from recent experience and observations.

At graduation from medical college the student is short on experience and the drilling necessary to the formulation of reliable judgments. He requires much training in doing things himself before he can assume responsibility in the handling of complicated clinical situations and he shows a keen awareness of his need for additional training.

It is the hospital internship which must provide the opportunities for the young doctor just graduated from a medical school to put into practice the principles he has been taught and to extend his fund of knowledge further through the counsel and guidance of persons of broad experience with whom he comes in contact.

There is general agreement among those who have given serious thought to the question of intern education that good teaching is the prime requisite for a satisfactory internship. To accomplish this objective the hospital must have on its staff men who possess not only special skills and recognized abilities, but a genius for and a willingness to accept teaching responsibilities. The combination of young minds eager to learn, adequate clinical material and physical facilities and experienced preceptors who take seriously the responsibility of training the younger members of the house staff affords the essential elements necessary for a high level of intern education. In one of the reports given by a previous committee, the point is well taken that if all the patients admitted in a hospital to the various services—medicine, surgery, pediatrics, etc.—were to receive the most favorable diagnostic and therapeutic care and, in addition, all laboratory findings carefully reviewed, evaluated and discussed in departmental conferences the educational atmosphere would be one of a stimulating character and favorable to the training of physicians of the highest type. But a program for developing intern training of a high standard requires also vision and careful planning by the administrative control of the hospital. There must be a proper understand-

*For additional contributions to the subject consult "Graduate Medical Education" by The Committee on Graduate Education, University of Chicago Press, "Essentials in a Hospital Approved for Intern Training" by the Council on Medical Education and Hospitals, Journal of the American Medical Association, 113:792, 1939.

ing of the educational features of the program backed up by adequate support and a willingness to assume responsibility by all those in positions of authority.

In considering the criteria of a good internship the objectives of such training must be kept clearly in mind. Stated in general terms the internship should provide basic training in the fundamentals of clinical practice and so distributed in respect to time and emphasis that further work may be added effectively in any one of the major divisions of medicine. The internship should be more than simply a repetition of work covered during the clinical clerkship. Likewise there should be a clear distinction between the responsibilities assigned as a part of the residencies and those included in the internship program.

In content the internship should be such as to preserve the organic wholeness of a discipline in which the transitions from the medical course to internship to residency are easily effected and sound educationally.

Although many hospitals have made notable advances in intern training as a result of more careful planning of their educational program much remains to be accomplished in this field. It is not possible, however, to formulate an internship program applicable to all hospitals as a wide variety of special conditions call for a certain degree of flexibility to meet local needs and harmonize with the general hospital organization. On the other hand, it should be emphasized that practical considerations must not be allowed to play too much of a part as this leads inevitably to a lowering of the educational standards.

There are certain guiding principles, however, which must receive thoughtful consideration if an internship is to be sound educationally and appealing to the well trained medical student. If we may offer a few generalizations from the careful studies and observations of recent years, it appears that the intern will receive an adequate education when certain factors are present, some of the most important of which are the following:

Director of Intern Education

There is perhaps no greater need at present in most general hospitals than that of having a well conceived program of instruction for the house staff and a competent member of the hospital group whose function it is to see that the program is effectively carried out. It has been abundantly demonstrated that attending and visiting staff personnel in most hospitals cannot be depended on to do this work as in most instances their practice does not allow time for it and rarely are these men properly inspired to do a satisfactory job of carrying an educational program.

The person delegated as an educational director may well be one who has recently completed residency training and can give part time to the work or it may be an older member of the staff who has the experience and the ambition to dedicate himself to a service of this kind so important both to the hospital and to the profession.

The essential considerations are, (a) that the person given the responsibility as director of education knows how to organize a program that carries educational strength, (b) that he participates actively in teaching in some division of the hospital work, (c) that he cooperates closely with the organization of the hospital and (d) that he receives recognition from the hospital for his services. He should act as general advisor to the interns and residents and an integrator of the various educational activities of the hospital. It is suggested that the position

of director of education carry a stipend commensurate with the responsibilities demanded and that it be accorded a position of rank and distinction in the roster of the hospital staff.

Adequate Periods of Assignment

One of the major complaints of interns who serve a rotating internship is the brief time allowed in many instances on the services due to the schedule of rotation. This situation became especially acute during the war but it applies to practically all 12 month rotating appointments. The educational soundness of the old adage that "it is better to do a few things well than many things badly" applies with much force in this area of medical education.

The rotating internship usually consists of a 12 month appointment, the schedule for which, in many instances, calls for rotation through 8-14 services. This gives too short a time on any for adequate training. It is suggested that a more favorable plan for a one-year appointment would include not more than four rotations with the time distributed among (a) general medicine and its subdivisions, dermatology, psychiatry and neurology, (b) surgery including emergency and minor surgery, (c) pediatrics and (d) obstetrics.

Twenty-three states require an internship for licensure and of these eleven specify that the service must be rotating.

The plan as proposed of having only 3 or 4 main services included in the rotation would not fulfill in some instances the state requirements for licensure. The recognition of this fact, while serving to emphasize the shortcomings of state regulations of this kind, should not carry the weight to influence adversely the educational standards of intern training.

It is suggested that any plan for a 12 month internship which calls for a rapid rotation of service must be regarded as educationally unsound. Hospitals having to provide a rotating service can contribute more to intern education by reorganizing the plan of the internship to give a two year service with the rotations so arranged as to make possible intensive training in the major divisions of medicine.

It is recognized, however, that a possible drawback exists in the plan for a two year rotating internship for the individual aiming to complete training for a specialty board as the second year may receive no accrediting. A plan in effect in some hospitals consists of a one-year rotating followed by a second year designated as a "general residency," in which the content may follow the general pattern of the final year of the 24 month internships which were in effect in many hospitals prior to the war. A service arranged in this manner may have the advantage of giving time credit for a specialty board but unless the schedule of rotation provides ample time on the major services, the results would be unsatisfactory.

Consideration should be given also to the suggestion of having the internship appointment based on a 24 month unit but arranged to provide a rotating service for the first year and a straight service for the final year. The advantage of an arrangement of this kind is that intensive training is possible in some one branch and for the doctor aiming to enter practice, a year of general medicine for example, may prove very much worthwhile.

Objections may be raised to the plan, however, on the grounds that if the initial year is the kind of rotating service to meet the requirements of certain

licensure boards, it becomes thereby one of the undesirable rapid rotating affairs. Likewise, a plan of intern training patterned in this way may not be regarded favorably on the grounds that one year of specialization is too much for the general physician and not enough for a specialist. Both may suffer from false confidence.

The graduate will be preparing himself during his hospital training in most instances for either a specialty or a general practice. For those aiming to specialize the training must be long and thorough and under prevailing conditions, entrance into a residency in medicine or surgery will be most easily effected by having the internship in either a straight or a mixed service. In some of the other specialties, however, appointments to a residency come quite readily to those having had a rotating internship for their initial training.

In laying stress on the type of assignments essential to a satisfactory internship, mention is made in summary of the following: Internship training to enter general practice will differ somewhat in certain sections of the country but in all instances it should contain a thorough grounding in the major divisions of medicine. A service fulfilling these requirements should be for a period of not less than two years and may consist, preferably, of either (a) a two year rotating, (b) a one year rotating (consisting of few rotations) followed by another year of straight service, or (c) a one year mixed followed by an additional year on a straight service. The factor of continuity of training is extremely important. Therefore, hospitals providing a plan which accomplishes this end render a useful service.

The internship for graduates who will seek long residency training for one of the specialties preferably should be taken on a straight or one of the mixed services. The one year rotating internship consisting of subdivisions into one month or less on a service lacks the basic principles for good intern education. It is considered, therefore, an unfavorable preliminary service for those who plan to do residency training for one of the boards and for those who should do further work preparatory to entering general practice.

The Handling of Clinical Data

The student of medicine has had by the time he enters an internship considerable experience in obtaining and assembling the results of various tests as well as practice with different experimental procedure. In the internship, however, he needs to have a high standard of performance kept constantly before him. The histories on patients should be taken with care, physical examinations performed thoroughly, progress notes recorded faithfully and laboratory findings skillfully evaluated. With painstaking care the student of medicine is drilled in the quantitative mode of reasoning and the analytical approach. These are cornerstones upon which sound judgments may be based as to the correctness of diagnosis and treatment. The intern must not be allowed to drift into careless ways in connection with any of the sources of information concerning the patient such as laboratory data, physical findings, psychosomatic factors, economic status and the like, for upon the kind of use he makes of these basic principles rests not only the adequacy of his training, but also the type of medicine he will practice in later years. The intern should be given responsibilities and he must be supervised and instructed in the performance of his assignments.

Organized Educational Activities of the Hospital

Much stress has been placed on the educational value of having the intern do things for himself and in this connection it is important to note that one of

the pillars of clinical teaching is the organized rounds. At these the intern presents his findings on the patient and problems of diagnosis and treatment should be fully discussed with the attendings. Such exercises should be conducted in a friendly, critical way with constant emphasis on the analytical approach in the evaluation of the data. A hospital offering an acceptable internship must have a well conceived program of lectures, seminars and conferences. These should be of a character to produce an intellectually dynamic atmosphere for the house staff. Exercises of this kind serve their greatest usefulness when the interns and residents participate actively in them although a certain number of lectures on topics of lively interest given by men competent to discuss their subjects should be a part of every hospital's educational program. There is danger, however, in placing too much emphasis on the value of a lecture series. On the other hand, exercises in which the intern takes a part himself serve a more useful educational purpose—sessions at which he presents a topic, requiring previous study and references to the literature.

One of the most important and educationally useful sessions a hospital can have is the clinico-pathological conference, at which the findings pertaining to the clinical course and the diagnosis of diseases are correlated with the morphological changes found at autopsy. A regular schedule for such conferences should be a part of the program of every hospital and the visitings and attendings should utilize these periods in discussing the problems presented with the interns and residents. The need for capable leadership to conduct the clinico-pathological conference cannot be emphasized too strongly. If this essential is lacking, these sessions are likely to prove a waste of time for the intern. Thorough planning and cooperation on the part of the more experienced members of the hospital staff can make the conferences one of the most instructive exercises.

As a teaching session The Group Clinic Plan, which brings together doctors representing different divisions of the field of medicine, has much to offer in addition to the contribution it makes in raising the standards of the hospital service.

Departmental conferences will serve to bring together smaller groups in informal discussions. The chief of the division should utilize these sessions for teaching the interns by presenting interesting cases with full discussion of the diagnosis, treatment and prognosis. Other topics should be correlated as for example: the physiology and biochemistry of the normal, points of differential diagnosis, questions pertaining to public health and preventive medicine, geriatrics, forensic medicine, etc. In this manner the many facets of medical practice are kept before the intern and he profits immeasurably by these contacts.

Work With Outpatients

For the young graduate who aims to become a general physician there is perhaps no training more worthwhile than that received in the outpatient department of an active hospital. It is here that he meets with situations resembling those in private practice. Disease of one system masked by the compensatory adjustments of other systems gives rise frequently to a sensitively balanced interplay between the normal and disturbed functions. Every intern, therefore, should have thorough experience on the outpatient service but its educational usefulness will be in direct ratio to the supervision and instruction he receives from more experienced physicians. The more obvious diagnosis will be easily made and appropriate treatment given but it is the marginal cases which offer the greatest challenge and on which the most careful study is re-

quired. It is in this division of the hospital service also that the psychosomatic aspects of medicine play a prominent part. Therefore, for best intern education, a psychiatrist should be an integral part of the team supervising the interns' work with outpatients.

Opportunities for Study

It has been stressed previously that the intern will profit greatly by making reports and consulting the significant articles bearing upon some of the more interesting cases under his care. If the urge, however, to do this sort of thing is not too strongly present and conditions lack some of the elements necessary to immediate accomplishment, this important feature in intern education will be missed.

An adequate hospital library is one of the indispensables in providing the intern with opportunities for study. It should contain from 20-35 of the leading journals chosen so as to cover all of the major fields. In addition, there should be a good selection of monographs and other publications covering broader fields of interest as for example, "The Quarterly Cumulative Index" and "Modern Medical Therapeutics in General Practice." A few of the latest textbooks should be available but frequently this item is of lesser importance due to the fact that the intern usually has a fair collection of texts. The educational usefulness of a library is directly related, however, to both the scope of its content and to the availability of the reading material. While it is important that special care be taken in the choice of the journals and books, it is equally essential that the reading hours be such as to stimulate the house staff to do reference work. A trained librarian can do much to make a library fulfill the purposes for which it is intended.

A second essential to foster habits of study in the intern is available time. It is impossible to expect the intern to advance very much beyond mere routine if he is carrying a patient load so heavy that his moments off duty find him nearly exhausted. No endeavors of a truly intellectual character are possible under conditions of this kind. There will be a certain amount of variation in the work demanded of the intern on different services but in general it may be considered that a patient load of 10-20 is as large as he can carry and still have time to get something educational out of his internship.

Summary

(1) The teaching of the basic principles of medicine to students is a primary function of the medical schools and similarly the continuation of their medical education as interns is an essential responsibility of the hospitals. To perform these functions creditably requires of both the medical schools and the hospitals a high standard of educational effort, proper organization of teaching programs, mutual understanding of objectives, a personnel who will effectively supervise and instruct and adequate financial support to carry out the various educational activities.

(2) The role of the hospital has become so significant in raising the standards of intern education that it appears an opportune time for all hospitals with intern and residency staffs to appoint a person who will act as educational director. The person assigned to this post should have a thorough background of training, a special capacity for organizing a teaching program, and a real ambition for the work of supervising and instructing members of the house staff. In the selection of an individual to render these services to a hospital the em-

phasis should be definitely on the educational qualifications rather than the administrative.

(3) The growing demands for higher standards of professional training and better medical service to the community make it increasingly evident that the traditional one year internship is too short a period in which to prepare for the practice of medicine.* It is evident, therefore, that the question of how long

the period of hospital training should be to qualify for practice is one that merits thoughtful consideration. While a short internship may appear to fill certain needs, there can be little doubt that a term of hospital training of not less than 24 months affords a much sounder background upon which to build practical work. This may be taken either as a two year rotating having favorable time allotments on the services, a one year rotating followed by another year on a straight service or a one year mixed followed by a second year of a straight internship. The straight or mixed internship provides the most favorable initial training for those who will complete specialty boards in certain fields.

(4) The supervision of intern training in hospitals should lift the standard of performance to a high level particularly in reference to the accuracy of observations, keeping records, evaluation of clinical data, and care in the formulation of judgments. Too many shortcuts, undue brevity and careless decisions are essentially bad traits and basically dangerous.

(5) The proper education of interns demands that the hospital have visitings and attendings on its staff who will take time to instruct.

Other essentials which should be a part of the program of the hospital consist of a well integrated system of lectures and conferences, a library affording facilities for reference reading and study and a schedule of work for the intern permitting of time for intellectual pursuits.

(Signed) Robin C. Buerki
Jean A. Curran
Walsh McDermott
David Seegal
Dayton J. Edwards, Chairman.

October 28, 1947.

On motion, the report was approved. The Secretary was instructed to send copies to each medical school for consideration and suggestions for changes. The report will come up for final adoption at the 1948 meeting of the Association.

REPORT OF THE COMMITTEE ON BORDEN AWARD

The following report was submitted by the Committee on Borden Award. This was the official report which was read at the informal gathering on the evening of the previous day when the Award, consisting of a gold medal and \$1,000 in cash, was presented to the winner of the Award, Dr. Vincent du Vigneaud, professor of biochemistry in Cornell University Medical College. The committee was voted thanks for its work and the hope was expressed that it would continue its activities for another Award to be made in 1948 if a worthy recipient was found.

*In this connection reference is made also to "Essentials of an Approved Internship," Council on Medical Education and Hospitals of the American Medical Association, in which appears the following: "Longer periods of service are desirable because they permit a more satisfactory educational program and allow the intern sufficient time in which to be trained adequately to assume increasing responsibility in various fields of medicine."

The committee has selected Vincent du Vigneaud, professor of biochemistry in Cornell University Medical College, from a field of twenty-nine nominees to receive the 1947 Borden Award of the Association of American Medical Colleges.

Professor du Vigneaud has been an active investigator in biochemistry for over twenty years. Noteworthy contributions have been made to the chemistry of insulin, sulfur containing amino acids and biotin and the nutritional significance of amino acids containing sulfur. In this latter work, he demonstrated the importance of the methyl group and its role in transmethylation.

The work for which the Borden Award is given was: (1) a continuation of his investigation of biotin and of transmethylation; (2) a demonstration based on the use of isotopes of the mechanism of the conversion of methionine to cysteine, and, (3) the synthesis of penicillin G. Although other investigators using synthetic methods had obtained minute yields of antibiotic activity as measured by bioassay, du Vigneaud and his associates improved the methods of synthesis, purified the product, isolated the crystalline antibiotic and demonstrated conclusively that penicillin G had in fact been produced by synthesis.

(Signed) Brian Blades
Jas. McNaught
Chas. H. Best
John B. Youmans
E. A. Doisey, Chairman.

The next report to be submitted was that of the Committee on the Training and Supply of Doctors in the event of another war.

REPORT OF THE COMMITTEE ON THE TRAINING AND SUPPLY OF DOCTORS IN THE EVENT OF ANOTHER WAR

Following its report at Edgewater Park last year, this committee was continued.

A mimeographed copy of this report was sent to all the Deans, and the amended report was printed in the March number of the Journal of the Association.

Copies of the mimeographed, and later of the printed report, were sent to the American Medical Association and other interested organizations.

A resolution embodied in this report was adopted by this body to the effect: "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 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 American Medical Association, through its Committee on National Emergency Medical Service, under the chairmanship of the present president of the Association, Dr. Edward L. Bortz, commissioned Dr. Dickinson, Director of its Bureau of Medical Economic Research, to prepare and analyze two post-war questionnaires, one, sent out in November and December, 1946, to 50,000 discharged medical officers, the other, in January and February, 1947, to 5,000 civilian physicians, chosen at random. In each instance there was a 50 per cent return. The results of the civilian questionnaire were printed in the J. A. M. A. for May 24, 1947; the results of the medical officer questionnaire were printed for the Atlantic City meeting of the A. M. A., June 4, 1947.

Since—as stated in the resolution adopted by the body last year—“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”—I should like to compare briefly the results of the two A. M. A. questionnaires with those obtained by our committee.

The recommendations embodied in our report a year ago were thus summarized: “We believe that the Armed Forces must learn how to make better use of medical manpower. In the event of another war, we must do all we can to avoid the evils of accelerating beyond the point of successful academic accomplishment, teaching with inadequate staffs and cutting down on essential postgraduate training in hospitals. 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. Our firm conviction is that the military services should handle military work and allow educators to handle education.

“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.”

The National Governing Board should be so constituted that the medical schools are given power in the selection and retention of their own faculties and student bodies.

The opinions of the Civilian Physicians of World War II were summarized in the J. A. M. A. as follows:

“In the event of another national emergency (1) 77 per cent favor the creation of a board representing the medical profession empowered to set the policy for the utilization of all physicians, (2) 50 per cent favor rotation between the armed services and civilian practice of all ablebodied physicians below a reasonable maximum age despite the obvious administrative difficulties, (3) 60 per

cent favor a national service bill that would require all physicians at reasonable ages to serve the government in some capacity in the armed forces or in civilian communities and (4) 81 per cent favor the formation of mobile civilian medical teams to supply areas stricken by epidemics and atomic or bacteriologic warfare."

The desires of the discharged medical officers, as summarized by Dr. Dickenson, were as follows:

"They want a public-spirited organization, representing the profession, established and implemented in the hope that it can help to prevent the mistakes of World War II. They want the limited supply of medical skills carefully and wisely distributed so as to attain the highest standards of medical care for civilians and military personnel in the event of another national emergency. They doubt that 60 per cent of the nation's physicians could provide effective medical care for the civilian population in the event of an atomic war although the proportion was (miraculously) evidently sufficient during World War II.

"In the second place, the former medical officer wants the highest officials in Washington to ask the Secretary of War and Secretary of Navy to review their organizational tables and procedures in order to prevent a recurrence of (1) the medical overstaffing of units, (2) wasting of the time of doctors of medicine in the performance of nonprofessional duties which could have been performed effectively by nonmedical personnel, (3) removal of a needlessly excessive number of doctors of medicine from civilian hospitals and practices, (4) the rather widespread failure to make assignment and provide for rotation of doctors of medicine on the basis of their professional skills and qualifications, experience and age, (5) a military hospital construction policy which will give close attention to possible civilian wartime requirements."

The report and recommendations of the Committee on National Emergency Medical Service were submitted to the meeting of the House of Delegates of the A. M. A. at the Atlantic City meeting, June, 1947. The committee was thereupon dissolved and a permanent Council on National Emergency Medical Service of the A. M. A. was created. The formation of a Council places this body on the same organizational basis in the A. M. A. as is the Council on Medical Education and Hospitals.

The membership of this new Council is as follows:

Dr. Winchell McCraig, M.D., Mayo Clinic, Rochester, Minnesota.

Dean Harold S. Diehl, M.D., University of Minnesota.

Dr. Perrin H. Long, M.D., 615 N. Wolfe Street, Baltimore, Maryland.

Dean Harold C. Lueth, M.D., University of Nebraska, Omaha, Nebraska.

Dr. Richard L. Meiling, M.D., 150 E. Broad Street, Columbus, O., Secretary.

Dr. James C. Sargent, M.D., 324 E. Wisconsin Avenue, Milwaukee, Wis.

Dean Stafford L. Warren, M.D., University of California, Los Angeles, Calif.

The chairman of the Council has not yet been selected and the Council has held no meetings.

A meeting of this Council is being planned for this fall. In accordance with the resolution adopted by this executive session last year, your committee has been in communication with Dr. Bortz. I should like to quote from his last letter to me:

"I have frequently referred to the findings of your committee. I need not reinforce the opinion of so many experts in the field of Medical Education that

the work of your committee is an activity of the greatest significance. The information should be utilized generously to illuminate the deliberations that should be conducted in the not too distant future. I refer to our desire to hold a meeting of the Council on National Emergency Medical Service of the American Medical Association together with representatives of the Board of Consultants for the Surgeons General of the Army and the Navy and certain other key personnel. When this group convenes in Chicago I shall certainly see to it that you and your committee will be informed and invited to meet with us."

It has seemed to your committee, Mr. Chairman, that nothing would be gained by attempting individual planning by this Association until a meeting of representatives of the Association with the new A. M. A. Council and the representatives of the Armed Forces had been held. We should, therefore, like to recommend that the Association of American Medical Colleges continue in force a committee such as this one which is now reporting, that this committee meet with the Council on National Emergency Medical Services of the A. M. A. at its next meeting and that, thereafter, this committee should attempt to undertake further planning to be reported at the next meeting of the Association of American Medical Colleges.

Respectfully submitted,

(Signed) George Packer Berry
Dayton J. Edwards
Stockton Kimball, Chairman.

On motion, the report was approved and it was voted to continue the committee.

The report of the Committee on Student Personnel Practices was submitted by the chairman of the committee, Dr. Carlyle Jacobsen. The report, which follows, was approved.

REPORT OF COMMITTEE ON STUDENT PERSONNEL PRACTICES

At the meeting of the Association of American Medical Colleges held in October, 1946, the Committee on Student Personnel Practices was established. In consultation with the Council of the Association, arrangements were completed to employ, on a part-time basis, Dr. Dewey Stuit, Professor of Psychology at the University of Iowa, as Director of Studies for the committee. Dr. Stuit assumed his duties on March 1, 1947. On July 1 Dr. Harold Bechtoldt was added to the staff as a statistician on a part-time basis. These appointments complete the professional staff of the committee.

The principal work of the committee during the past year has been concerned with the conduct of an examination program in the fall of 1946 and the report of the result of this program to the various medical schools. The character of these reports is familiar to all of you and will not be commented upon further at this time. Dr. Vaughn will submit as part of this report, a general analysis of the test results.

The relationship with the Graduate Record Office has been a pleasant one. The committee and the Association as a whole are obligated to Doctor Vaughn and his staff for the prompt and careful manner in which the testing program was administered, under at times trying circumstances.

Plans have been announced for the testing program in the year 1947-48. The testing program will be administered on two occasions during this year;

October 25, 1947, and again around the first of February in 1948. The test battery for the current year has been revised by shortening the section on basic sciences and restricting its content very largely to introductory materials in chemistry, physics and biology. The battery has been further strengthened by inclusion of a new test relating to current social problems. The character of the report during the coming year will remain essentially the same as that which prevailed during the past year.

On behalf of the Director of Studies, it is my pleasure to report concerning his activities. His first work was concerned with a survey of the research literature on the selection and training of medical students, in order to appraise profitable areas for future research. Plans for future studies are now being formulated.

One of the great needs of the office was a file of the names of premedical advisors, since the list of advisors available to the committee in October, 1946, was badly out of date. This file was developed by writing to the presidents of nearly 700 universities and colleges. The president was asked to designate a responsible member of his faculty or administration as the individual to whom the committee could address formal communications concerning the testing program of the Association. The response to this letter has been good, and Dr. Stuit now has a good working file of the active premedical advisors of most colleges and universities.

In the fall of 1947, Doctor Stuit has undertaken collaboration with several medical colleges in the administration of special tests to their students as the first step in the committee's experimental program. In keeping with the policy of the committee, Doctor Stuit has assisted one institution in making a rather extensive statistical analysis of data which they had accumulated over several years. It is anticipated that this type of service to the various medical colleges will be increased during the coming year, as the achievement of students who participated in the testing program becomes known.

In commenting on the future organization of the office of the Director of Studies, I wish to quote at length from Doctor Stuit's report to the Committee on Personnel Practices:

"As indicated above, the Director of Studies and the Research Psychologist are each on a half-time basis with the Association of American Medical Colleges and are serving half-time with the Department of Psychology. Since there is a vacancy in the Department of Psychology, and because of his personal wishes, it appears that Doctor Bechtoldt will be employed full-time by the Department of Psychology, effective July 1, 1948. It has become apparent also that the Director of Studies will have to assume additional responsibilities at the University of Iowa. Under these circumstances, the following alternatives present themselves:

"1. Continuation of the Director of Studies on a quarter-time basis and the employment of an additional person by the Association at a salary of about \$5,000, this person to have the privilege of taking a small amount of work toward his doctor's degree but devoting full time to the work of the Association. This arrangement assumes that the tests for prospective medical students will continue to be given by the Graduate Record Office or a similar agency.

"2. Employment of a Director of Studies who would be located in the office of the Secretary of the Association. This arrangement would have the advantage of close association with the work of the Secretary; it

would have the disadvantage of dis-associating the Director of Studies from the stimulation of being connected with a department of psychology.

"3. Arrange to have the research conducted for the Association by the agency responsible for the testing program. Plans are being made at the present time to amalgamate the Graduate Record Office, the Cooperative Test Service and the College Entrance Examination Board and to establish a large scale research department in this new organization. If this unified testing agency should be established as planned, it may be that it would be equipped to conduct the necessary research studies for the Association.

"On the basis of experience to date, it seems quite clear that the Association's testing program should be conducted by a national testing agency. The Graduate Record Office has demonstrated (1) its efficiency in handling the Association's testing program, and (2) that to carry on a project of this kind requires an extensive staff both in the central office and in the field. It would be difficult for the Association to set up a testing organization which would compare with that of the Graduate Record Office or the College Entrance Examination Board. If the agency responsible for the giving of the tests is alert to the findings of the most recent research on the selection of medical students, and if it incorporates these findings in the construction of its tests, it would seem wise to continue to have such an agency responsible for the distribution, administration, scoring and reporting of test results."

The plan for conducting the Office of Studies at the University of Iowa has been one that has been quite satisfactory to the University, and one which I would personally be happy to see continue. I feel, however, that the Association, in contemplating some reorganization of its own office, should give serious consideration to the suggestions contained in Doctor Stuit's report to the committee. On behalf of the University of Iowa, I can indicate that we will be glad to continue our work with the Association in whatever way the Council may deem it desirable.

Respectfully submitted,

Carlyle F. Jacobsen, Chairman,
Committee on Student Personnel Practices.

REVISION OF CONSTITUTION AND BY-LAWS

Dr. J. Roscoe Miller, Chairman of the Committee on the Revision of the Constitution and By-Laws, reported that the committee had been active since its appointment a few months ago and had made considerable progress but was not yet ready to submit a final report. It is planned to have copies of this report in the hands of the member colleges at least thirty days before the 1948 meeting, at which time the report will come up for action.

COMMITTEE ON AUDIOVISUAL AIDS IN EDUCATION

Dr. W. A. Bloedorn, Chairman of the Committee on Audiovisual Aids in Medical Education, presented a brief report of progress, a report which had previously been submitted to the Executive Council. The recommendation made by the Executive Council for action on the report has been approved by the Association.

REPORT ON TEACHING SOCIAL AND ENVIRONMENTAL FACTORS IN MEDICINE

The report of the Joint Committee on the Teaching of Social and Environmental Factors in Medicine, as well as recommendations contained in the report as presented by Dr. Jean Curran, chairman, were approved.

The Association expressed its appreciation to Doctor Curran for his exhaustive activities in connection with the work of this committee and also the Committee on Internships and Residencies.

SURVEY OF MEDICAL EDUCATION

The next report to be submitted was that of the representatives appointed to discuss the proposed Survey of Medical Education. The report was read by Doctor Bachmeyer and was approved by unanimous vote. The report was as follows:

At the joint meeting of the Council on Medical Education and Hospitals of the American Medical Association and the Executive Council of the Association of American Medical Colleges, which was held in Atlantic City, New Jersey, on June 13, 1947, to discuss the proposal of a resurvey of medical education, a temporary planning committee was appointed and charged with the responsibility of the formulation of a plan for the survey. Representatives of both organizations were appointed to serve as members of this temporary committee. The Executive Council of the Association of American Medical Colleges appointed as its members Drs. A. C. Bachmeyer, Walter A. Bloedorn and Joseph C. Hinsey. The Council on Medical Education and Hospitals appointed Drs. H. G. Weiskotten, Victor Johnson and Donald G. Anderson as its representatives.

This temporary joint committee met at the Palmer House in Chicago, September 6 and 7, 1947, with all members named above and Dr. Fred C. Zapffe, Secretary of the College Association being present. Dr. Weiskotten presided. The committee discussed the objectives, scope and coverage of the proposed survey and the organization of a permanent committee to carry out the survey. Dr. Bachmeyer presented several suggestions which were used as the basis for the discussion.

The committee unanimously adopted the following report for transmission to the two sponsoring organizations.

In conformity with the instructions given at the meeting held in Atlantic City, June 13, 1947, your committee recommends:

1. That a comprehensive study of medical education be undertaken.
2. That such study should not in any way interrupt or supplant the present activities of the Council on Medical Education and Hospitals of the American Medical Association and of the Association of American Medical Colleges.
3. That the objectives of the study shall be to evaluate the present program and determine the future responsibilities of medical education in its broadest aspects for the purpose of
 - (a) improving medical education to better meet the overall needs of the American people for (1) the prevention of disease, (2) the restoration, so far as possible, to health of all those who suffer illness or injury, and (3) the maintenance of the best standards of physical and mental health of all the people,
 - (b) assessing the degree to which medical schools are meeting the needs of the country for physicians,
 - (c) promoting the advancement of knowledge in the field of medical science, and
 - (d) better informing the public concerning the nature, content and purposes of medical education.

4. That a full time staff be employed to conduct the study under the conjoint auspices of the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges.

5. That the study should be initiated as soon as possible with a view to completing it within a period of three years.

It is the consensus of your committee that the study should encompass the following:

1. An inventory of the existing situation.
2. Determination of the need for changes and improvements.
3. Conclusions and recommendations based on the foregoing.
4. Proposals for ways and means of carrying out the recommendations.

The temporary committee further recommends that a survey committee be appointed to supervise the conduct of the survey and that this committee include the following individuals: Drs. A. C. Bachmeyer, Joseph C. Hinsey, H. G. Weiskotten and Victor Johnson. The Secretary of the College Association and the Secretary of the Council should be members ex-officio.

It was suggested that the survey committee be authorized to appoint consultants as it sees fit and subcommittees for special projects.

It was recommended that the full time personnel consist of a director and associate director and possibly assistants to these officers. Adequate technical personnel would also have to be provided. The physical facilities should be made available in the office of the Council on Medical Education and Hospitals of the American Medical Association.

The names of several persons were suggested as potential possibilities for the full time personnel.

It was agreed that the temporary committee meet again en route to Sun Valley, Idaho, for the annual meeting of the Association of American Medical Colleges.

Respectfully submitted,

(Signed) A. C. Bachmeyer
Walter A. Bloedorn
Joseph C. Hinsey.

The delegates expressed a desire to contribute financially to the Survey so as to give the Association a vested interest. The suggestion was accepted and referred to the Survey Committee with instructions to use funds of the Association.

WORLD HEALTH ORGANIZATION

Dr. Francis S. Smyth of the University of California spoke in favor of the participation of the Association in the activities of the World Health Organization. It was voted that the Executive Council appoint a committee to study this matter and report at the next meeting.

REPORT OF NOMINATING COMMITTEE

The next order of business was the report of the Nominating Committee for officers of the Association for the year 1948-1949: It was presented by Dr. C. C. Carpenter. President-Elect, J. Roscoe Miller; Vice-President, George Parker Berry; Secretary, Fred C. Zapffe; Treasurer, A. C. Bachmeyer; Executive Council, Loren R. Chandler, Ward Darley.

It was moved and seconded that the nominations be closed and the nominees be elected to office by acclamation. The Secretary was instructed to cast the ballot, which he did.

PLACE OF 1948 MEETING

It was voted that the place of meeting for 1948 be selected by the Executive Council since it was not possible at this time to make a good choice.

The meeting adjourned at 7:00 P.M.

(Signed) Fred C. Zapffe,
Secretary.

THIRD DAY, WEDNESDAY, OCTOBER 29, 1947

The meeting was called to order by President McEllroy at 9:30 A.M.

Mr. Henry Rohweder, secretary of the National Society for Medical Research, addressed the assembly briefly, detailing the activities of his group and the results secured in that field.

Doctor Hinsey introduced Lt. General Cheung Kim, director of the Army Medical College of China, who spoke briefly.

Dr. Stuart Lippincott of the University of Washington School of Medicine read a paper titled "Teaching of Clinical Laboratory Methods."

The paper was discussed by Dr. Edward L. Turner, dean of the school.

Dr. Joseph H. Gast, Baylor University College of Medicine, followed with a paper titled "Teaching of Medical Biochemistry."

The discussion of this paper was participated in by Drs. D. Bailey Calvin, University of Texas Medical Branch; Dr. Stanley Olson, Mayo Foundation; Florence Powdermaker, Veterans' Administration, and President McEllroy.

"Correlation and Continuation in Medical Education" was the title of a paper contributed by Dr. Edgar Poth, University of Texas Medical Branch.

Drs. Richard H. Young and George A. Pierson, University of Utah School of Medicine, discussed "The Professional Aptitude Test—1947: A Preliminary Evaluation."

This paper was discussed by Drs. Dewey B. Stuit, Carlyle Jacobsen, D. Bailey Calvin and Joseph C. Hinsey.

Dr. Ernest W. Brown, of the Committee on Scientific Development and Education of the American Medical Association, read the final paper on the program, titled "The Place of Occupational Medicine in the Undergraduate Curriculum."

This paper was discussed by Drs. L. R. Chandler, Currier McEwen, New York University, and Jean A. Curran, Long Island College of Medicine.

A unanimous rising vote of thanks was extended to the management of the Challenger Inn for their fine cooperation which did so much to make the meeting an outstanding success.

A vote of thanks was also extended to the outgoing officers.

Dr. Walter A. Bloedorn, the incoming president, was escorted to the chair. He expressed his appreciation of the honor conferred on him and promised to do all in his power to meet the duties and responsibilities of his high office.

The meeting was adjourned at 1:30 P.M.

Fred C. Zapffe,
Secretary.

**MINUTES OF THE MEETING OF THE EXECUTIVE COUNCIL HELD IN
SUN VALLEY, IDAHO, OCTOBER 29, 1947**

All the members of the Executive Council, except Dr. J. Roscoe Miller, were present when the meeting was called to order by the Secretary at 3 P.M.: Jos. C. Hinsey, Wm. S. McEllroy, W. A. Bloedorn, W. C. Davison, Geo. Packer Berry, Ward Darlley, L. R. Chandler. The treasurer, A. C. Bachmeyer, and the secretary were also present.

By a unanimous vote, Dr. Hinsey was elected chairman for the ensuing year.

Acting on the telegram received from Dr. Alan Gregg of the Rockefeller Foundation dealing with the problem of adequate financing of medical schools to ensure continuing efficiency, the following committee was appointed: George Packer Berry, W. C. Davison and Jos. C. Hinsey.

The budget for 1947-1948 was presented by the treasurer and was approved.

On motion of Dr. Chandler, a special committee was appointed to consider the set-up, personnel and office space of the Association, and was given power to draw on reserve funds for any monies needed to carry out needed changes: Jos. C. Hinsey, A. C. Bachmeyer and W. A. Bloedorn.

On motion, the following committee on governmental activities was appointed: Drs. Jos. C. Hinsey, chairman; Alfred Blalock, George Packer Berry, J. Roscoe Miller and Ward Darley.

On motion, Dr. Francis Scott Smyth, University of California, was appointed chairman of a committee to cooperate with the World Health Organization in the matter of placing undergraduate medical students and graduates of foreign countries in the medical schools and hospitals of the United States.

On motion, F. Joseph Mullin of the University of Chicago was authorized to serve as acting treasurer during the absence from Chicago of the treasurer, A. C. Bachmeyer, in January, February and March, 1948.

The Council then adjourned subject to call.

(Signed) Fred C. Zapffe,
Secretary.

REPORT ON EXAMINATION OF ACCOUNTS

October 20, 1947.

Dr. William S. McEllroy, President
Association of American Medical Colleges
University of Pittsburgh
Pittsburgh, Pennsylvania

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, 1947, and submit the following statements:

Exhibit A Balance Sheet, August 31, 1947.

Exhibit B Statement of Income and Expenditures for the year ended August 31, 1947.

Exhibit C Detailed Statement of Expenditures for the year ended August 31, 1947.

GENERAL INCOME

The annual membership dues of \$150 were received from each of the 85 members, and the 1945-46 dues of one member.

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 1946-47. There were three advertisements for that period in the process of collection. Income will be included in receipts for 1947-48.

The income from the sales and subscriptions for the Journals and the Aptitude Tests was verified by inspection of the recorded receipts submitted by the Secretary.

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, and from Series "C" bonds which realized discount upon maturity.

Series "G" 2½ %		Interest and Discount	
Face Value	Maturity	Due Dates	Amount
\$12,000	February, 1956	February and August	\$ 300
1,000	June, 1957	June and December	25
10,000	November, 1958	May	125
10,000	January, 1959	July	125
			<hr/>
			\$ 575
Series "C"			
\$10,000	November, 1946	Discount	\$2,500
10,000	January, 1947	Discount	\$2,500
			<hr/>
			\$5,000
			<hr/>
			\$5,575

RESTRICTED INCOME

The unexpended balances in the Tropical Medicine Funds were returned to the John & Mary R. Markle Foundation during 1946-47. Funds were received from the Carnegie Foundation for the Committee on Student Personnel Practices. The unexpended balances have been carried into the new fiscal year.

EXPENDITURES

The approved vouchers were inspected and verified to the extent of comparison with all cash disbursements and the budget as adopted for 1946-47. The distribution of expenditures is shown in Exhibit C.

BALANCE SHEET

The amount of cash as shown in the banks at August 31, 1947, 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
Committee on Student Personnel Practices	300
	<hr/>
	\$360

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 bear interest at the rate of 2½ per cent per annum and are described as follows:

Dated	Serial Numbers	Maturity	Face Value	Present Redemption Value	Book Value
Feb. 1944	M2339896G and M2339897G	2/1/1956	\$ 2,000	\$ 1,896	\$ 2,000
Feb. 1944	X357140G	2/1/1956	10,000	9,480	10,000
June 1945	M3833870G	6/1/1957	1,000	962	1,000
Nov. 1946	V733579G and V733580G	11/1/1958	10,000	9,880	10,000
Jan. 1947	V766536G and V766537G	2/1/1959	10,000	9,880	10,000
Total			\$33,000	\$32,098	\$33,000

Deferred income shown in the amount of \$5,100 represents dues received prior to the close of the fiscal year 1946-47 from 34 members for the fiscal year 1947-48.

The accumulated net income has been increased by a net amount of \$209.42 which resulted from operations as follows:

Balance September 1, 1946	\$41,652.97
General Income, 1946-47	\$28,097.60
General Expenditures, 1946-47	27,888.18
Net excess income	209.42
Balance August 31, 1947	\$41,862.39

Yours very truly,

(Signed) Catharine S. Mitchell.

Exhibit A

ASSETS

Cash in Banks:

The First National Bank of Chicago	\$12,547.28	
Bank of Montreal, Toronto, Ontario	1,965.29	\$14,512.57
Petty Cash Advances		360.00
Investments at Cost		33,000.00
Prepaid Surety Bond Premiums		60.00
		\$47,932.57

LIABILITIES**General Funds:**

Deferred Income for 1947-48 Dues	\$ 5,100.00	
Accumulated Net Income	41,862.39	\$46,962.39

Restricted Funds:

Committee on Student Personnel Practices No. 1	391.29	
Committee on Student Personnel Practices No. 2	168.29	
Committee on Student Personnel Practices No. 3	410.60	970.18
		<u>\$47,932.57</u>

Exhibit B**General Funds****Income:**

Dues	\$12,900.00	
Advertising	9,234.53	
Journal Sales and Subscriptions	337.80	
Aptitude Tests	50.27	
Income on Investments	5,575.00	\$28,097.60

Expenditures:

Association Office	\$15,740.26	
Treasurer's Office	305.00	
Journal	9,442.05	
Travel Expense	1,107.99	
Annual Meeting Expense	1,187.41	
American Council on Education	100.00	
Aptitude Test Committee	—209.00	
Contingency	214.47	27,888.18
		<u>\$ 209.42</u>

Restricted Funds

1946-47

Balance 9/1/46	Income from Donor	1946-47 Expendi- tures	Returned to Donor	Balance 8/31/47
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Tropical Medicine Funds:**From John & Mary R. Markle
Foundation—**

1 Army Medical School	\$1,029.63	\$ 153.21	\$ 876.42	0
2 Specimen Distribution Center	591.48		591.48	0
3 Central America Training	363.03		363.03	0
	<u>\$1,984.14</u>	<u>\$ 153.21</u>	<u>\$1,830.93</u>	<u>0</u>

**Committee on Student Personnel
Practices:**

From Carnegie Foundation—

1 Salary	\$2,666.67	\$2,275.38		\$391.29
2 Travel	500.00	331.71		168.29
3 Expense	500.00	89.40		410.60
	<u>\$3,666.67</u>	<u>\$2,696.49</u>		<u>\$970.18</u>
Total	<u>\$1,984.14</u>	<u>\$3,666.67</u>	<u>\$2,849.70</u>	<u>\$1,830.93</u>
				<u>\$970.18</u>

Exhibit C

General Funds

Association Office:

Salary—Secretary	\$ 8,000.00
Salaries—Stenographer and Clerk	4,245.00
Office Rent	2,400.00
Surety Bond Premium	20.00
Postage, Printing, Stationery and Miscellaneous	1,075.26
	<u>\$15,740.26</u>

Treasurer's Office:

Salaries—Bookkeeper and Clerk	\$ 200.00
Surety Bond Premium	45.00
Auditing Fee	50.00
Miscellaneous Expense	10.00
	<u>\$ 305.00</u>

Journal:

Publication	\$ 9,442.05
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Travel Expense

\$ 1,107.99

Annual Meeting Expense

\$ 1,187.41

American Council on Education:

Membership	\$ 100.00
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Aptitude Test Committee:

Equipment Sold	—\$ 209.00
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Contingency

\$ 214.47

Total Expenditures—General Funds \$27,888.18

Restricted Funds

Committee on Student Personnel Practices:

Salary	\$ 2,275.38
Travel	331.71
Expense	89.40
	<hr/>
	\$ 2,696.49

Tropical Medicine Expense No. 1:

Miscellaneous Expense	\$ 153.21
	<hr/>
Total Expenditures—Restricted Funds	\$ 2,849.70

Expenditures Summary

General Funds	\$27,888.18
Restricted Funds	2,849.70
	<hr/>
	\$30,737.88
Restricted Funds— Returned to Donor	\$ 1,830.93
	<hr/>
Grand Total	\$32,568.81

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Budget for 1947-1948

INCOME

Dues	\$12,750.00
Advertising	9,000.00
Sales and Subscriptions	300.00
Income on Investments	825.00
Underwriting from Reserves	7,100.00
	<hr/>
	\$29,975.00

EXPENDITURES

Association Office	\$16,000.00
Treasurer's Office	375.00
Journal	10,000.00
Travel Expense	1,500.00
Annual Meeting	1,000.00
American Council on Education	100.00
Contingency	1,000.00
	<hr/>
	\$29,975.00

COMMITTEES FOR 1947-1948

COMMITTEE ON INTERNSHIPS AND RESIDENCIES

J. A. Curran, chairman, Long Island College of Medicine
L. R. Chandler, Stanford University
J. P. Tollman, University of Nebraska
Isaac Starr, University of Pennsylvania
Myron M. Weaver, University of Minnesota
C. C. Carpenter, Bowman Gray School of Medicine
Dale G. Friend, Harvard University
A. C. Bachmeyer, University of Chicago
D. W. E. Baird, University of Oregon
Ward Darley, University of Colorado
Warren T. Brown, Baylor University
Vernon W. Lippard, Louisiana State University
Stanley E. Dorst, University of Cincinnati
Roy R. Kracke, Medical College of Alabama
W. A. Bloedorn, George Washington University

COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS

J. Roscoe Miller, chairman, Northwestern University
L. R. Chandler, Stanford University
Robert A. Moore, Washington University
A. C. Bachmeyer, University of Chicago
Fred C. Zapffe, Secretary

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E. F. Lindquist, State University of Iowa
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F. J. Mullin, University of Chicago
Robert Harris, University of California
H. A. Shoemaker, University of Oklahoma
John Charles, University of Rochester
Arley Bock, Harvard University
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H. W. Walton, Medical College of the State of South Carolina

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C. C. Carpenter, Bowman Gray School of Medicine
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George Packer Berry, University of Rochester
Alfred Blalock, Johns Hopkins University
J. Roscoe Miller, Northwestern University
Ward Darley, University of Colorado

COMMITTEE ON WORLD HEALTH ORGANIZATION

Francis Scott Smyth, chairman, University of California
Karl F. Meyer, Hooper Foundation
Howard C. Naffziger, University of California
Karl M. Bowman, University of California
Allen C. Blaisdell, University of California
Alan Gregg, Rockefeller Foundation
C. Sidney Burwell, Harvard University
Harold S. Diehl, University of Minnesota
Aura Severinghaus, Columbia University

LIAISON COMMITTEE

Joseph C. Hinsey, Cornell University
A. C. Bachmeyer, University of Chicago
Fred C. Zapffe, Secretary, Association of American Medical Colleges
(The Council on Medical Education and Hospitals of the American Medical Association is represented by H. G. Weiskotten, Victor Johnson and Donald G. Anderson.)

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W. A. Bloedorn, George Washington University
A. C. Bachmeyer, University of Chicago

COMMITTEE ON FINANCING MEDICAL SCHOOLS

George Packer Berry, University of Rochester
W. C. Davison, Duke University
Jos. C. Hinsey, Cornell University

REPRESENTATIVES TO OTHER ORGANIZATIONS

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J. Roscoe Miller, Northwestern University
Wm. S. McEllroy, University of Pittsburgh

ADVISORY BOARD FOR MEDICAL SPECIALTIES

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Victor Johnson, Mayo Foundation, University of Minnesota

FEDERATION OF STATE MEDICAL BOARDS

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

UNESCO (United Nations Educational, Social and Cultural Organization)

W. A. Bloedorn, George Washington University

COMMITTEE ON EVALUATION OF FOREIGN CREDENTIALS

A. C. Bachmeyer, University of Chicago

Fred C. Zapffe, Secretary of the Association

ADVISORY BOARD ON NUTRITION OF SURGEON GENERAL OF U. S. ARMY

Frederick J. Stare

COMMITTEE FOR THE COORDINATION OF MEDICAL ACTIVITIES

Fred C. Zapffe, Secretary of the Association

U. S. MEDICAL SERVICES LIAISON OFFICERS

Brigadier General Geo. E. Armstrong, U. S. Army, M. C.

Rear Admiral Herbert L. Pugh, U. S. Navy, M. C.

Medical Director W. P. Dearing, U. S. Public Health Service

Dr. Edw. H. Cushing, Veterans' Administration

**COMMITTEE ON INTERNSHIPS AND RESIDENCIES
REGIONAL DIVISIONS (DECEMBER, 1947)**

Region	Chairman	States	Medical Schools	Hospitals
1	L. R. Chandler Stanford Univ.	California	4	48
		Arizona	0	3
		Nevada	0	0
		—	—	—
		4	51	
		U. California Stanford Coll. Med. Evang. U. So. Calif.		
2	D. W. E. Baird Univ. Oregon	Idaho	0	0
		Montana	0	2
		Oregon	1	6
		Washington	0	18
		—	—	—
1	26			
		U. Oregon		

Region	Chairman	States	Medical Schools	Hospitals
3	Ward Darley Univ. Colorado	Colorado	1	9
		New Mexico	0	0
		Utah	1	5
		Wyoming	0	0
		—	—	—
		2	14	
		U. Colorado		
		U. Utah		
4	J. P. Tollman Univ. Nebraska	Kansas	1	7
		Nebraska	2	9
		Missouri	2	25
		No. Dakota	0	1
		So. Dakota	0	0
		—	—	—
		5	42	
				U. Kansas
		U. Nebraska		
		Creighton		
		St. Louis U.		
		Washington U.		
5	Warren T. Brown Baylor Univ.	Texas	3	21
		Oklahoma	1	5
		—	—	—
		4	26	
				U. Texas
		Baylor		
		Southwestern		
		U. Oklahoma		
6	Vernon W. Lippard Louisiana State	Louisiana	2	13
		Arkansas	1	3
		Mississippi	0	0
		—	—	—
		3	16	
		Louisiana State		
		Tulane		
		Univ. Arkansas		
7	A. C. Bachmeyer Univ. Chicago	Illinois	4	59
		Indiana	1	15
		Iowa	1	9
		—	—	—
		6	83	
				U. Illinois
		U. Chicago		
		Northwestern		
		Loyola		
		U. Indiana		
		U. Iowa		

Region	Chairman	States	Medical Schools	Hospitals
8	Myron M. Weaver Univ. Minnesota	Minnesota Wisconsin	1	13
			2	22
			—	—
			3	35
			U. Minnesota Marquette U. Wisconsin	
9	Stanley E. Dorst Univ. Cincinnati	Michigan Ohio	2	34
			3	45
			—	—
			5	79
			U. Michigan Wayne Ohio State Western Reserve U. Cincinnati	
10	Roy R. Kracke Univ. Alabama	Alabama Florida Georgia	1	5
			0	9
			2	11
			—	—
			3	25
			U. Alabama U. Georgia Emory	
11	C. C. Carpenter Bowman Gray	Kentucky No. Carolina So. Carolina Tennessee	1	9
			3	10
			1	5
			3	13
			—	—
			8	37
			U. Louisville U. No. Carolina Duke Bowman Gray U. So. Carolina U. Tennessee Vanderbilt Meharry	
12	W. A. Bloedorn George Washington	D. Columbia Delaware Maryland Virginia	3	12
			0	4
			2	21
			2	15

Region	Chairman	States	Medical Schools	Hospitals
		W. Virginia	0	7
			7	59
			George Washington Howard Georgetown Johns Hopkins Maryland U. Virginia Med. Coll. Virginia	
13	Isaac Starr Univ. Pennsylvania	Pennsylvania (Some of New Jersey)	6 0	81 7
			6	88
			Temple Woman's Jefferson Hahnemann Pittsburgh Pennsylvania	
14	D. G. Friend Harvard	Maine Massachusetts New Hampshire Rhode Island Vermont	0 3 0 0 1	4 40 2 5 2
			4	53
			Boston U. Harvard U. Tufts U. Vermont	
15	J. A. Curran General Chairman Long Island	New York New Jersey Connecticut	9 0 1	107 34 18
			10	159
			New York U. Columbia Cornell Buffalo Long Island Rochester Albany Syracuse Yale New York Med. Coll.	