

ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

MINUTES  
OF THE PROCEEDINGS  
*of the*  
SIXTIETH ANNUAL MEETING  
*held in*  
COLORADO SPRINGS, COLO.  
NOVEMBER 7, 8 and 9, 1949



*Office of the Secretary*  
185 North Wabash Avenue  
Chicago 1, Illinois

## **OPENING SESSION, MONDAY, NOVEMBER 7, 1949**

The sixtieth annual meeting of the Association of American Medical Colleges was called to order by President J. Roscoe Miller at 9:30 A. M. in the Broadmoor Hotel, Colorado Springs, Colorado.

### **Morning Session**

The opening paper on "The Social Responsibilities of Medicine" was read by Virgil M. Hancher, President of the State University of Iowa.

### **Nominating Committee**

President Miller appointed the Nominating Committee: Dr. Loren Chandler, chairman; Dr. Stockton Kimball and Dr. Walter A. Bloedorn.

### **Organization of Meeting**

The organization of the meeting was explained and the participants directed to the three Round Tables being conducted synchronously. Round Table A had as its discussion topic "Student Selection Problems." Discussion leaders: Carlyle Jacobsen, chairman, Harold Davenport, James Perkins, Leland Parr and Joe Markee. Round Table B directed its attention to "Leadership in Curriculum Planning." Discussion leaders: Ward Darley, chairman, Coy C. Carpenter, Edward L. Turner, C. N. Hugh Long and Loren R. Chandler. Round Table C discussed "Making the Internship a Planned Educational Experience." Chairman of this group was John B. Youmans. Discussion leaders: Myron M. Weaver, Arthur C. Bachmeyer and Charles T. Dolezal.

### **Afternoon Session**

Round Table discussions continued from 2:30 P. M. to 5 P. M., section 1 rotating to Round Table C; section 2 to Round Table A and section 3 to Round Table B.

At 4 P. M. the ladies attended a tea arranged for them by the Mesdames Stearns, Darley, Lewis and Liggett.

---

### **The Association Dinner**

The Association dinner was held in the main dining room at 7 P. M. At the conclusion of the dinner President Stearns of the University of Colorado welcomed the Association to Colorado and introduced the Koshare Indian Dancers who entertained with an interesting program of authentic Indian dances.

## OFFICERS OF THE ASSOCIATION

1948-1949

*President:* J. ROSCOE MILLER ..... Northwestern University Medical School  
*President-Elect:* JOSEPH C. HINSEY ..... Cornell University Medical College  
*Vice-President:* COY C. CARPENTER ..... Bowman Gray School of Medicine  
*Secretary:* DEAN F. SMILEY ..... 185 N. Wabash Avenue, Chicago I, Ill.  
*Treasurer:* ARTHUR C. BACHMEYER ..... University of Chicago Medical School

### Executive Council

JOSEPH C. HINSEY, *Chairman* ..... Cornell University Medical College  
J. ROSCOE MILLER ..... Northwestern University Medical School  
COY C. CARPENTER ..... Bowman Gray School of Medicine  
WALTER A. BLOEDORN ..... George Washington University School of Medicine  
WARD DARLEY ..... University of Colorado School of Medicine  
GEORGE PACKER BERRY ..... Harvard Medical School  
LOREN R. CHANDLER ..... Stanford University School of Medicine

## TUESDAY MORNING SESSION, NOVEMBER 8, 1949

President Miller called the meeting to order at 9:30. Vice-President Carpenter presided while the president delivered his address (published in the January, 1950, issue of the Journal of the Association of American Medical Colleges). This was followed by a paper titled, "Education in Diseases of the Chest" by Charles Austin Doan, dean College of Medicine, Ohio State University (to be published in the March, 1950 issue of the Journal of the Association of American Medical Colleges).

The group then broke up into sections, section 3 attending Round Table A, section 1 attending Round Table B, section 2 attending Round Table C.

---

## TUESDAY AFTERNOON: EXECUTIVE SESSION

The Executive Session of the Association of American Medical Colleges convened in the Theatre of the Broadmoor Hotel, Colorado Springs, Colorado, November 8, 1949, at 2:30 P. M., Dr. J. Roscoe Miller, President, presiding.

### Roll Call

PRESIDENT MILLER: The Secretary wishes to verify the member institutions who are not represented here at the meeting.

SECRETARY SMILEY: Is there anyone here from the Medical College of Alabama? (No response) From Dalhousie University? (No response) McGill University? (No response) Queen's University? (No response) University of Manitoba? (No response) University of Toronto? (No response) University of Western Ontario? (No response) University of the Philippines? (No response) University of Pennsylvania Graduate School of Medicine? (No response) Apparently all the other member institutions are represented. (A list of all those attending the meeting and their sponsors is published elsewhere in this report.)

PRESIDENT MILLER: The next item of business is the approval of the minutes of the 1948 meeting.

### Minutes of the 1948 Meeting

SECRETARY SMILEY: The minutes of the fifty-ninth annual meeting of the Association of American Medical Colleges were distributed to all member colleges and are submitted for approval as printed.

On motion and seconded, these minutes were accepted as printed.

PRESIDENT MILLER: Dr. Joseph C. Hinsey, chairman of the Executive Council will read the report of the Council.

---

## REPORT OF EXECUTIVE COUNCIL

DR. HINSEY: The Executive Council has held five meetings since our last Executive Session at White Sulphur Springs and several of the subcommittees of the Council have held a number of meetings during the year. The Liaison Committee, consisting of three members of the Council on Medical Education and Hospitals of the American Medical Association and three members of the Association of American Medical Colleges met on three different occasions and discussed problems of mutual interest. This committee does not have any

power to act. It was set up for the purpose of giving opportunity to the organizations represented to discuss problems of mutual interest. When these discussions lead to a recommendation, it is transmitted to the parent bodies for action. This gives assurance of harmonious and simultaneous action.

Various committees appointed by action of the Association and committees appointed directly by the Executive Council have submitted reports which will be given to you later in the session. Reference is made, particularly, to the Committees on Financial Aid to Medical Education, on Internships and Residencies, on Student Personnel Practices, on Preparedness for War, on Audio-visual Education, on the Borden Award, on World Health Organization and on Social and Environmental Medicine.

The Council has continued to cooperate closely with various governmental agencies. Liaison officers from the Army, Navy, Public Health Service and Veterans Administration have been present at our meetings. Some of the topics that have been discussed with these liaison officers include the training programs which the various medical services are conducting, personnel needs, the R.O.T.C. programs, the teaching programs in the Veterans Administration Hospitals, legislation for federal aid to medical education and the study being conducted by the National Advisory Health Council on the impact of federal grants on medical education.

The first meeting of the present Executive Council was held on November 9, 1948, at the Greenbrier Hotel in White Sulphur Springs. The transactions of this meeting have been reported to the Association in the published minutes of these proceedings.

The second meeting was held in Washington, D. C. on December 28, 1948. The Committee on Social and Environmental Medicine was reconstituted with Dr. Frode Jensen of the University of Colorado as chairman, and Drs. Duncan W. Clark, John B. Youmans and Jean A. Curran as members. Dr. J. Roscoe Miller was named chairman of the Program Committee for the Colorado Springs meeting with power to name such other members as he desired. The Secretary was instructed to suggest to all member colleges that instead of sending in fortnightly lists of accepted students, they send in the regular Freshman Matriculation Card. The Secretary was instructed to bill inspected schools for the cost of inspection where the school requests the inspection. The Association will carry the cost when the Association initiates the inspection. Drs. Bachmeyer and Smiley were appointed a Committee to negotiate with the Canadian medical colleges regarding Association dues for those schools.

The third meeting was held in Chicago, February 4 and 5, 1949. Dr. Hinsey was authorized to represent the Executive Council (along with other members of the Council he might designate) at a meeting of university presidents held on February 11, 1949, in New York City to consider formation of a National Fund for Medical Education. Colonel Eanes pointed out that Selective Service was now "something to be put on the shelf and called on if needed." Local Board Memorandum No. 7 will hold as far as professional students are concerned. It would be best not to put into practice the provisions of Local Board Memorandum No. 7 which have to do with deferring preprofessional students other than those entering in 1949. Form No. 103 should be filled out for the class of 1949. A second form No. 103 must again be filled out for the class of 1949 after July, 1950. Form No. 103 will be required also once a year for all sophomores, juniors and seniors.

The opening of the Medical Film Institute of the Association of American Medical Colleges under the Directorship of Dr. David S. Ruhe was authorized for February 15, 1949, with offices in the New York Academy of Medicine in New York City.

The fourth meeting of the Council was held in Atlantic City, New Jersey, June 5, 1949. A committee with Dr. Bachmeyer as chairman, was appointed to look into the question of incorporating the Association.

Dr. Carlyle Jacobsen announced the appointment of Mr. John Stalnaker as Director of Studies for the Committee on Student Personnel Practices. He began work September 1, 1949, with offices in Association Headquarters.

I also report the establishment of a National Fund for Medical Education.

Dr. Bachmeyer was appointed a delegate of the Association to attend the September meeting of the Association of Canadian Medical Colleges and to explore the possibilities of some form of affiliate membership for Canadian schools.

On recommendation of the Liaison Committee, the Executive Council unanimously recommended that the Association vote to restore Hahnemann Medical College to full membership in the Association.

The Council expressed its willingness to participate with the Committee on Foreign Medical Credentials of the American Medical Association in exploring the possibility of beginning the listing of approved foreign medical schools.

The Council voted to cooperate with the W. K. Kellogg Foundation in providing a Fellowship program for faculty members of Canadian medical schools.

The Secretary was instructed to invite appropriate organizations to appoint representatives to a Joint Committee on Internships, this Committee to meet at the time of the present meeting of the Association.

It was voted to cooperate with the American Psychiatric Association in calling a conference to discuss ways and means of developing a program to provide adequate training in the social sciences in the colleges and universities which are teaching premedical students. Dr. Berry was appointed to follow this up.

The fifth meeting of the Executive Council was held at Colorado Springs on November 4 and 5, 1949.

The Executive Council voted to recommend to the Association that it amend its constitution to permit the establishment of affiliate memberships available to colleges in other countries which conform to the provisions of Sections 1 and 2 of Article III.

A proposal for a public relations program for the Association was carefully considered by the Council and declined because of the cost involved. It was the feeling that the Association should take a positive stand to keep the public informed about the various problems in medical education presented by member colleges. It was decided that the 1950 Executive Council appoint a Committee on Public Information with power to appoint regional representatives.

The Council voted approval of the leasing of new quarters for the Association's central office at 185 North Wabash Avenue, Chicago. The new quarters will increase the available space by approximately 500 square feet and bring the Association office in close proximity to the midwestern branch of the Educational Testing Service which agency conducts the Medical College Admissions Test.

The Council approval of an agreement with the University Micro Films for the microfilming of the Journal of the Association of American Medical Colleges was voted, provided investigation of the contracting agency proves it to be satisfactory.

On the basis of recommendations made by the Liaison Committee subsequent to inspections, the Council recommends that action be taken as follows:

- (a) That the University of South Dakota Medical School be removed from probation and restored to full membership in the Association.
- (b) That Hahnemann Medical College be removed from probation and restored to full membership in the Association.
- (c) That the University of Washington School of Medicine be admitted to membership in the Association.

The Secretary was instructed to attend a Conference on Accreditation to be held in Washington, D. C. November 15th, conducted under the auspices of the American Council on Education, to represent the Association of American Medical Colleges.

The Secretary was instructed to assemble medical college application and admission data as rapidly as possible and to make them available to premedical advisers in arts colleges of the country as promptly as possible. The Council requests the cooperation of all member colleges in supplying the necessary data.

The following resolution was approved by the Council and recommended for approval by the Association.

"It has been the policy of the Association of American Medical Colleges for many years to disapprove the practice of a teacher holding teaching appointments in two or more medical colleges at the same time. This policy was established in order to prevent a teacher from diluting his efforts to such an extent as to be ineffective. It should be understood, however, that this is merely a general policy and should not be used to discourage teachers with unusual ability from accepting dual appointments where such appointments would be mutually advantageous."

The Secretary was instructed to compile a list of the resolutions passed by the Association in recent years and to submit this list for review to the Executive Council at its next meeting in February.

The Council confirmed the appointment made by its Chairman of Drs. Carlyle Jacobsen and Joseph Mullin to represent the Association at a Conference on Discrimination in College Admissions to be held under the auspices of the American Council on Education in Chicago, November 4 and 5, 1949.

In answer to a letter of inquiry, the Executive Council was of the opinion that, though there has never been a policy established by the Association, it was, nevertheless, the consensus that medical colleges should not select students more than one year in advance of their admission since it could be against the best interests of the students.

The chairman of the Council announced receipt of a \$7500 grant from the Sloan Foundation for the furtherance of the work of the Association's Medical Film Institute.

The Association has been nominated to receive the 1949 award of distinction from the American Pharmaceutical Manufacturer's Association November 29, 1949, in New York City "in recognition of the fundamental research contributions to public health made by the medical colleges of the United States, in the field of drug therapy; and also of their essential role in basic medical research generally, for the profound benefit of mankind."

The reports from the various committees of the Association were received, discussed, amended and recommended for submission to the Association for approval.

As chairman of the Council, I wish to pay tribute to the work done by other members of the Council and by members of the committees of the Association. We are appreciative of the cooperation we have received from the members of the Association during the year. We believe that the Association is strength-

ening its contribution to medical education and that it will only be by team work that we can achieve our goal. Finally, I would be remiss if I did not pay tribute to the work of our central office where Dr. Smiley and Dr. Zapffe have been carrying on and guiding our work.

(Signed) The Executive Council  
by Joseph C. Hinsey,  
Chairman

DR. HINSEY: It was recommended that the constitution of the Association be amended as follows:

ARTICLE III (Membership): Sec. 7—(Affiliate Membership) Medical colleges in other countries which otherwise conform to the provisions of Sections 1 and 2 of this Article are eligible to Affiliate Membership.

Application for such membership shall be made and acted upon as set forth in Section III above, except that colleges which heretofore have held regular membership shall be transferred to this classification effective September 1, 1948.

The provisions of Sections 4 and 6 of this Article shall also apply to such affiliate members.

Affiliate members shall pay annual dues of \$125.00; same to be payable not later than February first of the current fiscal year of the Association.

Affiliate members shall have all the privileges extended to regular members of the Association and shall also conform to the provisions of the By-laws, except that their representative shall not hold elective office, or vote upon matters pertaining to the finances of the Association. They shall receive copies of the official minutes of the proceedings of the annual and special meetings, such other publications and notices as may be issued and not less than six copies of each issue of the official bulletin of the Association. Representatives of affiliate members may be appointed or elected to serve on Committees.

Vote on this recommendation was postponed. (See Amendment of Constitution, p. 37.)

DR. HINSEY: It was recommended that the 1950 Executive Council appoint a Committee on Public Information with power to appoint regional representatives. I move adoption of this recommendation.

By unanimous vote the motion was carried.

DR. HINSEY: On the basis of recommendations made by the Liaison Committee, subsequent to inspections, it is moved that favorable action be taken on the following:

That the University of South Dakota Medical School be removed from probation and restored to full membership in the Association.

The motion carried unanimously.

DR. HINSEY: That the Hahnemann Medical College be removed from probation and restored to full membership in the Association.

On motion, duly seconded, the recommendation was accepted and adopted.

DR. HINSEY: That the University of Washington School of Medicine be admitted to membership in the Association. I so move.

The motion was seconded and carried unanimously.

DR. HINSEY: The following resolution was approved by the Council and is recommended for approval of the Association. It has been the policy of the Association of American Medical Colleges for many years to disapprove the practice of a teacher holding teaching appointments in two or more medical

colleges at the same time. This policy was established in order to prevent a teacher from diluting his efforts to such an extent as to be ineffective. It should be understood, however, that this is merely a general policy and should not be used to discourage teachers with unusual ability from accepting dual appointments where such appointments would be mutually advantageous. I move that this policy be approved.

The motion carried by a unanimous vote.

DR. HINSEY: I move the adoption of the report as a whole.

The motion was carried unanimously.

## REPORT OF THE SECRETARY

SECRETARY SMILEY: I have enjoyed my first year with the Association very much. I am very much pleased with our new quarters at 185 North Wabash, and I hope all of you will drop in and see us when you come through Chicago. We can now give you a little more space in which to sit down than we had before. I am also very much pleased with the addition of Mr. Stalnaker to our staff. He has pitched headlong into the work and we have done a lot of things together and planned a lot of things together which I think will bear real fruit.

Now, as to the actual accomplishments of the year, there are a few things that I should call to your attention. In the first place, we got out the new edition of "Fellowships, Funds and Prizes." We have sent copies to each of your institutions and to each of your libraries. If you want more copies for either of those purposes, let us know and we will send them.

The questionnaires that have been referred to us by various members have been somewhat of a problem. I think we have succeeded in stopping some of them. We do our best to stop as many as we can, but unfortunately it is not possible to stop all of them.

Our list of accepted students, sent out at intervals of two weeks, did not work very well last year. I am sorry to say that the State schools did not make as good a record in sending in their cards as the other schools did. Apparently, this matter is not of such importance to them. From the point of view of the whole group, it would be very much appreciated if the cards of the students, as soon as they have definitely committed themselves to your institution, be sent in each week. In many instances the cards come to us in packs of 30 or 40 students, and that defeats the whole purpose of the list. I certainly ask your cooperation on that this next year.

With regard to the application data, that is always a very long job. To take all of the application cards, from one student and put them together, brings the data out very slowly. This year we got the data out for the 1948 class just before the new class of 1949 registered. We had an actual final count of 81,662 applications for the class of 1948. Those applications were made by 24,242 students. It is interesting that of those accepted the vast majority, that is, 6,141 applicants, received one acceptance; 679 received two acceptances; 125 received three acceptances; 21 received four acceptances; six received five acceptances; and one received eight acceptances.

The total number of applications for the class of 1948, 81,662, compares with a figure of 56,553 for 1947, so that there was a big increase. This would make an average of 3.37 applications per student. Of the 24,242 applicants, 6,141 received a single acceptance; 832 received multiple acceptances, and 6,497 finally matriculated, so in the class of 1948 about one application in 10 and one applicant in three and a half received acceptances. About one application in twelve and a half and one applicant in 3.7 achieved enrollment. Six states, New York,

Pennsylvania, California, Illinois, Ohio and Texas provided 45 per cent of the applicants. Areas outside the United States provided only about 3 per cent of the applicants. The countries providing the greatest number of applicants were Puerto Rico with 192; Canada, 181; British West Indies with 76.

Dr. Zapffe also got out the usual reports based on the accomplishment in the first year for the class of 1947, the class of 1946, and the classes of 1945. You remember there were two classes of 1945, so that brings up to date the student accomplishment records. He has also listed accomplishment in medical school with reference to the last college attended. Copies of all three of those reports have been sent to each of the medical colleges. Reports have not as yet been sent to any of the arts colleges. If any of you failed to get any of these reports—1945, 1946, or 1947—write and we will see that you do get them.

During the year inspections of the following schools were carried out with representatives of the Council on Medical Education and Hospitals of the American Medical Association: Nebraska, Georgetown, Ottawa, Kansas, Hahne-mann, South Dakota and the University of Washington.

Now, the changes in Deanships—I wish you would check me on this, and if there are any additions or corrections, let me know—Resignations: Dr. J. Roscoe Miller from Northwestern; Dr. John Walker Moore from Louisville; Dr. Edwin Hull from Louisiana State; Reverend A. M. Schwitalla from St. Louis; Dr. Richard H. Young from Utah; Dr. Mayo Soley from University of Iowa. New Appointments: Dr. Robert C. Lewis, Dean of Colorado; Dr. Richard H. Young, Northwestern; Dr. Wm. C. Langston, acting dean at Arkansas; Dr. Robert T. Tidrick, acting dean at Iowa University; Louisville, Dr. J. Murray Kinsman, Dean; Louisiana State, Dr. Wm. W. Frye, Dean; Harvard, Dr. George Packer Berry, Dean; St. Louis University, Dr. Melvin A. Casberg, Dean; New York University Post Graduate School, Dr. Robt. Boggs, Dean; University of Utah, H. L. Marshall, Acting Dean.

I would like to have those new deans stand and be recognized. (Applause)

I have only one request to make and that is: Will you please send your application cards in as soon as a student has been definitely accepted and he has committed himself to registration in your school?

(Signed) Dean F. Smiley  
Secretary

It was moved and seconded that the Secretary's Report be accepted. The motion carried.

The next order of business was the Report of the Editor.

## REPORT OF THE EDITOR

DR. ZAPFFE: The Journal was established in 1926 as the Bulletin. It was published quarterly. In 1929, the name was changed to "Journal." In 1930, it was published bimonthly and has continued as such until now. Only papers dealing with medical education and pedagogy are published which makes this Journal the only publication of the kind in the world. In addition to the original articles, there are comments, college and general news, abstracts of current literature and book news. Every effort is made to cover the field of medical education and pedagogics thoroughly. The original articles consist of papers read at the annual meetings of the Association, volunteer papers and solicited papers. Much of the news is sent in by member colleges.

Each issue of the Journal consist of almost 5,000 copies. The mailing list is made up of names submitted by member colleges, other persons and organiza-

tions interested in or contacting medical education in some way. There is also a small but growing subscription list. The geographic coverage is the United States, Canada, Philippines and 42 subscribers in 26 foreign countries.

Volume 24 (1949) consisted of 400 pages of reading matter. Forty-four original articles filled 262 pages; comment, 30 pages; college news, 68 pages; general news, 18 pages; book news, 22 pages. Advertisements covered 100 pages. Income and cost figures are shown in the report of the treasurer.

It is and has always been the hope of your editor that the Journal could be published monthly. The main check to taking this step is lack of sufficient original articles. Many papers dealing with medical education which should rightfully be published in our Journal are published in professional and other publications. Doubtless, the effect of the information on medical education and pedagogy which should be directed at workers in these related fields is thus lost. Not all members of the faculties of medical schools read professional publications, except those dealing with their own special field of interest. But many of them receive our Journal and at least equally as many read it. Of the approximately 18,000 members of medical school faculties, about 4,500 receive the Journal. And it is safe to assume that an equal number read it, either in a departmental library or in the general library of the medical school or university. Therefore, our Journal has a large reader coverage.

Interest in the Journal doubtless would be increased if it were published monthly. Too much time elapses between receipt of an article for publication and the actual date of publication. Then, too, news often becomes rather old before it is published. But monthly publication demands more papers than are received now. There is no doubt in the mind of your editor that more papers can be made available; first, if all papers dealing with medical education were given to our Journal; second, if more men who can write because they have thoughts on medical education and teaching would write.

Finally, the advertising problem has always been a disturbing one. Many factors make it difficult to secure advertising, which, in turn, makes it difficult to secure an advertising representative. He is a necessity because the returns from advertising meet a large part of the cost of publication. Advertising in our Journal has many advantages, not the least being the fact that it reaches the originators of purchases and the future doctor, the person all advertisers want to reach.

Remember this is your Journal—your property. It has tried to serve you well. What would you do without it? It should receive all the support you can give it by supplying material for publication and by calling the attention of potential advertisers to what it can do for them.

(Signed) Fred C. Zapffe  
Editor

On motion, duly seconded, the report was received and ordered published in the Minutes.

PRESIDENT MILLER: Dr. Reed must leave soon, so we will change the order of business and have him make his report on the National Advisory Health Council.

DR. LOWELL REED: I am very glad to have this opportunity to report to you on the study to which you have contributed so much. When October 18, the date for the fall meeting of the National Advisory Health Council, approached, I attempted to get together the progress report, and I have this progress report here and shall read that to you. I felt that it was better, perhaps, to read that report rather than to make another one for this group, since the purpose is simply that you may see the status of the study as it now stands in the Council's

hands. It is only a progress report and is not to be thought of as part of the final report.

. . . (Dr. Reed read the report of the study being made by the National Advisory Health Council and requested that it be not published.)

On motion, the report was accepted.

## REPORT OF THE TREASURER

Dr. A. C. Bachmeyer presented the following report prepared by the official auditor of the Association.

October 29, 1949

Dr. J. Roscoe Miller, President  
Association of American Medical Colleges  
Northwestern University  
Evanston, Illinois

Dear Sir:

I have made an examination of the accounts of the Association of American Medical Colleges for the fiscal year ended August 31, 1949 and submit the following statements:

Exhibit A Balance Sheet August 31, 1949.

Exhibit B Statement of Income and Expenditures for the year ended August 31, 1949.

Exhibit C Detailed Statement of Expenditures for the year ended August 31, 1949.

### GENERAL INCOME

The annual membership dues were received from members as follows:

80 at \$500 each	\$40,000
1 at	150
1 at	250
Total	<u>\$40,400</u>

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 1948-49. There was one advertisement for the period in the process of collection. Income when received will be included in the receipts for the next fiscal period.

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

The income on investments was received from \$33,000 United States Government Series "G" bonds which bear interest at 2½ per cent per annum payable semi-annually.

### RESTRICTED INCOME

Income was received during 1948-49 for restricted purposes and is detailed in the Statement of Income and Expenditures, Exhibit B. 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. The distribution of expenditures is shown in the Detailed Statement of Expenditures, Exhibit C.

## BALANCE SHEET

The amount of cash as shown in the banks at August 31, 1949 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	\$100
Treasurer's Office	10
Committee on Student Personnel Practices	300
Medical Film Institute	100
<b>Total</b>	<u>\$510</u>

Investments have been made in the form of United States Government Series "G" 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	\$ 1,904	\$ 2,000
Feb. 1944	X357140G	2/1/1956	10,000	9,520	10,000
June 1945	M3833870G	6/1/1957	1,000	947	1,000
Nov. 1946	V733579G and V733580G	11/1/1958	10,000	9,560	10,000
Jan. 1947	V766536G and V766537G	1/1/1959	10,000	9,690	10,000
			<u>\$33,000</u>	<u>\$31,621</u>	<u>\$33,000</u>

Deferred income shown in the amount of \$13,000 represents dues received prior to the close of the fiscal year 1948-49 from members for the fiscal year 1949-50.

The accumulated net income has been decreased by a net amount of \$10,309.81 which resulted from operations as follows:

Balance September 1, 1948		\$30,657.39
General Income 1948-49	\$51,481.34	
General Expenditures 1948-49	<u>61,791.15</u>	
Net Excess Expenditures		<u>10,309.81</u>
Balance August 31, 1948		<u>\$20,347.58</u>

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Balance Sheet—August 31, 1949

### Exhibit A

#### ASSETS

##### Cash in Banks:

The First National Bank of Chicago	\$16,171.35	
Bank of Montreal, Toronto, Ontario	<u>1,971.54</u>	\$18,142.89

##### Petty Cash Advances:

General	410.00	
Medical Film Institute	<u>100.00</u>	510.00

Travel Advances:		
Medical Film Institute		400.00
Prepaid Surety Bond Premiums		125.00
Investments at Cost		33,000.00
		<u>52,177.89</u>

**LIABILITIES:**

General Funds:			
Deferred Income for 1949-50 Dues	\$13,000.00		
Accounts Payable	105.75		
Accumulated Net Income	<u>20,347.58</u>		\$33,453.33
Restricted Funds:			
Committee on Student Personnel Practices	7,479.33		
Medical Film Institute	4,717.66		
U.S.P.H.S. Grant—Survey Project	1,475.73		
U.S.P.H.S. Grant—Cancer Research Film Project	<u>5,051.84</u>		18,724.56
			<u>52,177.89</u>

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**  
**Statement of Income and Expenditures**  
**For the Year Ended August 31, 1949**  
**Exhibit B**

**GENERAL FUNDS**

INCOME:			
Dues	\$40,400.00		
Advertising	9,676.84		
Journal Sales & Subscriptions	579.50		
Income on Investments	<u>825.00</u>		\$51,481.34
EXPENDITURES:			
Association Office	36,240.94		
Treasurer's Office	332.50		
Journal	12,431.11		
Travel Expense	5,980.22		
Annual Meeting Expense	1,522.67		
Contingency	1,866.91		
Committee on Audiovisual Aids	3,000.00		
Committee on Internships & Residencies	<u>416.80</u>		61,791.15
Excess Expenditures over Income			<u>\$10,309.81</u>

**RESTRICTED FUNDS**

		1948-49		
	Balance 9/1/48	Income	Expend- itures	Balance 8/31/49
COMMITTEE ON STUDENT PERSONNEL PRACTICES:				
No. 1—Salary	\$ 7,507.59		\$ 6,550.88*	\$ 956.71
No. 2—Travel	3,546.49		234.83	3,311.66
No. 3—Expense	3,150.98		169.62	2,981.36
No. 4—Handbook	37.60	\$ 192.00		229.60
	<u>\$14,242.66</u>	<u>\$ 192.00</u>	<u>\$ 6,955.33</u>	<u>\$ 7,479.33</u>

**MEDICAL FILM INSTITUTE:**

No. 1—Salary	\$10,300.00	\$ 8,252.05	\$ 2,047.95
No. 2—Travel	2,900.00	191.80	2,708.20
No. 3—Expense	3,600.00	3,638.49	38.49
	<u>\$16,800.00**</u>	<u>\$12,082.34</u>	<u>\$ 4,717.66</u>

U.S.P.H.S. GRANT— Survey Project	\$6,000.00	\$ 4,524.27	\$ 1,475.73
U.S.P.H.S. GRANT— Cancer Research Film Project	20,000.00	14,948.16	5,051.84
	<u>\$14,242.66</u>	<u>\$42,992.00</u>	<u>\$38,510.10</u>
			<u>\$18,724.56</u>

\* Includes \$6,000 grant to The University of Chicago for research in the Division of Psychiatry.

** Commonwealth Fund	\$ 7,500.00
John & Mary R. Markle Foundation	7,500.00
Overhead Allowance—U.S.P.H.S. Grant	
Cancer Research Film Project	1,600.00
Dr. Walter A. Bloedorn	200.00
Total	<u>\$16,800.00</u>

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**

Detailed Statement of Expenditures for the Year Ended August 31, 1949

**Exhibit C**

**ASSOCIATION OFFICE:**

**General Funds**

Salaries	\$25,617.16
Office Rent	2,688.00
Annuity Premium	916.44
Surety Bond Premium	20.83
Fellowship Booklet	1,375.40
Postage, Printing, Stationery, Furniture, Equipment and Miscellaneous Expense	5,623.11
	<u>\$36,240.94</u>

**TREASURER'S OFFICE:**

Salary	\$200.00
Surety Bond Premium	41.67
Auditing Fee	50.00
Miscellaneous Expense	40.83
	<u>\$332.50</u>

JOURNAL: PUBLICATION	<u>\$12,431.11</u>
TRAVEL EXPENSE	<u>5,980.22</u>
ANNUAL MEETING EXPENSE	<u>1,522.67</u>
CONTINGENCY	<u>1,866.91</u>
COMMITTEE ON AUDIOVISUAL AIDS	<u>3,000.00</u>
COMMITTEE ON INTERNSHIPS AND RESIDENCIES	<u>416.80</u>
Total Expenditures—General Funds	<u>\$61,791.15</u>

Document from the collections of the AAMC. Not to be reproduced without permission.

## Restricted Funds

### COMMITTEE ON STUDENT PERSONNEL PRACTICES:

# 1—Salaries	\$6,550.88
# 2—Travel	234.83
# 3—Expense	169.62
	<u>\$6,955.33</u>

### MEDICAL FILM INSTITUTE:

# 1—Salaries	\$ 8,252.05
# 2—Travel	191.80
# 3—Expense	3,638.49
	<u>\$12,082.34</u>

U.S.P.H.S. GRANT—Survey Project

4,524.27

U.S.P.H.S. GRANT—Cancer Research Film Project

14,948.16

Total Expenditures—Restricted Funds

\$38,510.10

### Expenditures Summary

General Funds	\$ 61,791.15
Restricted Funds	38,510.10
Grand Total	<u>\$100,301.25</u>

On motion, duly seconded, the report of the treasurer was accepted.

Dr. Bachmeyer also submitted the following budget for 1949-1950.

## BUDGET—1949-1950

### General Funds

#### INCOME

Dues—79 members @ \$500.00	\$39,500.00
8 affiliate members @ \$125.00 as adjusted	1,225.00
Advertising—Journal	9,500.00
Journal Sales and Subscriptions	500.00
Student Personnel Practice Committee	8,180.00
Interest on Investments	825.00
	<u>\$59,730.00</u>

#### EXPENSE

Association office		
Salaries (see detail)	\$12,930.00	
Annuity Premium	916.44	
Rent	3,663.00	
Surety Bond (est.)	50.00	
Expense and Equipment	4,000.00	\$21,559.44
Treasurer's office		
Salary	\$300.00	
Surety Bond (est.)	100.00	
Audit. Fee	75.00	
Supplies and Expense	50.00	\$ 525.00

Journal		
Salaries (see detail)	\$10,620.00	
Rent	960.00	
Supplies and Expense	1,000.00	
Publication and Mailing	<u>12,500.00</u>	\$25,080.00
Travel		\$ 5,000.00
Annual Meeting		1,500.00
Medical Film Institute		2,000.00
Committee on Internships and Residencies		1,500.00
Contingency		<u>2,565.56</u>
		<u><u>\$59,730.00</u></u>

### Restricted Funds

#### COMMITTEE ON STUDENT PERSONNEL PRACTICES

##### INCOME

Balance—September 1, 1949	\$ 7,479.33	
Educational Testing Service	<u>49,919.33</u>	
		<u><u>\$57,398.66</u></u>

##### EXPENSE

Salaries	\$15,910.00	
Annuity Premium	450.00	
Office Expense and Equipment	5,000.00	
Travel (including Committee)	4,000.00	
Other Expense (purchased services)	3,000.00	
To AAMC (overhead 50% salaries)	8,180.00	
Reserve (for special studies)	<u>20,858.66</u>	
		<u><u>\$57,398.66</u></u>

#### MEDICAL FILM INSTITUTE

##### INCOME

Balance—September 1, 1949 (includes trav. adv. \$400 and petty cash \$100)	\$4,717.66	
Commonwealth Fund	7,500.00	
Sloan Foundation	7,500.00	
Markle Foundation	7,500.00	
AAMC Contribution	<u>2,000.00</u>	
		<u><u>\$29,217.66</u></u>

##### EXPENSE

Salaries	\$20,150.00	
Rent—Office	1,800.00	
Communication	1,000.00	
Equipment	650.00	
Travel	2,200.00	
Advisory Committee	450.00	
Travel Advance (\$400)	400.00	
Petty Cash	100.00	
Contingency	<u>2,467.66</u>	
		<u><u>\$29,217.66</u></u>

On motion, duly seconded, this budget was accepted.

## REPORT OF THE COMMITTEE ON INTERNSHIPS AND RESIDENCIES

DR. JOHN B. YOUMANS: Until June 1st of this year, the Committee on Internships and Residencies was under the Chairmanship of Dr. Jean A. Curran who furnished the present Chairman with an excellent account of the work of the Committee during that period for use in preparing this report.

The work of the Committee during the year dealt with the following activities:

(1) *Educational Criteria*.—At the annual meeting at White Sulphur Springs in 1948, the criteria developed by a special sub-committee, of which Dr. Dayton Edwards was Chairman, were accepted and were to be circulated among hospitals. So far, there has been no opportunity to learn to what extent these criteria have been made effective.

(2) *Recommendation of the Establishment of one Accrediting Agency for Hospital Internships and Residencies*.—The Committee recommended that the Association of American Medical Colleges, in cooperation with all national bodies concerned with intern and resident physician education, give consideration to the establishment of one accrediting agency. No information has been received as to progress in regard to their recommendations.

(3) *Appraisal of Internship*.—At the 1948 annual meeting at White Sulphur Springs, no action was taken concerning the re-evaluation of the internships and preparation of a confidential list of internships for the use of medical schools in guiding their undergraduates. It has been suggested that a new list should be prepared classifying internships according to three grades as has been done previously and, also, indicating the extent and degree of medical school training affiliation.

(4) *The Questionnaire Study by Doctors Zapffe and Smiley of the Results Obtained in Internship Placement*.—A questionnaire was sent to the deans of all the medical schools and about 60 per cent of the deans sent in the list of their students and where they had secured appointments. Most of them felt that the 1948 plan had worked as well or better than any previous plan. The chief source of dissatisfaction appeared to have been in the hospitals rather than in the medical schools. Apparently, some of the hospitals are convinced that there is more of a paper shortage than an actual shortage of interns and that hospitals affiliated with medical schools have been taking an unfair advantage in securing more than their share of the graduates available. These objections emphasize the point that the interest of the hospitals is primarily in securing intern coverage for their various services rather than concern over the educational opportunities provided for them.

(5) *The Trend Toward Longer Internships*.—Following the wartime necessity of reducing all internships to one year's and to nine months' duration, the post war tendency has been to increase the number of two-year internships. A recent study made by a subcommittee of the New York Committee on the Study of Hospital Internships and Residencies made this as a specific recommendation in order to widen the scope of the intern's preparation either for general practice or for a specialty and with the hope of reducing the total number of interns required to fill the desirable places. Conferences were held with representatives of the various specialty boards with the hope of securing the approval for the second year of a two-year internship toward specialty requirements. Considerable progress has been made in that direction.

(6) *The House Staff Educational Plan in New York City*.—In 1945, the New York Committee on the Study of Hospital Internships and Residencies secured a grant of \$23,000 from the Commonwealth Fund for a two-year experimental project in a new form of cooperation between the medical schools of New York

City and hospitals affiliated with them for teaching. The Roosevelt and St. Vincent's Hospitals were selected for this project and half-time teachers were selected to act as coordinators of the intern educational program and to correlate these plans with formal educational activities going on in the various university hospitals of the city. The men selected were those who had completed their residency training—one being in Surgery and the other in Medicine, and their efforts were directed by a representative of the New York Committee. The results were so successful that the arrangement has now been extended to include twelve hospitals and is felt to offer promise of wide application.

(7) *The Cooperative Plan for the Appointment of Interns.*—As might be expected, the Cooperative Plan for the Appointment of Interns has been the major activity of the Committee and the principal activity with which the present chairman has been concerned.

In actual practice the Plan has today worked better, perhaps, than might have been expected from the objections, misunderstandings and misinterpretations which arose to interfere with its operation. Cooperation has been quite general, despite these difficulties, on the basis that the present plan, although not altogether satisfactory, should be followed this year and subjected to changes following discussion at the present, 1949 meeting.

By far the principal objection and difficulty in respect to the present plan has been the arrangement regarding the duplicate application to be submitted to the hospitals by the student. Many hospitals have interpreted this provision as permitting the duplicate application to be made prior to October 18th, the date for the submission of application from the offices of the Dean. Following a discussion of this feature at a special meeting of representatives of this Committee, of the American Hospital Association and the Council of Medical-Education and Hospitals of the American Medical Association, it was decided that the agreement should be interpreted to mean that the duplicate application would not be sent before October 18th. The many objections to this interpretation were based on the contentions that this procedure did not give hospitals sufficient time to process applications.

Similar objections were made in the case of certain special hospitals for example, Cook County, and organizations such as the Army and Navy, which employ Civil Service examinations of such procedures as commissioning for internships. However, with certain changes in their procedures all these have made fairly satisfactory adjustments and have complied fairly well with the conditions of the Cooperative Plan for the appointment of interns. It has been generally agreed however, that certain changes must be made in this respect if the Cooperative Plan for the appointment of interns is to continue to receive general compliance and support.

It is important to note, as has been pointed out by Dr. Curran in his contribution to this report, that the difficulties encountered in respect to the uniform plan are related to a considerable degree to the mechanism by which the Plan has been established and administered.

The Committee on Internships and Residencies has occupied a unique and peculiar position, different from any other committee of the Association of American Medical Colleges. Its membership has not been solely confined to members of the Association, but has been multiple in composition. As far as the Association is concerned, the members are comprised of the fifteen chairmen of the regions into which the country is divided, plus the General Chairman. These sixteen members have carried responsibility for the administration of the "Co-operative Plan for the Appointment of Interns" and for the appraisal of the educational standing of hospital internships within the various regions.

The other members of the Committee have been drawn from cooperating organizations; namely, the Council on Medical Education and Hospitals of the American Medical Association, the American Hospital Association, the Catholic Hospital Association, the Protestant Hospital Association, and from the United States Army, Navy and Public Health Services. During the past year, the Veterans Administration has entered the field of intern education and will doubtless desire representation. All of these agencies have a vital interest in the supply and distribution of interns and, to varying degrees, in their educational experience. Their participation in the activities of the Committee have been largely legislative in nature, as they have attended the annual meetings of the Association of American Medical Colleges and participated in the meetings of the Committee on Internships and Residencies on these occasions. They have been allowed to vote in connection with formulation of policy and plans, which have then been recommended to the Executive sessions of the Association of American Medical Colleges. In contrast to other Committee reports considered in the Executive session, the actions taken have not been final as they have been submitted subsequently to the Council of the American Medical Association and the National Hospital Associations for approval, which, in a sense, has given them what amounts to veto power over actions taken by the Executive session of our Association. So far, the governmental agencies have not been asked to take similar actions.

Until this past year, the above outlined process functioned satisfactorily as a legislative procedure, but at the White Sulphur Springs meeting definite difficulty was encountered. The program for cooperative appointment of interns worked out at the Committee meeting was modified and amended at the Executive sessions. Subsequently, it was learned that these changes were not acceptable to the American Hospital Association and that cooperation would not be given unless some of the recommendations originally incorporated in the Committee's report at the request of the American Hospital Association, were adopted. This difficulty was referred to the Chairman of the Council of the Association who circularized all of the medical schools in the country, asking them if they would approve of the requested modifications in order to retain the cooperation of the American Hospital Association. By a majority vote, the member Colleges voted to approve of the changes requested by the American Hospital Association, and the plan as finally put into operation for 1949 was the result.

The problem before the Association now is two-fold: (1) to decide whether the present Cooperative Plan for the appointment of interns is satisfactory and workable and, if not, what kind of plan, if any, should be adopted and used; (2) whether the present arrangement for devising, adopting, and administering a plan is legislatively and administratively workable. Over the years, the securing of the approval by the various cooperating organizations subsequent to the Annual Meeting of the Association of American Medical Colleges has been a time-consuming process with delays which have imperiled the successful operation of the plan. Now it would appear that there is growing danger of giving to other organizations the exercise of veto power over the actions taken at the annual meeting.

Perhaps, it should be pointed out that while the interest and responsibility of the Association of American Medical Colleges and the Council on Medical Education and Hospitals is almost entirely educational, that of some of the other organizations is primarily that of providing medical service, with education as a related function and, in many cases, a secondary one. It is your chairman's opinion as well as that of Dr. Curran that the Association of American Medical Colleges should assume the final responsibility for actions related to the securing for our graduates the best educational opportunity obtainable in connection

with the cooperative plan for the appointment of interns, giving full opportunity to representatives of the various other associations to express their points of view and recommendations at the annual committee meeting, but reserving the right to make the plan adopted at the annual executive session the final one for the year.

It also is my opinion that the present Cooperative Plan for the Appointment of Interns requires modification if it is to be successful and secure the results we hope to obtain. At a minimum, it will be necessary in my opinion to allow a longer time for the study and processing of applications, if what are effectively premature applications, in the nature of duplicate applications, are to be avoided. Such modification does not, however, get at the primary problem, which is one of an inadequate supply of interns in relation to the number of positions and it is my feeling that much more drastic changes must be made not only in procedure but in basic philosophy, if really good results are to be secured.

In closing this report I wish to thank the members of the Committee for their helpful cooperation, the officers of the Association for their kind assistance and in particular Dr. Jean A. Curran for his helpfulness and support.

(Signed) John B. Youmans, *Chairman*.

COOPERATIVE PLAN FOR APPOINTMENT OF INTERNS 1950-51  
approved at Meeting of  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
Colorado Springs, Colorado, November 7-9, 1949

1. Applicants may visit hospitals and be interviewed by the Intern Committee at any time, but the hospital or its representative shall not commit or bind the hospital or the applicant before the 3rd Tuesday of February.

2. Application should be made in duplicate; the original to be forwarded to the dean of the applicant's medical school for transmission together with credentials to the hospital or hospitals of the applicant's choice; the second copy to be mailed directly to the hospital or hospitals by the applicant as soon as he or she has filed the original with the dean.

3. Applications filed with the dean shall be forwarded by the dean to the hospital with credentials on the third Tuesday in December.

4. The application may be accompanied by letters of recommendation from faculty members which, however, will not precede the sending of credentials by the Dean.

5. Schools of Medicine shall not limit the number of applications filed by any individual.

6. The tendering of internship appointments by hospitals shall be made by telegram. No telegram shall be sent which will arrive prior to 8:00 P.M., of the 3rd Tuesday in February. (Telegrams may be filed in advance with telegraph offices for delivery at 8:00 P.M. local time.)

7. Hospitals may notify alternates of their status at the same time.

8. Acceptance of appointments should be made promptly. Applicants should be allowed a reasonable period of time to consider appointment offers.

9. Upon acceptance of an appointment, prompt notification of withdrawal of applications to other hospitals which have offered appointments must be made by the applicant. Notice of such withdrawals may be sent by collect telegram.

DR. YOUMANS: I move that this plan be accepted.

The motion was seconded.

DR. FRANCIS C. LOWELL (Assistant Dean, Boston University School of Medi-

Document from the collections of the AAMC. Not to be reproduced without permission.

ciné): I would like to ask a question with regard to Item No. 4, which has to do with the matter of recommendations. First, I want to make sure that I understand what the proposal is. I think you said that students may request letters of recommendation from the faculty, but such letters are not to be sent until the transcript goes out from the Dean's office.

DR. YOUMANS: That is correct.

DR. LOWELL: May I ask what the purpose of that is?

DR. YOUMANS: The purpose of that, as I understand it, is so that the faculty will not be requested to send out an unusual group of letters to the hospital, but they will be grouped together by the Dean and forwarded by him at the time he sends the credentials. Subsequently, additional letters may be requested by the hospitals or the student.

DR. LOWELL: That means, then, that the student may solicit letters ad lib.?

DR. YOUMANS: I would interpret that to be the case. No letter would go to the hospital until the Dean sent the credentials.

DR. LOWELL: How does this ruling operate to protect the faculty from the onslaught by the students for letters?

DR. YOUMANS: I don't think it does, and I don't think it was intended to do so. I think that is up to the individual deans to restrict their students with regard to the number of letters which are solicited.

DR. LOWELL: It seems to me that it is impractical for medical schools to do that because it puts the students in a very difficult situation in respect to students of other medical schools who do not do it, and it is therefore almost impossible to put it into operation. What I am trying to get at is that the ruling does not protect the faculty in any way that is workable.

DR. YOUMANS: Let me read that again, "Applications may be accompanied by a letter of recommendation from faculty members." I think that is the same way it read last year, and I think it neither weakens nor strengthens it.

DR. JEAN A. CURRAN: This move was made originally to try to prevent the hospitals from requesting two letters from the faculty as a regular requirement. We found that when we tried to limit the letters of recommendation to the deans only, many of the faculty objected saying that we were depriving them of a privilege they wished to have, so this, as I understand it, was merely to allow professors, if they wished, to write the letters, but not send them out in advance of the dean's credentials because the danger would be, with the hospitals having the application blank in hand, that they might be tempted to give that man an appointment on the basis of recognition from the school. As I understand it, we are not encouraging the students to go to the faculty to get letters; in fact, we prefer that they do not do so. If the faculty wishes to write them, they still have that privilege.

DR. LOWELL: The plan this year in our medical school worked in a manner which seemed to be very confusing to the student. The ruling this year was that hospitals should not routinely require letters of recommendation. However, their application forms did so require it, usually, and the student was put in the position of feeling that he really ought to get those letters. We were put in a difficult position. Feeling as we did that the purpose of the ruling was to protect the faculty, and that we should not permit students to solicit letters, we compromised and let them put names of the faculty on the applications. Nevertheless, the students felt that there was no ruling against solicitation of letters; that we were being unreasonable, and yet it was only by making this regulation that the spirit of the ruling could be carried out.

DR. YOUMANS: I do not think I can answer, except to tell you what we did. We send only one letter from the dean's office, and we state that it is our policy not to have letters sent by individual faculty members. That is up to the time when the dean releases the credentials. After that information the hospital and the student both are at liberty to get. It seems to me that this is a matter for the schools to control, because we do permit the inclusion of letters and that gives each school permission to include letters up to any number they wish, as long as the first ones are not sent prior to the time the dean releases the credentials.

DR. JAMES W. HAVILAND (Assistant Dean, University of Washington Medical School): May I inquire as to the philosophy behind Item No. 2 in setting the third Tuesday in February as the date of notification?

DR. YOUMANS: The philosophy behind that is that October is too early to make a decision as to the selection of interns. One of the reasons for setting up the joint plan was that hospitals were attempting to secure interns earlier and earlier in their course. As a matter of fact, at one time they were even getting to the sophomore class. It has been the opinion of the majority of the Committee, and, I think, of the Association, that a longer period is desirable in relation to the selection of an internship. I was not happy as a dean—not as a member of the Committee because I was not then a member—when the date of October was selected because I felt it was too early. Frankly, we anticipated difficulty, some objections to moving it to December, but, fortunately, did not meet with any.

DR. L. R. CHANDLER (Dean, Stanford University School of Medicine): I do not know whether anything can be done about this i.e. the demand by many hospitals and the Armed Forces for class standing. Class standing, as such, does not mean much. Another question is whether or not it is advisable, and if so, the technique to execute it, i.e. the first, second, or third choice of the applicant when he files his application with a hospital.

DR. YOUMANS: It is my interpretation that the matter of class standings belongs to the credentials and is not to be released until it goes out on the third Tuesday of October this year or December next year.

With regard to the matter of first, second, and third choice, I think it is the intention of the Committee to continue its study of this problem and to propose, if it seems advisable and worthwhile, further modifications in the plan, including such things as a Central Bureau or office for the matching of first, second, and third choices on the part of the student and the hospital by means of machine records. I offer that only as a hope of what may be done, but I would not want the Association to believe that this completes the study of this problem. This is only, I think, a desirable improvement in a plan which will hold together the already fairly good cooperation between hospitals and medical schools until even better plans can be devised and adopted.

FATHER EDW. J. FOOTE (St. Louis University School of Medicine): Has the plan as proposed been submitted to the American Hospital Association and the other hospital groups, so that if we adopt it, they will agree and not have a veto?

DR. YOUMANS: I told the members of these Associations that I was assuming that this plan was acceptable and that I would so report to this Association. It is expected it will go to their Councils, but I told them I assumed it would be approved and we would operate on that basis. That is somewhat of a gamble, but I think it is desirable for us to take that stand at the present time.

DR. D. BAILEY CALVIN (Assistant Dean, University of Texas): With respect to the two application forms, I am glad to see that reincorporated in the report this year. I believe there was a genuine misunderstanding with respect to the

use of that second application form last year. Dr. Buerki, as I recall it, either in private conversation or in the meeting last year, indicated that many of the hospitals were unhappy about having to wait until the submission date to find out whether they were going to have any applicants and recommended that that second application form, completed as was the first, be made available to the hospitals in advance of the dean's letter or of the submission date, so that they would have some record or some indication of what to expect. That is a fair deal so far as the hospitals are concerned. Several of them in our area and elsewhere, with no indication as to who might be applying to them, are rather "in a dither" over their chances even to receive applicants. As I understand it now, the student is to get two application forms. He may submit one of them to the hospital as soon as the duplicate is turned in at the dean's office whether that is three weeks or three months in advance of the third Tuesday of December.

DR. YOUMANS: That is correct. The duplicate application may be sent to the hospital as soon as it has been sent to the dean. It was necessary to make a ruling on the interpretation of that very unsettled and indefinite clause in the agreement this past summer on the basis of a meeting with representatives of the Committee which I referred to in my report, and on the basis of certain difficulties which were arising in connection with Civil Service examinations and the process of giving commissions by the armed forces, it seemed desirable at that time to clarify by the interpretation which was given. The possible injustice of that interpretation was recognized but it was thought better to correct it at that meeting with the next year's new agreement rather than otherwise.

DR. T. H. HUNTER (Washington University School of Medicine): I am particularly concerned about the problem of safeguarding the student's right to find out whether he has been accepted before he is "put on the spot" and forced to make a telephone contract. I am perfectly certain that with the plan as stated now, and no definite waiting period, that that is going to happen or that various chiefs of services are going to call up boys and say, "Do you want it or don't you want it?" I feel that something should be done about that, and I would like to have a little clarification of just what is considered a reasonable waiting period after the time of notification. In that connection, I would like to know why the time of 8:30 p. m.? Is it assumed that if 8:30 p. m. is the time of notification, that answer by the following morning at nine o'clock is time enough or not?

DR. YOUMANS: That is part of it, although the time of 8:30 has more to do with the other activities of the day, the crowding of the telegraph wires and delivery of telegrams and things of that kind than exactly the point you mentioned. I think the Committee recognizes that we have not reached the ideal solution of the problem of avoiding putting the student under pressure with regard to acceptance. I have already indicated the reasons why we did not include a period of waiting. I think it will be the obligation of the deans to advise their students with regard to the haste of accepting anything except their first choices, and I think most of the members of the Committee feel that if the deans will confer and consult with their students, we can, at least for the coming year, get a better solution of this problem through the means set forth than by attempting to put in a waiting period. This will be studied during the coming year and a better solution obtained. You must remember that we are in a seller's market. The student, except for his first choice, has a good chance of getting a good position if he will just sit tight and not worry too much about the pressure.

I move the adoption of the full report.

The motion was seconded and carried.

## REPORT OF THE COMMITTEE ON BORDEN AWARD

DR. JAMES B. McNAUGHT: This is a brief resume of the story of the Borden Award in Medical Sciences and a report of the Borden Award Committee for 1949:

In 1946, the Borden Company Foundation suggested for the consideration of the Executive Council of this Association, the establishment of an Award to be administered by the Association. This award would consist of \$1,000 and a gold medal. Its purpose would be for the recognition of outstanding research in medical sciences by a member of the faculty of a medical school which is a member of the Association. Five successive annual Awards would be provided.

In June, 1946, the Executive Council of this Association approved of this suggestion, agreed to assume all responsibility for the selection of the recipients through a committee of the Association, and the announcement was published in the July, 1946, number of our Journal. The original procedure agreed upon was that the Award should be made for research that had been published during the preceding calendar year.

The Borden Award Committee appointed by the Executive Council in June, 1946, consisted of Dr. Edward A. Doisy of St. Louis University, as chairman, and the members were: Dr. Charles H. Best of the University of Toronto, Dr. Brian Blades of George Washington University, Dr. John B. Youmans of the University of Illinois, and Dr. James B. McNaught of the University of Colorado. This committee met in St. Louis on September 9, 1946, and formulated regulations regarding nominations, and the mechanism for selecting a candidate, which subsequently met with the approval of both the Executive Council and the Borden Company Foundation. One of these regulations extended the time period, during which the research had been published, from the preceding year to the preceding three years. The report of the Borden Award Committee, covering the regulations regarding nominations, was published in the November, 1946, Journal of the Association of American Medical Colleges, and a letter was sent to the Dean of each member medical school and the head of each department of each member medical school, inviting nominations for the first Borden Award in Medical Sciences, to be granted in 1947. The 29 nominations received were classified according to their respective fields of medical research, and were intensively studied by members of the Committee best qualified in each field. Eventually, by a series of ballots, the Committee selected Dr. Vincent du Vigneaud, Professor of Biochemistry at Cornell University Medical College, to receive the 1947 Borden Award of the Association of American Medical Colleges.

The membership of the Borden Award Committee remained the same for the year 1948. More elasticity regarding the time period during which the research had been published was thought advisable by the Committee and approval was obtained to lengthen this to the preceding five calendar years. Eleven nominations were made, and the Committee selected Dr. George Nicholas Papanicolaou, Professor of Clinical Anatomy at Cornell University Medical College, to receive the 1948 Borden Award of the Association of American Medical Colleges.

In 1948, Dr. Edward A. Doisy resigned from the Committee after serving as chairman for two years, in order to place the membership of the Committee on a more democratic rotating basis, and suggested to the Executive Council that one member be replaced each year. His resignation was accepted with regret, Dr. Edward West, Professor of Biochemistry at the University of Oregon Medical School was appointed to the Committee, and Dr. James B. McNaught was appointed chairman of the Committee to select the recipient of the 1949 Borden Award. The membership of the Committee otherwise remained the same.

Ten nominations were submitted by members of the faculty of ten different medical schools. Your Committee wishes to report that it has selected Dr. Fuller Albright, Associate Professor of Medicine at Harvard Medical School as its official nominee for the 1949 Borden Award in Medical Sciences. His nomination for this Award was made to the Association of American Medical Colleges by Dr. Charles A. Janeway of the Department of Pediatrics of Harvard Medical School.

Your Committee has prepared a citation regarding Dr. Fuller Albright, to go with the 1949 Borden Award in Medical Sciences. It is as follows:

"For his extraordinarily original and monumental contributions to the understanding of the metabolism of bone and other tissues, and their relation to the renal and endocrine factors which control them. Dr. Albright is distinguished as one of the few investigators who insists on formulating his ideas into a hypothesis at the conclusion of each phase of his research, rather than being content with reporting data. The brilliant, and often humorous, style of his scientific papers and addresses has done much to raise the standards of American medical literature."

(Signed) James B. McNaught, *Chairman*.

DR. MCNAUGHT: Mr. W. A. Wentworth, Secretary of the Borden Foundation, will present the award. We are sorry that Dr. Albright is unable to be here. Dr. George Packer Berry will accept the award and deliver it to Dr. Albright.

MR. W. A. WENTWORTH: I am sure that all the members of the Association regret that Dr. Albright is unable to be here today. I should like to add my expression of regret, which I trust you will convey. As has been explained, this award is comprised of a gold medal and one thousand dollars. Dr. Berry, this makes two packages. We place them in your charge and trust that you will convey to Dr. Albright our sincerest congratulations.

DR. BERRY: Mr. Wentworth and Dr. McNaught: In accepting this award for Dr. Fuller Albright I intend to tell him, and I am sure I am fully justified in doing that, of our deep regret that he could not attend because he is not very well. Our regret is the only thing that matches our enthusiasm for the recommendation of the Committee. Knowing his many friends in this group and in the field of medical research, to which he has added so significantly, I know this feeling stems from several motives. Dr. McNaught has mentioned his fine scientific contributions, their originality, and the zeal with which they have been pursued. His friends add to that his courage, his unflinching good humor and continuing persistence, and the fine example he set for people coming into the field of medicine. I shall tell him all this. In a letter he urges me to express his appreciation for the honor that has been bestowed on him, I act in his behalf in receiving this award with the greatest of pleasure because it has been my good fortune to have him for a friend since we were medical students and house officers together.

On motion, the report of the Committee was accepted.

## REPORT OF THE COMMITTEE ON PREPAREDNESS FOR WAR

DR. STOCKTON KIMBALL: You will recall that after considerable discussion at its 1948 Executive Session, this Association accepted the procedure for deferment of medical and premedical students offered by the Committee and already made official by Selective Service in Local Board Memorandum No. 7. It was made clear at that time that participation in the plan was a matter of option with each school. Subsequently, a number of schools indicated that they would put the

deferment plan into operation in relation to matriculated medical students only, not in relation to premedical students.

The development since that time has been as follows: The Educational Testing Service of New Jersey was authorized to prepare and administer a special premedical classification test to be given in February, 1949, and the letter of explanation was prepared for submission in December, 1948, to all undergraduate colleges. The "Procedure for Certification of Medical and Premedical Students" was circulated to the deans of all the medical schools.

As members of the so-called "Healing Arts Educational Advisory Committee" appointed by the Director of the Selective Service System, Dr. Donald Anderson and I, in December, 1948, attended meetings of the Selective Service Scientific Advisory Committees. These Committees and the Healing Arts Committee recommended to General Hershey an inclusive policy of deferment of college undergraduates in all fields based upon the student's college record and his performance on a general aptitude test, to be prepared by the Educational Testing Service. General Hershey recommended this broadened policy to the President and Colonel Eanes prepared a proposed modification of Local Board Memorandum No. 7 so worded that specific premedical deferment would become amalgamated in a program of general undergraduate college deferment. In consequence, the preparation and administration by the ETS of a special Premedical Classification Test was postponed indefinitely. We should like to express our appreciation for the cooperative attitude of Mr. Henry Chauncy and the ETS throughout this period.

Because induction ceased in January, 1949, and Congress subsequently decreased the appropriation to Selective Service, the proposed plan for a broadened deferment policy has never been activated by Selective Service nor by the President. It is, however, in the hands of the President, in the event of a new emergency.

The Selective Service Act of 1948 is still in effect and may be extended after June 24, 1950. Registration and classification of 18 to 19 year old boys is being continued. The medical schools are, therefore, urged to continue to complete Form No. 103 for matriculated medical students, so that they may be given consideration by their local boards for an occupational classification. The purpose of this is to avoid confusion should a sudden emergency strike. These forms should not be sent in for premedical students or for accepted freshman medical students who have not been cleared.

The facts are that as of July 1, 1949, a total of 2,299 Selective Service professional forms No. 103 have been returned by 41 medical schools. In other words, only about one-half of the medical schools have been sending in professional student deferment forms. Of these, only three have sent in forms on more than 100 students and 14 have sent in forms on less than 10 students. This response is probably the result of the suspension of induction. Your Committee continues to recommend that all medical schools send in to Selective Service Headquarters the form No. 103 for all matriculated medical students.

Your Committee has been active in a second field which is now dormant. Following the 1948 meeting, this Committee was charged, in conjunction with Dr. Donald Anderson, with preparing a report for the National Security Resources Board on the subject of minimal medical faculty requirements and medical educational policies in the event of another war. This report was adopted by the Executive Council of the Association and the Council on Medical Education and Hospitals of the American Medical Association in February, 1949, and submitted immediately to the Medical Advisory Committee of the National Resources Planning Board. This Medical Advisory Committee, of which Dr. Bach-

meyer is a member, voted to support the majority suggestions in this report, subject to continuing study. The National Resources Planning Board then went into eclipse, and nothing further has been heard on this matter.

For your information and comment, the report to the National Security Resources Board estimated a minimum wartime medical school faculty requirement of 7,000 fulltime faculty members, as compared with about 6,000 authorized by procurement and assignment in World War II. Part time equivalents could be figured on the basis of two half time or four quarter time faculty members for one full time faculty member. The Committee's recommendation was based on a student-faculty ratio of one full time member for each four students in the first two years and one full time member for each three students in the second two years. While it is recognized that these figures are below the optimum desired by some schools, they appear to represent a uniform and reasonable estimate of faculty needed to produce a good quality of medical student training in the case of a national emergency.

The medical education policies recommended included avoidance of required acceleration in medical school, although vacations could be abbreviated partially; avoidance of increased medical school enrollments; also avoidance of complete subsidy of students, making financial aid available to all in need; avoidance of placing students in uniform—an arrangement which should not be embarrassing should general mobilization of the population be carried out, as seems probable.

In the light of criticism which all have voiced of the use of the medical manpower in World War II, it is of interest that on October 18, 1949, the Surgeon General of the Army announced a "new Army plan to conserve medical and dental skills," through which physicians, dentists and nurses will not be ordered to active duty to Army field type medical hospital units until these units move into a theater of operation and engage in the actual care of patients.

(Signed) Stockton Kimball, *Chairman*.

On motion duly seconded, this report was accepted.

## **REPORT OF COMMITTEE ON AUDIOVISUAL EDUCATION**

Dr. Walter A. Bloedorn, chairman, stated that the report of the Medical Film Institute of the Association would cover the activities of his Committee. That report would be made by Dr. David S. Ruhe, Director of the Institute.

### **REPORT OF MEDICAL FILM INSTITUTE**

#### **I. GENERAL SERVICES IN MEDICAL AUDIOVISUAL AIDS**

A. The Medical Film Institute has become a growing focus of information on medical visual materials, within its limited resources and within the limited awareness of the profession of its existence. Telephonic and postal inquiries regarding film utilization have become increasingly numerous. Information to miscellaneous medical students, nursing and hospital groups has been dispensed. Information to producers and sponsors on new productions planned or in production has begun, despite the financial inability of the Medical Film Institute to inaugurate its already fully planned methodical information services.

B. Systematic rostering of production personnel has not yet been started. However, personnel interviews yielding audiovisual occupational data are accumulating. These are building the Medical Film Institute file of available and talented audiovisual persons in medicine.

C. Surveys of producer facilities, and assessments of producer competence are in process, in line with Medical Film Institute responsibilities to bring sponsors, producers and medical scientists together on an optimum basis.

## II. CONSULTANT SERVICES

A. Medical school and independent physician producers, and many others, have asked production and utilization advice of varying kinds. A few of the interviews concerning the following persons and subjects are illustrative of the range of problems presented to the Medical Film Institute:

Dr. Thomas Almy, Cornell, consultation on a skill film on the technic of proctoscopy.

Dr. Albert Hyman, advice on final details of a film on experimental atheromatosis.

Dr. Alexander Adler, advice on a case record film on visual agnosia.

Dr. Julius Fuchs, review of films on experimental physical therapeutic methods.

Dr. Joseph Bunim, N.Y.U.-Bellevue Medical Center, assistance on a case record film on Compound E.

Mr. Manfred Bowditch, Lead Industries Association, assistance on planning a film on lead poisoning.

Dr. Granville Larimore, N.Y. State Dept. of Health, films on nursing and narcotics.

Dr. Joseph Hirsh, consultation on medical films and film library facilities for Hebrew University Medical School, Jerusalem.

Dr. Joseph Schulman, Eastman Dental Dispensary, Rochester, advice on a dental film library.

Mr. Leo Wright, L.I. College, films on anatomy laboratory procedures.

Dr. Carl Wilbur, American Cancer Society, and Mr. Sol Feuerman of Audio Productions, audience sampling for a film on breast cancer.

Drs. John L. Norris and T. J. Curphey, N. Y. State Medical Society, advice on establishment of a film library.

Miss Catherine Linden, American Nursing Association, advice on film reviewing methods.

B. Preliminary contacts have been made with representatives of various pharmaceutical houses, toward establishment of possible consultant services. Discussions have been held with persons from Smith, Kline and French, Lederle, Merck, Squibb, Becton-Dickinson, Harrower, Cutter, Sharpe-Dohme, Davis & Geck. Systematic presentation of Medical Film Institute services is planned through a discussion before the American Drug Manufacturers Association Medical section in Chicago on November 2nd.

## III. CONTRACT SERVICES

A. The \$20,000 grant from the National Cancer Institute for joint production (with the National Film Board of Canada) of a film on cancer research has been implemented as follows: film screenplay and storyboards are completed; animation is under way with a Medical Film Institute consultant assigned; shooting on location is under way; a Life Magazine coverage and story has been arranged; a Canadian-American premiere has been outlined for February; a distribution-utilization plan has been outlined, to begin in March when prints are available; and plans are in preparation for an American theatrical release in March, if feasible; Canadian theatrical release is assured.

B. The \$1,000 contract for review and selection of professional medical films

for the U.S. Information Service, U.S. Dept. of State, has been completed. 70 films were reviewed, appraised, and detailed statements sent to the Dept. of State for their special purposes.

C. The \$9,000 contract for a survey of the audiovisual programs, facilities, and personnel of the U.S. Public Health Service has been completed up to the point of preparation of the written report. This is in process of preliminary drafting.

D. The \$31,250 grant from the Office of Naval Research, U.S. Navy, has been received, for production of a report film on human development. The grant was made possible by transfer of funds from the Bureau of Medicine and Surgery. Story treatments, preliminary storyboards, and production preliminaries have occurred; Dr. Arnold Gesell, principal scientific consultant, has been assisting with the synthesis; Mr. Bernard V. Dryer, Medical Film Institute consultant, has been supervising story development; Dr. V. F. Bazilauskas and Mr. C. L. Welsh will be responsible for production.

#### IV. PRODUCTION PRE-PLANNING

A. Work with the Conference of Professors of Preventive Medicine has continued. A conference to discuss a film series in industrial medicine is being planned. Production of the Disaster Series has been pushed with authorities in Washington and Ottawa. Two of the clinical syndrome films have been discussed with prospective sponsors.

B. Preliminary contacts have been made with the American Physiological Association; with the American Psychiatric Association and the Group for the Advancement of Psychiatry; with the American Heart Association; with the Association of American Dental Schools. With all groups the attempt has been made to stimulate methodical programming of audio-visual production.

#### V. PROJECTS UNDER DEVELOPMENT

A. Cataloging as a basic operation of the Medical Film Institute is being developed under the categorical approach. By varying methods the interest in and support of the American Heart Association, the National Institute of Mental Health and the Mental Health Film Board, the N.Y. State Dept. of Health, the Department of State, and others are being enlisted. Support will be by grant or contract.

B. Exemplary films representing the basic types of motion pictures are being sought, for Medical Film Institute demonstration production. One such film is a report film on the work and methods of Dr. Wilton Earle, of the National Cancer Institute, in his pioneering methods in tissue culture in vitro.

C. The U.S. Navy Bureau of Medicine and Surgery-sponsored monograph on "The History of Motion Pictures in Medicine", is approaching completion. The Medical Film Institute has recognized the vital importance of this inclusive study, and has in a small way subsidized the last months of completion of the manuscript and illustrations. The Institute has, at the suggestion of Capt. Robert V. Schultz, begun to investigate the problem of publication of the monograph outside of the government.

D. The project on Film Evaluation Research (Yale Project) has been temporarily suspended.

E. Three papers are in preparation for publication: 1) "The Types of Medical Films", 2) "The Cataloging of Medical Films", 3) "The Problem of 'Dated' Medical Films". Papers 1. and 2. are being drafted by Dr. Adolf Nichtenhauser, with Medical Film Institute assistance.

F. Publicity and reports of various kinds have been issued from time to time, for the Association of American Medical Colleges Journal, and for other sources.

G. Moves to organize an American Scientific Film Association have been made by the Medical Film Institute, to bring medicine into proper relationship with the other sciences, and with world scientific film activities.

## VI. PERSONNEL DATA

The Medical Film Institute has carried along its manifold activities through the aid of a number of able consultants. Mr. Bernard V. Dryer has been an indispensable principal in the Cancer, Public Health Service and Human Development projects, Dr. Adolf Nichtenhauser has assisted as consultant in many of the developmental phases of Institute growth. Mr. Ralph Foster, Executive Officer of the National Film Board of Canada, was loaned to the Medical Film Institute by the Film Commissioner of Canada, Hon. Ross McLean, to assist in the Public Health Service survey; Mr. George Stoney, writer-director of the Southern Educational Film Production Service, assisted briefly in the Public Health Service Survey; Mr. Warren Cheney and Mr. John Ross Roberts performed special roles in the Survey. Dr. V. F. Baziluskas has acted as special consultant in the film on cancer research.

Mr. Warren Cheney and Mr. John Ross Roberts terminated their consultant-ships on June 30th.

(Signed) David S. Ruhe.

On motion, seconded, this report was accepted.

## REPORT OF THE NATIONAL SOCIETY FOR MEDICAL RESEARCH

DR. VICTOR JOHNSON: Three years and four months ago, the National Society for Medical Research came into being. It was conceived and sponsored by the Association of American Medical Colleges, from which it has also derived its main support. The Society was established to conduct a positive program of education to immunize the lay public against the false propaganda of the antivivisection cult, and to assist medical institutions to free themselves from the impediments to research provided by antivivisectionists and an uninformed public.

The Society's program so far has been amazingly successful.

### 1. LAY REPORTING OF MEDICAL DISCOVERIES

At the outset the Society sought to obtain more matter-of-fact reporting of the "how" of medical discoveries. The Society sought to tell about the role of animals in research so often that no one in America could escape the conclusion that living creatures must be studied in the life sciences. The Society approached this problem not as a publicity agency but rather as a policy-making agency. It was obvious that the Society's small staff never could produce the flood of medical news necessary to accomplish its purpose. Therefore, the Society set out to modify the policies and methods of medical news reporting at all levels.

The Society urged scientists to accept the important responsibility of telling the public about the employment of animals in their work. The Society conducted forums on medical news reporting for college and hospital public relations personnel. And the Society worked with science writers and free-lance authors to sell them on telling the "how" in all their stories. The results have been spectacular. The number of newspaper clippings giving favorable matter-of-fact accounts of animal experiments increased 3,000 per cent, and it became too expensive to continue the clipping service except on a restricted basis.

In effect, this policy selling program has enlisted allies, strategically located,

equivalent to a staff of several thousand. It should be stressed, however, that the Society's selling task in this area is not complete, since many colleges and research institutions are not yet fully exploiting their opportunities for public education.

It is our hope that we can so firmly establish sound policies on medical news reporting that matter-of-fact education on the methods of medical science will go on no matter what happens to the National Society for Medical Research.

## 2. RETREAT OF ANTIVIVISECTION

In recent months there has been evidence that the offensive of the Society is entering a new phase, because of a beginning retreat of antivivisection from the position of frankly opposing animal experimentation to a position of less direct opposition. Antivivisection leaders no longer admit that they are antivivisectionists at legislative hearings for fear of labelling themselves crackpots. Surveys have shown that direct opposition to animal experimentation comes largely from people who oppose medical care in general. This group is very small and apparently intractable. There probably remain only a few potential converts to be made on the general question of animal experimentation.

A larger issue today seems to be: What should be done with unwanted dogs? We believe, of course, that such animals should not be uselessly destroyed in the gas chambers of public pounds. We believe that these animals should serve as experimental subjects. Not only would such a policy be more conservative of animal life, but it would stretch medical college budgets and expedite both teaching and research.

Unfortunately, public opinion is not so clear-cut on this issue of the use of unwanted pound animals. Many persons who are not antivivisectionists aid and abet the opposition due to misunderstanding. For example, one nationally famous medical administrator unwittingly defeated a proposed state pound law this spring by saying at a public meeting, "I don't believe that pets should be taken for research purposes."

## 3. TEAMS TO ASSIST LOCAL CAMPAIGNS

In the coming year, the Society proposes to direct its major efforts toward meeting the issue of the disposition of unwanted dogs. To implement this goal, the Society is prepared to move members of its staff into localities in which this question is at issue. This direct staff assistance is, therefore, available to you upon your request, within the limits of our financial resources. The staff persons might serve as secretaries in local campaigns, working under the direction of and exclusively through your local leaders. In this way the skill and the procedures proved in previous local campaigns become available in many other local campaigns. This should be more effective than the employment of uninitiated persons, which inevitably involves some misdirection of effort.

I would like to have your reaction to this proposal. Do you not believe that such an arrangement would be more efficient than the procedure we have followed in the past? Would this not give more security to institutions in troubled areas? Should we not regard the Society's staff as an experienced team which could move from place to place as a task force to protect medical institutions and to implement positive campaigns? This arrangement will cost the Society some additional funds. Perhaps the institutions directly affected could pay at least part of these extra expenses. We believe they would still save considerable money.

## 4. LEGISLATION AND LEGAL ACTION

The 1949 legislative season saw the antivivisectionists on the defense throughout America for the first time. The cultists were so busy defending their position

against positive legislation that they made no effective effort in behalf of restrictive legislation. Favorable pound laws were passed in Minnesota and Wisconsin, and Cleveland joined the 26 other major cities providing pound dogs for research. Positive laws were stalled or voted down in five states, but even these defeats were reversals in an offensive initiated by us. Now, the status quo remains even after defeat; too often in the past, the preservation of the status quo required a hard-won victory. The offensive is in our hands.

The Society is sponsoring libel suits for amounts totalling \$3,200,000 against William Randolph Hearst. The prospects of victory are promising. The Society is seeking still other clear-cut cases of libel of medical scientists by the antivivisectionists. Please give us the opportunity to use such instances as may come to your attention to force the antivivisectionists to abandon their policy of irresponsible, slanderous falsehood.

### CONCLUSION

In this brief verbal report I have deliberately omitted details of the many specific day-to-day activities of the Society. These are outlined in the printed annual report, a copy of which you have received. I have been concerned primarily with reporting some trends in the Society's work. The tireless efforts of Doctors Carlson and Ivy could not be purchased by money. In highest terms, I commend also the staff of the Society. Under the leadership of Mr. Ralph Rohweder, the staff continues to display an amazing degree of imagination, industry and vision. The National Society for Medical Research is supported financially by nearly every medical college in the United States. The few which have not heretofore supported this effort should join this year. Events are demonstrating that the Society's program is one of the best investments ever made by medical research and teaching institutions.

(Signed) Victor Johnson

On motion, this report was accepted.

### REPORT OF THE COMMITTEE ON WORLD HEALTH ORGANIZATION

**DR. FRANCIS S. SMYTH:** In 1947, at the meeting of the Association in Sun Valley, attention was focused on the steadily increasing number of foreign medical students making application for undergraduate and/or graduate education in the institutions of this country. In recognition of the problem, a Comitée was formed to study, analyze and report its suggestions to the Association. To date, the Committee has held no formal meetings, but presents the following findings based on exchange of correspondence.

There is no doubt about the confused status of the foreign medical student. This followed in the wake of the War and the ensuing responsibility of leadership placed on this country in all fields, especially medicine. This duty, with all its problems, came at a time when applications of our own Veterans far exceeded the facilities of existing schools. The situation was further aggravated by the changes in international policy by which our government committed itself to aid and abet health programs of United Nation members.

Previous experience with foreign students was on a limited scale and confined primarily to the excellent guidance and subsidy of private foundations and grants. During the War, the Public Health Service sponsored students—particularly in Public Health, and usually from Latin America. So far as medicine is concerned, motivation and selective methods have not received uniform approval up to this time. Now, however, with the decline of applicants in Veteran groups, medical schools may again be in a position to undertake consideration of a more

comprehensive program to include the foreign student. The way is paved for this under the Fulbright Act, which offers a subsidy to foreign students in various categories, including the health sciences.

It becomes increasingly apparent that, actually, many foreign candidates are not able to meet the entrance requirements to our medical schools. Since they must return to their native lands, the question arises as to the practicability of having equivalent credentials from their own land, or the one year premedical preparation in a recognized institution in this country. Further complications arise in the practical inability of the average four-year medical curriculum to fit these men as practitioners in their own land.

The most practical course for these students, therefore, would be one which provided experience in the ward or laboratory in the graduate or post-graduate fields. In most schools the residency program has not been one of formalized instruction and is related, almost completely, to the professional Board certification requirements of this country. In such countries, of course, where specialization and/or practice is directly comparable to that of our own country, no difficulties or criticism could arise in hospital residency appointments for foreign students except, of course on the question of license in some states. Such countries, however, are least likely to need, or to send students. There remains, therefore, the problem of appraising and designing programs which will more suitably meet the needs of those countries from which students do come. This becomes a factor of tremendous importance, especially if we are to avoid the frequency with which foreign students have dismissed their moral obligation and sought to avoid return to their native countries.

Individual schools are not likely to be in a position to afford, appraise, or devise programs for the many foreign countries which might possibly be involved. To this, there seem to be two possible solutions:

- (1) That a combination of opportunities at various medical schools could be effected;
- (2) That specific schools undertake programs for students from designated geographical units, areas, or countries.

Close cooperation and understanding with the Institute of International Education in our State Department, particularly the Director of the Student Program, and the Fulbright Fund might aid us in setting up more adequate medical educational programs for foreign students. The incident problem of evaluation of foreign credentials can be solved by the committee appointed for that purpose by the American Medical Association. Our Association might reasonably make a move for some modification of the program and policy now followed by the Institute of International Education if the Association favors a "zone of interest". A lesson from our own past experience, as well as that of European medical centers prior to the war, may prevent costly, inadequate, and haphazard plans.

On the complex question of Displaced Professional Persons, the Committee cannot at this time consider this large problem, which is quite unrelated to the situation of the foreign student who returns to his native country after a temporary course of study here.

The best interests of all will be served if particular emphasis is placed on the provision of opportunity to the foreign graduate student to make further study in the basic sciences of medicine. The usual hospital residency does not seem to be the type of training needed. In the opinion of the Committee, geographical zones of interest in the foreign field might be developed by the members of this Association and furnish a more comprehensive long range program.

1. There are many more applicants from foreign countries than can be accommodated by our medical schools.

2. Such candidates as need financial aid can be processed through the nearest local committee for the Institute of International Education in their own country, and subsequently through the Institute's central office.

3. While the applicant is selected by the Committee representatives in his native country, there remains the problem of providing him with the type of program best suited for his return to faculty participation in his native school. This is a distinct responsibility of the schools of the United States.

4. It is suggested that member schools of the Association, so far as they are able, favor a "geographical zone of interest". Such a plan will give preference for graduates from certain foreign schools of general areas (Near East, Far East, etc.). It is further suggested that post-graduate work in the basic sciences alone—or in combination with clinical fields—would be more uniformly beneficial than the usual residency program of hospitals.

5. As a corollary, it is suggested that, where possible, faculty sabbatical leaves from American schools be used to provide further assistance in the particular foreign schools within the "geographic zone of influence". This plan would bring deeper understanding of the conditions and needs of the foreign countries.

(Signed) Francis S. Smyth.

On motion, this report was accepted.

## REPORT OF THE COMMITTEE ON FINANCIAL AID TO MEDICAL EDUCATION

DR. JOSEPH C. HINSEY presented the report of the Committee which he requested be not published.

A motion to accept this report was made and seconded.

UNIDENTIFIED: Does approval of the report mean that this Association goes on record as favoring these bills?

DR. HINSEY: Absolutely not. We did not recommend that. We have tried to rely on the reaction of the individual schools. We refrain from taking any position that would involve the Association. In the negotiations which we have had, it has been difficult to do that, but we have sent all of you the statement which we have prepared in which we try to bring out the points we received from each of you, and the testimony covered some of the other points that could not be included. This report does not ask for approval.

The motion to accept the report carried.

## REPORT OF THE COMMITTEE ON SOCIAL AND ENVIRONMENTAL MEDICINE

DR. FRODE JENSEN: The Committee on Social and Environmental Medicine has been virtually inactive during the past year and, therefore, has very little to report at this time.

1. FISCAL: Income,—None. Expenditures,—None. Balance on hand—\$105.00—currently held by Dr. Jonathan E. Rhoades, University of Pennsylvania School of Medicine. This \$105.00 is the remains of the original grant given to the Committee by the Milbank Fund. The Committee will seek permission from the Milbank Fund to keep this money and use it in connection with its activities.

2. The Committee wishes to report that the total sale and distribution of the report "Widening Horizons in Medical Education" since its publication is 1,476, including 42 in Europe and Asia. The first printing was 2,500 copies. This report was submitted to this Association one year ago and was published by the Commonwealth Fund.

3. The Committee, at its recent meeting, has invited Dr. William W. Frye, Dean of the Louisiana State University School of Medicine and Dr. Trawick Stubbs, Dean of the University of Missouri School of Medicine to serve on the Committee.

4. **ACTIVITIES:** During the ensuing year the Committee hopes to inquire into the effects of its report on medical education, both undergraduate and graduate. The Committee is particularly anxious to find out what further changes have been made in connection with teaching and practice of environmental or social medicine. The Committee intends to explore further significant advances being made in the various member colleges and will welcome reports on curriculum advances being made along these lines.

(Signed) Frode Jensen, *Chairman*.

On motion, duly seconded, this report was accepted.

## REPORT ON THE SURVEY OF MEDICAL EDUCATION

**DR. A. C. BACHMEYER:** This activity really should have more publicity and longer discussion than the lateness of the hour will permit. I will merely report, therefore, what has been accomplished and what has been done during the past year. Dr. John Deitrick began his active service on the first of January. Offices were established in the Headquarters of the American Medical Association in Chicago. We then sought additional members for our staff and were successful in obtaining the services of Dr. Robert Berson, formerly Assistant Dean at the University of Illinois, on September 1.

During the period since January 1, we had a number of meetings of the Survey Committee in which there has been very earnest consideration of the pattern of our study. The survey has been broken down into three general segments: 1) The study of premedical education; 2) the study of the undergraduate program, and 3) the study of the internship and residency, continuing education of the physicians and the community-medical college-hospital relationships.

It had been anticipated that we would have a sufficient staff in order that two teams could be synchronously engaged in visiting medical colleges. Dr. Alan Valentine, who is Chairman of the Survey Committee, returned to the country in September and has, after some little hesitation, agreed to continue serving as Chairman of the Committee and has shown a very live and real interest in the project. We will hold our first meeting with him on the 19th of this month.

The Kellogg Foundation has offered us funds with which to continue our studies in the advanced educational segment of the survey (part 3). We are engaged in the development of an Advisory Council representing interests other than just those of the American Medical Association and our Association, which will be helpful, we believe, in presenting the study to the public, in keeping it informed as to the ways in which we are proceeding, and in convincing the public of the logic of our findings after the objective material is available.

The visits to the colleges have been started, and I should like to have Dr.

John Deitrick take over now and add to the remarks that I have made concerning the work under way.

DR. JOHN DEITRICK: We began work with a team of three men the middle of September and thus far have surveyed five medical schools. The survey actually breaks down about as follows. We have three questionnaire forms. Those questionnaire forms are in three parts; one is for the dean, one for the basic science departments, and one form for the clinical departments. I must admit that they are "terrors," but if we are to get this information, we cannot sit in a small committee and decide then and there what material we may need ultimately. We have tried to use discretion, but I admit the material we are asking for covers a tremendous field. Those forms we plan to send out to the schools at least six weeks to two months before making the visit in person. When we do come, it will be a team of three men, two men who are regular staff members and a volunteer.

The reason for the volunteer is as follows: We realize that we are out to try to get as much objective material as we can; however, being as fair as we possibly can, it is necessary for us to use some judgment. In order not to depend on one man's judgment, we always try to have two men see a department or that segment of a program which we are investigating at that time.

The questionnaires are so geared that, I believe, they will answer some of the problems that President Hancher raised in his address and some of the problems that President Miller raised. We have thought about them carefully, and I believe that we have asked the questions which will give us information to give honest, factual replies to some of the questions and criticisms that have been levelled at the medical schools and at medical education.

Thus far, the cooperation of the schools has been better than we could have hoped for. We know that it is a terrible task, but we have not yet been forced to run to catch a train to get out of town. We hope that instead of keeping all our information until the very end of the survey we will be able to send out, as our staff increases, bulletins to each of the medical schools, perhaps to the departments, perhaps to the secretaries of the various medical societies, telling about what we are doing and our progress so that it will not be a closed study. It cannot be, because you are really the men who are making the study. We are trying to put it together.

DR. BACHMEYER: Just one other item I think may help you. We are using the financial data collected from all the medical schools under the report Dr. Reed discussed this afternoon. There will be some areas, some questions in the financial area that we may want for the purpose of the study that are not included in that National Health Advisory Council study. However, it will not be as extensive as that has been, and we will try to save as much work as we can on the part of the colleges in answering these various questionnaires. So far we have had very cordial cooperation from the colleges that have been visited, and we hope that you will bear with us with the thought, at least, that a survey of this kind is only made once in 30 years or so.

(Signed) A. C. Bachmeyer  
John Deitrick

## AMENDMENT OF THE CONSTITUTION

DR. A. C. BACHMEYER: These suggested amendments to the Constitution come to us as a result of the Committee's work during the past year. At Sun Valley the Association voted to increase the membership dues to \$500. The Canadian colleges in membership felt that that was too high for them and during

the past year have called attention to the differentials in benefits that can be derived from membership in the Association by the colleges in Canada and those in the United States. The subject was discussed by the Executive Council, and we felt there was justification in making some differential in dues between these two groups.

Some of the group, at least one or two of the colleges in Canada thought that the solution would be to develop an Association affiliationship. That is, that they, as members of the Association of Canadian Medical Colleges, would pay certain dues to their Association. That Association would then make a payment to this Association under an affiliation relationship. Others felt that individual school membership was better. It was my privilege to attend the meeting of the Association of Canadian Medical Colleges and in conference with them develop an agreement which I think was unanimously accepted by them and unanimously accepted by the Executive Council and is recommended to you for adoption as an amendment to the Constitution.

Our Constitution previously did not provide for anything except direct memberships, so these provisions would make it possible for us to extend an affiliate membership to the schools primarily now of Canada and the Philippine Islands on the basis of \$125 a year dues. They would receive copies of our transactions, copies of bulletins, other material that is sent out, and a reduced number of the Journal of the Association. They would have the privilege of full attendance at our meetings, membership on our committees, but their representative would not hold office or vote on financial matters. Those last two were proposed by and are fully acceptable to the Canadian Medical Schools.

I move the adoption of these amendments to the Constitution.

The motion was duly seconded.

#### SUGGESTED AMENDMENT TO THE CONSTITUTION

ARTICLE III (Membership) Section 7—(Affiliate Membership) Medical colleges in other countries which otherwise conform to the provisions of Sections 1 and 2 of this Article are eligible to Affiliate Membership.

Application for such membership shall be made and acted upon as set forth in Section III above, except that colleges which heretofore have held regular membership shall be transferred to this classification effective September 1, 1948.

The provisions of Sections 4 and 6 of this Article shall also apply to such affiliate members.

Affiliate members shall pay annual dues of \$125.00; same to be payable not later than February first of the current fiscal year of the Association.

Affiliate members shall have all the privileges extended to regular members of the Association and shall also conform to the provisions of the By-laws, except that their representative shall not hold elective office, or vote upon matters pertaining to the finances of the Association. They shall receive copies of the official minutes of the proceedings of the annual and special meetings, such other publications and notices as may be issued and not less than six copies of each issue of the official bulletin of the Association. Representatives of affiliate members may be appointed or elected to serve on Committees.

DR. BACHMEYER: There is one item that some may challenge, and that is, that these amendments seek to make this change effective as of September 1, 1948. That may not be in parliamentary order, but we are in this position: One of the Canadian colleges has paid the full \$500; another one has paid \$250; another has paid \$150 dues for this past year, and four have paid nothing. If we make this effective as of this date, we are then in the position of having those four colleges out of membership during the past year, and while this may not

be entirely legal, it was thought if we could vote this, it would be the best way of solving the difficulties of the past year.

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

## REPORT OF NOMINATING COMMITTEE

**DR. L. R. CHANDLER:** The President-elect naturally becomes the President in our procedure, and the Committee on Nominations endorses that procedure for Joseph C. Hinsey as President for the coming year. We would like to place in nomination the following: For President-elect, Arthur C. Bachmeyer, University of Chicago; Vice-President, Franklin D. Murphy, University of Kansas; Secretary, Dean F. Smiley; Treasurer, John B. Youmans, University of Illinois; for the two places on the Executive Council, Drs. Ward Darley, University of Colorado and Vernon W. Lippard, University of Virginia.

I move that the nominations be closed and the Secretary be instructed to cast a unanimous ballot, but there is an opportunity for other nominations.

The motion was seconded and carried unanimously.

**PRESIDENT MILLER:** I think it would be only fitting at this time if the Chair entertained a motion from some one of the members.

**DR. L. R. CHANDLER:** I move a vote of thanks to Dr. and Mrs. Darley and their friends and members of the faculty for the very excellent entertainment and hospitality we have enjoyed here.

The motion was seconded and carried by a unanimous rising vote.

## PLACE OF 1950 MEETING

**SECRETARY SMILEY:** We have made a considerable study of the different available hotels for next year, and the recommendation as it stands at the present time is for the Lake Placid Club, which will be available on the dates of October 23, 24, and 25, or the 26, 27, and 28. This Club is about 300 miles from New York and is an overnight trip on the New York Central from New York. They offer the same rates that were offered here this year, and the Committee recommends the Lake Placid Club though it is open to other recommendations. It would seem to be the hotel that works out best at the present time for our needs, considering the time of year and the avoidance of conflicting dates.

Before we go to actual vote, we might just answer the question as to which would be preferable as to dates—October 23, 24, and 25 would be Monday, Tuesday and Wednesday, or October 26, 27, and 28, the last days of the week. The following week will conflict with meetings of the American Public Health Association, and the next week will conflict with legislative sessions, so that the choice is really between the first three days of the week of October 23 or the last three days.

**DR. STANLEY DORST** (Dean, University of Cincinnati College of Medicine): For many of us living in the middle section of the nation, the Central Clinical Research Society meets, as a rule, on the last Friday in the month. That is not a fixed meeting, because sometimes it is the first Friday in November. For us, it would be wiser, not knowing the date of next year's meeting as yet, to accept the earlier period in the week.

**PRESIDENT MILLER:** The motion has been made and seconded that we meet at the Lake Placid Club the first three days of the week, October 23, 24, and 25, 1950.

The motion carried.

**PRESIDENT MILLER:** I must leave in the morning, therefore I would like to induct into office your new President at this time. So, with the waning shreds of my authority, I pass the gavel to you, Dr. Hinsey, and assure you of our support.

**PRESIDENT HINSEY:** I want to tell Doctor Miller how much we appreciate what he has done during this past year and that in spite of the fact he is one of these presidents, of which we have had a number of definitions, we will always consider him as one of our own group, and we hope he will continue to participate in the work of our Association.

Furthermore, I would like to comment on the fact that one man goes off the Executive Council who has served for many years—Dr. Chandler. We are going to miss him in the work of the Council, but we will look forward to his help in the work of the Association as we have in the past.

I have great expectations for the work of this Association during the coming year. I know we can look forward to the cooperation of all of you. We will try to do the best we can, and we want you to inform us when things are not going to suit you. We have had a fine spirit in that regard this past year, and we want to keep it up.

**DR. D. BAILEY CALVIN** (University of Texas Department of Medicine): I think it should go on record officially that the Association extends its thanks and appreciation to the Broadmoor Hotel for the splendid service and fine accommodations we have enjoyed. I make that motion.

The motion was seconded and carried.

The meeting adjourned at 5:40 p. m.

## TUESDAY EVENING

The group met for dinner at 7:30 p.m. At the conclusion of the dinner, Dr. Willard C. Rappleye, Dean and Professor of Medical Economics, Faculty of Medicine and Vice President in Charge of Medical Affairs, Columbia University, addressed the assembly. His topic was "The National Health Service of Great Britain." It was based on a recent visit to England made by Dr. Rappleye for the purpose of securing first hand information on the plan now in force in Great Britain. (Copies of the complete report were sent later to all those whose names are on the mailing list of the Journal of the Association of American Medical Colleges.)

Next, Dr. David S. Ruhe, Director of the Medical Film Institute of the Association of American Medical Colleges, gave an exhibition of various types of films which are being used for educational purposes.

## WEDNESDAY MORNING SESSION

This session convened at 9:30 a.m., President Joseph C. Hinsey, presiding.

**PRESIDENT HINSEY:** At next year's meeting we will endeavor to have committee reports mimeographed and in your hands ahead of the time of the meeting. We hope to expedite the Executive Session and to increase the discussion and to take away the impression of it being a hurried session, as it has been. We will now hear the reports from the Round Tables. The first one will be from Round Table A. Dr. Carlyle Jacobsen, of the State University of Iowa, will report.

## ROUND TABLE A—STUDENT SELECTION PROBLEMS

(Dr. Carlyle Jacobsen's summary of the discussions was published in the January, 1950 issue of the Journal of the Association of American Medical Colleges.)

## ROUND TABLE B—LEADERSHIP IN CURRICULUM PLANNING

(Dr. Ward Darley's summary of discussions was published in the January, 1950 issue of the Journal of the Association of American Medical Colleges.)

## ROUND TABLE C—MAKING THE INTERNSHIP A PLANNED EDUCATIONAL EXPERIENCE

(Dr. John B. Youmans' summary of discussions in his Round Table was published in the January, 1950 issue of the Journal of the Association of American Medical Colleges.)

PRESIDENT HINSEY: I know that I speak for all the members of our Association in expressing our sincere appreciation to the Chairmen and the discussants in these panels. Likewise, I want to urge those of you who have had experience with this type of program, if you have any suggestions as to how it can be improved or any suggestions as to what might make good topics for subsequent meetings of this kind, we would appreciate it if you would send those suggestions to the Secretary of the Association.

I want to thank again the other participants in the program, and particularly our colleagues at the University of Colorado, and those who are in charge of this hotel. This has been one of the most pleasant meetings, in terms of the accommodations, that I have ever attended. I am sure that many of you found it to be a very stimulating meeting.

The meeting adjourned at 10:55 a.m.

(Signed) Dean F. Smiley, *Secretary*.

## ACTIONS TAKEN AT EXECUTIVE COUNCIL MEETING

November 8, 1949

1. Dr. Joseph Hinsey was elected Chairman of the 1950 Executive Council which is constituted as follows:

President—Dr. Joseph Hinsey  
President-Elect—Dr. Arthur Bachmeyer  
Vice-President—Dr. Franklin Murphy  
Member of Council until November 1951—Dr. Ward Darley  
Member of Council until November 1951—Dr. Vernon Lippard  
Member of Council until November 1950—Dr. Walter Bloedorn  
Member of Council until November 1950—Dr. George Berry

2. The appointment of an Editorial Board was authorized.

3. Resolutions were adopted authorizing the changes in the signature for the Association's checking account, safety deposit box and bonding arrangements made necessary by reason of the election of a new Treasurer (Dr. John Youmans).

### RESOLUTION NECESSITATED BY CHANGE IN TREASURERSHIP

*Be it Resolved*, that The First National Bank of Chicago be and hereby is designated a depository in which the funds of this Organization be deposited by its officers, agents, and employees and each of them hereby is authorized to endorse for deposit or negotiation any and all checks, drafts, notes, bills of exchange, and orders for the payment of money, either belonging to or coming into the possession of this Organization. Endorsements for deposit may be by the written or stamped endorsement of the Organization without designation of the person making the endorsement.

*Be it Further Resolved*, that Dr. John B. Youmans (is) authorized to sign any and all checks, drafts, and orders, including orders or directions in informal or letter form, against any funds at any time standing to the credit of this Organization with the said Bank, and/or against any account of this Organization with the said Bank, and the said Bank hereby is authorized to honor any and all checks, drafts and orders so signed, including those drawn to the individual order of any such officer and/or other person signing the same, without further inquiry or regard to the authority of said officers and/or other person (s) or the use of said checks, drafts and orders, or the proceeds thereof.

The motion was put to a vote and carried unanimously.

4. The Treasurer was instructed to inform the Secretary as to the financial adjustments that must be made with those members of the Association being transferred to affiliate membership under the new amendment to the Association's constitution.

5. Committees and representatives to other organizations for 1950 were named. (List follows.)

6. The Middle West was suggested as the meeting place for the 1951 meeting.

(Signed) Dean F. Smiley, *Secretary*.

## List of College Representatives in Attendance at the Meeting

- UNIVERSITY OF ARKANSAS SCHOOL OF MEDICINE: W. C. Langston.  
COLLEGE OF MEDICAL EVANGELISTS: W. E. Macpherson; Harold Shryock.  
STANFORD UNIVERSITY SCHOOL OF MEDICINE: Loren R. Chandler; W. H. Northway.  
UNIVERSITY OF CALIFORNIA AT LOS ANGELES: Norman Nelson; Stafford L. Warren; Abraham White.  
UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL: Francis S. Smyth.  
UNIVERSITY OF SOUTHERN CALIFORNIA: J. N. DeLamater; B. O. Raulston.  
UNIVERSITY OF ALBERTA FACULTY OF MEDICINE: D. R. Wilson.  
UNIVERSITY OF BRITISH COLUMBIA: M. M. Weaver.  
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE: John W. Batram; E. H. Brunquist; A. R. Buchanan; Stuart K. Bush; Ward Darley; Harold Dinken; Robert M. DuRoy; Marguerite Dyde; W. F. Dyde; Robert M. Hill; Frode Jensen; Robert C. Lewis; Mrs. Robert C. Lewis; Philip A. Lief; Robert S. Liggett; Bernard B. Longwell; John M. Lyon; C. A. Maaske; James B. McNaught; R. M. Mulligan; Mordaut E. Peck; Robert L. Stearns; Henry Swan; Richard Thompson; R. W. Virtue; James J. Waring; Norman F. Witt.  
YALE UNIVERSITY SCHOOL OF MEDICINE: H. D. Hoberman; C. N. H. Long; William R. Willard.  
GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE: Harold Jeghers; Rev. Paul A. McNally, S.J.  
GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE: Walter A. Bloedorn; Leland W. Patt.  
HOWARD UNIVERSITY COLLEGE OF MEDICINE: W. Montague Cobb; Joseph L. Johnson.  
EMORY UNIVERSITY SCHOOL OF MEDICINE: R. Hugh Wood.  
UNIVERSITY OF GEORGIA SCHOOL OF MEDICINE: G. Lombard Kelly.  
CHICAGO MEDICAL SCHOOL: John J. Sheinin.  
NORTHWESTERN UNIVERSITY MEDICAL SCHOOL: H. A. Davenport; J. Roscoe Miller; T. R. Van Dellen; Richard H. Young.  
STRICTH SCHOOL OF MEDICINE (LOYOLA UNIVERSITY): Rev. Michael English, S.J.; James T. Hussey, S.J.; James J. Smith.  
UNIVERSITY OF CHICAGO MEDICAL SCHOOL: A. C. Bachmeyer; F. J. Mullin.  
UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE: H. Worley Kendall; Julius B. Richmond; John B. Youmans.  
INDIANA UNIVERSITY SCHOOL OF MEDICINE: John J. Mahoney.  
STATE UNIVERSITY OF IOWA COLLEGE OF MEDICINE: W. M. Fowler; Virgil M. Hancher; W. R. Ingram; Carlyle Jacobson; Wilbur R. Miller; W. W. Morris; R. T. Tidrick; Alice White.  
UNIVERSITY OF KANSAS SCHOOL OF MEDICINE: Franklin D. Murphy.  
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE: J. Murray Kinsman.  
LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE: William W. Frye.  
TULANE UNIVERSITY OF LOUISIANA SCHOOL OF MEDICINE: Roscoe L. Pullen.  
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE: Alan M. Chesney; Lowell J. Reed.  
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE: O. G. Harne; H. Boyd Wylie.  
BOSTON UNIVERSITY SCHOOL OF MEDICINE: Henry J. Bakst; James M. Faulkner; Francis C. Lowell.  
HARVARD MEDICAL SCHOOL: George Packer Berry; Kendall Emerson, Jr.  
TUFTS COLLEGE MEDICAL SCHOOL: S. R. Magruder; Dwight O'Hara.  
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL: A. C. Furstenberg; Wayne Whitaker.  
WAYNE UNIVERSITY COLLEGE OF MEDICINE: Gordon H. Scott.  
UNIVERSITY OF MINNESOTA GRADUATE SCHOOL (MAYO FOUNDATION): Victor Johnson; Stanley W. Olson.  
UNIVERSITY OF MINNESOTA MEDICAL SCHOOL: Harold S. Diehl.  
UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE: D. S. Pankratz; James C. Rice.

SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE: Melwin A. Casberg; Rev. Edward T. Foote, S.J.

UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE: Trawick Stubbs.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE: T. H. Hunter; Robert A. Moore; W. B. Parker; Robert J. Watson.

CREIGHTON UNIVERSITY SCHOOL OF MEDICINE: P. J. Carroll; H. B. Crimmins, S.J.

UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE: A. L. Bennett; Harold C. Lueth.

DARTMOUTH MEDICAL SCHOOL: Rolf C. Syvertsen.

ALBANY MEDICAL COLLEGE: Thomas Hale, Jr.; Arthur Knudson.

COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND NEW YORK POST GRADUATE MEDICAL SCHOOL: Willard C. Rappleye; Aura H. Severinghaus; Edith Sproul; John B. Truslow.

CORNELL UNIVERSITY MEDICAL COLLEGE: Dayton J. Edwards; L. W. Hanlen; Joseph C. Hinsey.

LONG ISLAND COLLEGE OF MEDICINE: Dunsan W. Clark; Jean A. Curran.

NEW YORK MEDICAL COLLEGE AND FLOWER HOSPITAL: Roger C. Gay; J. A. W. Hetrick.

NEW YORK UNIVERSITY COLLEGE OF MEDICINE: William W. Beckman; Paul Culley; Currier McEwen; S. Bernard Wortis.

NEW YORK UNIVERSITY POST GRADUATE MEDICAL SCHOOL: Clarence E. de la Chapelle; Charles F. Wilkinson, Jr.

SYRACUSE UNIVERSITY COLLEGE OF MEDICINE: H. G. Weiskotten.

STATE UNIVERSITY OF NEW YORK: Alvin C. Eurich; Lester J. Evans.

UNIVERSITY OF BUFFALO SCHOOL OF MEDICINE: Stockton Kimball.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE: William L. Bradford; Richard C. Fowler.

BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST COLLEGE: Coy C. Carpenter; Manson Meade.

DUKE UNIVERSITY SCHOOL OF MEDICINE: Ivan W. Brown, Jr.; W. C. Davison; Joe E. Markee; F. R. Porter; F. H. Swett, Mrs.

UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE: W. R. Berryhill; John B. Graham.

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE: W. F. Potter.

OHIO STATE UNIVERSITY COLLEGE OF MEDICINE: Charles A. Doan.

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE: Stanley Dorst; Edward J. McGrath; Richard W. Vilter.

WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE: John L. Caughey, Jr.

UNIVERSITY OF OKLAHOMA SCHOOL OF MEDICINE: Cleve Beller; Mark R. Everett; Arthur A. Helbaum; Homer F. Marsh; S. N. Stone.

UNIVERSITY OF OREGON MEDICAL SCHOOL: D. W. E. Baird, Jr; Edward S. West; W. A. Zimmerman.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL: Charles L. Brown; Raymond S. Leopold.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA: W. Paul Havens, Jr; J. E. Thomas.

TEMPLE UNIVERSITY SCHOOL OF MEDICINE: William N. Parkinson.

UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE: John McK. Mitchell.

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE: James A. Crabtree, William S. McEllroy.

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA: Marion Fay; Irene E. Maher.

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA: Kenneth M. Lynch.

UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE: Donald Slaughter.

MEHARRY MEDICAL COLLEGE: Michael J. Bent; Murray C. Brown.

UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE: O. W. Hyman; F. L. Roberts.

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE: Ernest W. Goodpasture.

BAYLOR UNIVERSITY COLLEGE OF MEDICINE: Warren T. Brown; Hardy A. Kemp.

SOUTHWESTERN COLLEGE OF MEDICINE: W. Lee Hart.

UNIVERSITY OF TEXAS DEPARTMENT OF MEDICINE: D. Bailey Calvin.

UNIVERSITY OF UTAH SCHOOL OF MEDICINE: H. L. Marshall.

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE: William E. Brown.

MEDICAL COLLEGE OF VIRGINIA: George W. Bakeman; Kinloch Nelson.

UNIVERSITY OF VIRGINIA DEPARTMENT OF MEDICINE: Vernon W. Lippard; H. B. Mulholland.

UNIVERSITY OF WASHINGTON: James W. Haviland; Edward L. Turner.

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE: Edward L. Van Liere.

MARQUETTE UNIVERSITY SCHOOL OF MEDICINE: A. F. Berens; John S. Hirshboeck.

UNIVERSITY OF WISCONSIN MEDICAL SCHOOL: O. A. Mortensen.

### Others Present

ALPHA OMEGA ALPHA: J. J. Moore; H. E. Setterfield.

AMERICAN COLLEGE OF SURGEONS: George H. Miller.

AMERICAN CONGRESS OF PHYSICAL MEDICINE: Earl C. Elkins.

AMERICAN MEDICAL ASSOCIATION COUNCIL ON MEDICAL EDUCATION AND HOSPITALS: Donald G. Anderson.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION: Joseph A. George; Lee S. Lampher.

AMERICAN HOSPITAL ASSOCIATION: Charles T. Dolezal; F. Stanley Howe.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES: Dean F. Smiley; Fred C. Zapffe.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES—COMMITTEE ON STUDENT PERSONNEL PRACTICES: John M. Stalnaker.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES—MEDICAL FILM INSTITUTE: David S. Ruhe.

ATOMIC ENERGY COMMISSION: Albert H. Holland, Jr.

BLAKISTON COMPANY: Howard W. Fry.

BORDEN COMPANY FOUNDATION: W. A. Wentworth.

BUNTS INSTITUTE AND CLEVELAND CLINIC: Edwin P. Jordan.

CATHOLIC HOSPITAL ASSOCIATION: Rt. Rev. Msgr. John W. Barrett; Msgr. John R. Mulroy.

COMMONWEALTH FUND: Roderick Heffron; Charles O. Warren.

COUNCIL ON MEDICAL EDUCATION, JAPAN: Yoshio Kusama.

FEDERATION OF STATE MEDICAL BOARDS: Walter L. Bierring.

LEA AND FEBIGER: W. D. Wilcox.

J. B. LIPPINCOTT COMPANY: Walter Brinkman; Walter Kahoe.

MARKLE FOUNDATION: Dorothy Rowden; John M. Russell.

NATIONAL BOARD OF MEDICAL EXAMINERS: Everett S. Elwood.

NATIONAL CANCER INSTITUTE: J. R. Heller.

NATIONAL RESEARCH COUNCIL: Herman S. Wigodsky.

NATIONAL TUBERCULOSIS ASSOCIATION: Esmond R. Long.

NEW YORK MEDICAL SOCIETY COMMITTEE: R. B. Davis.

OCHSNER MEDICAL FOUNDATION: Dean H. Echols.

PARKE DAVIS AND COMPANY: J. P. Gray.

PHILADELPHIA GENERAL HOSPITAL: S. O. Waife.

ROCKEFELLER FOUNDATION: Robert S. Morison.

W. B. SAUNDERS COMPANY: O. G. Enstron; William E. MacFarland; J. A. Lutz.

SELECTIVE SERVICE SYSTEM U.S.A.: Col. Richard H. Eanes.

SMITH, KLINE AND FRENCH LABORATORIES: William E. Kirsch.

SURVEY COMMITTEE OF MEDICAL EDUCATION: Robert C. Benson; John B. Deitrick.

SWARTHMORE COLLEGE: James A. Perkins.

UNITED STATES AIR FORCE: Richard B. Jones.

UNITED STATES ARMY: Gen. George E. Armstrong; Col. W. H. Moursund, Jr.; Col. Floyd L. Wergeland.

UNITED STATES NAVY: Capt. R. H. Fletcher; Rear Admiral H. Lamont Pugh.

UNITED STATES PUBLIC HEALTH SERVICE: Dale C. Cameron; W. P. Dearing; G. S. Perrott; David E. Price; C. J. Van Slyke (also with National Heart Institute).

VETERANS ADMINISTRATION: E. H. Cushing.

WILLIAMS AND WILKINS COMPANY: V. R. Edwards.

YEAR BOOK PUBLISHERS, INCORPORATED, THE: A. M. Greene; Fred A. Rogers.

GUESTS: William J. Pyles—New York City.

## COMMITTEES FOR 1949-1950

### Committee on Internships and Residencies

John B. Youmans, *Chairman*

Coy C. Carpenter	Reginald Fitz	Maxwell E. Lapham
L. R. Chandler	Francis J. Mullin	Stanley Dorst
Harold C. Leuth	Frode Jensen	Roy R. Kracke
John McK. Mitchell	D. W. E. Baird	W. A. Bloedorn
Wesley Spink	Warren T. Brown	Jean A. Curran

### Committee on Student Personnel Practices

Carlyle Jacobsen, *Chairman*

George Packer Berry	Richard H. Young	D. Bailey Calvin
Francis J. Mullin	John Deitrick	

### Committee on Audiovisual Education

Walter Bloedorn, *Chairman*

Joe Markee	R. P. Walton	Clarence de la Chapelle
------------	--------------	-------------------------

### Committee on Borden Award

Brian Blades, *Chairman*

David Barr	Harry Smith	Charles H. Best	Edward West
------------	-------------	-----------------	-------------

### Editorial Board for Journal of the Association of American Medical Colleges

Lowell T. Coggeshall, *Chairman*

Alan Chesney	James Faulkner	Robert A. Moore
W. C. Davison	Andrew Marchetti	John McK. Mitchell

### Committee on Financial Aid to Medical Education

Joseph C. Hinsey, *Chairman*

George Packer Berry	Walter A. Bloedorn	Ward Darley
	A. C. Bachmeyer	

### Committee on Preparedness for War

Stockton Kimball, *Chairman*

Dayton Edwards	Melvin A. Casberg	George Packer Berry
----------------	-------------------	---------------------

### Program Committee for 1950

Dean F. Smiley, *Chairman*

Charles F. Wilkinson	Joseph C. Hinsey	John L. Caughey
----------------------	------------------	-----------------

### Committee on Public Information

Franklin D. Murphy, *Chairman*

Ralph Rohweder	Dean F. Smiley	Vernon W. Lippard
	John N. Stalnaker	

## **Committee on Social and Environmental Medicine**

Frode Jensen, *Chairman*

Duncan W. Clark  
William W. Frye

David Rutstein  
Paul Lemkau

Jean A. Curran  
Trawick Stubbs

## **Committee on Students From Abroad**

Francis Scott Smyth, *Chairman*

Karl F. Meyer  
Aura E. Severinghaus

Ward Darley  
Edward L. Turner

Harry A. Pierson  
Francis A. Young

---

## **Representatives to Other Organizations**

### **Advisory Board for Medical Specialties**

L. R. Chandler

Stanley Dorst

### **Advisory Council on Medical Education**

Joseph C. Hinsey

Ward Darley

Vernon W. Lippard

### **Joint Committee on Internships**

John B. Youmans, *Chairman*

Frode Jensen

Jean A. Curran

### **National Board of Medical Examiners**

L. R. Chandler

Robert A. Moore

B. O. Raulston

### **Committee for the Coordination of Medical Activities**

Stockton Kimball

### **Council on National Emergency Medical Service**

Stockton Kimball

### **Committee on Evaluation of Foreign Credentials**

John B. Youmans

Dean F. Smiley

### **Fellowships Selection Board**

Walter Bloedorn

### **Federation of State Medical Boards**

Dean F. Smiley

### **Committee on Survey of Medical Education**

A. C. Bachmeyer

Joseph C. Hinsey

Dean F. Smiley

**Armed Forces Medical Advisory Committee**

Stockton Kimball

**National Advisory Committee on Local Health Units**

William H. Perkins

**Liaison Committee with Council on Medical Education  
and Hospitals of American Medical Association**

Joseph C. Hinsey

A. C. Bachmeyer

Dean F. Smiley

**Delegates to National Health Council**

Currier McEwen

Walter A. Bloedorn

Joseph C. Hinsey

**Medical Advisory Committee of Institute of International Education**

Francis S. Smyth

Aura S. Severinghaus  
Dayton Edwards

Duncan W. Clark