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Association of American Medical Colleges

MINUTES

OF THE PROCEEDINGS

Sixty-Fourth Annual Meeting

October 26-27-28, 1953

ATLANTIC CITY, NEW JERSEY

Office of the Secretary
185 N. Wabash Ave.
Chicago 1, Illinois

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OFFICERS OF THE ASSOCIATION
1952-1953

President: WARD DARLEY .... University of Colorado
President-Elect: STANLEY E. DORST .. University of Cincinnati School of Medicine
Vice President: JOHN Z. BOWERS .... University of Utah College of Medicine
Secretary: DEAN F. SMILEY .... 185 N. Wabash Ave., Chicago 1, Illinois
Treasurer: JOHN B. YOUMANS .... Vanderbilt University School of Medicine

Executive Council

JOSEPH C. HINSEY, *Chairman*
.... New York Hospital-Cornell University Medical Center
JOHN Z. BOWERS .... University of Utah College of Medicine
WARD DARLEY .... University of Colorado
STANLEY E. DORST .... University of Cincinnati School of Medicine
VERNON W. LIPPARD .... Yale University School of Medicine
ROBERT A. MOORE .... Washington University School of Medicine (St. Louis)
EDWARD L. TURNER .... University of Washington School of Medicine

Staff

DEAN F. SMILEY .... Secretary; Editor, *Medical Education*
JOHN M. STALNAKER .... Director of Studies
DAVID S. RUHE .... Director, Medical Audio-Visual Institute

Sixty-Fourth Annual Meeting
Association of American Medical Colleges

Hotel Claridge, Atlantic City, New Jersey
October 26-27-28, 1953

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(President Ward Darley presiding)

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Monday, October 26, 1953

NOMINATING COMMITTEE

The Nominating Committee was named by President Ward Darley as follows: Currier McEwen, chairman; George Packer Berry; Mark Everett; Gordon Scott; Francis Scott Smyth, Rolf Syvertsen.

INTRODUCTION OF NEW DEANS

The following new deans were present and were introduced:

Harold C. Wiggers, Albany Medical College; Dayton J. Edwards (acting dean), Cornell University Medical College; Francis M. Forster, Georgetown University School of Medicine; Edgar A. Pund (president), Medical College of Georgia; Roger A. Harvey (acting dean), University of Illinois College of Medicine; Norman Nelson, State University of Iowa College of Medicine; Phillip Bard, Johns Hopkins University School of Medicine; Roscoe L. Pullen, University of Missouri School of Medicine; Ralph E. Snyder, New York Medical College; Theodore H. Harwood, University of North Dakota School of Medicine; Donald G. Anderson, University of Rochester School of Medicine; James W. Colbert Jr., St. Louis University School of Medicine; Gordon E. Goodhart, University of Southern California School of Medicine; Windsor C. Cutting (acting dean), Stanford University School of Medicine; Joseph M. Hayman, Tufts College Medical School; Thomas H. Hunter, University of Virginia School of Medicine; Mavis P. Kelsey (acting dean), University of Texas Postgraduate School of Medicine; James W. Haviland (acting dean), University of Washington School of Medicine.

Other administrative appointees were Francis R. Manlove, director of medical center, University of Colorado School of Medicine; Joseph C. Hinsey, director of medical center, New York Hospital-Cornell University Medical College; Rev. Paul A. McNally, director of medical center, Georgetown University School of Medicine; J. A. W. Hetrick, president, New York Medical College.

REVISION OF CONSTITUTION AND BY-LAWS

The revised Constitution and By-Laws was approved unanimously as follows:

CONSTITUTION

ARTICLE I

NAME

This organization shall be known as the Association of American Medical Colleges.

ARTICLE II

OBJECT

The object of this Association shall be the advancement of medical education.

ARTICLE III

MEMBERSHIP

Section 1.—Any medical school or college in the United States conforming to the requirements of the Association as expressed in this Constitution and By-Laws is eligible to apply for Institutional Membership.

Any medical school or college in Canada or in present or former possessions of the United States and conforming to the requirements of the Association as expressed in this Constitution and By-Laws is eligible to apply for Affiliate Institutional Membership.

Section 2.—Any person who has demonstrated over a period of years a serious interest in medical education is eligible to apply for Individual Membership.

Any person, organization or agency that has demonstrated over a period of years a serious interest in medical edu-

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cation is eligible to apply for Sustaining Membership.

Section 3.—A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources and curriculum as may be prescribed by the Executive Council and expressing its readiness to be inspected. The application shall be submitted to the Executive Council, which may order an inspection. The inspection report and all other information bearing on the applicant for membership shall be submitted to the Executive Council for consideration. The Executive Council shall report its findings to the Association at the next Annual Meeting for action. An affirmative vote of three-fourths of the official representatives of the Institutional members present at such meeting is required for election to Institutional Membership or Affiliate Institutional Membership.

Individuals, organizations or agencies desiring Individual or Sustaining Membership shall make application in writing to the Secretary. Such applications, after being first submitted to the Executive Council for approval, will be presented to the next Annual Meeting for action. An affirmative vote of three-fourths of the official representatives of the Institutional members present at such meeting is required for election to Individual or Sustaining Membership.

Section 4.—Each Institutional or Affiliate Institutional Member may send as many representatives as it desires to the Annual Meeting of the Association, and they shall have the privilege of the floor in all discussions. But each school or college is entitled to only one official representative at all business sessions of the Association. The Dean of the college shall be the official representative unless otherwise provided by the college authorities.

Official representatives of Institutional Members shall be entitled to vote on all matters.

Official representatives of Affiliate Institutional Members shall have the privilege of the floor in all discussions but shall not be entitled to vote.

Individual Members and representatives of Sustaining Members shall have the privilege of the floor in all discussions but shall not be entitled to vote.

Section 5.—Each Institutional Member 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 ten or more than fifty departmental copies of each issue of The Journal of MEDICAL EDUCATION, as determined by the Executive Council.

Each Affiliate Institutional Member 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 three or more than twelve departmental copies of each issue of The Journal of MEDICAL EDUCATION, as determined by the Executive Council.

Each Individual Member and Sustaining Member shall receive a copy of the official minutes of the proceedings of the Annual and Special meetings, a copy of the Association Directory and one copy of each of the twelve monthly issues of The Journal of MEDICAL EDUCATION.

Section 6.—Dues: The Annual dues for Institutional Members shall be $500, payable not later than February 1 of the current fiscal year. The fiscal year shall be from July 1 to June 30.

Affiliate Institutional Members shall pay annual dues of $125, Individual Members of $10, Sustaining Members of $1,000; same to be payable not later than February 1 of the current fiscal year of the Association.

Section 7.—Any college dropped from Institutional Membership or Affiliate In-

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stitutional Membership may be reinstated by the Executive Council, subject to the approval of the Association at a regular session.

Section 8.—Affiliate Institutional Membership: Affiliate Institutional Members shall have all the privileges extended to regular Institutional Members of the Association, except that their representative shall not vote. Representatives of Affiliate Institutional Members may hold appointee offices.

ARTICLE IV

STANDARDS

Section 1.—The Association shall have the power to establish by vote of its membership such educational standards, rules and regulations, governing admission to the study of medicine, the curriculum of study, and the requirements for graduation, as it shall deem necessary for the best interests of medical education and the aims and objects of this Association.

Section 2.—All educational standards and all rules and regulations established by the Association shall be embodied in the By-Laws of the Association and shall be observed by every Institutional Member and Affiliate Institutional Member of the Association.

Section 3.—Any school in Institutional or Affiliate Institutional Membership in the Association which shall violate any part of the Constitution and By-Laws shall be subject to such discipline or penalty as the Association may deem fit and proper.

Section 4.—The Executive Council shall appoint representatives to inspect colleges applying for membership or reinstatement and colleges in membership in the Association at its discretion. The inspection reports, together with recommendations, shall be furnished a responsible authority in the college, and shall be sent to all members of the Executive Council.

Section 5.—Any medical school or college in Institutional or Affiliate Institutional Membership in the Association, which, on inspection, has been found not to fulfill adequately the conditions for such membership in the Association, may be (a) warned by being placed on "confidential probation" for a period of two years by vote of the Executive Council, (b) placed on "open probation" after a full hearing before the Executive Council and subject to the approval of the Association at a regular Executive Session, or (c) dropped from membership after a full hearing before the Executive Council and subject to the approval of the Association at a regular Executive Session.

Section 6.—Any medical school or college which is a member on "open probation," may be removed from probation and restored to full membership or be dropped from membership by the Executive Council, as warranted by the findings of an inspection, after a full hearing before the Executive Council, subject to the approval of the Association at a regular Executive Session.

ARTICLE V

OFFICERS

Section 1.—The officers of this Association shall be a President, a President-Elect, a Vice President, a Secretary, a Treasurer, a Director of Studies, and seven (7) Executive Council members. The Immediate Past President shall be one of the seven members of the Executive Council for the year immediately following his presidency; the other six will be elected members.

A President-Elect shall be elected annually. He shall serve as President-Elect until the Annual Session next ensuing after his election and shall become President on his installation in the course of

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that session, serving thereafter as President until the installation of his successor.

A Vice President, and a Treasurer shall be elected annually, each to serve for one year or until his successor is elected and installed.

A Secretary and a Director of Studies shall be appointed by the Executive Council annually.

Two Executive Council members shall be elected annually, each to serve for three years, or until the election and installation of his successor. An elected Executive Council member shall not serve more than two consecutive terms, but an Executive Council member elected to serve an unexpired term shall not be regarded as having served a term unless he has served at least two years.

If the President dies, resigns or is removed from office, the Vice President shall immediately become President and shall serve for the remainder of that term.

Section 2.—The President shall preside at all meetings and perform such other duties as parliamentary usage in deliberative assemblies and the By-Laws of this Association may require.

Section 3.—The Vice President shall preside in the absence of the President, and perform such other duties as may be prescribed by the Association.

Section 4.—The Secretary shall be in administrative charge of the Central Office of the Association and shall record the proceedings of the meetings of the Association, and shall edit and publish the same. He shall collect the dues, assessments and all other monies due the Association and shall turn them over to the Treasurer, taking his receipt for same. He shall be properly bonded. He shall perform such other duties as may be required of him by the Association or the Executive Council. He shall attend all meetings of the Executive Council, except the closed Executive Sessions, and record the proceedings, but shall have no vote.

Section 5.—The Treasurer shall take charge of all monies that may be received from all sources and deposit the same in the name of the Association of American Medical Colleges in a bank approved by the Executive Council. He shall be properly bonded and draw upon Association funds in payment of budget items duly authorized by the Executive Council, and shall make an annual report to the Association. He shall attend all meetings of the Executive Council and vote as a member of that Council. He shall record the proceedings of the Closed Sessions of the Executive Council.

Section 6.—The Director of Studies shall collect such statistics and conduct such studies for the Association as the Executive Council shall direct. He shall foster the development of student personnel studies in member institutions with the advice of the Committee on Student Personnel Practices. He shall perform such other duties as may be required of him by the Association or the Executive Council. He shall attend all meetings of the Executive Council, except the Closed Executive Sessions, but shall have no vote.

Section 7.—The Executive Council shall consist of six (6) elected members and the following ex-officio members: the President, the President-Elect, the Vice President, the Secretary, the Treasurer, the Director of Studies and the Immediate Past President. It shall organize after each Annual Meeting and elect a Chairman. After each organization it shall appoint the Secretary, the Director of Studies, the Editor of The Journal of MEDICAL EDUCATION, official representatives to other organizations, and such committees and staff members as may be deemed necessary.

A quorum shall be a majority of the voting Council members. The Council shall have the power to fix salaries of

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the Secretary, the Director of Studies and staff members and disburse funds for purposes pertaining to the affairs of the Association. It shall have the power to act for and on behalf of the Association between its meetings and to fill vacancies occurring in any of the elected offices during the year.

ARTICLE VI

MEETINGS

Section 1.—The Annual Meeting of the Association shall be held at such time and place as the Executive Council may designate.

Section 2.—Official representatives of a majority of the member colleges shall constitute a quorum.

ARTICLE VII

AMENDMENTS

Section 1.—This Constitution shall not be altered or amended except by a written notice to all Institutional Members and all Affiliate Institutional Members at least thirty (30) days previous to a stated meeting and by a vote of two-thirds of all the Institutional Members officially represented at such meeting.

BY-LAWS

Section 1.—*The meetings* of the Association shall be governed by Robert's Rules of Order, except as provided in the Constitution and By-Laws.

Section 2.—*Requirements for admission*: Admission to medical schools and medical colleges in Institutional or Affiliate Institutional Membership in the Association may be by:

(1) Satisfactory completion of a minimum of collegiate instruction, as provided below in subsection a: or by
(2) Examination as provided in subsection b.

Subsection a.—A good general education including the attainment of competence in English, Biology, Chemistry and Physics is essential for the comprehension of the medical school curriculum. For most students this will require three or four years of college education. Superior students may, in selected cases, be considered acceptable for admission to medical school after only two years of collegiate work. In all instances, the final judgment as to the admissability of these superior students will rest with the individual medical school.

Subsection b.—Admission to medical schools and medical colleges in the Association may be by examination.

Examinations for the purpose of admission by this method shall be conducted by institutions acceptable to the Executive Council of the Association, under the following conditions:

(a) Candidates who have completed two years of collegiate instruction and present evidence of general scholarship of high order, but who lack the credits in certain of the required subjects, may be admitted on passing examinations in these subjects.

Section 2.—*Curriculum*: The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can best be achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting

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the complete detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits, of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These five requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person, and be able to gain and maintain the confidence and trust of those whom he treats, the respect of those with whom he works, and the support of the community in which he lives.

The curriculum should extend over a period of at least four academic years.

Section 4.—These By-Laws may be amended only by submitting a written copy of the proposed amendment twenty-four (24) hours before action can be taken on it, and by a two-thirds (2/3) vote of all the Institutional Members officially represented at any Annual Meeting.

INSTITUTE HIGHLIGHTS

Highlights of the recently concluded Institute on the Teaching of Physiology, Pharmacology and Biochemistry were presented by members of the Institute Steering Committee: Julius Comroe, chairman; George Packer Berry, co-chairman; George Acheson; Victor Hall, Eugene Landis and Abraham White.

ROUND TABLE DISCUSSION GROUPS

Eight round table discussions were held concurrently. Groups and their chairmen were:

A. George N. Aagaard, dean of Southwestern Medical School.

B. Julius H. Comroe Jr., professor of physiology and pharmacology, University of Pennsylvania Graduate School of Medicine.

C. Mark R. Everett, dean of the University of Oklahoma School of Medicine.

D. James M. Falkner, dean of Boston University School of Medicine.

E. Daniel T. Rolfe, dean of Meharry Medical College.

F. Edward L. Turner, secretary of the American Medical Association Council on Medical Education and Hospitals.

G. W. Clarke Wescoe, dean of the University of Kansas School of Medicine.

H. William R. Willard, dean of the State University of New York College of Medicine at Syracuse.

THE BORDEN AWARD

The nominating address for the Borden Award in the Medical Sciences was made by Ashley Weech, Borden Award Committee chairman. Presentation of the Award to Dr. Jean Oliver, distinguished service professor at State University of New York, College of Medicine, Brooklyn, was made by W. A. Wentworth, secretary of the Borden Company Foundation.

DINNER ADDRESS

The address at the Annual Dinner of the Association was presented by Arthur S. Adams, president of the American Council on Education.

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Tuesday, October 27, 1953

ELECTION OF OFFICERS

Upon recommendation of the Nominating Committee and in the absence of further nominations from the floor, the secretary was instructed to cast a unanimous ballot for the following officers for 1953-54:

For president—Stanley E. Dorst.

For president-elect—Vernon W. Lippard.

For vice president—William S. Middleton.

For treasurer—John B. Youmans.

For elective members of Council for two years—John Z. Bowers, Stockton Kimball.

For elective members of Council for three years—George N. Aagaard, Walter Reese Berryhill.

Other Council members, serving one more year, are Joseph C. Hinsey, Robert A. Moore.

REPORT OF THE SURVEY OF PREMEDICAL EDUCATION

The chief findings and recommendations of the Survey of Premedical Education were discussed by Aura Severinghaus, associate dean, College of Physicians and Surgeons, Columbia University, and a panel of survey subcommittee members: George Packer Berry, Alan W. Brown, Merle Coulter, Harry J. Carman, William E. Cadbury Jr.

REPORT OF THE SURVEY OF MEDICAL EDUCATION

The chief findings and recommendations of the Survey of Medical Education were discussed by John Deitrick, professor of medicine, Jefferson Medical College, and a panel of survey committee members: Donald G. Anderson, Joseph C. Hinsey, Victor Johnson, Herman G. Weiskotten, Stockton Kimball, Robert C. Berson.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

Open hearings on annual reports of committees were held as follows:

1. *Audio-Visual Education*—Chairman, Walter A. Bloedorn; Thomas P. Almy; Clarence de la Chapelle; William W. Frye; Henry M. Morfit; Theodore R. Van Dellen; W. Clarke Wescoe.

2. *Continuation Education*—Chairman, George N. Aagaard; Robert Boggs; James E. McCormack; Samuel Proger; John B. Truslow; Walter Wiggins.

3. *Environmental Medicine*—Chairman, William W. Frye; Duncan W. Clark; Harry F. Dowling; Marion Fay; Maurice Levine; David Rutstein; Leo Simmons.

4. *Financial Aid to Medical Education*—Chairman, Vernon W. Lippard; Walter A. Bloedorn; John Z. Bowers; Charles L. Brown; Alan M. Chesney; Robert A. Moore.

5. *Graduate Medical Education*—Chairman, Kendall Corbin; John Deitrick; Aims C. McGuinness; R. L. Pullen; C. J. Smyth.

6. *International Relations in Medical Education*—Chairman, Francis Scott Smyth; E. Grey Dimond; Ben Eiseman; Frode Jensen; Maxwell E. Lapham; John McK. Mitchell; Elizabeth T. Lam; Harold H. Loucks.

7. *Internships and Residencies*—Chairman, John B. Youmans; D. W. E. Baird; Parker R. Beamer; Walter A. Bloedorn; Warren T. Brown; Charles A. Doan; Gordon E. Goodhart; James E. McCormack; John McK. Mitchell; Otto Mortensen; F. J. Mullin; Hayden C. Nicholson; James P. Tollman; Richard W. Vilter; John F. Waldo; George A. Wolf Jr.; R. Hugh Wood.

8. *Licensure Problems*—Chairman, Charles A. Doan; John P. Hubbard; J. Murray Kinsman; Frank E. Whitacre; Arthur W. Wright; William R. Willard.

9. *Medical Care Plans*—Chairman, Henry B. Mulholland; Frank R. Bradley; Dean A. Clark; John F. Sheehan; Albert Snoke.

10. *National Emergency Planning*—Chairman, Stockton Kimball; Mark R. Everett; Stanley Olson.

11. *Public Information*—Chairman, John L. Caughey; Walter R. Berryhill; James Allan Campbell; Joseph B.

Kelly; Milton Murray; John D. Van Nuys; Ralph Rohweder.

12. *Student Personnel Practices*—Chairman, Carlyle Jacobsen; George Packer Berry; Robert Berson; D. Bailey Calvin; Thomas H. Hunter; Rolf C. Syvertsen.

13. *Veterans Administration—Medical School Relationships*—Chairman, R. Hugh Wood; Harold S. Diehl; A. C. Furstenberg; Currier McEwen; John Truslow; Richard William Vilter.

FILM PROGRAM

Two film programs, arranged by the Medical Audio-Visual Institute, were held simultaneously, beginning at 9 P.M. One of these included a series of short teaching films on cancer and a longer film on "Principles of Fracture Reduction." The other consisted of a group of general information films in health and an experimental film using new photographic techniques and an artificial soundtrack.

Both programs were arranged and presented by David S. Ruhe and J. Edwin Foster of the Medical Audio-Visual Institute.

Wednesday, October 28, 1953

Business Meeting of the Association

ROLL CALL

All institutional members were represented.

All affiliate members were represented except McGill, Manitoba, Western Ontario, University of the Philippines.

APPROVAL OF MINUTES OF 63RD ANNUAL MEETING

The minutes of the 63rd Annual Meeting, November 10, 11 and 12, 1952, at Colorado Springs, Colo., were approved as published.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

Summary of Actions Taken at Executive Council Meetings of the Year 1952-1953

JOSEPH C. HINSEY:

November 11, 1952, at Colorado Springs

Dr. Vernon Lippard and John Stalnaker were named as the Association's representatives on a joint committee of four with the other two representatives to be named by the AMA Council on Medical Education and Hospitals to make an extensive study of the financial needs of medical schools.

The following resolutions were approved by the Council and submitted to the open meeting on Wednesday, November 12 where they were unanimously approved:

Resolution I:

Whereas the continuation of high quality of medical education is, at all times, but particularly during the present emergency, in the national interest, and

Whereas a high quality of medical education is directly dependent on an adequate and superior faculty in each school, and

Whereas the present laws, regulations, and procedures of the "medical draft act" have been inadequate to meet many situations that have arisen,

Be it therefore resolved that the Association of American Medical Colleges requests the National Advisory Committee to Selective Service to establish a continuing procedure wherein those most vitally concerned with medical education may advise on desirable revision of present procedures and on the content of any new laws for the drafting of physicians.

Resolution II:

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Whereas an experimental program to integrate the teaching of subjects of importance to military medicine and civilian defense has been undertaken in five medical schools in cooperation with government agencies, and

Whereas the initial reports of the program from both students and faculty have been most favorable, and

Whereas, it is desirable in the interests of national defense to continue and possibly to expand this program,

Be it therefore resolved that the Association of American Medical Colleges endorses this experimental approach to preparing medical students in this important area of medical service and care, and recommends that continuing support be given to the program.

February 6 and 7, 1953, in Chicago

Revision of the Constitution and By-Laws of the Association was discussed and the secretary was instructed to bring in a second set of recommendations as to this revision at the next meeting of the Council scheduled for May 29 and 30, 1953, in New York City.

The Council approved the terms of the agreement with the W. K. Kellogg Foundation under which the Association is to receive $4,000 for the publication of the report of the Conference on Preventive Medicine in Medical Schools, held at Colorado Springs November 3-7, 1952. The secretary was instructed to write a letter of appreciation to the W. K. Kellogg Foundation.

The secretary was instructed to begin building files of:

(a) Agreements between medical schools and their affiliated hospitals.

(b) Reports on foreign medical schools.

The suggestion was made that the AAMC Committee on Licensure Problems work jointly with a similar committee to be appointed by the AMA Council on Medical Education and Hospitals. The secretaries of the two councils were instructed to arrange two meetings a year of this joint committee with the Federation of State Medical Boards, one meeting to be held at the time of the AAMC meeting in the fall, one at the time of the Congress on Medical Education and Licensure in February.

May 29 and 30, 1953 in New York City

The budget for the new fiscal year, beginning July 1, 1953, was approved as follows:

		Comparable Figure for 1952-53
(a) General Operations	$ 62,840	$ 66,275
(b) Committee on Student Personnel Practices	80,000	87,000
(c) Journal of MEDICAL EDUCATION	56,000	57,535
(d) Medical Audio-Visual Institute	25,000*	50,000
	$223,840	$260,810

*Of this sum $10,000 was earmarked for closing out projects under the direction of Dr. David Ruhe; $15,000 provided for 1953-54 support of operations under the direction of Dr. J. Edwin Foster.

This reduction in budget is a part of a definite effort to define the core activities of the Association and to establish a basic budget which lies well within the powers of the Association to eventually maintain year by year on income from institutional membership, journal advertising, educational testing and individual membership.

A report was made by the chairman of the Joint Committee on Medical Education in Time of National Emergency, Dr. Stockton Kimball. The secretary was instructed to send a letter to all medical school deans informing them of the importance of referring staff deferment problems, which are not solved in a satisfactory manner at the local or state level, to the National Advisory Committee to the Selective Service System.

The chairman of the Committee on Financial Aid to Medical Education, Dr. Vernon W. Lippard, reported (a) progress in the preparation of a questionnaire to go to the medical schools in an effort to determine the amount of additional funds needed, (b) the duplication and mailing of copies of Senate Bill 1153 to all medical college deans with the request that they study it and be willing to give their opinion of it if and when a polling of the deans' opinions became necessary, (c) active efforts on the part of the committee to oppose cutting of Public Health Service teaching grants.

The chairman of the Subcommittee on Medical Education for National Defense, Dr. Stanley Olson, reported that his committee had prepared a descrip-

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tion of the MEND program in five medical schools and that copies of this had gone out to all medical schools. He also pointed out that letters have recently gone out from the Army Surgeon General's office to deans of medical schools warning of the impending termination of medical ROTC programs.

Upon the request of Dr. John L. Caughey, chairman of the Committee on Public Information, that committee was authorized (a) to assume responsibility for the publicity and press relations of the 64th Annual Meeting, October 26-28, 1953; (b) to invite the National Fund for Medical Education to designate a member of its staff to sit with the committee as an ex-officio member to provide close liaison for the mutual advantage of the Association and the fund.

Dr. Walter Bloedorn, chairman of the Committee on Audiovisual Education, and Dr. David Ruhe, director of the Medical Audio-Visual Institute, reported on the work and future plans of the Institute. After much discussion it was decided to shift the emphasis in the Institute from film evaluation and film production and experimentation to the distribution and utilization of audiovisual materials of all types.

It was voted that on the basis of a visitation made May 18-21, 1953, the Council would recommend to the Association at its meeting October 26-28, 1953, that the two-year School of Medical Sciences of the University of Saskatchewan be voted into affiliate membership.

A report was received of a meeting held in New York City May 28, 1953, of the Liaison Committee on Medical Education with representatives of the Middles States Association of Colleges and Secondary Schools. Approval was voted of a "Suggested Basis for a Cooperative Program between the Liaison Committee on Medical Education and the Middle States Association of Colleges and Secondary Schools." The secretary was instructed to send four copies of this document to all member colleges. It is expected that comparable cooperative plans may eventually be established with others or all of the six regional accrediting agencies.

Plans for the 1953 Teaching Institute on Physiology, Biochemistry and Pharmacology were discussed.

The secretary was instructed to make further revisions in the Constitution and By-Laws to be presented for adoption at the 64th Annual Meeting.

The secretary was requested to participate, with representatives of the Council on Medical Education and Hospitals of the American Medical Association, in the survey of the Irish medical schools, August 30 through September 6, if he is already planning on being in Europe at that time.

The secretary reported that up to the present time 36 American medical schools have submitted copies of their agreements with affiliated hospitals, and 63 foreign medical schools have submitted bulletins or other like materials in answer to the central office's recent request.

The secretary was authorized to have reprinted by the offset process a number of important articles recently published in the Journal of MEDICAL EDUCATION in order to make them available in one volume at low cost to medical schools, foundation executives, the National Fund for Medical Education, etc.

There was considerable discussion concerning the advisability of establishing individual membership in the Association as a means of increasing the usefulness and income of the Association. No definite action was taken but the consensus appeared to be that it would offer many advantages and should be under continuous consideration and study.

The secretary was instructed to write Mrs. A. C. Bachmeyer and Mrs. Reginald Fitz expressing the sorrow and sense of loss suffered by the Council in the deaths of Arthur Bachmeyer and Reginald Fitz.

October 21-24, 1953, Atlantic City

1. The Council confirmed the appointment of Dr. John McK Mitchell to represent the AAMC on the Planning Commission for the Conference on Mental Health to be held October 24-25, 1953, in Washington, D. C.

2. The resignation of Dr. Edward Turner was accepted as of October 1, 1953, since on that date he assumed the secretaryship of the Council on Medical Education and Hospitals of the American Medical Association.

3. The Council voted to cosponsor the Fourth National Conference on Health in Colleges with the American College

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Health Association, the National Tuberculosis Association and others. It is planned for May 5-8, 1954, at the Statler Hotel, New York City.

4. Two additional changes were made in the revised version of the Constitution to be submitted to the Association for adoption. These changes were made with the intent of (1) limiting affiliate institutional membership eligibility to medical schools in Canada or in present or former possessions of the U. S.; (2) leaving the decision as to time and place of annual meeting to the Executive Council since the problem of finding suitable hotel arrangements is becoming more difficult as the needs of the Association and its Teaching Institute become more specific and complex.

5. The Council gave its approval to an arrangement by which representatives of the Association and the Council on Medical Education and Hospitals of the AMA would make an evaluation of the University of Maryland's School of Medicine at the same time and in collaboration with the Middle States Association's evaluation of the whole university.

6. It was recommended that upon the basis of a visitation made October 5-9, 1953, the University of North Carolina's School of Medicine at Chapel Hill be voted into membership in the Association as a full four-year college of medicine.

7. It was recommended that the Association vote authority to the Executive Council to receive into affiliate institutional membership the University of British Columbia's Faculty of Medicine and the University of Puerto Rico's School of Medicine, provided the inspection of these schools planned for this year confirm the favorable findings made at inspections carried out at these schools last year.

8. The Council recommended that the 1954 Teaching Institute be held October 10-15; the 65th Annual Meeting October 17-20, both at the French Lick Springs Hotel, French Lick, Ind.

9. A school visitation schedule including 13 schools was approved for 1953-54.

10. The secretary was authorized to procure a full-time associate secretary.

11. The Council expressed its special appreciation to the Markle Foundation and the China Medical Board for their continued and generous support of the work of the Association.

12. The following Uniform Mechanics of Admission were recommended for all schools except those on quarterly or otherwise unusual registration plans:

Uniform Mechanics of Admission

(A) No acceptances will be made to students more than one year before the start of instruction in the class for which the application is being made.

(B) No deposit will be required before January 15 although acceptances may be offered and students may properly notify the institution of their acceptance of the offer before that time. Deposits made before January 15 will be refunded upon request made prior to January 15.

(C) The form of acceptance will be a simple declaration of intention. Because of the wide variation in the acceptance dates of different medical schools, some students will undoubtedly change their minds after agreeing to accept an early offer. Nothing unethical is implied when a student makes such a change.

(D) The size of the deposit required will not exceed $100.

(E) The medical school agrees to report promptly to the AAMC office the name of each student when he is *offered* a place in the class, and before he has had time to accept. Lists of applicants offered a place will be distributed to all medical schools. As soon as possible after January 15, the lists will designate those accepted students who are reported as having made a deposit.

13. The auditor's report for 1952-53 was accepted and approved.

14. Minor revisions in the 1953-54 budget were discussed and approved.

15. The reports of the Committee on International Relations in Medical Education and the Committee on Licensure Problems were given careful consideration. An *ad hoc* committee consisting of the president, president of the Executive Council, president-elect and secretary with the director of studies was appointed to study these reports further and to bring in recommendations for action at the February meeting of the Executive Council.

ACTION: The annual report of the Executive Council was accepted without revision.

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COUNCIL RECOMMENDATIONS

The following recommendations in the report of the chairman of the Executive Council were specifically voted upon and approved:

(1) That the School of Medical Sciences of the University of Saskatchewan be voted into full affiliate institutional membership in the Association.

(2) That the University of North Carolina's four-year School of Medicine be voted into full institutional membership in the Association.

(3) That in view of the favorable reports made as the result of recent visitations to these schools, the Council be empowered to vote the University of Puerto Rico School of Medicine and the University of British Columbia School of Medicine into full membership in the Association provided visitations completed during the year confirm the favorable findings of the previous visits.

(4) That a committee consisting of the president, vice president, chairman of the Council and secretary be authorized to employ an associate secretary.

REPORT OF THE SECRETARY AND EDITOR

DEAN F. SMILEY: The past year has been an eventful one for the Association and important changes and advances have been made in many of the Association's varied activities. So important are these changes that I find it necessary to report them under four chief heads.

I. The School Visitation Program

As you know, the various state licensing boards look to our Association and the Council on Medical Education and Hospitals of the AMA for accreditation of the medical schools of the country. Our two groups meet this responsibility by providing, through the Liaison Committee on Medical Education, for joint visitations, joint reports and joint decisions. This is a huge task and those of you who have served on a visitation team or been recently visited are fully aware of the details necessarily involved in making a thorough study of a modern medical school. I am not sure that you all appreciate the additional work involved in writing up the reports.

The main point I wished to make was, however, that this past year we experimented with two types of visitations—full surveys and what might be called limited objective visits, the former requiring five or six days, the latter only one to four days.

In the course of the year eight schools received full surveys and 10 schools received limited-objective visits. The program for 1953-54 calls for eight full surveys and six limited-objective visits. This program will only be possible if you deans, associate deans and assistant deans continue to be willing to donate your time to serve on these visiting teams.

Another important development in this area of accreditation is an exploratory arrangement which has been worked out with the Middle States Association of Colleges and Secondary Schools under which the Liaison Committee representatives will visit the medical school at the same time that that Association's representatives are visiting the University of Maryland to make an overall evaluation. If that arrangement proves practical, similar cooperative arrangements may be made with the other five regional accrediting agencies as recommended by the National Commission on Accrediting as a part of their effort to develop institution-wide accreditation procedures.

II. The Journal and Publications

In January 1953 the Journal began monthly publication and as of October 1953 assumed responsibility for the production of all Association publications, including the Annual Meeting *Proceedings*, the *Directory*, the booklet on "Admission Requirements of American Medical Colleges," and the booklet on "Fellowships, Funds and Prizes for Graduate Medical Work in the United States and Canada."

The Markle Foundation has given the Journal the financial means to continue to grow and improve over the next three years. It becomes now a matter of developing in that three-year period an interest on the part of readers, contributors and advertisers sufficient to guarantee continuity and self-support. The success of this plan hinges upon your willingness to support and promote the newly established individual memberships in the Association, the chief advantage of which is the yearly subscription to the Journal.

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The enlarged Editorial Board is doing a fine job of reviewing manuscripts and developing symposium issues. They are not as helpful in submitting editorials and soliciting articles as might be desired. Won't you all keep the Journal of MEDICAL EDUCATION in mind and send us an editorial or a suggestion for an editorial when a problem is "hot" in your mind? And remember we always need well written articles on important subjects in the field of medical education.

III. Assistance to Foreign Students

The extent to which the United States has become a mecca for graduate medical students from all countries outside the Iron Curtain has not yet received the recognition it deserves. The Institute of International Education listed 233 institute-related foreign doctors in the medical specialties and in public health undertaking graduate training in 126 American medical schools and hospitals in the academic year 1952-53. These represent only a select group of physicians who seek one or two years of specialty training and are committed to returning to their own countries, and they make up less than 10 per cent of the total of 2,751 foreign physicians in the United States at the present time.

Cooperating with the Institute of International Education, our Association this past year provided 153 of these selected foreign physicians with copies of our booklet, "Fellowships, Funds and Prizes Available for Graduate Medical Work in the United States and Canada," and through Dr. Leveroos of the AMA Council on Medical Education and Hospitals and through Dean Francis Scott Smyth, chairman of our Committee on International Relations in Medical Education, we gave further assistance in guiding them to residencies, fellowships or visiting scholarships that we hope will be suited to their needs. The list of applicants is steadily growing and it is apparent that the majority must be getting the type of training they came for. A new edition of the fellowship booklet is about ready for the printer. It will carry a foreword for foreign students which will make it very plain that we wish to limit our assistance to those who seek only one or two years of specialty training and are then definitely planning on returning to their own country to teach, to practice and perhaps do research.

IV. Revision of the Organizational Set-up of the Association

It has long been the feeling of many of the Executive Council members that the base of support of the Association was too narrow and should be broadened. With that idea in mind, the Council this year recommended to you a revised Constitution which will provide for the first time for individual and sustaining memberships as well as the previous institutional and affiliate institutional memberships. It is the hope of the Council that 10,000 or more of our medical teachers and others interested in medical education will eventually avail themselves of this opportunity to join the Association as an individual member, receive the monthly issues of the Journal and the yearly issues of the *Proceedings,* and through their $10 annual dues be willing contributors to the support of the services of the Association. Only when that is accomplished can the Association make any claim to serving all segments of the field of medical education and only then, incidentally, can the Association begin to stand on its own feet, supported by the contributions of those whom it serves.

A number of the foundations have been deeply interested in the work of the Association and they have evidenced that interest with generous grants. They cannot, however, be expected to continue indefinitely to contribute to an Association such as ours unless those whom the Association serves are willing to themselves provide the means of meeting the basic, annually recurring budget.

With this idea in mind the Council went over the Association's budget last May and reduced it to approximately $217,000 ($63,000 in support of the secretary's staff; $80,000 in support of the director of studies' staff; $56,000 in support of the Journal staff, and $15,000 in support of the MAVI staff). It is hoped that by means of vigorous and continued promotion efforts this budget can eventually be met by the following sources of income: $100,000 from individual memberships, $43,000 from institutional memberships, $20,000 from sustaining memberships, $20,000 from advertising, $27,000 from testing revenue, $7,000 from subscriptions and miscellaneous sources.

The realities of the situation are very plain. Every effort must be made to in-

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crease our individual and sustaining memberships. Until we can do that every temptation to increase our basic budget must be resisted. In the meantime we must continue to seek outside grants, both to fill the gaps in our basic budget in this interim period, and to provide for special projects such as research studies and teaching institutes.

In line with this general policy, efforts are being made to find new quarters for the central office outside the loop, in a lower rent area. It may well be that grant money can be obtained to provide an associate secretary who would devote the major portion of his time to the school visitation program. Such a project will certainly pay good dividends.

I know we will be accused of being too optimistic in our plans looking to self-support. I believe, however, that we should willingly accept the challenge. The opportunity which the Association has, to play a real part in guiding and promoting medical education in this country, is unique. Failure to visualize this opportunity in all its length and breadth would be a much more serious error than to be slightly too optimistic.

ACTION: The annual report of the secretary and editor was accepted without revision.

REPORT OF THE TREASURER

JOHN B. YOUMANS: During the past year the fiscal year of the Association was changed from September 1 to August 31 to July 1 to June 30. This, of course, is reflected in the annual financial report and audit. A full fiscal year's income is shown while expense figures cover only a 10-month period.

In essence, the report for the year shows that the general income, including *unrestricted* gifts and grants, but not special restricted grants, totaled $139,797.11 compared with $108,149.48 the previous year, or an increase of $31,647.63. Since the regular annually recurring income of the Association is almost altogether derived from dues of the member institutions, it is clear that the increase was in the category of unrestricted grants or gifts.

Income from investments totaled $2,441 or $13 less than last year, and a further decrease may be expected as the interest rates on short-term securities continue to fall.

The excess of income over expenses for the General Fund of the Association amounted to $82,251.40, compared with $14,845.05 last year. This excess again reflects the increase in income through receipt of unrestricted gifts and the decreased expenses due to the change in the fiscal year. Transfer of this excess to the General Reserves of the Association increased the balance of the Reserve Fund to $127,418.18. It is to be noted that from this reserve the amount of $13,982.86 must be appropriated to cover deficits in the operation of the Medical Audio-Visual Institute and Cancer Grant Project No. CS-9188.

Total assets as of June 30, 1953, totaled $269,070.82, including restricted funds, compared with $173,337.58 the previous year, the increase represented for the most part by restricted and nonrestricted gifts and grants.

Investments, including short-term securities, totaled $157,281.75.

Budgets for the current new fiscal year, not including budgets for restricted projects and studies, but including the Journal of MEDICAL EDUCATION, the Medical Audio-Visual Institute and the Committee on Student Personnel Practices, total $226,840, of which approximately $66,705 must be paid from reserves. Special restricted budgets will be provided for carry-overs and special grants.

It should be unnecessary to point out once more that the general income of the Association remains constant and that the very valuable special projects and studies, such as the Teaching Institute, are financed by outside funds. The recent change in the Constitution providing for individual and special institutional memberships is designed to aid in increasing the constant reoccuring income and the assistance of all in furthering these memberships is strongly urged.

Details of the finances are contained in the report of the auditors, Horwath and Horwath, printed on the following pages.

Your treasurer again expresses his thanks to all who have aided him in his work.

ACTION: The annual report of the treasurer was accepted without revision.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
Chicago, Illinois

Consolidated Balance Sheet as at June 30, 1953

Assets

CURRENT ASSETS		
Cash		
Petty cash	$ 100.00	
On deposit		
First National Bank of Chicago		
General	90,834.67	
Operating	11,000.74	
Bank of Montreal	1,864.54	
TOTAL CASH		$103,799.95
Accounts Receivable—Employees		81.05
Accounts Receivable—National Intern Matching Program, Inc.		212.36
Loan Receivable—National Intern Matching Program, Inc.		5,000.00
Deposit—United Air Lines		425.00
Prepaid Insurance		338.98
Postage stamps		455.11
Revolving film fund		1,476.62
		$111,789.07
Investments		
United States Government bonds—Series G—face value	$ 33,000.00	
United States Treasury bills—cost	124,281.75	
Total investments		157,281.75
TOTAL ASSETS		$269,070.82

Liabilities and Reserves

CURRENT LIABILITIES		
Federal income tax withheld from employees		$ 1,816.15
Federal retirement tax		538.56
Loan payable to the Committee on Student Personnel Practices		5,000.00
		$ 7,354.71
DEFERRED INCOME		
Membership dues income—1953-1954		125.00
RESERVES FOR RESTRICTED FUNDS		
Schedule A-1		134,172.93
GENERAL FUND RESERVE		
Balance September 1, 1952	$ 45,166.77	
Excess of income over expenses September 1, 1952 to June 30, 1953 Exhibit B	82,251.41	
		127,418.18
TOTAL LIABILITIES AND RESERVES		$269,070.82

Summary of Income and Expenditures for Year Ending June 30, 1953

	Income 1952-53	*Expenditures 1952-53*	*Balance June 30, 1953*
Secretary's Office	$139,797.11	$ 44,868.38	$ 94,928.73
Journal of MEDICAL EDUCATION	34,464.94	47,142.26	(12,677.32)
Committee on Student Personnel Practices	104,992.72	54,417.06	50,575.66
Medical Audio-Visual Institute	25,000.00	38,623.82	(13,623.82)
TOTAL	$304,254.77	$185,203.25	$119,203.25

Summary of Budgets for 1953-1954

	Grants	*Income Other*	*Total*	*Salaries*	*Expenditures Other*	*Total*
Secretary's Office	$ 70,000	$ 44,565	$114,565	$ 21,000	$ 41,840	$ 62,840
Journal of MEDICAL EDUCATION	—	39,970	39,970	21,000	35,000	56,000
Committee on Student Personnel Practices	—	5,600	5,600	45,000	35,000	80,000
Medical Audio-Visual Institute	—	—	—	19,000	9,000	28,000
TOTAL	$ 70,000	$ 90,135	$160,135	$106,000	$120,840	$226,840

To balance this budget $66,705 will be transferred from general reserves.

REPORT OF THE DIRECTOR OF STUDIES

JOHN M. STALNAKER: At the annual meeting in 1950, your Executive Council made the director of studies responsible directly to it, and this year you have made a revision in the Constitution to make the director of studies an officer of the Association. These changes can be interpreted as evidences of a recognition of the need for more pertinent information about many of the important issues confronting medical education today and the role the Association can play in helping to solve these issues. I have the privilege of serving as your first director of studies and present my third annual report.

Because the Committee on Student Personnel Practices outlines its work in progress, my two previous reports have been used as an opportunity for a few general observations, and this practice will be continued here. This report is a personal one. It has not profited by committee review.

In 1951, for example, an attempt was made to show why a study should be made of the central office of the Association—its most appropriate organization, staffing and financing—in order to

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provide the membership with needed services. The heightened activities of the committees, including the important work of the teaching institutes, have increased the load of work handled in the central office. An on-going study of the type proposed in 1951 now becomes almost essential. It is a problem to be faced by the new Executive Council.

If one will but review the past reports of the meetings of this Association, he will be impressed with the rapid growth which the Association has undergone in recent years. In five years the expenditures reported at the annual meeting have increased almost five-fold —from $50,000 to $225,000. The basic budgets for the year 1953-54, plus the available restricted project money, will total well over $300,000. Unfortunately, the hard money core or continuing annual income for the total Association activities is at this time only $85,000. If the Association is to maintain its activities at the present level, some means of insuring continuing grants or other income are essential.

The very rapid growth of the Association and the expansion of its activities, together with the lack of a corresponding growth in the dependable continuing sources of revenue, create problems in the areas handled by the director of studies. The development of an efficient and able staff to conduct the studies depends in part upon the stability and continuity of financial support. The work handled by the director of studies has been adequately supported, but steps need to be taken to develop continuing regular support, and efforts are under way to achieve this result.

In my 1951 report, I suggested also that the function of the official school visitations should be further analyzed. Can the procedure be adjusted to maximize the advisory service aspect of the accrediting function and to utilize the inspections as a means of acquiring and then spreading knowledge about what each school is doing? Recent developments on the national scene, in which all accrediting agencies have been under scrutiny, again direct our attention to the need for periodic review of the accrediting functions of this Association. There is a tendency for accrediting procedures to degenerate into policing functions which, while possibly necessary in a few cases, can lead to the encouragement of conformity to nonessentials. Visiting groups should encourage new attacks on unsolved teaching and curricular problems, describe methods in use at other schools, foster new outlooks, inspire enthusiasm for teaching and focus attention generally on what is happening to the student in his four-year period at the medical school.

An analysis of the costs of the various divisions of the medical schools is needed. As more and more individuals become interested in medical education and the support of medical education, we can no longer be satisfied with the explanation that the financial analysis is too complex for us to undertake.

There is not at this time appreciation of the values which can accrue to all medical schools from some reasonable uniformity in the details of admission practices and requirements since all schools attract to some extent from the same pool of applicants. More students are interested in medicine as a career than can be accommodated. Therefore, it is only sensible for a student to apply to more than one medical school. The student is understandably somewhat confused when he finds the wide variety of dates for making application and he learns that one school will take action on his application in September, while another delays until the following May or June. Medical schools quite understandably compete for able, well-rounded students. Such students may wonder why some schools act with such haste and bring pressures for early deposits. Let us hope that no one undertakes a study to show how many student deposits are forfeited purely because of conditions over which the student has no control. Eastern undergraduate colleges have seen wisdom in following a uniform policy in regard to acceptances, as have many but not all medical schools. Medical schools can wisely base their individuality on their distinction in teaching, in the quality of students selected, and their ability to experiment judiciously in improving the curriculum. Recognition of the plight of the applying student could be shown by reasonable uniformity by all schools in dates of notification of action on applications. The current competition for able students emphasizes the need for traffic

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rules which will help the applicant reach his goal without accident. Self-regulation through common agreement regarding both dates of requiring deposits and the size of the deposit would immediately strengthen the appeal of the medical schools to the undergraduate colleges and their superior students.

The Committee on Student Personnel Practices, although it has not to date completely succeeded in having all members of the AAMC agree to a uniform date for requiring deposits, has other activities under way to improve the relationship between the undergraduate college and the medical school. An "Admission Requirements Booklet," summarizing all requirements, has been prepared annually to assist undergraduate advisers in their work with students who are interested in medicine as a career. The colleges have been given a distribution of the scores of their students on the MCAT, a list of their students applying to medical school along with a report of what happened to their applications, and a list of their students in medical school with a report of their success. Such information is of value to the undergraduate colleges and is stimulating their interest in the medical school problems. Proper utilization of such information will eventually result in a better relationship between the "feeder" institutions and the "consumer" professional schools. The regional conferences held by some medical schools for college representatives have been productive of an improved relationship between medical school and college, and make the work of the committee more effective.

After participating in two institutes on psychiatry and one on preventive medicine, the AAMC held in 1953 its first teaching institute, one on physiology, pharmacology and biochemistry. A series of teaching institutes is planned in which invited teachers in related disciplines come together to exchange experiences and discuss the significant issues of teaching and the learning processes of the medical student. These teaching institutes—really the best type of national faculty meeting—will have an important influence on medical education. The director of studies is serving as general secretary to the various committees concerned with these institutes. While the work involved in preparing for an institute is much greater than may appear on the surface, the work is opening up new areas in which the Association can be effective in encouraging the improvement of teaching and in influencing large numbers of teachers.

Your director of studies has undertaken activities in several areas—work with the CSPP, work with the committees in preparing for the teaching institutes, work in handling the heavy operations for the intern matching program for the NIMP, and minor work in connection with certain committees of the Association. In addition, by permission of the Executive Council, the director of studies has devoted half-time during 1952-53 to certain studies for the Ford Fund for the Advancement of Education. During 1953-54, this released time from the Association will be spent directly with the Ford Foundation itself. The work concerns certain educational problems involving in part corporate giving to educational work, and in part means of locating and encouraging able students to continue with their education. That these several Association tasks can be handled on a half-time basis reflects the high quality and devotion of the assisting staff.

Work with the Educational Testing Service, the research activities of the College Entrance Examination Board, and certain minor committee or consulting assignments with the National Science Foundation, the National Research Council, the American Psychological Association and the Psychometric Corporation and Society, all help to keep your director of studies in touch with current developments in the research and operational areas pertinent to his work with the Association.

ACTION: The report of the director of studies was accepted without revision.

REPORT OF THE DIRECTOR OF THE MEDICAL AUDIOVISUAL INSTITUTE

DAVID S. RUHE: This second annual operational report of the director of the Medical Audiovisual Institute is delivered in conjunction with the summary report of Dr. Walter A. Bloedorn, chairman of the Committee on Audiovisual Education, which concerns the policies governing the Institute functions.

The Institute's broad program, de-

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signed to function in all the basic areas which may create support for medical school education, has operated effectively in its six fields of information and cataloging, consultation and liaison, distribution and utilization, curriculum integration, experimental production and training.

Information and Cataloging: In its pursuit of the establishment of improved national sources of information on medical audiovisual aids, the Institute has continued in its former efforts.

1. The Journal of MEDICAL EDUCATION has provided a convenient and effective monthly outlet for study articles, news notes and brief evaluative reviews of motion pictures and filmstrips. The staff of the Journal has been most helpful in this constant task of audiovisual journalism.

2. The Institute has continued to supply leadership and a major share of the work in the collection and preparation of data for Library of Congress reference cards on medical films and filmstrips. To date the Cooperating Medical Film Agencies being coordinated by the Institute in their supply of data to the library include the American Medical Association, the Academy of Ophthalmology and Otolaryngology, the Wistar Institute of Anatomy and Biology, the American Veterinary Medical Association, the American Hospital Association, et al. From all sources, approximately 700 medical cards have now become available to subscribers through the Library. "Library of Congress Cards—How Do We Use Them?" (JME, May 1953; JEF) reports on the service and its implications to medical users.

3. Spring and fall *Newspouch* mailings of collected medical audiovisual reprints have been sent to the medical school AV coordinators and to selected others.

4. Evaluative reviewing of 22 films under the continuation of the National Heart Institute grant (HTS-5020 [C]) has been completed for preliminary publication. The third and final year of the survey and analysis will begin in late fall. Volume one of the study has been duplicated in complete form and distributed to medical reference libraries. In abridged form as a small book it has been published jointly with the American Heart Association under the title: "Films in the Cardiovascular Diseases."

The volume, "Films in Psychiatry, Psychology and Mental Health," which is the summation of one segment of the Institute's film evaluational studies, was published by the Health Education Council in September. The volume includes four analytic papers on the observations deriving from the study.

Miscellaneous limited evaluative reviewing has been continued in behalf of the circuits program selection, and with the Committee on Visual Instruction of the American Society of Parasitologists.

Consultation and Liaison: The actions of the Institute in seeking to assist medical schools and medical organizations toward better audiovisual concepts and practices have again been extensive. A separate detailed report on consultations has been prepared for the Committee on Audiovisual Education. In sum, the Institute has continued to provide expert consultation within its spheres of competence; 15 schools, 18 medical agencies and six individuals of miscellaneous groups have been officially served during the work year.

In its interorganizational activities the Institute has been very active. It has taken a major role toward developing a formal association among the many medical agencies which have operating audiovisual functions; four informal meetings are culminating in a November 20-21 assembly whose objectives are to create increased knowledge of work done by each organization and to create common sources and exchange of descriptive and evaluative information. Dr. Foster has taken an active role in the UNESCO conference on uniform international sources of motion picture and filmstrip information. As corresponding member, Dr. Ruhe has continued active support of the development of the International Scientific Film Association; the International Scientific Film Association's two journals have reprinted much audiovisual material from The Journal of MEDICAL EDUCATION. The staff has participated in meetings of the Biological Photographic Association, the Association of Medical Illustrators, the Medical Librarians' Association, the Conference on Preventive Medicine, the American Public Health Association, the American Academy of Pediatrics, the American Physiological Society and the National Education Association.

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Medical school liaison effort has increased. Prof. Thomas S. Jones, of the University of Illinois, has continued his consultant services in visits to the southwestern medical schools. Dr. Foster and Dr. Ruhe have visited a high percentage of the schools in behalf of the establishment of the circuits program, but also with concern for other audiovisual problems. A portion of this work is summarized in "A Report on Visits to Medical Schools" (JME, June 1953; TSJ).

The creation of medical school audiovisual coordinators has been of increasing assistance in developing better two-way relationships between Institute and colleges.

Distribution and Utilization: In its development of a pipeline for delivering audiovisual materials quickly and cheaply on demand, the "film publication" program has been permitted to grow at a rate dictated by the availability of new films and by the limitations of money in the revolving fund. Continued study of the proper rationale for solving the special requirements of medical film distribution is under way. Collaboration continues in the selection of medical film acquisitions for the library of the New York State Department of Health and New York State Medical Society.

The first year of the medical audiovisual preview circuits for the medical schools of the United States and Canada is discussed in "Report on Audiovisual Preview Circuits for Medical Colleges" (JME, July 1953; JEF). The new 1953-54 program is already under way, and features short short films. Study continues on the factors which support or detract from this valuable program.

Professor Jones has proceeded far towards the collection and synthesis of data concerning the audiovisual design of classrooms and staff rooms; this data, assembled in collaboration with a consulting architect, is shortly to be published.

Curriculum Integration of Audiovisual Materials: The Audiovisual Committee has stated a policy of relative concentration by the staff upon three areas within the medical curriculum: cancer, cardiovascular diseases, and preventive medicine. Work has continued, therefore, with the Audiovisual Committee of the Coordinators of Cancer Teaching (in the medical schools). The study reported above comprises the work in cardiovascular films. And cooperation at several points is being maintained with the Conference of Professors of Preventive Medicine.

Experimental Production: During the year the dominant project has been the second stage of production of short short films, a project supported by the National Cancer Institute, Public Health Service. Four articles which report the progress of the study were published under the title: "The Short Motion Picture in Medical School Classroom Instruction" (JME 28:2, pp. 49-84, February 1953; DSR et al). Almost 40 short film units have been or are being completed under this grant, a number of which will be seen on the circuits program. Dr. Norman P. Schenker and Dr. V. F. Bazilauskas are responsible for actual production for the project.

The Georgia maternity project film, "All My Babies," has been completed by George C. Stoney for the Institute under contract with the Georgia State Department of Health; the film is being widely used in support of home delivery services.

A film designed for experimental group psychotherapy with student nurses has been produced by Dr. Floyd S. Cornelison Jr., as a training project with Boston University School of Nursing; "The Cap" is close to completion. Two other projects are also being carried through by Dr. Cornelison: an experimental film study in schizophrenia, and tape recordings of psychotherapeutic sessions, for authentic film reenactments.

Training and Personnel: Floyd S. Cornelison Jr., M.D., has continued his fellowship with the Institute during his psychiatric residency at Boston University, and has completed all but the thesis requirements for his M.A. in (AV) Education.

Adolf Nichtenhauser, M.D., and Sanford Franzblau, M.D., have been responsible for reviewing cardiovascular films.

Mrs. Herta Prager, lawyer and librarian, has assisted in the handling of Library of Congress film card data.

Dr. J. Edwin Foster has assisted at Syracuse University summer session, teaching audiovisual utilization.

Dr. Ruhe has been appointed assistant professor of preventive medicine at the University of Illinois College of Medicine, and has assisted in the curriculum

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analysis and revision under way at that school, with particular reference to audiovisual methods and materials.

Audrey Skaife and Mrs. Ingrid Nelson have taken a high degree of initiative in the effective operation of the varied Institute endeavors.

Administration and Finances: The consolidation of the Institute with the Association proper has been helpful in gaining clerical and accounting efficiencies. The assistance of the administrative staff and the treasurer have fostered operational smoothness.

Financial support has derived from the China Medical Board, from the Association and from miscellaneous earnings of the Institute.

Conclusions: Within the limitations of its resources, the Institute appears to have contributed significantly to a better understanding of the ways and means whereby audiovisual tools may help meet the changing demands of medical education.

ACTION: The report of the director of the Medical Audio-Visual Institute was accepted without revision.

Reports and Recommendations of Committees

REPORT OF THE COMMITTEE ON AUDIOVISUAL EDUCATION

WALTER A. BLOEDORN, chairman: The Committee on Audiovisual Education has again concerned itself primarily with advancing the program of the Medical Audiovisual Institute. This committee report amplifies the report of the director, and relates the specific actions of the committee.

The committee has held two meetings, in November and February; and throughout the year liaison has been maintained between the committee and the Institute staff. The committee has again, as a guiding principle, stressed the development of wider and more direct services by the Institute to the medical colleges.

Institute activities have been increasingly directed toward development of distributional mechanics, approaches to improved utilization within the schools and better sources of audiovisual information. To this end the committee, with the Executive Council and staff, has affirmed the emphasis upon utilization activities in accordance with the limitations of a basic budget reduced to $25,000 for the fiscal year 1953-54.

The committee has affirmed and advised on the six principal aspects of the Institute program:

(1) Development of the preview circuits and film publicational programs.

(2) Systematic visits by the staff to as many medical schools as possible within each year.

(3) Supply of motion picture card data to the Library of Congress.

(4) Supply of selected information to the Audiovisual News Section of The Journal of MEDICAL EDUCATION.

(5) Intensified study of classroom and staffroom physical design, equipment and operation.

(6) Maximum development and promotion of the short short films concept of motion picture production and utilization for the medical schools.

As a result of interest and support in cancer, cardiovascular diseases and preventive medicine, these areas have received a considerable proportion of the Institute's efforts. It is hoped that support in other special areas of medical education will permit increased activities.

The Committee is of the opinion that audiovisual aids are essential and fundamental and will become increasingly important to medical education.

ACTION: The report of the Committee on Audiovisual Education was accepted without revision.

J. Edwin Foster was introduced as the new director of the MAVI beginning December 1, 1953. President Darley voiced the appreciation of the Association for the five years of valuable service Dr. Ruhe has given the Association. He also thanked the Public Health Service for their loaning Dr. Ruhe to the Association throughout the period of establishing the MAVI.

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REPORT OF THE COMMITTEE ON CONTINUATION EDUCATION

The annual report of the Committee on Continuation Education (George N. Aagaard, chairman) was not read since it was in the hands of each participant in the meeting in mimeographed form. The report follows:

The Association of American Medical Colleges is keenly interested in continuation education of physicians. At the time of graduation, the young physician has only an introduction to the scientific knowledge in a field which is rapidly changing due to the impact of widespread and intense research. The graduate of today may be hopelessly out-of-date within a few years unless his education is a continuing process. The magnitude of the opportunity for continuation education is emphasized by the fact that there are at present in the United States more than 150,000 physicians engaged in private practice. Each of these physicians should continue his education over a period which might average 30 years from graduation to retirement.

Medical schools are interested in the continuing education of all professional workers in the health field including nurses, medical technologists, x-ray technologists, physiotherapists, occupational therapists, medical social service workers and others. These professional workers in paramedical fields also need to keep abreast of the progress of medicine. The medical schools can and should participate.

Types of Continuation Education Activities

Many different types of continuation education activities have already been undertaken by medical schools and professional organizations. These activities may be considered in two large groups: intramural, those taking place on the campus of the medical school or at the medical center; and extramural, those which are presented outside the campus at more or less distant points. Such a classification is not entirely satisfactory, since there are some activities which have both intramural and extramural phases. Publications such as medical school bulletins or journals and radio, TV and motion picture productions, originate on the medical center campus and have their greatest utilization outside the campus, and illustrate this dual type of activity. A list of the different types of courses is presented below:

Intramural

Single session (lecture or conference, rounds)
Series of sessions, (part-time) long
Organized course, full-time) short
Consultations by faculty members
Publications and correspondence
Radio, TV and motion picture productions
Single lecture
Series of lectures (not full-time)
Organized course (short-long, part-time)
Consultations by faculty members

Extramural

Informal visits of physicians et al to medical center
Bulletins, journals and other publications
Courses for auxiliary groups—nurses, etc.
Advice re programs, courses

It should be emphasized that many medical schools make significant contributions to continuation education programs of other organizations by acting in an advisory capacity. Such advice given to planning committees of county or state medical organizations, hospital staffs, and the like may be concerned with subjects, speakers and techniques of presentation.

Conditions Necessary for Success

Careful planning by a staff member who is keenly interested in this phase of medical education is essential if a successful program is to result. The individual responsible for these programs should have sufficient time free of other responsibilities and should be able to call, whenever necessary, upon medical school colleagues for advice concerning subject matter and selection of faculty members best equipped by training and experience to present special subjects. The many necessary details that must be attended to in order to produce a successful program or course are attested by the following partial list of activities: selection of major and minor subject areas; invitation of teachers to present the various aspects of the subject; provision of classrooms, clinics, or other work facilities and necessary audiovisual aids and other tools for the teacher; announcement of courses—proper publicity, establishment and collection of fees, payment of honoraria for faculty members, cooperation with sponsoring organizations, and the publication and

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distribution of abstracts and outlines of the presentations.

Stimulating and experienced teachers must participate in continuation courses if these activities are to succeed. The administrators of these programs must not insult the audience of physicians by sending them teachers who are inexperienced, inadequately trained, or poorly prepared to present the subject. In addition to being well qualified in the field both as a scientist and as a teacher, the faculty member must have a real interest in participating in the continuing education of practicing physicians. He must have a respect for his physician students, an understanding of the task which they are attempting, and a realization of the difficulties which they encounter. He must recognize that in many instances they lack an opportunity for contact with medical centers and for personal study. Medical schools must strive to attain the same high standards of teaching in continuation courses that they attain in undergraduate courses.

Courses should be organized to assure the greatest possible *student participation.* When subject matter, faculty and facilities permit, instruction with small groups in the outpatient clinic or on the hospital wards should be utilized. The physician-student should be made to feel that he is in the familiar role of the physician obtaining help from a consultant. The attitude of talking down to the student must never be felt or expressed by the teacher. The physician-student should be motiviated by a sincere desire to increase his understanding of the art and science of medicine and to increase his capacity to serve his patient and to increase his enjoyment of rendering that service.

Subjects must be presented because they are timely and significant to the physician audience. If topics and teachers are selected because of the special interests of the teacher or to stimulate the growth of a consultation practice, or to build prestige for the faculty member, declining attendance figures will soon result. Many methods are available to gain information concerning the practicing physician's ideas regarding his own needs in continuation education. Faculty members in close contact with physicians as consultants also can, from their experience, give advice as to those areas in which the physicians are especially in need of help.

Adequate facilities must be available. These will vary with the type of course being presented. In some instances it may be necessary to have access to patients for demonstration. Audiovisual aids may be necessary and may range from a simple blackboard to a motion picture projector or color television equipment.

Availability to prospective physician-students is essential. This, of course, will vary considerably from one part of the country to another and within the same state and county. It is important that a sufficient number of physicians will be able to attend to justify presentation of the course. Where distances for faculty members to travel are great and numbers of attending physicians are small, it becomes difficult to hold the interest of the faculty and to receive their continued participation.

To be successful, a continuation program must have *the cooperation of interested professional groups.* It must also be coordinated with and integrated into existing continuing educational activities, whether within the medical school or outside of it.

Adequate financial support is, of course, essential. It has been demonstrated in several medical schools that physicians are willing to pay the costs of continuation education. Certainly it is true that the medical schools, already overburdened as they are with financial problems, should not be asked to conduct or participate in programs of continuation education which further deplete already inadequate funds. A variety of techniques have been used to finance continuation courses.

Relationships of Continuation Education

Through a program of continuation education the medical school has an opportunity to relate itself to its graduates throughout their professional careers. Such a relationship results in benefits to the physician-graduate and to the medical school. Continuation education also provides an opportunity for the medical school to work closely with local, state and national medical societies, hospital staffs, health departments and other related groups.

Due to many different factors, there is

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a wide variation in the degree to which medical schools at the present time have assumed responsibility for continuation education. Regardless of the extent to which medical schools are at present accepting responsibility for the preparation and presentation of such programs, it seems essential that medical schools should provide leadership in this field. Appropriate members of medical school faculties should participate in all phases of planning programs in which the medical school is asked to participate. There is no need for competition to arise between medical schools and professional societies which are interested in participating in continuation education. This is a field which requires the cooperation and participation of many people with varied backgrounds and talents.

It is important to reemphasize that adequate financial support must be provided for continuation education. These activities must not impose a further financial burden on the university. It must also be emphasized that at present many medical schools bear the cost of administration, faculty salaries, production of such audiovisual aids as lantern slides and motion pictures, and the maintenance of classroom facilities. Wider recognition must be obtained of the fact that these costs are as real as the honoraria and traveling expenses of the faculty participants and that they should be paid by tuition fees for the courses presented.

The program of continuation education affords undergraduate faculty members an opportunity for contact with their graduates after they have left the environment of the medical school to go into the active practice of medicine. Such contacts can be of great benefit to the faculty member and may from time to time result in modification of undergraduate teaching. However, participation in continuation education should not be imposed as an additional burden on an already overworked faculty in either the basic or clinical medical sciences. In most instances the medical school faculty may have to be strengthened as the continuation program grows. Except for a few large metropolitan centers, the number of physicians who can be reached and the size of the continuation program which they can support, as well as the financial structure of the university, require that continuation education activities be a part of the activities of the undergraduate medical school. However, in a few areas the scope of the program and the demand of physicians for educational opportunities may require the establishment of a special postgraduate school of medicine.

Future Opportunities in Continuation Education

The future of continuation education is unlimited. New techniques of communication such as color television may vastly increase its potentials and may extend the influence of the medical school to areas now beyond the reach of a continuation program. Many problems exist, however. One of the greatest of these is the need for some method of evaluation of present accomplishments. It is essential that we evaluate the various techniques now being utilized. Such an evaluation will be difficult to plan and conduct and will require widespread cooperation, participation and support.

Continuation education presents a great challenge and opportunity to the Association of American Medical Colleges and to its constituent medical schools.

This committee recommends:

1. That the Association of American Medical Colleges take steps to set up and conduct an evaluation of the effectiveness of one or more of the forms of continuation education.
2. That the Association of American Medical Colleges encourage its member colleges to provide leadership and assume responsibility in this important field of medical education.

ACTION: The report of the Committee on Continuation Education was referred to the Executive Council for action on its chief recommendations at its February meeting.

EDITORIAL BOARD

Lowell T. Coggeshall, chairman, reported briefly on the year's work of the Editorial Board.

REPORT OF THE COMMITTEE ON FINANCIAL AID TO MEDICAL EDUCATION

VERNON W. LIPPARD, chairman: The problems of financing medical education are well summarized in the report of the President's Commission on the Health Needs of the Nation and Dr. Darley's article, "The Financial Status of Med-

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ical Education" *(Jour. Med. Ed. 28, 11, 1953)*. This report deals with efforts made during the current year toward solution of some of these problems on a national basis.

Ballot on Federal Aid

In 1949, a ballot of the member schools indicated that with few exceptions they were in favor of supporting legislation which would provide federal aid for operating expenses. During the intervening four years, it became evident that more division of opinion was developing. The policy of the committee has been that it should appear before Congress with assurance that it was speaking for the majority. Therefore, on May 5, 1953, another ballot was distributed with the request that the vote registered represent the opinion of the governing body of each institution. The results of this vote are as follows:

(1) Do you favor federal legislation providing grants for operating expenses of medical schools, assuming that independence in local management and freedom in selection of students is assured?

Yes 45
No 32
Not Answered 2

(Some of both the affirmative and the negative votes were conditional.)

(2) Do you favor federal legislation limited to grants for construction of medical school facilities along the lines of the Hill-Burton bill?

Yes 53
No 23
Not Answered 3

(3) Do you favor continuation, at their present level, of the Public Health Service teaching grants to medical schools?

Yes 74
No 3
Not Answered 2

(4) Do you favor continuation, at their present level, of the Public Health Service research grants to medical schools?

Yes 71
No 6
Not Answered 2

It is apparent that the overwhelming majority of schools recognize the significant contribution to the advancement of medical science and education which is being made by federal grants for research and instruction in limited areas and favor their continuation.

A substantial majority favor federal grants for construction to relieve the serious overcrowding and to overcome the inadequacy of facilities for both instruction and research which exists in many schools.

A definite majority favor federal grants for operating expenses, although there is more division of opinion than there was four years ago. This subject should be discussed at the hearing of the committee and the apparent contradiction in the votes of some schools clarified. The question which we shall have to answer is, "Why should you favor teaching grants in limited areas, such as cancer and psychiatry, and oppose grants which could be used to strengthen the educational program of the school as a whole?"

Federal Legislation

The two bills on federal aid to medical education presented to the 83rd Congress which have received most attention are S.1153 and S.461. The former is along the lines of S.337 of the 82nd Congress and a copy has been mailed to the dean of each school. The latter provides for an emergency five-year program of grants and scholarships for postgraduate education in the field of public health and has been supported strongly by the schools of public health. Due to the reluctance of this Congress to enter upon new areas of expenditure of federal funds, it seems unlikely that action will be taken on either of these bills.

The schools rallied actively to support appropriations for continuation of research and teaching grants at current levels and probably had considerable influence.

National Fund for Medical Education and American Medical Education Foundation

The National Fund for Medical Education and the American Medical Education Foundation continued their efforts to obtain funds for support of medical education by voluntary contribution and in July had distributed a total of $1,944,151. Of this amount, $1,044,602 represented the contribution of the profession and $899,549 the contribution of industry.

An encouraging event in the development of the National Fund was a favorable decision in a law suit in New Jersey

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in which the right of a corporation to contribute funds to a nonprofit organization for educational purposes was contested.

Committee on Institutional Research Policy of the American Council on Education

This committee, under the chairmanship of President Virgil M. Hancher of the University of Iowa, has been active during the year in exploring the problems raised by the increasing volume of sponsored research conducted in colleges and universities. A preliminary report was published in February 1953, and the chairman of this committee met with the ACE committee to discuss it. At that time, they were inclined to advocate full reimbursement for indirect costs of research financed by foundations, industry or government agencies.

Their report should be of considerable interest to the schools because it advances some sound principles for guiding the development of research programs. Copies may be obtained from the American Council on Education, 1785 Massachusetts Ave., N.W., Washington, D.C.

ACTION: The report of the Committee on Financial Aid to Medical Education was accepted without revision.

REPORT OF THE COMMITTEE ON GRADUATE MEDICAL EDUCATION

KENDALL B. CORBIN, chairman: The Committee on Graduate Medical Education was formed from the Graduate Section of the Committee on Continuation Education at the 1952 fall meeting of the Association of American Medical Colleges.

The committee held its first meeting in Chicago on Sunday afternoon, February 8, 1953. Most of the time was devoted to a discussion of the term "graduate medical education" and the following definition was accepted:

GRADUATE MEDICAL EDUCATION is defined, for the purpose of this committee, as organized full-time post-internship training in the clinical specialties (including the clinical laboratory sciences), which prepares the physician for specialty practice and which may or may not qualify him for an advanced degree.

The majority of the committee believe that the term "graduate medical education" should include residency and fellowship programs, but that it is not intended to include short refresher courses, or symposia designed, for the most part, for the general practitioner; the latter short-term courses constitute postgraduate or continuation education. The importance of graduate medical training as a significant part of medical education is pointed up by the observation that over half of those now completing medical school are entering specialty training programs of from two to four years' duration and leading to American board qualification. Thus, the period of time spent in graduate or residency work is often the equivalent of that devoted to undergraduate medical education.

The Executive Council of the Association asked that this committee "determine what advanced degrees are given in American medical schools for graduate work done in medicine." Consequently, a questionnaire was submitted to all American medical schools and the resultant information summarized. All but seven schools replied; however, an attempt was made to obtain information regarding the graduate program in these seven institutions from their school bulletins.

Of the 72 four-year medical schools in the United States, 31 offer individuals holding the M.D. degree the opportunity to earn an advanced academic degree in one or more clinical fields (see table 1, page 48). Most schools, including those offering only the first two years of medicine, provide opportunities for graduate work in the preclinical basic sciences; this aspect of graduate work .was not investigated. One school offers graduate clinical work only in industrial medicine, another only in surgery, others limit themselves to a few of the specialties and 21 offer degrees in most of the clinical specialties.

The medical schools providing graduate training in clinical fields do so, for the most part, through the graduate school of the sponsoring university; the graduate school office keeps the records, arranges for the program and grants the degree. In most of these schools, the student's program is directly supervised by senior members of the major clinical department who are also on the graduate school faculty.

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The degrees offered vary from school to school. In 16 of 31 schools offering graduate degrees in clinical fields, the major field of specialization is designated on the diploma; i.e., Master of Science in Surgery, Pediatrics, etc. Other degrees offered are Master of Science, Doctor of Philosophy, Doctor of Industrial Medicine, Doctor of Science, Master of Science and Doctor of Philosophy in Medicine, Master of Medical Science, Doctor of Medical Science, Master and Doctor of Public Health. Certain schools grant the Master's degree in clinical fields but reserve the doctorate for the basic sciences.

Most schools require the M.D. degree and completion of an internship as the basic requirements for admission to graduate study in a clinical field. Some schools also require that the candidate have the baccalaureate degree.

The requirements for a graduate degree in a clinical specialty vary so widely that only brief generalizations will be made here. For the details of the graduate program of any specific school, its graduate bulletin or dean's office should be consulted.

A. Duration

From one to three years' attendance is required to qualify for a graduate degree in a clinical field, the majority of institutions requiring three years. In most instances, a minimum of six months of this time must be spent in a basic science laboratory or in a so-called basic science course. Although it was not always possible to determine from the information given, it appears that most schools offering graduate degrees in clinical medicine do so with the assumption that the clinical training provided by a board-approved residency or fellowship constitutes an integral part of the work for the degree.

B. Thesis

Almost without exception, a thesis must be submitted to qualify for an advanced degree in clinical medicine. In over half of the institutions granting degrees, this thesis must consist of the results of laboratory studies made personally by the candidate. Others permit, in varying degrees, purely clinical studies to be utilized as thesis material.

C. Examinations

Most schools require the successful completion of either or both oral and written examinations covering both the laboratory and clinical fields before the awarding of an advanced degree in clinical medicine.

In summary, approximately 43 per cent of American four-year medical schools, usually through the graduate school of the sponsoring university, offer graduate physicians training in clinical departments leading to advanced academic degrees. Most graduate clinical programs include practical clinical training, as well as experience in a basic science laboratory. A thesis is usually required, covering investigative efforts in a basic science field and examinations, supervised by the graduate faculty, are generally a requisite.

From some of the comments made by those answering the questionnaire, it is obvious that opinion is divided regarding the desirability and justifiability of awarding advanced academic degrees for the practical training usually included in a residency or a fellowship program. Much time might be devoted to a further discussion of the relative academic worthwhileness of a clinico-laboratory apprenticeship versus a purely academic program, and of the proposition that advanced work in medicine may be as scholarly and as erudite as graduate work in any other field, even though the graduate physician spends the majority of his time in purely clinical studies.

For a clinical program to qualify as graduate education it should meet the same standards as are required of graduate courses in other fields. Such criteria may be listed as:

1. Admission limited to superior candidates who have completed approved undergraduate training courses in the requisite fields and who have exhibited evidence of ability, industry, curiosity and perseverance.
2. Adequate physical facilities to provide ample opportunity to review established principles and to carry out worthwhile investigations. Such facilities, in the case of graduate medical education, include modern, well-equipped laboratories, adequate clinical material and easy access to a good medical library.
3. A faculty of recognized author-

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TABLE 1

SCHOOLS OFFERING ADVANCED ACADEMIC DEGREES IN ONE OR MORE CLINICAL SPECIALTIES TO GRADUATE PHYSICIANS

Baylor University College of Medicine
University of Chicago School of Medicine
University of Cincinnati College of Medicine[1]
University of Colorado School of Medicine
Columbia University College of Physicians and Surgeons
Creighton University School of Medicine
Georgetown University School of Medicine
Medical College of Georgia
University of Illinois College of Medicine
Indiana University School of Medicine[2]
State University of Iowa College of Medicine
University of Kansas School of Medicine
Marquette University School of Medicine
College of Medical Evangelists School of Medicine
University of Michigan Medical School
University of Minnesota Medical School[3]
University of Nebraska College of Medicine
New York Medical College
New York University College of Medicine[4]
Northwestern University Medical School[1]
Ohio State University College of Medicine
University of Pennsylvania School of Medicine[5]
University of Pittsburgh School of Medicine[6]
St. Louis University School of Medicine
University of Southern California School of Medicine
Temple University School of Medicine
University of Tennessee School of Medicine
Tulane University of Louisiana School of Medicine
University of Virginia School of Medicine[7]
University of Washington School of Medicine[8]
Wayne University College of Medicine

1. Credit not allowed for clinical work.
2. Anesthesiology and psychiatry only.
3. Degrees also offered through Mayo Foundation, Rochester, Minn.
4. Graduate work in New York University Post-Graduate Medical School.
5. Graduate work in University of Pennsylvania Graduate School of Medicine.
6. Offers only Doctor of Industrial Medicine.
7. Limited program and may be discontinued.
8. Master of Science in Surgery only.

ities who have sufficient time to devote to graduate teaching.

4. The provision of adequate time for student body and faculty to study and pursue independent investigation. This should mean that a clinical residency which offers graduate training must provide sufficient free time for the graduate student to read, to review at first hand at least one of the preclinical basic sciences, and to complete an independent piece of research to be reported in the form of a thesis or publication. Many feel that the graduate physician working for a degree in a clinical field should spend a minimum of six months, full-time, in a basic science laboratory.

5. A continuous and integrated teaching program, in which the graduate student not only is a recipient but also actively participates as a contributor.

6. The acquisition of a body of knowledge in the major and minor fields, assessed by examination at the completion of the graduate program.

The graduate programs reviewed today meet these criteria in extremely varying degrees.

Your committee has also carried out a preliminary survey of the openings in the various clinical specialties as indicated by the requests for physicians made to two of the country's leading medical personnel bureaus. These fig-

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ures will be submitted in tabular form when the committee's report is presented orally to the Association.

ACTION: The report of the Committee on Graduate Medical Education was accepted without revision.

REPORT OF THE COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

FRANCIS SCOTT SMYTH, chairman: In both this committee's report and the meeting of last year, concern was expressed regarding the large number of American students in certain European medical schools. Attention was called:

(A) To the relative ease of admission to many European schools, and

(B) The different standards in both the selection of students and direction of their experience and discipline

These two subjects are among those to be discussed at the World Medical Association meeting.

The timing of this report does not permit inclusion of pertinent information from the meeting in London of the World Medical Association. It is hoped that the meeting of the Association of American Medical Colleges in general, and this committee in particular, will hear not only from its delegates but from other attending members as well.

In some respects, the current problem of the American student in European medical schools resembles that which arose with the extramural School of Medicine in Edinburgh several years ago, though it is perhaps more extensive and involved. With a phenomenally increased interest in the biological sciences in our country, an abnormal number of applicants for our schools resulted in a large number of rejectees. Added to this, the veteran subsidy for education enabled a larger percentage to study abroad than could otherwise have afforded it.

What was easily anticipated was the pressure from this group of Americans in European schools to gain licensure in the United States. The large number of hospitals accredited for intern and/or resident training, and the relative scarcity of nondraft graduates from our own schools to fill these positions, creates a serious break in the dike. On the one hand, the demand of the military forces for medical personnel aggravates the shortage, and on the other hand many hospitals have become dependent on house staff for much of their service to patients. The variation in licensure laws between the states and the exemption of some hospitals from general rules regarding internship selection adds to the problem.

While it can be expected that the doctor draft will command the services of some of our Americans graduating from foreign schools, there may be instances where our own graduates are at a disadvantage in securing positions should there be a great influx from foreign schools.

The recent legislation in New York is indicative of the current trend. This legislation permits the hospitals to accept foreign graduates as interns without licensure. Thus, not only our own Americans graduating from foreign schools, but also foreign students themselves become eligible.

This committee has endeavored in the past to be of help in foreign medical education. While sympathetic with displaced persons, etc., it did not consider its function one of aiding the potential immigration of doctors from foreign countries. Indeed, effort has been directed to prevent the abuse of subsidies and exchanges of foreign students where immigration is likely to result, with loss of trained personnel to the foreign country involved.

In the State of California, the chairman was able to obtain the following legislation which, in his state, it is hoped will protect all interests:

"Physicians, with valid visitors' visas issued by the United States of America, who seek postgraduate study in an approved medical school either as a fellow, instructor, or exchange professor, may, after proper application to and approval by the board and receipt of an appointment from the dean of the approved medical school, be permitted by the board to participate in the professional activities of the department in the approved medical school to which they are appointed under the direction of the chairman of the department. Such permission granted by the board shall be for a period not in excess of one year, and must be renewed semiannually. Except to the extent authorized by this section, no such visiting

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physician may treat the sick or afflicted or receive compensation therefor or otherwise engage in or offer to engage in the practice of medicine and surgery."

At the present time, American medical schools are attempting to hold to a high standard of education and training. This is linked quite generally with concern regarding the excessive costs of maintaining the schools on an adequate budget. Hence, the present situation poses a threat to our own institutions, since we would in a sense compete with foreign federalized schools of medicine and/or with schools whose relative costs are much less and whose graduates are trained for a different social setting and economic medium. There is, then, the likelihood of Gresham's law (where two monetary systems exist, the cheaper money will drive out the dearer) undermining our own institutions.

In like manner, when consulted by the secretary of the National Board of Associated Research Councils, your chairman advocated that they not become involved in any *carte blanc* recognition of the hospital internship as a field of study for distinguished foreign scholars under their subsidy. Reference was made to the California legislation and they were urged to individualize such grants as may justify the hospital house staff area as a field of study. The chairman wrote as follows:

"As to classifying 'hospital interns' as advanced scholars, my reaction is one just short of alarm. Certainly, I would not consider the average intern comparable with such men as you have sent before.

"The internship is a hospital service year and is preparatory for practice in this country. At the present time, there are more internships available than we have graduates to fill. Hence, hospitals (except of course the outstanding teaching hospitals) are begging, seeking any who might fill the demand. As you can imagine, many hospitals make this service less one of education and at times sheer exploitation.

"I am alarmed by the recent legislation in New York State which will allow foreign graduates *carte blanc* admission to the internship. My whole thesis has been to aid foreign medical education. This legislation, I fear, will result in flooding our country with poorly educated physicians (by our standards). Recent years have seen many of our own nationals rejected by our medical schools, but who have been readily admitted to European schools. I strongly suspect the legislation was the result of pressure from this group, but it goes even further and permits the foreign students to fill these positions. Let me illustrate—under the recent government, Australia opened up the medical schools to enormous classes, any who wished to study and well beyond their facilities and faculties.* The result has been a surplus of doctors for their country and quite below our standards of preparation. These men are now seeking to emigrate. This situation finds parallel in certain European states.

"I believe the research councils would do well to exclude the hospital internship and continue a better differential for 'advanced scholars.' The only alternate would be to scrupulously screen both candidate and the hospital to which he would be assigned. Unless this is done, I believe you would become involved in one of the areas of confusion, pressure and, I fear, bitter debate."

That the problem has received some Congressional recognition is evidenced by the following from the AMA *Washington Letter,* dated July 17, 1953:

"The Senate Foreign Relations Committee has received assurances from State Department officials that in negotiating future bilateral treaties the administration will seek to write in exemptions for the professions, including medicine, from the most-favored-nation clause. A number of professional groups have been concerned over treaties that granted reciprocal rights for practice without regard to state licensing regulations. The issue came up during hearings on pending treaties of friendship and commerce with Japan, Israel, Denmark, Greece, Ethiopia and West Germany.

"One proposal drawn up by the Senate committee states that reciprocal national treatment would not be extended 'to professions which, because they involve the performance of functions in a public capacity or in the interest of public health and safety, are

*Exceptions are the University of Melbourne, Australia, and the universities of Otago and Dunedin, New Zealand.

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state licensed and reserved by statute or constitution exclusively to citizens of the country, and no most-favored-nation clause in the said treaty shall apply to such professions.' State Department officials said they would make every effort to negotiate such a reservation in future treaties and if the Senate desired, it could send the pending treaties back for renegotiation."

Because the role of the hospitals is so important in this question, your chairman sought and, at this writing, expects to talk with some of their officials at the San Francisco meeting of the American Hospital Association, scheduled for August 30-September 4. It is, of course, up to the professional staff of hospitals to control the intern appointments. It is also desirable that the Council on Medical Education and Hospitals should restrict, even backtrack, on the accreditation of hospitals for interns. The deficit is, of course, great in the municipal and state hospitals in the Hospital Council of New York City —so often are departments of mental health in other states.

As an approach not only to this problem, but also to training foreign exchange physicians, the Council on Education and Hospitals of the American Medical Association, with cooperation from some of our membership, has embarked on a program of accreditation of foreign schools. The following letter to the board of trustees of the American Medical Association states the position of your chairman:

"The Council on Medical Education and Hospitals has embarked on a program to accredit certain foreign schools of medicine. I fear that this may prove a futile and heart-breaking task.

"Unquestionably the plan was prompted by the best of motives but I think the techniques involved and the interpretation and pronouncements of the surveys and results will lead to confusion and misunderstanding.

"1. The techniques are those by which we compare the foreign school in curriculum, facilities and faculties with those of our own Class A medical schools. It is at once apparent that, thereby, we imply that the American model is the standard to be emulated by all foreign countries.

"At this time we are acutely aware that our costs are a serious problem at home. It is therefore apparent that many countries cannot afford the American type of school. Most foreign schools have developed to fit their own professional needs in their particular economic, social medium. This is often in marked contrast with the American medium. Nor do I think any American 'team' of educators, visiting for a *short* time, can adequately compare and make an adequate differential between two foreign schools referred to the American standard. And I doubt if we can afford the time and effort to devise techniques adequate for such interpolation. In the last analysis, I believe we must appraise the individual graduates rather than attempt accreditation. Do the foreign schools 'accredit' certain American schools? Are the bases for admission comparable? Are the licensure examinations comparable?

"2. Interpretation and use of such accreditation. There will obviously be bitter feelings on the part of foreign schools—many of which may enjoy a long historical reputation—which do not attain accreditation. I doubt if we can afford to become so involved by deigning to pass judgment on the basis of our 'survey.'

"The 'interpretation and pronouncements' from such an accrediting program may also confuse the status of those numerous American nationals who have gained admission to foreign schools of medicine. Many of these students have been rejected by our own schools and unquestionably expect to return for licensure and practice in this country. Easy terms for licensure and 'repatriation' will endanger the standards of our own institutions. By the same token, foreign students—especially from schools abroad which have lower standards for admission and which produce more doctors than are locally needed—will seek on the basis of 'accreditation' to enter this country for permanent residence.

"While I am heartily in favor of exchanges and of improving medical education on a global scale, I do not believe the accreditation program is the proper method of doing so. It is too likely to be interpreted in terms of licensure qualifications and lead to immigration rather than exchange."

This committee has previously urged some clearing-house or registration agency to better appraise the number

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of foreign students in the field of medicine. The task, however, is practically impossible to accomplish. For, while certain governmental agencies can account for those whom they subsidize, there is no simple method of estimating the number who come as individuals on their own efforts, or who have been sponsored by private agencies, church groups, etc.

From the Institute of International Education comes this additional information:

A total of 2,751 foreign students were in the United States for study in the field of medicine for the past academic year. Of these, a total of 281 were sponsored by the Institute of International Education—271 were graduates, nine were undergraduates or special students, and one was in a special field but without having obtained his M.D.

It is apparent that a far greater number of foreign students came to study medicine in this country through channels other than those related to federal programs. It would seem desirable to make every effort to obtain cooperation of *all* agencies in regard to aiding foreign medical education, rather than wholesale immigration of professional personnel. A wide variety of candidates from many parts of the globe have been placed in varying localities and fields for the study of medicine (for the most part, I believe, in the postdoctorate areas), and it is to be hoped with intent and techniques which will necessitate the return of such students to meet the obligations of their own country. It is to be hoped that some study or follow-up will be made to evaluate and perhaps advise or suggest methods to meet further the objectives and design of this program.

Not much progress can be reported in the development of regional liaison between foreign medical schools and appropriate schools in the United States. The affiliation between Washington University (St. Louis) and the medical schools in Thailand is now in its third and final year. The plans for a similar affiliation between Burma and the University of Pennsylvania have fallen through. Discussions regarding a contract between the University of Indonesia Faculty of Medicine in Djakarta and the University of California are still in progress. It is not yet certain that a contract suitable to the regents of the University of California can be agreed upon. While the actual problem of supplying a temporary faculty is not too difficult, the changes in both the Indonesian and the American governmental organizations (through which such liaison must be effected) prolongs and complicates these deliberations.

A new scholarship program for exchange in the field of medicine between North and South America has been organized under the direction of Alberto Chattas, with financial aid from some of the pharmaceutical industry and with an impressive roster of advisors and directors from the profession.

The United States Department of Public Health and the Pan-American Sanitary Bureau have been interested and concerned with some improved methods of dealing with the South American exchange program. For details regarding the program of the Pan-American and World Health Organization, the readers are referred to Dr. Myron Wegman. Much credit must be given the Kellogg Foundation for their efforts in this field.

The National Academy of Sciences, National Research Council, has announced a program for establishment of international relations centers for scientists and engineers. The Cooperative Research Foundation (CORE) and the California Academy of Science will initiate the first of these centers in San Francisco, August 31, at the Morrison Planetarium. "The center will seek to evolve an active program which will allow scientific and engineering groups in San Francisco to participate in this experiment in international relations."

In closing, attention should be called to the Foreign Student Advisors' Association. While a new organization, it is potentially a powerful one. It is recommended that a representative from the Association of American Medical Colleges be appointed to this organization, and that through such representation the problem of aiding foreign medical education (without fostering an influx or immigration of foreign professionals not fulfilling the policies of the AAMC), be made an active obligation of foreign student advisers.

It was apparent from both the committee opinion and yesterday's hearing that this report requires much more

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analysis and discussion. Two committee members felt that the committee would do well to confine itself to the area of the foreign student who comes for advanced training but who does not intend to stay. Others felt that all problems presented in the report would continue to be involved no matter how restricted the scope of the committee might be.

The hearing was honored by several of our guests. We were particularly pleased to have Dr. Southerland, professor of anatomy and dean of faculty at Melbourne, correct some of the implications in the report on page 50. For the record, the Australian schools are not federal but provincial. While the school in N.S.W. has taken, by court order, all qualified students who applied, and while hospital facilities for teaching were not adequate to meet this, Australia as a whole does not meet its own needs for doctors. They have none for export but are eager for exchange between faculties and for their young graduates to come for further training in the United States. The Conference of Residency Councils will be so informed.

We were also pleased to hear from our visitors from Thailand who expressed appreciation of our mutual interests and traditional friendship. Representatives of several of the foundations and federal agencies were in attendance and gave valuable comments and observations.

The chairman believes that the report, while provoking considerable comment and discussion, does not warrant precise recommendations at this time. He does, however, ask the Council to submit the report to special study from which it can be hoped to find suggestions, recommendations or solutions to the problems posed.

ACTION: The recommendations made in the report of the Committee on International Relations were referred to the Executive Council for action at its February meeting.

REPORT OF THE COMMITTEE ON INTERNSHIPS AND RESIDENCIES

JOHN B. YOUMANS, chairman: The establishment of the National Intern Matching Program, Inc. during the past year virtually marks the conclusion of that project of the committee. During the year, the committee has continued to answer inquiries, provide information, settle disputes and aid the matching plan to secure participation by both students and hospitals.

Following the proposal made to the committee at the last annual meeting in Colorado Springs by representatives of the University of Colorado School of Medicine, that the committee study the possibility of arranging for a separation of dates for the starting of internships and residencies, respectively, the committee has under way such a study in cooperation with the American Hospital Association.

For the last several years the committee, as well as others, has felt increasing concern regarding the internship in relation to its position and purpose in the educational program of the doctor. Last year, the committee, through its members and under the direction of Dr. Jean Curran, prepared a revised and current appraisal of internships which was discussed at the meeting in Colorado Springs. In view of that discussion and the activities of other agencies, no further action has been taken in respect to this matter. However, it is the view of the committee that consideration should be given to undertaking a study of the internship in relation to its educational aspects. Since this is a matter which would require long and careful study and planning, no immediate action has been, or is to be, taken beyond the appointment of a committee to review the situation and make preliminary plans should it be decided to make such a study. Such a preliminary review of the situation is further indicated because current planning by the Association includes the internships in one of the later teaching institutes.

It is expected that these matters will be the subject of discussion at the meeting in Atlantic City in October.

ACTION: The report of the Committee on Internships and Residencies was accepted without revision.

REPORT OF THE COMMITTEE ON LICENSURE PROBLEMS

CHARLES A. DOAN, chairman: We are in the second year of the deliberations of the Committee on Licensure Problems, as originally directed by the Executive Council of the Association of American Medical Colleges at its February 1952 meeting. The first pub-

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lic hearing and the first preliminary report were at Colorado Springs on November 11, 1952.

It became apparent at that time that not only the deans and medical faculties were becoming concerned about a growing diversity of opinion regarding medical licensure, but the Federation of State Medical Boards indicated through their representatives at the Colorado Springs meeting that they too had been contemplating the formation of a special committee to restudy the many ramifications of this question.

It was, therefore, agreed that the Association committee members would meet with a designated group from the federation in Chicago at their next annual meeting in February 1953, that together we might consider those phases of mutual interest and concern. This was done with Doctors Shafer, Allman, Charles T. Stone, Poindexter, McCann, Crabb and Walter Bierring as the appointed representatives of the Federation of State Medical Boards of the United States. At this organizational meeting there was a free discussion of the various questions which had been presented in our preliminary report at Colorado Springs the preceding November. It was agreed that each committee would gather additional information regarding these points, and the next meeting would be planned in association with the sessions of the American Medical Association in New York City in June 1953.

In April 1953, a communication was received from Dr. Donald G. Anderson, then secretary of the Council on Medical Education and Hospitals, stating that the council had under advisement for the past year, better ways and means of developing a closer liaison with the Federation of State Medical Boards. Having learned meanwhile, through Dr. Dean Smiley, of the steps which already had been taken to accomplish such a relationship between the Association and the federation, he asked that representatives from the Council on Medical Education and Hospitals be permitted to join in the future deliberations on licensure problems. From these several points of view, diverse concerns and considered judgments, the hope was expressed of eventual agreement upon a series of recommendations which could then be supported by all three interested groups. Both groups already concerned welcomed this additional representation, so that when the enlarged committee met on June 3, 1953, in New York City, Doctors Donald Anderson, John W. Cline and Harvey Stone were present as representatives of the Council on Medical Education and Hospitals of the American Medical Association. The following subjects were discussed:

1. It was the unanimous opinion of the group that the present joint certification of medical schools by the AAMC and the AMA council should form the basis for admission to examinations for licensure for the practice of medicine in the United States.

2. It was agreed that it would be desirable to have some similar means of certification for foreign medical schools, preferably under the AMA council. The costliness in time and personnel of accomplishing this task was emphasized by Dr. Anderson.

3. Because of the difficulties involved in attempting to evaluate foreign curricula in terms of those currently approved in the medical schools of the United States, a suggestion was made that foreign graduates desiring to practice in this country be required to take both the final fourth year in an acceptable medical school, thus receiving an American medical degree and, also, to serve an approved internship. During these two years a first-hand individual evaluation could be made by both medical school faculties and hospital staffs. Only then would permission be granted to take a medical licensure examination. The objective of such careful screening of foreign physicians is to maintain a high ethical and scientific standard of medical practice in the United States.

4. There was considerable discussion as to whether national board and state board examinations should be universally interchangeable. The question was raised of the legality of accepting the multiple-choice type of examination now given by the National Board of Medical Examiners by certain state boards. At least some of the individual state laws are not so specific but that by changing the rules of procedure and interpretation, the new type of examinations could be accepted in lieu of the essay type. The fact that

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some state board examinations cover three full days and some five full days should not interfere with reciprocity, it was thought.

5. The advantages and disadvantages of lay versus medical personnel on the licensing boards were discussed. The composition of the state boards in Washington, Utah and Idaho were considered as illustrations.

6. There was a great deal of discussion regarding the desirability of issuing temporary licenses or limited licenses to graduates of bona fide accredited medical schools who desire graduate training at the intern and residency level in states other than those in which they have taken their basic work and in which they intend eventually to practice. A number of states issue temporary licenses limiting practice to hospitals for educational purposes for a specified period. This seems to make for a much freer interchange between teaching centers and their trainees, more particularly in the specialty training areas. Most of the representatives from states where such a practice is permitted, expressed themselves as feeling this plan has worked in the best interests of all of those concerned with it.

7. A very considerable opposition to the present basic science law requirements for licensure and reciprocity was apparent among those on this committee. It was strongly felt that the original objectives were no longer being served and that all such state laws should be repealed or reinterpreted.

8. It was recognized as a fact that many states are currently reconsidering their respective medical practice acts—most of which were passed many years ago—with the objective of alterations, additions, deletions, or the writing of an entirely new act such as the State of Kentucky has recently accomplished and put into practice. It is recommended that a careful survey be made and that there be prepared a digest and critical evaluation of the objectives which the medical profession wishes to achieve in its licensing procedures. Every certificate issued should be the legal guarantee to the public of the highest ethical standards and best scientific medical practice. It is recommended, furthermore, that there be prepared a concise but comprehensive statement of just what the "essentials of a modern medical practice act" should be.

It was agreed at the conclusion of this conference that each of the three groups now making up the larger Committee on Licensure Problems report back to their respective appointing agencies with the recommendation that the committee-as-a-whole be continued, in the hope that constructive recommendations may be made eventually to the several agencies and states for their consideration. It is fully recognized that any recommendations or attempts at uniformity of procedure can only be advisory since each state is sovereign in its own right to accept or reject those physicians who desire to practice the art and science of medicine within its borders.

At present there is a state of confusion in these matters which badly needs clarification. A more uniform acceptance of general principles would seem to be in the interest both of the physicians themselves, who desire to practice medicine in this country, and of the people who so urgently need their services.

ACTION: The recommendations made in the report of the Committee on Licensure Problems were referred to the Executive Council for action at its February meeting.

REPORT OF THE COMMITTEE ON MEDICAL CARE PLANS

B. F. MULHOLLAND, chairman: At the last meeting of the Association, a Committee on Medical Care Plans was appointed with the purpose of developing plans for the use of teaching patients and to assist Blue Cross and Blue Shield in the preparation of material on voluntary health and hospital insurance plans for use in medical schools.

It has been impossible to hold a meeting of this committee during the year, and its work, therefore, has been carried on by correspondence. Several members of the committee have communicated with the chairman, indicating that the possibililty of a serious shortage of teaching material might develop as a result of extension of Blue Cross and Blue Shield, particularly if this covers indigent and medically indigent patients.

Evidence of local difficulties in this respect was found in New Haven be-

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cause of the rather extensive coverage of the population by Blue Shield, and in Boston where trouble was encountered with the local Blue Shield plan. Hearsay suggests that problems of this nature may exist in other areas.

The Committee on Indigent Care of the Council on Medical Service of the American Medical Association is vitally concerned with this aspect of the question. A joint meeting of members representing the Council on Medical Education and Hospitals, Doctors Franklin B. Murphy, Harvey B. Stone, James M. Faulkner, Secretary of the Council Donald G. Anderson, and Associate Secretary Francis R. Manlove, and members of the Indigent Care Committee of the American Medical Association, and Dr. Dean F. Smiley, representing the Association of American Medical Colleges, was held in October 1952, and a full discussion of the subject took place. Certain basic principles received full consideration, and these principles will eventually be recommended to the House of Delegates of the American Medical Association. Suffice to say, these are aimed to protect teaching material.

The Council on Medical Education and Hospitals, with the cooperation of the Committee on Indigent Care, then conducted a survey of the nation's medical schools with regard to this problem. Fifty-eight medical schools replied and only seven reported a decrease in the number of service beds for teaching purposes in the past 10 years, and only five saw any prospect of a decrease in the near future. Residency beds showed even less decrease. Service beds had increased and private beds were being utilized rather extensively. Schools utilizing county or municipal hospitals seemed less disturbed by any feeling of lack of material. Those who foresaw a shortage are planning to relieve these beds by the use of private patients. Health insurance coverage and general prosperity and prohibitive costs were given as causes of any shortage.

From the above, it appears that while this program is an urgent one only in certain local areas, the increasing use of prepayment insurance for physicians' services causes us to believe that the problem is potentially much more serious for the future, particularly as regards residency training. Therefore, further study and discussion of this subject should be continued with cooperation of the American Medical Association, the American Hospital Association, and the Blue Cross and Blue Shield Plans. It is so recommended.

ACTION: The report of the Committee on Medical Care Plans was accepted without revision.

REPORT OF THE SUB-COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE (MEND)

STANLEY W. OLSON, chairman: There is urgent need to increase the interest of medical school faculties and medical students in the professional knowledge and skills required to cope with medical problems encountered in disasters and wars. In the past, education to improve medical preparedness emphasized military organization and administration. This material was presented to medical students and faculties through ROTC and officer reserve programs. This approach to medical preparedness has not been successful and a desire for improvement has been voiced by students, medical school faculties, deans and the armed forces medical services. This dissatisfaction has led to modification of the armed forces medical reserve program, to the decision to eliminate the medical ROTC program in favor of a more professional approach and to the appointment of this committee to study this problem in the medical schools.

Statement of Objectives

Recognizing (a) the inadequacies of the ROTC program, (b) the failure of many medical graduates to interpret clearly and constructively their responsibility for military service and for participation in the civil defense program, and (c) the need to modify the curricula of medical colleges so as to emphasize appropriately aspects of medicine of growing importance to national defense the aim of the MEND program is: to develop faculty interest in modifying the medical curriculum in ways which will make the student more clearly aware of his responsibilities and role in time of local disaster or national emergency and assist in providing an educational program which will have appropriate emphasis upon professional material of special importance to defense medicine.

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Methods Used

During the months prior to the appointment of the MEND committee, no appreciable progress had been made by the vast majority of medical schools in appropriately modifying their curricula in spite of a keen sense of awareness on the part of the deans of these schools for a more specific program to emphasize those aspects of medical education of importance in time of national emergency. The chief difficulty appeared to be lack of funds to engage faculty personnel to assume responsibility for organizing and coordinating such a program.

It was suggested, therefore, that if means could be found to support such a program for a period of several years that practical experience could be obtained to determine whether a sound program for the teaching of military medicine could be developed. The concept then evolved of setting up pilot programs in several schools selected on a geographical basis and divided between privately-supported and tax-supported institutions. The MEND committee proceeded from the basic assumption that whatever was done would have to be soundly conceived from an educational point of view and would have to be consistent with the educational philosophy of each individual school. Therefore, it was agreed that: (a) each school should be free to work out its own program in light of the circumstances prevailing in that institution, (b) the individual program should be worked out through the faculties of the respective institutions, (c) the program should be designed to stimulate the students and to create the appropriate attitudes as well as to teach appropriate material, (d) that emphasis would be placed on professional topics rather than administrative and organizational topics, and (e) that the program would be evaluated as critically as possible.

It appeared that a sum of approximately $15,000 for each school would be needed on an annual basis to employ a coordinator for the program, to make available funds for faculty personnel to engage in travel to such establishments and professional conferences as could contribute appropriate information, to provide for the necessary travel of committee members during the development phases and, finally, to purchase such teaching aids as would be required.

Through the cooperation of the medical services of the Army, the Air Force, the Navy and the Armed Forces Medical Policy Council, it was possible to obtain a grant of $75,000 which provided funds for five pilot programs during the academic year of 1952-53. This grant was allocated in the form of a contract to purchase a series of reports from each of these schools regarding the feasibility of developing a program to improve the teaching of medical subjects of importance during the time of national emergency.

Accordingly, each school proceeded by appointing a coordinator for its program and the coordinators were instructed to use their best judgment in deciding whether to integrate material into courses already scheduled or to develop separate courses for certain of the topics. It was recognized that the majority of their time would have to be spent with the departmental chairmen in their respective institutions, explaining the nature of the pilot programs and soliciting their assistance.

Summaries of the final reports of the first year's operation from each of the five pilot schools may be obtained by writing to these schools.

Evaluation of the First Year of Operation of the MEND Pilot Programs

There were two major areas of emphasis: (a) in the program of the first-year class at the University of California, the University of Illinois and Vanderbilt University, and (b) in the program of all four years at the University of Buffalo and Cornell University.

There were two types of approach: (a) a separate course as at California, and (b) integration into existing courses as at Cornell and Vanderbilt. At Buffalo and Illinois, a combination of the two approaches was employed. In all five schools the students' acceptance of the program was high. Reasons for this included (a) awareness by the students of the increased incidence of accidental trauma, the threat of atomic attack and the eventuality of military service; (b) interest of the students in the clinical applications and the opportunity to think in terms of aiding the ill and injured, and (c) enthusiasm always attending any experiment in education. In all five

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schools faculty acceptance of the program was greater than initially anticipated. The degree of passivity or activity of their acceptance varied. Overall, the departments of physiology, bacteriology and surgery took the greatest interest but this followed no constant pattern. Due to the existing crowded and fixed pattern of the curriculum and the preoccupation of the faculty with other problems, it was uniformly evident that without the coordinator the new material, points of view or degree of emphasis achieved could not have been attained.

During the 15 months which followed publication in February 1951 of the report of the subcommittee which made recommendations with respect to the medical curriculum in the time of national emergency, implementation was known to have been attempted in only two medical schools—schools in which the faculty had had special opportunity to be close to the activities of the Department of Defense. By way of contrast, active faculty participation, although of varying degrees, has been achieved in all of the five schools in which the pilot programs were initiated. In all five the program has been actively adopted by the executive or curriculum committees. The initial reasons for faculty acceptance have included patriotism and a sense of responsibility of the faculty to society in the period of this emergency. Such acceptance has been materially assisted by the availability of a financial grant from the Department of Defense which permitted certain faculty members to devote attention to the organization of this area of interest. It is the conviction of all concerned that availability of a teaching grant to each school desirous of initiating such a program is a practical necessity to its activation and implementation.

A considerable increase in the faculty interest in the program has resulted from participation of faculty members in a variety of special conferences, which because of the availability of travel funds in this grant, they were able to attend.

These conferences have included:

Shock..........National Research Council
Forensic Pathology..........
..........Armed Forces Institute of Pathology
Stress... Army Medical Service Graduate School
Biological Warfare ....
..........Army Medical Service Graduate School
Lepto-spiral Diseases..........
..........Army Medical Service Graduate School
Problems in Blood Transfusion in the Severely Wounded ....
..........Army Medical Service Graduate School

Participation has influenced faculties to realize that clear benefit may be obtained by individual faculty members and by departments through participation in the MEND programs and grants. This experience confirms the original belief of the committee that the information drawn from military experience is often valuable to those engaged in the solution of civilian problems. The expansion of the program to include all of the schools may well set up a mechanism for rapidly transmitting these concepts from military groups to those in civilian medicine.

Advisability of Expansion of the MEND Program to other Medical Schools

Because of the failure of other approaches, because of the long (and perhaps unavoidable) delay which has already occurred, because of the failure of the international situation to improve materially during the past three years, the expansion of the program to improve medical education in areas of disaster and military medicine and surgery cannot be delayed for an indefinite period, even though ideally it might be desirable to postpone such expansion for another two or three years until the experimental program in the pilot schools could have been observed for this additional period and evaluated more accurately than is possible at the present time.

Expansion of the program on a voluntary basis to these schools desiring to participate, will depend upon: (1) approval by the Association of American Medical Colleges and the Council on Medical Education and Hospitals of the American Medical Association of the progress that has been made up to the present time, (2) the availability of funds from the Department of Defense for teaching grants to individual schools, and (3) setting up of certain administrative procedures which will enable all schools participating to have the same opportunity for developing a successful program which has been made avail-

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able to the schools engaging in the pilot programs.

Conclusions

The MEND committee concludes after its review of the first year of operation of the program in the five pilot schools that:

(1) There is a well-defined and recognized need for modifications of medical curricula to make medical graduates better able to cope with medical problems encountered in disaster and war.

(2) The underlying philosophy of the MEND pilot programs is consistent with sound concepts of medical education.

(3) The acceptance by the faculties and the student bodies in the pilot schools after one year of operation of the MEND program has been remarkably good. Representatives of the armed forces, the United States Public Health Service and the civil defense organization have likewise been favorably impressed with the progress made by the MEND program.

(4) It is apparent that this progress would not have been possible without the financial support which enabled the schools to engage a program coordinator and to defray necessary travelling expenses. Our experience in the past year would seem to indicate that the amount needed for a teaching grant is approximately $15,000 per year for each school.

(5) The value of close cooperation among the representatives of the armed forces and the opportunity for the coordinators from the several schools to exchange ideas with each other and with the representatives of the governmental agencies has been amply demonstrated. Any program for expansion should make provision for the retention of the basic elements of this fine relationship. This can probably be achieved by setting up regional conferences at certain intervals throughout the year.

(6) It is concluded that the following have been major elements in the success of the MEND program thus far: (a) close coordination among the various branches of the armed forces, (b) the cooperation of the federal agencies with the individual schools, (c) the opportunity afforded faculty members for travel, (d) availability of teaching aids such as films, special military reports and technical manuals.

Recommendations

This committee unanimously recommends that the MEND program be continued in the five schools in which it has already been initiated, and recommends that the program be made available to all medical schools on a voluntary basis as rapidly as possible.

ACTION: The report of the Sub-Committee on Medical Education for National Defense was accepted without revision and the recommendation unanimously approved.

REPORT OF THE COMMITTEE ON NATIONAL EMERGENCY PLANNING

STOCKTON KIMBALL, chairman: The extension of P.L.779, as amended for a two-year period, has been followed by volunteering of medical officers to such a degree that the Armed Forces are now overstaffed to the extent of 750 medical officers. Five hundred additional are commissioned and not called. The number of Priority I, II and of Priority III physicians under age 30 who are now listed as available and acceptable to the Armed Forces are, respectively, 560, 111 and 670. To this will be added, July 1, 1954, the present interns who have not had previous military service. Every effort is being exerted to restrict calls on Priority III to those 30 years of age or under.

Because of the situation above detailed, it is anticipated that no physicians will be accepted into military service until next summer. Because discharges and their replacements extend over a period of months it will presumably be January 1, 1955, before those most available and liable for military service will be called.

Though we are now in a lull, it is important now to look ahead in order to seek to avoid the kind of irregular description of faculties and residencies we have all experienced.

Your committee therefore, has urged upon Selective Service, the National Advisory Committees and the representatives of the Armed Forces that steps be taken so that deferment and calling into service of faculty members and residents be placed on a regular basis corresponding, whenever possible, to the academic or residency year and that the individual and the institution be informed concerning the period of deferment that can be anticipated.

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Your committee offers the following resolution in that regard.

RESOLUTION: That the director of the Selective Service System, the chairman of the National Advisory Committee to the Selective Service System and the secretary of the Department of Defense be urged to develop a program whereby the deferment or postponement of and the calling of faculty members and residents into military service be arranged to correspond whenever possible to the normal academic and residency years.

Because experience has shown considerable variability in different parts of the country in the understanding of medical school problems, the following second resolution is proposed by the committee:

Whereas the operation of P.L.779 has caused unnecessary disturbance in faculties in medical schools, and

Whereas the local and state advisory committees are not necessarily comprised of individuals with competence through experience to advise on faculty members, be it hereby

RESOLVED that the chairman of the State Advisory Committee in each state in which a medical school is located be urged to set up an advisory committee to him composed of deans or representatives of each of the medical schools in the state.

It should be noted that such a recommendation has already been made by the National Advisory Committee to the State Advisory Committees. In several states such committees are now functioning effectively. In other states they have never been set up. It is recommended that the schools in these states take up the matter with the chairman of their state advisory committee.

It should be emphasized that any individual question of deferment of a faculty member or resident may be appealed by the dean to the National Advisory Committee to Selective Service which has authority to give advice to the Armed Forces concerning any reserve officer.

Although the processing of special registrants has been discontinued, physicians who because of age are both regular and special registrants are still being processed. At present this applies to physicians 28 years of age or younger. It will extend progressively to those 35 years of age or younger who have been deferred for study or internship. Such individuals will be offered commissions. If such commission is accepted within 30 days, the officer will be in the reserve and will be available to the Armed Forces on a commissioned rather than on a noncommissioned basis. Any person who does not accept the commission is liable for induction on a noncommission basis.

There can never be alteration in the basis for student deferment. It is essential that entering freshmen achieve 70 or above in the National Selective Service Test or continue to stand in the upper half of their class throughout their last college year preceding entrance into medical school.

Selective Service does not have a policy of permitting medical students to take an additional basic science year, thus extending their course from four to five years. Local boards may, and in various instances have, permitted this in the case of individual students.

Your committee concurs in the recommendation of the Committee for Medical Education for National Defense that the MEND program be continued in the five schools in which it has already been initiated and be made available to all medical schools on a voluntary basis as rapidly as possible.

Your committee is entering into study of a recommendation concerning medical school programs in case of a war emergency and of dislocation resulting from bombing or other destruction.

It will continue to cooperate with and make plans in conjunction with the Joint Committee for Medical Schools in Time of National Emergency.

ACTION: The report of the Committee on National Emergency Planning was approved without revision and both resolutions unanimously adopted.

REPORT OF THE COMMITTEE ON PUBLIC INFORMATION

JOHN L. CAUGHEY JR., chairman: The Committee on Public Information lost a distinguished leader by the resignation of Dr. Loren Chandler in 1952. However, through his foresight the committee was strengthened by the addition of medical public relations experts when it was reorganized for 1953.

The committee met in Chicago on

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February 9, 1953. Other business has been transacted by mail.

Activities—1952-53

1. The committee has developed close cooperation with the Medical Seminar of the American College Public Relations Association. There are three members of the committee (Kelly, Murray and Rohweder) who are also members of the Medical Seminar. The chairman of the committee represented the AAMC at the annual meeting of the ACPRA in Salt Lake City in June 1953.

2. The committee requested and received from the Executive Council permission to ask the National Fund for Medical Education to designate a member of its staff to provide liaison with the committee. Chase Mellen Jr. has nominated Raymond O. Torr, a member of the public relations department and editor of the Fund's *Medical Advance,* to sit with the committee.

3. The committee believed it desirable to discover the scope and organization of public information activities in the medical schools. Since a professional PR consultant had already begun a survey of this kind, the committee assisted him in procurement of the necessary data. A very satisfactory return was obtained. The results have been tabulated and copies sent to each of the schools.*

4. Through the efforts of Mr. Rohweder, a preliminary test was made of a plan to gather PR ideas of proved value from individual schools and distribute them for consideration by other schools. A simple questionnaire elicited a good response. Mr. Rohweder has put this material together for the committee, and it is to be distributed at the meeting.

5. The committee voted in February to urge the Executive Council to permit the Annual Meeting to be used as a means of getting the story of medical education before the public. The committee offered to assume responsibility for handling public information aspects of the meeting, if the Council wished to delegate authority to it. This recommendation was approved by the Council in May 1953. With the generous cooperation of the Medical Seminar of ACPRA, a working subcommittee of professional medical PR staff members, under the chairmanship of Joseph Kelly of Johns Hopkins, was appointed to organize this program.

6. In September 1953, the chairman represented the committee at the AMA Public Relations Institute in Chicago.

Discussion of Current Problems

On all sides the committee has found evidence of a rapidly increasing interest on the part of medical administrators in the problems of public information. This arises not only from the need to mobilize financial support from large numbers of donors, but also because of the progressively more complex relationships of the medical school with the community.

The committee believes that many medical schools would like to improve their public information programs, but hesitate to do so in the absence of adequate budgets and skilled personnel.

The committee is also convinced that on a national level there is much that the AAMC should be doing to tell the story of medical education to the public. This would in no way interfere with the public relations program of the National Fund for Medical Education, but would complement it. There are all too few people, even among our faculties, who appreciate the dynamic history of medical education in this country, and the tremendous efforts which have been and are being made to keep physician training abreast of our advancing knowledge and our changing techniques for the provision of health services.

For these reasons the committee believes that it is of utmost importance that the AAMC organize a public information section in the central office. Only in this way can effective help be given to medical schools which are anxious to improve their public information programs but have no readily available funds or expert personnel. And only by a well-organized effort in the central office can the AAMC meet its obligations to tell the story of medical education on the national level.

Recommendation

The Committee on Public Information, for the reasons stated above, recommends that the establishment of a pub-

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*Copies of this report may be obtained from F. Gordon Davis, 1152 Buckingham Rd., Birmingham, Mich.

lic information section in the central office of the AAMC be begun at once, and that funds presently available in the budgets of the Association and the Journal of MEDICAL EDUCATION be redistributed in such a way as to make possible the initiation of this project.

ACTION: The recommendations made in the report of the Committee on Public Information were referred to the Executive Council for action at its February meeting.

REPORT OF THE COMMITTEE ON STUDENT PERSONNEL PRACTICES

CARLYLE JACOBSEN, chairman: The work of the CSPP continues along the lines described in the previous reports made to this Association. Since it was established in 1946, the committee has employed a staff and has gradually become effective in helping, when called upon, in many phases of the work of the Association. At first, the staff was located away from the central office, but since 1948 the staff has operated as an integral part of the regular Association staff. The director of studies for the committee has now become the director of studies for the Association.

The committee's net expenditures for 1952-53 were $54,400—less by some $11,000 than for the preceding year (1951-52), but much larger than the $14,000 spent in the year 1947-48, the first year of operations. This drop in expenditures does not reflect any decrease in staff activity, but rather the extent to which the staff is increasing its efficiency of operation. In addition, the staff handled most of the work for the matching program, the charges for which were billed separately.

The work of the committee has been financed by special grants and by the income from the testing service. Because the testing revenue has been dropping sharply, other sources of revenue are essential if the work of the committee is to be continued. Accordingly, a grant was sought from the John and Mary R. Markle Foundation for support of the committee activities at the rate of $50,000 a year for three years, starting with the year 1953-54 and this grant was made. It is hoped that during this period testing revenue will be increased and continuing long-range support assured. Then the values accruing from long-range continuity and planning can be realized.

The committee continues to offer, through the facilities of the Educational Testing Service, the Medical College Admission Test. The committee has complete control over the policies governing this test, its development and administration, and the fees charged. Almost all medical schools make use of this test. The committee plans to undertake some studies and develop some aids for the wisest utilization of the results of this test. Simple correlational studies of the relationship between test scores and medical school grades do not get at the basic problem. The proper use of test results with a highly selected group which has already established its ability to handle classroom work is an involved problem. The test results must be used in conjunction with other evidence and must be fitted into the special conditions peculiar to each school. No simple widely-applicable formula is possible.

The committee continues to recognize the vital role played by motivation and personal emotional adjustment and stability in determining the success of the student, not only in medical school but also in his role as a practicing physician. It is following closely the research and development work being done in these areas. At this time, no easy measures suitable for general use have been developed.

The study of the students applying to medical school is one of the large continuing studies undertaken by the committee. As one phase of the study, there were 12 cumulative lists of accepted applicants published in 1952-53 and sent to each medical school. The final list, mailed on June 12, 1953, contained 7,049 names of accepted applicants.

This important study of applicants is dependent upon prompt, thorough, and accurate reports by the medical schools. The cooperation of the medical schools has been excellent. As the central staff operations improve (and each year has seen significant improvements), the cooperation of the medical school groups also has improved.

It is expected that the gross general statistics on applicants for the class entering for the freshman year 1953-54 will be available about November 1, 1953. Again a drop in the total number

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of applicants is anticipated, for the fourth consecutive year. A complete report of the results is scheduled for publication in an early issue of the Journal of MEDICAL EDUCATION. This year it is planned to analyze the figures by regions since the students in some regions are very much more active in seeking admission than are those in other regions. Average figures tend to conceal some of these striking differences.

One of the studies made from the applicant statistics this year resulted in an individual confidential report to each medical school showing the number of its applicants who applied to each of the other medical schools. This report is believed by the committee to be of value and to contain information not elsewhere available, but its value will vary with the school. It is planned to repeat this study.

The committee has long been concerned with the smooth transition of the student from college to medical school, and with seeing that the colleges know of the opportunities in medical school. A sympathetic and intelligent understanding between the undergraduate college and the medical school and the appreciation by each of the problems of the other are highly desirable.

To facilitate better understanding, the committee has published an admission requirements booklet. The fourth edition of the booklet is now in press and will be available at the time of the Annual Meeting. It is distributed free to undergraduate advisors and sold to students and others interested. The booklet presents authoritative and helpful information to students interested in the study of medicine.

The committee continues its practice of sending each undergraduate college a distribution of the scores for its students on the MCAT. In addition, this year each college was sent a list by name of its applicants to medical school and the number of acceptances received by each. This report aroused considerable interest as indicated by the resulting correspondence. Improvements in this report form are planned and a similar report to the colleges scheduled for 1953-54.

Each undergraduate college also was sent a list of each of its students now in medical school or who dropped out of medical school and an indication of the success of each student. These reports are of interest to the colleges and are being carefully studied in many cases.

Through the several means here reported, the colleges are being given information about medical education, about their applicants to medical schools and about the progress in medical school of the men they have trained. The committee seeks to do what it can to encourage the colleges to be interested in medical school for its able students and to be informed about the possibilities. These services are not all easily performed, but it is believed they are accomplishing results and constitute the type of public relations which will foster productive understanding between college and medical school.

The central office records are being maintained and are being put into such shape that studies of various types will be readily possible. The study of drop-outs, scheduled for publication sometime ago, is still in progress and should be published within a few months.

A study is now in progress on the older students who have been admitted to medical school to determine what degree of success they have. Since 1945, almost 500 students of 35 years of age or older have been admitted to medical school. The number admitted each year has been decreasing, however, as has the number of medical schools admitting these older students. It appears that the drop-out rate among this group is relatively high.

The committee has not studied further the faculty information it received from the medical schools. This basic information was turned over to a government agency and two valuable studies resulted, both of which have been reported by Dr. Diehl in the Journal of MEDICAL EDUCATION. A recirculation of the faculty may prove desirable this next year. The committee recognizes the need to know as much as possible about the facilities of our schools and believes that additional fruitful studies are possible in this area.

A study is now being completed on the cost to the student of going to medical school. A sample of 26 medical schools was selected and the entire student body at each of these schools asked to complete a confidential financial questionnaire. A summary of the results will

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be published. On the basis of incomplete results, it appears that the average annual expense, exclusive of tuition will be $1,500 including about $150 for books and $1,350 for living expense. Variation among the schools sampled, however, is striking. For one school, the average was $1,200 while at another it was $1,850. Almost a third of the students were married and the wives of this group are the chief source of support for the medical student husbands. For the married students who have children the situation is different. Parents are the usual source of support for most students. Loans from medical schools appear to be of little importance. About 50 per cent of the students have fathers whose occupation can be classified as professional, executive or managerial. On the other hand, about a quarter of the students report coming from families where the gross annual income is under $5,000. At one medical school, about one-third of the students report a family income of under $5,000, but at another school about 40 per cent come from homes where the annual income is more than $10,000.

A study of women graduates has been undertaken and is in progress. With the help of the AMA records and of Dr. Dickinson's office, a sample of 1,000 male and 2,000 female physicians who graduated between 1925 and 1940 was selected and circularized. A duplicated, follow-up letter was sent to the nonresponders, and to those still not answering an individually typed and personally signed letter was sent. Returns are still being received.

A staff study of the available literature concerning Negroes in medical education has been completed. This background study has been undertaken for office use. The literature on the subject is diffuse and seldom authoritative.

The committee invited the use of the Briggs-Myers inventory—a personality assessment device—by a few interested schools and has been studying the results. Studies of the results do not appear to be encouraging.

The committee offers to junior medical students the Strong vocational preference blank for medical specialties at a cost of $3 per student. This test is believed by the committee to have merit and to be helpful with many students. The committee plans to continue to offer the test and to encourage its use among interested students.

The work of the committee is handled by the director of studies of the Association and his staff. The Executive Council has released the director of studies half-time so that he could do consulting work for the Ford Fund for the Advancement of Education in 1952-53 and in 1953-54 directly for the Ford Foundation itself. In addition, the director of studies has been loaned at no charge to the NIMP to direct the operations of the matching program and has served as secretary to the various committees concerned with the 1953 Teaching Institute on Physiology, Pharmacology and Biochemistry. He also works directly with and for the Educational Testing Service in all matters concerning the Medical College Admission Test.

Pressure of other activities has postponed the review and planning sessions of the committee scheduled for 1952-53, but the need for laying plans for continued effective operations for the next several years still exists and the committee hopes that such plans can be made in 1953-54.

ACTION: The report of the Committee on Student Personnel Practices was accepted without revision.

REPORT OF THE COMMITTEE ON VETERANS ADMINISTRATION—MEDICAL SCHOOL RELATIONSHIPS

R. HUGH WOOD, chairman: During the past year the reorganization of the Veterans Administration has been accomplished. This change embodies all the principal recommendations made by the AAMC during the past two years. It should provide a highly satisfactory mechanism by which the hospitals can deal directly with the chief medical director.

No problems of national significance have arisen during the past year.

As new hospitals are built and new research laboratories in Veterans Administration hospitals are opened, more money for research and education will be needed. The appropriations in these two categories have not increased in proportion to the number of laboratories in operation.

Attention must be given to increase in salaries for key professional personnel if the Veterans Administration is to

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retain the high quality of men or chiefs of service it has had in the past.

ACTION: The report of the Committee on Veterans Administration — Medical School Relationships was accepted without revision.

Reports from Related Organizations

(The following reports are condensed from reports submitted to the Association of American Medical Colleges at the time of the Annual Meeting.)

NATIONAL FUND FOR MEDICAL EDUCATION

CHASE MELLEN JR., executive vice president and director: Grants to the fund so far this year amount to $1,944,151.64, bringing to nearly $5 million the total awarded since the fund was started. About half of this has been contributed by the medical profession through the American Medical Education Foundation and the balance by business corporations.

Last winter, under sponsorship of its Committee of American Industry, the fund held nine meetings of business leaders and medical educators. This November meetings will be held in Milwaukee, Minneapolis, Indianapolis, Cincinnati, Omaha, Birmingham and New York.

As a link between business and medical schools, the fund has formed a Medical Advisory Committee of 442 industrial physicians. Its job is to interpret the needs of the medical schools to industry and the needs of industry to the medical schools. A series of regional meetings is being planned to bring together corporation executives and medical educators for discussion of their joint responsibility for improvement of the American people's health and living standards.

At present the fund is seeking the help of the medical schools in strengthening its appeal to corporations, many of which are reluctant to make more than token contributions to what they feel is deficit financing. Instead, they want to feel they are helping to advance medical science. We need to show that corporation funds will help support teaching developments and projects calculated to bring medical education into line with future needs.

The answer to what these projects are to be must come from the schools themselves. The Deitrick report implied, if it did not actually say, that there were many forward-looking projects on which the schools could embark if they had sufficient income. When the fund is able to determine the nature of these projects, its appeal to industry will be helped immeasurably. Corporation support will be enlisted more readily.

The fund's trustees are proud of the progress made to date in raising funds and putting the story of medical education before the people. They feel that if the fund and the Association can work together more closely, a liaison can be established between the medical schools and industry that will lead eventually to a full-fledged partnership for their mutual benefit.

AMERICAN MEDICAL EDUCATION FOUNDATION

HIRAM W. JONES, executive secretary: This program in philanthropic financing, in cooperation with the National Fund for Medical Education, has produced $4,764,052 which has been distributed in the form of unrestricted grants to the 79 approved medical schools.

Unquestionably, the growing acceptance of the foundation's program by the medical profession can be traced largely to the continuing financial assistance given by the American Medical Associa-

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tion during the past three years. The latest grant of $500,000 brings the total contribution of the AMA to $1,500,000. Without these funds, the foundation would not have progressed to its present position for many more years. The foundation now stands on the threshold of future success, and with the continued support of the AMA the realistic goal of $2 million can be attained. The officers and directors view the future with considerable optimism.

In addition to the $500,000 AMA grant, the foundation has received contributions from individuals and organizations during the first 10 months of the current year which swelled the total income to $948,773. The number of contributors during the first 10 months of 1953 exceeds the total number of contributors in 1952 by more than 100 per cent (15,151 as compared to 7,259 in 1952).

At the June meeting, the board of directors voted to transfer all accumulated funds of the foundation to the National Fund for Medical Education as of the close of business June 30, 1953. On that date $1,044,602 was transferred. This represents the total foundation income for a 12-month period—June 30, 1952, to June 30, 1953. It also represents more than 50 per cent of the total funds distributed by the National Fund in its fourth round of grants to the nation's medical schools. The fund made grants totaling $1,944,151 during July.

The officers and directors of the foundation feel that with the continued support of all segments of the medical profession, the income of the foundation can be increased to the desired sum of $2 million annually in the immediate future. It is on this belief that the directors predicate their plans for the years ahead.

While the foundation goal of $2 million will not be attained in 1953, we are hopeful that the income will exceed $1 million by the end of December.

The leaders in the medical profession all over the United States are firm in their belief that sufficient funds are available through the medium of voluntary contributions to meet the continuing need for additional funds to augment the operating budgets of our medical schools. We therefore urge the Association of American Medical Colleges and its individual members to redouble their efforts, both in and outside the medical profession, whenever the opportunity is afforded, to promote the foundation and the National Fund for Medical Education as a worthwhile source for charitable contributions.

ADVISORY BOARD FOR MEDICAL SPECIALTIES

B. R. Kirklin, secretary: During the fiscal year of February 1952 to February 1953, the allergists petitioned for an independent certifying board. This petition was denied. The Advisory Board for Medical Specialties, however, recommended that the effort be continued to make a satisfactory arrangement with the American Board of Internal Medicine and the American Board of Pediatrics to certify those interested in allergy.

There was a petition for an independent American Board of Legal Medicine. This petition also was denied.

The group interested in forming a Board of Aviation Medicine was combined with the American Board of Preventive Medicine and Public Health so that a certificate in this field now can be issued by the parent board.

NATIONAL SOCIETY FOR MEDICAL RESEARCH

Ralph Rohweder, executive secretary: Thirty-four organizations became members of the NSMR during the past year, raising the total to 256. In no other year since the first has the society had such an increase in membership.

Activities during 1953 included: publication of the pamphlet, "Your Pet and Medical Research;" inauguration of two newsletters, one distributed to NSMR members, the other to the public; arrangements for numerous articles in newspapers and magazines explaining the role and need for animals in medical research; production of a 35-minute movie; distribution of several thousand pieces of literature on request.

While the antivivisection cause has been substantially discredited in recent years, the movement still exists. Antivivisectionists are now rallying under the banner of the American Humane Association and the Animal Welfare Institute. Their leader is Dr. Robert Gesell, who does not advocate the abolition of animal research but contends that laboratories should breed and raise all dogs and cats needed for experiments.

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Insofar as it is more moderate, the Gesell point of view is more effective than the old cry for the total abolition of animal studies. Furthermore, his position as a reputable scientist and teacher lends authority even to his most rash statements.

NATIONAL INTERN MATCHING PROGRAM (FORMERLY THE NATIONAL INTERASSOCIATION COMMITTEE ON INTERNSHIPS)

F. J. MULLIN, chairman: The operation of the matching program for intern placement worked reasonably smoothly and with a high degree of cooperation from both hospitals and students in 1953. The report of the second year of operation can be found in the November issue of MEDICAL EDUCATION, where details and statistics are presented and analyzed.

An important step was taken during the year. The old National Interassociation Committee on Internships turned over its function to the newly-organized independent agency representing the various elements in medicine most directly concerned with internships. In January 1953, the official functions of the NICI ceased and its assets and responsibilities were turned over to the newly-incorporated National Internship Matching Program. The American Hospital Association, American Protestant Hospital Association, Association of American Medical Colleges, Catholic Hospital Association, and Council on Medical Education and Hospitals of the American Medical Association became member organizations in the corporation, with liaison representatives from the U. S. Air Force, U. S. Army, U. S. Navy, Public Health Service and Veterans Administration. The newly-organized board of directors of the corporation includes representatives from the member organizations and from the medical students of the country. It is felt that this organization can continue to serve the best interests of the schools, the students, the hospitals and organized medicine in the important matter of facilitating intern placement. The organization is a voluntary effort in which basic policy matters are dependent upon and are referred to the constituent member organizations. Procedural matters for intern placement are carried out in the interest of achieving an orderly method of giving wide freedom to both hospitals and students in the selection process and maintaining fairness for the consideration of both groups.

Cooperation has been growing steadily and a wider understanding of the plan has led to a smoother functioning of the central office. All except 13 of the approved hospitals in the country are in the plan for this year, and about 6,500 students have agreed to participate. This represents an increase both in the number of hospitals and of students taking advantage of the opportunities of the matching program. There are still many problems, some of which will continue to exist as long as there is such a great disparity between the number of internships offered and the number of graduating seniors available. The essentials of the matching technique have been demonstrated over the past two years as feasible and helpful to both students and hospitals. It remains now to consolidate the full advantage to both students and hospitals, which can be made possible by the matching procedure through wider understanding and genuine cooperation with the aims and methods of NIMP.

The success of the program would not have been possible without the excellent and untiring efforts of John M. Stalnaker, director of operations, and his staff, who handled all the details of the actual matching with accuracy and dispatch. Dr. Edward Leveroos, director, division of hospitals and graduate education, Council on Medical Education and Hospitals, contributed greatly through preparation of the "Directory of Approved Hospitals Participating in the Matching Program for Intern Appointment," which was incorporated in the *Journal* of the AMA in the report of the Council on Medical Education and Hospitals in the Internship and Residency Number. Dr. Edwin L. Crosby, director, Joint Commission on Hospital Accreditation, has been most helpful in establishing contacts with the hospital associations and in explaining the program and securing the support of many hospitals.

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EXPRESSIONS OF APPRECIATION

President Darley expressed the deep appreciation of the Association:

(a) To George Packer Berry and Julius Comroe for their effective planning of the Teaching Institute.

(b) To Arthur Adams and Alfred Washburn for their stimulating addresses.

(c) To Aura Severinghaus and John Deitrick for organizing the panel discussions on their published reports.

(d) To Joseph Kelly, Barbara Callahan, Max Elder, Elizabeth Griffin, Milton Murray and Raymond Torr for the splendid job of publicity they did for the Meeting.

INSTALLATION OF PRESIDENT

Stanley Dorst, upon being installed as president of the Association, made a short address pointing out several of the ways in which the Association presented evidence of "coming of age" under the guidance of such leaders as Joseph Hinsey, George Berry and Ward Darley.

1954 MEETING

President Dorst announced that the 65th Annual Meeting will be held at the French Lick Springs Hotel, French Lick, Ind., October 17-20, 1954.

1954 TEACHING INSTITUTE

George Packer Berry reported that the chairman of the Planning Committee for the 1954 Teaching Institute on Pathology, Microbiology, Immunology and Genetics was to be Douglas Sprunt of the University of Tennessee, and the co-chairman Robert Moore of Washington University, St. Louis.

COMMITTEES

Appointments to committees and representatives to related organizations were named for 1953-54 as follows:

(Chairmen listed first—Affiliation listed in italics.)

AUDIOVISUAL EDUCATION

Walter A. Bloedorn, *George Washington*
Thomas P. Almy, *Cornell*
Clarence de la Chapelle, *N. Y. University Post-Grad.*
William W. Frye, *Louisiana*
Henry M. Morfit, *Colorado*
Paul W. Shafer, *Kansas*
Theodore R. Van Dellen, *Northwestern*

BORDEN AWARD

Ashley Weech, *Cincinnati*
Willard M. Allen, *Washington Univ.*
Harry P. Smith, *Columbia*
Elmer H. Stotz, *Rochester*
William S. Tillett, *N. Y. University*

CONTINUATION EDUCATION

James E. McCormack, *Columbia*
George N. Aagaard, *Southwestern*
Robert Boggs, *N. Y. Univ. Post-Grad.*
Robert Howard, *Minnesota*
Samuel Proger, *Tufts*
Frank Roberts, *Tennessee*
John B. Truslow, *Medical Col. of Va.*

EDITORIAL BOARD

John Z. Bowers, *Utah*
William B. Bean, *Iowa*
Alan Chesney, *Johns Hopkins*
James W. Faulkner, *Boston*
Russell L. Holman, *Louisiana State*
Chauncey D. Leake, *Texas*
Henry Swan, *Colorado*
Dean F. Smiley, *secretary*

FINANCING MEDICAL EDUCATION

John B. Youmans, *Vanderbilt*
Walter A. Bloedorn, *George Washington*
Ward Darley, *Colorado*
Joseph C. Hinsey, *Cornell*
Vernon W. Lippard, *Yale*
Norman Topping, *Pennsylvania*

GRADUATE MEDICAL EDUCATION

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