

Association of American Medical Colleges

MINUTES OF THE PROCEEDINGS

Sixty-Fifth Annual Meeting

October 18-19-20, 1954

FRENCH LICK, INDIANA

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

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1953-1954

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Sixty-Fifth Annual Meeting Association of American Medical Colleges

French Lick Springs Hotel, French Lick, Indiana

October 18-19-20, 1954

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Monday, October 18, 1954

INTRODUCTION OF NEW DEANS

The following new deans were announced:

John B. Lagen (acting dean), University of California School of Medicine (S.F.); George T. Harrell, University of Florida College of Medicine; Marcus D. Kogel, Yeshiva University, Albert Einstein College of Medicine; E. Hugh Luckey, Cornell University Medical College; Granville A. Bennett, University of Illinois College of Medicine; Homer Marsh, University of Miami School of Medicine; George Morris Piersol, University of Pennsylvania Graduate School of Medicine; A. J. Gill (acting dean), Southwestern Medical School; Howard W. Potter (acting dean), State University of New York College of Medicine at New York City; Grant Taylor, University of Texas Post-Graduate School of Medicine; George N. Aagaard, University of Washington School of Medicine (Seattle); Carl V. Moore, Washington University School of Medicine (St. Louis); Chester Bryant Stewart, Dalhousie University Faculty of Medicine.

Other administrative appointees were Robert A. Moore, vice chancellor, University of Pittsburgh Schools of the Health Professions; Jean A. Curran, associate executive dean of medical education, State University of New York.

NOMINATING COMMITTEE

The Nominating Committee was named by President Stanley E. Dorst as follows: George Packer Berry, chairman; Walter A. Bloedorn; Marion Fay; W. Clarke Wescoe; R. Hugh Wood; Richard H. Young.

INSTITUTE HIGHLIGHTS

Highlights of the recently concluded Institute on the Teaching of Pathology, Microbiology, Immunology and Genetics were presented after introductory remarks by Douglas A. Sprunt, chairman of the Institute. Speakers and their subjects were:

G. Lyman Duff, dean and professor of pathology, McGill University Faculty of Medicine—How to Deal with the Important Needs for Service.

William B. Wartman, professor of pathology, Northwestern University Medical School—Should the Examination Serve as a Learning Exercise?

Colin M. MacLeod, professor of microbiology, New York University College of Medicine—The Scope of Microbiology.

C. Nash Herndon, associate professor of medical genetics, Bowman Gray School of Medicine—Genetics in Medical Education.

Dale R. Coman, professor of experimental pathology, University of Pennsylvania School of Medicine—Project Teaching.

I. Davidsohn, professor of pathology, Chicago Medical School—Integration of Preclinical and Clinical Studies.

Brief remarks also were made by Robert A. Moore, Institute co-chairman, and George Packer Berry, chairman of the Committee on Teaching Institutes and Special Studies.

ROUND TABLE DISCUSSIONS

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

A. G. Lyman Duff, McGill University Faculty of Medicine.

B. William B. Wartman, Northwestern University Medical School.

C. John T. Cuttino, Medical College of South Carolina.

D. Granville A. Bennett, University of Illinois College of Medicine.

E. John F. Sheehan, Stritch School of Medicine of Loyola University.

F. James P. Tollman, University of Nebraska College of Medicine.

G. Mark R. Everett, University of Oklahoma School of Medicine.

H. George A. Wolf Jr., University of Vermont College of Medicine.

THE BORDEN AWARD

The nominating address for the Borden Award in the Medical Sciences was made by Ashley Weech, Borden Award Committee chairman, as follows:

A signal event at the annual banquet of the Association of American Medical Colleges is the presentation of the Borden Award. It is an event which permits our

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Association to express in a concrete way its appreciation and its recognition of outstanding scientific achievement. Since we are happy in being able so to express these sentiments, it is altogether proper and just that we should thank the officers of the Borden Company Foundation and of its parent company for the philanthropy which has made the event possible. We also want to assure these officers through their representative, Mr. McCain, that we have not forgotten that the Borden Awards serve a two-fold purpose. Not only are we enabled to honor the living great, but also the act serves to illuminate the work and the ideals of a great scientist of a hundred years ago. Gail Borden, whose features appear in bas-relief on the award medals, would himself have approved of the method chosen to commemorate his achievements.

It is also proper and just to thank the members of the Association for their very great labors in connection with nominations. Those many of you who have nominated are aware of the labor involved. You have assembled and mailed reprints and bibliographies. You have furnished the curricula vitae. You have done more. You have sent your personal comments in assessing the achievements of your nominees. Without your help, your committee could not have proceeded. The committee, in turn, can assure you that the information turned in was studied thoughtfully in detail. Each committee member acted without consultation and made his own assessments. The assignment was not easy. I know I speak for the others when I say that all of the nominees deserved consideration. All of them are scientists of distinction and all have contributed importantly to recent advances in medicine. In attempting evaluation, I was reminded of an old high school debate in which the opposing sides argued the virtues of the orange versus those of the apple. How does one compare the relative value of important scientific discovery in widely different fields of inquiry—a life-saving advance in cardiac surgery; a new understanding of the clinical usefulness of newly isolated hormones; the discovery of an antibiotic effective against viruses x, y or z? Evaluation depends upon assessment of the imagination, ingenuity, intellect and persistence of the investigator as well

as on the importance of the discovery. With so many factors to be considered, the selection would seem to depend in part on the constitution of the committee as well as on the achievements of the investigator.

Mr. McCain, we are grateful to you for what your foundation has done. We are grateful to the foundation for clear elucidation of purposes and ideals. I have described some of the problems of a committee. With solemn wonder, in view of the difficulties, I can report to you that our nominee for 1954 was elected on a single ballot. Karl F. Meyer of San Francisco is the choice of the year. The choice for the year is right.

Stipulations imposed upon your committee in selecting a nominee state that the award is to be given for great scientific achievement during a preceding five years. Karl Meyer meets these stipulations with an imposing list of more than 50 publications during this span of time. But, the committee would fail in frankness if it did not honestly admit respect and esteem for a constantly productive career over more than 40 years. Early in his investigative period of life, Karl Meyer recognized the advantages and the unavoidable nature of symbiotic relationships between men and animals. In a rather recent paper, he verbalized his reflections by saying, "Animals have always shaped the destinies of man." Contacts between man and animals have been attended by many hazards detrimental to human health and threatening human life. The career of Karl Meyer has been dedicated to removing the hazards and threats. His many contributions to current knowledge of plague, brucellosis and the psittacosis group of viruses have furnished answers of great importance to those concerned with preventive medicine and public health on a worldwide scale. The contributions are more than deserving of the honor of a Borden Award.

Mr. McCain, the committee of the Association greatly regrets that Karl Meyer is unable to be here this evening to accept the award in person. Nevertheless, the regrets represent a polite verbalization of mingled emotions. We glory in the fact that counsel with Meyer remains in high demand. Numerous prior commitments prohibit his presence here. May I, therefore, present to you, Francis

Scott Smyth, professor of pediatrics of the college of medicine of the University of California, and a colleague of Dr. Meyer, who will accept the award and bring to you a personal message from Meyer.

FRANCIS SCOTT SMYTH, professor of pediatrics and former dean, University of California School of Medicine, accepted the Borden Award for Dr. Karl F. Meyer as follows:

Commitments made several months ago have conspired to prevent me from attending the meeting of the Association of American Medical Colleges and from expressing to you in person my appreciation of the recognition you have afforded me in choosing me the recipient of the Borden Award. It is a personal disappointment to be absent on this occasion. To be selected from the many deserving is indeed a singular privilege. It is an acknowledgment of the accomplishments of all who, through the past 50 years, have devotedly and loyally assisted my humble efforts. Since you honor the University of California, which afforded me the opportunity for unrestricted investigative work during the world period of great scientific and social change, it is indeed appropriate that my good friend, Dr. Francis Scott Smyth of the school of medicine, has kindly consented to accept the Borden Award in my behalf.

Your committee entrusted with the selection of the recipient of this award doubtless inquiries into diverse activities, mainly those documented in scientific writings, but in such writings the motivating ideas are not always discernible. Every human being adheres to a philosophy of some kind that gives a meaning to his life as an individual and grants him a certain satisfaction. In the twilight of life I would like to reminisce through the guiding philosophy of my own life.

In the upper classes of a classical European high school curriculum an assignment was made to translate from Latin certain chapters of the classical treatise by Ramazzini on the diseases of workers, written in 1700. Instead of only translating the chapter, which describes disorders due to lead poisoning that attack painters, I perused this work with pleasure and profit. The scholarly observations of a cultivated writer left a deep

imprint, because they were the thoughts and interpretations of an observer of first rank. To Ramazzini it was the duty of the physician to "exhaust himself in infinite examinations, in continual experiments, to try to resolve the greatest as well as the most insignificant medical problems."

Scarcely had the impact of this exercise passed when another assignment was made: to discuss a formal academic oration made in Latin by Johann Peter Frank in 1790 to the faculty and students at the University of Göttingen. It had been translated into German under the title "The People's Misery, Mother of Disease." In this address, rarely read now, the interrelationship of poverty, crime and disease are vividly described. Johann Peter Frank approached the problem as a physician and described in eloquent terms the high incidence of illness, the high mortality and the decrease in population observed in rural districts. He was also a statesman and saw clearly that health is merely one aspect of much broader social and economic problems. Over a hundred years had passed since Frank delivered his address. The high school student ready to enter the university was profoundly moved by the words and found them as true in a later century. Poverty is still among the chief causes of disease and the chief sources of crime. Any traveler in underprivileged countries sees clearly that Frank's concept is as true today as it was in the 18th century. Anyone who takes an unbiased view of his own country sees that it is true. There is bound to be unrest unless the social and economic conditions of the underblest are improved.

These early imprints on a receptive mind were well nurtured during its student years by a professor in legal medicine, who emphasized daily the importance of health consciousness and of a sense of responsibility in a cooperative society. General welfare comes before individual welfare. The more specialized society becomes, the more man is obliged to give up certain individual liberties and to assume responsibilities toward the social group of which he is a part. Not only the deadly dramatic epidemic and endemic diseases affect human welfare. Numerous lesser ailments cause endless suffering and inflict tremendous economic burdens to the population.

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Early contact with the populations of the high plateau and the jungle belts of Africa created an interest in the problems of rural health, which cannot be seen alone as a study in medicine. The health of the 1,300 million rural dwellers in a world population of 2,400 million depends on their success in growing food of the right kind and amount, in breeding animals and in building houses and water supplies and all the other adjuncts to communal life. Even a casual acquaintance impressed the traveler that the diseases predominantly rural are widespread and affect so high a proportion of the population as to be dominant impediments to social and economic development. Medically they may mask other diseases to the point of making them, at least temporarily, clinically irrelevant. The impact of the zoonoses directly and indirectly on the health of the dweller in rural areas of the world has offered many fascinating challenges. It has been a delight to exercise the wits in trying to find the mysterious pathways of the spread of these infections. But nothing has been as gratifying as applying the little knowledge gained to the benefit of humanity.

The pursuit of epidemiological problems has been deeply satisfying and has fulfilled the ideals that give purpose to life. Now you have graciously decided to recognize the contributions I have been able to make by granting me the 1954 Borden Award. With a sense of humility and deep appreciation I accept this honor. I am profoundly grateful.

TRIBUTE TO DR. HINSEY

The Association paid tribute to the contributions of Joseph C. Hinsey in his nine years of service on the Executive Council. Ward Darley, president, University of Colorado, spoke as follows:

I count it an honor to appear before the Association on this occasion. I say this particularly because tonight's assignment has made me pause in my busy life and think back over 10 very pleasant years—years that have been very important to my wife and myself because of the many friends we have made from among you who have been laboring together in the interests of this Association and good medical education. It pleases me very much indeed that tonight we are to single out one of these

friends for special mention, and it is of great personal significance to me that I have been selected for the task.

Joseph Clarence Hinsey is a native of Iowa, a product of the middle west. He spent four years each on the faculties of Washington University of St. Louis and of Stanford University before he settled at Cornell University Medical College in 1936 as professor and head of the department of physiology. Three years later he was named professor and head of the department of anatomy, and in another three years the deanship of the college was added to his responsibilities. He served in these positions for 14 years. In 1953 he was made president of the joint administrative board of the New York-Cornell Medical Center.

Joe is an excellent teacher and his former students are now among the world's leading scientists and physicians. He is also a scientist and in spite of his heavy administrative responsibilities he has published some fourscore scientific articles. He is a member of numerous scientific and medical societies and associations, most of which base their invitations to membership upon performance of a high order. Joe has held high office in many of these organizations.

As would be expected of an individual with demonstrated teaching, scientific and administrative ability, Joe has a long record of public service. I can list only a few of his most notable assignments: The President's Commission on the Health Needs of the Nation, the board of managers of the Memorial Hospital of New York City, trustee of the Sloan-Kettering Institute, trustee of the China Medical Board, trustee of Cornell University, member of the Committee on the Survey of Medical Education.

All of his scientific, administrative and public service duties have not kept Joe from his home. Many of us in this audience have been in his home and have come to know his charming wife, Sally, and his two children, Elaine and Joseph. Few of us, however, know that he is now a grandfather—Elaine's twins, a boy and a girl, arrived just in time to allow "Grandpa" to show his usual prompt arrival for the Executive Council meetings last week.

Joe Hinsey is a warm and friendly man, as you all know. He rarely forgets a name, and those who know him marvel at the ease and the pleasure with which

he can strike up a conversation with anyone with whom he may come in contact—the lonesome student, the man who may sit beside him on the train or in the restaurant, a waiter or a porter, and nine times out of 10 he will have been in their home town, will find a mutual acquaintance or find some other item of common interest. This capacity to establish rapport has no doubt added greatly to Joe's success as a teacher, an administrator and a public servant.

This academic, scientific, administrative, altruistic and personal picture that I have tried to draw does but poor justice to the background from which Joe has come to give so much and so generously of his talents, time and energy to work of this Association and the cause of medical education.

Joe first came to the Executive Council in 1945 as vice president of the Association. He served as president in 1949. He has been chairman of the Executive Council for the past eight years. In service to this Association, Joe has been militant and yet considerate; he has been tenacious and yet patient; he has been critical and yet judicious. For a decade he has played a leading role in the progress of this Association. Under his leadership it has grown from a rather small and not too significant organization of deans to an Association of medical educators and faculties—an Association that has played an important part in protecting the interests of good medical education during World War II and in keeping medical education abreast, even ahead, of the progress in medicine that was to follow. In order that this Association could play this kind of role, it was essential that it be ably represented in high places. As chairman of the Executive Council Joe has, frequently, either alone or in cooperation with others, played an important part in seeing to it that the cause of good medical education has been properly and ably presented. Even in the course of his activities not necessarily related to those of this Association, he has constantly let it be known that this Association is an important part of this nation's medical health armamentaria.

In pointing up Joe's significance to this Association, I could detail such things as an improved Journal of MEDICAL EDUCATION, the work of the Committee on Student Personnel Practices, the

development of the Medical Audio-Visual Institute, the broadening of the Association's committee activities, and the development of the Teaching Institutes. Joe has played some role in virtually every facet of the Association's activities and it has particularly been because of his efforts that these achievements have been adequately financed. If I seem to pass these things by without elaboration, I do not mean to minimize their importance. Of course they are important. But what I think is of the greatest importance to Joe, and this should also be of the greatest importance to us, is that all of his activities, perhaps even his work in this Association, have not been ends in themselves. To those of us who know him well, it seems that the all-important thing to Joe has been *good medical education*. His work with Washington University, Stanford and Cornell; his extracurricular activities with foundations, boards, governmental agencies and countless committees and councils, as well as his service to this Association have all been to this end—the improvement of medical education.

We who have worked with Joe have no fear that his leaving the Council will diminish his efforts on behalf of medical education. We all know that he has given an undue amount of his time and energy to our common cause and we are grateful that his work has been so obviously successful. The present stature of the Association is in large measure due to the spirited leadership he has provided, and we all recognize this fact. If we feel sad that his leaving the Council will result in the absence from that body of a person, a voice and a mind that we have grown to count on and respect, we can be happy in knowing that Joe's work for the Association will never be completed so long as he is active. As you all know, much of the Association's work and responsibility must be and should be carried by non-Council members. While Joe is, by legal requirement, leaving the Council, we are happy that he will still be one of us and we take comfort in the fact that his skill, his energy, his knowledge and his wisdom will still be available for special assignment.

We do not want Joe to retire from the Council without an expression of appreciation of him as a person, of our gratitude for his effective hard work and leadership and of our sincere hope that,

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for him, there lie ahead many more years of health, happiness and the satisfactions of accomplishment.

DINNER ADDRESS

The address at the Annual Dinner of

the Association, "A Theologian Looks at Professional Education," was presented by the Rev. John Courtney Murray, S.J., professor of theology, Woodstock (Md.) College.

Tuesday, October 19, 1954

ELECTION OF OFFICERS

The report of the Nominating Committee was read by Chairman George Packer Berry. Upon recommendation of the 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 1954-55:

For president-elect—Robert A. Moore, vice chancellor, Schools of the Health Professions, University of Pittsburgh.

For vice president—John McK. Mitchell, dean, University of Pennsylvania School of Medicine.

For treasurer—John B. Youmans, dean, Vanderbilt University School of Medicine.

For elective members of the Council to serve until 1957—Lowell T. Coggeshall, dean, Division of Biological Sciences, University of Chicago; Thomas H. Hunter, dean, University of Virginia School of Medicine.

Other Council members are: 1955—John Z. Bowers, Stockton Kimball; 1956—George N. Aagaard, Walter R. Berryhill.

CONFERENCE REPORTS

Reports of three teaching conferences were presented as follows:

1. "The Results of the Ithaca Conferences on the Teaching of Psychiatry," Theodore Lidz.

2. "The Results of the Colorado Springs Conference on Preventive Medicine in Medical Schools," John P. Hubbard, Duncan W. Clark.

3. "The Results of the 1953 Institute on the Teaching of Physiology, Biochemistry and Pharmacology," Julius H. Comroe.

PROFESSIONAL EDUCATION AS A UNIVERSITY FUNCTION

Henry T. Heald, chancellor, New York University, discussed professional education as a university function from the viewpoint of a university chancellor. Sheldon D. Elliott, dean of the law school, New York University, discussed the subject as viewed by a law college dean.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

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

1. *Audiovisual Education*—Chairman, Walter A. Bloedorn; Thomas P. Almy; Clarence E. de la Chapelle; William W. Frye; Theodore R. Van Dellen; W. Clarke Wescoe.

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

3. *Editorial Board*—Chairman, John Z. Bowers; William B. Bean; Stanley E. Bradley; Alan Chesney; James W. Faulkner; Russell L. Holman; Chauncey D. Leake; Dean F. Smiley.

4. *Financing Medical Education*—Chairman, John B. Youmans; Walter A. Bloedorn; Ward Darley; Joseph C. Hinsey; Vernon W. Lippard; Norman Topping.

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

6. *International Relations in Medical Education*—Chairman, Francis Scott Smyth; E. Grey Dimond; Frode Jensen; Maxwell E. Lapham; John McK. Mit-

chell; Elizabeth T. Lam; Harold H. Loucks; Myron Wegman.

7. *Internships and Residencies*—Chairman, Currier McEwen; D. W. E. Baird; Robert Berson; Harold Jeghers; 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; Emil G. Holstrom; George A. Wolf Jr.; Eugene B. Ferris Jr.

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

9. *Medical Care Plans*—Chairman, Dean A. Clark; Frank R. Bradley; George Hayman; Henry D. Mulholland; John F. Sheehan; Albert Snoko; Maxwell M. Wintrobe.

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

11. *Public Information*—Chairman, John L. Caughey; Walter R. Berryhill; Joseph B. Kelly; Milton Murray; Ralph Rohweder; Raymond O. Torr; John D. Van Nuys; Harold C. Wiggers.

12. *Teaching Institutes and Special Studies*—Chairman, George Packer Berry; Philip Bard; D. Bailey Calvin; Stanley E. Dorst; Joseph C. Hinsey; Thomas Hunter; Carlyle Jacobsen; Vernon W. Lippard; Rolf Syvertsen; W. Clarke Wescoe; John M. Stalnaker.

13. *Veterans Administration—Medical School Relationships*—Chairman, R. Hugh Wood; Harold S. Diehl; A. C. Furstenberg; Currier McEwen; Gordon H. Scott; Richard W. Vilter.

FILM PROGRAM

Two film programs, arranged by J. Edwin Foster, director, Medical Audio-Visual Institute, were presented simultaneously, beginning at 9 P.M. One of these was of general interest; the other was on medical teaching.

EXECUTIVE COUNCIL

The first meeting of the 1954-55 Executive Council was held, beginning at 9 P.M. Association President Vernon W. Lippard was elected Council chairman. Dean F. Smiley, secretary, and John M. Stalnaker, director of studies, were reappointed.

Wednesday, October 20, 1954

Business Meeting of the Association

ROLL CALL

All institutional members were represented except the Medical College of Georgia, University of Minnesota Medical School, University of Oregon Medical School and Wayne University College of Medicine.

All affiliate institutional members were represented except Queen's University Faculty of Medicine, University of Manitoba Faculty of Medicine, University of Toronto Faculty of Medicine, University of Western Ontario Faculty of Medicine.

APPROVAL OF MINUTES OF 64th ANNUAL MEETING

The minutes of the 64th Annual Meeting, October 26, 27 and 28, 1953, at Atlantic City, N. J., were approved as published.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

JOSEPH C. HINSEY, *chairman*:

I summarized the actions of the fall meeting, October 21-24, 1953, in my annual report to you at Atlantic City, October 28, 1953.

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The actions of the organization meeting of the Council, October 27, 1953, were as follows:

1. George Packer Berry reported on plans for the 1954 Teaching Institute. Douglas H. Sprunt was selected as chairman and Robert A. Moore as co-chairman of that Institute in the fields of pathology, microbiology, immunology and genetics.

2. The following resolutions submitted by the Committee on Planning for National Emergency were approved for submission to the Association on October 28, 1953:

"Resolved 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 academic and residency years.

"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 composed of individuals competent 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."

3. The following resolution submitted by the Subcommittee on Medical Education for National Defense was approved for submission to the Association on October 28, 1953:

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

"Whereas 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,

"Whereas the underlying philosophy of the MEND pilot program is consistent with sound concepts of medical education,

"Whereas 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,

"Whereas 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,

"Whereas it is apparent that this program would not have been possible without the financial support which enabled the schools to engage a program coordinator and to defray necessary traveling expenses,

"Whereas 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, and

"Whereas 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,

"Be it resolved therefore that the Association of American Medical Colleges strongly recommends that the MEND program be continued in the five schools in which it has already been initiated, and

"Be it further resolved that the program be made available to all medical schools on a voluntary basis as rapidly as possible."

4. Members of the Association's committees and representatives to related organizations were appointed. (The names appear on the printed program.)

2. The mid-winter meeting of the Executive Council was held February 5 and 6, 1954, at the Palmer House, Chicago, with action as follows:

Those present were: George N. Aagaard, W. R. Berryhill, John Z. Bowers, Ward Darley, Stanley E. Dorst, Joseph C. Hinsey, William N. Hubbard, Stockton Kimball, Vernon W. Lippard, Robert

A. Moore, Dean F. Smiley, John M. Stalnaker, John B. Youmans.

William S. Middleton was unavoidably absent due to illness.

1. Dr. Smiley reported on changes in the staff as follows: (a) William N. Hubbard Jr., presently associate dean at New York University College of Medicine, has accepted the position as associate secretary of the Association. He will give part time to the work of the Association beginning in March 1954, and will begin devoting full time to the work of the Association with the next academic year, July 1954; (b) Roy Parry assumed the position of advertising manager of the *Journal of Medical Education* as of January 11, 1954.

2. The decision was made to hold the 1955 Annual Meeting at the New Ocean House, Swampscott, Mass. The Teaching Institute to be held October 17 through 21, 1955, and the Annual Meeting October 24, 25 and 26, 1955.

3. The decision was made to hold the 1956 Annual Meeting at the Broadmoor Hotel in Colorado Springs; the Teaching Institute being held November 5 through 9, 1956, and the Association's Annual Meeting to be held November 12, 13 and 14, 1956.

4. The report of the ad hoc committee, consisting of Vernon W. Lippard, Joseph C. Hinsey, Stanley E. Dorst, John M. Stalnaker and Dean F. Smiley, appointed to bring in a recommendation concerning means of screening foreign medical graduates for licensing in the United States, was read. After considerable discussion a number of changes were incorporated and Robert A. Moore prepared a final copy which was approved as follows:

In the opinion of the Executive Council of the Association of American Medical Colleges ways should be kept open by which well qualified physicians may obtain licensure to practice in the United States. It is equally important, however, that the public be adequately protected against the dangers attendant on permitting unqualified physicians to obtain a license to practice.

Inspection and accreditation of American medical colleges has proved to be an important adjunct to the examination of graduates of these colleges by the various state licensing boards in the effective screening of American trained physicians.

However, because of differences in culture, in traditions, and in objectives it is not desirable or feasible for Americans to undertake a comparable program of accreditation of schools in other countries. Therefore, some other type of screening procedure for those who graduate from a foreign medical school listed by WHO and wish to practice in the United States, is desirable. The Council suggests this procedure:

(1) The applicant should apply to a specific state licensing board presenting such documentary evidence as may be required by that board.

(2) If the licensing board to which the application is made is satisfied that the applicant is otherwise qualified, it may issue the applicant a permit to take Part I of the examination of the National Board of Medical Examiners.

(3) If the applicant successfully passes Part I of the examination of the National Board of Medical Examiners this fact should be certified to the state board which may then proceed under its regulations and requirements.

5. The increasing number of states withdrawing support of the national board examinations was noted with regret. The secretary was instructed to prepare a letter which would go out to the deans of all the medical schools calling attention to the problem and suggesting that possibly it might be wise to set up a liaison committee between the medical schools of the state and the licensing board of the state. The deans would also be asked to keep Charles Doan, chairman of the Committee on Licensure Problems, informed of any action that they take in this field.

6. Final approval was given to the plan of the National Fund for Medical Education to issue certificates for leadership in the support of medical education. It is agreed that such certificate should be a joint certificate of the Council on Medical Education and Hospitals of the American Medical Association and of the Association of American Medical Colleges. The nominations for such a certificate will be made by the national fund, but both councils will have an opportunity to pass on the nominations.

7. A statement, prepared by a committee consisting of Dean Smiley, Victor Johnson, Edward Turner and John Stalnaker, was revised and approved as follows:

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In answer to inquiries regarding policies relative to the transfer of students from a graduate school to a medical school the following principles are suggested:

(1) When students registered in the graduate school of a university take courses in the medical school which are the regularly required courses for medical students, such graduate students should be expected in every instance and in every respect to meet the same standards of accomplishment as are expected of medical students.

(2) Students who obtain credit, while registered in the graduate school of a university, in courses in the medical school which are regularly required of medical students, may be permitted to apply that credit without question toward their M.D. degree if they transfer from the graduate school and are permitted to officially register in the medical school.

(3) The accumulation of credit by a graduate student in courses usually required of medical students will in no way obligate a medical school to accept such a person as a medical student. On the contrary, the committee should make its decision as to the admissibility of a student purely on its judgment as to his eventual fitness for the medical profession.

(4) Whether a university or medical school wishes to award credit toward an advanced academic degree such as the M.S. or Ph.D. for work completed in regular medical school courses, is a matter for the university itself to decide in accordance with that institution's rules relating to graduate degrees.

8. The following were named to continue as members of the Medical Advisory Committee of the Institute of International Education: Duncan W. Clark, Dayton J. Edwards, Aura Severinghaus, Cornelius T. Stepita; Frode Jensen and James McCormack—alternates.

9. The secretary was instructed to write J. M. Godard, executive secretary of the Southern Association of Colleges and Secondary Schools, declining the invitation to take part in joint university visitations and inspections with that association, at least for the immediate present. Since joint evaluation procedures are in the process of being developed with the Middle States Association and have been by no means

completed, it was the feeling of the Council that further study of this pilot experiment would have to be completed before further cooperative relationships could be established.

10. In answer to the Middle States Association invitation to take part in the evaluation of the University of Puerto Rico, Howard University and George Washington University, it was the decision of the Council that (a) in view of current reports already on file there would be no need to take part in the evaluation of the University of Puerto Rico and Howard University, (b) in view of the fact that the only current reports on George Washington University School of Medicine are those made in the Survey of Medical Education under Dr. Deitrick, it was voted that the Association would participate along with the Council on Medical Education and Hospitals in the evaluation of George Washington University.

11. After careful consideration and discussion of the matter of federal military scholarships the Council approved the following statement:

The Council sees no objection to federal military scholarships provided they are offered under proper conditions.

12. After thorough discussion of summer clinical clerkships in Army hospitals, it was the consensus of the Council that the matter would be left entirely to the decision of the individual schools. Such clerkships should, however, be offered on a purely voluntary basis.

13. Stockton Kimball gave a resume of the findings of his recent questionnaire on draft and selective service difficulties, the returns on which are still not complete.

14. The Committee on Planning for National Emergency was instructed to restudy the report on Medical Education in Time of National Emergency and revise it, making reference, if possible, to all current problems. After revision the report should be submitted to the Joint Committee on Medical Education in Time of National Emergency.

15. Upon the recommendation of the inspection committee, the University of British Columbia Faculty of Medicine was voted into full Affiliate Institutional Membership in the Association of American Medical Colleges. Since authority was voted to the Council to make this decision at the October meet-

ing of 1953, this is the final action on this school.

16. Approval was given to a letter which will go out on Association of American Medical Colleges letterheads and over Stanley E. Dorst's signature to American industries in connection with the National Fund for Medical Education.

17. Lowell Coggeshall made a report to the Council on the proposed National Fund for Psychiatric Research and Training. Suggestions were made as to how the new organization might be correlated with the National Fund for Medical Education, yet confusion between the two organizations avoided.

18. For the information of the Council Dr. Berry outlined the plans for the 1954 Teaching Institute and briefly reviewed the special studies that the Committee on Teaching Institutes and Special Studies is engaged in.

3. The summer meeting was held June 18 and 19, 1954, at the Palmer House, Chicago, with the following actions:

Those present were: George N. Aagaard, Walter R. Berryhill, Joseph C. Hinsey, William N. Hubbard Jr., Stockton Kimball, Vernon W. Lippard, Dean F. Smiley, John M. Stalnaker, John B. Youmans. Unavoidably absent, because of illness or conflicts with school commitments, were Stanley E. Dorst, William S. Middleton, Ward Darley, John Z. Bowers and Robert A. Moore.

1. The budgeted expenses for the next fiscal year beginning July 1, 1954, were approved as follows:

Secretary's Office	\$ 75,130
Journal and Publications	74,875
Medical Audio-Visual Institute.....	18,000
Committee on Teaching Institutes and Special Studies.....	120,000
Total	\$288,005

The budgeted income for the fiscal year beginning July 1, 1954, was estimated as follows:

Unrestricted Income to the Association	\$112,500
Earned Income to Sections	37,000
Grant Income to Sections	140,000*
Total	\$289,500

*There are also two additional grants of \$25,000 each, one from the Heart Institute and one from the Commonwealth Fund. They are both for the Teaching Institute.

2. Staff changes were reported as fol-

lows: William N. Hubbard Jr. will devote one-third of his time to the Association as associate secretary beginning July 1, 1954. He will continue, however, to act as associate dean at New York University College of Medicine. Ross Dykman will become full-time assistant director and research associate in the Committee on Teaching Institutes and Special Studies. Edward Smith will become half-time IBM technical advisor to the Committee on Teaching Institutes and Special Studies. (He is also half-time managing director of the National Intern Matching Program, Inc.). Mrs. Helen H. Gee will take the place of Sarah Counts, resigning September 1, as research associate. Mrs. Helen Morford becomes John Stalnaker's administrative assistant in special studies as well as in the teaching institutes.

3. An ad hoc committee consisting of John M. Stalnaker, chairman; Joseph C. Hinsey, and Dean F. Smiley was appointed to draw up a report and make recommendations to the whole Executive Council by July 15, 1954, as to the provision of permanent housing arrangements for the Association's central office.

4. A report by John Z. Bowers, chairman, on the work of the new Editorial Board was read and plans set forth for building up and improving the Journal were given general approval.

5. The work of the MAVI was discussed as it was set forth by Dr. Foster in graphic form. It included school visitations, developing information, answering inquiries, film publications, preview circuits and miscellaneous activities. It was suggested that Dr. Bloedorn consult with Dr. Aagaard, who is on the Committee on Motion Pictures of the AMA, to see if there are any ways in which the work of the two committees can be better coordinated.

6. Dr. Smiley reported that there are to date 1,071 paid applications for Individual Membership. It was agreed that another copy of the brochure and application blank should go out to all non-members next year.

7. Plans for the 65th Annual Meeting, to be held at French Lick Springs October 18-20, 1954, were discussed, and approved.

8. A statement entitled, "Objectives and Aims of the Association of American Medical Colleges," prepared by

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John Z. Bowers, was discussed. The secretary was instructed to prepare copies of this statement and to send them to every member of the Council with the suggestion that they send Dr. Bowers their suggested revisions or additions. After final revision by Dr. Bowers it was suggested the statement be published in the Journal of MEDICAL EDUCATION.

9. Reports of recent visitations of eight schools were discussed.

The University of Puerto Rico School of Medicine was voted into full Institutional Membership in the Association by the Executive Council under the authority given it by the Association at its October 1953 meeting.

10. Reports were made on the possible development of new medical schools in Ohio, Connecticut and New Jersey.

11. A school visitation and consultation schedule for 1954-55 in cooperation with the Council on Medical Education and Hospitals of the American Medical Association was discussed and approved. This will leave only three medical schools in the U. S. that have not been visited within the past five years.

12. Plans for cooperation with certain of the regional accrediting associations in university visitations were discussed and approved.

13. The appointment of representatives to a joint committee (with the AMA and the AHA) to consider changing of the traditional dates for the beginning of internships and the beginning of residencies was confirmed. They are F. Joseph Mullin, John M. Stalnaker and Howard Armstrong.

Confirmation was made of the appointment of John Deitrick, of Jefferson Medical College, as the AAMC representative to the Council on Medical Education and Hospital's Internship Review Committee.

Dr. Mullin reported that the Student American Medical Association had requested membership in the corporation of the National Intern Matching Program, Inc. The Council voted its approval of membership of the SAMA in the corporation.

The following recommendation of a Joint Committee which was appointed as a Subcommittee of the Association's Committee on Internships and Residencies was presented by F. Joseph Mullin and, after some revision, approved:

The need for filing duplicate application forms as a national procedure for internship appointment, one to be sent to the hospital and one to be given to the dean of the medical school by each student, no longer exists. In those medical schools which require that applications be forwarded through the office of the dean a duplicate application form, so marked, should be sent by the student directly to the hospital at the time he leaves his official form with the dean for transmission to the hospital from the school. In those medical schools which do not require that the application be forwarded through the office of the dean, the medical student should send his application for internship directly to the hospital.

A report was made on the meeting of the ad hoc committee of the House of Delegates of the AMA appointed "to study the entire intern problem." The meeting was held April 24, 1954, at the AMA headquarters in Chicago, and Dr. Smiley and Mr. Stalnaker attended this meeting. The committee consists of George S. Klump, Williamsport, Pa., chairman; Abraham H. Aaron, Buffalo, N. Y.; H. Russell Brown, Watertown, S. D.; George A. Earl, St. Paul, and William A. Hyland, Grand Rapids, Mich.

14. Stockton Kimball discussed the revision he recently made of the original Statement of the Joint Committee on Medical Education in Time of National Emergency. This he prepared and presented to the Subcommittee on Over-All Planning for Medical Services in Time of All-Out War of the Task Force on Federal Medical Service of the Commission on Organization of the Executive Branch of the Government on March 12, 1954.

The secretary was instructed to duplicate this report and distribute it to the deans of all medical schools under a covering letter written by Dr. Kimball. Suggestions and comments are to be sent to the secretary's office since Dr. Kimball will be in Brazil part of the summer.

15. Dr. Kimball reported on the unfavorable attitude of the Department of Defense toward continuation of the support of the MEND program in our medical schools.

The secretary was instructed to telegraph Frank Berry that the Council is deeply concerned over the attitude of the Department of Defense toward the

MEND program and has gone on record as favoring extension of this program to all medical schools that desire it.

The secretary was also instructed to duplicate the correspondence between Frank Berry and Dr. Olson and distribute it to the deans of the member medical colleges.

16. Dr. Sebrell and Dr. Price of the National Institutes of Health appeared before the Council and reported on the projects to provide long-term support of investigators in the preclinical sciences. Many questions were asked and suggestions given. Dr. Sebrell reported that six out of seven of their institute councils had approved the project and it would likely be started with about 20-30 career investigatorships, building up to as many as 120-130 (for medicine, dentistry and public health) at the end of five years.

17. The secretary was instructed to see that the availability of the AMA's "Public Relations Manual" for physicians is called to the attention of the deans of our medical schools.

18. Dean James W. Colbert was named as Association representative to the National Conference on "Approaching Equality of Opportunity in Higher Education" scheduled for November 15-16, 1954, at the Jefferson Hotel, St. Louis. This conference is being sponsored by the American Council on Education.

19. The results of the American Council on Education's poll on amendment of Public Law 550 (the Korean G.I. Bill) was discussed. No action was taken.

20. For information only a report of the Committee on Resources of the Medical Library Association was summarized pointing up their planning for national emergency. No action was taken.

21. Medical military scholarships involving three-year terms of service and no escape clause were discussed. Reservation was expressed but no action taken.

22. VA residencies with stipends equal to regular hospital staff salaries were discussed. Reservations were expressed but no action taken.

23. Dr. Berry reported on the plans for the 1954 Teaching Institute stating that 12 committee meetings have already been held, the questionnaire has been sent, and that much of the preliminary planning has been completed.

24. Dr. Berry and Mr. Stalnaker briefly discussed the results of a recent study of the undergraduate origin of medical students.

4. Actions taken at Executive Council Meetings—October 13-16, 1954:

1. The Council recommended the locating of the Association's central office in Evanston, Ill., provided funds for the purchase of land and the erection of a suitable building can be procured from outside sources. It recommended that the Executive Council be authorized to proceed with building plans and construction if and when such funds become available.

2. The Council approved extension of the present lease on space at 185 N. Wabash Ave., Chicago, to March 1, 1956.

3. The following recommendations made last year were reaffirmed; i.e., (a) that no member medical college should accept applicants more than one year before the actual start of classes, (b) that no member medical college should require a deposit before January 2 of the year of intended registration.

4. Approved the school visitation program for 1954-55 including 18 schools.

5. The Council recommended to the deans of member institutions that they lose no opportunity to express their gratitude to the National Fund for Medical Education for the support being provided medical education by that fund.

6. Instructed Dr. Lippard to write a letter to President Dwight Eisenhower pointing out the harmful effects on medical education of the present practice of refusing deferment for medical teachers who transfer from one essential position to another.

7. Expressed the opinion that the medical profession *has* a real responsibility to participate in the accrediting of nonmedical but professional personnel working in the medical field. (Robert Moore abstained from voting on this issue.)

8. The Council expressed its full confidence in and support of the efforts of the MEND Committee to give permanence to and provide expansion of the MEND program. A special vote of appreciation was given Stanley Olson for his vigorous and persistent leadership in the development of this program.

9. The Council expressed serious concern over the fact that in many areas of

national planning involving medical education, the Association found no ready channel through which to make known the impact of this planning on medical education. Since many of these plans represent long-term government policy as well as plans for possible national emergency it is most important that these channels of communication be carefully kept open.

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

REPORT OF THE SECRETARY AND EDITOR

DEAN F. SMILEY: Last year at this time you voted to create a new type of membership, *individual membership*. Some, I'm sure, were skeptical as to the success of this innovation. It is, therefore, a pleasure to report that this new type of membership is a real success. In the first six months that it was offered, more than 1,000 persons applied, and as of today, with only one promotion letter having been sent by our deans, the total stands at over 1,300. Special mention should be made of George Washington with its 93 individual members, Medical Evangelists and Northwestern with their 56 members each, Pittsburgh with its 50 members, SUNY-Brooklyn with its 48 members, and Loyola with its 43 members. This is a very auspicious beginning and we hope that as time goes on we may see this figure increase to 10,000 memberships. There are over 30,000 medical teachers, surely one-third of them should be eventually participating through individual membership in the work of the Association.

Another important step forward was taken when the Executive Council voted at its June meeting to construct a *home office for the Association* in or about Evanston, Ill. Northwestern University has deeded us a very attractive site on the corner of Ridge Ave. and Central St., just a few blocks north and west of the university campus, and plans are definitely under way for construction. It is hoped that we may occupy the new building by March 1956.

Important *additions to our staff* have also been made. William N. Hubbard Jr., associate dean of New York University College of Medicine, has assumed the post of associate secretary,

and will devote one-third of his time this year to the work of the Association with the expectation of assuming full time with the Association on July 1, 1955. Ross Dykman has been procured as full-time assistant director of studies, Edward Smith has assumed the position of managing director of the National Intern Matching Program, Inc., and Roy Parry the position of advertising manager of the Journal.

The *school visitation program* has moved forward at a greatly accelerated pace. Visited last year by your representatives were 15 medical colleges including Trinity College, Dublin; University College, Dublin; North Carolina; Maryland; West Virginia; British Columbia; College of Medical Evangelists; Miami; Puerto Rico; Nebraska; Creighton; Missouri; Southwestern; Marquette, and Tufts. Planned for this coming college year are 18 medical college visits. It is a great satisfaction to record that if this schedule is successfully met there will remain on June 30, 1955, only three medical schools in this country which have not been visited by representatives of the Association within the last five years. Such an accelerated program of visits would have been impossible without the addition of an associate secretary to share the travel and report writing. This has been made possible through the generosity of the China Medical Board.

I hope you share with me the belief that the Journal of MEDICAL EDUCATION, thanks to the assistance of the Markle Fund, is really beginning to provide the kind of service it should provide as the only journal devoted exclusively to medical education. The Editorial Board has assumed active responsibility for the program, policy and content, and is actively soliciting and evaluating articles, and planning for a steady flow of articles from our American schools and from schools abroad. Dr. Bowers, the chairman, will report on some of the plans being made by the board. Advertising is up 20 per cent above last year and circulation has made a similar increase. Our weakest department is still that of our Editorials and Comments. We learned from our readership survey that our editorials are well read but not very highly regarded. You are urged to make your contribution to this department. We hope you will agree with the

Editorial Board that the front cover of the Journal should indicate what is inside. We have redesigned the cover and it will carry henceforth at least a part of the table of contents. Thanks to the China Medical Board, 312 foreign medical schools receive gift subscriptions. Every medical school listed in the WHO directory has been offered a free subscription to the Journal. Only a few of the schools beyond the "Iron Curtain," however, have had the temerity to accept our offer.

A great deal of effort has gone into improving the Association's publications this year. The *Directory* has been expanded and we hope made more useful; the booklet, "Fellowships, Funds and Prizes Available for Graduate Medical Work in the United States and Canada," has been revised and brought up to date; the booklet, "Admission Requirements of American Medical Colleges," has been revised and expanded to include answers to a wide variety of student questions. Dr. Foster has prepared an exhibit of our publications and I hope you will all take the time to view it and order whatever you find is missing from your desk or files at your office.

According to statistics furnished by the Institute of International Education, there were 38,833 *foreign students* in the United States in 1953-54. Students in the field of medicine made up only 9 per cent of all foreign students compared with 20 per cent for the humanities, 20 per cent for engineering, 14 per cent for the social sciences and 12 per cent for the physical and natural sciences. There were 352 students in the field of medicine, 990 listed as premedical students from sources distributed as follows:

	Medical	Premedical
Asia and the Near East.....	119	404
Canada	79	73
Latin America	76	281
Europe	65	147
Africa	9	67
Australia and Oceania.....	4	14
Stateless	0	4
	<hr/> 352	<hr/> 990

In addition to these 352 foreign students registered in our undergraduate medical colleges there were, however, according to Diehl, Crosby and Kaetzel 5,589 foreign physicians participating in internship, residency or fellowship training in over 800 United States hospitals

approved for such training. Of 500 advanced Fulbright Scholars, 124 as of September 1954, were studying in the medical sciences.

In answering the many inquiries received from foreign students at our Association office, it has been our policy to make very plain the difficulties that lie in the path of the foreign student who comes to the United States to take his undergraduate medical work, either with or without premedical work in the United States colleges. A question we are attempting to answer is how many foreign premedical students succeed in establishing residence by virtue of their stay in American liberal arts colleges and then gain admission to undergraduate medical schools as bona fide residents?

Assistance in the form of booklets and letters of advice was given 115 foreign medical graduates interested in advanced medical training in this country last year. Special assistance in placement was provided through our Committee on International Relations in Medical Education for a few foreign medical graduates who were planning on returning to teaching posts in their own country after the advanced training here.

In reviewing the record of the last six years of the Association it is apparent that the list of responsibilities thrust upon it has grown at almost an alarming rate. In order that we may not find ourselves eventually over extended it is obviously essential that we continue to keep our *basic budget and commitments* within the limits of what those who receive the services are in the long run going to be able and willing to pay for. As outside funds are made available for special projects they should, of course, be accepted and put to the greatest possible use, but the basic budget should be expanded only with the greatest caution and after full study by our Executive Council. We want to be progressive and perhaps even a little aggressive but we certainly want to avoid the hazards that go along with being overly expansive.

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

REPORT OF THE TREASURER

DEAN F. SMILEY reporting for JOHN

Minutes of the Proceedings

B. YOUMANS, treasurer: The fiscal affairs of the Association during the past year have continued in the generally satisfactory state of recent years with one notable and favorable exception; namely, the income from the recently established individual membership. Although the actual amount received from this source so far is not large, the encouraging results emphasize the large potential of this source of income which, if fully developed, offers a solution for the most pressing fiscal problems of the Association; namely, an adequate amount of annually recurring, unrestricted general income.

On the recommendation of the auditors, the staff of the Association and your treasurer, the method of accounting has been changed from a "cash receipts and disbursements" basis to "budgetary fund accounting," a system believed to give more easily understood financial reports and one common to that of most colleges and universities. This change has been approved by your Executive Council.

General income for the fiscal year ending June 30, 1954, including unrestricted gifts and grants but not special restricted grants, totaled \$220,713.22. Income from investments amounted to \$3,691.40, an increase of \$1,250.40 over last year. Income from individual memberships totaled \$10,970.25, and from overhead on special grants, \$2,380. The balance is accounted for by dues of the member schools, earnings of various activities and miscellaneous income.

Disbursements of nonrestricted funds

totaled \$221,765.82, resulting in a net decrease of \$6,052.60 in nonrestricted funds. *The balance with the General Fund account as of June 30, 1954, was \$153,053, compared with a comparable figure of \$137,418.18 last year.*

The balance sheet as of June 30, 1954, reveals total assets of the Association of \$320,173.48 including restricted funds, compared with \$207,070.82 the previous year. The increase is represented largely by special restricted funds and investments, including short-term securities which totaled \$157,770.75.

Budgets for the current fiscal year, not including budgets for restricted projects and studies but including the Journal of MEDICAL EDUCATION, the Committee on Teaching Institutes and Special Studies and the Medical Audio-Visual Institute, total \$186,951.85, of which some \$65,000 is drawn from special funds. Special studies and projects, including the Teaching Institutes, operating budgets are financed by restricted gifts and grants.

Details of the finances of the Association are contained in the report of the auditors, Horwath and Horwath (see below). I recommend that those who are interested in the fiscal details consult the auditor's report, which is available for inspection.

I wish to thank again all who have assisted me, and in particular the staff of the Association whose help has been invaluable.

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

September 10, 1954

Association of American Medical Colleges
185 North Wabash
Chicago, Illinois

Gentlemen:

We have examined the financial statement of the Association of American Medical Colleges as at June 30, 1954, and the related statements of current receipts, disbursements and balances for the period from July 1, 1953 to June 30, 1954. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

The following changes in accounting policies, approved by the Executive Council of the Association of American Medical Colleges, were effected during the fiscal year ended June 30, 1954.

1. Unexpended and/or overdrawn balances of the secretary's office, Journal of MEDICAL EDUCATION, Committee on Teaching Institutes and Special Studies and the

Association of American Medical Colleges
Chicago, Illinois
Summary Statement of Current Receipts, Disbursements and Balances
July 1, 1953 to June 30, 1954

Exhibit B

	NON-RESTRICTED FUNDS						RESTRICTED FUNDS		
	Total Funds	General Fund	Secretary's Office	Journal of Medical Education	Committee on Teaching Institutes and Special Studies	Medical Audio Visual Institute	China Medical Board Grant	Revolving Film Fund	Specific Projects
Balances — June 30, 1953 — before transfers	\$260,114.49	\$ 45,166.77	\$44,928.73	(\$12,677.32)	\$90,596.85	(\$ 8,909.06)	\$50,000.00	(\$ 1,476.62)	\$ 52,485.14
Transfer of unexpended balances to general fund		135,525.58	(44,928.73)		(90,596.85)				
Transfer of general funds to absorb deficits		(21,586.38)		12,677.32		8,909.06			
Balances — June 30, 1953 — after transfers	\$260,114.49	\$159,105.97					\$50,000.00	(\$ 1,476.62)	\$ 52,485.14
Receipts —									
Membership dues — Institutional — Schedule B-1	\$ 41,250.00	\$ 41,250.00							
Membership dues — individual	10,970.25	10,970.25							
Interest on investments	3,691.40	3,691.40							
Publications	4,421.89	35.91		\$ 2,859.55	\$ 1,526.43				
Subscriptions	2,781.55			2,781.55					
Advertising	27,083.48			27,083.48					
Film sales and rentals	6,420.54							\$ 6,420.54	
Interest tests — net	333.50					333.50			
Educational Testing Service, Inc.	52,801.11	52,801.11							
China Medical Board	50,000.00						\$50,000.00		
John and Mary R. Markle Foundation — Schedule B-2	70,000.00			20,000.00					\$ 50,000.00
National Intern Matching Program, Inc.	5,000.00				5,000.00				
Overhead on projects — Schedule B-3	2,380.04	2,380.04							
Restricted funds — Schedule B-2	68,581.95								68,581.95
Other additions —									
Budget allotment transfers	123,900.00			21,500.00	74,400.00	\$28,000.00			
Transfers from other funds	55,000.00		\$50,000.00					5,000.00	
Total receipts	\$524,615.71	\$111,128.71	\$50,000.00	\$74,224.58	\$81,259.93	\$28,000.00	\$50,000.00	\$11,420.54	\$118,581.95
Disbursements —									
Salaries	\$106,820.87		\$15,960.62	\$20,471.63	\$50,441.82	\$19,946.80			
Annuities	3,244.96		925.00	100.00	1,385.57	834.39			
Payroll taxes	1,732.27		230.53	303.32	880.50	317.92			
Contracted services and equipment	5,385.49		1,577.15	1,330.39	2,459.09	18.86			
Office supplies, telephone and postage	12,135.74		4,017.15	1,652.49	4,263.53	2,202.57			
Rent and house expenses	15,086.56		4,187.08	2,434.87	5,888.12	2,576.49			
Furniture and equipment	1,922.61		439.91	176.73	1,476.20	(170.23)			
Traveling	14,475.49		10,572.88	382.67	2,471.34	1,048.60			
Annual meeting	2,928.90		2,928.90						
Film costs and expenses	5,990.95							\$ 5,990.95	
Insurance	305.92		77.39	77.38	66.60	84.55			
Publications	44,363.71		4,414.61	37,957.01	1,502.96	489.13			
Advertising and circulation promotion	7,610.09			7,610.09					
Mailing and engraving	1,477.33			1,477.33					
Committee on Internships and Residencies	1,214.58		1,214.58						
Committee on Foreign Students	657.02		657.02						
Special studies	1,031.11				1,031.11				
Architects' fees re: housing	914.30		914.30						
Moving expenses	458.87		458.87						
Restricted funds — Schedule B-2	57,360.20								\$ 57,360.20
Project balances absorbed by general fund — Schedule B-2	539.75								539.75
Budget allotment transfers	123,900.00	\$123,900.00							
Transfers to other funds	55,000.00	4,500.00				500.00	\$50,000.00		
Total disbursements	\$464,556.72	\$128,400.00	\$48,575.99	\$73,973.91	\$71,866.84	\$27,849.03	\$50,000.00	\$ 5,990.95	\$ 57,899.95
Excess or (deficiency) of receipts over disbursements for fiscal year ended									
June 30, 1954	\$ 60,058.99	(\$ 17,271.29)	\$ 1,424.01	\$ 250.67	\$ 9,393.09	\$ 150.92		\$ 5,429.59	\$ 60,682.00
Transfer of unexpended balances to general fund		11,218.69	(1,424.01)	(250.67)	(9,393.09)	(150.92)			
Balances — June 30, 1954	\$320,173.48	\$153,053.37					\$50,000.00	\$ 3,952.97	\$113,167.14

() Denotes red figures.

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Medical Audio-Visual Institute were transferred to the General Fund at June 30, 1953, and June 30, 1954.

2. Income from the following sources is credited directly to the General Fund:

Membership dues income
Income from investments
Educational Testing Service

Formerly credited to:

Secretary's office
Secretary's office
Committee on Teaching
Institutes and
Special Studies
Secretary's office

Overhead on projects

3. The grant from the China Medical Board is credited to a separate restricted fund until the year for which it is allotted.

In our opinion, after giving effect to the changes mentioned in the preceding paragraph, the accompanying financial statement and the statements of receipts, disbursements, and balances present fairly the financial position of the Association of American Medical Colleges as at June 30, 1954, and the results of its operations for the period from June 1, 1953 to June 30, 1954, in conformity with generally accepted accounting principles.

Very truly yours,

(Signature) HORWATH AND HORWATH
Accountants and Auditors

Association of American Medical Colleges
Chicago, Illinois
Statement of Financial Condition
As at June 30, 1954

Exhibit A

Assets	Total Assets Liabilities and Fund Balances	Non- Restricted General Fund	Restricted Funds		
			China Medical Board Grant	Revolving Film Fund	Specific Projects
Cash and Investments					
Petty cash fund.....\$	100.00				
First National Bank....					
General account....	152,288.93				
Operating account...	9,536.81				
Investments					
United States Savings					
Bonds—Series G . .	33,000.00				
United States Treasury					
Bills.....	124,770.75				
Total cash and investments.....	\$319,696.49	\$152,576.38	\$50,000.00	\$3,952.97	\$113,167.14

(Continued on Page 42)

Minutes of the Proceedings

Accounts Receivable					
Employees' Blue Cross					
premiums.....\$	97.80				
Airline travel deposit..	425.00				
National Intern Match-					
ing Program, Inc.....	216.62				
Total accounts					
receivable.....		739.42	739.42		
Loan Receivable					
National Intern Match-					
ing Program, Inc.....		1,000.00	1,000.00		
Other					
Prepaid insurance.....\$	227.73				
Postage meter.....	279.42				
Total other.....		507.15	507.15		
Total assets....		\$321,943.06	\$154,822.95	\$50,000.00	\$3,952.97
Deduct liabilities to be					
paid					
Federal income tax with-					
held from employees.\$	1,420.00				
Federal retirement tax..	349.58				
Total liabilities..		1,769.58	1,769.58		
Fund balances—Exhibit B.		\$320,173.48	\$153,053.37	\$50,000.00	\$3,952.97
					\$113,167.14

REPORT OF THE DIRECTOR OF STUDIES

JOHN M. STALNAKER: An outline of the principal activities occupying the time and efforts of the director of studies may be found in the report of the Committee on Teaching Institutes and Special Studies. For those who read between the lines of that report, especially those who appreciate that the director of studies has been on half-time leave during the past year, it will be apparent that a competent staff must have been at work. Such was indeed the case. Some comment on this staff and on the problems of obtaining and retaining competent personnel is in order.

Both time and money are necessary, of course, to build a competent staff, but meeting these requirements alone does not provide the whole answer. Association work, however significant, is still not university work. It does not have the same appeal although the type of person fully qualified for academic work is needed. In the Association tenure is not permanent. While the work of the director of studies has been generously supported, it has not been possible to estimate the size of the budget with which to work for as long as two

years in advance. Located as the Association now is in the heart of the business district of a large city, the flavor of the competition tends to be commercial rather than academic.

After five years and in spite of these obstacles, the staff is now a highly able one. If it can be kept intact, it will soon increase the quality and quantity of useful reports stemming from the Association office. Let me describe briefly a few key members of my staff.

On the professional side, Ross Dykman (Ph.D., Chicago) has returned after several years spent at Johns Hopkins University. In 1950 he worked part time in the Association office, leaving to accept a USPHS post-doctoral fellowship. This led to an appointment for him as a research member of the department of psychiatry at Hopkins. His training, experience, enthusiasm and intelligence make him a valuable person for the research team of the Association. Although he devotes more time than the usual full-time worker to the Association's work, he also holds an appointment as research associate at the University of Chicago.

Assisting Mr. Dykman was Miss Sarah

Counts (Ph.D., Chicago), who left in September for a post more clinically oriented. She will be replaced by Mrs. Helen Gee who, after handling the analysis of the questionnaire for the second Teaching Institute, has returned to the University of Minnesota to complete her thesis for her Ph.D. She plans to be back with us in January.

E. C. Smith returned to the Association last May after an absence of one year. He came to us from the IBM Corporation. At 29, he has a remarkable knowledge of what business machines can and cannot do, and how to organize machine operations efficiently. His knowledge of effective methods for presenting statistical information invitingly and meaningfully is a tremendously valuable attribute. His time is now divided between managing the operation of the matching program for the NIMP and the work in the Association's office.

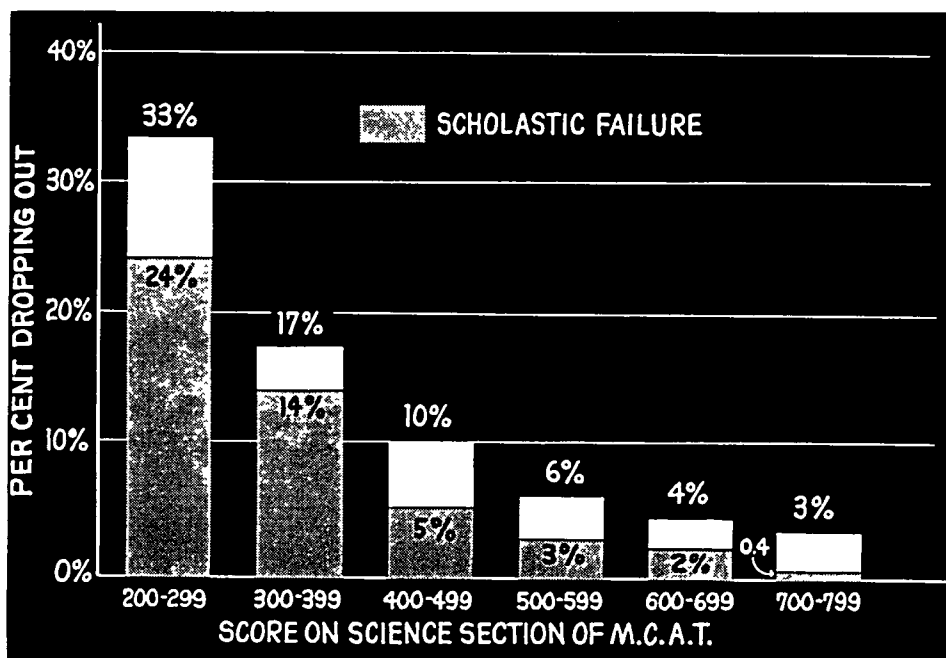
Another key figure who helps to make the office of the director of studies click is Mrs. Helen Morford, an experienced, skilled and devoted person without

whose long hours of intelligent labor the Teaching Institutes would run much less successfully. As my chief administrative assistant, she is fully responsible for the skillful and tactful handling of the many delicate problems which arise both within and without the office.

There are others too, but time does not permit even a brief description of their qualifications. To one and all must go in full measure the credit for the studies being produced and the reports being prepared.

The second section of my report will be used to discuss briefly the significance of the MCAT scores in medical school admission work. This test has now been used long enough and widely enough to stimulate a rash of simple correlational studies relating each section of the test to average freshman grades in medical school. The *Journal of MEDICAL EDUCATION* is already receiving many such studies. If the correlations are found to be low, as they generally are—almost by necessity—the author will usually conclude or imply that the test has little

FIGURE 1



THE PER CENT dropping out related to scores on the Science Section of the MCAT is shown in Figure 1 above.

value. Such a conclusion is not necessarily sound.

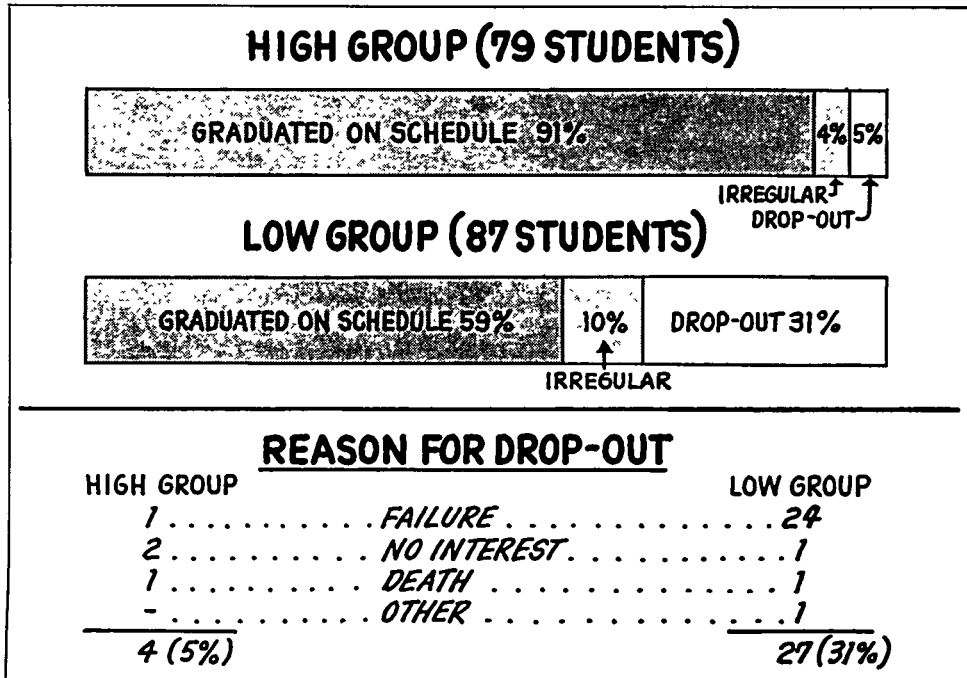
The best single predictor of success in medical school is success in college immediately preceding the professional study. A student who has been successful in three or four years of work at an undergraduate college of known high quality is more than likely to succeed also in medical school. Test scores can add something important, however, if they are considered in connection with all the other information available about an applicant: his transcript, letters of recommendation, results of personal interview, etc. Alone, the test scores are less significant in the context under discussion.

You have been sent extensive reports showing that the applicants to medical school from what are known as the "better colleges" receive, on the average, high scores on the MCAT. This fact is no accident. The so-called "better col-

leges" select bright students to begin with and then give them a favorable environment for a sound education. Individuals who are bright obtain high test scores in general, including the scores on the MCAT. They are scholastically apt, they learn classroom material quickly. But note this. The MCAT does not reflect interest in the study of medicine (presumably an important factor in attaining success in medical school), adjustment to the medical school's methods of education, financial resources, the family situation, ambition, drive or the ability and desire to apply oneself to the task at hand. Bright students, like dull students, can be lazy, disinterested and neurotic, although probably less frequently. Parents can force disinterested bright students into the study of medicine just as often as parents of less apt students.

In diagnosing the illnesses of the sick, logic would dictate, physicians of high

FIGURE 2



A COMPARISON of the record of all admitted students scoring over 700 on both the science and the verbal sections of the MCAT with all admitted students scoring under 400 on both the science and the verbal sections of the MCAT is shown above in Figure 2.

intellectual competence will be right more frequently than less talented physicians. Most of us in selecting our own physician will prefer a bright one to a dull one. Thus, it is understandable that admission committees, when there is a choice, select a bright applicant over a less bright one. The MCAT scores help tremendously in supplying the basic data on which a wise decision can be made. The scores are being used more widely and more properly for this purpose all the time.

Because the test scores are so extensively used in admission work and because many of the medical schools make careful selections from an able group of applicants, the significance of the scores tends to be obscured. This may seem to be paradoxical, but it is true. A low-scoring student, for example, is admitted only when there is positive evidence to indicate that the test scores in that particular case do not appear to be an appropriate guide or a valid index. Thus, any check of low-scoring students who are admitted to medical school will usually show that many of them do succeed. Where the low test scores confirm the other evidence available about the student, he is usually rejected. Of the applicants who are tested, about 16 per cent score under 400 on the MCAT; but of the admitted group in 1949, only 5 per cent scored under 400.

Although the MCAT is now widely used in relation to admissions, the study of pertinent data shows that different medical schools use the test in different ways. This is as it should be, for the wisest use of the test will differ from school to school. It also should be noted that the students admitted by one medical school differ significantly from those admitted by another. Take an extreme example. The mean scores for the admitted group at a medical school, A, was 175 score points higher than the mean scores of the admitted group at another medical school, Z. Academic failure at School A may be, and undoubtedly is, quite a different matter from failure at School Z. Both medical schools, it should be recognized, are contributing to medical progress in this country. They are probably doing so in different ways.

To graduate is the most vital achievement for a student admitted to any

medical school. Predicting his grades in medical school may be an interesting, indeed a tricky game, and one not without value, but the important matter is for him to graduate. The bottom man in the graduating class of any medical school may be expected to contribute professionally. Also, no matter how bright, able, well motivated and noble of character every student at a medical school may be, there must always be a bottom man in the class as long as students are ranked. If a student drops out of medical school, on the other hand, no matter where he stands in his class, he is a loss to the medical profession.

A study is now being completed of the 7,032 students admitted to medical school in 1949-50. Of this group, 87 per cent graduated on schedule, and only 8 per cent dropped out during the four-year program. (Of course the various medical schools differ. One medical school had 1 per cent drop out while another had over 20 per cent drop out.) The other 5 per cent were irregular, but most of them will graduate in time. Actually, 91 per cent of this total 1949-50 group have graduated now—an astonishingly good record, probably unequalled by any other professional group. When so few students drop out, prediction of just who will fail is difficult. But let us see what the test scores show.

The chances of a student graduating on schedule increase as his test scores go up. Of this class for 1949-50, only 74 per cent took the MCAT. Merely submitting to the test was a positive sign. Of the tested group, 7 per cent dropped out, but of those who were admitted without test scores, 12 per cent are now lost to the study of medicine.

Consider only one section of the test, the science section—ignore all other evidence, no matter how pertinent. There were among the admitted group 21 who scored under 300, and 234 who scored over 700 on this science section. One third (33 per cent) of the low-scoring students dropped out of medical school, compared with 3 per cent of the high-scoring group. And this is but one section of the test, and the reasons for dropping out are ignored. Bright students are not immune to injury, love or debt. They are more prone to develop an interest in graduate work. Contrast this with the students who graduate on schedule (see Figure 1, page 43).

Now consider two of the scores on this test together, the scores on the verbal section and on the science section. Take only the top group scoring 700 or over on both sections: there were 79 such individuals in the 1949-50 class. How many of them graduated on schedule? Some 91 per cent (see Figure 2)! Only four students (5 per cent) in this top group dropped out: one died, two left for lack of interest but would be welcomed back, and one failed. These individuals, furthermore, in general attended the medical schools having the highest competitive standards. Compare this record with the one for the students scoring under 400 on both the verbal and science sections. There were 87 such students admitted in the class under scrutiny. Only 59 per cent graduated on schedule (compared with 91 per cent of the high-scoring group); 31 per cent dropped out (none can return), and 10 per cent were irregular.

The complete study of the class entering in 1949-50, soon to be published, will give in detail the figures summarized here. It will give a great many more findings of significance. These results have been presented here to point out that the MCAT appears to have important predictive significance. Like any sensitive measuring device, it must be carefully and properly used. Medical schools differ, as has been shown, and different schools should use the test in different ways. For those medical schools interested in the bright student, the scholastically apt applicant, the student more likely to succeed in medical school, the test scores can be of great help. If the scores do not correlate highly with the freshman grades at a given medical school, there may be several reasons and these do not necessarily reflect detrimentally on the significance of the MCAT.

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

REPORT OF THE DIRECTOR OF THE MEDICAL AUDIO-VISUAL INSTITUTE

J. EDWIN FOSTER: The activities of the Medical Audio-Visual Institute were in conformity with the recommendations of the Committee on Audiovisual Education to concentrate on direct services in

utilization and distribution to the medical colleges.

The following activities are described in the order listed on the chart on page 47 rather than in order of importance.

1. School Visitation

Fourteen medical colleges outside of Chicago were visited by the director during the July-to-July year. Since July five additional schools have been visited. All visits were of an informal nature, having been prompted by some specific purpose which provided an opportunity to assist the AV coordinators and as many other faculty members as desired such help.

2. Library of Congress Catalog Cards for Films

The Institute has continued to cooperate with the Library of Congress by providing information required for the publication of catalog cards on medical films. As yet less than a dozen medical schools are direct subscribers for these cards on medical motion pictures but the Institute is hesitant to withdraw encouragement to the Library of Congress because of the resources that library has for the development of a union card catalog which has potential real value for all medical school teachers. The Institute is, however, endeavoring to spread the responsibility for this task. During the year two other national groups, the American Dental Association and the American Hospital Association, and five or six major film producers have accepted direct responsibility for the submission of film data or information to the Library of Congress.

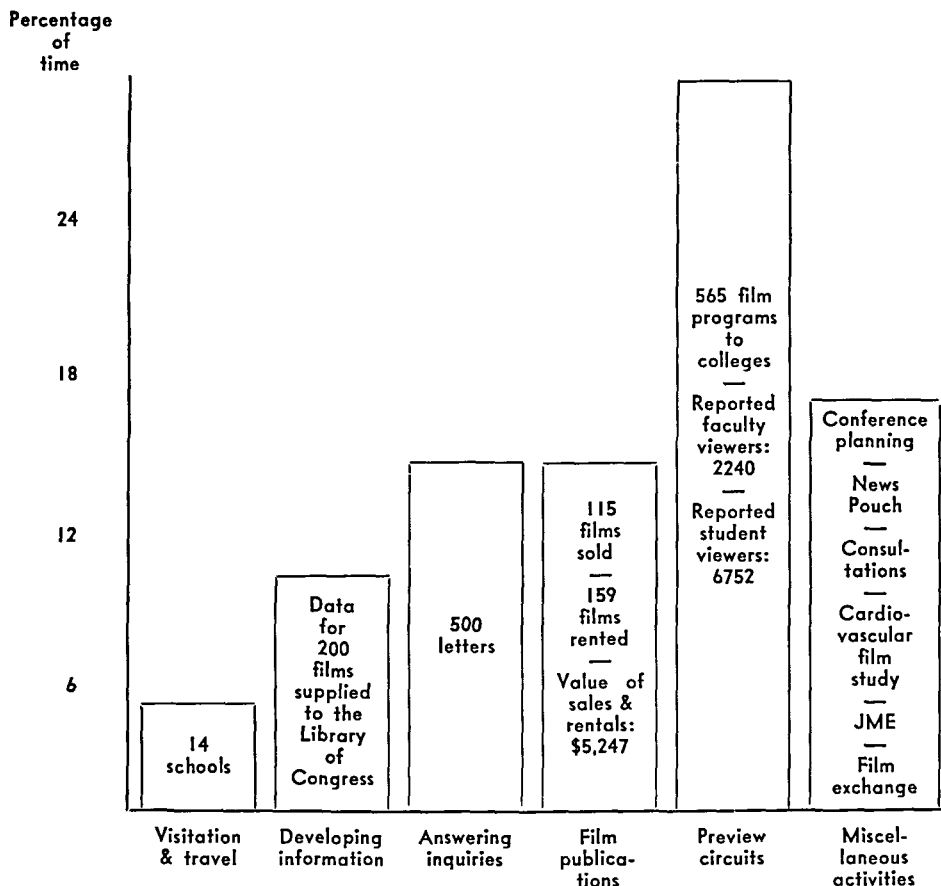
3. Answering Inquiries

As an information center, the Institute receives a moderate flow of inquiries relating to audiovisual materials, equipment and literature. To the limits of staff time all inquiries were answered directly. Other inquiries required referral to other specialty groups.

4. Film Publications

"Film Publications" refer to the buying, selling and renting of prints of MAVI-produced films. The chief activity was with the first 10 of the cancer short teaching films which became available during the latter half of the year. In that period 115 films were sold to 46 medical schools or medical school departments. The rentals were chiefly of

MAVI Staff Activities 1953-54



Total time: 3400 hrs.
Budget: \$18,000

previously-produced longer films of the Medical Audio-Visual Institute.

5. Preview Circuits

The preview circuits were a means of circulating audiovisual materials to the medical colleges for the simple purpose of letting the teaching faculty see them. The organization and printed information relative to the materials were designed to encourage a critical environment for determining their teaching values and methods of use.

The 76 schools of the circuits received a total of 565 programs and the printed information that preceded the receipt of each program. The programs were seen by a reported 2,240 faculty who were

concerned with the specific materials. Although a circuit schedule permitted only a limited use of the materials for actual teaching purposes, the student viewers were reported as 6,752 in number.

6. Miscellaneous Activities

(a) Conference Planning

(1) Midwest Conference of Medical School Audiovisual Coordinators: This was the first attempt to bring medical school audiovisual coordinators together to study their common problems of providing audiovisual services in the medical schools. The conference was held in Chicago at the time of the National Audio-Visual Trade Show and Conven-

Minutes of the Proceedings

tion with an attendance of eleven. The conference evaluated it as a success.

(2) Audio-Visual Conference of Medical and Allied Agencies: This was a work meeting of the audiovisual people in national organizations. The purpose was to consider the common problems of such national associations. The type of problem considered is exemplified by the Library of Congress film catalog.

(b) Newspouch

These packages of reprints and other printed material on instructional materials were collected and sent to the audiovisual coordinators.

(c) Films in the Cardiovascular Diseases Part II

The concluding report on "Films in the Cardiovascular Diseases," by Drs. Ruhe and Nichtenhauser, was completed, printed in mimeographed form and distributed to the medical schools and interested organizations or individuals. The study was made with funds from the National Heart Institute, Public Health Service.

(d) "Audiovisual News" department, published monthly in the Journal of MEDICAL EDUCATION.

The "Audiovisual News" section in the Journal has been maintained and an attempt made to include practical professional information as contributed by the medical colleges.

(e) Medical College Film Exchange

The need for and the problems of an audiovisual library serving the medical schools directly has been studied. This exchange or library would distribute the easily transported materials such as films, film-strips and certain models. Consideration has been given to those films which have been produced by the medical colleges. Information on 250 films produced by the colleges or individual faculty members has been received. The film exchange would make selected materials readily available to all medical colleges.

ACTION: The annual 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 continues to concern itself primarily with the program of the Medical Audio-Visual Institute, as reported on by the director.

The major film reviewing and production projects have been completed and the emphasis directed to the problems of utilization and distribution. Specific activities have included the provision of film card data to the Library of Congress, two audiovisual conferences for medical audiovisual coordinators, contributions to the Journal of MEDICAL EDUCATION, preview circuits, the distribution and sale of the cancer short

teaching films, school visitations and direct correspondence with teaching faculty. Under the limitations of a budget further reduced to \$18,000 for 1954-55, the committee affirms the continuation of such activities.

The Committee on Audiovisual Education recommends a basic medical teaching film library operated by the Association for the medical colleges. The multiplicity of sources of such films and the inevitable difficulties of procurement emphasize the need for such a central library. The library should be operated on a self-supporting basis by means of a realistic service charge on all materials distributed.

ACTION: The annual report of the

Committee on Audiovisual Education was accepted without revision.

REPORT OF THE COMMITTEE ON CONTINUATION EDUCATION

JAMES E. McCORMACK chairman: There is within the medical profession today a healthy tendency to self-examination with respect to the needs and the opportunities in continuation education. The special study of the Council on Medical Education and Hospitals in this field has not yet been published, but meanwhile more and more individuals and groups are becoming vocal, especially in the category referred to as the consumers as compared to the purveyors of education. Each year brings to the Annual Meeting of the Association of American Medical Colleges an increased number of guests representing organizations and agencies whose primary interest is in postgraduate medical education. This suggests that they are looking to the medical schools for leadership. The unabated speed of medical progress magnifies the need for physicians to obtain appropriate refresher training. Where better can they search for this refreshment than at the well-springs of medical knowledge, the medical schools and medical teaching centers!

The fact is that only a fourth or less of the physicians who take refresher or continuation courses do so under the auspices of medical schools (Table I). Many organizations which are not primarily educational institutions have for a long time conducted postgraduate medical courses. The excellence of some of these courses is well known. In most instances these organizations utilize the services of medical school teachers, usually clinical teachers. Sometimes, however, when practitioners control the content of courses, there is a tendency to emphasize pragmatic therapeutic desiderata at the expense of scientific rationale. This road leads back to empirical medicine.

The demand for postgraduate courses is considerable, although the postwar peak demand has subsided. From the statistics assembled annually by the American Medical Association, the number of postgraduate courses offered and the attendance each year are known. In order to eliminate temporary variations, one might select three-year periods and derive average annual figures in

each period. Thus one obtains meaningful figures for a typical prewar year (1938-41), a typical war year (1942-45), a typical peak postwar year (1947-50), and the current status (1950-53).

Table I
POSTGRADUATE STATISTICS

Annual National Average in Three-Year Periods

Year	Course Offerings Per Year	Attendance Per Year
(Prewar) 1938-41	171	44,504
(Wartime) 1942-45	565	25,585
(Postwar) 1947-50	1,538	80,502 (15,605 under medical schools)
(Current) 1950-53	1,606	61,763 (15,961 under medical schools)

It is obvious that there is a continuing demand which is considerably higher than the prewar demand. It is also apparent that when the peak attendance was passed the number of course offerings did not decrease. This suggests that there may possibly be a lack of balance between supply and demand. The relationship between supply and demand may be further out of balance in respect to local areas and subject matter. For example, in certain parts of the country there may be an excess of course offerings in particular clinical fields, whereas a dearth of such opportunities may exist in other sections of the country in these same fields. In all probability there is a relative excess of course offerings in the limited aspects of certain specialties such as ophthalmology. The day when a person can acquire specialization by a series of short courses has gone. There is now a generation of physicians who have had the opportunity of formal hospital residency training in the various specialties, and the demand for certain limited specialty courses is rapidly diminishing.

It is important that those who are responsible for administering postgraduate programs frequently review their offerings in order to delete courses for which there is no real demand and, where the appropriate teaching talent exists, to establish new courses for which there may be demand. When there is flagrant duplication of course offerings in fields for which there is limited demand, one encounters too frequently the unpleasant situation where a physician who has applied and been accepted

for a course receives subsequently a notice that the course has been cancelled for lack of a sufficient number of applicants. Since the physician may have already cancelled consultations and gone forward with plans to attend the course, the unfairness of this situation is all too obvious.

The tendency to experimentation in the field of continuation medical education is still evident including the use of radio and television, both black and white and colored, the seductive appeal of a course on a cruise ship, and the convenience of bringing lecturers or panels of consultants into rural areas far removed from the teaching centers.

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

REPORT OF THE EDITORIAL BOARD

JOHN Z. BOWERS, chairman: At the 1953 meeting of the Association of American Medical Colleges, the Executive Council indicated that the Editorial Board should actively assume responsibility for the program, policy and content of the *Journal of MEDICAL EDUCATION*. Accordingly, on Sunday, February 7, 1954, the Editorial Board convened in the Palmer House, Chicago, and made the following decisions which should be of interest to all readers of the *Journal*:

1. The philosophy, techniques and achievements in premedical, undergraduate, graduate and postgraduate medical education, including students, teachers and curriculum, are the primary fields of interest for manuscripts. Manuscripts relating to such fields as nursing education, dental education, technician training and hospital administration might be included when they relate directly to problems of medical education.

2. A correspondent to the *Journal* should be designated by the dean of each college of medicine affiliated with the Association of American Medical Colleges. (Correspondents have now been designated in about one-half of our schools.)

3. Correspondents from other countries should be appointed in order to obtain a more global approach to medical education. The *Journal* is distributed to every medical school in the world that makes a request to receive it.

4. The book reviews should consider the value of a book as a teaching device

rather than include exhaustive reviews on general content.

5. The section entitled "Personnel Exchange" should be deleted from the *Journal*.

6. Discussions should be held with Dean George Berry, chairman of the Committee on Teaching Institutes and Special Studies, in regard to the reporting of the Teaching Institutes.

7. Several changes in format and pagination of the *Journal* would improve appearance and readability.

8. Reduction of the extensive film reviews in the section on audiovisual education and a greater orientation toward other aspects of audiovisual programs would be valuable.

9. All manuscripts should be reviewed by at least two members of the Editorial Board.

10. Editorials should, as far as possible, represent the policy of the Association of American Medical Colleges and should be signed or initialed.

11. A program should be developed to reprint papers which are "milestones" in medical education.

The Editorial Board's immediate concern relates to the manuscripts which are available for publication in the *Journal of MEDICAL EDUCATION*. The Editorial Board is endeavoring to improve the quality of the manuscripts by soliciting individual contributions and by the development of symposia on pertinent problems, Symposia are being developed on "Graduate Education" with Kendall Corbin as guest editor, and on the "Medical Library" with Chauncey Leake as guest editor. "Medical Students and Student Advisory Programs" and "Evaluation of Education Experiments" may be covered in other symposia.

A number of medical schools are conducting experiments in medical education and the Editorial Board is anxious that these should receive full reporting in the *Journal*. In view of the long-range character of experiments in education; some type of descriptive reporting would seem to be desirable. The Editorial Board hopes that educators who are experimenting in educational processes will cooperate in bringing their program to the early attention of their colleagues.

The Editorial Board needs to be kept fully acquainted with meetings, seminars and conferences which deal with

problems of medical education. Through the designation of correspondents in our medical schools, it is hoped that a fuller reporting of activities in the field of medical education can be developed.

There is considerable enthusiasm for articles which report methodology—how to run a department, how to teach a course, etc.

The Editorial Board solicits the advice of the members of the Association, and welcomes the opportunity to review contributions to the various sections of the Journal.

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

REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

JOSEPH C. HINSEY, reporting for JOHN B. YOUMANS, chairman: In contrast to recent years, no proposals for federal aid to medical education were pressed in Congress during the past year, and the work of the committee centered around a consideration of other aspects of the problem, including the activities of the National Fund for Medical Education and the American Medical Education Foundation.

Consideration was given to three sources of funds to provide for medical school needs: (1) the establishment of the position of a consultant in the raising of funds to be available to medical schools during his association, (2) the contribution of funds for general medical education from organizations raising large sums from the general public for medical purposes and (3) the care of veterans by contract.

Investigation of these sources has not been concluded. It has been again found, however, that one of the main blocks to increased financial support to medical education is the confused and even reasonably inaccurate approximation of the cost of medical education. This situation not only is a direct hindrance to discussions designed to discover means of additional support, but is used as an excuse for failure to assist by sources which may be considered as natural and justifiable contributors. Attention, therefore, is being directed to means of removing this obstacle.

The committee has aided the work

of the National Fund for Medical Education and the American Medical Education Foundation whenever possible. The chairman has been appointed to the Medical Educational and Scientific Advisory Council of the national fund, and has spoken at two meetings sponsored by the fund's Committee on American Industry. Other members of the committee, as well as members of the Association not on the committee, have made similar contributions.

It is interesting to note that some attention has been paid to the medical student as a source of additional income through the mechanism of deferred charges for full cost of tuition; a plan presented in a recent number of the *Journal of MEDICAL EDUCATION*.

The report of the committee's activities up to this meeting has been mimeographed and distributed (see above). A meeting of the committee was held at French Lick on Tuesday morning, October 19, at which time the following matters were discussed, with the actions taken as indicated:

1. The cost accounting study of the University of Colorado Medical School was reported by Dr. Darley and the possibility of an extension of such studies was discussed.

2. The committee recommended that the Association, through this committee, take appropriate steps to present to the Department of Health, Education and Welfare the problem of allowances for overhead on research contracts of the Public Health Service.

3. The committee approved the taking of appropriate steps to developing a program under which allotment of funds for undergraduate education from national medical fund raising organizations would be sought, to be distributed through the National Fund for Medical Education.

4. The committee suggested that an approach be made to the Conference of Governors as a means of education and with the possibility of securing state funds from some schools.

5. The committee asked that the possibility be explored of a one-time grant program by the federal government for rehabilitation and modernization of plants.

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

**REPORT OF THE COMMITTEE ON
INTERNATIONAL RELATIONS IN
MEDICAL EDUCATION**

FRANCIS SCOTT SMYTH, chairman. With the interest of the Council on Medical Education and Hospitals currently very much concerned with the foreign medical school graduate interning in the United States, it is pertinent to review the developments since our last report and meeting of this Association.

In February 1954, the council called an unofficial meeting of a group representing the Council on Medical Education, the Federation of State Medical Examining Boards and the Association of American Medical Colleges in Chicago in connection with the Annual Congress on Medical Education and Licensure.

Discussion highlighted the shortage of interns in the United States, especially in those states which had a preponderance of entrants into foreign schools. Attention was called to "states rights" in the matter of licensure and the varying attitudes to be found in states; e.g., New York which has made it easier for foreign graduates by not requiring licensure for internship. Dr. Rappleye addressed the combined meeting on medical education and gave a precise and clear picture of the threat to American standards if easy licensure follows the intern experience of foreign medical school graduates. This excellent exposition of the problem has been published in the *Journal* of the American Medical Association of April 3, 1954. A somewhat similar treatise by James McCormack appeared in the June 26 issue of the *J.A.M.A.* titled "The Problem of the Foreign Physician."

In June, at the San Francisco meeting of the AMA, your chairman was asked to represent this Association at another ad hoc committee meeting called by Dr. Murdock of the AMA Board of Trustees. While the majority of the committee seemed to favor some type of examination of individual graduates of foreign schools as a method of screening for eligibility for state boards, it was evident that others preferred to continue the current system of accrediting foreign medical schools. You are familiar with the attitude of your committee on this subject, but it should be reiterated that many state boards are legally unable to

accept an individual examination as a substitute for current procedure. Doubt was expressed as to the acceptability of a preliminary screening examination in lieu of accrediting schools, unless local laws are changed. A communication dated September 22 to members of the Executive Council and to the chairmen of the Committee on Licensure Problems and the Committee on International Relations in Medical Education announces the appointment of a cooperating committee to study and submit plans for a satisfactory screening program for foreign trained physicians.

In California, your chairman appeared before the Council of the California Medical Association and the State Board of Licensure, which discussions resulted in publication of an article which appeared in the April issue of *California Medicine*.

The subject of the alien physician interning in our U. S. hospitals is further reviewed in a report by Diehl, Crosby and Kaetzel, representing the Health Resources Advisory Committee of the American Hospital Association and the Office of Defense Mobilization, published in the *J.A.M.A.* September 4, 1954. An analysis of the present situation by them shows that a total of 5,589 foreign medical school graduates who held appointments as interns, residents or fellows at civilian hospitals approved for training in 1953-54, over 60 per cent were in nonteaching general hospitals, and two-thirds of the aliens were in five states.

With representation of the Health Resources Advisory Committee (Dr. Diehl), we are reminded of the projected shortage of physicians which Dr. Rusk anticipated in his discussion before this Association some time ago. But while there is no quick solution to that shortage, this Association and its members continue to discourage any acceleration of training or lowering of standards.

What we did not know or anticipate, however, was the ease with which Americans, often rejected applicants to the U. S. schools, would gain admission to foreign schools. Nor did we realize that the ease of admission in several foreign countries would lead to an excess of graduates beyond the need of the respective foreign country. In other words, we have the pattern by which overproduction in certain countries abroad seeks to meet the shortage here in the intern hospital services in the

U. S. For example, in Munich, out of a total of 8,000 university students, 4,000 are in medical school, there is an obvious excess production of physicians, with standards of training and fitness inferior to ours. This is further borne out by the fact that despite West Germany's favorable and rising economic status, there are 6,000 unemployed physicians in Germany. It is unreasonable to suppose that this flow of applicants to U. S. hospitals can be stopped. However, it can and should be controlled adequately in order to protect our own standards, both as to professional personnel and professional education.

Both the survey by Diehl, Crosby and Kaetzel as well as the report of Rappleye mention the Educational Exchange Act of 1948, and the role of governmental agencies in fostering educational exchange between friendly countries. It is to be recalled that your committee was initially organized to orient members of this Association to the responsibilities and opportunities of the program as it involved the field of medical education in international relations.

For the past year, your chairman has served on the President's Board of Foreign Scholarships and has been able to bring to representatives of the Fulbright program, the Institute of International Education and the Conference Board of Associated Research Councils some of the problems relating to the foreign student in the field of medicine in the United States. For example, as reported in this committee's report of 1951, both the Institute of International Education and the Conference Board of Associated Research Councils have adhered to the recommended policy of placing foreign students in medical teaching hospitals, and have consistently discouraged candidates from interpreting entrance into the premedical field as tantamount to admission into medical school. However, since the law does permit "travel funds" for certain foreign students recommended by the committee in their own country, and they can maintain themselves on private funds, they are very naturally welcomed by many nonteaching hospitals, and they may request the U. S. Immigration Offices for sponsoring permits to permit visa applications for the foreigner. The legal basis is thus formed for the accommodation of many foreign graduates in the internships of

nonteaching but accredited hospitals. It is difficult to evaluate the number who may find positions in nonaccredited institutions.

To clarify the position of this Association in regard to our policies, E. Grey Dimond surveyed the component medical schools. A circularized questionnaire brought replies from 67 of the 72 four-year curricular schools, and all seven of the two-year schools. A total of 1,468 foreigners were accommodated in all categories (students, interns, residents and fellows). Of these, 317 were undergraduates, 603 were interns, residents or fellows, and 478 were in other staff categories in the institutions covered. This survey also included the total number of foreign scholars in the respective states, contrasted with the number enrolled with the teaching medical centers, and will lend itself to many interpretations. It will be transmitted to the central office of our Association for whatever value it may have, and the committee expresses its appreciation for this valuable contribution from Dr. Dimond.

A survey submitted by Elizabeth P. Lam of the Conference Board of Associated Research Councils summarized the participation of this organization in the placement of foreign grantees who were placed exclusively in teaching hospital centers. This report further clarifies the program of the conference board and shows the countries from which students are drawn and the institutions in the United States which accommodate them.

From a study of these reports, as well as the documentary evidence of the Rappleye and Diehl reports, it becomes apparent that the vast majority of foreign graduates are placed in internships or house positions of nonteaching hospitals. It is unfortunate that these institutions, often with U. S. immigration numbers for visa permits, are apt to be less reliable in the provision of the education experience for the foreign graduate and are in some instances careless about urging students to return to their native countries.

The Board of Foreign Scholarships is acutely aware of the existing problems and though there is no way to prevent miscarriage of intent, they will renew efforts to present the problem to embassies and foreign commissions who

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are responsible for the screening and processing of foreign applicants. There remains, however, the integrity and responsibility of hospital directors and the professional staff in regard to their charges.

For those foreign school graduates whose intention it is to remain in the United States, whether in violation of their visa or not, it is hoped that adequate screening of the individual will enable licensure of only the well qualified.

While the surveys of Dr. Dimond and the conference board show a very good record regarding the cooperation of our medical schools, there has not been much progress in the development of affiliations with specific areas, regions, or selected foreign schools. Some unofficial exchanges between faculty of foreign schools and those in the U. S. are known to exist. Eminent scientists participate in international conferences and often tour our institutions. However, in the technically underdeveloped areas there is little appeal to the American faculty on sabbatical leave, except for certain types of field experience (e.g., tropical medicine).

Mention should be made of the Institute of Inter-American Affairs and the Kellogg Foundation in regard to Central and South American medical education, as well as the Medical Education Information Center through which Myron Wegman is indexing the various agencies in this field. A plan which anticipated an affiliation between Tulane and the schools in Colombia has not yet materialized, but is being pursued by Dean M. E. Lapham of Tulane. Representatives of the University of Minnesota have visited Korea, where it is hoped to work out an affiliation between their National University in Seoul and the University of Minnesota. This will be financed by the Foreign Operations Administration and will cover the fields of agriculture, engineering and medicine.

Since July 1954, an affiliation has been in effect between the University of Indonesia Faculty of Medicine in Djakarta and the University of California School of Medicine in San Francisco. A staff of 10 faculty will be sent to Indonesia over a period ranging from one to three years, while graduates from Indonesia will receive advanced training in this country preparatory to

assuming faculty positions in their own country. The red tape involved in such a program is familiar to all of you—the ramifications through the governmental agencies of two countries, their bureaus and embassies, not to mention the regulations of a large university. However, there is much that is satisfying and encouraging, especially in the deep growing understanding and friendship between the two faculties of the respective schools of medicine. For those who might be interested, I should like to solicit your help in obtaining faculty for specific areas.

Yet to be formalized is a plan which may bring a number of prominent physicians from our European allies to U. S. teaching centers, in order to effect some common progress in regard to medical care (of military personnel). The College of Surgeons is expected to sponsor and spearhead the mechanics in this country since surgery will play a prominent role in the plan. It is hoped that each and every medical school of our organization will give full cooperation to the program.

Some of you will be interested in the proposed establishment of international science centers. Such centers are to serve as "clearing houses" for visiting scientists in the locale of the center. San Francisco and New York City have already been designated, and a total of 11 such centers are to be established in appropriate American cities. Probably many of the scientists will be interested in the field of medicine, and we can expect to continue our cooperation in welcoming this added facility to the cause of good international relations.

ACTION: The annual report of the Committee on International Relations in Medical Education was accepted without revision.

REPORT OF COMMITTEE ON INTERNSHIPS AND RESIDENCIES

CURRIER MCEWEN, chairman: Two meetings of the committee were held—one at the time of the Congress on Medical Education and Licensure and the other immediately prior to this meeting—as well as three meetings of a subcommittee consisting of the chairman and Drs. Howard Armstrong, Jean Curran, William N. Hubbard Jr., James McCormack and John Mitchell. Dr.

Edward Leveroos of the Council on Medical Education and Hospitals of the American Medical Association also sat with this subcommittee by invitation on several occasions.

A number of questions relating to the matching plan were dealt with in behalf of the Association as well as various matters of routine nature. The major topic of consideration, however, was the Association's "Confidential Ranking of Internships as to Educational Standing." This list was started a number of years ago in an effort to provide the deans and student advisors in the various medical schools with a listing of hospitals which would provide better information as to the educational value of the various internships than could be obtained from the American Medical Association's approved list. The effort was an important one but, at least in recent years, the list has not been sufficiently accurate to be useful.

The following factors make the maintenance of an adequate list very difficult:

(1) The quality of the educational experience (particularly where varying numbers of foreign graduates are appointed) in an internship is not constant from year to year.

(2) Reliable evaluations of a hospital are at best difficult to obtain now that the number of internships is so great.

(3) The cost of a really effective inspection program, and the difficulty of obtaining appropriate inspectors for evaluating the educational standing of internships mitigate against this program.

(4) The individualized needs of the students and the particularized advantages of any given internship make a uniform system of evaluation somewhat unrealistic.

Furthermore, the need for the list is now less urgent than previously because relatively few students are today choosing unsatisfactory internships as a result of the matching plan and because pertinent information is more readily available in the offices of the various schools.

After careful consideration it was agreed to recommend to the Association that the current list be discontinued. As a substitute it was suggested that adequate data on specific hospitals can be obtained by using other published material (such as the reports of the Joint Commission on the Accreditation of

Hospitals, the lists of approved internships and residencies published by the American Medical Association, etc.), supplemented by information gained through personal communications with deans in the area about which a student has expressed interest, and through the information published on the results of the matching plan.

The committee also considered the advisability of making another study of the role of the internship and residency in medical education and agreed that, in view of the recent report of the Advisory Committee on Internships to the Council on Medical Education and Hospitals, of the coming Teaching Institute dealing with the internship, and of the current problem created by the large number of foreign physicians filling internships in this country, it would be inadvisable to attempt a survey of the educational role of internship and residency by the Association at this time. Of very timely importance in the committee's judgment, however, are national studies of the impact of the foreign interns on medical standards in this country. The committee will be happy to cooperate with other appropriate bodies in furthering these efforts.

In addition, the committee recommends that each member school of the Association undertake a careful study of the internships in its major teaching hospitals with a view to appraising their organization and their educational value to the intern. Furthermore, it is urged that the schools review their procedures for advising their students in the selection of internships to assure that they are as effective as possible.

Finally, the committee agreed that a brochure for medical students outlining the principles and steps involved in the selection of a satisfactory internship would be desirable and gave provisional endorsement to a draft of such a brochure prepared by Howard Armstrong. It is anticipated that if the Association approves the printing of this brochure it can be available for distribution during the academic year 1954-1955.

In conclusion, the committee wishes to point out a number of serious problems which require continued study. Several of these are perennial questions which have long preoccupied our Association and others are newer problems peculiar to recent years. Among the time-hon-

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ored problems the committee feels need further study are:

(1) How to develop the internships and residencies to provide the best educational opportunity.

(2) How to acquire adequate information about the quality of internships and residencies of the country for the guidance of our students.

(3) How to reduce the number of approved internships and residencies so that only those truly adequate are so listed and so that the total number is realistically related to the number of available graduates of approved American medical schools.

(4) How to meet the service needs of those hospitals which cannot and should not have interns.

Among the newer problems are:

(5) How to control the number of graduates of "unapproved" foreign medical schools who are now filling so many internships in American hospitals to the detriment of medical standards in this country, and often to their own disadvantage.

(6) How to offset efforts to regiment and to uniformly standardize the internships and residencies.

(7) How to solve the problem presented to the internship and residency programs by the needs of the armed forces.

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

REPORT OF THE JOINT COMMITTEE ON LICENSURE PROBLEMS

CHARLES A. DOAN, chairman: The Executive Council of the Association of American Medical Colleges, at its meeting in February 1952, created a committee to review and to advise regarding the current problems involving medical licensure in the United States. At the first public hearings in Colorado Springs in November 1952, representatives of the Federation of State Medical Boards indicated an interest and concern in the same questions and their suggestion of joint representation on this Association's committee was cordially received and approved. In April 1953, Donald G. Anderson, then secretary of the Council on Medical Education and Hospitals, forwarded a written request that this important council of the American Medical Association be

advised of the Association's deliberations on licensure procedures and in the future be officially represented on the joint committee. On May 2, 1954, the Executive Committee of the National Board of Medical Examiners, in regular session, requested that officially designated representatives (the president and executive secretary) be granted the privilege of joining in future deliberations of the Committee on Licensure Problems.

The joint committee meets two or three times a year; viz., during the annual meetings of the AAMC in October, of the federation in February and of the AMA in June. Most assuredly the combined judgments of the representatives of these four cooperating agencies may be expected to be correspondingly more comprehensive and pertinent than otherwise, and since each group has vested interests in medical licensure laws and procedures, it is to be hoped that united action may be recommended by this joint committee and approved by the respective cooperating bodies from time to time as the evidence may justify.

In our second annual report last year, eight specific recommendations were made to this Association, with the unanimous approval of the committee. Following the two committee sessions during the Atlantic City meetings, a supplemental report was prepared, presented at the final business meeting and referred to the Executive Council for activation, with six specific resolutions again unanimously supported by all members of the committee. On February 9, 1954, the same supplementary report was presented by your chairman for consideration by the federation in Chicago, and supported formally by Charles L. Shafer of that association. It was also submitted to the Council on Medical Education and Hospitals.

Pertinent to the continuing deliberations of this committee are the following problems:

(1) The committee reaffirms its recommendation that the further extension of basic science laws be discouraged and that those now in force and existence be repealed (see Appendix A to supplemental report of this committee, October 28, 1953).

(2) In the best interests of geographically widespread postgraduate education and hospital training, it is believed

that every licensing board should make provision for temporary time, place and condition-limited, or "postgraduate" certification, or its equivalent, to permit qualified medical graduates desiring further intern, residency and research experience, to accomplish these objectives freely and expeditiously, and with insurance protection.

(3) We strongly support the objectives of the Committee to Draft a Uniform Medical Practice Act, currently working under the Federation of State Medical Boards, with Bruce Underwood as chairman. The questionnaire recently circulated to the deans of all medical schools should be thoughtfully and carefully answered and promptly returned.

(4) Only a few responses were received from individual deans to the request for information regarding the relationship which exists between their faculties and the respective state licensing boards in their areas. It would seem apparent, however, that in those regions where medical school faculties are represented by one or more members on the state licensing boards, fewer instances have been reported of mutual misunderstanding and recrimination (for the information of Dr. Underwood's committee).

(5) This committee has noted with regret and concern the growing misunderstanding between the Federation of State Medical Boards and the National Board of Medical Examiners. In the many discussions which have been initiated by both parties, an attempt has been made to redefine the respective roles and responsibilities of each agency, and to emphasize their complementary and supplementary, rather than competitive, functions. It is sincerely to be hoped that continuing discussions in an atmosphere of friendly objectivity may resolve promptly the existing conscientious objections and differences.

Quoting from a memorandum dated February 12, 1954, addressed to the deans of all medical schools from Dean Smiley, our executive secretary:

"It is the unanimous opinion of our Executive Council that this trend away from the national board examinations is an unwise and unfortunate one.

"Your secretary was, therefore, instructed to (a) call your attention to this unfortunate trend, (b) remind you that in some states action by the medi-

cal schools has halted this trend, (c) suggest that in each state the medical schools form a liaison committee with the State Board of Medical Examiners to explore this important matter and find out, if possible, the causes lying back of this trend, (d) suggest that any changes in your state in regard to this matter be called to the attention of Charles A. Doan, chairman of our Committee on Licensure Problems."

(6) The problem of licensing graduates from foreign medical schools continues to focus the attention of all segments of the medical profession, as well as of the general American public, today. This committee has devoted much time to the consideration of every angle, particularly as it affects the responsibility of our own medical colleges. The resolution referred to the Executive Council of this Association one year ago was as follows:

"*Be It Resolved:* (2) That in further activation of paragraph 3, this Association definitely approves in principle and encourages as one means of helping solve the current problem of licensure of medical graduates from foreign schools, the acceptance into the medical schools of the United States and Canada, of carefully selected candidates for at least one additional year of undergraduate medical education, where and when otherwise unfilled vacancies occur in their upper classes. Concurrence by the appropriate state licensing boards would need to be obtained. Successful passing of Part I of the national board examinations as now required by certain medical schools, or some equivalent screening device, should be used as a basis for selection and acceptance. Each medical faculty would decide if and when their own M.D. degree would be given following the successful demonstration of adequate medical knowledge for such an honor.

"Following such an undergraduate year, a further intern year of appraisal and training would be automatically required before the examinations could be taken for a permanent license. Action of this kind by this Association would supplement other efforts such as that of the postgraduate school at New York University, where for the past two years a full academic year has been provided for specially screened physicians from foreign medical schools. It is probable

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that no one answer will be found for this increasingly pressing problem, so that a number of different approaches will need to be carefully considered by the medical profession of this country, to meet the ever-pressing urge for more adequate approved medical care in this country."

The following paragraph 4 is taken from the official minutes of the Executive Council meeting of the AAMC held in Chicago, February 5 and 6, 1954:

"The report of the ad hoc committee, consisting of Vernon W. Lippard, Joseph C. Hinsey, Stanley E. Dorst, John M. Stalnaker and Dean F. Smiley, appointed to bring in a recommendation concerning means of screening foreign medical graduates for licensing in the United States was read. After considerable discussion a number of changes were incorporated, and Robert A. Moore prepared a final copy which was approved as follows:

"In the opinion of the Executive Council of the Association of American Medical Colleges, ways should be kept open by which well qualified physicians may obtain licensure to practice in the United States. It is equally important, however, that the public be adequately protected against the dangers attendant on permitting unqualified physicians to obtain a license to practice.

"Inspection and accreditation of American medical colleges has proved to be an important adjunct to the examination of graduates of these colleges by the various state licensing boards in the effective screening of American trained physicians.

"However, because of differences in culture, in traditions, and in objectives it is not desirable, or feasible for Americans to undertake a comparable program of accreditation of schools in other countries. Therefore, some other type of screening procedure for those who graduate from a foreign medical school listed by WHO and wish to practice in the United States, is desirable. The Executive Council suggests the following procedure:

1. The applicant should apply to a specific state licensing board presenting such documentary evidence as may be required by that board.

2. If the licensing board to which the application is made is satisfied that the applicant is otherwise qualified, it may

issue the applicant a permit to take Part I of the examination of the National Board of Medical Examiners.

3. If the applicant successfully passes Part I of the examination of the National Board of Medical Examiners, this fact should be certified to the state board which may then proceed under its regulations and requirements."

Toward the end of the Conference on Foreign Medical Graduates, called by Edward Turner for the AMA council and held in Washington, D. C., on April 30, 1954, it was suggested that this problem be referred to the federation for further consideration and advice. E. W. Schnoor, president, and Walter L. Biering, secretary, then drew up a preliminary draft for a Joint Commission for the Evaluation of Foreign Medical Graduates, to be sponsored by the three cooperating agencies represented on this committee and to be financed by selected foundations or other interested agencies. This approach was very thoroughly considered by the House of Delegates at the San Francisco session of the AMA in June 1954, with referral back to the Council on Medical Education and Hospitals for review and subsequent reconsideration at the Miami session of the AMA in December 1954. Edward Turner, secretary of the Council on Medical Education and Hospitals, then called a meeting of representatives of the AMA Council on Medical Education and Hospitals, the Association of American Medical Colleges, the federation and the American Hospital Association in Chicago for September 11, 1954, with the hope of finding further means of resolving this urgent problem. Representing the AAMC were Joseph Hinsey, Dean Smiley and John Stalnaker.

At that meeting the following actions were taken:

(1) A Cooperating Committee on Graduates of Foreign Medical Schools was formed (membership, it is hoped, will consist of three members each from the Council on Medical Education and Hospitals, the Federation of State Medical Examining Boards of the United States and the Association of American Medical Colleges, and one member from the American Hospital Association).

(2) It was suggested that the cooperating committee might well develop into a national body charged with the responsibility for examining, evaluating

and certifying foreign trained physicians as eligible for consideration by the various state medical examining boards. (It probably should not be a duty of this body to counsel foreign medical graduates as to what steps they might take to make themselves eligible.)

(3) The following officers were elected: chairman, Donald Anderson; vice chairman, Dr. Ezell; secretary, Walter Wiggins; members of the executive committee: the chairman, vice chairman, secretary, Edward Turner and Dean Smiley.

(4) The executive committee was instructed to organize itself as a planning committee, to bring to the next meeting of the cooperating committee in October a suggested plan as to how a satisfactory screening program for foreign trained physicians might be set up and operated.

The matter of the AAMC's participation in the work of this cooperating committee will be discussed and voted upon at the October meeting of the Executive Council.

ACTION: The annual report of the Joint Committee on Licensure Problems was accepted without revision.

REPORT OF THE COMMITTEE ON MEDICAL CARE PLANS

DEAN A. CLARK, chairman: The Committee on Medical Care Plans continues to be chiefly interested in the possible effects of insurance against the cost of professional services upon the teaching of undergraduate medical students, interns and residents. The survey of medical school deans' opinions about this matter, done last year, did not seem to substantiate widely expressed fears that medical care insurance was adversely affecting medical education, in any of its aspects.

During the year, however, informal individual observations by committee members lead to the strong impression that the effects of insurance, principally that of apparently increasing the number of hospitalized private and semi-private patients and decreasing the number of hospitalized ward patients, have been more serious than the deans' opinion survey suggested. The problem seems to be least difficult in regard to the education of medical students and interns. In many teaching institutions these two groups are apparently being

taught successfully with the cooperation of private and semi-private as well as ward patients.

The situation appears to be quite different, however, with respect to residency training, perhaps especially residency training in general surgery and the surgical specialties and in obstetrics. In connection with such training a great many problems have been observed and various somewhat hit-or-miss solutions attempted. In one hospital which is intimately associated with a medical group, for instance, the senior residents are no longer called "residents" but "junior assistants" to the group. They do not wear white suits and individual patients are referred to them for care in the same way as they are to the senior members of the group. The junior assistants then provide all the care needed, including major surgery, under the supervision of the senior staff members.

Where no medical group is at hand, however, solutions are harder to find. We know of one large municipal hospital with traditionally excellent teaching services which has had so few surgical ward admissions that it has found it necessary to send its surgical residents to another hospital to complete their training.

In another teaching hospital, a plan is under serious consideration by which patients able to pay professional fees, either through insurance or out of pocket, would be admitted to the teaching services, if they so desire, to become the patients of the resident and visiting staff and be treated exactly as the "indigent" and "medically indigent" have been treated there in the past. These patients would not be patients of any individual private physician, but would be patients of the teaching services as such. The professional fees paid by such patients would not go to the hospital for general purposes but would be pooled in a special professional fee fund to be expended for professional purposes only, at the discretion of the staff.

These and other devices would seem to indicate a need for further study of the problem. The committee, therefore, is beginning a new survey, the results of which should be ready next year. In this survey, data will be sought not from medical school deans, many of whom are not closely associated with resi-

gency training programs, but rather from hospital administrators, chiefs of service in teaching hospitals, and, where available, hospital directors of medical education. A list of about 100 of the principal teaching hospitals has been drawn up and questionnaires are now being prepared by means of which it is hoped to secure the desired data. If the results of the current survey are available before the next Annual Meeting of the Association of American Medical Colleges, they will be circulated to the deans, to the participating hospitals and to others who may be interested, in the hope that better-informed discussion of the subject can then be held at the annual meeting.

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

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

STANLEY W. OLSON, chairman: After securing approval of the delegate body of the Association of American Medical Colleges at Atlantic City in October 1953, for the expansion of the program known as the MEND program, a telegraphic poll was taken of all schools to determine the number who were interested in participating. The results were as follows:

Interest in participating.....	43
Not interested	2
Undecided	23

In February 1954, a "staff study" was prepared for the use of the Assistant Secretary of Defense, Frank Berry (see Appendix A). This was reviewed by the Armed Forces Medical Policy Advisory Council and unanimously rejected.

A gesture toward expansion was made late in the spring when Dr. Berry offered the sum of \$140,000 over the period of the next two years to expand the program into several additional schools. It was clearly stated at that time, however, that there was no intent to continue the support beyond a two-year period. In conference with Dr. Hinsey and Dr. Smiley, a decision was reached to request that this fund be used for the extension of the presently operating pilot programs for two years, this guaranteeing support for a total of four years, or during the cycle of one entire medical school class.

Dr. Olson presented the MEND program before the Section on Military Medicine and Surgery at the convention of the American Medical Association in San Francisco in June. This paper was subsequently discussed by Dr. Ravdin from the University of Pennsylvania, a member of the Armed Forces Medical Policy Council Advisory Committee, and Joseph Hinsey, chairman of the Executive Council of the Association of American Medical Colleges.

Informal information suggested that as a result of this presentation and the subsequent discussion, that there was a more active interest in the project by the Assistant Secretary of Defense. In any event, about August 1, 1954, he wrote to Dr. Olson suggesting that the Department of Defense might be interested in sponsoring symposia by the representatives of the Armed Forces and subsidizing travel of faculty members of the medical schools to attend conferences of this type. In effect, this represented support for approximately half of the program as it is now being carried on in the pilot schools, but left undecided the quite important decision regarding the coordination of the program, both at the national level and the local level.

A meeting was held on September 9, 1954, attended by Frank Berry, John Youmans, Admiral Morrison, Admiral Hogan, General Hays, General Powell and Dr. Olson. Dr. Berry reiterated his interest in sponsoring travel for faculty personnel and in encouraging the representatives of the Armed Forces to arrange programs of a stimulating nature for these representatives. He made careful inquiry into the need for a coordinator at the national and local levels and seemed quite interested in a proposal that a sum of \$7,500 be allotted to each school for a coordinator for a limited period of three or four years, the time which was estimated to be required to firmly establish the MEND program in the curriculum of any given medical school. He called attention to the fact that his advisory committee was meeting in joint session with the advisory committee to the Research and Development Section of the Department of Defense, and that he would be glad to put to them any specific proposition which the MEND Committee might wish to formulate.

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A meeting of the MEND Committee was also held on September 9, 1954, at which time the following proposal was formulated for presentation to the Armed Forces Medical Policy Council on September 12, 1954:

1. That the MEND program be expanded to a minimum of 10 additional schools and a maximum of 15 additional schools, during the academic year 1955-56;
2. That each school concerned with the program is allocated the sum of \$7,500 for a coordinator for a maximum period of three or four years;
3. That there be made available by the Department of Defense travel funds for the representatives of the participating schools on approximately the same basis that is currently available, and that this be envisioned as a continuing responsibility, not terminating after a short period of time;

4. That there be a national coordinator, for whose activities a sum of approximately \$25,000 per year would be made available.

5. Expansion to the remaining schools who wish to participate would be made as rapidly as possible in the light of the experience attained with the expansion during the first year.

Information obtained from Dr. Youmans indicates that the proposal had favorable reception by the Armed Forces Medical Policy Advisory Committee. The one item which was brought into question was the need for an amount as large as \$7,500 per year per school for a coordinator, and the sum of \$4,000 per year was suggested as adequate. No formal action has been taken with respect to the expansion of the program, however, and it is likely that there will be further discussions at the annual meeting of the AAMC.

Appendix A

"STAFF STUDY" Presented to the Assistant Secretary of Defense (Health & Medical) February 26, 1954

I. STATEMENT OF THE PROBLEM

Physicians today must be ready to serve effectively in the armed forces, in civil defense situations, or in both. The plain fact is that the young medical graduate is not being educated or trained to assume this obligation.

In order to correct this grave deficiency, the Joint Committee on Medical Education in Time of National Emergency herewith submits a proposal for consideration by the Secretary of Defense.

Facts Bearing On The Problem:

A. The medical ROTC program of the United States Army and the United States Air Force has proved to be an ineffective mechanism for preparing medical graduates for military service and is being discontinued as of June 30, 1954. The armed forces appear to have no suitable mechanism to replace the medical ROTC program.

B. It has been the policy of the Army and the Air Force to give a short introductory course to reserve officers as they begin their tour of active duty. Because of the short time available, such orientation programs for reserve medi-

cal officers are aimed primarily at the teaching of organization and methods used in the Armed Forces.

Large areas dealing with the application of principles of medicine and surgery as they are encountered in the military and civil defense situation are left untouched by both the medical schools and by the military organizations in their initial indoctrination. Some method of accomplishing this latter objective in the undergraduate medical course would enable the reserve officer to function as an effective medical officer within a short time after the commencement of active duty.

C. Experience in civil disaster situations has shown that the physician with wartime military experience understands the principles of care of mass casualties better than the physician who has not had such experience. Because the likelihood of major civil disaster has increased sharply in recent years, there is greater urgency to instruct the young physician to meet the responsibilities he will face in the event of such disaster.

D. At present close liaison exists between the Armed Forces and medical school faculties only in certain areas:

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1. In connection with graduate education:

Civil consultants in many cities assist in the organization and conduct of residency programs in military hospitals.

2. In connection with research:

Numerous research contracts have been negotiated by the Armed Forces with civilian medical investigators.

3. In connection with policy formulation:

Many civilian consultants serve in an advisory capacity to the Armed Forces.

There is, however, almost no liaison between the Armed Forces Medical Services and medical school faculties with respect to the content of the undergraduate curriculum.

II. PROPOSED SOLUTION

It is proposed that the medical school faculties be acquainted with the problems of military medicine and surgery and with the methods used in military and disaster situations in order that they may effectively incorporate these concepts into their courses.

Facts Bearing on the Proposed Solution:

Since October 1951, the Joint Committee on Medical Education in Time of National Emergency of the Association of American Medical Colleges and of the Council on Medical Education and Hospitals of the American Medical Association has worked closely with the representatives of the Armed Forces, the federal Civil Defense Administration, the United States Public Health Service and the office of the Assistant Secretary of Defense (Health and Medical) and has developed a considerable amount of experience in meeting the problems under discussion by means of a series of pilot programs in five medical schools.

These five pilot programs, involving a total of 1,800 students, have been carried on at a cost to the government of \$15,000 per year for each school, or \$41.50 for each student. A recent poll of the 79 medical schools in the United States indicates that 50 schools are now ready to introduce a similar program whenever funds become available. Only two schools have expressed disinterest. The remaining 27 schools, for a variety of reasons, have requested that they delay their decision. It is anticipated that a majority of these will implement the program after it has been fully re-

viewed by the appropriate faculty representatives. These 50 schools which have expressed willingness to cooperate teach 13,000 of the 21,000 students enrolled in medical schools in the United States. By way of contrast, information from the Office of the Surgeon General of the United States Army indicates that in 1952-53 there were 48 medical ROTC units giving instruction to 4,151 medical students at a total cost of \$1,441,000, computed on the basis of \$153.06 per year for each student enrolled in the basic course and \$774.06 per year for each student enrolled in the advanced course.

At a cost of \$15,000 per school the cost of 50 programs would require \$750,000 per year. In addition, certain funds would be required for the Armed Forces and the federal Civil Defense Administration to provide appropriate instruction for faculty members of the medical schools, for teaching aids and for the necessary travel.

It is estimated that there are at least 30 members of the basic science faculty in each school which would be involved in this operation. For 50 schools this would mean a total of more than 1,500 teachers. Most of these teachers at present have had neither military experience nor such contact with the Armed Forces as would make them aware of the material which they might appropriately teach in emphasizing the principles of military medicine and surgery.

The clinical faculty in each school is a much larger group. Most of them under the age of 55 have had military service but very few of these hold reserve commissions. Their contact with a program designed to acquaint undergraduate medical students with newer information about military medicine will make them more useful as a potential reserve for further military service or for civil disaster responsibility.

Experience has made it clear that the approach used in the pilot programs is entirely acceptable to the faculties; that it is very well received by the students; and that it meets the critical approval of the responsible officers of the Armed Forces Medical Services and the federal Civil Defense Administration. It has been formally approved by the Executive Council and the delegate body of the Association of American Medical

Colleges, by the Council on Medical Education and Hospitals and by the Board of Trustees of the American Medical Association. The National Health Resources Advisory Committee of the Office of Defense Mobilization has reviewed the program and indicated that it should be administered through the Department of Defense.

III. IMPLEMENTATION OF THE PROPOSED SOLUTION

It is the considered opinion of the Joint Committee on Medical Education in Time of National Emergency that certain fundamental principles consistent with sound medical education have emerged from experience in the pilot programs and that these principles must govern the further development of the program:

1. The program should be integrated into the regular curriculum and be given by the regular faculty.
2. Funds must be available to secure the services of a faculty member in each school to serve as a coordinator who can assist the departmental chairman and the administration in structuring the program.
3. There must be close cooperation among the representatives of the federal government and the coordinators from the several schools.
4. Faculty members must have an opportunity to learn what is being accomplished by the Armed Forces and civil defense in the areas of their special interests.
5. Teaching aids such as films, special military reports and technical manuals must be made available.

It is hoped that instruction in additional schools can be begun October 1, 1954.

The Joint Committee on Medical Education in Time of National Emergency proposes to assume responsibility for the organization and supervision of the expanded program. A full-time executive secretary of the joint committee, working out of the office of the Association of American Medical Colleges, will be employed to provide active assistance, to arrange informal meetings with coordinators from the several schools and to assess the effectiveness of the program. It is believed that this can be accomplished with a budget representing approximately 5 per cent (or less) of

the amount granted to the schools. A grant of this purpose could be negotiated between the government and the Association of American Medical Colleges.

The experience of the five pilot schools will be of great value to the other schools in formulating their own programs. The information developed and distributed by the Joint Committee regarding the curriculum in time of national emergency will serve as a useful guide to each of the departments.

Each school of medicine will be responsible for the development of its own program, while the medical departments of the Armed Forces, the federal Civil Defense Administration and the United States Public Health Service will be responsible for making available such facilities and information as will best promote the objectives of the program.

The costs to the Armed Forces, the federal Civil Defense Administration and the United States Public Health Service for their activities in supporting the program should be determined by the appropriate representatives. The necessary administrative directives to enlist the active assistance of these organizations should be developed.

IV. DISCUSSION

Insofar as may be judged from what has been achieved in the pilot programs carried out in five medical schools, certain tangible results may be reasonably anticipated from an expanded program. These involve (a) the favorable modification of basic attitudes of faculty members and students, (b) the development of an economical training program for the armed forces and for the federal Civil Defense Administration, (c) the creation of an awareness among the medical graduates of their responsibility to be prepared to deal skillfully with problems of mass casualties.

Medical school faculty members have shown considerable interest in the contributions which the Armed Forces Medical Services are making to our understanding of medicine. As they become familiar with these contributions and with the officers responsible for the advances, they develop a better understanding of the role the Armed Forces are playing in medicine today. This attitude influences to a considerable degree the attitude of the student so that he thinks of the Armed Forces Medical

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Services as an organization whose medical standards are equivalent to those of the medical school.

It is reasonable to assume that this attitude of mutual respect between the medical school and the Armed Forces will be of great benefit with respect to those students enrolled in the proposed Armed Forces medical scholarship program and with respect to those students who will serve as reserve corps medical officers on active duty. It seems likely also that if the general aspects of a military career can be made more attractive than at present, that these student attitudes may well mature into decisions to remain with the medical corps as regular officers.

It has been demonstrated that the Medical Education for National Defense program serves as an efficient method of transmitting new information developed by the Armed Forces to faculty members, students and practicing physicians more quickly than has been the pattern in the past.

Finally, it may be stated that the program will provide a readily available group of trained medical students who could augment the resources of the Civil Defense teams in each of the communities with medical schools where the MEND program is in operation.

V. CONCLUSIONS

1. There seems to be little doubt that some well planned effort to prepare for a national emergency must be made.

2. The program known as Medical Education for National Defense has been shown to be a program that is effective, economical and acceptable to students, faculty and military and civil defense authorities.

3. After careful consideration it appears that the Department of Defense should assume responsibility for expansion of the program.

4. It is urgent that the matter be given early consideration if any expansion is to take place in the academic year 1954-1955.

ACTION: The annual report of the Committee on Medical Education for National Defense was accepted without revision.

REPORT OF THE COMMITTEE ON PUBLIC INFORMATION

JOHN L. CAUGHEY, chairman: With

the assistance of representatives of the Medical Section of the American College Public Relations Association, the Committee on Public Information handled publicity arrangements for the 64th Annual Meeting in Atlantic City. The reports of the meeting published in leading newspapers indicated the potential value of the Annual Meeting as a means of calling public attention to the activities of the Association and to the vital role of medical education in the development of good community health services.

At the 1953 meeting, the committee strongly recommended that a public information section be formed in the central office of the Association. In November 1953, the committee was informed that this proposal had been discussed by the Executive Council, and that the decision was reached that the new associate secretary, soon to be appointed, would assume responsibilities in the public information area.

Several members of the Committee on Public Information participated in the meetings of Medical Section of the American College Public Relations Association in New York in June 1954. At this time arrangements were made, with the help of Dr. Smiley, to secure the cooperation of the ACPRA group in handling publicity at the 65th Annual Meeting in French Lick. Leota Pekrul, of the University of Colorado, is chairman of the Medical Section of the ACPRA this year.

Although the committee has no specific recommendations to present, it is actively interested in the following problems:

(a) Improvement of the exchange of public information ideas among medical schools.

(b) Preparation of exhibits, moving pictures and other aids for the education of university and hospital trustees, civic groups and the public about the many responsibilities and functions of a medical school in the community.

(c) Development and support of adequate training programs to provide competent medical public relations personnel to meet the demand which is being created by the increasing awareness of medical schools, hospitals and medical societies of the need for good communications with the public.

ACTION: The annual report of the

Committee on Public Information was accepted without revision.

REPORT OF THE COMMITTEE ON TEACHING INSTITUTES AND SPECIAL STUDIES

GEORGE PACKER BERRY, chairman:

Organization: At the 64th Annual Meeting of the Association of American Medical Colleges, held in Atlantic City during October of 1953, two committees were combined to form a new standing committee, the Committee on Teaching Institutes and Special Studies. The present report is the first to be submitted by this new committee. It has been prepared under the direction of the chairman by the director of studies, who serves as the committee's secretary.

The Executive Council believed that uniting the several activities of the Committee on Student Personnel Practices and the Committee on Teaching Institutes would provide a strong device for meeting the interwoven problems of students and teachers. All concern the medical curriculum.

To assure the closest integration of the work of this new committee with the Association's other activities, the president, the president-elect and the chairman of the Executive Council serve as members of the committee. In addition to George P. Berry, who has accepted the responsibilities of the chairmanship, and John M. Stalnaker, director of studies who serves as the secretary and directs the work of the staff, the committee numbers 11.

Finances: The expenditures made for the committee and its staff during the year 1953-54 totaled almost \$112,000, of which amount \$72,000 was spent for general operations and \$40,000 for expenses directly connected with the teaching institutes. During this year expenditures were incurred for both the first and second Teaching Institutes. The National Heart Institute gave \$45,000 to help defray the costs of the first Teaching Institute, and \$25,000 for the second. In addition, the National Cancer Institute gave \$25,000 for the second Teaching Institute. The Commonwealth Fund and the National Heart Institute are each contributing \$25,000 for the third Teaching Institute. The Markle Foundation supported the general work of the committee by a grant of \$50,000 for the year. Both the Markle Foundation and the Commonwealth Fund are sup-

porting the general operations of the committee for 1954-55.

With the formation of the new committee, a change was made in the accounting practices of the Association whereby a balance of over \$90,000, which remained on June 30, 1953, in a restricted account for the Committee on Student Personnel Practices, was transferred to the Association's general fund. Testing revenues, previously credited to this committee, were also transferred to the general fund during the year 1953-54; these amounted to almost \$50,000. Funds for the operation of the committee are now derived from the Association's general fund. The expenditures for the year 1953-54 were about \$9,000 less than the approved budget.

Teaching Institutes: In a brief report of the committee's activities, space does not permit a review of the philosophy of the Teaching Institutes or even of their principal accomplishments. The Teaching Institutes are a major educational activity of the Association. The first Teaching Institute on Physiology, Biochemistry and Pharmacology was held in Atlantic City, during October of 1953, and was attended by 136 invited participants, representing 96 medical schools in the United States, Canada, Puerto Rico and the Philippines. The complete report was published as a supplement to the July number of the *Journal of MEDICAL EDUCATION*. Under the brilliant chairmanship of Julius Comroe, this Institute accomplished results, the significance of which will long be felt. The co-chairman, Dr. Berry, in his preface to the published report, describes its philosophy and principal achievements.

As the present report is being written, the second Teaching Institute—pathology, microbiology, immunology and genetics—is about to be held under the chairmanship of Douglas Sprunt and co-chairmanship of Robert A. Moore. The several preparatory committees have worked imaginatively and diligently on the plans. Many individuals have been involved in the preparation and analysis of information for use at the Institute. The success of any such undertaking depends upon the work of many persons at the professional level and of the detailed statistical and administrative work by the staff of the director of studies. At the present time

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everything indicates another successful Teaching Institute.

Information to Colleges: The committee continues to work with the undergraduate colleges in an effort to interest the colleges and their best students in medicine. The "Admission Requirements Booklet," now in its fourth edition, has been more than doubled in size and otherwise significantly improved. This 1955 edition is being sold to help defray the substantial costs of preparation and publication. It is becoming an indispensable source of reference for faculty advisors and for the undergraduate students. The more it is used, the fewer will be the misunderstandings about the process of going from college to medical school. Further improvements are planned for 1956; if the sale of publication justifies, a more comprehensive report on medical education will be included.

Again this year the undergraduate colleges received from Mr. Stalnaker's office the distribution of the scores of their students on the MCAT. While the colleges greatly appreciate these distributions, some continue to ask for individual scores. These colleges were sent lists, by name, of their students who had applied to medical school and the success achieved by each student. Many letters of commendation were received about these lists. Equally numerous and favorable were the comments on the reports sent to the colleges listing each student who entered medical school in 1949-50, where he went to medical school and what his progress was during next four years in medical school. Further reports of a similar nature are planned for the colleges.

No other professional or graduate school sends to the undergraduate colleges the detailed information now supplied to them by the medical colleges via the Association. This is true both qualitatively and quantitatively. From a full understanding between colleges and medical schools comes a steady flow of able and fully qualified students—the transition from college to medical school should become even smoother and more attractive.

Applicant Statistics: Efforts continue to improve the study of applicants. A thorough understanding of the numbers applying to medical school and the overlap in applications between the various

medical schools can lead to a better handling of the problems of admission. In addition to the usual statistical study of applicants, which appeared this past year in the Journal of MEDICAL EDUCATION, a study of its applicants was reported in detail to each medical school: how many other applications the applicants filed, where else they applied and what action was taken on these other applications. Striking variations were found to exist among the schools. The applicants to one school, for example, applied on the average to a total of 1.5 medical schools each, while those of another medical school applied to 10.6, seven times as many. The applicants to one medical school filed a total of almost 12,000 applications to other medical schools. Such multiple applications are continuing to complicate the admission picture, both for the student and the medical school. A highly desirable applicant may file applications to 10 medical schools and receive 10 offers on a place; he will necessarily go to but one school. At the other medical schools he has added to the burden of an already overworked admission committee.

The number of students applying to medical school continues to diminish, but an upturn may be expected soon.

The applicant statistics can be made to yield more significant information in usable form. Work in this direction is planned. Studies on the quality of the applying group, and a forecast of the numbers who apply are under consideration.

Students in Medical Schools: From statistics regularly compiled of students enrolled in medical school and their progress, studies of the undergraduate origins of medical students can be made. Just released has been a thorough report on the over 600 colleges that supplied the students who entered medical schools during 1949-50. It is based on the four-year record of this group in medical school. This particular investigation of the undergraduate origins of a medical-school class is but a small part of a more extensive study of the class that entered in 1949. Only 8 per cent of this class dropped out, another 5 per cent were academically irregular in some way, but may still graduate, and 87 per cent graduated on schedule—a remarkable record. Actually, more than 90 per cent of this class have now graduated.

Medical College Admission Test: The admission test is a responsibility of this committee, being prepared, administered and reported for the committee by the Educational Testing Service. It has now been in use long enough to permit studies of significance to be made. During the year several such studies have been completed and are currently in the process of being reported. The committee will welcome suggestions concerning how this valuable test can be made more useful.

The MCAT is a sound test; when properly interpreted it can be of great value to admission committees in selecting students and to the dean's office in advising students. The committee hopes that scores on this test will be available for all admitted students.

The test scores are being extensively used in several continuing studies. Thus, the applicant study makes use of the test data. Score distributions are sent to undergraduate colleges and the medical schools are given a summary of the mean scores made by the students from each undergraduate college. The test scores are being utilized in an exploration of the students dropping out of medical school. The chances of a student scoring under 300 on the science section of the test dropping out of medical school are eight times as great as for a student scoring over 600. A special study is now in progress showing the average score of applicants to one medical school for the students from a given undergraduate college in comparison with applicants to all medical schools from that college. The committee has under way also a report to each medical school on the scores of its admitted students and the relationship of these scores to drop-outs. Other studies are in process or are planned.

Faculty Register: At the present time the register of teaching personnel in medical schools is being brought up to date. A number of surveys are being drawn up to provide the basis for wiser long-range planning. Consideration is being given to maintaining this register on an annual basis and preparing yearly reports. All groups interested in faculty recruitment will be able to make use of such information, especially if it is current. The government has special interests in this work and has helped in the studies made thus far.

Admission Procedures: Uniform mechanics and dates of admission have been drawn up and distributed to all medical schools for suggestion. On the basis of the suggestions, a revised code will be prepared which it is hoped will be accepted by all medical schools. There continue to be excellent reasons for reasonable uniformity in the details of admission practices. The committee believes that such uniformity can be attained without loss of the unique characteristics of the several schools. The continued competition for the best students and the continued practice of the students to apply to several medical schools emphasize the need for some uniform traffic rules to preserve both schools and students from harm.

The committee is discussing the possibility of a three-day meeting devoted to admission problems and procedures. If adequate financing can be arranged, an invitational conference of perhaps 50 individuals will be held. The published proceedings should be useful to both medical schools and undergraduate colleges.

Studies in Progress: An investigation of the results obtained from the Briggs-Myers personality assessment inventory has been continued. Until more positive results are forthcoming, this particular instrument will not be incorporated in the regular program. The study of older medical students is in progress. The study of women graduates will be reported next year. A bibliography on writings concerning admission to medical school is being assembled and annotated. The study of students dropping out of medical school will be continued and periodic reports will be issued.

During 1953-54 considerable time was spent on a careful analysis of questionnaires drawn up for the second Teaching Institute. The administrative work for this Institute was handled largely in the committee's office.

Work for Other Groups: The work of registration and operation of the National Intern Matching Program was handled by the committee's staff, but at the expense of the NIMP. The operation went smoothly and accurately. During the weeks that the NIMP program was at its height, almost all other activities of the staff had to be suspended.

The staff cooperated with the Rusk

committee in obtaining information from students in medical school. The Department of Defense has been invited to use the facilities of the committee to collect the information it requires from the senior students.

Work on the financial problems of medical schools was handled for the liaison committee.

Plans: Under consideration by the committee are studies of the actual undergraduate course work completed by accepted students. Some explorations on forecasting applicant populations have been made; more extensive explorations are planned. Consideration is being given on how to estimate the quality, as well as the quantity, of applicants to our medical schools.

The committee continues to recognize the vital role to success in medical school played by student motivation, interest and application. Any practical means for estimating their characteristics would prove to be of the greatest value to admission committees. Further work is planned.

The committee would like to explore the actual operations of the entire admission procedure at several medical schools in order to develop more useful materials for the direct use of the medical schools. Field studies are now under consideration.

During the year 1953-54, the committee's staff has worked on student statistics for the use of colleges and medical schools. During 1954-55, it hopes to divide this work into the perfection of annual and other recurring reports and work on special one-time studies. The applicant studies, reports on admitted students made to undergraduate colleges, and the college origins of medical students are samples of recurring studies. The study of the cost to the student of attending medical school, the study now in progress of women graduates of medical schools are illustrations of one-time studies. The staff wants to make its extensive data more widely available and to present its many studies and reports in readable and convenient form. Efforts are being made in these directions and suggestions are solicited.

ACTION: The annual report of the Committee on Teaching Institutes and Special Studies was accepted without revision.

REPORT OF THE COMMITTEE ON VETERANS ADMINISTRATION — MEDICAL SCHOOL RELATIONSHIPS

R. HUGH WOOD, chairman: The only formal meeting of the committee this year was held in Atlantic City in October 1953. At that time there were very few questions raised, but they are included in the items discussed below, which have come to the consideration of the committee or its chairman during the year.

1. *Non-Citizen Physicians in Veterans Administration Hospitals*

The question of employing noncitizen physicians as residents in VA hospitals has been discussed by various groups and individuals. In some instances the physicians who seek these appointments come from schools which are known to the AAMC and whose graduates are known to be well qualified. The question arises again in connection with affiliated hospitals where residents regularly rotate through the VA and other hospitals according to a scheduled plan of rotation. Some residents appointed in university hospitals are not citizens.

After thorough discussion with representatives of the Research and Education Division of the central office of the Veterans Administration, it was decided that it would not be possible to appoint noncitizen physicians as residents in VA hospitals. To make them full-fledged appointees would require a change of law, and it was thought unwise to have such appointments made by devious means. The question still remains as to whether or not a noncitizen physician who has been appointed as a resident in the university hospital may rotate through the VA hospital for part of his educational experience while remaining on the staff and being paid by the university hospital. At the writing of this report no final answer has been received from the Veterans Administration.

2. *Stipend for Medical Students*

A few schools have raised the question as to whether or not medical students serving as clinical clerks in VA hospitals could receive a stipend for such service. This was disapproved by the Veterans Administration, and the Advisory Committee on Education of the Veterans Administration concurred in this decision.

3. *Payment for Library Service*

Some schools have asked if it would be appropriate for the Veterans Administration to reimburse the medical school for library service to VA hospitals. This matter was considered and disapproved by the Veterans Administration and the Committee on Education.

4. Admission of Nonservice-Connected Cases to Veterans Administration Hospitals

(a) The policy of the AAMC remains unchanged in this regard; the Association's interest and responsibility are research and education. It is not the responsibility of the AAMC to determine eligibility for admission of patients to VA hospitals. While most citizens, including the members of the Association, do not sanction free medical and hospital service for nonservice-connected cases when these veterans are able to pay, we believe it is not the prerogative of the Association to attempt to enforce measures to prevent the admission of such patients. It seems reasonable that the new form 10P10 should be given a fair trial.

(b) Laws passed by Congress pertaining to the eligibility of veterans to VA hospitals have been liberalized repeatedly in the past several years, and it is the responsibility of the Veterans Administration to carry out the mandates of Congress. Appropriations, however, always have not kept pace with the additional numbers of veteran patients which the law declared eligible. This fact has posed budgetary problems to the Veterans Administration which also are felt by the schools, since their opportunity for research and education is related directly to the funds available for patient service and the general operation of VA hospitals, including research and education.

(c) As has been pointed out before, a paradoxical situation exists in the matter of nonservice-connected patients in VA hospitals. If, as has been proposed by some medical groups, patients in VA hospitals were limited to service-connected veterans, the clinical cases available for education and research would be so limited in variety as to threaten seriously a residency training program. The only reason for the participation of medical schools is education. If this became impossible because of a reduction in the number and variety of clinical

cases, there would be no reason for the affiliation of medical schools. If affiliation with medical schools should be terminated, this in turn would threaten the quality of care given to veteran patients because of the almost certain reduction in number and quality of staffs in VA hospitals. These matters cannot be left out of account as we plan and consider the care of VA patients.

(d) On May 21, 1954, the Committee on Federal Medical Service of the American Medical Association requested that members of the AAMC veterans committee meet with them in Chicago. Gordon H. Scott, of Wayne University, and the chairman met with this group. Various problems concerning the Veterans Administration's medical program were discussed. The question was brought up by the AMA committee as to whether or not a satisfactory residency program in VA hospitals could be continued if nonservice cases were not admitted. The answer given by your committee was that they would be seriously threatened and that probably most residency training programs in VA hospitals could be discontinued.

There was discussion of the feasibility of having nonservice-connected veteran patients cared for by local hospitals, with the exception of psychiatric and tuberculosis cases which, admittedly, communities are not able to provide for. The opinion was expressed that communities should undertake this service but that many communities are not prepared to meet the problem even for nonveteran citizens, and would in many instances be ill prepared to take care of the greater number of indigent patients. Without entering into the wisdom of providing medical care to indigent veterans whose disability is nonservice-connected, it can be stated as a historical fact that it has been the policy of the federal government of the United States to provide such care to the limit of available hospital beds and facilities. Again, it is not within the province of the AAMC to formulate this policy.

5. Salary Increases for Full-Time Members of VA Hospital Staffs

This committee has recommended to the Veterans Administration that legal authority should be sought to raise salaries of the full-time staff of VA hospitals. It is becoming increasingly difficult to recruit and keep high-quality service

chiefs in all categories. There has been no increase in these salaries since 1946, except for a 10 per cent cost of living increase granted to all Veteran Administration personnel sometime ago. The Advisory Committee on Education also has supported this recommendation.

6. Financial Difficulties

The building and location of new VA hospitals are the prerogatives of the federal government and not the Veterans Administration. While many new hospitals have been completed and opened, appropriations for the Department of Medicine and Surgery have not kept pace with the additional number of beds provided. This is true of appropriations both for general operating costs and funds for research and education. A reduction in the number of beds has become necessary in some hospitals, while an adequate program of research has been difficult to initiate in new

hospitals and maintain in older hospitals.

7. Student Clinical Clerkship Program

The question has been asked of the chairman of this committee as to whether or not the Veterans Administration approved of the teaching of medical students as clinical clerks on the wards of VA hospitals. This committee knows of no instance in which medical students have not been welcomed in the wards of VA hospitals. Apparently an erroneous report was prevalent also in some quarters that certain veteran organizations were opposed to this plan. Insofar as the committee knows, there has been no objection from the American Legion or any other veteran organization on this particular point.

ACTION: The annual 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: In July 1954, the fund distributed \$2,176,904.71 to the nation's 80 medical schools. This included \$1,101,578 received from the American Medical Education Foundation. This brings the total number of grants made since 1951 to \$6,941,057.50.

Progress is expected to continue. During the first nine months of 1954 the number of contributing corporations was 783, compared to 592 in the same period in 1953. Total contributors for 1953 were 994 and the likelihood is that the total for 1954 will be well over that figure.

Through its Committee of American Industry, the fund now has committees organized in 68 industries and local committees in 26 cities. Approximately 1,300 individuals, leaders in their in-

dustries or localities, are serving on these committees.

Perhaps the most significant development for the fund in the past year was the enactment of Public Law 685, conferring a federal charter on the fund. By granting such a charter, Congress took official notice of the critical situation facing medical education in this country and formally recognized the fund as the agency through which additional private support for the medical schools could be mobilized.

Two new projects were authorized by the board of directors this fall. One is the executives gifts division, through which individual gifts of \$8 or more will be solicited from corporation executives, health and civic leaders and professional personnel other than doctors. The other is associate memberships, to be offered to governors and trustees of the country's approximately 2,000 voluntary hospitals.

AMERICAN MEDICAL EDUCATION FOUNDATION

HIRAM W. JONES, executive secretary:

The American Medical Education Foundation has made substantial progress toward creating a new and stable source of income for the nation's medical schools. The foundation has gained consistently in stature during the past year and is now generally accepted as a permanent source of income by medical educators.

From its inception in 1951 through October 15, 1954, our program has produced \$3,738,803 to aid the financially deficient medical schools in the U. S. In cooperation with the AMEF, the National Fund for Medical Education has distributed \$6,941,057 in the form of unrestricted grants to the 80 approved medical schools in the U. S. since the inception of this joint venture in 1951. The national fund's most recent series of grants totaled \$2,176,904; of this total, contributions from the medical profession amounted to \$1,101,578. Donations from individual members of the medical profession, national, state and local medical organizations and a small number of laymen have accounted for slightly more than 51 per cent of the total funds received by the nation's medical schools from grants made by the national fund.

The financial support of the foundation's program by the American Medical Association unquestionably has insured its success during these formative years. With four grants totaling \$2 million, the AMA deserves major credit for the financial successes the foundation has enjoyed. Without these funds, the foundation could 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 annually can be attained.

In addition to the \$500,000 grant from the AMA, during the first nine months of the current year the foundation has received contributions from individuals and organizations which increased the total income to \$1,005,000, an approximate 12 per cent increase over income recorded for the corresponding period in 1953. During the first nine months of 1954, the foundation has recorded 16,500 donations compared to 13,259 over the comparable period last year.

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. While the \$2 million goal will not be attained in 1953, we are hopeful that the income will exceed \$1,250,000 by the end of December.

The leaders of the medical profession 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 budget of our medical schools. Therefore, we again urge the AAMC and its individual members to redouble their efforts, both in and outside of the medical profession, to promote the foundation and the national fund as a worthwhile source for charitable contributions.

NATIONAL SOCIETY FOR MEDICAL RESEARCH

RALPH ROHWEDER, executive secretary: Despite the disproportionate capacity of the antivivisection groups to produce literature, films, exhibits and other propaganda materials, medical science won every specific showdown fight in the past year. All legislation adopted in this field was favorable to research. All court decisions rendered in this field were favorable to research. Moreover, a number of principal animal welfare groups abandoned former hostile policies and appeared to be seeking a compromise.

The NSMR has come to be regarded by members of the press as one of the important sources of information on many aspects of medicine and science. As a result, the staff has had opportunity to help in development of many news stories and features, as well as magazine stories, every year.

In September a dozen television stations began to broadcast a weekly show produced by the society. The show probably will be carried by 50 stations by the first of the year. Meantime, 264 prints of the society's 20-second films are being used by television stations across the country. The films tell capsule stories about animals in research.

Some new exhibits have been added to the stock available from the NSMR. There is a set of four silk-screen displays telling about medical progress and animal experimentation. Another smaller

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set of displays is available in two styles.

The society's movie, "Which Fate?" is completed and circulating. A small number of prints have been ordered by interested organizations.

The society has continued to recruit new members during the past year. These have included eight medical or scientific societies, four state medical societies, 19 county medical societies and 25 hospitals.

NATIONAL INTERN MATCHING PROGRAM

F. J. MULLIN, chairman: The third year of operation of the National Intern Matching Program was completed on March 15 with the placement of 6,051 individuals. Some 10,729 positions were offered at 820 participating hospitals.

This program has now become the generally accepted method for placement of graduating seniors into the internship appointments available in June and July of each year. Both in the number of students and the number of hospitals participating, 1954 represented a new high. The total number of internships offered, however, dropped from the previous year by some 250. As a result the per cent of available internships filled in 1954 rose to 56 per cent.

The 1954 program was completed with a minimum of difficulty and it would appear that the program has now solved some of its initial problems and gained the general support of all groups connected with the internship. It is interesting to note that among the most active individuals supporting the program are the student representatives on the board of directors.

The one area in which development is needed and planned is that of information. The program involves a complex procedure and presents some problems in explanation. In 1954-55 an NIMP representative will attempt to explain the program to seniors of any medical school requesting this service. A student handbook explaining the program is in preparation—taking a student from the origin of the program through its control and management down to what it means to him and how it works. Next year a similar publication is planned for the hospitals.

The NIMP is now on a sound financial footing. Its three major organizations—the American Medical Association, Amer-

ican Hospital Association and Association of American Medical Colleges—have made loans to provide working capital. The fees are now covering all costs, however, and allowing a slight surplus to accumulate with which to repay the loans.

The statistical reports on the matching program provide a source of sound information. The last report, published in the *Journal of MEDICAL EDUCATION* in August 1954, summarized the results for three years and provides many significant figures.

The policies evolved during the three years of operation have been arrived at jointly by the several interested associations and the students. These policies appear to be sound and effective. Increased understanding and support have been gained looking toward encouraging students and hospitals to consider the internship as a valuable educational experience.

The officers of NIMP express their thanks to the students, the medical schools and the hospitals for their active and thoughtful cooperation in helping to solve the difficult intern placement problem. The record of full accuracy in the operation of the plan gives evidence of an able staff. Especially, thanks is due to John M. Stalnaker, the director of operations, and to E. C. Smith, who has managed the work.

RESOLUTIONS

The following resolutions were submitted to the annual business meeting, October 20, 1954:

I

Aware of the rapidly broadening functions and ever more significant role of medicine in American life, those charged with the trust of dispensing funds for the benefit of mankind, whether they be private funds or public, have realized the increasing part being played by the Association in nurturing the activities of the medical schools of the United States and Canada. It is at the well spring—the medical school—that strength and growth are constantly needed to provide for the nation the leaders of tomorrow in medicine and health. Medical education is fundamental.

Whereas,

The John and Mary R. Markle Foundation during this year, as in other years,

has made a substantial grant for the support of special studies and for the development of the Journal of MEDICAL EDUCATION. This foundation has also committed funds for the next fiscal year.

Whereas,

The *China Medical Board* this year, as in past years, has made a substantial grant for the general support of the activities of the Association.

Whereas,

The *National Heart Institute* has this year supported the first Teaching Institute, the second Teaching Institute, and is anticipating the assumption of partial support of future Teaching Institutes.

Whereas,

The *National Cancer Institute* has this year made a substantial contribution to help in financing the work of the second Teaching Institute.

Whereas,

The *Commonwealth Fund* has made a substantial contribution for 1954-55 and for 1955-56, to be used in part for the support of the next two Teaching Institutes and in part for the general support of the special studies of the Association, be it therefore

Resolved,

That the Association of American Medical Colleges record its appreciation and thanks for this vital help, making possible many of its contributions to our medical schools and to our nation,

That this resolution be spread upon the official records of the Association, and

That this resolution of appreciation and thanks be suitably conveyed by the secretary to the proper officials of the John and Mary R. Markle Foundation, the China Medical Board, the National Heart Institute, the National Cancer Institute and the Commonwealth Fund.

ACTION: The resolution was unanimously passed.

II

Whereas,

The date of final acceptance of the applications of new students with the filing of a nonrefundable deposit varies widely among member institutions of the Association.

Whereas,

This variation in acceptance date makes it very difficult for the average student applying to four or more medical schools to make sure that he is making

the best choice of schools available to him.

Whereas,

This matter has been carefully studied by the Committee on Teaching Institutes and Special Studies and its recommendations have had further study by the Executive Council, be it therefore,

Resolved,

That the membership of the Association of American Medical Colleges approves the following admission procedures:

1. No place in the freshman class shall be offered to an applicant more than one year before the actual start of instruction for that class.

2. Following the receipt of an offer of a place in the freshman class, a student shall be allowed at least two weeks in which to make a written reply to the medical school.

3. Prior to January 15, this written reply may be either a declaration of intent or a formal acceptance of the place offered. When the applicant has declared his continued interest within the two-week period, the medical school agrees to hold a place for him until January 15, unless he indicates that he has been accepted elsewhere and withdraws his application. He may, of course, and often will, enter into formal arrangements with the one medical school of his choice before January 15. Because of the wide variation in the acceptance dates of different medical schools, some students will wish to change their minds after filing a declaration of intent and it is understood that nothing unethical is implied when a student does so change his mind. In such an event, the student is obligated to send prompt written notification to every school holding a place for him.

4. The payment of a nonrefundable deposit shall not be required of any applicant prior to January 15.

5. When a student files a declaration of intent, a refundable deposit—not to exceed \$100—may be required at the discretion of the school granting the acceptance. Such deposits will be refunded without question upon request made prior to January 15.

6. The deposit, when required to hold a place in the freshman class after January 15, shall not exceed \$100.

7. By January 15 each applicant for

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whom a place in the entering class is being held must either accept the offer formally and pay any required nonrefundable deposit or withdraw his application.

8. Following January 15, an applicant offered a place in a freshman class must either formally accept or refuse the place, but he shall have at least two weeks in which to decide. Deposits made after January 15 shall be nonrefundable.

9. To assist the medical schools, the AAMC office will compile a list of the students who have formally accepted a place in the freshman class. This list will be distributed about February 1 and will be kept current by frequent revisions.

ACTION: This resolution was passed with a dissenting vote of one.

66th ANNUAL MEETING

The 66th Annual Meeting will be held at the New Ocean House, Swampscott, Mass., October 24-26, 1955.

1955 TEACHING INSTITUTE

The 1955 Teaching Institute on Anatomy and Anthropology will be held October 19-22, at the New Ocean House, Swampscott, Mass. William U. Gardner, Yale University School of Medicine, will be chairman.

INSTALLATION OF PRESIDENT

Vernon W. Lippard, president-elect in 1953-54, was installed as president of the Association for 1954-55.

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*
William J. Darby, *Vanderbilt*
Clarence E. de la Chapelle, *N.Y.U. Post-Grad.*
William W. Frye, *Louisiana*
Theodore R. Van Dellen, *Northwestern*
W. Clarke Wescoe, *Kansas*
Tom Jones, *Illinois Emeritus, Consultant*

BORDEN AWARD

William S. Tillett, *N.Y.U.*

Joseph Markee, *Duke*
Arnold Rich, *Johns Hopkins*
Elmer H. Stotz, *Rochester*
Ashley Weech, *Cincinnati*

CONTINUATION EDUCATION

Norman B. Nelson, *Iowa*
Robert Boggs, *N.Y.U. Post-Grad.*
Robert Howard, *Minnesota*
Samuel Proger, *Tufts*
Frank Roberts, *Tennessee*
Thomas Sternberg, *U.C.L.A.*
Grant Taylor, *Texas Post-Grad.*
Douglas Vollan, *Consultant, Council on Med. Edu. and Hosps., AMA*

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Chauncey D. Leake, *Texas*
Dean F. Smiley, *Secretary*

FINANCING MEDICAL EDUCATION

Joseph C. Hinsey, *New York Hosp., Cornell*
Walter A. Bloedorn, *George Washington*
Donald G. Anderson, *Rochester*
Robert A. Moore, *Pittsburgh*
Norman Topping, *Pennsylvania*
John B. Youmans, *Vanderbilt*

INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

Francis Scott Smyth, *California (S.F.)*
Coy C. Carpenter, *Bowman Gray*
E. Grey Dimond, *Kansas*
Maxwell E. Lapham, *Tulane*
Richard H. Young, *Northwestern*
Elizabeth T. Lam, *Consultant, Com. On Internat'l Exch. of Persons*
Harold H. Loucks, *Consultant, China Medical Board*
Myron Wegman, *Consultant, Pan-American Sanitary Bureau*

INTERNSHIPS, RESIDENCIES AND GRADUATE MEDICAL EDUCATION

Currier McEwen, *N.Y.U.*
Howard Armstrong, *Illinois*
D. W. E. Baird, *Oregon*
John Deitrick, *Jefferson*
Clarence E. de la Chapelle, *N.Y.U. Post-Grad.*
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LICENSURE PROBLEMS

Charles A. Doan, *Ohio State*
 Charles L. Brown, *Hahnemann*
 Gordon E. Goodhart, *Southern California*
 John Hirschboeck, *Marquette*
 J. Murray Kinsman, *Louisville*
 Arthur W. Wright, *Albany*

MEDICAL CARE PLANS

Dean A. Clark, *Harvard*
 Frank R. Bradley, *Washington (St. Louis)*
 R. H. Kampmeier, *Vanderbilt*
 Henry B. Mulholland, *Virginia*
 John F. Sheehan, *Loyola*
 Albert W. Snoke, *Yale*
 Maxwell M. Wintrobe, *Utah*

PLANNING FOR NATIONAL EMERGENCY

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 Mark R. Everett, *Oklahoma*
 Thomas R. Forbes, *Yale*
 Stockton Kimball, *Buffalo*
 John B. Truslow, *Med. Coll. of Virginia*

PROGRAM

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 Robert A. Moore, *Pittsburgh*
 John McK. Mitchell, *Pennsylvania*
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PUBLIC INFORMATION

John L. Caughey, *Western Reserve*
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 Milton Murray, *Medical Evangelists, Consultant*
 Ralph Rohweder, *Nat'l. Soc. for Med. Research, Consultant*
 Raymond O. Torr, *Nat'l. Fund for Med. Edu., Consultant*
 William N. Hubbard Jr., *Secretary*

TEACHING INSTITUTES AND SPECIAL STUDIES

George Packer Berry, *Harvard*
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