

Association of American Medical Colleges

MINUTES OF THE PROCEEDINGS

Sixty-Sixth Annual Meeting

October 24 - 25 - 26, 1955

SWAMPSCOTT, MASSACHUSETTS

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

OFFICERS OF THE ASSOCIATION

1955-56

Officers and Members of the Executive Council

President and Council Chairman: ROBERT A. MOORE.....University of Pittsburgh
President-Elect: JOHN B. YOUMANS.....Vanderbilt University
School of Medicine
Vice President: HAROLD S. DIEHL.....University of Minnesota Medical School
Treasurer: STOCKTON KIMBALL.....University of Buffalo School of Medicine
Immediate Past President: VERNON W. LIPPARD.....Yale University
School of Medicine
Secretary: DEAN F. SMILEY.....185 N. Wabash Ave., Chicago 1, Ill.
Executive Council, 1958: JOHN F. SHEEHAN.....Stritch School of Medicine
of Loyola University
Executive Council, 1958: JOHN Z. BOWERS.....University of Wisconsin
Medical School
Executive Council, 1957: LOWELL T. COGGESHALL.....University of Chicago
Executive Council, 1957: THOMAS H. HUNTER.....University of Virginia
School of Medicine
Executive Council, 1956: GEORGE N. AAGAARD.....University of Washington
School of Medicine
Executive Council, 1956: WALTER R. BERRYHILL.....University of North Carolina
School of Medicine

Staff

DEAN F. SMILEY.....Secretary; Editor, *Medical Education*
J. EDWIN FOSTER.....Director, Medical Audio-Visual Institute
HELEN H. GEE.....Director of Research
WILLIAM N. HUBBARD JR.....Associate Secretary

Sixty-Sixth Annual Meeting
Association of American Medical Colleges

New Ocean House, Swampscott, Mass.

October 24-25-26, 1955

MONDAY, OCTOBER 24, 1955

(President Vernon W. Lippard presiding)

Introduction of New Deans.....	page 711
Naming of Nominating Committee.....	page 711
Presidential Address— <i>Vernon W. Lippard</i>	page 698
Highlights of the Institute on the Teaching of Anatomy and Anthropology.....	page 711
Presentation of the Borden Award in the Medical Sciences.....	page 712

TUESDAY, OCTOBER 25, 1955

(President Vernon W. Lippard presiding)

Business Meeting of the Association

Roll Call.....	page 712
Approval of Minutes of the 65th Annual Meeting....	page 712
Report of the Chairman of the Executive Council— <i>Vernon W. Lippard</i>	page 712
Report of the Secretary and Editor— <i>Dean F. Smiley</i>	page 714
Report of the Treasurer— <i>John B. Youmans</i>	page 716
Report of the Director of the Medical Audio-Visual Institute— <i>J. Edwin Foster</i>	page 717

Reports and Recommendations of Committees

Audiovisual Education— <i>Walter A. Bloedorn</i>	page 718
Continuation Education— <i>Norman B. Nelson</i>	page 719
Editorial Board— <i>John Z. Bowers</i>	page 719
Financing Medical Education— <i>Joseph C. Hinsey</i>	page 720

International Relations in Medical Education— <i>Richard H. Young</i>	..page 721
Internships and Residencies— <i>Currier McEwen</i>	page 723
Planning for National Emergency (MEND)— <i>Stanley Olson</i>	..page 723
Licensure Problems— <i>Charles A. Doan</i>	page 724
Medical Care Plans— <i>Dean A. Clark</i>	page 726
Public Information— <i>John L. Caughey</i>	page 726
Teaching Institutes and Special Studies— <i>George Packer Berry</i>	page 727
Veterans Administration—Medical School Relationships— <i>Joseph M. Hayman Jr.</i>	..page 735
Election of Officerspage 736
Presentation of Resolutionspage 737
Time and Place of 67th Annual Meeting .	page 736
Time and Place of 1957 Teaching Institute	page 737
Reports on Experiments in Medical Education.	page 737
 WEDNESDAY, OCTOBER 26, 1955	
Symposium on Compensation of Faculties of Full-Time Departments	page 738
Installation of Officers	page 738

Monday, October 24, 1955

INTRODUCTION OF NEW DEANS

The following new deans were introduced:

Robert C. Berson, Medical College of Alabama; F. Douglas Lawrason, University of Arkansas School of Medicine; Chester Scott Keefer, dean and director, Boston University School of Medicine; Harold A. Taggart (acting dean), Hahnemann Medical College; Robert S. Jason, Howard University College of Medicine; William S. Stone, University of Maryland School of Medicine; Donal Sheehan, New York University (both college of medicine and postgraduate medical school); A. J. Gill, Southwestern Medical School; Howard W. Potter, State University of New York College of Medicine (N.Y.); Philip B. Price, (acting dean) University of Utah College of Medicine; Oliver H. Lowry, Washington University School of Medicine; and John Z. Bowers, University of Wisconsin Medical School.

NOMINATING COMMITTEE

The Nominating Committee was named by President Vernon W. Lippard as follows: Granville A. Bennett, chairman; Donald G. Anderson; D. Bailey Calvin; Joseph M. Hayman; Richard H. Young; and James P. Tollman.

INSTITUTE HIGHLIGHTS

Reflections from the 1955 Teaching Institute on Anatomy and Anthropology were presented. Speakers and their subjects were:

George Packer Berry, dean of the Harvard Medical School and chairman of the Committee on Teaching Institutes and Special Studies—The Association's Program of Teaching Institutes.

William U. Gardner, professor of anatomy, Yale University School of Medicine, and chairman of the 1955 Teaching Institute Planning Committee—Planning the Anatomy and Anthropology Teaching Institute.

Normand L. Hoerr, professor of anatomy, Western Reserve University School of Medicine—The Role of Anatomy in

Medical Education.

Arnold Lazarow, professor of anatomy, University of Minnesota Medical School—The Influences of Advances in Medical Science on Anatomical Teaching.

Gabriel Lasker, assistant professor of anatomy, Wayne University College of Medicine—Anthropology in Medical Education.

Sam L. Clark, professor of anatomy, Vanderbilt University School of Medicine—The Recruitment and Training of Teachers of Anatomy.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

1. *Audiovisual Education*—Walter A. Bloedorn, chairman; William J. Darby; Clarence E. de la Chapelle; William W. Frye; Theodore R. Van Dellen; W. Clark Wescoe; Tom Jones (consultant).

2. *Continuation Education*—Norman B. Nelson, chairman; Robert Boggs; Robert Howard; Samuel Proger; Frank Roberts; Thomas Sternberg; Grant Taylor; Douglas Vollan.

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

4. *Financing Medical Education*—Joseph C. Hinsey, chairman; Walter A. Bloedorn; Donald G. Anderson; Robert A. Moore; Norman Topping; John B. Youmans.

5. *International Relations in Medical Education*—Richard H. Young; Francis Scott Smyth; Coy C. Carpenter; E. Grey Dimond; Maxwell E. Lapham; Elizabeth T. Lam; Harold H. Loucks; Myron Wegman.

6. *Internships, Residencies and Graduate Medical Education*—Currier McEwen, chairman; Howard Armstrong; D. W. E. Baird; John Deitrick; Clarence E. de la Chapelle; E. Hugh Luckey; Richard W. Vilter; George A. Wolf Jr.

7. *Licensure Problems*—Charles A. Doan; Charles L. Brown; Gordon E. Goodhart; John Hirschboeck; J. Murray Kinsman; Arthur W. Wright.

8. *Medical Care Plans*—Dean A. Clark,

chairman; Frank R. Bradley; R. H. Kampmeier; Henry B. Mulholland; John F. Sheehan; Albert W. Snoke; Maxwell M. Wintrobe.

9. *Planning for National Emergency*—Stanley W. Olson, chairman; Mark R. Everett; Thomas R. Forbes; Stockton Kimball; John B. Truslow.

10. *Public Information*—John L. Caughey, chairman; Francis M. Forster; John D. Van Nuys; Harold C. Wiggers; Joseph B. Kelly; Milton Murray; Ralph Rohweder (consultant); Raymond O. Torr (consultant); William N. Hubbard Jr.

11. *Teaching Institutes and Special Studies*—George Packer Berry, chairman; Philip Bard; D. Bailey Calvin; Thomas H. Hunter; Carlyle Jacobsen; Robert A. Moore; Robert Murray; Vernon W. Lippard; W. Clarke Wescoe; William R. Willard.

12. *Veterans Administration*—Joseph Hayman, chairman; George A. Bennett; Robert Berson; Gordon H. Scott; Francis R. Manlove.

BORDEN AWARD

The 1955 Borden Award in the Medical Sciences was presented to Charles B. Huggins, director of the Ben May Laboratory for Cancer Research. The award, consisting of \$1,000 and a gold medal, was presented by John H. McCain, of the Borden Company Foundation. Dr. Joseph Markee, of Duke University, made the nominating address.

Dr. Huggins award was based on his outstanding contribution in the field of cancer research, particularly that portion of the field which deals with the relationships between the endocrine glands and cancer. It was Dr. Huggins who first demonstrated that deprivation of the male hormone by castration curbed the activity of prostatic cancer and its metastases. He extended his work to show that by bilateral adrenalectomy certain tumors of the mammary gland will be likewise halted in their further growth. In recent work he has been able to identify by examination of their basic cellular composition which of the various tumors will respond to this new type of treatment.

Tuesday, October 25, 1955

ROLL CALL

All institutional members were represented except the University of California (S.F.), the University of North Dakota, and Louisiana State University.

APPROVAL OF MINUTES OF 65TH ANNUAL MEETING

The minutes of the 65th Annual Meeting, October 18-20, 1954, at French Lick, Ind, were approved as published.

INDIVIDUAL MEMBERS

The Association voted in 376 new Individual Members, and the first Sustaining Member, W. B. Saunders Co. The total individual membership in the Association is now 1465.

REPORT OF CHAIRMAN OF EXECUTIVE COUNCIL

VERNON W. LIPPARD, chairman:

ACTIONS TAKEN AT EXECUTIVE COUNCIL MEETING OCTOBER 19, 1954:

1. The Council elected Vernon W. Lippard chairman and appointed an administrative committee to act for the Council between regular Council meetings. This committee was to consist of Vernon W. Lippard, Robert A. Moore and Stanley E. Dorst.

2. A resolution recording the Association's appreciation and thanks for support received was passed and the Secretary was instructed to convey it to officers of the John and Mary R. Markle Foundation, the China Medical Board of New York, the National Heart Institute, the National Cancer Institute and the Commonwealth Fund.

3. Appointments to the Association's standing committees were made and the Secretary was instructed to inform the appointees.

Incorporation of Association:

A mail vote of the Institutional Members in the Fall of 1954 showed that 76 were in favor of incorporation, two were tentatively in favor, one did not re-

spond, one was consulting legal advice and one reserved vote for the meeting of Institutional Members.

The Articles of Incorporation were filed in the office of the Secretary of State of Illinois on January 20, 1955.

ACTIONS TAKEN AT THE FIRST MEETING OF THE BOARD OF DIRECTORS (EXECUTIVE COUNCIL) OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, INC., FEBRUARY 4, 1955.

1. A form of By-Laws was presented and adopted.

2. A statement of "Procedures Approved by the Executive Council" was presented and adopted.

3. The necessary bank resolutions with respect to the designation and authorization of depositories of the Association's funds were duly adopted.

4. A form of seal for the Association was presented and adopted.

5. Joseph C. Hinsey reported that:

(a) A building site on the southwest corner of Ridge Ave. and Central St., Evanston, Ill. has been deeded to the Association by Northwestern University.

(b) The Sloan Foundation had pledged the Association \$75,000 toward the construction of a home office building.

(c) The China Medical Board of New York had given Northwestern University \$125,000 which is to be used for the building of a national headquarters for the Association.

6. A resolution was adopted expressing the Association's appreciation for Dr. Hinsey's laborious and persevering efforts in obtaining the necessary grants for the new building.

ACTIONS TAKEN AT SPECIAL MEETING OF REPRESENTATIVES OF INSTITUTIONAL MEMBERS—FEBRUARY 7, 1955:

1. President Lippard reported the results of the mail vote as overwhelmingly in favor of incorporation of the Association.

2. The group unanimously voted to adopt the By-Laws as presented and approved by the Executive Council.

3. The President was authorized to appoint an ad hoc committee consisting of Stanley Dorst, George A. Bennett, Walter A. Bloedorn and John M. Stal-

naker to review the By-Laws and recommend possible changes which could be offered to the membership for action at the regular annual meeting in October 1955.

4. A resolution was passed disapproving extension of the Doctor Draft Law in the conviction that the effectiveness of the medical schools and their affiliated teaching hospitals was being diminished more and more by the eroding effect of the present operation of that law.

ACTIONS TAKEN AT EXECUTIVE COUNCIL MEETING HELD JUNE 23, 24, 1955:

1. A Building Committee consisting of Joseph Hinsey, Lowell Coggeshall and Dean Smiley was named.

2. A budget of \$347,800 was approved for July 1, 1955 through June 30, 1956.

3. The Council voted to recommend to the Association that it approve:

(a) Increase of Institutional Membership dues from \$500 to \$1000 a year.

The Association, at this point, voted approval of this recommendation.

(b) Increase of Affiliate Institutional Membership dues from \$125 to \$250 a year.

The Association, at this point, voted approval of this recommendation.

(c) It was unanimously recommended that the University of Montreal Faculty of Medicine be voted into Affiliate Institutional Membership.

The Association, at this point, voted approval of this recommendation.

(d) Minor revisions of the By-Laws in accordance with the recommendations of the ad hoc committee.

(Section 1. (e) Strike out "Any member not conforming to the articles of Incorporation, By-Laws, or standards of admission and curriculum, as they may be changed from time to time, shall be subject to such discipline or penalty as the Association may deem fit and proper or may be dropped from membership."

Substitute "All members shall conform to the Articles of Incorporation, By-Laws and standards of admission and curriculum, as they may be changed from time to time."

Section 6. (f) Strike out the word "fifth" and substitute the word "tenth" so that the paragraph will read "Meetings of the Council may be called by the

President or any two voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.")

The Association, at this point, voted approval of this recommendation.

4. The council voted reduction of the number of free subscriptions to the Journal of MEDICAL EDUCATION provided by virtue of Institutional Membership from 50 to a maximum of 25 per school.

5. The Council approved a Conference on Education of Physicians in Industry. Joseph Hinsey and Stanley Dorst were appointed AAMC representatives to the committee planning the conference.

6. Approval was given to the idea of the Association sponsoring a conference of Visiting Fulbright Scholars in Medical and Allied Fields just previous to the 1956 Annual Meeting of the Association. The President was authorized to appoint an ad hoc committee to implement this suggestion.

7. The Council went on record as supporting a program for Traineeships in Medical Public Information as recommended by the Committee on Public Information.

8. Approval was given to the recommendation of the Committee on Teaching Institutes and Special Studies that:

- (a) The Teaching Institute originally planned to discuss medical ecology be abandoned in view of the coverage provided this subject in the first three Institutes.
- (b) The fourth Teaching Institute, on Clinical Teaching Including the Internship, be held in October 1957 thus permitting two years preparation.

ACTION TAKEN AT EXECUTIVE COUNCIL MEETING OCT. 19, 20, 21, 22, 1955:

1. The Council accepted an invitation from the AMA to appoint representatives to work with an AMA committee to suggest a program for the Second World Conference on Medical Education to be held in the U.S., probably in 1959.

2. The Secretary was instructed to advise Dean R. Hugh Wood, in answer to his question, that the Association has no regulation, written or unwritten, "That a student who is dropped from one medical school will not be accepted by an-

other until the first school states that it would itself be willing to readmit that student." It is the feeling of the Council that the decision in such a case must be the responsibility of the individual school.

3. A schedule of visitation to 13 medical schools was approved for 1955-56.

4. A committee consisting of John Z. Bowers, chairman, Robert Moore, Richard Young and William Willard was appointed to meet with Dr. M. H. Trytton of the National Research Council to explore the possibility that the Association sponsor a Conference of Visiting Fulbright Scholars in the medical field in 1956.

REPORT OF THE SECRETARY AND EDITOR—1954-55

DEAN F. SMILEY, chairman:

The past year has been an eventful one for the Association. The ambitious *visitation program* including 19 schools was successfully completed and the written reports of the last two visits have only recently been mailed. This is a matter of real satisfaction because it marks the end of the backlog of postponed visitations occasioned by World War II and means that henceforth, barring another war or catastrophe, a more leisurely school visitation program will be possible and still each school will be visited at least every 10 years. One school has already been visited on the '55-'56 schedule. Twelve others are scheduled. It is a pleasure to report that almost everywhere in our visits we find experimentation, change and progress in the curriculum, greatly increased recognition and appreciation of the art of teaching, and greatly improved correlation with subsequent lowering of the walls between separate departments. Frequent references to the reports of the Teaching Institutes and the Objectives of Undergraduate Medical Education are evidence that these publications are being read and thought about. Laboratory exercises that have been used without question for many years are being critically reviewed and not a few of them are being abandoned or considerably modified. Medical education is definitely in flux.

A number of *staff changes* have taken place during the year. Most important

among these was the loss of our Director of Studies, John M. Stalnaker. As of September 1 he assumed the presidency of the National Merit Scholarship Corporation with headquarters at Evanston, Ill. Going with Mr. Stalnaker to the newly founded corporation were Edward Smith and Mrs. Helen Morford. Dr. Roscoe Dykman, our Assistant Director of Studies, resigned as of September 1 to accept an associate professorship in the University of Arkansas School of Medicine. Replacements include Dr. Helen Gee as Director of Research, Joan McJoynt as Director of Operations of the National Intern Matching Program, Inc. and Helen McBride as Administrative Assistant to the Committee on Teaching Institutes & Special Studies. Dr. William Hubbard will continue another year to serve as part time Associate Secretary for the Association.

Progress toward the *new central office building* has taken place slowly. A change in the zoning laws permitting construction of our building at Ridge Ave. and Central St., Evanston, Ill. was finally voted early in August and detailed plans for the building are now being drawn by Holabird & Root & Burgee. It is expected that we will be moving into the new building early in 1957.

Individual Membership growth has been somewhat disappointing this year. While 376 new Individual Memberships were procured, 174 individuals allowed their memberships to lapse. Thus though 1,263 were voted into Individual Membership last October and 376 were voted in at this meeting, the total stands at only 1,465.

It is a pleasure to announce our first *Sustaining Membership*, this honor going to the W. B. Saunders Comany.

Our *Institutional Membership* now stands at 81, our *Affiliate Institutional Membership* at 12. There are four potential Institutional Members in development—Miami, Einstein, Florida and Seton Hall, and there is one more potential Affiliate Institutional Member, Laval.

In the course of the year 17 *questionnaires* were submitted to the central office for advice. In eight of these, cooperation was advised, in nine rejection was advised. In most instances of rejection it was because information

on the subject was already available. It may be of interest that the Association's questionnaire file now includes records of 117 different questionnaires that have been directed to the medical schools since November 28, 1949.

The interest of *foreign physicians* in coming to the U. S. for advanced training in medicine continues unabated. During the past year 135 foreign medical graduates made inquiry of our office about advanced training and received booklets either from our office or the Council on Medical Education and Hospitals of the American Medical Association. In the few instances in which the foreign physician wished training in order to return to his own country to teach, the inquiry was referred to our Committee on International Relations in Medical Education. It should be pointed out that Dr. Francis Scott Smyth, after many years of service as chairman of the Committee on International Relations in Medical Education, has felt compelled to resign that post. The interim appointee as chairman is Dr. Richard Young of Northwestern University. Dr. Smyth will, however, continue to serve as a member of the Committee.

The Journal of MEDICAL EDUCATION has enjoyed an especially good year of growth. Due to the energetic efforts of our Editorial Board steadily increasing numbers of solicited articles are coming in. With a backlog of over 50 articles already approved by the Board the publication schedule has been speeded up to include approximately six articles in each issue. This has been done with some loss to the news, audio-visual and book review sections. We apologize for the number of college news items we just do not have the space to print and hope that we can increase our advertising pages sufficiently to make feasible the addition of another 4 pages for news and related sections. A great deal of effort has gone this last year into checking and rectifying our list of subscribers and the average figure for the last 10 months is 6,848. With monthly publication, a 72-page format, and the usual supplements, it is easy to see why we have been forced to ask you to vote a reduction in the number of free subscriptions from 50 to 25 per Institutional Member. Efforts to increase our circulation have been to date more successful than efforts to increase our advertising

pages. It is our hope, however, that advertising promotion efforts currently being made will begin to pay off in the coming year.

The distribution of our *publications* has been at an all time high. In the past year we have sold over 20,000 of our leaflet "Objectives of Undergraduate Medical Education," over 7,400 of our booklet "Admission Requirements of American Medical Colleges," over 3,000 of our "Directory." We also sold over 10,000 copies of the Public Affairs Pamphlet "The Challenge to Medical Education." The demand for the reports of our first two Teaching Institutes has not been large and we are hoping to be able to provide each new Individual Member coming in during 1955-56 with copies of these reports without cost.

I cannot close this report without expressing the appreciation of the central office staff for the fine cooperation you and your institutions have given us this past year in meeting our requests for needed information and help. Particularly appreciated are the reports returned to us just previous to a school visitation. They are laborious and time-

consuming and must try your patience. May I point out though how important it is that these detailed reports be available in our offices when inquiries occur from secretaries of State Boards of Medical Examiners who depend upon our Association and the Council on Medical Education and Hospitals almost implicitly for evaluation of our medical schools? The Association exists to serve and promote medical education. If there are additional ways in which the central office can serve you, please do not hesitate to call upon us.

REPORT OF THE TREASURER

JOHN B. YOUMANS, treasurer:

As of June 30th, the close of the fiscal year of the Association, the financial status was as follows:

General income for the year, including gifts and grants assigned to the general operation of the Association, but excluding special restricted grants, totaled \$190,637.05 compared with \$220,713.22 the previous year. The difference is in the amount of unrestricted gifts the previous year.

September 19, 1955

Association of American Medical Colleges
185 North Wabash Avenue
Chicago 1, Illinois

Gentlemen:

We have examined the statement of financial condition of the Association of American Medical Colleges as at June 30, 1955 and the related statements of current receipts, disbursements, and balances for the fiscal year then ended. 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.

On January 20, 1955 the Association of American Medical Colleges, (then not incorporated,) was incorporated under the Illinois General Not For Profit Corporation Act. Since the Association has continued under the same governing policies, and accounting records, the results for the entire fiscal year from July 1, 1954 to June 30, 1955 are shown in Exhibit B.

In our opinion, the accompanying statement of financial condition and the statements of receipts, disbursements, and balances present fairly the financial position of the Association of American Medical Colleges as at June 30, 1955 and the results of its operations for the period from July 1, 1954 to June 30, 1955 in conformity with generally accepted accounting principles.

Very truly yours,

Horwath & Horwath

Association of American Medical Colleges
Chicago, Illinois
Statement of American Medical Colleges
as at June 30, 1955

Exhibit A

Assets	Total Assets Liabilities and Fund Balances	Non Restricted General Fund	Abbott Grant	Restricted Funds						
				China Medical Board	Revolving Film Fund	Pfizer Film Exchange	Specific Projects	Building Fund	Plant Fund	
Cash and Investments										
Petty cash fund	\$ 1,100.00	\$ 100.00	\$1,000.00							
On deposit										
Northwestern University	125,000.00								\$125,000.00	
First National Bank										
General account	\$123,808.52									
Operating account	7,989.70									
Investments										
United States Savings Bonds—Series G	33,000.00									
United States Treasury Bills	249,091.25									
Agency Trust account										
First National Bank	1,018.69									
Total cash and investments	414,908.16	184,629.19	3,190.53	\$9,000.00	\$614.05	\$8,319.78	\$135,508.39	\$73,646.22		
Accounts receivable										
Employees' Blue Cross premiums	\$ 113.60									
Airline travel deposit	425.00									
National Intern Matching Program, Inc.	230.92									
Other	115.00									
Total accounts receivable	884.52	884.52								
Loan receivable										
National Intern Matching Program, Inc.	1,000.00	1,000.00								
Other assets										
Prepaid insurance	\$ 106.10									
Postage meter	874.74	980.84	980.84							
Plant fund										
Legal fees	\$ 557.46									
Architect's fees	1,276.32	1,833.78								\$1,833.78
Total assets	\$545,707.30	\$187,594.55	\$4,190.53	\$9,000.00	\$614.05	\$8,319.78	\$135,508.39	\$198,646.22	\$1,833.78	
Deduct liabilities to be paid										
Federal income tax withheld from employees	\$ 1,524.10									
Federal retirement tax	312.70									
Accounts payable	663.99									
Dues collected in advance	250.00	2,750.79	2,086.80	663.99						
Fund balances—Exhibit B	\$542,956.51	\$185,507.75	\$3,526.54	\$9,000.00	\$614.05	\$8,319.78	\$135,508.39	\$198,646.22	\$1,833.78	

Note 1. This balance sheet does not reflect the value of the land in Evanston, Ill. which was received from Northwestern University.

Association of American Medical Colleges
Chicago, Illinois
Summary Statement of Current Receipts, Disbursements and Balances
July 1, 1954 to June 30, 1955

Exhibit B

	Nonrestricted 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	Abbott Laboratory	China Medical Board	Revolving Film Fund	Pfizer Film Exchange	Specific Projects Schedule B-2	Building Fund
Balances—July 1, 1954	\$320,173.48	\$153,053.37						\$50,000.00	\$ 3,952.97		\$113,167.14	
Receipts												
Membership dues—institutional—Schedule B-1	\$ 42,375.00	\$ 42,375.00										
Membership dues—individual	14,122.00	14,122.00										
Interest on investments	2,341.14	2,341.14										
Publications	17,413.02			\$ 2,957.94	\$14,455.08							
Subscriptions	8,665.55			8,665.55								
Advertising	27,178.45			27,178.45								
Film sales and rentals	7,682.97											
Educational Testing Service, Inc.	68,232.42	68,232.42							\$ 7,649.81	\$ 33.16		
China Medical Board	134,000.00							\$ 9,000.00				\$125,000.00
John and Mary R. Markle Foundation	65,000.00			15,000.00							\$ 50,000.00	
Alfred P. Sloan Foundation	75,000.00											75,000.00
The Commonwealth Fund	50,000.00										50,000.00	
Abbott Laboratories	5,000.00						\$5,000.00					
Pfizer Laboratories	10,000.00								10,000.00			
National Heart Institute	25,000.00									25,000.00		
Overhead on projects	2,626.50	2,626.50									400.00	480.00
Other	880.00											
Total receipts	\$555,517.05	\$129,697.06		\$53,801.94	\$ 14,455.08		\$5,000.00	\$ 9,000.00	\$ 7,649.81	\$10,033.16	\$125,400.00	\$200,480.00
Other additions												
Budget allotment transfers	111,005.00		\$20,130.00	29,875.00	43,000.00	\$18,000.00						
Transfers from other funds	104,500.00	4,500.00	50,000.00		50,000.00							
Total receipts and transfers	\$771,022.05	\$134,197.06	\$70,130.00	\$83,676.94	\$107,455.08	\$18,000.00	\$5,000.00	\$ 9,000.00	\$ 7,649.81	\$10,033.16	\$125,400.00	\$200,480.00
Disbursements												
Salaries	\$129,068.16		\$30,187.23	\$27,124.83	\$ 60,071.58	\$11,684.52						
Annuities	4,503.94		1,425.00		2,478.82	600.12						
Payroll taxes	2,052.13		342.94	428.54	1,121.84	158.81						
Contracted services and equipment	11,412.24		3,080.78	382.97	7,882.76	65.73						
Office supplies, telephone and postage	12,473.90		3,394.29	2,597.26	5,026.65	1,455.70						
Rent and house expenses	17,205.46		5,423.79	2,117.85	7,946.50	1,717.32						
Furniture and equipment	4,334.36		1,664.36		2,473.87	196.13						
Traveling	17,959.87		12,036.08	1,204.00	3,233.92	1,485.87						
Annual meeting	4,840.52		4,781.06			59.46						
Insurance	224.63		70.83	45.48	86.66	21.66						
Publications	52,571.02			45,112.09	7,432.93	26.03						
Advertising and circulation promotion	3,029.75				3,029.75							
Mailing and engraving	3,078.56			3,078.56								
Totals carried forward	\$262,754.54		\$62,406.36	\$85,121.33	\$ 97,755.53	\$17,471.32						

**Association of American Medical Colleges
Chicago, Illinois
Summary Statement of Current Receipts, Disbursements and Balances
July 1, 1954 to June 30, 1955**

EXHIBIT B
Cont'd.

	Nonrestricted 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	Abbott Laboratory	China Medical Board	Revolving Film Fund	Pfizer Film Exchange	Specific Projects Schedule B-2	Building Fund
Totals brought forward	\$262,754.54		\$62,406.36	\$85,121.33	\$ 97,755.53	\$17,471.32						
Committee on internships and residencies	144.97		144.97									
Special projects—foreign subscriptions	5,023.00		5,023.00									
Legal fees	1,769.69		1,769.69									
Interest tests	307.50				307.50							
Restricted funds	54,892.53										\$ 53,058.75	\$ 1,833.78
Film costs and expenses	9,675.57						\$1,473.46	\$ 6,488.73	\$ 1,713.38			
Total disbursements	\$334,567.80		\$69,344.02	\$85,121.33	\$ 98,063.03	\$17,471.32	\$1,437.46	\$ 6,488.73	\$ 1,713.38	\$ 53,058.75	\$ 1,833.78	
Other deductions												
Budget allotment transfers	111,005.00	\$111,005.00										
Transfers to other funds	104,500.00							\$50,000.00	4,500.00	50,000.00		
Total disbursements and transfers	\$550,072.80	\$111,005.00	\$69,344.02	\$85,121.33	\$ 98,063.03	\$17,471.32	\$1,473.46	\$50,000.00	\$10,988.73	\$ 1,713.38	\$103,058.75	\$ 1,833.78
Excess or (deficiency) of receipts over disbursements for fiscal year ended June 30, 1955	\$220,949.25	\$ 23,192.06	\$ 785.98	\$ (1,444.39)	\$ 9,392.05	\$ 528.68	\$3,526.54	\$(41,000.00)	\$(3,338.92)	\$ 8,319.78	\$ 22,341.25	\$198,646.22
Transfers of unexpended balances to general fund		9,262.32	(785.98)	1,444.39	(9,392.05)	(528.68)						
Balances—June 30, 1955	\$541,122.73	\$185,507.75					\$3,526.54	\$ 9,000.00	\$ 614.05	\$ 8,319.78	\$135,508.39	\$198,646.22

() Denotes red figures.

Disbursements for general operations totaled \$269,999.70 resulting in a difference of \$79,362.65 which was met by grants and gifts, leaving a net operating balance of \$32,454.38 which was added to the general fund.

The general fund totaled \$185,507.75 compared with \$153,053.37 the previous year.

Receipts for special restricted projects and for the building fund totaled \$357,-562.97.

The balance sheet revealed total assets, including restricted funds and especially the building fund, of \$542,956.51 compared with \$320,173.48 the year before, the greatest part of the increase being in the building fund.

Budgets for the current fiscal year, including the Journal of Medical Education, Special Studies and the Medical Audio-Visual Institute total \$300,300 of which \$108,000 is to be provided by gifts and grants and \$192,300 from basic income.

The report of the auditors, Horwath and Horwath, gives the details of the finances.

I wish again to thank the staff and all the others who have assisted me in discharging my duties as treasurer.

REPORT OF THE DIRECTOR OF THE MEDICAL AUDIO-VISUAL INSTITUTE

J. EDWIN FOSTER:

The program and activities of the Medical Audio-Visual Institute are the concern of the Committee on Audio-visual Education. The Committee has directed emphasis to the problems of utilization and distribution as they relate or contribute to the better use of audiovisual materials. This report seeks to indicate how the Medical Audio-Visual Institute has interpreted and executed this directive during the past year. Further, this report should be considered as supplementing that of the chairman of the Committee on Audio-visual Education.

Last year the Committee recommended a basic film library operated on a self-supporting basis by means of a realistic service charge. Pfizer Laboratories, a division of Chas. Pfizer & Co., has come forward with a sum of \$10,000 to initiate the library. Film purchasing and renting has begun and last month

the first film catalog of the Association of American Medical Colleges was published.

The Medical Audio-Visual Institute has for the past three years made certain AV materials available to the schools in much the manner of a university press. We have assisted individuals or departments in completing certain films and had them published for use by the medical colleges on a rental or sale basis. During the past fiscal year the MAVI spent \$7,154 for this purpose. During the same period 150 prints of these films were sold and 119 rentals made. The income from these sales and rentals was \$7,768. This experience will assist a great deal in operating the medical college film library.

The Audio-Visual Preview Circuits for Medical Colleges were continued this year. Sixty colleges participated. Each school received eight programs and full advance information relative to the material and where it could be procured for later use if desired. A total of 3,394 faculty previewers were reported and a total of 10,902 student viewers were reported.

Abbott Laboratories of North Chicago is giving financial assistance to the editing and narrating of short films using the research footage held by Dr. C. M. Pomerat of the Tissue Culture Laboratory at the University of Texas—Medical Branch. The purpose is to make a minimum of five films showing the living anatomy and function of tissue cells, to be used as a teaching supplement to the gross specimen and the stained section. It is too early to give a concrete progress report but Abbott has granted \$30,000 over a three-year period. During the first half year \$2,000 has been spent to classify existing footage. The first film is expected in February.

The present staff of the Medical Audio-Visual Institute includes two people, the director and a competent secretary-librarian-accountant-cataloger, Audrey Skaife. A large portion of staff time is spent in answering inquiries and maintaining files in preparation for inquiries.

During the year the director visited 31 medical colleges. These visits were scheduled but in most cases were in-

formal and with the purpose of learning AV problems and helping to solve them.

In August 1954 the Medical Audio-Visual Institute sponsored a Conference of Midwestern Medical School AV Coordinators. On April 18 of this year a similar conference was held in Los Angeles with participants from the schools west of Denver, with the purpose of solving common medical school problems of getting and using suitable AV teaching materials.

The Medical Audio-Visual Institute is an active participant in the Audio-Visual Conference of Medical and Allied Sciences. This conference has representation from 15 national associations having AV responsibilities in the United States and Canada. The third annual conference was held in Chicago in July at the time of the National Audio-Visual Trade Show and Convention. The purpose of the conference is to exchange information and to work jointly on AV problems which are common to all the professional groups using teaching materials.

Assistance was given to the 1954 and 1955 Teaching Institute Committees wherever service could be rendered.

The *Journal of Medical Education* continues to provide space for Audio-

visual News. This section is devoted to new AV materials, equipment and techniques.

Considerable time has been devoted to the problems of the teaching or learning environment. A committee member, Tom Jones, has participated in a number of informal planning conferences. It is hoped that a brochure can be published covering the design of medical school classrooms, laboratories and corridors for the effective use of teaching materials. Dr. D. B. Harmon, a well-known consultant on the learning environment has been very helpful, and, further, he has proposed to manufacturers of materials and equipment that they supply these materials and equipment for a prototype teaching area for experimental use in one of the medical schools. This they have informally accepted. This classroom or teaching area would be built and equipped for the facile use of all materials and methods. Building materials and equipment would be supplied by the manufacturers with installation costs borne by the school.

Finance: The Medical Audio-Visual Institute has operated on a budget of \$18,000, exclusive of the film operations and the grants from Abbott and Pfizer reported above.

Reports and Recommendations of Committees

REPORT OF THE COMMITTEE ON AUDIOVISUAL EDUCATION

WALTER A. BLOEDORN, chairman:

The program and activities of the Medical Audio-Visual Institute are the concern of the Committee on Audiovisual Education. The Committee has directed emphasis to the problems of utilization and distribution as they relate or contribute to the better use of audiovisual materials. The major services provided to the medical schools throughout the year reaffirm this emphasis. The following report has been prepared under the direction of the chairman by the director of the Medical Audio-Visual Institute.

Film Library for Medical Colleges: Last year the Committee recommended a basic medical teaching film library

operated by the Association for the medical colleges and financed on a self-supporting basis by means of realistic service charges. Pfizer Laboratories, a division of Chas. Pfizer and Co., has come forward with a sum of \$10,000 to initiate the library. Over 40 films have been added to date and the first catalog has been printed.

Preview Circuits for Medical Colleges:

The preview circuits were continued. This provided the medical colleges with a means whereby they saw new materials and received full information as to where these materials might be borrowed or purchased if suitable for use in the curriculum.

Conferences: The Medical Audio-Visual Institute sponsored a Conference of Western Medical School AV Coordinators in Los Angeles on April 18, with

the purpose of solving common medical school problems of getting and using suitable AV teaching materials.

The Medical Audio-Visual Institute is an active participant in the Audio-Visual Conference of Medical and Allied Sciences. This conference has representation from 15 national associations having AV responsibilities in the United States and Canada. The Third Annual Conference was held in Chicago on July 26.

Assistance was given to the 1954 and 1955 Teaching Institute Committees wherever service could be rendered.

Journal of Medical Education. The Journal continues to provide space for Audiovisual News. This section is devoted to new AV materials, equipment and techniques.

Living Tissue Short Films: Abbott Laboratories has given financial assistance for the editing and sounding of short films using research footage held by Dr. C. M. Pomerat of the Tissue Culture Laboratory at the University of Texas Medical Branch. The purpose is to make four or five short films showing the living anatomy and function of tissue cells, to be used as a supplement to the gross specimen and the stained section. The films will be produced over a period of three years using the resources of Dr. Pomerat as available.

Finance: The Medical Audio-Visual Institute has operated on a budget of \$18,000. In addition, \$7,768 was received from film services including rentals and sales; the expense of providing these services was \$7,154. The special grants from Abbott Laboratories and Pfizer Laboratories were reported above. The Committee recognizes with appreciation the value of the support received from these two houses.

Plans: The Committee recommends the continuation of the reported activities as they contribute to easier distribution and the better use of audio-visual materials, and also as they may stimulate greater employment or usage of such materials.

It is intended that a brochure will be published covering the design of medical school classrooms, laboratories and corridors for the effective use of teaching materials. A committee member, Professor Jones, has participated in a number of informal planning conferences. Dr. D. B. Harmon, a well-known

consultant on the learning environment has been very helpful and as an outgrowth of these discussions, consideration is being given to the construction of a prototype teaching area for experimental use in one of the medical schools. This classroom or teaching area would be built and equipped for the facile use of all materials of instruction. Building materials and equipment would be supplied by the manufacturers with installation costs borne by the school.

REPORT OF THE COMMITTEE ON CONTINUATION EDUCATION

NORMAN B. NELSON, chairman:

The Committee on Continuation Education has commended the Academy of General Practice on their trend to look to colleges of medicine for guidance in their educational program, and invited representatives to attend the annual meeting of the Association of American Medical Colleges.

The Committee feels that the Association should investigate the increasing entrance of pharmaceutical houses into the field of medical education. The impact of this movement on medical education should be carefully surveyed by the Association.

REPORT OF THE EDITORIAL BOARD

JOHN Z. BOWERS, chairman:

The Journal of MEDICAL EDUCATION stands as the only journal in the world exclusively devoted to problems of medical education. The past year has seen real growth of this position.

The Editorial Board has held two meetings and has been active in its efforts to continue the development of the Journal of Medical Education. The Editorial Board met in Chicago on Sunday, February 6, 1955, and considered a number of problems.

The Editorial Board has continued to emphasize the solicitation of manuscripts and feels that this effort is paying off. As of this date, we have at hand enough first class manuscripts to cover eight numbers of the Journal.

A section on the History of Medical Education, which will include profiles of renowned medical educators and of medical schools that epitomized broad developments in the field has been or-

ganized by Dr. Erwin H. Ackerknecht.

The global development of the Journal has been implemented by the appointment of correspondents in other countries. They have been requested to submit an annual communication to the chairman of the Editorial Board pointing out significant developments or problems in their country. A series of articles on medical education in England is projected; articles on medical education in Japan, India and France are in press.

Relations between medical schools and their parent universities represent an important problem in the further development and growth of medical education. The Editorial Board is now ready to embark on this phase of its program.

Symposia on "Medical Libraries," "Graduate Medical Education," and "Students" have appeared or will appear in the very near future.

Each medical school has designated a faculty member to serve as correspondent to the Journal of Medical Education. Thus far, the major activities of these correspondents have been in relation to the transmittal of news items for the Journal. It is hoped that correspondents will become increasingly active in soliciting manuscripts for consideration by the Editorial Board.

The Editorial Board would like to have more critical comments from the subscribers to the Journal of Medical Education. Unquestionably, there are numerous areas in which we can improve this important publication, and it is only by forthright comments from our subscribers that such improvements can be achieved. We hope that you will always be ready to speak up on issues or activities which you feel deserve further coverage in the Journal of Medical Education.

As of September 1, 1955 the circulation of the Journal was 6,409 made up as follows:

1. Institutional and Affiliate Institutional Membership subscriptions	3,586
2. Individual Membership subscriptions	1,435
3. Foreign medical schools:	
(a) Paid by China Medical Board	399
(b) Paid by individual school	88

4. Libraries (paid by individual library)	119
5. Exchange subscriptions.....	154
6. Paid subscriptions other than libraries, foreign and members.....	351
7. Potential advertisers.....	337

6,409

REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

JOSEPH C. HINSEY, chairman:

December 4, 1954: Meeting in Washington, D. C. with Sen. Lister Hill, and Charles S. Brewton.

January 8, 1955: Meeting at New York Hospital-Cornell Medical Center. Drew up a resolution to send to Sen. Lister Hill for the writing of S. 1323.

January 14, 1955: Chairman received first draft of Bill S. 1323.

January 24, 1955: Hinsey and Lippard met with president and vice president of an important foundation to request them to bring together a group representing the large voluntary foundations to talk over the possibility of these foundations contributing five or 10 per cent of their net income to the National Fund for Medical Education. We were assured that consideration would be given to this possibility but as yet an answer has not been forthcoming. The Journal of Medical Education carried an editorial on this subject in its January 1954 number.

The following is an excerpt from: *Medical Economics*, November 1954—Vol. 32, No. 2.

"\$1 Billion for Health: How much are medical philanthropies collecting these days? According to the latest figures, health and welfare causes received some 25 per cent of the \$4.5 billion donated to charity last year. (The only cause that did even better was religion, which garnered 50 per cent of all contributed funds.)

"Following are the top 12 money-getters in the medical field, with receipts listed for the last calendar or fiscal year:

<i>Million</i>	
National Foundation for Infantile Paralysis	\$51.5
National Tuberculosis Association	23.9
American Cancer Society.....	19.8
National Heart Association.....	10.5
National Society for Crippled Children and Adults.....	7.8

United Cerebral Palsy.....	6.4
Muscular Dystrophy Associations	4.0
Sister Elizabeth Kenny Foundation	3.4
National Fund for Medical Education	2.5
Arthritis and Rheumatism Foundation	1.4
Damon Runyon Memorial Fund for Cancer Research.....	1.2
Planned Parenthood Foundation of America	1.1"

January 18, 1955: Hinsey wrote to Dr. Alan T. Waterman, of National Science Foundation, for the Committee, pleading for an increase from eight per cent "overhead" on USPHS grants to 15 per cent "overhead." This was granted some months later.

March 4, 1955: S. 1323 was introduced by Senator Lister Hill and others.

March 9, 1955: Committee meeting in New York City to plan for hearings on S. 1323.

March 11, 1955: Bill S. 1323 was sent to the dean of each school and certain information was requested.

April 20, 1955: A memorandum was sent to each dean giving the results of the poll and asking for help from each school on support of it. The Senate Bill 1323 has a companion House Bill 4743. (Deans received names of the two committees on July 18, 1955).

May 5 and 6, 1955: Hearings were held before the subcommittee on health of the Committee on Labor and Public Welfare of United States Senate. (Published by U. S. Printing Office.)

May 23, 1955: Memorandum to each dean reporting on hearings.

June 17, 1955: Hearing on H. B. 4743.

Congress recessed without bringing these bills out of committees. However, they will be brought out during the next session.

July 13, 1955: Hinsey and Lippard met with Sloan Colt, Dr. Devereaux Josephs, and Colby Chester to discuss some matters pertaining to the National Fund for Medical Education. The results of this meeting will be presented at the business meeting of the Association of American Medical Colleges on October 25, 1955.

To summarize, your committee has been concerned with:

1) development of legislation.

2) obtaining increase in "overhead" allowance from federal agencies.

3) development of possibilities of help from voluntary foundations.

4) have done little with possibility of help from state governments for private institutions.

REPORT OF THE COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

RICHARD H. YOUNG, chairman:

This Committee was created in 1949 to orient members of the Association to the opportunities and responsibilities involved in international relations in the field of medical education. The Committee has, also, acted in an advisory and consulting capacity to the Executive Council of the Association itself and to its Executive Secretary.

The problems, being complex and involving diversified levels of medical education, necessitated subsequently the appointment by the Association of representatives to related organizations, such as a Medical Advisory Committee on Institute of International Education, a Committee on Evaluation of Foreign Credentials and a Cooperating Committee on Graduates of Foreign Medical Schools. These latter committees have had to be concerned largely with problems involving evaluation of professional competency of physicians trained in foreign medical schools and efforts to set up some adequate screening mechanism whereby candidates could be certified to medical schools for admission as undergraduates, to hospitals for internships or residencies and to state licensing boards for eligibility to take their examinations.

The Committee on International Relations in Medical Education has been concerned chiefly with problems involving the advanced scholar or medical educator who has an established position in teaching or research on the faculty of a foreign medical school. The Committee, therefore, acted in an advisory capacity to the Committee on International Exchange of the Conference Board of Associated Research Councils, which deals with the advanced Fulbright scholars, to the division of education and training of the Pan American Sanitary Bureau, which deals with scholars from Latin American countries and maintains a medical education information center, to the branch of education and training of the division of

international health of the Public Health Service, to the China Medical Board, and other agencies, such as Kellogg and Rockefeller Foundations, interested in the advanced training of the foreign physician. In turn, representatives of these agencies have been consultants to the Committee. The objective has been the development of an effective and coordinated program for the foreign scholar.

As the problems are highly individual both as to the persons and the medical schools involved, the communications have been almost entirely between the chairman of this Committee and the executive secretaries of the above-mentioned groups. Francis Scott Smyth unfortunately found it necessary to resign the chairmanship of this Committee in June of this year and was unable to be here as he is at present in Indonesia deeply involved in a contractual program between the faculty of medicine in Indonesia and the University of California School of Medicine. This Committee has not only been interested in the advanced scholar training in this country, but, also, in gathering information in regard to individual medical school contractual programs with foreign medical schools. Such programs contemplated or in effect have been those between Washington University (St. Louis) and Thailand, University of Minnesota and Korea, University of California and Indonesia, University of Pennsylvania and Burma, Tulane University and Colombia and the University of Virginia and Paraguay.

There are many problems arising out of such agreements, and Dr. Smyth has written, "I do have some definite ideas with regard to the nature of such contracts and the need for concerted action by our educational institutions if the objectives and purposes are to be reached.

"1. I refer to the confused and restrictive rules of Federal agencies which frequently frustrate the present administration of such contracts. It is quite obvious that for educational programs of any concentrated and special type (such as the University of California-University of Indonesia affiliation) the Federal bureaus are not properly endowed to carry them out. By that token the American colleges and universities are the logical agencies.

"Hence I maintain that such budgets as are provided by the Federal government, given to the contracting American

institution, should be administered by that educational body, by their rules, regulations and policies. For example, the salary status, appointments, etc. of our program at the University of California, should be independent of the rules governing Federal employment but entirely entrusted to University of California audit, etc. I believe such university policies are easily defended on Capitol Hill, while the continued challenge by Federal auditors leads to inequities, delays and inefficient (often expensive) administration. American schools and colleges should not be called on as simple 'employment agencies' for the government.

"I could enlarge and illustrate from my experience the need for giving the cooperating or contracting American university the full authority if a real educational program is to be more than a 'flash' or 'impact phenomenon.'"

It would be well for this Committee to gather further information on contractual problems and opinions as to fundamental educational "impact" of programs as noted above.

It has been suggested by Dr. M. H. Trytton of the National Research Council and chairman of the Committee on International Exchange of Persons of Conference Board of Associated Research Councils that the Association of American Medical Colleges foster a conference for advanced Fulbright scholars and advanced scholars sponsored by other agencies. This conference would afford incoming scholars and educators an opportunity "to become acquainted with the broader issues of American medical education and its distinctive developments or to discuss medical education problems of mutual interest with American medical educators."

Problems of financing such a conference, the advisability of repeating annually such orientation, and the advantages and disadvantages of national, regional and local conferences were discussed. It was, also, suggested that a pilot regional conference be fostered by an interested foundation and that consideration be given by the Program Committee of the Association to devoting a session of the next annual meeting to the problems of the foreign-trained physician, encompassing all levels of education and all committees of the Association dealing with the problems of the foreign physicians.

**REPORT OF THE
COMMITTEE ON INTERNSHIPS,
RESIDENCIES AND GRADUATE
MEDICAL EDUCATION**

CURRIER McEWEN, chairman:

In the report submitted a year ago, this Committee considered it inadvisable to undertake another general survey of the internships and residencies on a national basis. In subsequent meetings, however, held at the time of the meetings of our Association in October 1954 and February 1955, the Committee came to the conclusion that it would be desirable for the Association to undertake a more limited study of internships and residencies in the major teaching hospitals affiliated with the member colleges.

Although there is no generally acceptable definition of a teaching hospital, according to the one used by the Council on Medical Education and Hospitals and applied by Stalnakar to the results of the matching plan, approximately one-third of the "major teaching hospitals" filled less than two-thirds of their available internships, and one-quarter filled less than one-third. Such figures as these suggest the need for more precise information about the various services in the hospitals in which medical students are receiving their early clinical experience. It would seem advisable also to examine the various ways in which undergraduate medical students are serving in lieu of interns in some schools. Indeed the whole service for the optimal benefit of students, interns, residents, post-graduate students and patients is one of great current importance.

The Committee also believes it highly desirable to obtain more precise information regarding the types of relationships which exist between the schools and the individual affiliated hospitals.

In considering the means of carrying out such a study, the Committee was conscious of the reluctance of most medical college faculties to participate in surveys, and of the special antipathy with which this particular survey might be received by the staffs of clinical departments. It is therefore recommended that the desired information be obtained not by a special, intensive survey, but by means of other studies already arranged.

Future Teaching Institutes planned by

the Association will be concerned with clinical instruction. If representatives of the Committee on Internships, Residencies and Graduate Medical Education are included in the working committee of these institutions they will be able to help obtain the answers to some of the questions raised in this report. Furthermore, it is suggested that in future, official inspections which representatives of our Association make of medical schools, attention be directed to the affiliated teaching hospitals as well as to the schools themselves. Preparatory to this the Committee will be glad to draw up the draft of a separate questionnaire on the hospitals to be included in the forms which the schools are now required to submit prior to inspection.

**REPORT OF THE SUBCOMMITTEE
ON MEDICAL EDUCATION FOR
NATIONAL DEFENSE***

STANLEY W. OLSON, chairman:

Following the last Annual Meeting of the Association of American Medical Colleges, the MEND Subcommittee increased its affiliation to include the following 10 schools: Tufts, Pennsylvania, Georgetown, Medical College of Virginia, Emory, Ohio State, Baylor, Wisconsin, Colorado and Washington (Seattle). These schools formally began a process of orientation on January 1, 1955 and started actual teaching activities with the 1955-56 academic session. A 10-day trip and orientation session was held in March for some 30 deans and coordinators, with visits to the Submarine Base, New London, Conn.; Edgewood Arsenal, Md.; the Armed Forces Institute of Pathology, Army Medical Service Graduate School, Naval Medical Research Institute, and National Institutes of Health in Washington; Brooke Army Medical Center, Medical Service Field School, and School of Aviation Medicine, Randolph Field, San Antonio Texas. Each of the new schools was visited by a dean and a coordinator from one of the five pilot schools; (Cornell, Buffalo, Vanderbilt, Illinois and California, San Francisco) for the purpose of holding discussions with faculty groups, department heads, and administrative officials in regard to the MEND

*This is a subcommittee of the Joint Committee on Medical Education in Time of National Emergency.

philosophy.

The Department of Defense continued its support of the MEND program and arranged a contract with each school for an average of \$11,000 to include \$5,000 part salary for the local coordinator, the remainder to be used for purchase or rental of teaching materials and for faculty travel.

In May 1955 the Public Health Service increased its support of MEND by assigning one of its reserve officers, Dr. James R. Schofield, on military leave as assistant dean at Baylor, to work full-time for the MEND Committee as its national coordinator. An office has been established in the Potomac Annex, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C. Dr. Schofield's duties are to establish contact with the numerous Federal agencies and installations and to accelerate the flow of teaching materials from those agencies to the affiliated schools.

During February-March 1955 the MEND program sponsored symposia on the following subjects: "Psychiatry in Mass Casualty Care," and "Blood and Blood Substitutes." MEND-affiliated faculty members attended the Army Medical Service Graduate School course in "Medical Care of Mass Casualties."

The National Coordinator and Dr. John L. Shapiro, department of pathology, Vanderbilt, began the development of a collection of teaching materials on the subject of "Pathology of Agents of Warfare," to include sub-topics on radiation injury (systemic and fall-out) cold injury, thermal burns, missile injuries, blast injuries (atmospheric and underwater). The collection of some 350 slides is being duplicated and will be made available at cost to the schools. The materials are derived from the Armed Forces Institute of Pathology and a number of other military installations.

The affiliated schools are increasing their use of visiting speakers as a part of the MEND program. A speakers' bureau consisting of outstanding researchers and clinicians in military service has been prepared for the use of local coordinators and committees in planning presentations to student groups.

The MEND program from the first has encouraged and given financial support to faculty travel to the Fed-

eral research-teaching establishments. A large number of installations has been visited by members of the several faculties in order to learn of research results and to establish personal contacts with military medical officers. Opportunities for travel are increasing as interest in this activity has developed on the part of the Federal services.

Further expansion of the MEND program is presently projected as a yearly increment of 10 schools until all who desire affiliation have been given that opportunity. The next group of 10 schools is being selected by the MEND Committee during these sessions. Selections will again be made on the basis of interest, geographic location and type of support of the school.

While financial support of the MEND program is limited to 10 new schools each year, voluntary affiliation is available to any school interested in the program. In May 1955, Michigan requested affiliation on a local support basis and was welcomed to full participation. A coordinator was appointed and a faculty committee began making plans to include items of the MEND program in the curriculum. This same pattern of voluntary affiliation has been recommended by the MEND Committee and approved by the Executive Council of the Association of American Medical Colleges. The schools have only to request it.

As the years have gone by, it seems apparent that the faculties of medicine do accept the concepts of MEND and are interested in altering the curricula to include necessary information provided through the MEND affiliation.

REPORT OF JOINT COMMITTEE ON LICENSURE PROBLEMS

CHARLES A. DOAN, chairman:

Created by the Executive Council of the Association of American Medical Colleges as one of its permanent standing committees in February 1952, the Committee on Licensure Problems during its first year of deliberations became a *joint committee* with representatives from the Federation of State Medical Boards, and the American Medical Association Council on Medical Education and Hospitals, each at their own request. All subsequent discussions and recommendations, including the current

Swampscott meetings, have been with the full representation of the combined groups in attendance.

1. One of the major problems, which has been before this Committee since its inception, is that of the licensing of graduates from foreign medical schools. The unanimous committee recommendation made two years ago to this Association, was modified by an *ad hoc* subcommittee of the Association's Executive Council, and later submitted to a newly created *Cooperating Committee* sponsored by the AMA. Donald Anderson was elected chairman, and Walter S. Wiggins, secretary, by representatives from the three associations already mentioned, plus the American Hospital Association. A plan, the details of which need not be reviewed at this time, is now pending before the legal department of the AMA, and will be considered by the house of delegates at the next interim meeting of the AMA in Boston in December. Suffice it to say at this time that the handling of the foreign-trained medical graduate remains one of the most challenging problems for every segment of the medical profession and lay public, and the solution should continue to be earnestly sought by this Association in cooperation with other interested groups.

2. The interest of this Committee in a Uniform Medical Practice Act is as strong now as previously reported to this Association, and we are informed that a two-year study undertaken by a duly appointed committee from the Federation of State Medical Boards, originally under the chairmanship of Bruce Underwood of Kentucky, and now directed by George Buck of Colorado, will be ready for consideration by the Federation at its next meeting in Chicago in February 1956. It is urged by this Committee that attention be focused in any new model Medical Practice Act on some attempted answer at the state board level to (a) the foreign medical graduate problem, (b) the desirability of including provisions for a temporary "educational permit" or limited license to cover the hospital training period for interns and residents, so that insurance coverage may be obtained, and (c) wider and simpler and more uniform interstate reciprocity provisions for basically qualified physicians.

3. Toward the objective of resolving

problems between the state boards and the National Board of Medical Examiners, the following progress may be noted:

(a) Three state boards, which had withdrawn acceptance of national board certification during the transition from essay examinations to the multiple choice form of examination, have restored acceptance of national board certification. These three states, are Kansas, Nebraska and South Carolina;

(b) In order that state boards may have a thorough understanding of the nature and content of the national board examinations, members of state boards have been invited to attend the meetings of the national board committees, which are responsible for the preparation of the individual tests. These committees meet regularly at the national board offices in Philadelphia to prepare examinations, each of which contains only new, previously unused questions;

(c) All national board examination questions are available for review by any state board;

(d) Several state boards and some medical schools have requested the national board to provide examinations in individual subjects, which are then used by the state board or medical school for their own purposes, or if requested by a state board, a foreign-trained physician may be admitted to national board examinations for purposes of screening and evaluation. In such cases, the grades are reported by the national board only to the state board or medical school, and not to the individual taking the examination. For these examinations, the national board does not set the passing level. Individuals examined in this manner are not candidates of the national board, and hence they receive no credit toward national board certification. It is gratifying to the Committee to be able to make these changes in national board practice a matter of record for the members of this Association, and to note the better relationship which seems to be developing between the national board and the Federation of State Medical Boards.

4. The existence of this Committee reflecting the interest of this Association in Licensure Problems during the past four years—serving as a focal point for joint discussions and cooperating with other official agencies in exploring

new and better answers to the complex social and legal problems which surround the present day practice of medicine—has been a salutary influence, we believe. With continued patience and fresh insight, the right answers to these problems, must and will be found.

REPORT OF THE COMMITTEE ON MEDICAL CARE PLANS

DEAN A. CLARK, chairman:

The Committee on Medical Care Plans regrets that it was not able to complete the survey of teaching hospitals projected in last year's report. There were several reasons for this failure which bear upon the principal task of the Committee, which is to study the effect, if any, of medical care plans on the teaching of undergraduate medical students, interns and residents.

The first difficulty was to define a "teaching hospital," particularly as this concerns hospitals which have no undergraduate medical students but do have interns or residents. It proved to be almost impossible to draw a line on any rational basis and yet to include every hospital approved for internship or residency training would have involved such large numbers that analysis of responses to any questionnaire would have been impossible for the Committee.

The second difficulty was to devise a questionnaire which would truly distinguish the effects of medical care plans on the education of these groups from the effects of all other factors. Several attempts were made and tried out on individual hospitals but the results were not precise enough to encourage the Committee to send out a nationwide questionnaire.

After an open hearing, the Committee decided that the matter was extremely urgent and of real concern to all who spoke to us, and, therefore, that another attempt should be made to gather information from teaching hospitals about any effects that medical care plans may have had on teaching. Consequently, the Committee proposes to try again, starting with as simple a questionnaire as possible and defining teaching hospitals arbitrarily as those which have undergraduate medical students or perhaps these plus any hospitals which have as many as 25 residents, even though they

may not have undergraduates.

It is felt that such a limited approach might yield useful leads which could then be followed up on a larger or more intense basis if indicated.

Certainly it is the Committee's opinion that the rapid growth of medical care plans that has already occurred and is in prospect will tax our ingenuity to devise ways of teaching students, interns and residents with the use of private, insured patients in all programs. We believe this is inevitable and, in many ways, desirable; but we also believe new methods must be worked out quickly or we will find ourselves faced with an impossible situation.

The Committee therefore desires to make another attempt to make a study and hopes to have some beginning findings by next year.

REPORT OF THE COMMITTEE ON PUBLIC INFORMATION

JOHN L. CAUGHEY JR.:

1. At its meeting on October 19, 1954, in French Lick, the committee gave tentative approval to a proposal, prepared by Milton Murray, that the Association assist in the development of "Traineeships in Medical Public Information." It was felt that such traineeships would help alleviate the acute shortage of personnel in this field.

2. On February 6, 1955, at a meeting in the Palmer House, Chicago, the committee gave further support to this proposal. A final draft, approved by the committee, was submitted to the Executive Council of the AAMC on March 1955, with the request that the Council approve it for transmission to the National Foundation for Infantile Paralysis. It was proposed that the Foundation be asked to add such a traineeship program to its already extensive activities in the field of professional education. At its meeting of June 23-24, 1955, the Council voted to support the program for traineeships in medical public information as proposed by the committee. The plan was forwarded to the division of professional education of the Foundation for its consideration, but no action has been taken on it yet.

One year ago, the committee was informed that Dr. Hubbard, recently appointed associate secretary of the Asso-

ciation, would serve as secretary for the committee. In February, it became clear that Dr. Hubbard would not be able at present to devote any significant amount of time to the committee's field of interest. In spite of this the committee felt it might serve a useful advisory purpose if it reviewed the present efforts of the AAMC in the public information field and attempted to evaluate these and make suggestions for more effective use of the available personnel, funds and facilities. This would include not only a study of the Association's methods of communication with the public, but also the ways it presently does, or does not, attain satisfactory communication with medical schools, colleges and other medical and health agencies. For example, it was pointed out that a large amount of AAMC literature going to medical schools is wasted because it all goes to the dean's office and gets filed without even reaching the faculty persons who would be interested in it. As a result of this discussion, it was suggested that Dr. Hubbard, insofar as his time will permit, should collect information about present activities of the AAMC and present to the committee data which might permit it to make constructive suggestions about public relations and communications problems. Unfortunately, it has not been possible for Dr. Hubbard to give the time necessary to work with the committee on this.

4. For three years the Committee has worked with the generous cooperation of the Medical Section of the American College Public Relations Association, to use the Annual Meeting as a means of informing the public about activities of the Association. Newspaper coverage at Atlantic City was good, but not much was accomplished at French Lick.

In the absence of a continuing program of public information during the year, the efforts at the Annual Meeting are costly of the time of the volunteers who attempt to do the job under difficult conditions.

REPORT OF THE COMMITTEE ON TEACHING INSTITUTES AND SPECIAL STUDIES

GEORGE PACKER BERRY, Chairman:

Organization and Administrative Changes: The Committee on Teaching

Institutes and Special Studies was formed in October 1953 at the 64th Annual Meeting of the Association at Atlantic City, by combining two existing committees, the Committee on Student Personnel Practices and the Committee on Teaching Institutes. The present report is the second to be submitted by this new Committee. It has been prepared for the members by the chairman and the Director of Research, who serves as the Committee's secretary. To insure that the many activities of this Committee are carried on in close integration with the Association's other works, the President, the President-Elect and the Chairman of the Executive Council serve as members.

Until his resignation on September 1, 1955, to become president of the National Merit Scholarship Corporation, John M. Stalnaker in his role as Director of Studies for the Association was the Committee's secretary and directed the manifold research studies and service activities with which the Committee has been concerned. During the six years since Mr. Stalnaker joined the Association in 1949, his imaginative and vigorous leadership has been responsible for many of the Association's most important services to the member colleges. The Committee's best wishes go with him as he embraces his new opportunities to implement his program for an improved national scholarship venture. They go also with Edward C. Smith and Helen S. Morford, who have become respectively information officer and treasurer in the new corporation, and with Dr. Ross A. Dykman, who left the Association at about the same time to become associate professor of psychology at the University of Arkansas School of Medicine.

Dr. Helen Hofer Gee has been appointed Director of Research and has assumed the responsibilities that had been discharged by Mr. Stalnaker. Joan McJoynt has taken over Mr. Smith's functions, serving half-time as administrative officer for the National Intern Matching Program and half-time as technical assistant to Dr. Gee. Helen McBride has succeeded Mrs. Morford as Dr. Gee's administrative assistant and the Committee is currently seeking a

successor for Dr. Dykman.

Finances: During the two years since its inauguration as the Committee on Teaching Institutes and Special Studies, the expenditures made to support the work of the Committee and the members of its staff have considerably exceeded \$100,000 a year. The Committee has been exceedingly fortunate in receiving substantial grants from outside agencies, which have made it possible to carry on the special studies program and to provide the many services to the member colleges hereinafter described. Without such "seed" money the Committee could not have moved vigorously forward. For its future security, a larger proportion of "hard" money must be obtained if the work of the Committee is to be stabilized and expanded into new research areas.

Currently, the Committee's activities are being financed on the basis of about 20 per cent "hard" money coming from the Association, and 80 per cent "soft" money coming from outside sources. The National Heart Institute gave \$45,000 to help meet the costs of the first Teaching Institute and \$25,000 for the second. The National Cancer Institute also gave \$25,000 toward the expenses of the second Teaching Institute. The Commonwealth Fund and the National Heart Institute have each contributed \$25,000 for the third Teaching Institute. Each of these organizations has earmarked further support for the Institute program. In 1954 the Markle Foundation supported the general work of the Committee by a grant of \$50,000. This grant has been renewed for the current year. The Commonwealth Fund also is continuing to support the Committee's general operations.

On behalf of the Association, the Committee takes pleasure in expressing its gratitude again for the generous support thus received. Without this kind of venture capital, an organization such as the Association could not have achieved the rapid growth and development that have characterized its activities since the war.

Teaching Institutes: As the present report is being written, the third Teach-

ing Institute on Anatomy and Anthropology is proceeding constructively under the capable chairmanship of Dr. William U. Gardner. The momentum being rapidly achieved at the Institute is testimony also to the skill of the seven preparatory subcommittees, which have worked diligently for more than a year in drawing up plans. All of the 127 participants have been involved in the preparation and analysis of information being used at the Institute, thus insuring active communication with the faculties of the medical schools of the United States and Canada, and of several abroad.

In a short report on the Committee's activities, space does not permit a discussion of the philosophy of the Teaching Institutes or a description of their many accomplishments. These accomplishments may be found emphasized in the prefaces to the reports that have been published as supplements to the July 1954 and the September 1955 issues of the *Journal of Medical Education*. As the reports clearly indicate, the Teaching Institutes have become a major activity of the Association.

The Institute immediately preceding the 66th Annual Meeting is the sixth activity of this type with which the Association has been concerned since 1951. In June of that year and during June of the next year, the Association joined forces with the American Psychiatric Association in organizing the first and second conferences on psychiatry and medical education. In November 1952, the Association co-sponsored a conference at Colorado Springs on the teaching of preventive medicine, under the skillful co-chairmanship of Dr. Lloyd Florio and Dr. Ward Darley.

The first of the Association's own Teaching Institutes was that held in Atlantic City during October 1953 on physiology, biochemistry and pharmacology. Under the brilliant chairmanship of Dr. Julius H. Comroe Jr., this Institute achieved the high level of excellence that has been a stimulus ever since. The second Teaching Institute was held at French Lick during October 1954 on pathology, microbiology, immunology and genetics under the chairmanship of Dr. Douglas H. Sprunt and the co-chairmanship of Dr. Robert A. Moore. They provided distinguished leadership.

The significant contributions of the geneticists to this Institute and the clearer understanding of teaching problems that resulted from the skillful work of the preparatory committees and the active discussions of the participants, are being beneficially felt in medical schools everywhere.

Medical College Admission Test: An increasingly large proportion of applicants to medical schools are taking the Medical College Admission Test, and there is evidence that more and more schools are finding the data an important ancillary source of information. In May of this year, a total of 6,974 students were tested, an increase of about 400 over May 1954. Whether this increase represents an increase in percentage of applicants taking the test, or an increase in the number of applicants for entrance to medical school cannot be determined until applicant data becomes available for the 1956 freshman classes. Several studies utilizing test score data have been made again during the year since the French Lick meeting, and others are being planned for the future.

Last year at French Lick, Mr. Stalnaker in his report as Director of Studies (*J. Med. Educ.*, December 1954, pp. 42-46), discussed the interpretation and use of MCAT test scores. This followed the practice of earlier years. Nevertheless, there is still considerable misunderstanding both in medical schools and in undergraduate colleges of the meaning and significance of these tests. Recently, for example, it was found that the admissions committee of one medical school has interpreted the quantitative score on the test as a measure of the applicant's ability to work rapidly. A committee's consideration of such a skill will, it is hoped, vary from its consideration of the kind of ability this section of the test is actually designed to measure, that is, the capacity for learning to manipulate numerical or quantitative concepts.

Another kind of problem to which the attention of the Committee has been drawn concerns the stage reached in the undergraduate student's education at the time the test is taken. Evidently, there remains a mistaken belief that the more science training a student has, the higher will be his science score. This section of the test is constructed

to measure understanding of fundamental principles of science.

The problem is not a new one; it arose some years ago and was the subject of an extensive study which was published in the Spring 1951 issue of *Educational and Psychological Measurement*. The relationship between MCAT Science scores and above and below average amounts of science training was analyzed. The author concluded: "The results would appear to offer no support for the hypothesis that taking additional courses in biology, chemistry and physics beyond a certain minimal number leads to better scores on the MCAT Test."

In the reports of MCAT scores and distributions prepared by the Educational Testing Service to be issued during the coming year, recipients will find that introductory statements have been considerably expanded to aid in the interpretation and to contribute to the utility of this material.

Reports to Medical Schools:

A. "Drawing Power": In November 1954, a report was issued to each medical school showing average scores on the MCAT of applicants to that medical school from each undergraduate college. Also given was the average score on the MCAT of all students from these undergraduate colleges applying to any medical school. Medical schools were thus enabled to compare their relative "drawing power" in the various undergraduate colleges with respect to the ability and achievement levels of students seeking medical education. Inasmuch as this kind of report requires several months for preparation, the next report will appear in 1956. It will be on students applying for entrance to both the 1954-55 and 1955-56 classes.

B. Freshman Classes of 1949-50 and 1950-51: Three photo-offset reports in the Special Studies series, based on the 1949-50 freshman class, were sent to medical schools this past year.

The first of these reports (unnumbered) showed the number of students in the 1949-50 freshman class who came from each undergraduate college in the United States, the number who were regular students, the number who were irregular and the number who withdrew.

The second report (No. 2) gave information to each medical school con-

cerning the number and percentage of the total enrollment coming from those two undergraduate schools supplying the largest number of students. The performance of these students in terms of regularity of attendance and proportion of withdrawals could be compared with the performance of students from other undergraduate colleges in the same class.

The third report (No. 3) provided a statistical analysis of materials developed for the first and second reports. It was found, for example, that about one half of the 1949-50 freshmen in the median tax-supported medical school came from undergraduate colleges affiliated with the medical school, while only about 30 per cent of those in private schools were derived from the affiliated source. Private schools tended to have lower proportions of permanent withdrawals, but at the same time the proportion of drop-outs among students who went into the medical school affiliated with their undergraduate college was lower than it was among students who went to a medical school not affiliated with the undergraduate college they attended. In general, the percentage of withdrawals varied inversely with the number of students supplied by an undergraduate college.

A report to appear in an early issue of the *Journal of Medical Education* entitled, "The History of the 1949-50 Freshman Class," analyzes further information about this class, giving comparative MCAT average scores for various groups of students, analyses of reasons for withdrawals and scholastic achievement of students in various age groups.

The first two reports cited above have been repeated for the 1950-51 freshman class and an analytical study and comparison with the 1949-50 class is in preparation.

C. Multiple Applications: In June of this year, an individual report was issued to each medical school to provide confidential as well as general information concerning multiple application and the acceptance of applicants by more than one school. Each school received information concerning the number of accepted 1954-55 applicants who enrolled in other medical schools. The response to this report was favorable and indicated that the information was useful, yet the report created some

misunderstanding. It is evident that in submitting this type of report, an error was made in not indicating more clearly the exact nature of some of the entries in the tables. Inasmuch as a great deal of interest in the report was expressed, the study will be repeated.

Applicant Information: The annual report on applicants for the group entering medical school in 1954-55 will appear in the November issue of the *Journal of Medical Education*.

This annual study was initiated several years ago and has steadily developed in breadth and detail. Its accuracy is dependent on the staff members at the medical schools who prepare and check the data as they are developed. A vote of thanks is due these individuals without whose cooperation the studies would not be possible.

The downward trend in the number of applicants observed during the past five years has continued this year. In all, 14,538 applicants sought entry to medical school last year. In the peak year, 1949-50, the number was 24,434. The decline in the number of applicants may be expected to continue, or to remain at approximately the same level for another year or two before an upward swing will be felt. An increase is now just perceptible in undergraduate college enrollments; it is expected to accelerate substantially within the next few years.

New York, Pennsylvania, California, Ohio, Illinois, Texas and New Jersey continue to supply about half the applicants to medical schools. To the 1954-55 statistics, New York alone contributed about 15 per cent of the applicants and 13 per cent of the accepted group.

In general, the students who apply to state schools file fewer applications than those who apply to private schools. The state medical schools of New York are an exception. At one extreme, the students applying to one southern state medical school apply on the average to 1.5 schools each. At the other extreme, students applying to one private medical school apply on the average to eight other schools as well.

Another aspect of the report on applicant studies relates applicant information to state population. This part of the report discusses the availability of medical education within and between states, the relationships between the

availability of medical education and the proportion of applicants accepted into medical schools, between the number of students applying and the number of acceptances, and between the number of doctors in a state and the number of students who apply to medical schools.

The work of processing the data for the 1955-56 applicant study has already begun. An effort was made this past year to increase the understanding of the nature of applicant forms among medical school personnel. In the interest of increasing the accuracy and uniformity of certain kinds of information provided, a change was made in the method of classification of applicants whose applications are withdrawn.

Admission Procedures: For many years the Association through the Executive Council has been striving to facilitate for the student his transition from college to medical school. To this end, the former Committee on Student Personnel Practices and then the Committee on Teaching Institutes and Special Studies were asked to devise what have come to be called "traffic rules" to protect both student and school without unnecessarily restricting the freedom of either.

The record shows that the Executive Council, reflecting the views of the members of the Association, has been concerned about the undesirable pressures exerted by some medical schools upon their applicants. Thus, at the meeting of the Council in November 1949, it was the consensus that medical colleges should not select students more than one year in advance of their actual matriculation, that is, more than one year before the start of professional study. Similarly, in Chicago two years later, the Council again went on record as recommending strongly against issuing acceptances, even provisional acceptances, more than one year prior to actual matriculation. In 1952, the Council again recorded its disapproval of the practice of issuing definite acceptances and requiring substantial reservation fees prior to the January 1 preceding entrance to medical school. In October 1953 at Atlantic City, the membership of the Association supported without dissent the Council's recommendation that no acceptances be offered more than one year in advance of actual matriculation.

To give more substance to these repeated recommendations of the Executive Council and of the Association, the following principles for "traffic rules" to guide the admission of students to medical school were drawn up by the Committee on Teaching Institutes and Special Studies.

The obvious improvement over previous proposals was the result of the suggestions offered by the deans in response to a letter dated February 2, 1954, from Mr. Stalnaker, then Director of Studies. Their responses indicated widespread and enthusiastic support for the objectives of the Committee in giving the applicant a maximal opportunity to make optimal arrangements for his medical education.

As a result, the following resolution was presented to the official representatives of the member institutions at the Business Session of the 65th Annual Meeting at French Lick on October 20, 1954. This resolution was passed with a dissenting vote of one. For convenience, this resolution is reproduced from the Minutes of the Proceedings as published in the *Journal of Medical Education* for December 1954 (Vol. 29, No. 12, pp. 73-74):

"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 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."

Because the Executive Council wished each medical school to report its considered opinion of the resolution, a copy

was sent to each dean by Mr. Stalnaker on November 2, 1954. His letter was accompanied by a brief questionnaire. The questions and the tabulated replies are reported herewith.

The questionnaire went to 85 schools, including five schools just coming into activity; 75 questionnaires were returned.

Questions Concerning the "Traffic Rules"

1. Do you, speaking for your medical school, approve of the "traffic rules" resolution as an expression of Association policy? (While the resolution is not binding upon any member who does not agree to follow it, it will be helpful only if almost all schools agree to accept it.)

Yes—63 (84%) No—7 Did Not Vote—5

2. Does your medical school agree to follow, starting at once, the code as set forth in the resolution passed by the Association?

Yes—62 (83%) No—6 Did Not Vote—7

3. Have you already put these "traffic rules" into operation?

Yes—56 (75%) No—15 Did Not Vote—4

4. If you do not approve of this resolution, do you believe that "traffic rules" concerning admission dates or procedures deserve further consideration by the Association?

Yes—9 No—6 Did Not Vote—60

5. Do you think it might be detrimental to medical education and its relations with undergraduate colleges to accept students into medical school two, three or even four years before the opening date of their freshman medical school class?

Yes—58 (77%) No—6 Did Not Vote—11

It is clear that the member colleges have overwhelmingly supported the objectives incorporated in the "traffic rules" in order to promote the best interests of both applicants and medical schools.

Information to Undergraduate Colleges, Educational and Professional Organizations:

A. Admission Requirements Handbook. The 1956 edition of the handbook was published on September 16, 1955.

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

The format and content are essentially the same as for the 1955 edition. Information on two new schools, Seton Hall and Florida, has been added this year. The introduction has been rewritten and expanded, and more uniformity in presenting the information about each medical school has been achieved.

The 1955 edition of the handbook was extensively revised and more than doubled in size. With the publication of that edition, a change in the method of distribution was also instituted. Free distribution to undergraduate colleges and counseling offices was discontinued, and a charge of \$2 a copy was set to defray the cost of preparation and publication. Response to promotion of this revised edition was far greater than had been expected; a total of 8,000 copies was finally issued. This supply was exhausted early in the summer of 1955. An initial printing of 10,000 copies was accordingly ordered for the 1956 edition, which is currently being distributed. Sales promotion begun last year is being continued this year. Already, during the first two weeks following publication, 150 complimentary and review copies have been sent out, and orders have been received and filled for nearly 1600 copies. More and more medical school deans are finding the handbook useful in their dealings with the undergraduate colleges. College bookstores are stocking the handbook in greater quantity than heretofore.

B. Reports to Undergraduate Colleges:

1. Academic Achievement. In February 1955, a report was sent to all undergraduate colleges that had students enrolled in medical schools between the fall of 1950 and the spring of 1954. This report included the names of all students, the medical school each had attended, and the class standing and level of achievement for those years between 1950 and 1954 during which the student was in attendance. In 1954 a similar report was sent to undergraduate colleges describing the accomplishment of their students who had entered medical school in the 1949-50 academic year. Nearly all of the undergraduate colleges, in acknowledging receipt of these reports, have expressed appreciation of them and have requested that the Association continue to send them.

Data for the report on 1950-51 entrants to medical schools is being assem-

bled. On an annual basis, four-year summaries for all students entering in a given year are probably more valuable to the undergraduate schools. Reporting data on single classes provides information that can be more readily utilized for studies of trends.

The issuance of a report on academic achievement of students at the completion of the freshman year is being seriously contemplated. This kind of up-to-date information, coupled with the four-year reports on the groups graduated the previous year, would provide useful data for purposes of comparison.

2. MCAT Scores. An MCAT score report was sent in March of this year to 507 undergraduate colleges. The means and distributions of scores of all former undergraduate students tested between May 1952 and November 1954 were reported. Also included in this report were summaries showing the mean score distribution of all of the colleges on each of the four tests. The mean scores of students from five colleges (one per cent) were over 600; those for 35 colleges (seven per cent) were below 400.

It is planned to repeat this study during the present year. In the future, it would be desirable to establish a convenient dividing point in order to compare mean scores of students tested before and after a given date, thus allowing colleges to determine whether there has been a change in the level of ability and academic achievement of their undergraduate students applying to medical schools.

C. Special Services. The staff frequently receives requests from colleges and other educational and professional organizations for information about special groups of students in the medical school population. Subject to limitations of staff time and facilities, every effort is made to provide these services when the information sought is not elsewhere available, not of a confidential nature to anyone other than the inquirer, and when it appears that the purpose in seeking the information is justifiable. Several such studies have recently been completed. They have included reports on the accomplishments of students at a given school, summaries of numbers of students and graduates in designated categories, summaries of MCAT scores, and the like. When an ap-

preciable amount of staff or IBM machine time is required, the costs incurred in providing these services have been borne by the organization seeking the information.

Cooperation with Government Agencies: A. Faculty Register. Throughout 1954-55, biographical data forms have been received for inclusion in the Faculty Register. Copies of the forms have been sent to the Health Resources Advisory Committee of the Office of Defense Mobilization, and that organization is developing an IBM punch card file that will be available for research purposes. For a majority of medical schools information is now complete and is being kept up to date. A few schools, however, have not yet returned the registry forms. They are urgently requested to do so—completeness is essential to the value of the register.

B. Deferment of Residents. Again this year a questionnaire for fourth-year medical students was distributed and collected in cooperation with the Department of Defense. The results of this survey serve as a basis in Washington for determining further action in carrying out the Armed Forces Reserve Medical Commissioning and Residency Program, as well as serving the purpose of providing for students the opportunity to register their preference with respect to the fulfillment of their military obligations.

C. Selective Service. The Selective Service System requested and received the help of the Association in obtaining an inventory of the students actually enrolled in undergraduate classes of medical schools in the first semester of 1954-55, together with a statement of their draft status. All of the medical schools cooperated fully, thus permitting the Association to send complete returns to the Selective Service System.

D. Student Survey. The Office of Defense Mobilization also was assisted in carrying out a survey of students in medical schools during the past year. This survey sought to determine how many students eligible for military service were currently in attendance at medical school, and to what extent students in medical schools were ineligible for compulsory service.

Women in Medicine: A study of women in medicine has been completed—it will be submitted soon for publication

in the *Journal of Medical Education*. The study is based on information supplied by about 1,200 women who graduated from medical school between 1925 and 1940. A random sample of almost 800 men who graduated during the same period was used for comparison.

A smaller proportion of women entering the profession of medicine than of women in general, marry. Almost one-third of them are single. Another 10 per cent are widows, separated or divorced. While 59 per cent of the women are married, the corresponding figure for men in medicine is 95 per cent.

With respect to the full-time practice of medicine since graduation, 91 per cent of the men have been so occupied in comparison to 49 per cent of the women. Of the unmarried women, about three-fourths have engaged continuously in full-time practice, but the more common pattern is full-time practice for a period, followed by part-time work or no practice at all. Women obtaining the M.D. degree who marry and then cease to practice still make use of their training and experience in many ways. Approximately one-fourth of the women in medicine are diplomates in some specialty, while about one-third of the men attain the diplomate status. As would be expected, fields of specialization vary considerably. In the order of their frequency, the specialties women most often enter are: pediatrics, psychiatry, obstetrics and gynecology and internal medicine. Among men, the most popular specialties are, in order; surgery, internal medicine and obstetrics and gynecology. In general, women physicians earn less than men and work fewer hours per week.

Bibliography on Admission to Medical School: The compilation of a bibliography on the broad subject of admission to medical school was begun in 1954, with the objective in mind of facilitating research in this area by making available for ready reference the extensive but scattered literature on the subject. Such a bibliography will provide an easily consulted source of information for those interested in performing research, or simply in informing themselves of research that has been attempted in these areas.

Two files—an author and a subject matter file—are being developed. Entries in the author file include citation of

the source of an article or book and an abstract of the subject matter. The subject matter catalogue is now divided into thirteen areas—it will be revised in case the quality of material suggests the desirability of eliminating or further differentiating an area. The thirteen areas are:

1. Admission requirements
2. Characteristics of students
3. Factors related to success in medical school
4. Geographical distribution of medical facilities, student facilities and applicants; applicant studies; enrollment figures
5. Mechanics of filing applications to medical school
6. Objectives of admission policies
7. Premedical education
8. Selection procedures—general discussion
9. Selection procedures — academic record
10. Selection procedures—intelligence and achievement tests
11. Selection procedures—interviews
12. Selection procedures—interest and objective personality tests
13. Selection procedures—projective tests

Many books and a large number of journals in the fields of education, medicine, psychology, psychiatry and sociology have been gleaned. Many potential sources of information remain to be consulted. The study, however, will be completed and references made available during the coming year, if possible.

Plans. The program of studies described above, in both its conception and technical aspects, has developed effectively during the past six years as a result of Mr. Stalnaker's leadership. The several annual reports to medical schools and undergraduate colleges have provided an invaluable means for gaining new insights into the characteristics of applicants, of medical students and of medical schools.

Significant advances in the techniques of measuring intellectual capacity and achievement have been capitalized upon to excellent advantage in the development of the MCAT. Thus, through the Committee's programs, medical education has assembled a unique fund of information about its student population. The completeness of this informa-

tion makes it valuable to education far beyond the medical scene.

Notably lacking, however, is information concerning motivational variables related to problems of selection, achievement and differentiation at the professional level. Recent research activities in this area, taken in combination with the rich fund of data already available to the Association, offer challenging prospects for the development of a research program in this little-understood field.

REPORT OF THE COMMITTEE ON VETERANS ADMINISTRATION-MEDICAL SCHOOL RELATIONSHIPS

JOSEPH M. HAYMAN JR., chairman:

1. Your committee has held no meetings during the year. In August members of the committee, the deans of schools affiliated with V.A. hospitals offering internships, and the V.A. central office were asked if they knew of any problems which should be considered by your committee. On the basis of replies received an open meeting was scheduled for Sunday afternoon, October 23, 1955 at the New Ocean House.

2. An open meeting of the Committee on Veterans Administration-Medical School Relationships was held at 3 p.m., October 23, 1955 at the New Ocean House, Swampscott, Mass. As a result of the discussions and deliberations at this meeting, the following report is submitted to the Association for consideration.

3. a) The deans committees for V.A. facilities were established at the request of General Hawley and the V.A. to help improve the medical care furnished veterans through the V.A. Since this Association is of the opinion that the best medical care is provided in teaching hospitals, it was natural that resident training programs should be set up as a means to this end, and that other teaching in V.A. hospitals should be encouraged. Research programs were instituted as an essential part of good teaching programs and hence of the best medical care. From the beginning it was believed that the deans should not justify residency programs unless they were good. It is perfectly true

that the clinical material in V.A. hospitals and the high calibre of the staff attracted to V.A. hospitals by the teaching programs have been of advantage to medical schools, thus establishing a mutually beneficial relation. However, aid to medical schools was never the primary objective of the program. All affiliations must be considered on the basis of whether they are good for the veteran.

- b) Intern programs in V.A. hospitals must be viewed in this light. These were never requested by the V.A. The intern program has always been a small one. After reviewing the opinions of those most closely associated with them in the past and at present, your Committee is of the opinion that internships in V.A. hospitals are not necessary for the best care of the veteran, and are not required for the resident training program. Your committee recommends that if this is the opinion of the Association it so state to the chief medical director of the V.A.
- c) It was brought to the attention of your Committee that approval of certain residencies at some V.A. hospitals had recently been reduced or curtailed by the Council on Medical Education and Hospitals of the AMA and the organizations associated with it. All V.A. hospitals having residency programs were warned on December 22, 1953 that their programs were subject to review. In consonance with the principles stated above, your Committee believes that to fulfill their purpose, residency programs in V.A. hospitals must have appropriate approval by established review committees. It should be pointed out that where a V.A. residency program is deficient in some area, it can frequently be brought up to standard by affiliation with a university or other civilian teaching hospital.
- d) There have been many queries concerning supplemental com-

pensation for full time physicians in the Department of Medicine and Surgery of the V.A. Your Committee is very much concerned with this problem, and recommends that full time V.A. physicians not be put in any position which might jeopardize their status under PL 293 which has operated so successfully both for the benefit of the veteran and for medical education. Your Committee strongly urges that such salary adjustments may be made as will prevent further loss of superior men from the top grades among full-time V.A. physicians.

- e) Your committee recommends to the Association that it endorse and reaffirm its enthusiastic support of the relations between the V.A. and the medical schools which have been in effect for the past 10 years.

ELECTION OF OFFICERS

The report of the Nominating Committee was read by Chairman Granville A. Bennett. 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 1955-56:

For president-elect: John B. Youmans, dean, Vanderbilt University School of Medicine.

For vice president: Harold S. Diehl, dean, University of Minnesota Medical School.

For treasurer: Stockton Kimball, dean, University of Buffalo School of Medicine.

For elective members of the Council to serve until 1958: John Z. Bowers, dean, University of Wisconsin Medical School; John F. Sheehan, dean, Stritch School of Medicine of Loyola University.

Other Council members are: 1956, George N. Aagaard and Walter R. Berryhill; 1957, Lowell T. Coggeshall and Thomas H. Hunter.

67th ANNUAL MEETING

The 67th Annual Meeting of the Association will be held November 12-14, 1956, at the Broadmoor Hotel, Colorado Springs, Colo.

TEACHING INSTITUTE

The next Teaching Institute will be held in 1957, on Clinical Teaching Including the Internship.

FILM PROGRAM

Two film programs, arranged by J. Edwin Foster, director of the Medical Audio-Visual Institute, were presented at 9 o'clock. One was of general interest, the other of medical interest.

EXECUTIVE COUNCIL

The first meeting of the 1955-56 Executive Council was held on Tuesday evening, October 25, at 8:30 p.m. Association President Robert A. Moore was elected Council chairman. Dean F. Smiley, secretary, was reappointed. The Executive Council passed the following resolutions:

RESOLUTION 1. Whereas this Association in 1944 asked Dr. Anton J. Carlson to head a committee to cope with the then-growing problem of antivivisection agitation, and

Whereas, Dr. Carlson's committee of this Association established the National Society for Medical Research to focus the influence of all organizations and institutions concerned in any way with medical progress, and

Whereas, the National Society for Medical Research under Dr. Carlson soon reversed the defensive, apologetic and secretive policies that had nourished the antivivisection movement, and

Whereas, the program of factual public education and affirmative action led by Dr. Carlson has contributed inestimably to the freedom and efficiency of experimental biology and medicine, and

Whereas, this year Dr. Carlson has retired from the active leadership of this work as the president of the National Society for Medical Research,

Now therefore be it resolved that the Association of American Medical Colleges does hereby express the gratitude of its members to Dr. Carlson for his invaluable contribution to public understanding and support of medical education and medical research.

RESOLUTION 2. Whereas, John M. Stalnaker has resigned as Director of Studies for the AAMC on September 1,

1955, to become president of the National Merit Scholarship Corp., and

Whereas, for the past six years he has served the Association with distinction, initiating and directing many and important research studies and service activities, and

Whereas, at the open hearing on the annual report of the Committee on Teaching Institutes and Special Studies it was unanimously agreed, be it therefore,

Resolved that the membership of the AAMC, individually and collectively, expresses to John Stalnaker its deep and sincere gratitude for his loyal, devoted and invaluable service, unstintingly given to the Association and that the Association wishes him every success in his new endeavor.

RESOLUTION 3. Whereas, a significant step has been taken by the Department of Defense to increase the complement of career military medical officers through the implementation of the Senior Student Program,

Therefore, be it resolved that the Association of American Medical Colleges go on record as endorsing the Department of Defense Student Program.

RESOLUTION 4. Whereas, the Association of American Medical Colleges will soon begin the construction of its own building in Evanston, Illinois, and

Whereas, this building will significantly increase the potentialities of service by the Association to the member schools, to the American people and to medicine throughout the world, and

Whereas, this new venture with the resultant broadening of scope was made possible by a gift of land from Northwestern University and gifts for construction by The China Medical Board of New York, Inc., and the Alfred P. Sloan Foundation,

Be it therefore resolved that the Association express appreciation to Northwestern University, to the China Medical Board of New York, Inc., and to the Alfred P. Sloan Foundation for the generous support they have given the Association.

REPORTS ON EXPERIMENTS IN MEDICAL EDUCATION

Commencing on Monday, October 24, and concluding on Tuesday, October 25, nine reports were given on experiments recently conducted, or at present going on, in the medical schools.

Speakers and their topics were:

Robert K. Merton, Columbia University; and Samuel Bloom, University of Pennsylvania School of Medicine—Studies in the Sociology of Medical Education.

George G. Reader, Cornell University Medical College—Some Problems in Teaching Comprehensive Medicine.

Francis R. Manlove, University of Colorado School of Medicine—The General Medical Clinic: An Experiment in Clerkship Teaching.

Milton J. E. Senn, Yale University School of Medicine—A New Orientation for Instruction in Pediatrics.

Joseph T. Wearn and T. Hale Ham,

Western Reserve University School of Medicine—The Development of an Experiment in Medical Education.

John W. Patterson, Western Reserve University School of Medicine—Interdepartmental and Departmental Teaching of Medicine and the Biological Sciences in Four Years.

John L. Caughey, Western Reserve University School of Medicine—Clinical Teaching During Four Years.

W. Clarke Wescoe, University of Kansas School of Medicine—Preceptors as General Educators in Medicine.

John B. Truslow, Medical College of Virginia—Medical Education and the Distribution of Physicians.

Wednesday, October 26, 1955

SYMPOSIUM ON COMPENSATION OF FACULTIES OF CLINICAL DEPARTMENTS

On Wednesday morning, October 26, 1955, a symposium was held on Compensation of Faculties of Clinical Departments. Speakers and their subjects were:

Lowell T. Coggeshall, University of Chicago—The Full-Time Plan at the University of Chicago.

Wilburt C. Davison, Duke University—The Private Diagnostic Clinic at Duke University.

Thomas H. Hunter, University of Virginia—The University of Virginia Plan.

Norman B. Nelson, University of Iowa—The University of Iowa Plan.

George Packer Berry, Harvard Medical School—The Harvard University Plan.

INSTALLATION OF PRESIDENT

Robert A. Moore, president-elect in 1954-55, was installed as president of the Association for 1955-56 on Wednesday, October 26.