Sixty-Ninth Annual Meeting

Association of American Medical Colleges

Sheraton Hotel, Philadelphia, Pa.

October 13-14-15, 1958

MONDAY, October 13, 1958

TUESDAY, October 14, 1958

Monday, October 13, 1958

Lowell T. Coggeshall, M.D., Presiding

INTRODUCTION OF NEW DEANS

The following new medical school deans were introduced:

Ernest Witebsky, Acting Dean.....Buffalo
Houston H. Merritt, Acting Dean...Columbia
Hugh H. Hussey.....Georgetown
William A. Sodeman.....Jefferson
Robert B. Howard.....Minnesota
Francis S. Cheever.....Pittsburgh
Robert H. Alway.....Stanford
Carlyle F. Jacobsen.....SUNY, Syracuse
M. K. Callison.....Tennessee
John W. Patterson.....Vanderbilt
Edward W. Dempsey..Washington University
George B. Koelle
Pennsylvania Graduate School

INTRODUCTION OF VISITORS FROM FOREIGN MEDICAL SCHOOLS

The following visitors from foreign countries were introduced: Dr. O. E. R. Abhayaratne, Dean of Faculty of Medicine, University of Ceylon; Dr. Ramon Ortuzar, Head of the Department of Medicine, Catholic University of Chile, at Santiago; Dr. Tadao Toda, Kyushu University Medical School, Japan; Dr. Svasti Daengsvang, Director General, Department of University of Medical Sciences, Ministry of Public Health, Bangkok, Thailand; Dr. D. P. Soedjono, Professor of Pediatrics and Dean of the Medical Faculty, University of Indonesia, Djakarta; Dr. Jacobus Carolus Kapitan, Dean of the Medical Faculty, University of Airlangg, Surabaja, Indonesia; Dr. Antonio Pena-Chavarria, Dean of the Medical School, University of Costa Rica; Dr. Magid Iunes of Brazil; Dr. Alberto Duque, University Javeriana, Bogota, Columbia.

CHANGES IN AAMC BY-LAWS

In accordance with the "Articles of Incorporation and By-Laws of the Association of American Medical Colleges," the following modifications of the By-Laws of the Association were approved by the Executive Council and the Institutional Members. The By-Laws (section 11) require a 2/3 favorable vote of the Institutional Members present at any meeting of Institutional and Affiliate Members for which thirty days written notice has been given.

The revisions are indicated by *italicized* new words or phrases; those words indicated in brackets are deletions.

SECTION 1. No revision

SECTION 2. No revision

SECTION 3. It is proposed that Section 3 be repealed and the following substituted.

Section 3. *Emeritus*, Individual and Sustaining Membership. There shall be *three* classes of members, known as *Emeritus Members*, Individual Members and Sustaining Members composed of persons, including corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote. The first individual members shall be those persons who were on January 1, 1955 Individual Members of an unincorporated voluntary association called Association of American Medical Colleges.

(*a*) *Emeritus Membership. Emeritus Membership shall be reserved for those faculty, deans and other administrative officers of medical schools and universities, who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education, and who, because of the retirement policies of their medical school or university, are no longer active in medical education. Any institutional, affiliate, emeritus, individual or sustaining member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by*

the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

(b) Individual Membership. The Individual Member may be any person who has demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

(c) Sustaining Membership. The Sustaining Member may be any person, including corporations, who has demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

SECTION 4. No revision

SECTION 5. It is proposed that Section 5 be repealed and the following substituted:

Section 5. Officers. The officers shall be a President, a President-Elect, a Vice-President, an Executive Director, a Secretary and a Treasurer. The President-Elect, Vice-President, *Secretary* and Treasurer shall be elected for one-year terms at the annual meeting of members, the President-Elect to become President upon his installation in the course of the annual meeting a year after he has been elected. Any officer may be removed by the membership whenever they deem it to be in the best interest of the Association.

The Executive Director [and the Secretary] shall be appointed by the Executive Council.

The remainder of Section 5 is unchanged.

SECTION 6. It is proposed that Section 6 be repealed and the following substituted:

SECTION 6. Executive Council.

(a) No revision

(b) The Council shall consist of six elected members, five elected officers *and the Immediate Past President who shall be ex-officio members with voting rights and the Executive Director who shall be an ex-officio member without voting rights.*

(c) No revision

(d) The ex-officio voting members shall consist of the elected officers and the Immediate Past President during the year after he was President. The Executive Director [and the Secretary] shall be *the only* [ex-officio] member[s] without vote but shall attend all Council meetings, except closed executive sessions.

The remainder of Section 6 is unchanged.

SECTIONS 7 thru 12. No revision

INSTITUTE HIGHLIGHTS

The summary of the 1958 Teaching Institute "The First Institute on Clinical Teaching," held at Swampscott, Massachusetts, October 8–11, was presented by Drs. George Packer Berry, Julius B. Richmond, Stewart G. Wolf, Jr., Charles G. Child, III, and Charles A. Janeway.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

Open hearings on the Annual Reports of all of the Association's standing committees were held.

BORDEN AWARD

Dr. Severo Ochoa, professor of biochemistry, New York University College of Medicine, was presented the 1958 Borden Award in the Medical Sciences for his work on the enzymatic synthesis of ribonucleic acid. The Award, a gold medal and $1000, was presented by Dr. Vincent du Vigneaud, Chairman of the Committee on the Borden Award.

ABRAHAM FLEXNER AWARD

Dr. Joseph C. Hinsey, Director, New York Hospital-Cornell Medical Center, was presented the first Annual Abraham Flexner Award for outstanding Service to Medical Education. The Award was presented by Dr. Ralph C. Syvertsen, Chairman of the Committee on the Flexner Award, with the following comments:

"Now, by the authority vested in me by the Council, Mr. President, I am happy to present to you the first recipient of the Award, Joseph

Clarence Hinsey. Born in Ottumwa, Iowa, shortly after the turn of the century, educational product of Iowa Wesleyan College, Northwestern and Washington Universities, member of Phi Beta Kappa, Alpha Omega Alpha and Sigma Xi, successively on the faculties of Northwestern, Western Reserve, Washington, and Stanford Universities, professor and head of the Department of Physiology and Anatomy at Cornell, then dean and finally director of the New York Hospital-Cornell Medical Center, member of the President's Commission on Medical Needs of the Nation and of the boards of trustees of Memorial Hospital, Sloan-Kettering Institute, China Medical Board and Cornell University, contributor to and editor of scientific publications, member and officer in many learned societies, expert in interpersonal relations, special pleader in Washington for the cause of medical education, famous for his altruistic devotion to good works, esteemed colleague and friend of us all, and most important, as far as this organization is concerned, Vice-President, President and Chairman of the Executive Council during eight crucial years when his leadership was paramount both inside and outside the Association, in its growth in dimension and influence throughout the nation and the world."

THE ALAN GREGG LECTURE

Highlight of the Annual Banquet was the delivery of the first Alan Gregg Lecture by Dr. James Conant, President Emeritus of Harvard University. The title of Dr. Conant's lecture was "Education for the Professions in Europe and the United States."

Tuesday, October 14, 1958

ROLL CALL

All Institutional Members were represented.

APPROVAL OF MINUTES OF 68TH ANNUAL MEETING

The minutes of the 68th Annual Meeting, October 21, 22, 23, 1957, Chalfonte-Haddon Hall, Atlantic City, New Jersey, were approved as published.

INSTITUTIONAL MEMBERSHIP

The University of Florida College of Medicine, Albert Einstein College of Medicine and Seton Hall College of Medicine were voted into full Institutional Membership.

INDIVIDUAL MEMBERS

A total of 734 new Individual Members were voted into the Association.

EMERITUS MEMBERSHIP

Dr. Willard C. Rappleye, former Dean of Columbia University College of Physicians and Surgeons, and Dr. John B. Youmans, former Dean of Vanderbilt University School of Medicine, were unanimously voted the first Emeritus Memberships in the Association.

Report of the Chairman of the Executive Council

The report of the Chairman of the Executive Council was limited to the most important of the past year's Council actions and to those matters which the Council felt should be referred to vote of the Association.

First, the Council decided to make an all-out effort to secure passage of a measure that would provide federal matching funds for the construction of educational facilities. The attempt failed, but the Research Facilities Construction Act was renewed for another three years, $30 million per year.

In relation to increasing indirect costs, this was approved by the Senate Conference Committee but rejected by the House Conference on two bases; one, that there was an inter-agency study group about to prepare a report on adequate provisions for indirect support, and two, since some of the voluntary health agencies were paying no more than fifteen per cent, they felt that government agencies should not move ahead.

The report of the Inter-agency Study Committee on Indirect Costs, briefly chaired by President Killian of MIT and now by Dr. Lee DuBridge of Cal Tech, has been released. In essence it says that each university shall establish with the federal agencies a rate for indirect

costs that is compatible with their particular method of accounting. The differences in rates in many universities are attributed to the fact that certain items are included in one university as direct costs and not in others. It is hoped that there will be a standard rate for each university per each governmental agency. It is hoped that this will prove satisfactory to all concerned.

Second, the Council authorized the Executive Director to initiate a revision of the Association's budgeting, purchasing and accounting procedures. This has been done under the direction of Mr. A. J. Carroll, Business Officer, Upstate Medical Center, State University of New York, Syracuse. We are indebted to Mr. Carroll not only for this but for several other studies that he is making. In fact, an economist that spoke at Swampscott said that as far as he was concerned, the studies conducted by Mr. Carroll were more illuminating than many he had seen from economists for the same purpose.

Third, in the interests of maintaining the best possible medical education in the face of growing international tension, the Council authorized the formation of a planning group to be known as the Liaison Committee on Medical Education for National Defense. The Executive Council of the Association of American Medical Colleges and the American Medical Association's Council on Medical Education and National Defense are the participating agencies.

Fourth, the Council authorized the AAMC to participate in the annual questionnaire of the Liaison Committee on Medical Education.

Fifth, the Council authorized that the following statement be sent to the Department of Defense, regarding the 1959 Doctor Draft Act: "The AAMC endorses the extension of the existing Universal Military Training Service Act for a period of two years starting July 1, 1959, through June 30, 1961, and it urges Congress, in enacting such a law, to include a provision authorizing the National Advisory Committee to consider and advise on all requests for deferment of medical faculty members who are joined in such a request by their medical school, and to include a further provision authorizing the National Advisory Committee to establish, when necessary, Regional Advisory Committees made up of representatives of the medical schools in the regional areas designated, to assist in carrying out its task of reviewing and advising on such deferment requests."

Sixth, the Council joined the AMA in setting 1960 as the date when the list of so-called approved foreign medical schools would become invalid as a measure of a foreign medical graduate's qualification for internship or licensure examinations in the United States. Screening by the Educational Council of Foreign Medical Graduates will be substituted.

Seventh, the Council approved important staff appointments as follows: Dr. Leland Powers, former Associate Dean, Faculty of Medical Sciences, American University of Beirut, and before that Chairman, Department of Preventive Medicine, University of Washington, as Associate Director; Mr. Tom Coleman as Director of Public Relations; Mrs. Lotus R. Barnes, Assistant to the Executive Director.

Eighth, the Council voted approval of the first two years of programs at the University of Florida, Albert Einstein and Seton Hall Colleges of Medicine, thus making them eligible for Institutional Membership in the Association.

Ninth, the Council approved the statement of "Functions and Structure of a Modern School of Basic Medical Sciences" and recommended it to the Association for adoption.

The motion was made, seconded, put to a vote and was carried.

Tenth, the Council decided to discontinue participation in Medical Education Week.

Eleventh, the Council accepted the following new grants, which does not include grants made in previous years that are still active:

The Markle Foundation, $50,000 for three years, general support.

The Macy Foundation, $10,000 annually for three years in support of the Journal of Medical Education.

The W. K. Kellogg Foundation, $75,000 to make an internship survey in the medical school teaching hospitals of this country.

The Kellogg Foundation, $35,000 for a medical school cost study.

Rockefeller Foundation, $500 for foreign journal subscriptions.

National Foundation, $10,000 for a directory of medical fellowships, outlining the medical fellowships available in this country. The American Heart Association, $1,000 for this purpose.

The Institute of Neurological Diseases and Blindness, $10,000 for the 1958 Teaching Institute.

The Abbott Laboratories, $10,000 for film production.

Twelfth, the Council approved publication of the "Study of Medical Colleges Costs" by Mr.

Carroll. With this report in hand, the Association, with the aid of a grant from the W. K. Kellogg Foundation, will proceed with the development of a plan that will lead to a program of periodic programs on cost reporting. In his study, Mr. Carroll has rendered medical education a very important service, and the Council proposes the following resolution for approval of the Association:

Whereas, the responsibilities and complexities of teaching medical centers have made cost analysis and reporting on a comparable basis most difficult; and

Whereas, development of such information to permit fiscal understanding is a maior problem facing medical education; and

Whereas, Mr. Carroll, Business Manager, Upstate Medical Center, State University of New York, Syracuse, has shown that the fiscal operations of our teaching medical centers are capable of cost analysis and of reduction to common denominators essential for reasonable comparison; and

Whereas, his "Study of Medical College Costs" based on the survey of nineteen medical schools will furnish medical school administrators, university presidents and governing boards, legislators and deans interested in medical education a better understanding and appreciation of the cost of medical education;

Now therefore be it

RESOLVED, That the Association of American Medical Colleges express its sincere appreciation to Mr. Augustus J. Carroll for promoting a vitally-needed service in developing a method and program of cost analysis in the field of medical education.

The motion was seconded, was put to a vote and was carried.

Thirteenth, the Council has made preliminary reservations for the 1961 and 1962 meetings as follows:

1961, Queen Elizabeth Hotel in Montreal, October 23–25.

1962, the Association will move to the West Coast, and preliminary reservations have been made at the Ambassador, Los Angeles, for October 29–31.

A motion to approve both meeting sites was seconded, put to a vote and was carried.

As previously approved, the 1959 meeting will be held at the Edgewater Beach Hotel, Chicago, November 2–4. In 1960, at the Diplomat Hotel, Hollywood Beach, Florida, October 31–November 2.

Fourteenth, the Council developed the following statement for approval of the Association:

"The medical school administrators of the United States and Canada are aware of the pressing need for factual data that will elaborate the teaching, research and service aspects of their many responsibilities.

"To the end that this can proceed in an orderly and efficient manner, and to the end that data already developed may be used to the fullest extent possible, and also to the end that the medical schools not be approached with unimportant or poorly conceived questionnaires and surveys, the institutional members of the AAMC direct the Executive Council to establish the procedures whereby consultation and, where indicated, liaison, can be established with agencies or individuals that have already developed or may wish to develop such data.

"In order to facilitate this assignment, it is recommended to the institutional members that the completion of questionnaires or cooperation with surveys be limited to those that have been justified and approved by the Executive Council, and that all questionnaires and surveys that have not been so approved be referred to the Association office so that contact with the agency or agencies or individual or individuals concerned can be established. Further, it is recommended that insofar as possible, acceptable questionnaires and survey studies be incorporated within the framework of existing mechanisms and methods of the AAMC and the Liaison Committee on Medical Education, or within the periodic program and cost accounting project that is currently being developed under the direction of Mr. A. J. Carroll."

The motion was made, seconded, put to a vote and was carried.

Fifteenth, the Council also concerned itself, largely through the requests, inquiries and comments of many of the institutional members, about the increasing tendency towards greater activity on the part of many pharmaceutical concerns to enter the field of medical ecuation. In view of this situation, the Council developed the following statement for consideration and approval by the deans.

Whereas, the Executive Council of the AAMC is deeply concerned over the increasing trend of the ethical pharmaceutical industry to approach medical schools through a varied program of questionable educational value, i.e., certain kinds of awards, lectureships, prizes, plant visitations, television production, printed matter, student parties

and other activities of a promotional nature; and

Whereas, the Executive Council recognizes the strong interest and deep concern of the pharmaceutical industry for the present and future welfare of medical education, as well as the industry's significant contribution to medical schools in the past; and

Whereas, assistance to medical education must be clearly separated from the industry's promotional and advertising campaigns if it is to be of significant and enduring value; and

Whereas, the pharamaceutical industry recognizes that no group stands to gain more from free medical education than do those ethical houses concerned with the production and marketing of drugs and pharmaceuticals; therefore be it

RESOLVED, That the Association of American Medical Colleges seek the opportunity to meet with the leaders of the ethical pharmaceutical industry to discuss their present programs of questionable value and strive for the development of a sound program of industry support which provides contributions that are more direct and of greater value to medical education, and that such support be channeled through the National Fund for Medical Education.

The motion was made, seconded, put to a vote and carried.

Sixteenth, the Council presented Colonel Richard H. Eanes with a plaque upon which was engraved the following statement:

"The Association of American Medical Colleges extends to Colonel Richard H. Eanes, Medical Corps, United States Army, this award of appreciation for outstanding service to the cause of medical education during his tenure as Chief Medical Officer to the Selective Service System from 1941 to 1958; conscientious study of the manpower requirements of the medical schools of our country and diligent effort to protect qualified students and essential teachers from multiple demands for their services by other agencies; unfailing courtesy and judicious advice to all who sought his counsel in the handling of individual deferment problems; and that kindly spirit of fairness and good will which has won for him a host of friends among the medical educators of this country. Given to him in Philadelphia here at the Annual Meeting on October 11, 1958."

The motion was made, seconded, put to a vote, and was carried.

Seventeenth, finally, the Council completed arrangements whereby regular, periodic discussions regarding the AMA-AAMC relationships over the next few years will be held. Representatives of the AMA Board of Directors, AMA Council on Medical Education and Hospitals, and the Executive Council of the AAMC and selected university presidents will constitute the discussion group.

Mr. Chairman, this concludes the formal report, and I recommend to you the adoption of the report as a whole.

The motion was made, seconded, put to a vote and was carried.

Lowell T. Coggeshall
Chairman, Executive Council

Report of the Executive Director

The report this morning will be extremely brief.

First, I want to call your attention to plans for the Directory of the Association, which I hope will be off the press some time during January. The Directory should be more useful than has been the case in the past. A historical note regarding each school will head each section. This will be followed by a listing of the administrative officers of the university and the medical school. Instead of the usual symbols, the position of each administrative officer will be spelled out.

The individual members will again be listed according to schools, along with the academic rank and the department to which each belongs.

I also want to emphasize that Dr. Coggeshall's report listed only those new grants that had been accepted this year. It is important to remember that the Association has received many other grants, accepted in previous years, that are still active. And I refer here particularly to the grant from the Commonwealth Fund which helps support the research program of the Association and also the grants from the Commonwealth Fund and the National Institutes of Health that support the teaching institutes.

I think that what has been happening in the Association during the past year will be abundantly apparent from the report of the Executive Council which you have just heard, from the committee reports you received when you registered for this meeting and from the supplemental reports you will hear very shortly.

During the present series of Executive Council meetings, many hours of discussion have

been given to the financial and related problems of medical education. During the next few months it is planned that the staff will develop the working papers essential to a very concerted look at the long-range aspects of financing medical education. This problem must be carefully analyzed from the standpoint of the students, the faculties, the teaching hospitals and the universities as well as from the standpoint of the medical schools themselves. Every conceivable source of income must be reviewed, particularly income from medical school service programs and research. The obstacles to the proper income from these sources must be removed or circumvented.

Recent developments are germane to this effort. I refer here to such things as the report of the President's Commission on Education Beyond the High School; the report that has been developed by the Rockefeller Fund; the report from the Bayne-Jones Committee; the Carroll analysis of medical college costs in nineteen schools; the Emory University study of its costs; and finally, certain studies that are currently in process: postdoctoral education in the medical sciences under the direction of Dr. Arthur S. Cain, Jr., about which you will hear this afternoon; another study by the National Science Foundation which will bring up-to-date the financial picture in research, particularly its direct and indirect costs; and also a study of twenty schools in order to ascertain the impact of the first ten years of the training and research grants of NIH on medical education.

All of this activity makes it imperative that the Association strengthen its own investigations of the structure and function of medical education. The program of cost reporting and the survey of the internship in medical school-affiliated hospitals are two important steps in this direction. We must do more.

The research being planned is just as important to each medical school individually as it is to the medical schools collectively. Our effort will succeed only in proportion to the extent to which the schools can cooperate. We anticipate that while this will be a busy year, it will also be a profitable one. I can assure you that the Council will take great care to keep the membership informed of developments as they may take shape, and, in line with this, I will plan to have an extended report in your hands so that it can be discussed at the February meeting.

Ward Darley
Executive Director

Report of the Secretary

Medical School Surveys

During the 1957–58 academic year, fifteen medical schools were surveyed and reports rendered by the survey teams representing the Association of American Medical Colleges and the Council on Medical Education and Hospitals of the American Medical Association. The surveyed schools were:

University of Kentucky School of Medicine
Dalhousie University Faculty of Medicine
Dartmouth Medical School
University of Manitoba Faculty of Medicine
Johns Hopkins University School of Medicine
University of Pittsburgh School of Medicine
College of Medical Evangelists
Woman's Medical College of Pennsylvania
Seton Hall College of Medicine
Albert Einstein College of Medicine of Yeshiva University
Georgetown University School of Medicine
University of Chicago School of Medicine
University of Florida College of Medicine
University of Arkansas School of Medicine
University of Michigan Medical School

The visitation scheduled for 1958–59 will include twelve medical schools:

University of Ottawa Faculty of Medicine
Jefferson Medical College
Vanderbilt University School of Medicine
Yale University School of Medicine
Bowman Gray School of Medicine of Wake Forest College
University of Colorado School of Medicine
Columbia University College of Physicians and Surgeons
Stritch School of Medicine of Loyola University
Albert Einstein College of Medicine of Yeshiva University
University of Kansas School of Medicine
Washington University School of Medicine
Creighton University School of Medicine

The Assistant Secretaries will be Robert J. Glaser, John A. D. Cooper and Vernon E. Wilson.

It is the intention of the Liaison Survey Committee of the Association and the Council on Medical Education and Hospitals of the AMA to visit each member institution once in ten years. In newly developing schools, mandatory visits occur during the second and fourth years of development, and visits during intervening years are arranged only when specifically requested by the developing school or when the Councils have reason for being concerned about the program being developed. All visitations are to be considered as a consultation rather than an inspection. The visited institutions have been appreciative of the Liaison Committee's appraisals and recommendations.

A survey team consists of four or five persons. Two individuals must represent the Council of Medical Education and Hospitals of the AMA, one being the Secretary or Associate or Assistant Secretary of the Council, and the other being a member of the Council. Two individuals represent the Association of American Medical Colleges, one being the Assistant Secretary or the Secretary, and the other being a dean, who is usually a member of the Executive Council. A representative of the Regional Accreditation Association is also often invited by the surveyed university. This individual acts as a "generalist" and consultant.

The survey team is furnished a comprehensive pre-survey questionnaire report by the visited school. Each visitation occupies three-and-a-half to four days, and responsibility for the conduct of and writing of the Liaison Survey reports is alternated between the Association of American Medical Colleges and the Council on Medical Education and Hospitals.

The extensive and comprehensive report of the visitation is mimeographed and circulated to all members of the Executive Council of the AAMC, and to members of the Council on Medical Education and Hospitals of the AMA. A mail vote for approval or disapproval is rendered. If the vote by the Executive Council is unanimous, the report of the survey is released to the medical school and university officials concerned, for comment and correction. At the next meeting of the Liaison Committee, formal action is taken, and a letter of communication is sent to the president of the surveyed university and the dean of the medical school, signed jointly by the secretaries of the two groups. Schools are approved—or not approved—or placed on confidential probation.

AAMC Memberships

There are now 86 institutional members, with the addition of the three voted in this morning; 13 affiliated institutional members——12 Canadian schools and the University of the Philippines—4 graduate medical schools, 8 sustaining members, and 2097 individual members, of which 889 were new members this year.

Richard H. Young
Secretary

Report of the Treasurer

Dr. Richard Young, Acting Treasurer, presented a summary of the financial operations of the Association over the past year as follows. The report was based on an audit by the firm of Horvath and Horvath.

Treasurer's Report 1957–58
Summary Statement

	General Fund	Restricted Funds	Total
Balances at beginning of year—July 1, 1957	$ 154,191.74	$ 162,030.05	$ 316,221.79
Receipts for the year	294,575.31	207,601.90	502,177.21
	$ 448,767.05	$ 369,631.95	$ 818,399.00
Net amount transferred from restricted funds to general fund	+18,358.20	−18,358.20	.....
	$ 467,125.25	$ 351,273.75	$ 818,399.00
Disbursements for year	349,998.81	173,034.53	523,033.34
Balances at end of year—June 30, 1958.	$ 117,126.44	$ 178,239.22	$ 295,365.66
Net change in balances during the year	$−37,064.30	$+16,209.17	$−20,854.13

Details of Income for 1957–58

	General Fund	Restricted Funds	Total
Income from Regular Operations			
Dues—Institutional	$ 83,125.00		$ 83,125.00
Dues—Individual	16,319.45		16,319.45
Dues—Sustaining	5,000.00		5,000.00
Dues—International Cooperation Administration	26.00		26.00
Interest	3,426.00		3,426.00
Medical College Admission Test Program	49,670.23		49,670.23
Overhead on Grants	1,387.41		1,387.41
Journal advertising	44,537.78		44,537.78
Journal subscriptions	7,033 07		7,033.07
Publications	21,230.87		21,230.87
Sales of Services	2,820.00		2,820.00
Total Income from Regular Operations	234,575.81		
Gifts and Grants for Regular Operations			
Markle Foundation (for developing the Association)	50,000.00		50,000 00
Josiah Macy, Jr. Foundation (for improving the Journal)	10,000.00		10,000.00
Total Gifts and Grants for Regular Operations	(60,000 00)		
Grants for Special Projects and Restricted Earnings			
Nat'l Assn. for Infantile Paralysis (for Fellowship Directory)		$ 10,000.00	10,000.00
Commonwealth Fund—			
Aptitude, Interest and Personality Research		25,000.00	25,000.00
For services to member schools		25,000 00	25,000.00
University of California—for report on Aptitude, Interest and Personality Studies		4,500.00	4,500.00
Refunds to restricted grants		1,091.03	1,091.03
Abbott Laboratory—for producing new films		5,000.00	5,000.00
Film sales and rentals—for support of Audio-Visual Institute		12,010.87	12,010.87
W. K. Kellogg Foundation—			
For study of Medical College Financing		35,000.00	35,000.00
For Intern Study		46,000 00	46,000.00
John and Mary Markle Foundation—For Severinghaus Study		44,000.00	44,000.00
Total Income	$294,575.81	$207,601.90	$502,177.71

Details of Disbursements for 1957–58

	General Fund	Restricted Funds	Total
For Regular Operations			
Salaries and Annuities	$177,983.76		$177,983.76
Supplies, postage, telephone, telegraph	31,583.02		31,583.02
Furniture and Equipment	2,913.46		2,913.46
Travel	28,218.27		28,218.27
Insurance	832.24		832.24
Contingency	1,639.39		1,639.39
Contracted services and machines (IBM)	29,010.41		29,010.41
Publications	1,999.87		1,999.87
Annual Meeting	5,442.57		5,442.57
Promotion materials	305.19		305.19
Journal printing	39,680.38		39,680.38
Other printing	16,208.30		16,208.30
Mailing	2,556.50		2,556.50
Engraving	538.17		538.17
Spanish translations	384.00		384.00
Heat, light and power	10,703.28		10,703.28
For Special Projects			
Film costs and expenses (for Audio-Visual Institute)		$ 20,682.94	20,682.94
Foreign subscriptions to Journal (China Medical Board)		2,600.00	2,600.00
Restricted Fund Expenses—			
Study of Medical College Financing (W. K. Kellogg Foundation)		67.60	67.60
Intern Study (W. K. Kellogg Foundation)		360.13	360.13
Severinghaus Committee Study of PreProfessional Education in Liberal Arts Colleges (John & Mary R. Markle Foundation)		22,268.54	22,268.54
Programs of the Committee on Education and Research Studies including teaching institutes—			
Commonwealth Fund Grants (4)		39,178.95	39,178.95
Dept. of Health Education & Welfare Grants (2)		28,955.77	28,955.77
John & Mary R. Markle Foundation Grant (for Aptitude, Interest and Personality Studies)		10,612.83	10,612.83
Building and Land		48,307.77	48,307.77 (a)
Total Disbursements	$349,998.81	$173,034.53	$523,033.34

(a) This expenditure of $48,307.77 is the final payment on the AAMC building in Evanston which is now carried on the Assn. books as a fixed asset valued at $287,429.79.

Joint Report of the Committee on Research and Education and the Director of Research

Committee Organization

In 1953, at the 64th annual meeting of the Association of American Medical Colleges in Atlantic City, New Jersey, the Committee on Teaching Institutes and Special Studies was formed by combining the existing Committee on Teaching Institutes and the Committee on Student Personnel Practices. From that time forward to 1957, when the 68th annual meeting was held, again in Atlantic City, Dr. George Packer Berry served as chairman. (In 1955 the Committee had been renamed the Committee on Educational Research and Services.) Dr. Berry served the Association as much more than the chairman of a committee during this period. He was the intellectual leader, counselor, and intercessor who fostered the development within the Association of both the staff and committee functions involved in many major contributions to medical education.

The teaching institute program, which Dr. Berry originally proposed in 1952 in his presidential address, "Medical Education in Transition," has become a guide to the review and development of present-day medical education. The program has flourished under Dr. Berry's continued inspiring leadership. Evidence of the impact of the teaching institutes on medical education, in the United States as well as abroad, is widely apparent—in the activities of both individual medical schools and scientific societies related to medicine. The American example was an important motivating force in establishment this year of the Society for the Study of Medical Education in Great Britain. This British association brings the 24 medical schools together for the first time. In this country, our medical schools are working together as never before toward the solution of common problems. An instance is the permanent committee mechanism which evolved out of the 1956 Teaching Institute to facilitate the cooperative study of, and action on, the personnel problems of medical students. (This activity is discussed in detail in the section headed, "Continuing Group on Student Evaluation," which appears later in the present report.)

In addition to the program of institutes, Dr. Berry's leadership has been no less important to the growth of the Association's research program. In its accumulation of information about all aspects of medical education— from bricks and mortar to the personality characteristics of medical students—and in its functions that range from informational services through consultation with schools and agencies on experimental design and analysis to the study and investigation of methodological problems in test theory, the research program is unique in higher education. Aside from the ultimate substantive contributions that these research efforts may themselves make is the potential value of the research that they stimulate in individual schools and in outside agencies. Although he claims no competence in the methodology of psychological and survey research, Dr. Berry's perceptive insight is clearly evident in the successful development of these activities during his tenure as chairman of the AAMC Committee on whose behalf the professional research staff at the AAMC has functioned. Details of the development and expansion in Committee activities that occurred during the period of Dr. Berry's chairmanship are given in the annual reports of the Committee, published each year in the proceedings of the annual meetings of the Association that appear in the *Journal of Medical Education.*

Although Dr. Berry was forced by the growing demands being made upon him, both nationally and locally at the Harvard Medical School, to decline reappointment as chairman of this Committee, he continues to serve as a member and is still devoting much time and effort to its activities.

The Committee and the AAMC research staff take this opportunity to thank Dr. Berry for the opportunity of working with him toward the development and improvement of medical education.

Dr. Carlyle F. Jacobsen, dean of the State University of New York College of Medicine at Syracuse, New York, was named chairman of the Committee at the 68th annual meeting of the Association. To mark this event, and to reflect the growing contributions to higher education that the Committee's work is making possible, the Committee was retitled the Committee on Research and Education. Dr. Jacobsen is not new to the Committee, having served as chairman of one of the present Committee's predecessors, the Committee on Student Personnel Practices, and as a member of the Committee on Educational Research and Services. It was during Dr. Jacobsen's earlier tenure on

this Committee that modernization and expansion of AAMC research office activities was begun.

At the 68th annual meeting also, the Subcommittee on Evaluation and Measurement was abolished and a more flexible method of assigning responsibility to the Committee membership was adopted. Three significant areas of Committee interest have been defined: teaching institutes, basic research, and student personnel practices. Dr. Robert J. Glaser, Dr. William Schofield, and Dr. John L. Caughey, Jr., respectively, were assigned the major responsibility for activities in these areas during 1957–58. The practice has been established of calling upon small subgroups of the Committee's membership for consultation on problems related to their special areas of competence and interest.

Finance

The Committee's activities, excluding the teaching institute program, have been supported during the past year by grants from The Commonwealth Fund and the John and Mary Markle Foundation and by the Association's general funds. Research and service activities expenditures amounted to nearly $124,000 for the year. Although total expenditures are within the amounts originally budgeted for the year, the treasurer's report will show a substantial budgetary deficit. This bookkeeping deficit is an unavoidable circumstance brought about by the complete revision of the system of budgetary methods and controls in which the Association is being most ably and graciously assisted by Mr. Augustus J. Carroll.

Although total sales of the 1957–58 *Admission Requirements* were slightly decreased from the previous year (owing most probably to the fact that fewer expenditures were made for promotion and also to a change in the system of dating the publication, which resulted in successive issues being indicated as the 1957 and the 1957–58), the dollar volume of sales has increased (possibly due to fewer quantity discount orders). Publications sales for 1957–58 grossed nearly $16,900. It is pleasing to report that circulation of the 1958–59 *Admission Requirements* is running well ahead of last year.

Major emphasis must be placed at once upon securing new sources of grant support for the continuation and expansion of the Committee's research and service functions. The successful development of both types of activity has resulted in substantially increased demands upon the AAMC research office staff and facilities. Indeed, professional staff time has already become seriously overcommitted. It is imperative to the realization of the Committee's goals, therefore, that sufficient funds be found not only to continue operations at the present level, but to permit an increase in the size of the professional staff and in other aspects of capacity for meeting the needs of research and service.

The teaching institute program continues to receive generous support from both The Commonwealth Fund and the National Institues of Health. In addition to the initial grant of $25,000 received this year from the National Institute of Neurological Diseases and Blindness for the 1958 Teaching Institute, a supplementary grant of $10,000 was awarded to cover the substantially increased cost of planning for the current meeting. The National Institute of Mental Health and the National Heart Institute have committed funds for support of the 1959, and the 1960 and 1961 teaching institutes respectively. The Commonwealth Fund has also expressed interest in continued support of the teaching institutes, although no funds have been committee beyond the 1958 program.

It is again a sincere pleasure to express the gratitude of the Committee and the Association's office of the director of research to The Commonwealth Fund, the John and Mary Markle Foundation, and the National Institutes of Health for their continuing interest in, and generous support of, the Committee's activities.

Teaching Institutes

The 1958 institute, the AAMC's sixth institute and the First Institute on Clinical Teaching was held October 7–11 at Swampscott, Massachusetts.[1] Dr. Julius B. Richmond is chairman.

The difficulties that medical schools and their faculties encounter in teaching the basic medical sciences and in handling student personnel problems are basically similar to those that are encountered in higher education by most other disciplines. The problems of the clinical teaching program, however, are comparatively *sui generis*

[1] Chronology of the institute series is given in the 1955 annual report of this Committee, published in the December 1955 issue of the *Journal of Medical Education*. Background of the 1956 and 1957 institutes is reported in the 1956 report, published in the January 1957 issue of the *Journal of Medical Education*. The 1957 annual report outlines the background of the 1958 institute; it appears in the January 1958 issue of the *Journal of Medical Education*.

both methodologically and in terms of the complexity of the teaching setting. The conflict between education and training functions of the medical curriculum and its implications for society, the many ways and degrees to which services and teaching functions are confounded, the incredible variety and complexity of the financial bases of medical school and hospital operation—all are relatively unique to medicine. As a result, teachers and investigators from disciplines outside of medicine have fewer parallel experiences to share with clinical teachers than they had with basic medical science teachers and student affairs personnel. Circumstances like these presaged the difficulty that would be encountered in delineating clinical teaching institute programs, and thus planning for this series was begun early in the spring of 1957. The first institute in the series takes up general considerations and problems that are common to all of the specialties within clinical medicine. The institute will focus, that is, on the phenomenon of clinical teaching. Succeeding institutes will concentrate upon more specifically defined areas and on the relevant subject matter.

Despite all efforts to reduce the size of successive teaching institute "work-books" (comprised entirely of tabular reports of the pre-institute analysis of questionnaires designed by institute committees with the assistance of the AAMC research staff), they grow larger each year. The accumulated information in these books comprises an impressive documentation of present-day medical education—their value extends far beyond the immediate interests of teaching institute participants. Data from the 1956 and 1957 institutes, for example, are being incorporated into both psychological and sociological research programs within the AAMC and elsewhere.

The necessary time limitations on the initial reports of questionnaire results do not permit thorough analysis of the data prior to the institute for which the data were assembled. Unless, therefore, continued interest in the analysis is maintained after the institute is concluded, much of the real value of the data could easily be lost. As has been indicated, the 1956 and 1957 findings have been incorporated into continuing broad research programs. The materials gathered for this year's First Institute on Clinical Teaching should become basic to the institutes to follow. Consideration might be given during 1958–59 to the desirability of emphasizing preparation of a more thorough statistical analysis and a discussion of the data reported in the 1958 workbook, and to confining the collection of additional data on clinical medical education as much as is possible to the student viewpoint that was not tapped during 1957–58.

It is a pleasure to announce that Dr. Charles G. Child, III, newly-appointed chairman of the department of surgery at the University of Michigan Medical School, has agreed to serve as chairman of the Second Institute on Clinical Teaching in 1959.

Proceedings of the second institute on evaluation of the student (1957), *The Ecology of the Medical Student*, will appear in October. The report of the proceedings of the first institute on evaluation of the student (1956), *The Appraisal of Applicants to Medical Schools*, published in October of 1957, was the first of the institute reports to gain wide attention outside medical groups. Thus, it has received important and favorable reviews in two major publications,[2] minor reviews in several others, and is the first of the reports to have enjoyed sales in non-medical circles. Nearly 6,000 copies of the 1956 report are in circulation. Several communications have been received to the effect that the report was being studied in graduate seminars in psychology and higher education.

The prestige that outcomes like these lend to the teaching institute programs is indeed gratifying, but of greater importance is the evidence that the impact of the institute program reaches beyond the confines of medical education, narrowly conceived. The interests of closer relationships between medicine and the greater university are well served by these events.

The impact that the 1956 institute has had on medical school and committee affairs will be discussed in the following section.

Special recognition for the quality of the 1956 report is due Miss E. Shepley Nourse, editorial coordinator for the research division of the AAMC staff. Her skill in organizing the material; in coordinating the creative efforts, the suggestions, and the demands of some 20 authors and two editors; in the sheer mechanics of editorial management, is conspicuous. Her proficient hand will be no less apparent in the 1957 institute report.

[2] (1) *Journal of Counseling Psychology*, Vol. 5, No. 1, Spring 1958, pp. 79–80 (review by Donald Super), and (2) *Contemporary Psychology*, Vol. 3, No. 8, August 1958, pp. 232–3 (review by Donald W. Fiske).

The Continuing Group on Student Evaluation

One of the significant outcomes of the 1956 and 1957 institutes on the evaluation of the student has been the growth in cooperation that has taken place among medical schools. The institutes gave impetus to recognition of the mutuality of student personnel problems and of the potential value of joint efforts toward their solution. Culminating expressions of the need for mutual assistance have been: (1) the establishment during 1956–57 of the Continuing Group on Student Evaluation under the sponsorship of the then Committee on Educational Research and Services (see pp. 75–84 of the 1957 joint report of the Committee and the Director of Research in the January 1958 issue of the *Journal of Medical Education*) and (2) the organization of regional groups, four of which have held one or more meetings, and at least one of which has already developed a joint research project.

The first national meeting of the Continuing Group was held on October 19–20, 1957, at Atlantic City, New Jersey, immediately preceding the AAMC's annual meeting. The second national meeting was held on October 11–12, 1958, at Philadelphia, Pennsylvania. Publication of the report of the proceedings of the first meeting, entitled *Problems in Medical Student Selection*, was issued on October 2, 1958. The report contains papers delivered at the 1957 meeting by Doctors Woodrow W. Morris, Dora Damrin, and Helen H. Gee, and also a summary describing the general session and group discussions prepared by Dr. John L. Caughey, Jr. Copies of the report were distributed to all deans and to participants at the 1957 and 1958 meetings. Additional copies will be made available at a token charge of $1.00.

During the past summer, established regional groups were invited by Dr. John L. Caughey, Jr., chairman of the Continuing Group on Student Evaluation under the aegis of the Committee on Research and Education, to appoint representatives to a liaison committee that is designed to provide a mechanism linking the regional with the national groups.

On July 26–27 the liaison committee held its first meeting in Cleveland, Ohio. Present were Dr. John L. Caughey, Jr., chairman of the Continuing Group, Dr. Carlyle Jacobsen, chairman of the Committee on Research and Education, and Doctors William Mahoney, Woodrow Morris, and James Schofield. An extensive series of recommendations was developed outlining potential objectives and activities of the Continuing Group on Student Evaluation and suggesting mechanisms for implementing them through the interrelated functions of regional group meetings, an annual national meeting, and ongoing subcommittee activities. These recommendations were scheduled for submission through the Committee on Research and Education to the Executive Council of the Association during the annual meetings in Philadelphia, October 13–15, 1958.

Ability, Personality, and Interest Measurement Research

The development of the Committee's long-range research program on medical student characteristics and their relationship to problems of recruitment, selection, counseling, career-choice, and "success" in the profession has been discussed in detail in each of the last two annual reports.[3] In addition, a complete outline of studies in progress and of the program calendar through 1965 has been prepared and is available on request from Dr. Gee. This report will confine itself to an account of specific activities during the past 12 months.

The 1956–57 freshmen in 28 medical schools, who constitute the longitudinal study sample on which the student characteristics research program is based, this spring completed their second year of medical study. It is time that extensive information about their performances in medical schools be gathered against which the predictive capacities of the tests administered to these students when they were freshmen can be assessed. As the students advance in their careers, the present performance criteria will, in their turn, be subject to investigation with respect to their capacity as predictors. Original plans for the program called for obtaining objective achievement test and interpersonal ratings, as well as rank-in-class data for all students in the sample at this stage in their careers.

In the belief that the National Board of Medical Examiners (NBME) tests would provide a most useful source of information about student achievement in terms of acquisition of factual knowledge, the possibilities of ad-

[3] See the *Journal of Medical Education:* pp. 61–63 and 71–78 of the January 1957 issue and pp. 75–84 of the January 1958 issue.

ministering these tests to the entire sample were explored in a consultation by Dr. Darley and Dr. Gee with National Board officers and staff representatives on January 6, 1958, at Washington, D.C. Dr. Jacobsen and Dr. Gee also met with the executive council of the National Board on February 8, 1958, in Chicago. Following these consultations, plans for general administration of the tests at the present time were abandoned. The National Board's own research has shown that NBME test results may be markedly affected by the nature of the motivating conditions under which the tests are taken. This fact raises a number of serious methodological questions that would need to be explored if the tests were used. The cost of obtaining the test data would be in the neighborhood of $20,000. Since the National Board did not express interest in a cooperative research effort and since the problems attending the use of the test would require extensive consultation with each medical school involved in the study, it was decided to confine study of Part I NBME test data to those students in the sample who took the tests this spring in the normal course of events, i.e., because their medical school required it or because they elected to try for board certification. At the February 8 meeting of the research subsection of the Committee, the director of research was encouraged to design the necessary studies and explore the possibilities of obtaining Part II NBME data on the student sample at the end of their fourth year of study in 1960.

Interpersonal ratings among the students in the sample were obtained this spring. This project was designed during a meeting held on January 31 and February 1. This was attended by Doctors William Schofield, Helen H. Gee, and Charles Schumacher, representing the Committee and AAMC staff; Doctors John Cooper and Ralph Dolkart of Northwestern University, who were invited as advisors on the medical school teacher's viewpoint; Doctors E. Lowell Kelly of the University of Michigan and Ben Willerman of the University of Minnesota, who functioned as expert consultants on interpersonal ratings. Materials developed by Dr. Kelly, Dr. Donald W. Fiske of the University of Chicago, and the late Dr. Wayne L. Whittaker of the University of Michigan Medical School were drawn upon in developing a series of rating scales. The scales were designed to obtain ratings by classmates on a number of characteristics that are thought to be of importance to a future physician, and that fellow students are in a favorable position to observe.

In the early spring, Dr. Gee and Dr. Schumacher held meetings with representatives from each of the schools in the study who were to act as administrators of the program in their schools. The school representatives were instructed as to procedures for administering the rating scales. In addition, the over-all research program was reviewed and summaries of test data on 1955–56 seniors and 1956–57 freshmen were presented to the individual schools.

Dr. William Schofield has accepted primary responsibility for development of materials for another phase of the research program—developing a technique for gathering uniform data on faculty evaluation of student performance in clinical clerkships. A letter of inquiry was sent to all medical deans last spring requesting copies of rating scales, forms, and descriptions of procedures now in use in their schools and within clinical departments to record evaluations of student performance. Forty schools replied to the inquiry in time to be included in an analysis that gives a picture of the relative frequency with which various dimensions and attributes are considered important in appraising clinical performance. A brief article discussing the need for research in this area and describing results of the inquiry is in preparation for submission in the near future to the *Journal of Medical Education*. The analysis of these materials provided a basis for discussion and planning at a conference of selected medical teachers held on August 8 and 9 in Boston, Massachusetts. The conference was aimed at planning the development and content of a faculty rating procedure to be used in the longitudinal study. However, the final scale will also be made generally available to any school that may wish to experiment with them. Participants at the conference included Doctors George P. Berry, Joseph Brozgal, Charles G. Child, III, Oliver Cope, Helen H. Gee, Carlyle F. Jacobsen, George E. Miller, William Schofield, and Charles F. Schumacher.

Copies of tentative scales that have now been developed were made available for criticism and suggestions to participants at the 1958 teaching institute and at the second national meeting of the Continuing Group on Student Evaluation. Final forms of the scales were completed immediately after the annual AAMC meetings and distributed to the medical schools participating in the longitudinal study.

For six weeks during the summer, Dr. Gee was in residence at the University of California at Berkeley where she began preparation of a monograph reporting the first stages of the ability, interest, and personality research program. This monograph will be published as part of a series of studies on various aspects of present-day higher education. It will include description and analysis of intellectual and personal characteristics of medical students as they are related to home and educational backgrounds, regions of residence, characteristics of medical schools, and career choices. Completion of the monograph is scheduled for the coming winter.

A study of the effects of the medical student selection situation on scores on the Edwards Personal Preference Schedule has been completed and is ready to be written up. Several other minor studies of methodological questions are also complete or nearly so. The time pressures created by the progress through school of the students in the longitudinal sample result in some undesirable delays in reporting results of completed studies. Although unforunate, it is also true that brief aging periods are often salutary in that they discourage outbreaks of overinterpretation of data and encourage the development of sober perspective.

Two Ph.D. dissertations based on AAMC research data will soon be on file in the University of Minnesota library and graduate school. These are Charles F. Schumacher's study of methods of keying the Edwards Personal Preference Schedule and Clifton W. Gray's study of the detection of falsification of Strong Vocational Interest Blank scores. Briefer reports of the results of these studies are promised for submission to the *Journal of Medical Education*. A third Ph.D. dissertation is in progress: Eric Klinger, who is a candidate for the doctorate at the University of Chicago, is studying the problem of optimal methods of combining data in prediction studies.

In addition to the collection of faculty ratings of performance in clinical clerkships and the needed consultations with participating schools in the longitudinal research study concerning the National Board Examinations, two additional areas of investigation are urgently in need of attention and action. First in the order of importance is a study of characteristics of the environments of the schools in the study—including curricular patterns, financial structure and control, faculty status, activities and attitudes, teaching facilities, etc. Second is a study of the characteristics of outstanding men in the various medical specialties. A third study is ready for data processing pending the availability of staff and machine time. Most of the students in the fall 1958 entering freshmen classes were given the Edwards Personal Preference Schedule at the time they took the MCAT in 1957. It is now possible to determine the extent to which admissions committees select students in terms of the kinds of variables measured by this test.

It is important that work on each one of these studies be started in the near future. However, there is little likelihood that this will be possible until additional funds permit expansion of the professional research staff. The program to date has been supported primarily by The Commonwealth Fund. Minor sources of funds include the remaining portion of a grant made by the Markle Foundation in 1953 for the study of interest measurement and contributions toward specific expenses made by the Carnegie Foundation through the University of California Center for the Study of Higher Education.

Regular Reports, Research, and Services

A need for improvement in the efficiency of reporting systems for student personnel data as required for regular annual reports and services has long been recognized by the Committee as well as by the office of the director of research. Plans for improvement of these procedures were announced in the 1955–56 Committee report, but relatively little progress has since been recorded. During the past year, however, some progress has been made, although lack of professional staff continues to plague the issue.

In cooperation with the American Medical Association, and under the auspices of the Liaison Committee of the Association of American Medical Colleges and the AMA Council on Medical Education and Hospitals, a complete revision of all annual questionnaires and reporting forms has been undertaken. Dr. Walter Wiggins and Mrs. Anne Tipner of the AMA have met with Doctors Helen Gee and Charles Schumacher of the AAMC several times during the past year to analyze the existing procedures and to outline and implement desirable alterations. The objectives of the program include: (1) reduction of demands made upon the administrative offices of all medical schools by com-

bining into one annually revised form as many as possible of the separate inquiries needed to develop regular reports and special studies sponsored by either the AMA Council on medical Education and Hospitals or the AAMC; (2) increased efficiency of reporting procedures through redesign and elimination of overlap in all report forms; (3) elimination of discrepancies in annual reports issued by the AAMC and the AMA through the expedient of using identical cut-off dates and definitions of terms, and of justifying discrepancies in parallel sources of information. It is planned that revisions in forms and procedures will be fully effected during the coming year. As soon as it has been established that the new forms and procedures fill the needs of the schools that they serve and the agencies responsible for giving service, handbooks for office personnel will be issued to ease the problems encountered in staff turnover, establishment of new schools, and revisions in administrative structures.

In addition to the general program outlined above, a change has been effected in student accomplishment reporting procedures. Formerly, student class standing was reported by the medical schools to the AAMC in thirds of the class, a division that was both intuitively and practically undesirable. Nearly all medical schools utilize and record in detail the results of some method of assessing student performance, and these records are generally amenable to conversion to class ranks, which is the form in which accomplishment is now being recorded in the AAMC office. Information that is lost in an arbitrarily defined grouping system is retained in a rank system and made accessible to research on problems of evaluating student performance. Medicine shares with all higher education a sceptical view of the accuracy of faculty evaluations of performance, but it is well known also that student motivation toward achievement is not easily adjusted to the elimination of assessments. In addition, it is a simple fact that evaluation of selection procedures requires subsequent assessment of performance, and although ultimate performance as a physician is what "counts," accurate intermediate assessments are also needed. Increasing their accuracy—and hence their value—requires intensive study of both existing procedures and newly developed alternative possibilities. To make such studies, data must exist. It is therefore gratifying that nearly all medical schools are cooperating in supplying accomplishment report data to the research office. A few relatively minor problems have developed in the establishment of the new system of recording levels of performance. When complete reports for the 1957–58 school year are available, a study of the problems that have been encountered will be made, and appropriate adjustments arranged.

No changes have been made during the past year in annual reports to medical schools. The two reports that keep medical schools informed of their status in the competition for medical applicants are currently in preparation and should be ready for distribution by the first of November. Other reports issued during the past year include: Undergraduate Origins Reports numbers 6 and 7, September 11 and November 4, 1957, respectively; Applicant Check List, December 10, 1957; Applicant Acceptance Lists, January 24, February 21, March 21, April 18, May 16 and June 13, 1958; Summer Session Bulletin, April 8, 1958; Medical College Admission Test mean scores of applicants to individual medical schools, November 26, 1957, and June 5, 1958. The bibliography of studies on medical student selection and evaluation and the vocational guidance reading list on careers in medicine and the health professions are being maintained. It has been suggested that publication of acceptance lists be started earlier in the applicant year. The suggestion will be considered at the Committee's fall meeting.

The undergraduate college report program has continued unchanged during the past year. Individual reports on the accomplishment of former students who entered medical schools in 1953 were sent to undergraduate colleges on June 3, 1958. A second report, showing the fate of 1956 applicants to medical schools and the first-year accomplishment of those who gained admission, was also issued on June 3. MCAT score distributions are now issued only in alternate years; the next report will be issued in spring 1959 and will cover students tested during the four-year period 1955 through 1958.

Admission Requirements Book

August 1 was publication date for the 1958–59 edition of *Admission Requirements of American Medical Colleges (Including Canada)*. The first sales reports show a growth over last year, notably to colleges and high schools but also to individual students, which lends support

to the advisability of mid-summer publication even though some schools can only supply tentative information by the press deadline. This new edition adds two pages of new information for applicants, based on the questions they ask most frequently in the large volume of correspondence handled by the research office. The American University of Beirut School of Medicine is listed for the first time, and many schools have rewritten parts of their descriptive material to include notes on educational philosophy and special programs. Direct-mail promotion of the *Admission Book* has proved consistently effective, and future plans include expansion of these efforts with some attention to joint marketing with other research office publications in the field of student evaluation, e.g., the 1956 and 1957 institute reports and the 1957 continuing group report.

Special Research and Consulting Services

The number ot schools and outside agencies requesting consulting services and data processing assistance from the research office increases each year. In the past 12 months several undergraduate colleges, state medical societies, national medical and research societies, and government commissions have received such assistance, as well as the many medical schools that carry on their own research projects.

One consulting and service project this year merits special mention in that it establishes a desirable precedent for the future development of special-interest research efforts. Fifteen medical schools in the Southern region engaged in a cooperative study of relationships between Medical College Admission Test (MCAT) scores and scholastic problems, e.g., withdrawal for academic failure or failure in major courses. In line with the questions they raised, the research office designed and analyzed the data in a statistical study of the materials the group has assembled. By combining the data from the several schools, it was possible to trace information about trends that would have not been apparent in a study confined to a single school. The study was reported at a meeting of the Southern region schools in August by Dr. Maxwell Little who was in charge of the study for the school group. Continued cooperative research efforts of this kind are to be strongly encouraged.

A recent count (not including the above 15-school group) indicated that, at one time or another during the past three years, at least 39 of the nation's schools have been individually involved in some kind of research-data exchange with the AAMC research office. This is felt to be an excellent record in view of the fact that many schools have no faculty members who are either equipped or free to engage in research on student personnel problems. It is hoped that the Southern regional group example will encourage other related groups of schools to tackle problems of special interest and to enlist the aid of the Committee and the office of the director of research toward their solution.

Cooperative Research Projects

In cooperation with the National Board of Medical Examiners, a study of relationships between MCAT scores, National Board scores, and medical school grades is in progress. Data have been collected and correlation matrices computed. Analysis and write-up of the results have yet to be completed.

A study of the relationships between the Wechsler Adult Intelligence Scale and the MCAT is also in progress. This research was undertaken in cooperation with Dr. Little of Bowman Gray, and is aimed at providing a better understanding of the intellectual dimensions measured by the MCAT. Data on Bowman Gray students are now being analyzed, and the study should be completed early in 1959.

At a meeting on February 8, 1958, in Chicago, the Committee's subgroup on research discussed the desirability of recommending establishment of an AAMC policy stating conditions under which the Committee's sponsorship would be given or cooperative research undertaken with outside research agencies. The importance of confining the scope of the Committee's program to activities that promise definite progress and achievement, and of exercising careful discrimination in utilization of staff time and energy, were emphasized. The development of an explicit statement ot policy will be further discussed at the October meetings.

The following proposals were approved at the February 8 meeting: (1) a request from Dr. Thomas R. McConnell, director of the Center for Research in Higher Education, that the office of the director of research cooperate with the Center in a study of the characteristics

of Markle scholars. The study is to be financed by the Markle Foundation grant to the University of California. Details of the study are to be worked out jointly by the staffs of the California Research Center and the office of the director of research at the AAMC. (2) A request from the Johns Hopkins Medical School for the Committee's cooperation in a study of the problem of early identification of ability and capacity for the study of medicine. Since this study is the in earliest stages of conceptualization, only an expression of interest in the project was solicited at this time. Detailed planning of the nature and extent of joint effort and of the design of the study is to be initiated by the Johns Hopkins Medical School.

Medical College Admission Test

Last year a detailed report was given of plans that had been made for development and improvement of the Medical College Admission Test (MCAT). Experimental test items based on the objectives then outlined are being administered this year. Preliminary analyses of the experimental tests will be available in the spring of 1959, and will be reviewed by the Committee's research subgroup.

At a meeting of a subgroup of the Committee in Princeton, New Jersey, on May 25–26, 1958, progress on the test development program was reported and a number of suggestions for procedural revisions in the MCAT program were reviewed. The following procedural changes were approved: (1) establishment of an announced three-week deadline and a firm final deadline two weeks before MCAT test-administration dates; (2) reduction in the number of test centers established by closing centers that fail to attract more than ten candidates, combining centers within 50 miles of each other, and raising to 100 miles (from 75) the limits for establishment of special centers for candidates who live or attend school beyond this distance from a regular center; (3) imposition of a $5.00 penalty for applications received after the three-week deadline; (4) raising to $2.00 the fee for transcripts requested after submission of application to take the test; (5) change in the fall test administration from a week day to Saturday (Sunday administration to be offered only in spring); (6) normative data on region of residence, sex, undergraduate education level, etc. to be compiled only once every three years; and (7) reports of scores via the ETS transcript service to be discontinued four years after a test is taken, after that time reliance to be placed exclusively on score report books.

Subsequent to the May 25 meeting, the Educational Testing Service requested reconsideration of items 3 and 4. Item 3 would complicate billing problems and item 4 would make the MCAT transcript fee different from that for other test services. These items will be reconsidered at the fall meeting.

Also at the May meeting, plans for the handbook for selection committees on use of the MCAT were reviewed. A first draft of the outline agreed upon is approaching completion, and it is hoped that a preliminary form of the handbook will be available for trial by the end of this year.

At its June meeting, the Executive Council authorized an increase in the medical college admission test fee to $15.00. Costs of the test development program, research and of general MCAT program operation have reached a level necessitating this adjustment. The Council also authorized the Committee on Research and Education to approve release of MCAT test scores to scholarship agencies. The Committee will approve release only after thorough investigation of conditions under which agencies propose to utilize test score information. The Committee has agreed that test score information is not to be released to scholarship agencies until after scholarship applicants have been accepted by the medical school they plan to enter.

Report of the Committee on Public Relations and the Director of Public Relations

The AAMC Public Relations Office was established on January 1, 1958, under the leadership of Tom Coleman, formerly Assistant to the Vice Chancellor, Schools of the Health Professions, and Director of Radio, Television and Motion Pictures, the University of Pittsburgh.

At the present time, the Public Relations Division includes public information, public relations, news and advertising for the *Journal of Medical Education*, the Medical Audio-Visual Institute, liaison with many national organizations, and other activities.

Public Information and Public Relations

For the first six months, much of the time of the public relations staff has been spent on two major projects: the development of material to be presented before Congress in support of federal aid for teaching and research facilities; and the development of a basic information file at the Association headquarters. This file will be the first such extensive compilation of data attempted in this office. The information it contains is to be used not only by the Association staff but by the schools themselves and any affiliated organizations seeking information relating to medical education.

In June of this year, the first issue of a newsletter, the Medical Mentor, was published. To be published four times during the school year, this newsletter contains information on the medical schools, AAMC activities, developments in governmental agencies and other groups working in the field of health, as well as any other news of interest to AAMC members. It is intended that the newsletter will serve as a supplement to the news section of the Journal, providing more extensive coverage of certain stories as well as increasing the number of subject areas.

In preparation for Medical Education Week, the public relations staff helped develop promotional material—including news releases, scripts and spot announcements for radio and television, a fact sheet on medical education and speech outlines—for distribution to newspapers, radio and television stations, state and county medical societies, as well as the medical schools.

Working closely with individual reporters, the public relations staff also devoted considerable time during the past several months to the development of major stories on medical education which appeared in the New York Times, U.S. News and World Report, and other publications.

In cooperation with a group of hospital administrators, the public relations staff has organized the new Medical School-Teaching Hospital Section of the Association. The purpose of this Section is the creation of a forum for the study of the role of teaching hospitals in medical education. The initial meeting of the group was held on October 10 and 11 in conjunction with the 1958 AAMC Annual Meeting.

As a result of an intensive individual membership campaign, more than 800 new membership applications have been received as of September 8. A follow-up program currently is under way.

Another important project has been planning the development of materials on careers in medicine and related fields for high school and college students seeking such information. Though this project is in the formative stage, we are hopeful that when completed it will be able to provide each individual school with films and other material on careers in medicine and the biological sciences.

The public relations staff is involved in redesigning and enlarging the 1959 Directory of the Association, which will be ready for publication approximately January 1, 1959.

The staff also has been developing liaison with parts of the American Hospital Association, the American Medical Association, the federal government, national health organizations, the pharmaceutical industry, and other groups.

Journal of Medical Education—Evanston Office

When Dr. John Z. Bowers assumed the editorship, the public relations staff became responsible for advertising, news and other features included each month in the *Journal of Medical Education.*

Advertising: Effective July 1, Mrs. Mary Parrilli was assigned total reponsibility for *Journal* advertising. Most of her time will be spent soliciting advertising, which is the *Journal's* chief source of revenue. Cash receipts from advertising for the period July 1, 1957 to June 31, 1958 total $44,557.78.

News: The public relations staff will continue to be responsible for "Items of Current Interest" and "News from the Schools," together with the Personnel Exchange, the Calendar and any additional materi al needed to complete the total number of pages required for the publication. Also, it is hoped that the staff will provide feature stories from time to time, including full coverage of the Annual Meeting, the Annual Congress on Medical Education and Licensure and other events.

Medical Audio-Visual Institute

Film Library: In the past year, 369 films were shipped on a rental basis, and 132 were sold. The Columbia Broadcasting System paid

$100.00 for the release of four films for use on television. A new catalog for the film library will be issued this Fall.

Film Production: Abbott Laboratories has added $20,000 to an initial grant of $30,000 for the production of films in the *Living Human Cells in Culture* series, produced by Dr. C. M. Pomerat of the Tissue Culture Laboratory, University of Texas Medical Branch, and Dr. I. Costero of Mexico City. Titles of the films completed to date are "The Hela Cell Strain," "Microglia," "Oligodendroglia," "Normal Astrocytes" and "Abnormal Astrocytes." "The Use of Ciliated Respiratory Epithelium in the Study of Local Anaesthetics" is completed except for revision; and "Canine Cerebellum" is almost completed. One additional film, yet to be produced, will complete the series of eight.

Informational Service: The MAVI maintains informational files on films and other audio-visual materials in the field of medical education and relays such information to those requesting it.

MAVI To Serve Pathologists: In April 1958 the Committee on Motion Pictures of the Inter-society Committee for Research Potential in Pathology, Inc., asked the MAVI to act as its central purchasing and distributional agency for the films it approves. It is hoped that this will result in a considerable strengthening of MAVI's function as a medical film library and will extend service to more individuals and groups in the medical schools than heretofore.

MAVI Newsletter: The Newsletter was conceived to replace the Audio-Visual News section in the *Journal of Medical Education.* It contains news items and articles, film reviews and audio-visual news from the medical schools. Its aim is to promote better utilization of audio-visual materials through the exchange of information regarding activities in film production and utilization, television, radio and the preparation, availability and use of other audio-visual materials. In the near future this will become a section of the association newsletter "Medical Mentor."

John D. Van Nuys, *Chairman*

Report of the Committee on Medical Audio Visual Education

Since the appointment of this Committee, Edwin Foster has resigned as director of the Medical Audio Visual Institute, and Mr. Tom Coleman, director of Public Relations for the Association, has been given responsibility for the Institute at the Association headquarters.

The Committee on Medical Audio Visual Education has held two meetings during 1958. The first was held prior to the Congress on Medical Education and Licensure in February, and the second was held in Philadelphia on October 12.

As a result of these meetings, the Committee would like to recommend the following:

1. That the activities of the Medical Audio Visual Institute, as they have developed through the years, should be continued.
2. That there be a modest enlargement of the present Committee membership.
3. In addition, it is the opinion of the Committee that it is desirable to make a careful scientific evaluation of the effectiveness of audio-visual aids. The Committee therefore recommends that there be an attempt to devise a scientifically designed evaluation program, for trial in selected institutions, to determine the real value or usefulness of these techniques in medical education.
4. We further recommend that, if such an evaluation be implemented, financial support for the experiment should be sought from appropriate organizations.
5. Since there apparently are areas of activity which overlap the function of his Committee and the Committee on Continuing Education, we suggest the advisability of liaison between the two Committees.
6. In evaluating the financial structure of the film rental library of the Medical Audio Visual Institute, your Committee feels that the rental charges of this service do not provide adequately for the service, maintenance and replacement of materials. The Committee therefore suggests that the service charges be re-evaluated in the light of actual costs. Although there are many facets to the economic structure which are best known to the Executive Council, we think that a rental fee in the neighborhood of approximately $5.00 would be more suitable.

Frank M. Woolsey, Jr., *Chairman*

Report of the Editor

During the past year there has been a major reorganization of the operation of the *Journal of Medical Education.*

The University of Chicago Press assumed responsibility for printing and publishing the Journal, commencing with the July issue. The Editorial offices are located at the University Hospitals, Madison, Wisconsin, and the News Office at 2530 Ridge Avenue, Evanston, Illinois. It will require several months for all aspects of this changing responsibility to be worked out.

An attempt is being made, in general, to maintain a high standard of quality of content and to increase the size of the *Journal* if necessary. We will include all worthy articles and give adequate coverage to all aspects of medical education at home and abroad. We have increased the number of manuscripts being published, and after approval by the Editorial Board, publication requires only a maximum interval of three months. We are averaging about six published manuscripts a month and are maintaining no appreciable backlog. It appears that for a considerable period we must continue to solicit manuscripts. We hope that the members of the AAMC will bear in mind our desire for manuscripts.

Under the leadership of Mrs. E. B. Pohle, our Assistant Editor, we have established this section to include addresses and communications as well as editorials. Significant addresses should be transmitted for this section and we hope that you will use it for the expression of your opinions on the problems of medical education—pro or con.

This year we have preprinted abstracts of papers submitted to the Program Committee for the Annual Meeting. The details of this program need some smoothing out.

On January 1, 1959, we plan to initiate a new section in which we will abstract significant articles on medical education from the world's literature. There is a growing world-wide interest in medical education, and important developments are occurring in many other countries. To our knowledge, this will be the first effort to pull together in one place developments on medical education from across the world.

Under the direction of Professor W. F. Norwood, the second series of articles has been initiated. This series describes eminent individuals in the history of United States medical education. A third series has been discussed by the Editorial Board.

Developments in this field are printed as received in the section entitled "Items of Current Interest." With the termination of the separate section on Audio-Visual News, there was some apprehension that AAMC and the *Journal* were no longer interested in Audio-Visual developments. This is clearly not the case and we welcome such material.

A report of the first conference for Foreign Scholars in the Medical Sciences was established in March, 1958. The report of the second conference will be published in a few months.

The circulation of the *Journal* is around 6000 copies per issue.

A few weeks ago, several of us were fortunate enough to be invited to participate in the first conference of the Association for the Study of Medical Education of Great Britain. Held in London, this conference was sponsored by the Royal College of Physicians. The Association includes every medical school in the United Kingdom and Northern Ireland, and it is founded with specific dedication to the development, study and research in medical education.

The conference had some excellent discussions and papers, and during our visit, Dr. Hale Ham, one of the members of the Editorial Board, and I made arrangements with the Association for the Study of Medical Education for the *Journal of Medical Education* to publish material and articles emanating from that group.

Further, we expect to make the Secretary of this Association, Dr. John Ellis, a relative of the editorial board, and we feel that this can be a distinct step forward in what one might call internationalizing the *Journal of Medical Education.* Remember that it is the only journal in the world which is devoted to problems of medical education.

John Z. Bowers, *Chairman*

Supplemental Report of the Editorial Board

At the Editorial Board meeting on October 12, Mr. Carroll Bowen described the status of the publications and printing services of the University of Chicago Press, reviewed the negotiations which preceded and culminated in the

assuming by the Press of the publication and printing of the *Journal of Medical Education*, summarized current *Journal* operations, especially circulation (5,500, foreign approx. 430, print run, ca. 6,000), and analyzed potential promotional possibilities.

The general and specific format of the *Journal* was discussed. It was agreed that the cover was satisfactory but that the new seal should be used, and that an internal, more complete page of contents would be desirable. While someone suggested that the September issue, containing the Program of the Annual Meeting should so specifically state—e.g., on the spine, it was later recommended that the program per se should not even be included among the arabic-numbered pages, nor, in addition, any informal report of the meeting. Dr. Lippard suggested that these be included, if at all, in an abbreviated form under roman numerals.

The board agreed that an annual index and either a 5- or a 10-year index should be undertaken, and it was discussed whether book reviews, Forum articles, and abstracts should be listed.

The desirability of publishing abstracts in advance of the meetings was discussed, with no final agreement or decision. Mr. Coleman felt that the procedure was undesirable from the viewpoint of public relations, although others emphasized that many other societies did successfully publish abstracts in advance of the annual meetings. It was also suggested that the abstracts could be printed separately and mailed to subscribers. Dr. Bowers recommended that more papers be presented at the meetings rather than merely being "read by title." It was agreed that the complete papers of the abstracts and also those presented at the meetings be subject to the same review as any manuscript submitted to the editorial office.

The long-range program for soliciting articles drew considerable discussion. Dr. Bradley pointed out how successful the historical article series was, under the leadership of Dr. Norwood, and suggested that other broad topics be made the responsibility of certain individuals for solicitation. Numerous subjects suitable for a series of articles were recommended, including medical education in Russia, medical school architecture, the running of laboratories for students, animal quarters, medical libraries (design, organization, microcarding, etc.), the synthesis of scientific information, the examination system at home and abroad, 2-year medical schools, postgraduate education, teaching hospitals from the point of view of their administrators, etc.

The desirability of having a reporter write for the *Journal*—on developments in medical schools and on meetings, both at home and overseas, was emphasized. It was mentioned that *The Lancet* employed numerous anonymous writers, and members of the board agreed that they would be more willing to write up such accounts and analyses if anonymity could be maintained. Dr. Ham suggested that, for the world meeting, the program be considered in advance and such papers solicited; and also that the *Journal* should make more effective use of foreign correspondents.

Dr. Bowers requested an opinion of the effectiveness of sending out a questionnaire, and it was agreed that this procedure would be more useful at a later time, since the improvements effected in the *Journal* were so recent that not sufficient time had elapsed for an adequate evaluation by most readers.

Drs. Bowers and Ham reported on the history and status of the relationship of the Association and the *Journal* with The Association for the Study of Medical Education (ASME) in England, including the fact that they had, when in London, offered the use of the *Journal* for ASME's publication program. Ways and means of insuring that this proposal be realized were discussed. It was suggested that a representative from ASME (i.e., Dr. Ellis) be invited to become a member of the editorial board, that they be asked for specific constructive suggestions concerning the relationship, and that, if possible, the masthead be revised to state that the *Journal* was also the official publication of ASME (with the concomitant removal of the notation from the cover of the sole affiliation of the AAMC). Enthusiasm for other potential international affiliations was expressed, along with some feeling of caution concerning procedures involving other countries. In this regard, it was mentioned that the Canadian Medical Association might be added to the masthead as well.

The forthcoming new abstract section of the *Journal* was discussed, and Dr. Peterson's suggestion for a title—"Abstracts from the World of Medical Education" was adopted.

In considering the Forum, the board advised that addresses should be subject to review by the Editorial Board.

Dr. Norwood reported on the three series

of historical articles, and was commended for his success with these papers. It was suggested that two of the series might profitably be published in book form.

Mrs. Parrilli reviewed the advertising program, reporting a general rise in advertising. It was agreed that all the right-hand pages of the news section could be offered for ads—and that, in effect, *only* the roman-numbered pages were to be so used for *any* advertising.

The Personnel Exchange section was discussed, and once again the board arrived at no final decision whether the personnel available section should be omitted or the service billed.

As a final topic for discussion the board considered its own demise, and agreed that a formal rotation system should be set up, effective January 1, 1960. With enlargement of the board to a total of eight, a 4-year period of service was agreed on, with two on-coming and two out-going members per year.

John Z. Bowers, *Chairman*

Report of the Committee on Continuation Education

A meeting of the Committee was held in Chicago, February 10, 1958, for the purpose of exploring fields of interest for consideration at future meetings. The following subjects were discussed:

A suitable technique for evaluating the effectiveness of postgraduate medical education has been a long-felt need. Although specific approaches have not been forthcoming, the Committee will continue to consider the problem and will welcome suggestions.

The increasing participation of pharmaceutical firms and other commercial organizations in postgraduate medical education was discussed. It was the consensus that participation of these agencies should properly be limited to financial support and should not include a voice in the programming or content of a course. It was deemed appropriate for an acknowledgement of the support to be made in a program note. Commercial types of exhibits or other suggestions of commercial interests should be avoided.

The problem of providing opportunities in postgraduate education for osteopathic physicians was considered as a subject for further discussion. It is recognized that significant segments of the population living in small communities receive their medical care from osteopaths, particularly in the area of general practice. Inasmuch as osteopathic physicians are now providing conventional medical care in addition to osteopathic technique, do we have responsibilities to provide opportunities for them to attend postgraduate courses in order to improve their level of practice?

Several recent developments in postgraduate medical education were discussed. A new technique developed at the College of Medical Evangelists was demonstrated and discussed by Dr. Norwood and Mr. Walter Crawford. Tape recordings of lectures and courses of lectures illustrated by accompanying film strips will be produced and distributed by Encyclopaedia Britannica Films.

Note was taken of the *ad hoc* committee on postgraduate medical education which has been working for some time under the auspices of the Council on Medical Education and Hospitals of the American Medical Association. It was recommended that Dr. de la Chappelle, a member of that committee, serve as liaison member between that committee and this one.

Note was taken of the World Congress on Medical Education to be held in Chicago in September of 1959 with major emphasis on postgraduate medical education.

At a meeting of the Executive Council on May 24th, the Committee on Continuation Education was asked to consider what the Association might do in the interests of improving educational opportunities for the practicing general practitioner.

C. Wesley Eisele, M.D., *Chairman*

Report of the Committee on Financing Medical Education

A dinner meeting of the Committee was held at the Palmer House on the evening of February 8, 1958, at the time of the Annual Congress on Medical Education and Licensure.

It opened with an orientation by Dr. Darley, who explained briefly the reorganization of the AAMC headquarters office and the part that the Evanston staff would play in the fields of interest appropriate to this Committee. He pointed out that many of the duties formerly performed by the Chairman of the Committee (Dr. Hinsey) would be performed by the Ex-

ecutive Director in conjunction with a liaison office in Washington. This Washington office will be opened by Colonel Luke Quinn who has already been thoroughly oriented relative to the importance of his operations in the Capital.

Federal Aid: Considerable discussion centered about the possibility of congressional action on the controversial issue of Federal aid for the construction of medical education facilities. It was recalled that a questionnaire recently went to the deans of all the medical schools asking for estimates on school construction needs. At the time of this meeting some 30 have responded and shortly the Executive Director will prepare tables of the pertinent data for use at Congressional hearings.

The pros and cons of attempting to amend the legislation pertaining to matching Federal funds for medical research facilities to include matching funds for purely education facilities were discussed. Obviously, the final decision will be in the hands of people like Senator Hill and Congressman Fogarty and their recommendations will of necessity evolve from the hearings and the climate in Washington.

There was complete concurrence by the Committee that every attempt be made to cause the hearings to begin at the earliest possible date and witnesses to include, among others, one or more medical school deans and a university president (the Presidents of Stanford University and the University of Kentucky were suggested as appropriate possibilities.)

Indirect Cost: At the suggestion of the headquarters of the AAMC a number of medical schools have done thorough studies in the development of data designed to reflect the indirect cost of medical research carried out at their particular institutions. In those medical schools which are in university setting, the universities collaborated with the medical school deans at the request of the American Council on Education. These data would tend to show that there is a wide variation between schools in the "indirect cost" ranging from an average somewhere between 30 and 35% to a high of approximately 45%. No school reported an indirect cost as low as that currently included in the USPHS grants—namely, 15%.

Currently, this matter has been studied during the past year by the Killian-du Bridge Committee and the Bureau of the Budget. It is assumed that this Committee's findings will be similar to that just described and that their testimony to the appropriate Congressional Committees can be of great assistance in having either (a) the 15% for indirect cost raised to 25% or (b) such verbiage inserted in the appropriate legislation will allow "full payment for indirect cost." Under solution (a) a formula would be decided for each school which could well point up the variations already observed from the studies made to date. All in all, the climate would appear favorable to some relief in this particular field during the current session of Congress.

AAMC-NFME Relationship: It was pointed out that representatives of the NFME have arranged a conference during the current Congress at which time representatives of that organization will discuss the Fund with the appropriate committee of the AAMC (Drs. Moore, Hinsey and Youmans) together with the Executive Director of the AAMC and key members of the Committee on Financing Medical Education.

Voluntary Health Groups: A brief report was made relative to the discussions which are currently in progress wherein there looms the possibility that such voluntary organizations as the National Polio Foundation, American Cancer Society, etc. might allocate 5% of their income toward medical education. Dr. Hinsey and others are active in these discussions and future developments will be reported upon from time to time.

The meeting was adjourned at 8:00 p.m. in order that the Committee members could attend the official meeting of the AAMC being held immediately thereafter.

Other Developments: A great many individuals, particularly Dr. Darley and Dr. Coggeshall, have been extremely active in appearing at Congressional hearings pertaining to those subjects discussed at the meeting in Chicago. At the time of the preparation of this report, all signs pointed toward some relief in the field of indirect cost of medical research but the question of federal aid to medical educational facilities are still problematical.

George E. Armstrong, *Chairman*

Supplemental Report of the Committee on Financing Medical Education

At a meeting of the Committee held October 12, notice was again taken of the untimely death of Stockton Kimball, Buffalo, a former member of the Committee. Attention was called

to the communication from Norman Topping, formerly Vice President for Medical Affairs of the University of Pennsylvania, now President of the University of Southern California, also a member of the Committee, in which communication Dr. Topping states that he feels he should resign from the Committee since he will no longer be able to give the time necessary to such committee membership. He suggests that this be brought to the attention of the Executive Director and the new President of the AAMC for their guidance.

Legislative Matters: A) After considerable discussion of the efforts made during the last session of Congress to amend the Health Research Facilities Act or to promulgate a separate bill to aid in the construction of medical educational facilities, and which efforts were not pushed to the limit because of the possibility of jeopardizing the extension of the Research Facilities Program, it was decided to recommend to the Executive Council that the Association strongly support in the next session of Congress the enactment of legislation for Federal assistance in the construction of medical educational facilities.

B) In the matter of payment by Federal agencies, and more specifically by the various units of the Department of Health, Education and Welfare, it was pointed out that pertinent events have transpired since the last meeting of the Committee. The efforts of the Association and the Department of HEW to have Congress raise the allowable percentage for indirect costs involved in research grants to educational institutions from 15% to 25%, a position supported by the appropriate committee of the Senate, failed in the Senate-House conference—probably due to the fact that the Bureau of the Budget had not yet had the opportunity to analyze the report of the Killian-du Bridge Committee. On September 10, 1958, after analyzing this report, the Bureau of the Budget issued Circular No. A-21, to the Heads of Executive Departments and Establishments, Subject: Principles for costing research and development under grants and contracts with educational institutions. The principles enunciated for determining the direct and indirect costs under varying circumstances and for different institutions appear to be clear and sound. This should set a pattern for relief from the 15% ceiling currently imposed by law in the case of the USPH grants. The Committee recommends that the Association follow closely the discussions of the appropriate congressional committees regarding this matter.

C) Attention was called to the recently extended Hill-Burton Program and the failure of the basic law, or so far as is known to the Administrative Regulations promulgated for the implementation of the Program to take cognizance of the importance of those hospitals operated primarily for teaching purposes, particularly those involved in the clinical instruction of undergraduate medical students. This group currently has an extremely low priority although they represent the source of the personnel needed to man the installations constructed, primarily in rural areas, under the Hill-Burton Program. The Committee recommends that the Association explore and vigorously pursue this matter as a vital facet of the financial needs of medical education.

Multiplicity of Cost Studies: The number of studies currently being promulgated by various agencies, some with governmental support, in the general field of the cost of medical education was noted with concern. The work-load placed on deans, the format and specific questions posed by some questionnaires, it was felt will lead to the accumulation of much misinformation and the ultimate production of statistical data which will be false and confusing and may lead to complete chaos. The Committee notes with satisfaction that the Executive Council has already discussed this very important subject and will recommend action to the membership of the Association.

Future of the Committee: Again it was pointed out that with the strengthening of the Central Headquarters of the Association this Committee is no longer an operating one. After prolonged discussion the Committee feels that it should be retained, that its membership remain fairly large (at least with a minimum of eight as currently constituted) and that it be given mandates from time to time by the Executive Council to assist in developing recommendations and encouraged to initiate recommendations regarding Association policies in fields appropriate to it. Also that the Executive Director continue to call on the Chairman and the various members of the Committee for advice where appropriate and for concrete assistance in presenting the Association's views to Congressional Committees and other agencies as the need therefor may arise.

George E. Armstrong, *Chairman*

Report of the Committee on International Relations

We do not have any specific matter to draw to the attention of the Association. However I do wish to take a moment to tell you something of the plans for the second World Conference on Medical Education to be held in Chicago, August 19 to September 5, 1959.

Dr. Raymond Allen, Chancellor of the University of California in Los Angeles, is the president of this Conference. There are a number of deputy presidents and vice-presidents drawn from all of the nations of the world.

The general topic is "Education Beyond the Point of Graduation from Medical School." In other words, it covers the internship, residency and continuation in education of all types. All of the speakers are invited speakers, have been asked to speak because of some situation in their country, in their system of medical education or medical practice, which makes them peculiarly qualified to bring this information to all of the other nations of the world.

I sincerely hope that all of the medical schools in the United States will be well represented at this meeting.

Robert A. Moore, *Chairman*

Report of the Committee on Internships, Residencies and Graduate Medical Education

During the past year the Committee has been concerned largely with final plans for the study of internships in university teaching hospitals which the Association is conducting.

It is recalled that the Executive Council approved the plans for the internship study following the last annual meeting. A proposal was presented to the Kellogg Foundation in December, 1957, and was approved in April, 1958, for the sum of $75,000 to be expended during eighteen months beginning June 1, 1958. Our committee has met twice in the first six months of this year, in February during the Congress on Medical Education and on June 13 in Chicago. These meetings were concerned with the plans for the study and selection of a Director of the study. It is hoped that the name of the Director can be announced prior to the annual meeting of the Association.

In June of this year the Association received a copy of the preliminary report of the Committee on Preparation for General Practice which has been working under the sponsorship of the American Medical Association. This report was referred to our committee for consideration. Since this is a matter of interest to the Association of American Medical Colleges it was deemed appropriate for our committee to consider this carefully and report to the Association at the Annual Meeting. A subcommittee was appointed consisting of the following: George Aagard (Chairman), Robert J. McKay (Pediatrics), Carl Moyer (Surgery), Milton Rosenbaum (Psychiatry), Lyman Stowe (Obstetrics and Gynecology). This ad hoc committee will report prior to the Annual Meeting. Also, those members of this subcommittee who have not been members of the parent committee have been asked to join this parent group to provide wider representation of the various specialties in the course of the study of the internship and continuing activities of the committee.

The committee has noted with interest that a number of different agencies are planning studies of the internship. The committee has met with representatives of the Bureau of Applied Social Research of Columbia University which is undertaking a study of the internship under the sponsorship of the Commonwealth Fund. Certain phases of this study will be of interest to our study group and close liaison will be maintained.

During the year further evidence from many sources of the unrest in graduate medical education has indicated the timeliness of the study of the internship which the Association is conducting.

The Committee submitted the following progress report of the Committee on Preparation for General Practice. This is a committee of the American Medical Association upon which the American Academy of General Practice and the Association of American Medical Colleges have been invited to participate.

Progress Report

At the meeting of the House of Delegates of the American Medical Association in Seattle, November 27–30, 1956, the Committee on Medical Practice presented a report containing five instructions. The report was considered by the Reference Committee on Insurance and Medical Service and on its recommendation was adopted by the House. The report, in its instructions 3 and 4, recommended that a study group be formed to consider the best background preparation for general practice.

The Executive Committee of the Board of Trustees, at its meeting on December 14, 1956, voted that the Council on Medical Education and Hospitals address itself to instructions 3 and 4 and requested the Council to form a study group of representatives of the Council, the Association of American Medical Colleges, the American Academy of General Practice, and representatives of the specialty areas, and proceed "to analyze objectively and make recommendations as to the best *background* preparation today for general practice."

Subsequently, the Committee received a related assignment from the House of Delegates during the New York meeting, June 3–7, 1957. At the time that the Reference Committee on Medical Education and Hospitals considered the reports of the Klump Committee on General Practice Prior to Specialization, it recommended discharge of that Committee and also "that the newly organized committee to study the best background preparation for general practice, in its long-term cooperative study with appropriate groups, give full consideration to the importance of a broad background of training and experience for all physicians in the care of the patient as a whole and of the family as a unit."

The first meeting of the Committee on Preparation for General Practice occurred January 18, 1957. There have subsequently been meetings as follows: Subcommittees—May 9, June 28–29 and October 20, 1957. Committee Meetings—May 10, September 14 and December 5, 1957, and February 22–23 and May 17, 1958. *It appears appropriate and desirable to report at the present time the current thinking of the Committee.*

General Considerations

The Committee undertook its assignment in full recognition of the need for a long range objective study regarding what educational background would best prepare future physicians for general practice. This immediately raised questions about the future nature of such practice in the light of the needs of the people as well as the changing dimensions of medical knowledge.

After careful thought and study of pertinent data, the Committee has concluded that the marked trend toward what is called full time specialty practice will be of continuing significance. As knowledge important to medicine continues to increase, the further development of specialism and its related tools and techniques will also take place. Although the availability of such specialty service is essential to good medical care, it is believed that it is similarly important that the broad, general outlook in medicine also be retained.

The Committee is of the opinion that the needs of the public are well served through comprehensive medical care. By its very nature, such care is based necessarily upon a close interpersonal relationship that most readily develops through long association between a phyician and a patient. To have greatest significance, this close relationship also involves the physician with his patient's environment, and most particularly with his family.

There is a general awareness of the changing nature of society. It is proper and necessary that the pattern of medical care adapt itself to fulfill best its role in this changing order. An unknown degree of such adaptation, not measurable in available data, has already taken place. For instance, many internists do not restrict their professional activities to consultation and referral practice as is connoted in the terms "full time specialty" or "limited specialty." Rather, they engage in a form of family practice largely restricted by the age of their patients.

It is recognized that the approach to medical practice with the humanistic concept of and concern for the "whole patient" is and indeed should be characteristic of all physicians whether specialists or not. However, the concept of comprehensive medical care, as used here, implies the active performance of direct service over broad areas of medicine and the availability of this broad service for all patients.

The Committee believes that further changes in the pattern of medical practice and of graduate study for practice will be required to meet successfully the challenges of comprehensive

medical care in the future. It does not seem likely that the general practitioner or the internist as commonly conceived today will be ideally prepared to fulfill this role in the future. Either the general practitioner should have a more extensive graduate medical education or the training of the internist should be broadened in preparation for the assumption of comprehensive and continuing responsibility for the health of the individual or his family irrespective of age.

In considering the preparation for this type of medical practice in the future, the Committee devoted much thought to the title that should be used for such a physician and such a medical practice. Although many alternatives were considered, none were thought to be more clearly descriptive than general practitioner and general practice.

For its working definition of the medical practice involved, the Committee adopted the following: "General Practice is that aspect of medical care performed by the Doctor of Medicine who assumes comprehensive and continuing responsibility, commensurate with his professional competence, for the patient or his family."

The educational program proposed for future general practitioners is intended to prepare them to actively and directly provide services to patients irrespective of age over broad areas of medicine and to coordinate specialty consultation and care according to the peculiar needs which their patient's problems may require. *The Committee believes that there will be an increasing need for the general practitioner who is prepared to provide these kinds of services.*

The Committee has given attention to the trend toward group practice. This trend, in itself, serves to emphasize the need for physicians adequately prepared to serve as general practitioners and for inclusion in such groups.

The Committee believes it to be in the best interests of medical practice, the public and the profession itself, that every physician should be free to follow that field of medicine which most appeals to him and for which he is most suited by ability and temperament. He should be trained adquately for that field which he elects to follow. The student contemplating his future career in general practice should have available to him recognized educational programs of high quality comparable to those existing in specialty areas.

Before addressing itself to the new graduate program, the Committee wishes to express certain viewpoints in regard to the medical school experience that is a necessary prelude to any graduate program. Regardless of what his future career may be, and this is not usually determined with finality early in his studies, the physician must have a sound balanced education in the sciences basic to medicine and in their clinical applications. There is a common fund of knowledge and skills desirable for all graduates of medical schools. The provision of this common fund of knowledge and skills is the major objective of medical schools.

The educational program in a modern medical school necessarily exposes the student to specialty viewpoints. To maintain the objective of providing a sound, balanced medical education, it would seem highly desirable that the student be exposed also to the concept of family practice. Because ambulatory care is an important part of medical practice, medical schools should be encouraged to develop that phase of medical education centered around the ambulatory patient, his continuing care, his environment, and the use of community resources, to the fullest extent compatible with the total educational program.

The Committee is cognizant of the many studies being conducted for the improvement of the medical school curriculum, and of the several experimental approaches being applied. These efforts are commended The Committee believes that the entire medical curriculum warrants constant reappraisal and study for the purpose of developing educational programs which will better prepare the graduate to gain maximum advantage from the greater clinical opportunities of his graduate training. We, in medicine, have been fortunate in having medical school faculties who have subjected the educational objectives, method and content to a continuing intelligent, and critical appraisal. Careful, intensive study has frequently led to well planned changes. The Committee believes that the means of accomplishing further changes in undergraduate medical education should be left to the administrators and faculties of the schools, in whose ability and integrity the Committee has highly justifiable confidence.

The remarkable advances in medicine that have occurred and that will continue to occur have increased the difficulty and the complexity of general practice as well as of other specialty practices. The responsibility of the general practitioner is a heavy one. It demands knowledge, alertness, agility of mind, and a wisdom born of education and experience. It necessitates the possession of a sound knowledge of the funda-

mentals of medicine as well as a synoptic knowledge of the basic principles of special fields. In view of this, as well as the pattern that has been followed successfully in the specialty field of developing graduate educational programs beyond medical school, *the Committee recommends that a new graduate educational program for general practice be developed.*

The Proposed Program

In recommending a new graduate program for the general practice of medicine, the Committee believes that primary consideration should be given to an educational experience enabling the physician to provide medical care for all members of the family irrespective of age. After determining that the period beginning at the time of receiving the M.D. degree is the most appropriate one for a new plan of preparation for general practice, the Committee agreed to concern itself with a minimal program. It was considered best at the outset to avoid being compromised by programs presently in existence or by current limitations imposed by statutes or military obligations. This proposed program is designed to replace for future general practioners, the current internship as well as existing residency programs in general practice.

The internship year as presently constituted cannot be considered as a component of this program for it would result in dividing it into two separate segments. The internship was designed many years ago to provide the initial contact with and responsibility for patients. Since the development of the clinical clerkship, it no longer comprises such initial patient contact but rather it is now considered as one of several graded steps toward the assumption of total responsibility for patient care. Further, there is now general agreement that the one-year internship also is inadequate as preparation for the practice of medicine. The Committee believes the one-year internship encourages inadequate preparation for general practice.

The present values of the internship will be an inherent part of the proposed program, but cannot be separated out of it as a segment without weakening the greater values to be derived from dealing with the new program as a unified whole. The graduate program proposed as preparation for general practice is designed to be more comprehensive than the internship in regard to patient responsibility, educational content, and continuity of experience.

Under the existing circumstances, it is believed that a period of at least two years of formal hospital training following attainment of the medical degree is necessary in preparation for the general practice of medicine. However, time alone cannot serve as a valid measure of educational adequacy. *The two year period would be minimal even where the other factors of educational quality and content are optimal.*

The graduate program of two years in preparation for general practice should be planned and implemented as a unified whole. Since the general practitioner is to provide continuing care, it is highly important that the preparation for this kind of practice be designed to assure every possible opportunity for the participant to study patients over relatively long periods of time. He should follow the patient, as necessary, in the outpatient service, when indicated in the home, and certainly from one hospital service to another. There should be a maximum continuity of assignment to specific services so that the program will stress education through continuing rather than episodic medical experience. Such a unified two year program will permit and encourage the necessary progression of responsibility and content.

This two year program should include a basic eighteen month period to provide experience in the diagnostic, therapeutic, psychiatric, preventive and rehabilitative aspects of internal medicine and pediatrics in a very broad sense. In addition to the basic period, the opportunity for training in obstetrics should be a requisite for all programs. Participants who plan to practice obstetrics are encouraged to spend the major portion of this elective six months in obstetrical training. For those who do not anticipate an obstetrical practice, the six month elective should be utilized for further training in other segments of the program. It is urged that the concept of unity be applied to the elective period to prevent unduly short assignments that would provide little educational justification.

Throughout the two-year program, the trainee should have experience provided by regularly assigned periods of emergency room service. The Committee believes that this should include training in the emergency and primary management of trauma and in minor surgery. (The working definition of the latter is that minor surgical procedures are those which in themselves have no expected mortality, require no medical assistants and, in suitable circumstances, may be performed satisfactorily outside the hospital.)

Because the care of the ambulatory patient is

an important part of medical practice, provision of adequate opportunities for the study of outpatients is essential. This should constitute a part of the basic eighteen month period and may well continue through the other six months. It should include experience in medical or diagnostic gynecology.

Experience in the care of the new-born infant is considered an essential portion of the program.

The proposed two-year program should assure the opportunity for adequate preparation of the physician to provide medical care to all members of the family. *Any physician planning to undertake obstetrics other than uncomplicated obstetrics, or surgery other than minor surgery, should have additional adequate training.*

The Committee believes that such a two-year experience would furnish a sound base for further graduate medical education in any field. The Committee therefore recognizes that the thoughtful cooperation of specialty groups will be required to implement a sound program for preparation for the general practice of medicine.

This report outlines the minimal program under optimal circumstances. There will be those physicians who will elect further graduate education and such should be encouraged.

Finally, the general practitioner, like all other physicians, will be expected to pursue a continuing program of postgraduate medical education.

The Committee envisages certain further studies as required for the completion of its assignments. In view of the thoughtful cooperation of specialty groups needed for successful implementation of the proposed program, the Committee is holding formal consultations with such specialty groups as an essential preliminary to the more specific and detailed planning of the proposed minimal program. It expects to include consideration as to whether this program of preparation for general practice should be called an internship, or a residency, or identified in some other manner. The Committee, in cooperation with the specialty groups involved, will give consideration to the type of recognition that may be developed for those individuals who successfully complete a part or all of this proposed program.

Respectfully submitted,

AMA Committee on Preparation for General Practice

H. G. Weiskotten, *Chairman*
Edward L. Turner, *Secretary*
John S. De Tar
James M. Faulkner
Rudolph H. Kampmeier
D. W. McKinlay
Leland S. McKittrick
Henry B. Mulholland
Jesse Rising
W. Clarke Wescoe
John Youmans
Ex-officio
Ward Darley
Charles Nyberg
Glen Shepherd
Walter Wiggins

The following statement was approved as the Association's policy in relationship to the Progress Report of the Committee on Preparation for General Practice:

"The Association of American Medical Colleges notes with interest the Progress Report of the Committee on Preparation for General Practice.

"The Association favors the proposition as stated in the report that there will be a continuing and growing need for physicians with training upon the attainment of the medical degree in 'that aspect of medical care performed by the Doctor of Medicine who assumes comprehensive and continuing responsibility, commensurate with his professional competence, for the patient or his family'.

"The Association also favors the proposition that residencies offering this training might supersede and go well beyond the intern year and also that they should be designed and implemented as a unified whole.

"The Association submits that the concept as expressed in the report will best be served if the training program will place major emphasis upon internal medicine, pediatrics, psychiatry and preventive medicine.

"And finally the Association recommends that as the Committee on Preparation for General Practice continues with its assignment, it develops educational standards that will give these residencies a status that is comparable to that enjoyed by other areas of specialty education."

Next, the Committee expressed concern over the chaos that exists in our residency appoint-

ment system. The following statement was presented for consideration with the decision that the statement should be referred to the deans, faculties and hospital staffs concerned. Comments are to be invited and when received are to be referred for the further consideration of the Committee.

"Many factors contribute to the current disorderly process in the appointment of residents to the staffs of our teaching hospitals. The situation in residency appointments today is comparable to that of intern appointments prior to the development of an effective matching plan. Each year, the situation becomes more chaotic. For example, this year, many of our services found themselves forced to select residents for the following year after only one or two months for observation of intern performance. This is unfair to both the hospital services and applicants.

"It does not appear feasible at this time to develop a plan for residence appointments comparable to the intern matching plan. However, it is the opinion of your Committee that the situation would be improved if simple traffic rules were adopted by our teaching hospital services.

"Therefore, it is recommended that the Association encourage its constituent medical college teaching hospital services to participate in a voluntary plan to delay the offer of residency appointments until January 1, or not more than six months prior to the effective date of the appointment, in the calendar year in which residency appointments will be effective. It is recommended that this plan be effective with the selection of residents for appointment in July of 1960.

"An adequately supervised clinical experience following graduation from medical school—the internship—has become an integral part of the professional development of the physician.

"During the past few years, many different suggestions and recommendations have been made concerning the internship, all pointing to the conflicts between the original concept of the internship as an educational experience, and a growing demand for interns to meet service needs.

"In the interest of providing more intern service, some have urged the abolition of the internship in all medical school hospitals, the place of interns to be taken by medical students as part of the clinical clerkship.

"The Association of American Medical Colleges affirms that nothing should be permitted to compromise the education of physicians. The above recommendation, if translated into policy, would represent such a compromise.

"The AAMC believes that the time and energy of medical students must not be diverted from educational into service channels. The fact that student work may have some service significance is entirely incidental to the educational program. The clinical clerkship demands special supervision. Patient selection, the degree and kind of student responsibility involved, must be determined entirely upon educational grounds.

"While the Association recognizes that the intern plays a more responsible role in patient care than does the medical student, it nonetheless submits that the internship should also be deliberately directed toward an experience that is primarily educational. Therefore, service considerations, while consistent with the best interests of patients, should be secondary to the clinical responsibility that is involved, should still be selective, and should be based upon the intern's educational needs.

"Since the internship is conducted in the name of education, and since the medical schools of this country play a major role in the education of physicians, the Association believes that recommendations aimed at removing the medical school hospital from the field of intern education should be rejected."

And finally the Committee recommended and obtained approval to the general thesis that a compulsory two-year rotating internship would not be acceptable to the Association.

Hugh E. Luckey
Chairman

Report of the Committee on Licensure Problems

The increasing tendency for medical educators and those responsible for licensure at the state level to manifest mutual interest in each others' problems is noted with pleasure. There are still many state boards where medical educators are not represented, but at the national level the interest of educators in the activities of the Federation of State Medical Boards and the interest of Federation members in the ac-

tivities of the Association of American Medical Colleges is gratifying.

The Committee concerned itself with three areas:

I. *Problems Related to Changes in Curriculum of Medical Schools*

The several experiments in medical education as well as the continuing changes in various state licensure requirements make it important that some thought be given to the possibility that graduates of approved medical schools may find themselves ineligible for licensure on the basis of some technicality. It is appropriate that information be collected as to whether any states require minimum numbers of hours of undergraduate instruction in certain specific clinical or pre-clinical disciplines. In this way, educators who are reducing the number of hours in certain subjects may be made aware of any possible risk that their future graduates might thereby be made ineligible for licensure in certain states. The Federation of State Boards will probably discuss this at the Congress in Chicago in 1959. Indeed, at the Annual Federation dinner in February of 1958, Dr. David B. Allman, president of the American Medical Association and a longtime active member of the Federation of State Medical Boards, urged the Federation to do nothing which might hinder experiments in medical education.

Inherent in certain experiments, contemplated or under way, is the elimination of the traditional internship and the integration of the functions served by the internship into the final year of the undergraduate program. In this regard, it should be noted that, since Pennsylvania first introduced the requirements of an internship for licensure in 1914, there has been a steady increase in the number of states which have such a requirement. At the present time 31 states, or 32 if we may include Alaska, plus the District of Columbia, Canal Zone, Guam, Hawaii, and the Virgin Islands have such a requirement. Eleven boards specify that the internship must be a rotating service. This makes it important to determine whether all of those states which require an internship will accept, as fulfilling this requirement, the final year of medical school in institutions where such experiments are underway. This is a question which should be of concern also to the national boards.

At the same time, it would be well to be sure that those states which require a rotating internship do not have requirements which are inflexible and which include small amounts of time in certain specialty areas. This last item is of interest not only to medical schools but to some 840 hospitals which offer rotating internships

II. *Foreign Trained Physicians*

With respect to the matter of foreign trained physicians it is too early to know what influence the activities of the educational council for foreign medical graduates will have, if any, on the licensure problems of persons who were trained abroad. While the ECFMG properly disclaims any purpose to influence licensure for those who are evaluated by it, it will be interesting to observe during the next few years whether it may have some unintended influence in this direction. The number of foreign physicians in internships and residencies continues to increase. For the year 1957–58 the Institute of International Education reported a total of 7,622 alien interns and residents compared to a total of 6,741 for the year 1956–57. As aliens these interns and residents reported by the IIE are ineligible for licensure in all except four states and the District of Columbia. However, there is no available evidence to suggest a decrease in the number of citizens and immigrants trained abroad who can apply for licensure.

III. *Licensure for Residents*

In the early records of this Committee following its organization in 1952 there was discussion of the desirability of requiring some form of licensure for Hospital residents. At that time, sentiment seemed to favor a temporary and limited licensure; perhaps one consideration was the hope that this would facilitate further interchange between teaching centers. The Committee now recommends for serious consideration the proposal that residents who are eligible for licensure be required to have permanent licensure in the states where they are obtaining their training. The evolution of several circumstances during the 6 years since the inception of this Committee contributes to this recommendation for permanent licensure. There seems to be less tendency for persons to move about during their training from one institution to another and there would appear to be an increase in the pattern of so-called "block" rather than "pyramidal" type of residencies permitting more people to complete their training in a single center. In this regard the tendency among certain of the specialty boards to specify a progressive increase in responsibility during resi-

dency training, and, in some instances, the requirement that the culmination of the training period be an experience designated as a full residency may tend to make the pyramidal system less attractive than the block system. Another possible contributing factor to the tendency for a trainee to remain in one place for all or most of his training may exist in the evidence that an increasing number of residents are married and have families.

Altogether apart from the board requirements there has been an increasing tendency in teaching residencies for residents to be granted or to assume much more responsibility than was true in an earlier day. Perhaps the increasing length of residency training justifies this. In any case, this responsibility should be bulwarked by the most appropriate form of licensure.

A disturbing factor at the present time is the inexorable increase in malpractice suits and the tendency to direct the suit at a number of persons, including the resident. It is believed that in defense of such suits the position of the resident will be more secure if his license in the state where he is training is a full and unrestricted license.

In this regard it is appropriate also to have in mind the recommendations of the Committee on Medical Care Plans and the tendency to include residents in a group practice arrangement whereby they can contribute to their own support by the collection of insurance fees. In such a situation, full licensure is necessary.

It is noted that the state boards themselves have been interested in this matter as reflected in the fact that whereas in 1952, when this Committee was created, 21 states and Puerto Rico required some form of licensure of residents, there are now 29 boards which require some form of licensure for residents. In seven boards the registration must be in the form of a regular license. Additional boards which do not have the requirement, nevertheless recommend licensure and in at least two states, independent of the state boards, the hospitals have traditionally required licensure.

Although it is not appropriate for the AAMC to urge any change in legislation in this regard, it is entirely appropriate that the individual members in their own teaching hospitals sponsor the requirement of permanent licensure for eligible members of the resident staff.

James E. McCormack
Chairman

Report of the Committee on Medical Care Plans

At the 1957 Annual Meeting, the Committee on Medical Care Plans presented to the membership a statement called "Institutional Group Practice by Clinical Faculties of Medical Schools, a Statement of Principles."

Also at that time the Committee recommended that this statement be referred to the Executive Council for final disposition. That was done, and the Council, making some minor changes in the statement, circulated it among the deans of the medical schools with the request that they consult their faculties and channel back to the Committee any criticisms or recommendations.

We had responses from thirty-one medical schools. They were analyzed, tabulated, and considered by the Committee. In view of the variety of responses, the Committee decided not to reframe the resolution at the beginning of this convention, but rather to have a closed meeting and then open hearings before making any further recommendations.

At the closed meeting on October 12, the Committee analyzed its own preliminary report, and recognized that there were two distinct types of practice embodied in the one report: One was the provision of medical service on paying patients by full-time members of the clinical faculties, and the other was the provision of medical service on paying patients by residents.

In order to facilitate discussion and action, the Committee decided to draw up two separate statements embodying each of these. This was done, and the two statements ultimately were brought out at the open hearing, which was well attended.

The first statement embodying the provision of medical service on paying patients by full-time clinical faculties was approved without any real dissent at all during the open hearing.

However, the second statement on the provision of medical service on paying patients by residents ran into a few difficulties—despite the fact that this statement had been previously presented to the Committee on Internships, Residencies and Graduate Medical Education and, with minor changes in working, had been endorsed by that Committee. Some of the participants objected on the ground that its adoption would result in over-concern on the part of residents to the detriment of the educational program, precipitate strife with local medical

societies, and cause interpersonal dissatisfaction among residents in hospitals not associated with medical schools. It was pointed out by one participant that payment for resident's services was specifically prohibited under the Medicare program.

On the contrary, those supporting this resolution pointed out that, in some hospitals, payments were collected by staff physicians with resulting exploitation of residents and some implication of ghost surgery and other unethical practices, or the funds were withheld by the third party responsible for payment. It also was pointed out that one stipulation in our statement did obviate any charge of improper practice of medicine.

There seemed to be general agreement that the statement emphasized the economic aspects rather than the educational aspects, and did not clearly bring out the real objectives behind the statement which were, first, to recapture the third party payments for medical service rendered by residents as an essential part of their clinical training, and second, to provide for the assumption by residents of full responsibility for care of patients, including paying patients which is essential in the terminal phases of preparation for practice of a specialty.

The following statements of principle were presented to the deans for discussion. It was voted to refer the statements to the Executive Council for study and recommendation.

Secretary's Note: (The statements appear in this annual report as corrected by action of the Executive Council as recommended by a vote of the deans. At the close of the meeting on Oct. 12, the Council announced that it had approved the statements in principle but that they should be referred for the consideration and recommendation of the Liaison Committee on Medical Education before final action is taken. This recommendation was approved.)

Provision of Medical Service for Paying Patients by Full-Time Clinical Faculties of Medical Schools

A STATEMENT OF PRINCIPLES

Medical service prepayment plans have caused a marked change in the socio-economic status of the patients who seek the high level of medical care available in the nation's medical centers. To provide this care and to meet the needs of modern clinical instruction, there has necessarily been an increasingly great expansion of the full-time component of clinical faculties. Additional impetus has resulted from the public demand for the conquest of disease and disability and for an ever higher level of medical care.

To safeguard the future of medical education and to make provision for the continuing attainment of the health needs of the nation, the major problems confronting the clinical faculties of medical schools must be determined and possible solutions explored. One obvious problem is the retention of the present complement of clinical teachers and investigators; a second, the recruitment of additional clinical teachers and research workers to attain the objectives of a modern teaching center—the source of the practitioners, teachers and research workers on whom ultimately the level of the nation's health depends.

The financial plight of many of our medical schools precludes the most obvious solution of these two problems—payment of adequate salaries out of university funds. Hence, since medical service and clinical instruction are interdependent, supplementation of the base salary paid by the university or medical school by fees for the medical service rendered is not only logical but necessary.

It is the opinion of the Committee that in thus supplementing their base salaries, full-time clinical teachers, at least in many institutions, have instituted informally or formally a type of group practice. Such collaborative medical practice is proper, provided:

a. That fees are set by the participating physicians.
b. That that income from fees is deposited in a separate fund or funds in the business office of the university or medical school.
c. That disbursements are made in accordance with a plan mutually agreed upon by the university and the faculty members involved.
d. That the amount of medical service and the number of physicians providing such service are related to the educational and research requirements of the institution.

The decision to approve limited private practice by full-time clinical faculty or the type of practice in any given institution must rest with the faculty and university administration. It is not the intent of the committee to impose a uni-

form policy on medical schools or their associated hospitals.

Committee on Medical Care Plans
John F. Sheehan, *Chairman*
Donald G. Anderson
R. C. Buerki
Richard O. Cannon
H. B. Mulholland

Provision of Medical Service for Paying Patients by Residents

Hospital and medical service pre-payment plans are sharply modifying an earlier concept of centering clinical instruction of medical students, interns and residents around the indigent patient. Medical education requires a variety of patients, sufficiently numerous to provide a high level of bedside instruction. The steady diminution in the number of ward patients requires a continuing readjustment in our dependence upon private patients and those covered by prepayment insurance plans to insure adequate instruction of medical students, interns and residents.

The assumption of full responsibility for patient care is essential in the advanced stages of preparation for the practice of a specialty.

The health demands of the public, the explosive growth of medical knowledge and the obligation of a profession to render increasingly effective service present the developing physician with another problem—a long period of education and training for practice, particularly of a specialty, which is uneconomic for the individual concerned and the university or medical school responsible for the training.

All of these considerations warrant a close look at the disposition of funds made available through medical service furnished paying patients by residents in the course of their clinical training. It is proposed that such funds be used for the support of resident-training programs.

Furthermore, it is maintained that the receipt by qualified residents of financial remuneration from the paying patients when they serve in conjunction with their clinical training is proper, provided:

a. That, in the judgment of the physicians directing their education and training, these residents have reached a stage of competency adequate for the assumption of appropriate responsibility.
b. That they possess a license to practice medicine in the state in which is located the institution in which they serve as residents.
c. That they have the consent of the patients for whose care they assume responsibility.
d. That fees received by these residents are deposited in a fund or funds to be used exclusively for the support of resident-training programs. Such fees shall not accrue to the general operating income of a hospital, medical school or university.
e. That the medical service is rendered in the institution where the residency appointment is held and is related to the requirements of a specific resident-training program.
f. That fees do not accrue to the individual resident providing the medical service.

The decision to approve such participation by residents in any given institution must rest with the faculty conducting the training program and the corresponding university administration.

Committee on Medical Care Plans
John F. Sheehan, *Chairman*
Donald G. Anderson
R. C. Buerki
Richard O. Cannon
H. B. Mulholland

Report of the Committee on Medical Education for National Defense

The Committee records with sorrow the death of one of its members who for so many years was the capable and effective chairman of this group. Dr. Stockton Kimball provided leadership and initiative in promoting the welfare of our medical schools in relation to military matters. We are all indebted to him for the unselfish efforts put forth on our behalf. We shall miss Stockton keenly as we try to carry on without him.

The Committee on Medical Education for National Defense met in special session in September, 1957, to review with representatives of the Department of Defense the serious cutback in funds imposed by failure of Congress to allocate any funds to FCDA for delegate agencies and by the decisions of the Surgeons General of the Navy and the Air Force to reduce the allocations from these departments by $30,000

each. A reduced budget was recommended which gave priority to the newer schools participating in the MEND Program.

Also in September, Dr. Darley, Dr. Youmans, Dr. Kimball, and Dr. Olson represented the AAMC at a meeting called by Dr. Harvey Stone, Chairman of the Task Force for Health Manpower of the Office of Defense Mobilization. This meeting brought together representatives of the AAMC, the American Medical Association, and the American Dental Association with representatives of the Army, Navy, Air Force, USPHS, and FCDA, who make up the Inter-Agency Advisory Board.

At the request of the Executive Council, the Committee assumed the responsibility for arranging the program for the Joint Meeting of the Executive Council with the deans and government representatives at the Association's Annual Meeting in Atlantic City. A program entitled, "Medical Education in Preparation for a Total National Emergency," consisted of presentations and panel discussions by representatives of the armed services, the Department of Defense, the Office of Defense Mobilization, the Health Resources Advisory Committee, and members of the Association's Committee.

At its October meeting the Committee took cognizance of the progress toward strenghening the Health Section of the Office of Defense Mobilization, as evidenced by the appointment of Dr. Palmer Dearing to the position of Assistant Director for Health, and by the creation of the Task Force for Health Manpower under the chairmanship of Dr. Harvey Stone of the Inter-Agency Advisory Board. The Committee recommended that the Association work closely with the Task Force in approaching the problems of medical education in time of national emergency and that efforts be made to guide the decisions of the Task Force so that even during emergency situations sound educational programs in medicine might be maintained. It was further recommended that efforts be made to insure that policies regarding educational manpower requirements not be formulated solely by civilian physicians primarily concerned with the allocation of medical manpower between the military and civilian population.

The Committee recommended that the President of the Association direct an official request to the Chief Medical Director of the Veterans Administration, officially endorsing the proposal that medical schools consider individually the use of Veterans Administration Hospitals in non-urban areas as potential sites for relocation of clinical teaching in the event of enemy destruction of normal clinical facilities.

It further recommended that each school be requested officially by the Association to proceed with the development of emergency plans for continuation education in the event that normal facilities were destroyed or damaged. There should be appropriate methods devised for exchange of information between the deans and the Association of development of emergency plans either by the schools or by the Association.

Following the Association's annual meeting in Atlantic City, the Committee was expanded by the addition of the following members, most of whom have served previously on the Subcommittee for the MEND Program:

Loren C. Carlson, Professor of Physiology, U. of Washington School of Medicine
Lawrence W. Hanlon, Associate Dean, Cornell U. Medical College
Thomas F. Whayne, Vice Dean, U. of Pennsylvania School of Medicine
John B. Youmans, Dean, Vanderbilt U. School of Medicine

The Liaison Committee of the American Medical Association and the Association of American Medical Colleges at its meeting in October in Atlantic City appointed a special subcommittee with representation from both groups to deal with the problem of medical education in the event of national emergency. Dr. John Youmans, Dr. Stockton Kimball, and Dr. Stanley Olson were appointed to represent the Association on this Liaison Committee, which met first in December in Chicago under the chairmanship of Dr. Stockton Kimball. The Committee discussed fully the many problems inherent in the provision of medical education in the event of total or partial mobilization, such as accelerated programs, increased responsibility of paramedical personnel, relocation sites for schools, determination of essential faculty; consideration of curriculum modification to accelerate education of physicians, and to train medical students to be effective participants in emergency situations, coordination of knowledge and information in areas of knowledge of specific importance.

Inquiry was made by Dr. Edward Turner to the Council on National Defense of the A.M.A. as to the possibility of forming a tripartite com-

mittee with representation from the Council on National Defense, to develop and maintain liaison with that group and facilitate exchange of ideas. The Council on National Defense was agreeable to this suggestion and sent representatives to the next meeting which was held on January 24, 1958, in Chicago.

At this meeting it was determined that the committee should serve to bring the interests of medical education and medical practice together in planning with representatives of government for the conduct of medical education in time of national emergency. The status of the civilian medical groups in relation to the needs of the Armed Forces now and in the future was reviewed. While no definite policies were recommended, this meeting was helpful in exploring the broad problem.

In March, 1958, Dr. Darley, Dr. Bowers, and Dr. Olson met together with representatives of civilian and military groups and of Selective Service in Dr. Frank Berry's office to review proposals for extension of the Universal Military Training and Service Act when it expires June 30, 1959. The general consensus was that the present act was reasonably good and that it would be recommended for a two-year extension to the 82nd Congress.

The Executive Council, sensing the urgency of the present world crisis, moved to accelerate the consideration of what the medical schools might best do in the event of a national emergency by appointing an *ad hoc* committee consisting of Dr. Stanley W. Olson, Chairman, Dr. John Hirschboeck, Dr. John Deitrick, Dr. George Aagard, Dr. George Armstrong, Dr. John Bowers, Dr. John Youmans, and Dr. Ward Darley. This group met on May 23, 1958, and while considerable thinking was developed, it was concluded that it would help materially if the Office of Defense Mobilization (now the Office of Defense and Civilian Mobilization) would indicate the kinds of situations which the medical schools should plan for. Accordingly, a letter which envisioned the kinds of situations that had prompted the committee's thinking so far, was forwarded to Washington. The key paragraphs in this letter, directed to Dr. W. Palmer Dearing, Office of Defense and Civilian Mobilization, which are herein quoted, followed a preliminary discussion between the Executive Director and the "Hess Committee" at the time of the June A.M.A. meeting in San Francisco.

"The last few minutes of my discussion with the Hess Committee dealt with a matter that I believe should primarily come from your office, namely, a statement as to the kinds of situations which the medical schools should plan for. I envision at least four such kinds of situations: (1) something like the status quo when things like the MEND program should be pushed as expeditiously as possible and when plans for the other three kinds of situations should be developed; (2) what I call "total mobilization without military action," in other words, a situation in which all of this nation's resources would be poised for attack and defense; (3) the situation that would pertain after attack and one that would be associated with massive civilian casualties. It would be assumed here that our educational programs would all be stopped and that those teaching medical centers still intact would have become a part of the service resources of the country. (4) A time when the programs in medical education would be resumed.

"Before our various planning committees resume work, I wonder if it would be possible for your office to give us whatever ideas it might be developing along the above lines."

The *ad hoc* committee further felt that until such time as a general mobilization situation might develop, the medical schools should be doing everything possible in anticipation of this time. The committee submitted that the program now known as MEND, which is now in effect in half of our medical schools, represents such an important step. The MEND program should be extended to all medical schools.

The *ad hoc* committee also felt that the AAMC should develop and keep up to date a faculty registry which would contain the vital statistics usual to such a registry plus a summary of professional and academic qualifications, the teaching and research load carried and a statement as to past and present military status. Such a registry would be essential if a medical school is to have the information essential to adjustment to a national emergency.

In line with the thinking of the *ad hoc* committee the Committee on Medical Education for National Defense believes that all of the medical school coordination having to do with medical education for national defense should be moved to the office of the AAMC. This would centralize the approach to both the medical schools and the defense planning and mobilization authorities of the national government. If this were to be done, the AAMC would need the necessary full time, knowledgeable staff, and the additional office space, equipment and financing that such staff would require.

Dr. Stanley Olson, *Chairman*
Dr. John Hirschboeck
Dr. John Deitrick
Dr. George Aagaard
Dr. George Armstrong
Dr. John Bowers
Dr. John Youmans
Dr. Ward Darley

Report of Subcommittee for the MEND program:

The subcommittee for the MEND Program has met on three occasions—in October at Atlantic City, in February at Chicago, and in June at San Francisco.

As of 1 January 1958, the following ten schools were added as MEND participants, making a total of 45 schools included in the program:

Bowman Gray	Miami
Columbia	Northwestern
Albert Einstein	Oklahoma
Howard	Rochester
Iowa	Virginia

At the same time, the Mayo Foundation-Graduate School of the University of Minnesota was added as a non-funded MEND participant. (One other school—Cincinnati—participates on a non-funded basis, bringing the total of all schools participating to 47.)

The following schools were selected for inclusion in the program as of January 1, 1959:

Boston	Meharry
Cincinnati	Nebraska
George Washington	Puerto Rico
Indiana	Southwestern
Marquette	SUNY (Syracuse)

Two symposia were presented this year, one conducted by the Army in March and the other by the USPHS in May. Both these symposia were well attended—the symposium on Management of Mass Casualties at Walter Reed Army Institute of Research attracting 64 participants, and the USPHS presentation of Medical Aspects of Highway Safety at Ann Arbor attracting 102 participants. The annual orientation conference and tour for the deans and coordinators of the new schools was planned and executed.

A two-day conference was held during the Association meetings in Atlantic City on "Medical Education in a Wartime Emergency." The participants (103), including representatives of the federal service and non-governmental medicine, considered problems related to the continuation of medical education in a wartime emergency and made recommendations for the organization of such activities.

During the year the "MEND Speakers List," containing over 250 suggested guest lecturers on topics related to military and disaster medicine, was completed and distributed to MEND-affiliated medical colleges. In addition, two addenda to the original "MEND Reference List" were prepared and distributed for the use of coordinators.

Dr. Schofield as the National Coordinator and Mr. Don Smith, his administrative assistant, have continued to serve most effectively in meeting the objectives of the MEND program by extending the vast educational resources of the armed forces and other federal agencies to the medical schools of this country.

Dr. Schofield submitted his resignation, effective June 30, 1958, in order to assume once again his full-time responsibilities as Assistant Dean and Assistant Professor of Anatomy at Baylor University College of Medicine. A resolution of commendation for his outstanding service to the MEND program as National Coordinator was adopted by the MEND Subcommittee.

Capt. Bennett F. Avery (MC) USN, has been appointed to serve as the National Coordinator, effective July 1, 1958. Captain Avery will continue on active duty with the Navy, but will be assigned exclusively to the MEND program. His most recent assignment has been that of editor of the Armed Forces Medical Journal.

Stanley W. Olson
Chairman

Report of the Committee on Veterans Administration–Medical School Relationships

No matters have been brought to the attention of your Committee which required a formal meeting. Several developments in the Department of Medicine and Surgery of the Veterans Administration however are of interest to Medical Schools and are worth noting.

The pay bill, PL 85-462 was finally passed by the Congress and signed by the President, June 20, 1958. The top salary for Chief Grade is now $16,000. This bill was strongly supported by many Deans who took the trouble to write members of the Committee. The present salary scale should enable the Veterans Administration to retain many more of their best physicians who in the past had been forced to resign because of the salary scale.

The newly established Clinical Investigator Program affords an opportunity for selected individuals who have completed their formal clinical training and who aspire to a career in research and teaching to devote three quarters of

their time to research for a period of one to three years. Candidates are nominated by the Hospital Research Committee with Deans' Committee approval. They may or may not have been previously in the Veterans Administration, and there is no commitment or obligation to remain in it. This program should provide a significant contribution to the pool of trained clinical investigators. The Veterans Administration is to be congratulated on this contribution to American medicine.

At present more than 60 medical schools assigned third or fourth year clerks to VA hospitals. Some 39% of third year students and 33% of fourth year students in the country spent some of their valuable time in these hospitals. These facts emphasize the interest that medical educators must necessarily have in the quality of teaching, research, and medical care in our VA Hospitals.

At the closed meeting held on Sunday, Oct. 12, and at the open meeting held Oct. 11, the Committee reviewed with much interest the report prepared by Dr. Nunemaker on the questionnaire submitted to the deans' committee and managers in November, 1957, asking their opinion of VA-medical school relationships. The Committee understands that Dr. Nunemaker has submitted this manuscript to the editor of the *Journal of Medical Education.*

Your Committee reiterates its recommendation of a year ago that the Executive Council make an evaluation of the Veterans Administration-medical school relationships under the auspices of the Association.

This report has been moved for adoption.

Joseph M. Hayman, Jr.
Chairman

The motion was seconded, put to a vote, and carried.

Report of the Nominating Committee

The Committee offered in nomination the following group of officers, including the new office which was established in the modification of the Constitutions at this meeting.

President-Elect, Thomas H. Hunter
Vice-President, Walter Reese Berryhill
Secretary, Richard H. Young
Treasurer, J. Murray Kinsman
Council Member, John Sheehan for a second term.
Council Member, John E. Deitrick
Council Member to replace Dr. Hunter, George A. Wolf, Jr.

John B. Truslow
Chairman

The report was accepted and the nominees elected by unanimous ballot.

Wednesday, October 15, 1958

Following the morning program, the president called for a short business session. He referred to the October 12, special meeting at which time the question of a section of medical school affiliated hospital directors had been under discussion. The president recalled that the Council was to report to the membership as to the manner in which this matter should be handled. In accordance with this understanding the president announced that a new standing committee on medical school-affiliated hospital relationships would be established, that the hospital administrators would be encouraged to develop their program, but this in cooperation with the Association through the medium of this new committee. The decision of the Council was approved.

The chair then called for the presentation of the new president, Dr. John McK. Mitchell who took over as presiding officer and adjourned the meeting.

The following committee members were selected by the Executive Council to serve for the year 1958–59:

Audio-Visual Education
Frank Woolsey, Albany, *Chairman*
A. J. Gill, Southwestern
Joseph Markee, Duke

Borden Award
George Burch, Tulane, *Chairman*
Edwin B. Astwood, Tufts
Vincent Du Vigneaud, Cornell
Alfred Gilman, Albert Einstein
Thomas B. Turner, Johns Hopkins

Continuation Education
Wesley Eisele, Colorado, *Chairman*
Clarence E. de la Chapelle, New York University
Mahlon Delp, Kansas
Robert B. Howard, Minnesota
Albert G. Mackay, Vermont
W. F. Norwood, College of Medical Evangelists

Editorial Board
John Z. Bowers, Wisconsin, *Chairman*
Stanley E. Bradley, Columbia
Melvin A. Casberg, Texas
Julius H. Comroe, Jr., California-Berkeley
John A. D. Cooper, Northwestern
T. Hale Ham, Western Reserve
George T. Harrell, Florida
Vernon W. Lippard, Yale
W. Frederick Norwood, College of Medical Evangelists
Kenneth E. Penrod, Duke

Financing Medical Education
George Armstrong, New York University, *Chairman*
Donald G. Anderson, Rochester
Robert C. Berson, Alabama
Melvin A. Casberg, Texas
Joseph C. Hinsey, Cornell
Homer Marsh, Miami
Robert A. Moore, SUNY-Brooklyn
Isadore Ravdin, Pennsylvania

International Relations in Medical Education
Robert A. Moore, SUNY-Brooklyn, *Chairman*
Thomas Almy, Cornell
Wiley Forbus, Duke
H. Van Zile Hyde, Div. International Health, USPHS
Elizabeth Lam, Consultant, Committee on International Exchange of Persons
Maxwell Lapham, Tulane
O. R. McCoy, Consultant, China Medical Board of New York, Inc.
Norman Nelson, Iowa
Virgil Scott, Rockefeller Foundation
Francis Scott Smyth, California-San Francisco
Myron Wegman, Consultant, Pan American Sanitary Bureau

Flexner Award
William Bean, Iowa, *Chairman*
W. O. Fenn, Rochester
Louis Flexner, Pennsylvania
Vernon Lippard, Yale
Robert F. Loeb, Columbia
Rolf C. Syvertsen, Dartmouth

Internships, Residencies and Graduate Medical Education
E. Hugh Luckey, Cornell, *Chairman*
George N. Aagaard, University of Washington, Co-Chairman
Howard Armstrong, Illinois
Robert J. McKay, Vermont
Carl Moyer, Washington University
R. D. Pruitt, Mayo Foundation
Milton Rosenbaum, Albert Einstein
Lyman M. Stowe, Stanford
Samuel Trufant, Cincinnati

Licensure Problems
James E. McCormack, Columbia-Presbyterian Hospital, *Chairman*
Stiles D. Ezell, SUNY-Albany
John P. Hubbard, Pennsylvania
John Parks, George Washington
Ralph Snyder, New York Medical

Medical Care Plans
John F. Sheehan, Stritch-Loyola, *Chairman*
Donald G. Anderson, Rochester
Robin Buerki, Ford Hospital, Detroit
Richard Cannon, Vanderbilt
Henry B. Mulholland, Virginia

Medical Education for National Defense
Stanley W. Olson, Baylor, *Chairman*
Melvin A. Casberg, Texas, *Co-Chairman*
George Armstrong, New York University
John Z. Bowers, Wisconsin
Lawrence Hanlon, Cornell
William Stone, Maryland
John B. Truslow, Texas-Galveston
Thomas F. Whayne, Pennsylvania

Program, 1959 Annual Meeting
John McK. Mitchell, Pennsylvania, *President and Chairman*
Lowell T. Coggeshall, Chicago, *Immediate Past President*
Thomas Hunter, Virginia, *President-Elect*
Richard H. Young, Northwestern, *Secretary*

Public Relations
John D. Van Nuys, Indiana, *Chairman*
George Armstrong, New York University
Charles S. Cameron, Hahnemann
Evan Edwards, American College Public Relations Association, University of Colorado

Jack Fletcher, National Institutes of Health, Bethesda, Maryland
Robert Glaser, Colorado
Thomas Hunter, Virginia
Francis Pray, Vice President, Council on Financing Higher Education
Arthur Snider, National Association of Science Writers, Chicago

Research and Education
Robert Glaser, Colorado, *Chairman*
George Packer Berry (Teaching Institute), Harvard
John L. Caughey, Jr. (Student Affairs), Western Reserve
John T. Cowles, Pittsburgh
Thomas H. Hunter, Virginia
Carlyle Jacobsen, SUNY-Syracuse
William E. Reynolds, Washington
Julius B. Richmond, SUNY-Syracuse
William Schofield (Research and Testing), Minnesota
Thomas B. Turner, Johns Hopkins

Veterans Administration-Medical School Relationships
Granville Bennett, Illinois, *Chairman*
Robert C. Berson, Alabama
John E. Deitrick, Cornell
A. J. Gill, Southwestern
E. Harold Hinman, Puerto Rico
Clayton Loosli, University of Southern California
Vernon E. Wilson, Kansas

Medical School-Affiliated Hospital Relationships
Donald Anderson, Rochester, *Chairman*
Donald J. Caseley, Illinois
Dean A. Clark, Harvard
Gerhard Hartman, Iowa
Robert B. Howard, Minnesota
Duane E. Johnson, Nebraska
J. Murray Kinsman, Louisville
Houston, H. Merritt, Columbia
Henry N. Pratt, New York Hospital
Charles Rammelkamp, Western Reserve

Advisory Board for Medical Specialties
Stanley E. Dorst, Cincinnati
William A. Sodeman, Jefferson

Advisory Council for the National Fund for Medical Education
Charles A. Cameron, Hahnemann
Joseph C. Hinsey, Cornell
Robert A. Moore, SUNY-Brooklyn

American Council on Education
William J. McGlothlin, Louisville
Jonathan E. Rhoads, Pennsylvania

Member of Internships Review Board of the Council on Medical Education & Hospitals
James Campbell, Illinois

National Board of Medical Examiners
Charles Cameron, Hahnemann
Robert A. Moore, SUNY-Brooklyn
Richard H. Young, Northwestern

National Health Council
Richard Cross, Columbia
William Hubbard, Jr., New York University
Ralph Snyder, New York Medical

Advisors to Institute of International Relations
Duncan Clark, SUNY-Brooklyn
Lawrence W. Hanlon, Cornell
L. Emmett Holt, New York University
Aura E. Severinghaus, Columbia
Ralph E. Snyder, New York Medical

Educational Council for Foreign Medical Graduates
J. Murray Kinsman, Louisville
John McK. Mitchell, Pennsylvania

National Intern Matching Program
Lowell T. Coggeshall, Chicago
John Van Nuys, Indiana
George A. Wolf, Jr., Vermont

Nominating Committee—1959
Norman Nelson, Iowa, *Chairman*
Robert Alway, Stanford
Donald Anderson, Rochester
E. Harold Hinman, Puerto Rico
John Truslow, Texas

Liaison Committee with Council on Medical Education and Hospitals
Lowell T. Coggeshall, Chicago
Thomas Hunter, Virginia
John McK. Mitchell, Pennsylvania
Richard Young, Northwestern