

# Association of American Medical Colleges

## Annual Report, Minutes, and Proceedings for 1959

### Special Meetings of the Institutional Membership

February 7, 1959, and November 1, 1959

### The Seventieth Annual Business Meeting

November 4, 1959

### Third Annual Meeting of the Continuing Group on Student Affairs

October 31, 1959

### Second Annual Business Meeting

### Medical School-Teaching Hospital Section

October 31, 1959

Chicago, Illinois

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## Preface

This volume is to be considered as the 1959 Annual Report to the membership of the Association of American Medical Colleges. The report begins with the paper "The Next Ten Years and the Association of American Medical Colleges," which was presented by the Executive Director, Dr. Ward Darley, at the 1959 Annual Meeting. This paper is followed in turn by the minutes of the meetings of the institutional membership held February 7, November 1, and November 4, 1959; the Continuing Group for Student Affairs on October 31, 1959; and, finally, the Medical School-Teaching Hospital Section on October 31, 1959.

The volume is more than the record of a year's transactions of an organization with a long name; it is a volume that contains either the record of or references to the most important events that are taking place in American medical education. During the immediate years ahead, it is intended to continue with this type of publication, thus providing a volume that will assume considerable importance in the world's growing literature about medical education.

The ~~public volume~~ <sup>public volume</sup> Collector of reports  
is not only a record of "year's transactions"  
of a growing organization, but contains  
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# Officers of the Association and Members of the Executive Council, 1958-1959

*President and Council Chairman:* JOHN MCK. MITCHELL

University of Pennsylvania School of Medicine

*President-Elect:* THOMAS H. HUNTER..... University of Virginia School of Medicine

*Immediate Past President:* LOWELL T. COGGESHALL

University of Chicago School of Medicine

*Vice-President:* WALTER R. BERRYHILL.. University of North Carolina School of Medicine

*Treasurer:* J. MURRAY KINSMAN..... University of Louisville School of Medicine

*Secretary:* RICHARD H. YOUNG..... Northwestern University Medical School

*Executive Council, 1961:* JOHN E. DEITRICK..... Cornell University Medical College

*Executive Council, 1961:* JOHN F. SHEEHAN

Stritch School of Medicine of Loyola University

*Executive Council, 1960:* STANLEY OLSON..... Baylor University College of Medicine

*Executive Council, 1960:* GEORGE A. WOLF, Jr.. University of Vermont College of Medicine

*Executive Council, 1959:* GORDON H. SCOTT... Wayne State University College of Medicine

*Executive Council, 1959:* MARK R. EVERETT... University of Oklahoma School of Medicine

## Staff

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*Executive Director*..... WARD DARLEY

*Associate Director*..... LEE POWERS

*Assistant Director*..... TOM COLEMAN

*Director of Business Affairs*..... JOHN L. CRANER

### Division of Research:

*Director of Research*..... HELEN H. GEE

*Assistant Director of Research*..... CHARLES F. SCHUMACHER

*Research Associate*..... EDWIN B. HUTCHINS

### Division of Operational Studies:

*Director of Operational Studies*..... LEE POWERS

*Assistant Director of Operational Studies*..... J. FRANK WHITING

### Journal of Medical Education:

*Editor*..... JOHN Z. BOWERS

*Assistant Secretaries*..... ROBERT J. GLASER, VERNON E. WILSON, JOHN A. D. COOPER

## The Next Ten Years and the Association of American Medical Colleges

WARD DARLEY, M.D.

The nearly 75 years of existence of the Association of American Medical Colleges have witnessed a changeover in medical education from an orientation that was essentially proprietary to one university and academic; from the rather simple concerns of the number of college years required for admission and the number and length of medical courses to the complexities of the modern university medical centers and the myriad of educational, research, and service responsibilities which they embrace.

While it is generally recognized that this has been the result of the combined efforts of the universities, the health professions, private philanthropy, private industry, and our local and federal governments, it cannot be said that this combination of effort has involved any over-all planning or coordination. Yet tremendous achievement has taken place. There has been orderly achievement because of our legal and voluntary regulation of educational and professional practice; quality achievement because of the motivation to exceed the minimal standards required by regulation and because of the inherent desire of the young to exceed the performance of the old. However, beyond this, except for a few notable exceptions, the over-all manner of achievement, the way achievement has been supported and the amount of achievement have largely been the result of expediency and happenstance.

Medicine's effectiveness increases almost by the hour. Translating this effectiveness to a population that is rapidly growing in size and complexity and that depends principally upon the output of only 85 medical schools for its physicians calls for deliberate and intelligent coordination in the setting of goals and also in the effort that should follow.

The many interests that should be concerned with medical education must be educated to recognize the role that each can play in its support and development. Success in this kind of effort will require leadership—leadership that must come from outside the field of medical education as well as from within; leadership that is adequately informed. If this is to happen, it implies the development and availability of information about medical education and the opportunity, through discussion and questioning, to understand its meaning. The medical schools must play the key role in gathering this information and in informing this leadership. They must also play an important role in the coordination of any effort that may result. In accomplishing this task it is necessary that the schools effectively utilize their own organization—the Association of American Medical Colleges.

The developments I have been discussing and the relationship of the A.A.M.C. thereto are not things that should happen or that are about to happen. They are already under way, and I think it would be short-sighted indeed if it was not assumed that this will continue with increasing tempo and breadth of coverage. Those responsible for the work of the Association have been attempting to speed up this process and in so doing, in the interests

of both efficiency and effectiveness, are endeavoring to determine the principles that should apply, and are constantly reviewing the priorities that should pertain.

In these efforts, there are four over-all principles that have been recognized. The first of these is that, since the Association can exercise no authority over any school, agency, or individual, any actual developments in medical education it might encourage must depend upon the educational process. The other principles logically follow. If the educational process is to apply, success will largely depend upon the gathering and development of information and ideas and upon their dissemination, discussion, and understanding. There should be no wasteful duplication of effort. This implies an awareness of the study and information-gathering programs of other agencies so that under appropriate circumstances there can be cooperation and mutual assistance. Finally, only those projects should be undertaken which the schools can do better jointly than singly and which will help each school do the most for itself.

The setting of priorities will always be complicated. In part this is because of competition between the desire to plan deliberately for long-range growth and the all-too-frequent necessity to react to situations that reflect the demands of the moment. The selection of priorities must also carry the realization that an activity that is intended to serve one long-range purpose may wind up serving or adding others, and also that an activity that may be initiated to meet a limited or short-term need can evolve into one of considerable long-range importance.

A quick look at the most important of the Association's present activities emphasizes these points very well:

1. *The Journal of Medical Education*—originally the *Journal of the Association of American Medical Colleges*, once a quarterly, now a monthly journal—and its growing importance as a medium of communication between medical faculties and others who have reason to be interested in medical education.

2. The old Professional Aptitude Test and its development into the present MCAT program and the complex of study, research and service activities that have grown up about it.

3. The teaching institutes and the body of information and the philosophies and concepts of education to which they have been contributing.

4. The gradual growth of the Annual Meeting into a mechanism that permits those from secondary and general higher education, the medical, hospital, and other health professions, industry, government, foundations, health associations and others to meet with medical educators and take part in discussions important to the development of medical education.

5. The growth of the old medical school inspection to the modern visitation and consultation program of the AMA-AAMC Liaison Committee on Medical Education.

6. The development of the present program of Medical Education for National Defense out of the original activities of the Committee on National Emergency Planning.

7. The evolution of the National Intern Matching Program out of the frustrations of the National Interassociation Committee on Internships.

8. The program of operational studies that is now rapidly producing information and services needed to provide the better financial and administrative understanding of our medical schools.

Some of these are examples of activities that were deliberately set up as long-range

goals, others have developed as permanent and worth-while activities out of measures that were originally geared to meet the demands of expediency, and others slowly evolved from one thing into another. All have been modified in response to changing conditions, needs, and opportunities.

Time does not permit a consideration of past activities that for one reason or another were initiated and dropped. But it is inevitable that this has happened, no doubt because some served their purpose, some missed their goal, and with others the goal either shifted or disappeared. It is inevitable that unexpected demands will call for activity with the short-range goal. The Association's chief concern must be that the accumulation of response to this kind of demand does not interfere with the progress that can only come from the fruition of carefully laid, long-range plans.

As the Association looks to the next 10 years, the principal consideration must be limited to those priorities that have significance to the ultimate destiny of the Association—the improvement and advancement of medical education. *The most important needs here center around the strengthening of the elements of the educational process itself—the learning of students and the teaching of teachers*—and also around the facilities and financing necessary if the educational process is to be properly nurtured. If all of this is to materialize, the most important prerequisites are the data and information that will permit the leadership from both within and without the field of medical education to develop the understanding, planning, and the moral and financial support necessary to the results that are needed.

The Research Division of the Association is conducting studies and services that have to do with the strengthening of the elements of the educational process, particularly those that relate to the intellectual characteristics which exist and are needed in students. The Division is also in the process of studying the nonintellectual characteristics of students, with the ultimate view that both faculty and students can be led to identify factors in this area that will be of importance to success in medical school, the internship, residency, and professional practice. In the course of these studies, research, some of it basic to theoretical and methodological advance in psychological measurement and, hence, essential to continuing progress, is also under way. The report of the Director of Research and of the Committee on Research and Education, which will be found on page 603 of the minutes of this meeting, provides further elaboration of the important work of the Association's Division of Research.

Now the teacher is just as essential to the learning process as the student. It is therefore important that work is planned for the study of the intellectual and nonintellectual characteristics of teachers and the manner in which these characteristics, along with those of the students, can be merged into the most effective teaching-learning relationship possible. That this is possible is in part apparent from the fact that activities touching upon this type of investigation have already been undertaken, and also in part because, from now on, present-day students, about whom so much is already known, will be moving into our medical faculties. This will permit additions to a body of knowledge already at hand and, more than this, the study of individuals already conditioned to playing a subject role in this kind of research.

Now, good learning and teaching cannot exist in a vacuum. Educational, clinical, and research facilities, together with their animate and inanimate contents, their proper administration, and also their adequate and stable financing, are utterly necessary. There is no school in which the conditions for teaching and learning are completely satisfied. It

may be true that things are better in some than in others, but in every school serious inadequacies in one or more respects exist. The data and information necessary to the understanding and long-range improvement of these conditions are just now being developed. Since the nature of these studies and the reasons for their importance have just been described in a recent issue of the *Journal of Medical Education*\* and are also elaborated in the report of the Director of Operational Studies which appears on page 598 of the minutes of this meeting, I will not discuss this point further.

The gathering and elucidation of information and ideas about medical education would fall far short of the mark if there was not proper provision for discussion and communication. The discussion and communication media that are presently of particular importance are the *Journal of Medical Education* and its thoughtful articles, reports, studies, and abstracts of the literature, this Annual Meeting and its growth as a national forum within which all of those interested in medical education can gather, and the Teaching Institutes. These Institutes deserve particular emphasis, not only because they provide for a national faculty meeting, but also because of the data-gathering and collation which they involve. Over the years this has resulted in a body of knowledge that is now proving invaluable to the discussions that are taking place and the understandings that are developing in and about medical education.

The dissemination, discussion, and application of information relative to the structure and function of medical education must be much more extensive than is presently the case. The Association must constantly improve its position of communication with the many publics that are of importance to medical education. Of particular importance here are university and medical school administrators and faculties and those elements in our society that must provide for medical education's financial and moral support—the medical profession, private industry, private philanthropy, and all levels of government. A perusal of the minutes of this meeting (particularly note pages 592, 627, and 629) will reveal how the opportunities for approaching these publics, especially the medical profession, hospital administrators, and the leaders of industry, are rapidly developing.

Of all of the publics important to medical education, I want to discuss the need for the Association to increasingly involve the group that must carry the ultimate responsibility for strengthening the educational process itself—the administrators and faculties of our medical schools. What is particularly needed here is for each school to plan study activity in which its own data and information will be compared to the national average. In order for such study to have meaning in terms of perspective and depth, it is essential that the acquisition, interpretation, and application of knowledge about medical education become the personal concern of the rank and file of the faculties of our schools of medicine as well as of their administrators. Given the funds and staff, the Association can do much to assist in this process. The staff has much of the information that will be needed, knows where it can be obtained or, upon occasion, can do the research necessary to fill in significant gaps. The Executive Council is hopeful that the Association can accelerate this kind of development. Some of this kind of service is already being rendered, but if this is to increase—and as information increases, so will the needs for this kind of service—it will be mandatory that funds and professional and technical staff increase proportionately.

\* Ward Darley, Studies and Research in Medical Education: Their Timeliness and Importance. *Journal of Medical Education*, 32:(7) 625-30, 1959.

There are two other responsibilities confronting the Association that are growing out of the pressures of immediate need.

The approval of the report of the Committee on International Relations (see p. 616 of the minutes of this meeting) now authorizes the seeking of funds that will permit the appointment of a staff that can develop information and coordination that will assist both governmental and nongovernmental agencies in the recruitment and training of the teaching and research personnel that is so badly needed abroad. The recommendation also includes authorization to follow through with the satisfaction of other international needs that may seem relevant and important.

The other pressure of need to which the Association must respond has to do with a more effective means of keeping the viewpoints of our schools of medicine, both collectively and individually, before those units of the Federal government that have reason to be interested in medical education and its necessarily related research and service. The Association's past method of dealing with the Federal government upon a piecemeal and *ad hoc* basis will not keep pace with developments as they have recently been taking place. It is to the best interests of both medical education and the general welfare that a nonpolitical method of continuing communication and consultation with the Federal government be established and at the same time that the deans come together as often as necessary so that they can give the mutual concerns of medical education and government more adequate and timely consideration. It is well that the Association has made the decision necessary to this type of approach (see p. 616 of the minutes of this meeting).

With medicine and medical education facing a time of rapid change, it is inevitable that the Association will need to consider expanding its activities and influence in ways and directions that cannot be anticipated in this short report. The committee reports that appear in the minutes of this meeting will provide a good idea of the scope of the Association's present activities. There is much in these reports that will prove to be significant handwriting upon the wall.

As I have discussed the need to bring the Association's program of information-gathering, discussion, and understanding closer to the level of the schools, I have made frequent reference to the matter of staff and funds. As the Association's responsibilities are projected into the years ahead, the question of Association support must be kept in mind—and this in terms of income that will insure stability and continuity. In the past, as presently, generous grants to the Association have spelled the difference between immobility and progress. Abbott, China Medical Board, Commonwealth, Kellogg, Macy, Markle, Pfizer, Rockefeller, N.I.H., and Sloan are names that have recurred in the financial reports of the Association time and time again. Beginning with this meeting the names of Smith, Kline & French and Squibb will be added to the list.

In the future, more of the hard core of the financial support for the Association must come from its member schools and faculties. There are presently some 2000 of our faculty people who hold individual memberships in the Association. This could be many thousands more. I recognize that this kind of membership can only grow as our faculties become personally involved in educational and creative activities that are stimulated by the work of the Association. There should be no problem here, because, if the Association is to justify its existence by increasing the stature of medical education, it will be because of such involvement. Here again I come back to my original thesis: namely, that if the Association is to succeed in its mission, it will be because of its success in the gathering of information

and ideas and in their dissemination, discussion, and understanding. It is the medical faculties that will constitute the basic units in the success of this venture, and it is my belief that, if the activities of the Association can contribute to an increase in faculty knowledge about medical education, the individual membership will take on sufficient meaning to insure the Association's financial stability. In anticipation of this, the Executive Council, even though present financial reserves are small, is not faltering in the support of efforts to strengthen this nation's system of medical education. The rapid passage of time and the growing pressures of need permit nothing less.

# Meeting of Institutional Membership

Palmer House, Chicago, Illinois

February 7, 1959

All institutional members were present when the meeting was called to order by President John McK. Mitchell at 2:00 P.M.

Dr. Mitchell outlined the growth of the A.A.M.C. as to staff, budget, activities, and responsibilities, with particular emphasis upon recent developments such as those concerned with research, the Liaison Committee on Medical Education, MEND, and particularly the recent liaison meetings between the Pharmaceutical Manufacturers Association and between the University Presidents, the A.A.M.C. Executive Council and A.M.A. Board of Trustees and Council on Medical Education and Hospitals. He stressed the increase in the amount of work and responsibility that must now be carried by the Executive Council and hence the need for more than one business meeting a year of the institutional membership.

Dr. Ward Darley then gave a report which represented a considerable expansion of the brief statement he made at the Philadelphia meeting. The report centered around the fact of a recent grant of \$500,000 over a 5-year period from the W. K. Kellogg Foundation to finance the operational studies needed if the structure and function of medical education were to be better understood. (This report was published under the title "Studies and Research in Medical Education, Their Timeliness and Importance," *Journal of Medical Education*, Vol. 34:No. 7, pp. 625-30, July, 1959).

Following the Executive Director's report, considerable discussion centered around the question whether the many agencies interested in medical education would be willing to accept the result of studies carried out by the Association in lieu of doing their own. It was pointed out that the Executive Director believed this type of activity would be welcomed—also that the Association, by virtue of the resolution regarding questionnaires passed at the Philadelphia meeting, gives the Executive Council the authority to keep the questionnaire situation under reasonable control.

There was also discussion of the difficulties which confront many schools because of the shortage of funds for personnel to do the institutional research necessary to satisfactory participation in operational studies. Finally, in the reporting of such studies, the need to preserve institutional anonymity was emphasized.

Dr. Mitchell presented the resolution developed by the Executive Council favoring the part which the national voluntary health agencies had played in financing medical research and research training.

The resolution as proposed follows:

Resolution by the Executive Council of the Association of American Medical Colleges in recognition of the valuable contribution of the major voluntary health agencies.

Whereas, the advancement of medical knowledge is a major responsibility of medical schools, and  
Whereas, the major national voluntary health agencies have provided valuable and intelligent

assistance to medical schools through grants for basic research and long-term support of research personnel, and

Whereas, there is continuing and increasing need for this type of nongovernmental support provided by the national voluntary agencies, and

Whereas, most of the major national voluntary health agencies have recognized the necessity for increasing the allowance for the indirect costs of research to a more adequate level, therefore

Be it resolved that the Association of American Medical Colleges express its appreciation to the major voluntary health agencies for the invaluable contributions they are making, particularly toward the support of basic research, fellowships, scholarships, and long-term research personnel support, and wishes to express its concern about any activities which would in any way jeopardize or interfere with their support of medical education and research.

A motion to approve the resolution was made and seconded. After considerable discussion, it was moved and seconded to amend the resolution to strike the last phrase in the last paragraph, "and wishes to express its concern about any activities which would in any way jeopardize or interfere with their support of medical education and research." This amendment was approved by a majority voice vote, following which the original resolution as amended was passed by a majority voice vote.

Dr. George Armstrong reported for the Committee on Financing Medical Education.

Upon Dr. Armstrong's motion, followed by a second, it was voted to re-affirm the resolution favoring federal matching funds for construction as it was originally passed at the Atlantic City meeting in 1957. The text of this resolution follows:

Whereas, it is generally recognized that the physical facilities for housing the educational programs of many of our medical schools are in great need of expansion and modernization beyond the present economic resources of these schools themselves, and

Whereas, several members of the present Congress are sponsoring legislation designed to aid these medical schools in their needs, and

Whereas, we have been led to believe that some members of the Congress are not convinced that the proposed legislation has the interest of the entire membership of the Association of American Medical Colleges in spite of diligent efforts of the officers of this Association and its Committee on Financing Medical Education in surveying the needs of the individual member schools and in transmitting information regarding these needs to congressional committees, therefore

"Be it resolved that the membership of the Association of American Medical Colleges in its 68th Annual Meeting go on official record as being in complete accord with the principle of Federal financial assistance in the construction of new, and the expansion and modernization of existing, facilities for medical education in our medical schools.

Be it further resolved that a report of this action be transmitted to each member of the Congress.

Upon Dr. Armstrong's motion, properly seconded, the following resolution regarding full reimbursement for research and training programs and projects financed by the Federal Government was passed:

Whereas, the United States Public Health Service and many of its subdivisions, particularly the National Institutes of Health, have rapidly increased their support of medical research and research training, and

Whereas, the dollar volume of this research and training has nearly reached 100 million dollars for the year 1958-59, and

Whereas, only 15 per cent of each grant is allowed for the indirect costs thereof, and

Whereas, numerous studies have shown that the indirect cost is actually far in excess of this allowance, and

Whereas, this difference must be made up from funds which otherwise would support programs in education, therefore

Be it resolved that the medical schools of the United States, which comprise the institutional

membership of the Association of American Medical Colleges, request the United States Congress to require that all Federal agencies that support medical research provide for the full costs thereof.

In the course of the discussion regarding this resolution, Dr. Mitchell announced that word had just been received to the effect that the American Cancer Society had authorized an increase in the indirect cost allowance of from 15 to 25 per cent. This would add close to 3/4 million dollars per year to the earned income of American Cancer Society grantees. Dr. Mitchell also recalled the fact that full reimbursement has been the policy of the National Foundation (for Infantile Paralysis) for several years.

Upon Dr. Armstrong's motion, properly seconded, it was voted to request the Congress to restore the 10 million dollar cut in appropriation for research facilities as proposed in the President's budget.

Dr. Armstrong then discussed the Hill-Burton Hospital Act, pointing out that as it presently stands, except for notable exceptions, it has not benefited medical school-owned or -affiliated hospitals either for new construction or for remodeling. He pointed out that the American Hospital Association is seeking to have the Act amended so that urban hospitals may be able to obtain funds at least for the modernization of existing plants. While no vote was taken, Dr. Mitchell stated that the Executive Director would look into the matter of the Association's lending support to an amendment that would make it possible for medical school owned or affiliated hospitals to derive more benefit from the Hill-Burton Act than has been the case in the past.

Dr. Mitchell presented a resolution as it had been prepared by the Executive Council which would provide for a Medical School-Teaching Hospital Section and also a standing Committee on Medical School-Teaching Hospital Relationships.

Since medical school-hospital relationships represent a very important administrative, organizational and teaching area in medical education, the formation of a Medical School-Teaching Hospital Section of the A.A.M.C. is hereby authorized.

At the same time the creation of a standing committee upon Medical School-Teaching Hospital Relationships is authorized, the members of which are to be appointed by the Executive Council, and among others, said appointees to include the three major officers of the Section.

The Section meetings shall be financed by the Section and shall be in conjunction with but not in conflict with the Annual Meeting of the Association. The Section is to develop its own meeting program, may elect section officers at its discretion and may develop recommendations or resolutions which it may direct to either the Committee on Medical School-Teaching Hospital Relationships or to the Executive Council.

The Committee on Medical School-Teaching Hospital Relationships, in turn, may develop recommendations or resolutions which it may direct to either the Medical School-Teaching Hospital Section or the Executive Council, and as with other standing committees of the Association, it will render an annual report to the Association.

The Executive Council, in its turn, may develop or refer recommendations, resolutions or reports to the Medical School-Teaching Hospital Section, to the Committee on Medical School-Teaching Hospital Relationships or to the institutional membership of the Association.

Both the Medical School-Teaching Hospital Section and the Committee on Medical School-Teaching Hospital Relationships are the instruments of the Association, and either or both may be dissolved by the Association at any time. In no event will either the Medical School-Teaching Hospital Section or the Committee on Medical School-Teaching Hospital Relationships attempt to establish Association policy. The procedures herein described, however, should make it possible for policy recommendations and considerations to originate with either the Section or the Committee and to reach the Executive Council or the institutional membership without restraint or delay.

Following motion and second to approve the resolution, there was very considerable discussion, the sense of most of which centered around the following questions:

Would not regional meetings of medical school and hospital administrators, as presently occur, take the place of a larger, more central organizational set up? Is there a need for a national as well as for these regional forums? Should the Association sponsor or encourage both regional and national forums?

Is the Association becoming too large as to size and too complicated as to organization? Can the Association assume a position of leadership in the constantly broadening field of medical education without becoming too large and complicated?

Will the activity implied in the resolution help or impede the problems of communication as between the dean, the hospital administration, and the president of the university or the governing board? Since the teaching hospital is an intimate part of the medical school, in fact is the medical school, does not the resolution imply that this fact is no longer to be recognized? Since the relationships over the country between medical schools and teaching hospitals vary from the extreme of complete medical school ownership and control to no ownership and very loose or even no control, might not the implications of this resolution pave the way for a better solution to those situations that may be less favorable to medical education?

At the close of discussion, the question was called. The motion to approve the resolution was carried by a majority voice vote.

Dr. Mitchell announced two A.M.A. appointments, both of great importance to the medical schools: Dr. Edward Turner, Director of the newly-created Division of Scientific Activities, and Dr. Walter Wiggins, to replace Dr. Turner as Secretary of the Council on Medical Education and Hospitals.

# Meeting of the Institutional Membership

Edgewater Beach Hotel, Chicago, Illinois  
November 1, 1959

The meeting convened at 2:00 P.M. in the Ballroom of the Edgewater Beach Hotel, Chicago, Illinois, with Dr. John McK. Mitchell, President, presiding.

Dr. Mitchell explained that the session was a relatively new development which will be continued in hopes of giving the deans a chance to discuss on a relatively informal basis certain problems that are going to be facing them each year in the months, even weeks, ahead. The more formal committee presentations would be held for the business meeting on Wednesday morning, November 4.

Dr. Richard H. Young, the secretary, called the roll.

The first order of business was approval of the minutes of the meeting held in Chicago in February, 1959.

The following changes in the By-laws, as per the necessary 30 days' legal notice, were approved, Section V being changed to increase the terms of the secretary and treasurer from 1 to 3 years in order to give the continuity which the nature of such offices require. The revised Section V reads as follows:

Section V. Officers. The officers shall be a president, a president-elect, a past president, a vice-president, an executive director, a secretary, and treasurer.

The president elect and vice president shall be elected for 1-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. The secretary and treasurer shall be elected for a three-year term. Any officer may be removed by the members whenever they deem it to be in the best interest of the Association.

The motion was approved unanimously.

It was moved that the Articles of Incorporation and By-laws as amended to date be approved *in toto* and republished. The motion was seconded and unanimously approved. (Note: The Articles of Incorporation and By-laws as per this authorization, including a by-law change authorized January 9, 1960. See page 632 of this report.)

Dr. Boisfeuillet Jones, Chairman of the Consultants on Medical Education for the Senate Appropriations Committee, delivered the following about the work his committee is undertaking:

Dr. Mitchell, Ladies and Gentlemen of the Association: When the Congress appropriated money for the Public Health Service this past June, the appropriation for the medical research activities, principally through NIH, was increased from about \$294 million to \$400 million, a 36 per cent increase in one year. When this action was taken, the Senate Appropriations Committee likewise passed a resolution asking for the establishment of a Committee of Consultants on Medical Research to advise the Appropriations Committee on the adequacy and effectiveness of the medical research program as supported by Federal appropriations.

Several weeks later, about 8 to be exact, the President in approving the Appropriations Act

issued a 2-page statement taking exception to this rather large increase at one time in Federal support of medical research. His concern was expressed somewhat more concisely than the resolution of the Senate in that he pointed out three principal areas about which he had question. One was whether or not the large increase and the rapid growth of the medical research programs would tend to overtax the review mechanisms to the point that the quality of medical research may be watered down. He was concerned likewise as to whether or not this very large emphasis on medical research would tend to drain from medical teaching and medical practice doctors who might more appropriately be in these other two fields on a relative basis. The third point was whether or not these heavy appropriations of the Federal government might tend to dry up the non-Federal source of support for medical research.

These two actions were directed toward the same question, that is, the appropriate responsibility of the Federal government in the field of medical research. Now there have been a good many studies and surveys made. I think probably no group in the country knows this better than the deans of medical schools. We have been surveyed and questioned and consulted to almost intolerable extent. So one wonders about this new committee and what it is supposed to do and what it will actually try to do.

The membership of this group was selected by the Senate Subcommittee on Appropriations for Labor, Health, Education and Welfare. I do not know how these selections were made. We have been told that the thirteen members of the committee did approve the appointment.

Other than myself, there is one other lay member of this group—General David Sarnoff, R.C.A. The other nine members are scientists who have had considerable experience in medical teaching, medical research and/or medical practice. Two are directly engaged in the general field of medical education as administrators, Dr. Edward Dempsey, Dean of the Washington University School of Medicine and Dr. Harry Lyons, Dean of the School of Dentistry at the Medical College of Virginia. The other seven members include Dr. Walter Wilson, biologist from Brown University; Dr. Sidney Farber of the Children's Cancer Research Foundation, the Harvard faculty, a pathologist in Boston; Dr. Cornelius Traeger, neurologist from Cornell University; Dr. Alfred Blalock, surgeon from Johns Hopkins University; Dr. Michael De Bakey of Baylor University; Dr. Leo Rigler, radiologist, Executive Director of the Cedars of Lebanon Hospital in Los Angeles; and Dr. Cecil L. Wittson, psychiatrist from the University of Nebraska. The staff director is Dr. Margaret H. Sloan who is on leave for this purpose from the National Research Council of the National Academy of Sciences.

This group of eleven people and staff director are charged with the responsibility of providing an advisory report to the Senate Appropriations Committee on a program of tremendous importance to the medical profession broadly interpreted to the health of this nation and more specifically, to the program of research and their impact on medical education and the health programs.

I think perhaps at least one member of this group, and I am sure others, probably would have been a little more hesitant to accept the assignment had there been time enough to really understand the mission that was given to the group. Among other things, the Committee has asked for a report by February of 1960. They are interested, however, in having more than just a superficial job done and are not going to be too insistent on this deadline if more time would be more helpful in achieving a substantial result.

This committee has met three or four times since its organization just a few weeks ago. It has only a limited number of meetings between now and February 1 to devote to discussions and to seek information. The committee feels that it does not have the time to undertake any new programs of data-seeking. It also recognizes the fact that, since it is composed of scientists who have had a hand in one way or another in the research effort sponsored by the Federal government, it will need to document to the maximum extent possible such judgments as it may reach.

The group is quite anxious to have the help of those groups and individuals who may contribute to its judgment.

The Association of American Medical Colleges and the American Medical Association itself represent a source of information of tremendous importance to the work of this committee. We are very gratified that your Executive Council, through the good offices of Doctors Mitchell and Darley, were able to spend two hours this morning discussing the work of this committee. We are pleased that they gave us this opportunity to have just a word with you as a group this afternoon.

We expect in the weeks ahead to have further contact with your Council and its representatives, and we would like to avoid actually a questionnaire approach to the deans of the schools of medicine. However, we are extremely anxious to have the benefit of such questions and such comments as the deans and university officers may be willing to give in the judgments related to this job. Perhaps this can be done informally through a simple exchange of letters, the mechanics of which we will agree on subsequently, but we hope if your Council agrees that we can make an informal opinion survey of this sort, that you will respond by simple, informal letter. Meanwhile, there are three representatives of this committee who are here now and will be here at least through Tuesday noon who will welcome the opportunity for individual conversation with any of you who may have comments to make, questions to raise, issues you may wish to see considered.

I think we are pretty well aware of the multitude of questions that need some attention, particularly those relating to the impact of this program on medical education. We have no intention to duplicate the work of the Bayne-Jones Committee or of the Bane Committee or of the twenty medical schools surveyed in the country. We think there are enough data available which, if properly brought together and interpreted toward this particular assignment, this is about as far as the Committee can go.

We do expect to have the opportunity in committee setting to hear representatives of education, both medical and dental and other professions, of voluntary health agencies, of foundations interested in medical research and education, of industry (particularly pharmaceutical industry) that has a stake in medical research, and others as may be indicated.

This is a legislative enterprise. The Committee is appointed by an Act of Congress. The other studies for the most part have been executive in nature. There is complete understanding and agreement, so that there is no difference of approach or attitude at all. Secretary Flemming has already offered the full resources of his organization as has Dr. Burney, the Surgeon General, and Dr. Shannon, Director of the National Institutes of Health.

A great amount of time will be spent with the administrators of the National Institutes of Health, since a review of their programs will be important and constitutes a major part of the function of this Committee.

We are anxious that we try to find together, to the best of our ability, answers to such questions as whether or not there is too much money going into research or too little, whether it ought to be withdrawn or expanded on some sort of schedule, whether there ought to be more freedom by the administrators of the universities and deans to provide for a balanced situation in which medical research can be carried on. The need for consideration of the impact on the manpower problem has already been considered in relation to other sources of support. There are a myriad of questions, many of which have been suggested, many of which are already familiar to this group in other contexts.

President Mitchell thanked Dr. Jones and assured him of the Association's cooperation.

Though the next item on the agenda concerned the setting up of a Spring meeting of deans each year, President Mitchell stated that, because of the rapid development of recent events which are important to the deans, this matter would be postponed for later consideration. He then introduced Dr. George Amrstrong, chairman of the Committee on Financing Medical Education, who gave the following report of his committee concerning the Washington scene:

Your Committee considered four items that are in a discussion stage and to which subjects certain legislative material has already been thrown into the Congressional hopper, much of it without action by committee to date. Others are merely in the stage where they may be thrown into the hoppers within the coming few months. These were, as we saw them, with no intent as to priority, the so-called institutional research grants; the creation of specialized research facilities and regional research resources; Federal aid to medical educational construction; and the ever recurring subject of full cost of medical research.

There was a feeling on the part of the Committee that those in Washington who are guiding the destinies of some of these programs have no organized means at the moment of discovering the thinking of the institutional members of this Association. It was recalled by Dr. Moore that

at one time a situation somewhat analogous existed in the Veterans Administration and that there was created, we think with a certain amount of success, a committee of the Association which is known as the Committee on Veterans Administration-Medical School Relationships.

There is a great deal of contact, if you will, between the director of the N.I.H. and his staff and those who are responsible for the research programs in many instances at our various institutions. We have the feeling that there is a dearth of contact between the director of N.I.H. with those of us who are responsible for policies within our institutions. Furthermore, attempts at the moment to obtain the views of us who are the makers and the "carry-outers" of policies in our medical schools are too often obtained from individuals or from groups who carry little direct responsibility for the nation's programs in medical education. Therefore, we have to present to you two resolutions; the first is as follows:

"WHEREAS there are many proposals that will shortly be presented to Congress that will have a major impact on the conduct of medical education and medical schools in the future, and

"WHEREAS it is important that these proposals be carefully studied by the medical schools and that the considered and collective opinion of the medical schools through action of the AAMC be available to the Congress and to the public, therefore be it

"RESOLVED: That the Executive Council be instructed to study these proposals and make recommendations to the member schools for their consideration and action at a special meeting of the institutional members of the AAMC to be called, if possible, before the opening of the next sessions of Congress."

The resolution was unanimously accepted.

Dr. Armstrong then read the second resolution:

WHEREAS the director of the N.I.H. has asked the best means for providing for most effective representation of institutional points of view in the development and conduct of N.I.H. programs; therefore be it

RESOLVED: That a committee on N.I.H. relations with medical schools be appointed by the A.A.M.C. to be the liaison between the institutional members of the A.A.M.C. and the N.I.H.

The second resolution was also passed. (NOTE: At a later meeting on November 4, 1959, the above two resolutions were consolidated into one and also somewhat amended. See p. 616 of this report.)

The meeting adjourned at 3:15 P.M.

# The Seventieth Annual Business Meeting

Edgewater Beach Hotel, Chicago, Illinois  
Wednesday, November 4, 1959

## ROLL CALL

All Institutional Members were represented.

## APPROVAL OF MINUTES OF 69TH ANNUAL MEETING

The Minutes of the 69th Annual Meeting, October 13, 14, 15, 1958, Hotel Sheraton, Philadelphia, Pa., were approved as published.

## FOREIGN VISITORS

Jacob Chandy, Christian Medical College, Vellore, India.  
John Ellis, Association for the Study of Medical Education, Great Britain.  
Nestor Giralá, Asuncion University, Paraguay (Fellow, Cornell).  
Yong Chol Han, Seoul National University Medical College, Korea.  
Dong Ik Kim, Seoul National University Medical College, Korea.  
Myung Sun Kim, Yon Sei University Medical College, Seoul, Korea.  
John Gibb McCrie, University of Sheffield Faculty of Medicine, England.  
Choo Wan Myung, Seoul National University Medical College, Korea.  
Susan Ofori-Atta, Medical Research Institute, Acra, Ghana.  
Dr. and Mrs. Rao, Director of Medical Services of the State Andhra, Hyderabad, Prades, India.  
Edward Sayers, Medical School, New Zealand.  
John Legge Stafford, St. George's Hospital Medical School, London, England.  
Naohiko Ueno, Chemo-Sero Therapeutic Research Institute, Kumamoto, Japan.

## INDIVIDUAL MEMBERS

A total of 460 new Individual Members were voted into the Association.

## SUSTAINING MEMBERS

Two new Sustaining Members were approved: Smith Kline & French Laboratories and the Upjohn Company.

## EMERITUS MEMBERS

The following individuals were voted into Emeritus Membership in the Association:  
Walter A. Bloedorn, A.M., M.D., Sc.D., Professor Emeritus of Medicine, George Washington University; President, National Board of Medical Examiners; President, Gorgas Memorial Institute

William Eustis Brown, M.P.H., M.D., D.Sc., Former Dean, University of Vermont College of Medicine.

Harold S. Diehl, M.D., Dean Emeritus, University of Minnesota College of Medical Sciences; Senior Vice President for Research and Medical Affairs and Deputy Executive Vice President, American Cancer Society, Inc.

Albert C. Furstenberg, M.D., Former Dean, University of Michigan Medical School.

Herman G. Weiskotten, M.D., Sc.D., Dean Emeritus, State University of New York Upstate Medical Center, College of Medicine; Former Chairman of the Council on Medical Education and Hospitals, American Medical Association.

William S. McEllroy, M.D., Former Dean, University of Pittsburgh School of Medicine.

William Harvey Perkins, M.D., Sc.D., LL.D., Former Dean of Jefferson Medical College.

Mario Mollari, M.D., Professor Emeritus of Bacteriology and Tropical Medicine, Georgetown University School of Medicine.

#### REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

JOHN McK. MITCHELL

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 Supreme Court of the State of Illinois has decided the real property tax exemption suit in favor of the Association. This has been tedious and expensive, but the long-range savings to the Association will make the venture worth while.

*Second*, the first of a series of discussions between representatives of the A.M.A. Board of Trustees and the Council on Medical Education and Hospitals, the Executive Council of the A.A.M.C., and selected university presidents has taken place. This meeting was mostly concerned with the identification of the major problems presently facing medical education and the possible ways in which these might be amenable to a joint approach.

*Third*, in February, 1959, representatives of the Association met with the presidents of the Association of American Universities and took part in a very helpful discussion of medical education. It seemed to be the consensus, as evidenced by a letter later received by the Executive Director, that, while representatives of A.A.U. would always be available for discussion and consultation, no formal liaison with the A.A.M.C. was indicated.

*Fourth*, the Board of Directors of the Pharmaceutical Manufacturers Association and the Executive Council of the A.A.M.C. have now established a standing liaison committee which has held fruitful sessions. The initial result of this committee's work has been the development of the following statement:

#### *Furtherance of Medical Education by the Pharmaceutical Industry*

It is desirable that medical education be furthered to the greatest possible degree by the pharmaceutical industry. Such a furtherance is of great importance and in the best interest of the American public and the medical profession. It is essential that efforts of the industry in furthering medical education follow the highest of standards and to that end the following general principles are established by the Pharmaceutical Manufacturers Association and the Association of American Medical Colleges for the guidance of all concerned.

*Surveys* of medical students of questionnaire or other form made by the industry or members thereof, rarely result in the furtherance of medical education. The Association of American Medical

Colleges is available for consideration of exceptions to this general statement and should be consulted to determine whether an exceptional survey is in keeping with these general principles.

*Non-educational entertainment* (such as cocktail parties, steak dinners, etc.) does not further medical education and such entertainment should not be requested by students or faculty or suggested by members of the industry.

*Awards and prizes.* Funds or other awards intended as recognition of a high order of scholarship or of research achievement of students or faculty members are an effective means of furthering medical education. The interest of the recipient is best served through his uninfluenced selection by his medical school and by the omission of photographs or press releases by the donor.

*Lectures* at institutes of learning, established by members of the pharmaceutical industry constitute a means of bringing special information to medical students and therefore are of value in medical education. *The final choice* of individual speakers should be made by the medical school concerned in the interest of providing the best possible source of information on a specific subject.

*Visits to pharmaceutical laboratories* constitute a source of medical education which is not available in medical colleges. The visits are therefore considered worth while, but the general principles regarding entertainment (except for necessary meals), printed literature, and drug samples should apply to the occasion of such visits.

*The release of information* regarding research products prior to their acceptance by the medical profession is not in the best interest of the American public. Such releases are discussed in the "Statement of Principles of Ethical Drug Promotion," adopted by the PMA, May 24, 1958. Because of this general principle, press releases on unestablished drugs should not be made by members of the industry or by medical colleges. In addition, press releases on established drugs when students or faculty members of a medical college are involved, should follow the established practices of the medical college concerned.

*Television or radio productions* involving medical colleges or research efforts in such colleges should be invariably presented in a way that the greatest possible degree of medical education is obtained from the production. Unnecessary dramatization or other accent of material which does not provide educational information is discouraged and to be avoided.

*Printed literature* of pharmaceutical manufacturers is frequently of considerable value in medical education. The use of educational literature by students is encouraged, but the interest of the student is best served by its distribution through a qualified official of the medical school concerned.

*Drug specimens* are an important part of the education of a medical student. However, it is illegal for a student to receive prescription drugs for other than study purposes, which study should be conducted in his formal class sessions. For this reason, prescription drug samples should be made available for use by students only through a qualified official of the medical college concerned.

The above paragraphs cover subjects which are representative of certain specific undesirable practices, although the list is by no means exhaustive. In general, as a basic guiding principle, both the medical educators and the leaders of the pharmaceutical industry can agree that any act, practice, or policy which tends to result in the exploitation of the medical school, educator, or student for commercial or selfish consideration is undesirable. Therefore, there can be no furthering of such acts, practices, or policies by anyone who is truly interested in the future health and strength of medical education.

*Additions to or modification* of these general principles should result from continuing conference between designated members of the two associations concerned.

This document is intended to serve as a guide to medical schools as they may have occasion to deal with pharmaceutical firms. The statement is subject to change and amendment, and it is hoped and expected that, as questions and suggestions arise, they will be forwarded to the Executive Director so they can be referred to the Liaison Committee. The approval of the statement "Furtherance of Medical Education by the Pharmaceutical Industry" was unanimously voted.

The AAMC-PMA Liaison Committee has also established a sub-committee under the chairmanship of Dr. John E. Deitrick, which is made up of representative medical

school faculty and pharmaceutical medical directors. This committee is to explore and make recommendations regarding any area that might be the mutual concern of medical education and the pharmaceutical industry, particularly such matters as the training of clinical investigators, the integration of medical students into research, the clinical evaluation of new drugs, the development of standards for the evaluation of new drugs and the best means of transmitting information about new drugs to medical students, interns, residents, and faculties.

*Fifth*, since the last Annual Meeting, new grants for the work of the Association have been received as follows:

Commonwealth Fund—\$50,000

In support of 1959 and 1960 Teaching Institutes

Commonwealth Fund—\$150,000

For three years' support of the Division of Basic Research

National Institute for Mental Health—\$10,000

In support of 1959 Teaching Institute

National Heart Institute—\$25,000

In support of 1960 Teaching Institute

Rockefeller Foundation—\$1,400

For special meeting of Committee on International Relations

Rockefeller Foundation—\$1,500

In support of Journal subscriptions to British medical schools

Smith Kline & French Laboratories—\$10,000

In support of the developmental phase of a traveling fellowship program for medical students

In addition to these, it is well to be reminded that other grants made previous to last year's Annual Meeting are still active. These are:

Commonwealth Fund—grants for basic research and Teaching Institutes

W. K. Kellogg Foundation—Support of the study of medical college costs and of the internship and support of the Division of Operational Studies

Josiah Macy, Jr. Foundation—support of the *Journal of Medical Education*

John and Mary R. Markle Foundation—general support of the Association and support of the Resurvey of Pre-professional Education in the Liberal Arts College under the direction of Dr. Aura Severinghaus.

This evidence of confidence in the work of the Association is most welcome and is also most heartening.

*Sixth*, effective July 1, 1960, the Executive Council has approved the transfer of the MCAT from the Educational Testing Service of Princeton, New Jersey, to the Psychological Corporation of New York. (The reason for this change is the need for test development, the kind of work which the Psychological Corporation is particularly qualified in at this time.) Those individuals in our schools of medicine who are concerned with and who must use the MCAT can rest assured that they will be kept well advised of any developments that may involve changes in the test's administration and interpretation.

*Seventh*, during the past year much has happened in Washington that is of importance to medical education: (1) the National Defense Education Act has been passed and can be

significant as a source of loan funds to medical students; (2) the research appropriations to the National Institutes of Health have been increased very substantially; (3) the report of "A Study of 20 Medical Schools" was developed by the staff of the NIH with the active help of the AAMC staff and the deans and faculties of the schools involved; (4) as evidenced by the report that has just been released, three deans and the Executive Director have been serving with the Surgeon General's Consultant Group on Medical Education; and (5) a Senate committee, under the chairmanship of Boisfeuillet Jones, is initiating another study aimed at determining the past ten years' impact of the NIH upon medical education and whether the funds now being provided for research and training are adequate to future needs. Dr. Jones spoke before the meeting of this Association on October 31, and his remarks appear in the minutes of that meeting.

*Eighth*, it is now believed that the work of the Division of Operational Studies is reaching a point where the AAMC staff and officers and the deans and faculties of our medical schools can be of very material assistance to the National Fund for Medical Education and its fund-raising efforts. Dr. Thomas Hunter and the Executive Director will soon be meeting with the Board of Directors of the Fund in order to discuss what more might be done.

*Ninth*, the Executive Council has noted the death of Dr. Abraham Flexner with deep regret and offers the following resolution for the approval of the Association:

WHEREAS, Dr. Abraham Flexner, A.B., A.M., LL.D., Litt.D., M.D. (hon. University of Berlin, Washington University), has played a most important role in improving this nation's educational and social institutions and practices, and

WHEREAS, as the result of his survey and report "Medical Education in the United States and Canada" Dr. Flexner has made a particularly significant contribution to the progress of medical education in the United States and Canada, even throughout the world, and

WHEREAS, on October 21, 1957, in recognition of these facts, the Association of American Medical Colleges established the Abraham Flexner Award for Distinguished Service to Medical Education, and

WHEREAS, Dr. Abraham Flexner's death occurred on September 21, 1959,

THEREFORE BE IT RESOLVED that the Association of American Medical Colleges and its member schools and faculties reaffirm their appreciation for the signal service which Dr. Flexner has rendered and record their deep sorrow on the occasion of his death.

This resolution was unanimously adopted by a rising vote.

*Tenth*, the report of the Chairman of the Executive Council was adopted by unanimous vote.

#### REPORT OF THE NOMINATING COMMITTEE

NORMAN B. NELSON, *Chairman*

The following group of officers was offered by the Committee:

President-Elect, George N. Aagaard  
Vice-President, Donald G. Anderson  
Secretary, Richard H. Young  
Treasurer, J. Murray Kinsman  
Council Member, Robert J. Glaser  
Council Member, Robert C. Berson

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

## REPORT OF THE SECRETARY

RICHARD H. YOUNG

The fundamental responsibility of the Secretary is to schedule and supervise surveys of the individual medical schools. This, of course, is done in conjunction with the Secretary of the Council on Medical Education and Hospitals of the American Medical Association. Reports of the surveys have been reviewed by the individual Council members of the A.A.M.C. and the A.M.A. and by the Liaison Committee between the two Associations.

The following schools were surveyed during the 1958-59 academic year:

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

The visitation schedule for 1959-60 is as follows:

- University of Alberta Faculty of Medicine
- University of Western Ontario Faculty of Medicine
- St. Louis University School of Medicine
- Marquette University School of Medicine
- University of Rochester School of Medicine and Dentistry
- Seton Hall College of Medicine and Dentistry
- Baylor University College of Medicine
- University of Puerto Rico School of Medicine
- University of Florida College of Medicine
- University of Cincinnati College of Medicine
- University of Mississippi School of Medicine
- New York University College of Medicine
- State University of Iowa College of Medicine
- Dartmouth Medical School
- Georgetown University School of Medicine

The appointment of the following Assistant Secretaries was approved by the Executive Council:

- Robert J. Glaser (University of Colorado)
- John A. D. Cooper (Northwestern University)
- Robert R. Wagner (Johns Hopkins University)
- James R. Schofield (Baylor University)
- Samuel A. Trufant (University of Cincinnati)
- Robert G. Page (University of Chicago)

The report of the Secretary was accepted.

## REPORT OF THE TREASURER, 1958-1959

J. MURRAY KINSMAN

The following summary of the past year's financial operations of the Association is based on an audit by the firm of Ernst and Ernst.

Statements of Income and Expense and Equity  
Association of American Medical Colleges  
Year ended June 30, 1959

## STATEMENT OF INCOME AND EXPENSE

	Total	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes
Income:				
Dues	\$115,368 15			\$115,368.15
Grants	326,698.55	\$276,698.55		50,000.00
Services	126,173 03			126,173.03
Publications	60,541.21			60,541.21
Interest	3,921.06			3,921.06
Total Income:	\$632,702.00	\$276,698 55		\$356,003 45
Expenses:				
Salaries	\$306,459.28	\$ 76,245.59		\$230,213.69
Other expenses	322,009.18	125,018.31		196,990.87
Transfer in-out*		32,060.00		32,060.00*
Total Expenses:	\$628,468.46	\$233,323.90		\$395,144.56
Income in Excess of Expenses:	\$ 4,233.54	\$ 43,374.65		(\$ 39,141.11)

## STATEMENT OF EQUITY

Balance at July 1, 1958	\$582,794.45	\$178,239 22	\$287,427.79	\$117,127 44
Adjustments arising from changes in accounting practices—Note B	20,754 48	6,916.40*	9,428.46	18,242.42
Adjusted balance at July 1, 1958	\$603,548 93	\$171,322.82	\$296,856.25	\$135,369.86
Income in excess of expenses	4,233.54	43,374.65		( 39,141.11)
Balance at June 30, 1959	\$607,782.47	\$214,697.47	\$296,856.25	\$ 96,228.75

( ) Indicates expenses in excess of income.

\* Indicates deduction.

Balance Sheet  
Association of American Medical Colleges  
June 30, 1959

## ASSETS

Cash		\$130,284.78
United States Treasury notes, 3½%, due November 15, 1959—at cost and accrued interest (approximately market)		130,690.63
Accounts receivable		61,808.16
Loan receivable—Educational Council for Foreign Medical Graduates		8,333.33
Accounts with employees		3,524.70
Deposit and prepaid expenses		1,139.23
Land and building—at cost—Note A:		
Land improvements	\$ 9,002.36	
Building	287,853.89	296,856.25
		<u>\$632,637.08</u>

## LIABILITIES AND EQUITY

<b>Liabilities:</b>		
Accounts payable		\$ 19,844.75
Taxes withheld from payrolls		4,607.74
Payroll taxes		402.12
		<hr/>
		\$ 24,854.61
<b>Equity:</b>		
Restricted for special purposes	\$214,697.47	
Invested in land and building	296,856.25	
Available for general purposes	96,228.75	607,782.47
		<hr/>
		<u>\$632,637.08</u>

Notes to Financial Statements  
Association of American Medical Colleges  
June 30, 1959

*Note A*—Land Improvements and Building:

The national headquarters of the Association are located on land donated by Northwestern University. Under terms of the grant, the land must be used as the site of the national headquarters and may not be sold or mortgaged without the consent of the University.

*Note B*—Changes in Accounting Practices:

In 1959, the Association adopted certain changes in accounting practices which were made to more appropriately match income with related expenses. The changes relate to the following matters:

a) Amounts receivable (but not including voluntary grants) and amounts payable by the Association were included in income and expense in the period to which they relate.

b) Depreciation was not provided for the year and amounts previously provided have been restored to equity.

c) Equity restricted for special purposes includes only amounts on which limitations have been established by grantors, and does not include special appropriations of the Executive Council. Adjustments resulting from the afore-mentioned changes in accounting practices applicable to the period prior to July 1, 1958, resulted in an increase of \$20,754.48 in equity at that date, and if the changes had not been adopted the equity at June 30, 1959, would have been approximately \$60,000 less.

*Note C*—Grants Receivable:

It is the practice of the Association to include grants in income when they are received. At June 30, 1959, the Association had been notified by several grantors that it may expect to receive \$679,000.00 for special purposes and \$50,000.00 for general purposes within the next four years.

## REPORT OF THE DIRECTOR OF THE DIVISION OF OPERATIONAL STUDIES

## LEE POWERS

By virtue of a grant from the Kellogg Foundation of \$500,000 for a period of 5 years, the Division of Operational Studies of the Association of American Medical Colleges was established in March 1959.\* Its function involves the detailed study of four essential components of medical education—faculties, facilities, financing, and students—and the assemblance of factual data into long-range plans and proposals to meet the pressures of a rapidly growing population. Such pressures pertain to increasing the future enrollments of medical students so that the present physician-population ratio may be maintained; the expansion of existing teaching facilities and the building of new ones so that more students can be accommodated; and the continuing supply of adequately trained teaching and research personnel if existing schools are to be strengthened and new schools are to be built.

*Staff.*—Dr. Lee Powers, Associate Director of the Association of American Medical

\* Two studies already in progress at that time and each separately financed by the Kellogg Foundation were transferred to the jurisdiction of the Division of Operational Studies. They are the "Pilot Study of Medical College Financing" and the "Internship Study" and are discussed more fully in the text under Sections 5 and 6, respectively.

Colleges was named Director of Studies for the Division in March of 1959. Additions to the staff include: J. Frank Whiting, Ph.D., Assistant Director of Studies; Mrs. Katherine Oppermann, B.S., Research Assistant; Dr. Richard H. Saunders, Director of the Internship Study; Mr. Augustus J. Carroll, Cost Study Director (part-time); and Mrs. Rita Kaz, Secretary to the Division. Mr. John Craner, Accountant, will become a part-time staff member in November, 1959.

*Steering Committee.*—A Steering Committee, advisory to the staff of the Division in establishing broad policies and programs as well as in setting up work priorities, was appointed in March of 1959. The members are: Dr. Thomas B. Turner, Dr. John A. D. Cooper, Dr. Robert A. Moore, Dr. William R. Willard, and Dr. Robert C. Berson.

Two meetings of the Steering Committee have been held; the first on April 22, and the second on August 28, 1959. In each instance, several persons from other organizations whose interests center around the work of the Division and who could be helpful in establishing liaison with persons engaged in similar research activity were invited to attend the meetings. They include: Dr. Kenneth M. Endicott, National Institutes of Health; Dr. John L. Caughey, Chairman of the Continuing Group on Student Activities; Dr. Matthew R. Kinde, of the Kellogg Foundation; Dr. Arthur S. Cain, Jr., from the National Academy of Sciences-National Research Council; and Drs. Edward L. Turner and Walter Wiggins, of the American Medical Association.

The first meeting was devoted primarily to a broad discussion of the function of the Division of Operational Studies and to a delineation of study areas which would be most useful and timely. At the second meeting, priorities were set for completing current studies and methodology was discussed.

#### Activities and Progress Report on Current Operational Studies

To carry out the stated objectives of this Division, which are italicized below, the following studies are currently in progress, as indicated:

1. *A working index and reprint library, sufficiently cross-indexed so that any information, regardless of source, that is pertinent to the objectives of this Division will be readily available.*

Current Status: The working index and reprint library has been completed, including all publications relative to medical education since 1946. Additions to the reprint library are made daily. Titles of volumes in a small but growing library on medical education and the related fields of higher education have been integrated with the working index.

2. *Studies of students: socio-economic backgrounds, "going to school costs," sources and means of financing, amount of indebtedness, scholarships, fellowships and loan funds.*

Current Status: The most significant undertaking in this area of activity has been the questionnaire-survey on the "Financial Problems of Medical Students." In cooperation with the Continuing Group on Student Activities, with Dr. Caughey serving as liaison, a questionnaire was distributed to medical students in the graduating class of 1959. Returns were better than 71% complete. Data from the questionnaire has been partially analyzed. Brief summaries will be reported in "Data-grams" in the November issue of *The Journal of Medical Education*. A more detailed analysis of the information will be reported by the Director of the Division to the Continuing Group at the time of the annual meeting. The total information will be analyzed and prepared for publication at a later date in *The Journal of Medical Education*.

3. *Studies of faculties: educational and professional backgrounds; profile of each medical school faculty as to number, subjects taught: balance as to full-time, part-time, or volunteer;*

*distribution of time as to research, patient care, and various teaching and administrative responsibilities; academic deficits in terms of faculty needs. The establishment and maintenance of a central faculty registry so that the above kinds of information can be kept up-to-date.*

**Current Status:** Under the joint sponsorship of the Liaison Committee on Medical Education a questionnaire has been distributed to every faculty member with the rank of instructor or higher scheduled to devote any time during the school year 1959-60 to instruction, research, and/or clinical service in the medical school or its affiliated hospitals.

The information sought in this questionnaire will be utilized to develop continuing studies of the structure and function of our faculties. We know that there are over 40,000 names upon our national faculty list, but we have no knowledge as to the origins and backgrounds of these individuals, how they are distributed as to full-time, part-time, or volunteer status, or as to disciplines or teaching areas. It is important at the moment, for purposes of both local and national planning, that we learn of the military obligation status of each of our faculty. From the long-range standpoint, however, it is time for us to establish a national profile of the structure and function of our faculties so that we can appreciate trends against which our schools, both individually and collectively, can compare themselves and as a consequence, be in a position to appreciate change and then, if necessary, plan for change.

To date, information has been obtained from approximately 30,000 faculty members. Every effort is being made to obtain a complete roster of medical school teaching personnel before publication of the Directory later this year.

#### *4. Studies of physical facilities: their development and need as of now and the future.*

**Current Status:** A comprehensive study has been completed of the future construction needs of all U.S. medical schools as well as total past expenditures during the last 10 years. Preliminary data was reported in "Datagrams" appearing in the July and August issues of *The Journal of Medical Education*.

Manuscript of the complete report, including the effect of the construction program on future enrollments in the medical schools, has been submitted for publication in *The Journal of Medical Education* under the title "National Goals for the Construction of Medical School Facilities."

As part of a related activity, an Ad Hoc Committee was appointed to consider the many problems pertaining to planning and developing new medical schools. The Committee met in Evanston on April 21, 1959. Members of the Committee are: Drs. Russell S. Poor, John Z. Bowers, William R. Willard, Ward Darley, Lee Powers, and Mr. A. J. Carroll. Discussion centered about the publication of a brochure containing useful information and guide lines to universities which are considering establishment of new medical schools. Publication of the brochure is anticipated in the near future.

#### *5. Studies concerned with operational financing and administrative problems of medical education: cost and income analysis according to responsibilities and programs; deficits in terms of financial need; the possibility of new and/or augmented sources of medical school income; medical school-hospital relationships; medical school-university relationships; university-hospital relationships; medical school-hospital-community relationships; medical service plans, the purposes they serve, their present and potential relationship to medical school financing.*

**Current Status:** Upon establishment of the Division of Operational Studies, the "Pilot Study of Medical College Financing"—already activated, possessed of its own Steering Committee and under the direction of Mr. Augustus J. Carroll—became a divisional responsibility. As such, a progress report, prepared by Mr. Carroll in behalf of his Steering Committee, is here summarized, as follows:

**Pilot Study of Medical College Financing.**—On June 1, 1958, the A.A.M.C. received a grant of \$35,000 from the W. K. Kellogg Foundation for a pilot study of medical college financing. A Steer-

ing Committee was appointed with the following members: Drs. Donald Anderson, Robert C Berson, John E. Deitrick, William N. Hubbard, Jr., Herman B. Wells, W. Clarke Wescoe, George A. Wolf, Jr., and Ward Darley.

Seven selected medical schools agreed to cooperate in the Pilot Study to develop a method by which each medical college could routinely and periodically analyze its financial affairs and report them in a manner that would permit appropriate and beneficial comparisons with other medical colleges. After tentative forms had been devised, these seven schools cooperated in an extraordinary way by reviewing and testing the several different types to select those best suited to the purposes of the Study. The Pilot Study placed emphasis on the development of a practical, inexpensive system of medical college program cost analysis that could be extended to cover grant funds and hospital expenditures for medical education. Such a program cost analysis will reveal the respective costs of teaching, research and service programs and the extent to which their beneficiaries are paying these costs. It will facilitate sound financial planning and fund raising for the future.

The Pilot Study is almost completed and the methods, forms, and instructions will be ready shortly to start the Across-the-Board Medical College Cost Study. Sample forms, a manual of procedures, and illustrative worksheets covering the tested program cost finding system will be submitted for consideration to the deans through regional meetings. A brief final report of the Pilot Study will include comparative financial information regarding the schools that participated in the Study.

A "Faculty Salary Survey" and the "Faculty Program Analysis" constitute phases one and two of the comprehensive Cost Study. Because of the urgent need of many deans for faculty salary information, top priority has been given to this portion of the Cost Study.

The medical college program cost will be the most important and extensive activity of the Division for the next year.

#### *6. Studies of the internship in medical school-controlled hospitals as it is related to the last year of medical school, the first year of residency and to the service demands of the hospital.*

Current Status: In June of 1958, a grant of \$75,000, extending until the Fall of 1960, was obtained by the Association of American Medical Colleges from the Kellogg Foundation to finance a Study on Internships. Upon establishment of the Division of Operational Studies, this project was transferred to its jurisdiction.

In December 1958, Dr. Richard H. Saunders, Jr., on leave from his position at the University of Rochester, was named Director of the Study. Dr. E. Hugh Luckey, as Chairman of the Committee on Internships, Residencies, and Graduate Medical Education, will report on the Study. As a Division activity, however, a brief progress report, prepared by the Director of the Study, is here summarized, as follows:

*Internship Study.*—The spring and summer were devoted to working out interviewing techniques and content, the development and pretesting of the Intern Questionnaire, and development of a sample group of hospitals to be studied. Twenty-nine hospitals were selected for the sample on the basis of geographic distribution, type of internship offered, size of hospital, source of financial support of the parent medical school, and ownership. The hospital visitation plan has started and involves approximately 4–5 days in each hospital interviewing the attending staff, the intern staff, residents, students, and hospital administration. Rounds and teaching conferences on the various clinical surveys are attended. The hospitals in the sample will be studied between now and the spring of 1960. In the spring of 1960, the carefully planned Intern Questionnaire will be distributed simultaneously to all interns in those hospitals which have been included in the Study. This should yield much helpful information concerning their view of the internship. It is planned that the data obtained will be analyzed during the summer of 1960 with a target date of October, 1960, for the final report.

#### *7. Studies of the residency in medical school-controlled hospitals as it is related to the medical school and particularly the intern years and to the service demands of the hospital. The factors that enter or should enter into the remuneration of the resident badly need consideration. The extent and manner of use of interns and residents as teachers also need study.*

*Note:* It must be remembered that intern and residency matters are primarily the jurisdiction of the hospital staff and of appropriate professional and hospital agencies (for the most part brought together under the umbrella of the A.M.A.). From many standpoints, this is reasonable because medical school hospitals cannot begin to provide or supervise all of the internship or residency programs that exist and are needed in this country. However, the medical schools and faculties, by virtue of the fact that they control a sizable block of hospitals, are in a unique position to provide leadership and set standards in the field of intern and residency education and the complex relationships that must exist between hospital service, administration, and, more recently, hospital-sponsored research. In fact, this is a responsibility that is just being recognized.

Current Status: Consideration of this Study is pending.

#### *8. Dissemination of current information on medical education obtained in the course of implementing the Division program.*

Current Status: While developing these primary studies for publication in their final report form in *The Journal of Medical Education*, much information of timely interest flows into the research desks of the Division. To circumvent the inherent time-lag of several months in connection with Journal publication, and immediately to make available pertinent information and preliminary data culled from current studies, brief summaries or diagramatic presentations—"Datagrams"—are prepared and distributed in loose-leaf form to an interested list. Such a list includes the Association membership list, medical school librarians, and government and private organizations interested in medical education or the related fields of higher education. Numerous requests have been received from individuals and organizations to be placed on the mailing list for these fact sheets. "Datagrams" also appear in the *Journal*, where each month 2 pages are reserved for their publication.

#### Services Provided by the Division of Operational Studies

1. Development of bibliographies on selected topics for faculty members and authorized private and governmental agencies.
2. Organization and provision of unpublished factual information from A.A.M.C. studies for authorized individuals and agencies.
3. Assistance and consultation to other organizations planning acceptable studies involving medical education.
4. Maintenance of a current information file relating to studies by "outside" organizations in an attempt to avoid duplication with our studies or those of other groups.
5. Review proposed studies by "outside" interests from which recommendations to the administrative committee are made as to whether or not the proposed study is of value or needed.
6. Occasionally, the Division will organize and assist special Ad Hoc Committees of experts to consider and/or develop information concerning special problems. Examples of this activity are:
  - a) the publication in *The Journal of Medical Education* of "Some Considerations in Planning New Medical Schools."
  - b) the proposal to develop a set of essentials for satisfactory relations of medical schools and their affiliated institutions.

The report was accepted.

JOINT REPORT OF THE COMMITTEE ON RESEARCH AND EDUCATION  
AND THE DIRECTOR OF RESEARCH

HELEN H. GEE

The close working relationship that is maintained between the Committee on Research and Education and the Office of the Director of Research continues to serve as a highly efficient mechanism for developing and carrying out an extensive program of research and services. During 1958-59 the joint efforts of the Committee and the Research Office staff have been directed primarily toward: (1) review and reappraisal of the Teaching Institute and Medical College Admission Test programs, (2) consolidation and coordination of the activities of the Continuing Group on Student Affairs and of Research Office report and service activities, (3) planning the next phases in the longitudinal study of the characteristics of medical students, and (4) preparation for publication of the results of the earlier phases of this research program.

Dr. Robert J. Glaser was appointed chairman of the Committee at the 69th Annual Meeting of the Association in October, 1958. Other Committee members who hold specific appointments are: Dr. George Packer Berry, who is responsible for the Teaching Institute program; Dr. John L. Caughey, Jr., who is Chairman of the Subcommittee on Student Affairs; and Dr. William Schofield, who is in charge of research activities.

A significant addition to the Research Office staff has been made in the appointment of Dr. Edwin B. Hutchins as Research Associate. Dr. Hutchins received his doctoral degree in psychology from the University of Illinois, and has for the past 2 years been engaged in government research. Another appointment made this year that is especially significant to the smooth operation of staff and Committee functions is that of Miss Audrey Livingston, who has assumed the responsibilities of Administrative Assistant. Miss Livingston previously served for 6 years as secretary to the Dean of Harvard Medical School.

*Teaching Institutes.*—The Association's seventh annual Teaching Institute, the second to concentrate on problems of clinical teaching, will be held October 27-31 at the Edgewater Beach Hotel in Chicago. Dr. Charles G. Child, III, Chairman of the Department of Surgery at the University of Michigan, is Chairman. Under his inspiring leadership, a program has been formulated which is designed to challenge medical education to an examination of many of the most difficult problems confronting it today.

In recent years, the clinical specialties have progressed less through developing and perfecting techniques and more through contributing directly to the body of scientific knowledge by integration and interpretation of the rapid advances in the basic medical sciences. Medical school curriculum patterns and postgraduate programs and practices have not kept pace with these changes, and as the balance between the needs of education and of training shifts, the problems of providing opportunities for real education experiences beyond the traditional 4-year medical curriculum become more acute. Intimately involved in the issues these problems raise are the university and the many licensing and examining boards that influence medical educational programs.

Coexistent with these problems are those generated by a growing concern with the roles that social and psychological factors play in health and illness. Here medicine is faced with problems that range from differences in scientific opinion about how the study of behavioral phenomena should be approached, to mutual concern about how existing knowledge should

be transmitted to students, to arriving at a widespread understanding of differences among philosophical, scientific, and practical issues. These are the kinds of problems with which 1959 Institute participants will struggle.

Assisting the participants in their orientation to some of the specific issues that will be raised is the Teaching Institute Workbook, which this year has taken on a new form. Instead of a compilation of statistical tables, the book is comprised of a series of formal reports prepared chiefly by Dr. Helen Hofer Gee, Director of Research, and her staff. The reports draw on data gathered on behalf of the 1958 Institute, as well as from questionnaires addressed to 1950 and 1958 medical school graduates, which were prepared at the direction of the 1959 Planning Committee.

In addition to contributing directly to the planning of the 1959 Teaching Institute, the Committee has devoted extensive effort to reappraising the structure and functions of the over-all program of Institutes. The Committee perceives the primary objective of the Institute program to be that of providing a mechanism through which intellectual leadership in medical education can be channeled to the benefit of all who participate in and contribute to it. The various elements of Institute structure are international in scope. They include active participation by a new group of teaching faculty members each year, ample opportunity for the exchange of ideas and information in small discussion groups, participation in its forum of representatives from disciplines outside of the medical community whose development has significance for the future of medical education, and provision of background material for deliberations through research. Each of the elements has been scrutinized by the Committee with the aid of opinions solicited from a wide selection of thoughtful educators. The result has been that the Committee strongly recommends continuation of the Teaching Institute program essentially in its present form. It further recommends that, at the conclusion of the current cycle (in 1960), which has been oriented around the successive phases of medical education, a new series be established to be oriented around the study of specific problems created by social, cultural, and scientific development.

Continued publication of the books reporting each Institute is planned. The *Report of the First Institute on Clinical Teaching*, edited by Helen Hofer Gee and Julius B. Richmond, with editorial coordination by E. Shepley Nourse, was published October, 1959, both as a clothbound edition and as a supplement to *The Journal of Medical Education*. Past Institute reports enjoyed a wider circulation in 1958-59 than heretofore, due largely to distribution of the catalog of publications from the Office of the Director of Research described in the following section, "Admission Requirements Book."

*Admission Requirements Book.*—August 6 was publication date of the 1959-60 edition of *Admission Requirements of American Medical Colleges (Including Canada)*, and the first sales reports show an increase of at least 500 copies when compared with the same period last year. This growth can be attributed chiefly to an increased number of standing orders (libraries and premedical advisers mostly) and a successful direct-mail campaign to high schools and colleges during September. Appropriately, individual students who are prospective applicants to medical school continue to account for roughly two-thirds of the copies distributed.

The 1959-60 edition of the *Admission Book*, adds the new medical school at the University of Kentucky and features new material based on student need as expressed in letters to the A.A.M.C. The additions include: (1) a reading list of 100-odd fiction and nonfiction

books about doctors and the medical profession; (2) a new table of admissions policies and preferences, including age range; (3) further comments on financial aid; and (4) some advice for foreign students.

Promotion plans call for a mailing to libraries later in the fall. This will include an eight-page catalog of publications from the Office of the Director of Research and should consequently result in more widespread awareness of such activities as the Teaching Institutes, the Subcommittee on Student Affairs, and the applicant studies. This catalog was published March 19 and to date has been distributed to approximately 45,000 medical faculty members, 27,000 high schools, 1,200 colleges, and 10,000 members of the National Vocational Guidance Association. E. Shepley Nourse, editorial coordinator for the Director of Research, will report further on the *Admission Book* at the 1959 meeting of the Continuing Group on Student Affairs

*The Continuing Group on Student Affairs.*—Dr. John L. Caughey, Jr., and his Subcommittee on Student Affairs which includes Doctors Samuel J. Asper, Jr., William N. Hubbard, John J. Mahoney, Woodrow W. Morris, James R. Schofield, and Lyman M. Stowe, have worked together to achieve an exceptionally effective pattern of cooperative effort among medical schools aimed at studying and finding solutions to the administrative problems involved in recruitment, selection and evaluation procedures, and other aspects of the student's life in the medical school.

This activity received its initial impetus from the 1956 Institute on The Appraisal of Applicants to Medical Schools. With leadership provided by Dr. Caughey and key participants in several medical schools, five regional groups of schools have been formed which, through meetings held in the spring of the year, are working together to study student affairs problems in both their regional and national aspects. In the spring of 1959, three of these regional groups met for the first time, and two held their second annual meeting.

On October 31 and November 1, the third national meeting of student affairs representatives of all U.S. medical schools will be held in conjunction with the annual meeting of the Association. The Subcommittee proposes that these national meetings aim toward the accomplishment of three major objectives:

1. To take formal action in executive session on proposals growing out of regional activities or submitted to the group through the parent Committee on Research and Education. Results of such actions are to be reported to the voting membership of the Association through the parent Committee. Proposals to be acted upon at the 1959 meeting include a revision of the Association's recommended acceptance procedures and the acceptance of a formal definition of a medical school applicant.

2. Participation in the Association's staff research programs. The annual meetings provide an opportunity for school representatives to be brought up to date on the ongoing research programs in the A.A.M.C. central office and an opportunity also to discuss ways of improving the annual exchange of information that takes place between the schools and the central office. Dr. Gee and Dr. Powers will report progress on their over-all research programs at the 1959 meeting. Dr. Charles F. Schumacher, Assistant Director on Dr. Gee's staff, will present a paper on medical students' evaluations of each other's behavior and performance. This feature of the annual meetings of the Continuing Group has already proved invaluable in increasing the efficiency of reporting procedures and in establishing excellent working relations between central office and school staffs.

3. Opportunity for professional growth through scientific sessions. In order to promote understanding of the problems involved in student selection, evaluation, counseling, etc., and to stimulate interest in the development of research on these problems in individual medical schools, the presentation of a few selected research papers is planned for each annual meeting. Dr. William V. Clem-

mans of the National Board of Medical Examiners and Dr. John T. Cowles of the University of Pittsburgh will present papers this year.

The Continuing Group's program of activities is unquestionably fostering better mutual understanding and cooperation among medical schools with respect to the many problems that come under the heading of "student affairs." A significant increase in research activity is also evident. There can be little doubt but that continuation of this program will eventually result in improved procedures in the administration of student affairs, from the application stage throughout the student's association with the medical school.

*Regular Reports, Research, and Services.*—The office of the Director of Research has continued its cooperation with the A.M.A. Council on Medical Education and Hospitals in the interest of eliminating overlapping demands for information from medical schools. Revisions in methods of securing information always create a few new problems; nevertheless, the excellent cooperation that the research office record department is receiving from the medical schools has resulted in remarkably smooth integration of new forms and methods into existing reporting procedures. In an attempt to further standardize the information exchange between medical schools and undergraduate colleges, a schedule of anticipated distribution dates for 1959-60 is submitted herewith, and is followed by a schedule of the dates on which reports from medical schools must reach the A.A.M.C. central office.

The research office practice of providing consulting services on research designs and methods to individual investigators in medical schools and undergraduate colleges has been continued during the past year. Although demands for this type of service have not increased perceptibly, requests for separate analyses and summaries of data available through the many activities carried out by the research office staff, have increased considerably. Local, state, regional, and national educational and government agencies especially are making use of data gathered on behalf of the Teaching Institutes, as well as of applicant and enrollment statistics. Writers and editors of both lay and medical periodicals constitute a new group seeking factual information about the status of various aspects of medical education.

The studies of characteristics of medical students are also creating a new service demand. As methodological models they are of interest in behavioral science circles, and from the standpoint of subject matter they have attracted the attention of specialty groups. A report on changes that occur between the fourth year in medical school and the internship year with respect to choice of type of career and of discipline within medicine has been made available to the Joint Commission on Mental Health. A special analysis of all data available on the choice of careers in obstetrics and gynecology has been made for the American Society of Gynecology, and a report on this analysis will be published as a part of an intensive study of the field that is being completed by that group.

Another new demand for services that has literally mushroomed during the past year comes from abroad. Largely through the Teaching Institute publications, foreign medical educational groups have become aware of A.A.M.C. research activities, and are seeking assistance in developing objective testing techniques and in planning measurement research programs. Representatives of English, Scottish, French, Argentinian, and Vietnamese medical educational groups have been recent recipients of assistance in these areas.

Gratifying as it is to know that the research program is producing material that has such

wide utility, the demands for service are reaching a level where they interfere with over-all research productivity. The need for an additional professional staff member to supervise the development of the regular reports program and to provide educational research services is urgent.

## 1959-60 CALENDAR OF REPORTS TO MEDICAL SCHOOLS AND UNDERGRADUATE COLLEGES

SCHEDULED  
MAILING DATE

## A. Medical School Reports

## Class rosters:

1. Check lists of all students in 2nd, 3rd, and 4th years (establishes enrollment for year).
2. Check list of present first-year students (repeaters separate), accepted and withdrawn applicants, and not accepted applicants. (Establishes first-year class enrollment and provides confirmation of applicant study data.)

November 15, 1959

## Lists of offers of acceptance:

- List No. 1
- List No. 2
- List No. 3
- List No. 4
- List No. 5
- List No. 6

November 20, 1959  
December 18, 1959  
January 8, 1960  
February 5, 1960  
April 1, 1960  
June 17, 1960

## Undergraduate origins reports 8 and 9

Report 8 lists number of students from each undergraduate school entering medical school in 1954 whose progress was regular, irregular, or who withdrew from school.

December 1, 1959

Report 9 lists the same information for each medical school with respect to the two undergraduate schools that supply the largest number of students to that school and for all other undergraduate schools providing students for that medical school.

## Final freshman roster:

Alphabetical listing of all freshmen in all schools, prepared from preliminary roster sent November 15.

January 15, 1960

## Summer session bulletin:

1. Requests for information on summer session offerings.
2. Bulletin of offerings by all schools

February 1, 1960  
March 15, 1960

## Forms for reporting 1959-60 accomplishment of all students:

May 31, 1960

## MCAT reports:

1. Individual reports of scores of all candidates tested at a given test administration.
2. MCAT summary of 1959 applicants. Individual report to each school showing average scores and score distributions of all applicants to that school and of the school's 1959-60 first-year class.

December 15, 1959  
June 15, 1960

April 15, 1960

## Irregularity reports

As needed

## Biennial reports not scheduled in 1959-60:

1. Competitive school report: eventual disposition of all applicants to a given medical school (last issued December 1, 1958).
2. Drawing power report: ability levels of all applicants to all medical schools from a given undergraduate college vs. ability levels of those applying to each medical school (last issued October 26, 1959).
3. Summary by undergraduate college attended of M.C.A.T. score means and distributions of all students listed over a four-year period (last issued May 1959).

## B. Reports to Undergraduate Colleges

Undergraduate Accomplishment Reports Form 1 and 8. Form 1 shows 4-year accomplishment of all students from a given undergraduate school who entered medical school in 1955. Form 8 shows application activity and first-year accomplishment of that school's students who applied for admission to the 1958-59 freshman class.

January 15, 1960

## 1959-60 CALENDAR OF INFORMATION REQUIRED FROM MEDICAL SCHOOLS

INFORMATION REQUIRED	DATE NEEDED
Matriculation forms	October 15, 1959
Class rosters and applicant list Check reports sent by AAMC on November 15 and make necessary corrections	December 15, 1959
Summer session offerings	February 15, 1960
List of graduates from July 1, 1959 through June 30, 1960	July 15, 1960
Accomplishment reports	September 1, 1960
Change of status forms Report on withdrawals, change from full- to part-time status (or vice versa), name change	As soon as change occurs
Information regarding action taken on applications for 1960-61 class Offer of acceptance, withdrawal of application by student, or rejection of application by school	As soon as action is taken

*Special Studies and Cooperative Research.*—Several special studies have been undertaken during the past year and are at various stages of completion: (1) A study of relations between restrictions on enrollment, medical school expenditures, and the intellectual quality of the student bodies of medical schools has been completed and requires only editorial polishing before being released for publication. (2) Analysis of the data on a study of changes in Medical College Admission Test (MCAT) scores of candidates taking the test a second time has been completed and preparation of a report is underway. (3) The relations between MCAT scores and scores on subtests of the Wechsler Adult Intelligence Scale have been analyzed statistically; a report of the results has yet to be prepared.

A cooperative study of relations between performance on National Board Examinations, performance on the MCAT, and medical school grades was begun two years ago. Dr. William V. Clemmans of the National Board staff and Dr. Gee reported on two aspects of this investigation at the 1959 meeting of the Continuing Group on Student Affairs.

Also, a small survey is under way to evaluate the opinions and attitudes of high school students toward a career in medicine. A questionnaire administered both before and after the showing of the A.M.A.-A.A.M.C. film, "I Am A Doctor," is designed to serve two purposes; (a) to furnish some indication of the extent of knowledge held by high school students about medicine as a career and (b) as an objective evaluation of the effectiveness of the movie in altering attitudes toward a career in medicine.

*Applicant Statistics.*—The 1958-59 "Study of Applicants" is being published in *The Journal of Medical Education*. It again reports a decline in the number of applicants to medical schools, this time a decline of 4 per cent as compared with 1 per cent in the previous year. In reality, however, the decline this year is less serious than it was a year ago, since the intellectual quality of the candidates is considerably improved. The applicant study this year examines the extent to which age and MCAT performance are factors in selection, and further demonstrates their relations to failure and other reasons for withdrawal from medical schools. Some questions are raised about inefficiencies in the utilization of talent. A very substantial number of intellectually capable students fail to gain admission to medical schools each year. Some of this inefficiency in the use of talent is probably attributable to the unfortunate accidents of geographical distribution. Perhaps the greater propor-

tion of these talented young people are rejected because of personal inadequacies, however. The onus here is on a society that does not identify and assist such individuals at earlier stages in their development.

*Ability, Personality, and Interest Research.*—Reports of progress in research on the measurement of ability, personality, and interest characteristics of medical students, and on the relations of these characteristics to problems of recruitment, selection, evaluation, career choice, and “success” in the profession, have been issued annually since 1956 when the program was established.\* The past year has been devoted primarily to processing accumulated data and to planning for the follow-up testing and data-collection activities that are to take place during 1959–60 in connection with the longitudinal study of 1956 first-year students in 28 medical schools.

During the winter and early spring of the coming year, the students in the longitudinal study sample will retake the battery of interest and personality tests that were administered to them when they first entered medical school. In addition, they will repeat the interpersonal ratings they made among themselves at the end of their second year in medical school. Further inquiries will be made concerning their reactions to their medical educational experiences to date and their plans for the future.

Faculties in the five major clinical departments of the participating schools are being requested to contribute qualitative ratings of the performances of these students in the clinical setting. Faculty ratings will provide a rich supplement to the global evaluations represented by class standing.

The medical schools involved in the study have also been asked to require all students in the sample to take Part II of the National Board Examinations. The schools cooperating in this aspect of the study will have a unique opportunity to gain considerable insight into a major function of their educational programs—that of transmitting factual information. The design of the study will enable these schools to ascertain a great deal more than the comparative level of their student’s achievement test performance. It will be possible for them to determine, for example, the extent to which their students are performing in a manner commensurate with their capacities. Of greatest significance, however, is the opportunity this study makes possible to gain insight into the relative influences of personal characteristics and characteristics of the medical school environment on student performance. A demonstration of these potentialities was made at the October 31 meeting of the Continuing Group on Student Affairs.

As soon after the fourth-year follow-up data have been collected as is technically feasible, a report on the results of the first phases of these studies will be made available. It is felt that earlier publication of this report might lead to contamination of performance on the follow-up battery of tests and inventories. Dr. Charles F. Schumacher, however, gave a preliminary report on the study of peer evaluations at the 1959 meeting of the Continuing Group on Student Affairs.

With the addition of Dr. Hutchins to the research staff, the very essential study of the differential effects of variations in medical school environments has been made possible. Shortly after the 1959 Annual Meeting of the Association, a consultant group of medical educators will be gathered to assist in launching this aspect of the research program.

\* See the *Journal of Medical Education*: pp. 61–63 and 71–78 of the January, 1957, issue; pp. 75–84 of the January, 1958, issue; and pp. 164–66 of the February, 1959 issue.

Currently, the program is most in need of staff time to carry out the previously outlined data collection, to prepare reports for publication, and to plan a means of obtaining evaluations of performance during internship and residency training programs. The desirability of carrying out a study of the characteristics of outstanding practicing physicians has been mentioned in earlier reports. Although it has not yet been possible to anticipate the availability of sufficient staff time to carry out this study, it is hoped that progress toward this end can be made during the coming year.

*Financial Support.*—In February, 1959, the Commonwealth Fund awarded to the A.A.M.C. Research Division a 3-year grant of \$150,000 to be used in carrying out its broad spectrum of research activities. In awarding this grant the Commonwealth Fund has made another highly significant contribution to the support of soundly conceived research and experimental programs aimed toward the improvement of medical education. Without the grants-in-aid of research that have been received from the Commonwealth Fund since 1954, the Research Division could not possibly have embarked upon or continued the important advancement in depth and breadth that have characterized its activities since that time. The Committee on Research and Education and the Director of Research take this opportunity to extend sincere thanks to the Commonwealth Fund for the confidence that is expressed in their continued support.

The Teaching Institute program was also granted continued support by the Commonwealth Fund this year. The 1959 and 1960 Institutes were awarded grants of \$25,000 each. The National Institute of Mental Health of the Public Health Service has granted \$35,000 in support of the 1959 Institute, and the National Heart Institute has committed \$50,000 for support of the 1960 and 1961 Institutes. On behalf of all the medical faculties and representatives of other disciplines in the United States and abroad who have participated in the Teaching Institutes and otherwise benefited from the publications growing out of them, the Committee and the Director of Research express appreciation to the Public Health Service and to the Commonwealth Fund for supporting the continuation of this program which has proved so far-reaching in its effects.

The joint report was accepted.

#### REPORT OF THE AUDIO-VISUAL EDUCATION COMMITTEE

FRANK M. WOOLSEY, JR., *Chairman*

During the last year Mr. Coleman and the headquarters staff have continued to conduct the functions of the Medical Audio-Visual Institute and its film rental library.

This Committee has continued to explore the possibility of a controlled experiment to evaluate the effectiveness of audio-visual teaching. We have been unable to devise a procedure which is practicable without the expenditure of more time and effort than committee members are able to contribute. If this evaluation is to be made, it will be necessary to obtain sufficient funds to allow the utilization of headquarters staff time. Recognizing the demands on our headquarters staff time and the need for economy, we feel that such an evaluation should not be formalized until adequate funds are available for this specific purpose from outside sources.

The Committee believes it would be helpful if the Committee were to gather up-to-date information on teaching films available to the basic science instructors.

The work now in process involves the gathering of information which would result in

an up-to-date listing of films useful in the teaching of anatomy. Efforts will be devoted to a similar compilation for films useful in pharmacology, physiology and microbiology.

The Audio-Visual Education Committee is concerned with the fact that there has been no revision of the appointments of audio-visual coordinators within recent years. We therefore urge the Association to correspond with each dean, soliciting his cooperation in an effort to bring the appointments of audio-visual coordinators up to date. We hope that the Association will emphasize to the dean that this is an important appointment and solicit his cooperation in naming someone within his institution who is most interested and enthusiastic in the use of audio-visual materials.

Your Committee wishes to submit to the Association the following:

### Proposal

This is a formal proposal from your Committee on Audio-Visual Education suggesting that the Association of American Medical Colleges appoint a committee which would be known as the "Committee on Radio, Television, and Electronics."

*Need.*—During the last few years, formalized experiments and experiences have shown that radio and television may be used successfully and helpfully in medical education. The results of a number of these experiments have appeared in medical publications. Others have utilized these communications media but have not formally published their experiences.

It would seem that there is a need for this committee. Committee members could carefully accumulate and distribute information which would be of great helpfulness to any members of the Association who might wish to evaluate the effectiveness and potentialities for radio and television in medical education.

Increasingly, electronic instruments are used in medicine. Evaluation of their usefulness in medical education might be most helpful and time-saving for those who are considering the acquisition and use of any of these instruments. Since many of these instruments are very expensive, it is thought that an objective appraisal with no commercial linkage might be helpful to the Association members. In the area of "electronics," one would include all electronic instruments used or potentially utilizable in medical education.

There is a need for more effective liaison between the electronics divisions of medical colleges. Such liaison would result in more rapid dissemination of newly acquired knowledge and experience involving utilization of electronic equipment.

*Purpose.*—As suggested in the above, the purpose of this committee would be to be of service to the Association by accumulation and distribution of information. The committee members would be responsible for the acquisition of this information and would thus allow the Association headquarters to accurately inform and guide those who request information.

In addition, this committee would be charged with the responsibility of attempting to look into the future and determine how the effectiveness of radio, television, and electronics could be augmented through careful planning. As an example, the Federal Communications Commission, through its rules and regulations, governs the use of all radio and television frequencies. Since the rules and regulations of the FCC are continuously subject to change, and since these changes are made as new needs and concepts are developed, it is important for those of us in medical education to anticipate our frequency allocation needs and,

through liaison with the FCC, do everything possible to make sure that our efforts are not delayed or curtailed through lack of advanced planning.

It might also be quite feasible for the Association, through the activities of this committee, to gather information relating to availability and costs involved in the utilization of electronic instruments.

Many of our member institutions have medical electronics divisions employing a number of highly specialized electronic engineers. These departments are recognition of the increasing importance of electronics in medical education and within the practice of medicine. Within the activities of these departments lie opportunities for experimentation and original contributions which may bring about great advances in knowledge and application.

It is suggested that the committee should have the responsibility of helping to develop an organization which would allow and encourage effective interchange of knowledge and experimental results among Association members. This should greatly facilitate the possibility of contributions from these electronics divisions; it should decrease needless repetition, and would be likely to stimulate new concepts and activities.

*Committee Members.*—It is suggested that the committee chairman and the committee members be appointed in the customary manner. It is further suggested that the committee might be composed of knowledgeable individuals with two members particularly informed about radio communication, two members with substantial experience in television communication, and two members with basic knowledge and practical experience relating to electronics and associated instruments.

It is hoped that the committee members would not only be individuals with the desired knowledge but also people who would have sufficient time, interest and energy to work diligently.

*Financing.*—It is visualized that the committee members will be active in attempting to acquire grants-in-aid which would adequately finance the committee's activities and also finance experiments and developments through the Association. These grants-in-aid would be to the Association of American Medical Colleges and would be administered by the Association with the help and guidance of the members of this committee.

There are many potential sources for these funds, and it is believed that the funds will be more readily obtained if they are controlled by the Association and if the financed projects have the official approval of the Association. In fact, having been told of our purpose and our financial requirements, E. R. Squibb and Sons, a division of the Olin Mathieson Chemical Corporation, has offered a \$10,000 grant-in-aid to the Association which would allow the realistic financing of the proposed committee during 1960.

*Conclusions.*—It is evident that there is both a real need and a real opportunity for the Association to formulate a Committee on Radio, Television, and Electronics. This committee can add to the many contributions the Association makes to its member institutions and individual members.

We urge the Association to give serious consideration to this proposal.

We have one additional recommendation. One of the reasons we have given relating to the need for a Committee on Radio, Television and Electronics was the great importance of advanced planning involving essential radio frequency assignments. We therefore recommend that this Association officially urge the Federal Communications Commission to finalize the following proposal—as submitted to the FCC by the American Medical Association on June 11, 1959.

Before the  
Federal Communications Commission  
Washington 25, D.C.

In the Matter of

Amendment of Part 2 of the Commission's Rules and  
Regulations; Real location of certain fixed, land mobile  
and maritime mobile bands between 25 and 420 mc

Docket No. 11959

Petition to Finalize Paragraph 5 of Proposed Rule Making

The American Medical Association, by its attorneys, hereby petitions the Commission to make final at an early date that part of the proposed rule making herein (see paragraph 5) whereby six, 30-kc channels in the band 161.645—161.825 mc would be made available to broadcast stations for remote pick-up purposes on an exclusive basis.

1. This proposed rule making was issued April 9, 1957, concurrently with proposed amendments to Parts 10, 11, 12, 16, 19 and 21 of the Rules as a portion of the over-all split-channel allocations.

2. Petitioner's interest in making this request is to remove what appears to be a serious barrier to further and expanded utilization of FM noncommercial broadcast station facilities for advanced instruction of members of the medical profession.

3. On October 3, 1957, petitioner filed comments in support of the proposal herein and gave detailed reasons for such support. In the interests of brevity such comments are not repeated here but are incorporated by reference and made a part hereof.

4. After the issuance of the proposal in April, 1957, those interested in the aforementioned educational uses assumed that the Commission would finalize this proposal soon thereafter and would make available the exclusive remote pick-up channels needed for this purpose. While other parts of the split-channel allocations have been finalized and certain commercial users have obtained the advantage of new split-channels, this particular proposal has been delayed. The resulting uncertainty and lack of assurance that exclusive channels in the 161 mc band will be available for remote pick-up by noncommercial FM stations, has made it most difficult to make plans with any degree of firmness.

5. Petitioner is mindful that finalization of this proposal at this time might make it necessary for certain licensees in the Land Transportation Service, now occupying the same frequency space in the 161 mc band involved in this proposal, to shift to other split frequencies already assigned to them but which they are not required to use for existing stations until 1963.

6. Nevertheless, petitioner believes that the proposal could be finalized without hardship to existing licensees if the finalization were accompanied by the proviso that, until 1963, these frequencies may be used for remote pick-up purposes on a secondary basis generally and subject to no harmful interference to such existing licensees. Under such finalization of the rules, these channels would automatically become remote pick-up frequencies in 1963 on an exclusive basis and plans could be made accordingly. In the meantime, there will be many areas where there will be no usage by Land Transportation licensees and where such frequencies could be put to use for remote pick-up frequencies without further delay and without interference to existing licensees. Otherwise, these frequencies will lie fallow until 1963 in such areas of non-use.

7. Petitioner therefore requests the Commission to finalize the proposal herein for the allocation of six, 30 kc, exclusive, remote broadcast pick-up channels, in the band 161.645—161.825 as soon as possible with the condition suggested above.

Respectfully submitted,

THE AMERICAN MEDICAL ASSOCIATION

By

C. Joseph Stetler  
*Director, Law Department*

Reed T. Rollo

Kelley E. Griffith

of

Kirkland, Ellis, Hodson, Chaffetz & Masters  
800 World Center Building  
Washington 6, D.C.

*Counsel for Petitioner*

William J. McAuliffe, Jr.  
*Attorney, Law Department*

June 11, 1959

The report of the committee was accepted and referred to the Executive Council for study and probable implementation.

#### REPORT OF COMMITTEE ON CONTINUATION EDUCATION

C. WESLEY EISELE, *Chairman*

At the Annual Meeting of the Association of American Medical Colleges in Philadelphia in October, 1958, a closed meeting of the Committee was held on Sunday, October 12th and an open meeting was held on Monday, October 13th. An interim meeting of the Committee was also held in Chicago on February 7, 1959, at the time of the Annual Congress on Medical Education. At these meetings a variety of subjects related to postgraduate education for the practicing physician were discussed. Most of the material concerned perennial topics for which firm solutions have not been forthcoming. The need for suitable methods of evaluating the effectiveness of various postgraduate techniques was discussed at some length. The problem of reaching the physician in practice who is difficult to reach was again discussed. Two classes of individuals were identified, the disinterested physician and the physician practicing in an isolated location who finds it hard to get away. Provisions for scholarship assistance in selected instances, for *locum tenens* coverage for isolated physicians, and means of improving motivation were considered. The role of the medical schools in continuing education and methods of financing programs were discussed. The role of specialty societies, voluntary health organizations, and of pharmaceutical firms were also discussed, and the possible conflicts in interests and aims were considered. It seems appropriate and timely for the medical schools to re-evaluate their responsibilities and opportunities for leadership in postgraduate medical education.

The report of the Committee was accepted.

#### JOINT REPORT OF THE EDITORIAL BOARD AND EDITOR

*The Journal of Medical Education*

JOHN Z. BOWERS

*The Journal of Medical Education* has shown progress in several areas during the past year.

From July, 1958, to June, 1959, 140 manuscripts were reviewed. Of this total, 78 were published without revision; fifteen were accepted with revision; 30 were rejected, and seventeen are still out for revision or not back from reviewers.

There are 5,836 subscriptions to the journal under the following categories: institutions—2,450; individual—2,112; and foreign—825.

The number of manuscripts published each month has increased, and the development of new sections has helped to enlarge the journal. The total contents will average about 100 pages during the coming year. We have been gratified by the increase in the number and quality of manuscripts submitted without solicitation. All approved manuscripts have been published in the regular issues of the journal, and, in line with sound publication policy, supplements were discontinued.

In January, 1959, a new section "Abstracts from the World of Medical Education" was initiated. This is intended to keep the reader abreast of development in medical education at home and abroad. The Medical Education Forum has grown rapidly in scope and significance. Addresses, communications, reports, and editorials are published in this section of the journal.

Last December, for the first time, we published an annual comprehensive subject and author index prepared by a professional indexer. We have in preparation a comprehensive 5-year index dating back to 1953. We believe that improved indexing will increase the use of the journal as a reference source for medical educators.

Significant articles from other countries have increased in number. Under a grant from the Rockefeller Foundation, we will distribute the journal to the members of the Association for the Study of Medical Education in Great Britain. Our relations with ASME have been materially strengthened through Dr. John Ellis. The papers from the first ASME London Conference are in press.

Members of the Editorial Board have rendered yeoman service through many reviews of manuscripts and each has taken on a special task. Professor Frederick Norwood continues to supervise the articles on the History of Medical Education. For the past year a series of biographies of eminent medical educators has been in publication. Dr. Kenneth Penrod directs the Book Review Section, which emphasizes the educational value of books. Drs. Ham, Harrell, and Lippard have carried a demanding burden in reviewing manuscripts. We have in press for January, 1960, a special number on Animal Care Programs. Dr. John A. D. Cooper will serve as Guest Editor. Dr. Julius Comroe is collecting a series of manuscripts on Examination Systems and Methods. Dr. Stanley E. Bradley is collecting a special issue on the Medical Library. Dr. Melvin Casberg, who contributed timely editorials, has resigned from the Editorial Board to accept his new post as Principal of a Christian Medical College in India. He will keep our readers posted on developments in medical education in Asia. Mrs. Elizabeth Pohle, Assistant Editor, and Miss Neva Resek, News Editor, have contributed greatly to the success of the program.

A special international number of the journal was published in August, 1959, in recognition of the Second World Conference on Medical Education. An exhibit on the publication program of the A.A.M.C., featuring the journal, was developed by Mrs. Pohle for the Conference.

The major objective for the coming months is to assure a continuing supply of quality manuscripts. The Journal has undergone a number of changes in the last two years. We welcome comments from our readers as we endeavor to settle down in the present pattern.

The joint report was accepted.

#### REPORT OF COMMITTEE ON FINANCING MEDICAL EDUCATION

GEORGE E. ARMSTRONG, *Chairman*

The only meeting of the Committee on Financing Medical Education held subsequent to the meeting of the Association of American Medical Colleges in Philadelphia in October, 1958, was held at the Palmer House in Chicago on February 7, 1959. This meeting was attended by all members of the Committee with one exception and in addition, Doctors Coggeshall and Darley were present and participated in the discussions. As a result of the recommendations made by the Committee at that meeting, the following actions were taken at the Institutional Membership Meeting of the A.A.M.C. held at the Palmer House in Chicago on February 7, 1959, and subsequently reported in detail in the minutes of that meeting:

1. Resolved that the membership of the Association of American Medical Colleges in its 68th Annual Meeting go on official record as being in complete accord with the principle of Federal

financial assistance in the construction of new, and the expansion and modernization of existing, facilities for medical education in our medical schools.

Be it further resolved that a report of this action be transmitted to each member of the Congress.

2. Resolved that the medical schools of the United States, which comprise the institutional membership of the Association of American Medical Colleges, request the United States Congress to require that all Federal agencies that support medical research provide for the full costs thereof.

3. Voted to request the Congress to restore the 10 million-dollar cut in appropriation for research facilities as proposed in the President's budget.

4. Requested the Executive Director to look into the Association's lending support to an amendment to the Hill-Burton Act that would make it possible for medical school-owned or -affiliated hospitals to derive more benefit from the Hill-Burton Act than has been the case in the past.

Since the Chicago meeting in February 1959, various members of the Committee have assisted the Executive Director of the Association in presenting the Association's views to various appropriate committees and sub-committees of the Congress.

Following the acceptance of this portion of the Committee's report, Dr. Armstrong presented the resolutions which had been passed at the November 1st meeting of deans concerning the Director of NIH having asked the best means for providing the most effective representation of institutional points of view in the development and conduct of NIH programs (see p. 590 of the minutes of this meeting). After studying these two resolutions in their own meeting, the Administrative Committee felt that they should be canceled and a slightly amended version should be presented to the membership for approval at this meeting. The substitute resolution reads as follows:

WHEREAS there are many proposals that will shortly be presented to Congress that will have a major impact on the conduct of medical education and medical schools in the future, and

WHEREAS it is important that those proposals be carefully studied by the medical schools and that the considered and collective opinion of the medical schools through action of the A.A.M.C. be available to the Congress and to the public; therefore be it

RESOLVED: That the Executive Council be instructed to study these proposals and make recommendations to the member schools for their consideration and action at a special meeting of the Institutional Members of the A.A.M.C. to be called, if possible, before the opening of the next session of Congress.

BE IT FURTHER RESOLVED: That the Executive Council effect an arrangement whereby the Association can keep in continuing communication and consultation with those agencies of the Federal Government that have interests or programs that concern the welfare of medical education or any of its related activities.

Following cancellation of the original two resolutions (see p. 590) the substitute resolution was accepted.

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

ROBERT A. MOORE, *Chairman*

An important meeting of the Committee was held on October 17 at the Downstate Medical Center. The following items were discussed:

1. Establishment of an International Division of the Association of American Medical Colleges:

The committee reviewed the preliminary policy statement based on the discussions at the committee meeting in July. There was full agreement on the principle and the committee recommends to the Executive Council of the Association:

That steps be taken at any early date to establish an international division with long-term, at least 5-year, adequate support from one or several foundations or governmental agencies.

The committee further recommends to the Council that the following general functions be assigned to the division:

A. To solicit the interest of faculty members in American schools in pro tem faculty appointments overseas and maintain a central registry of those so interested.

B. To solicit the interest of departments in American schools in acceptance of faculty members from overseas schools and maintain a central registry of those interested on the basis of nation, specialty, year available, etc.

C. To make information available and personnel and training opportunities to agencies and institutions concerned with medical education in this country and overseas and assist these agencies and institutions in making contacts.

D. To work with concerned American agencies, governmental and private, in the development of personnel practices which would place pro tem overseas service in a favorable position.

E. To make available information on American medical education to those concerned with medical education overseas.

F. To collaborate in providing information or sources of information on the culture and mores of the concerned nations.

G. To carry out related activities as may be assigned by the Executive Council.

Further, the committee recommends that the international division not undertake:

A. To serve as an employing or placement agency on an individual basis.

B. To assist those who come to the United States for medical training not under the sponsorship of an agency or institution concerned with medical education.

Finally, the committee suggests the division should be headed on a full-time basis by a mature medical educator, who has had a real interest in international affairs and preferably has had some personal experience overseas. He and his staff would concern themselves primarily with:

A. operation of the central office;

B. travel to American schools to talk with deans, department heads, and those interested;

C. travel overseas from time to time to see personally the type of faculty member needed, to acquire knowledge of peculiar conditions which must be considered, and to discuss problems with the overseas representatives of governmental, intergovernmental, and private agencies; and

D. interview American faculty members interested in pro tem overseas service and obtain a curriculum vitae on each for review by those who request information on possible candidates.

## 2. Smith Kline & French Foreign Fellowships for Medical Students:

Dr. Darley and Mr. Grala outlined the proposal of Smith Kline & French to make available to the A.A.M.C. a grant of \$50,000 a year for three years to support fellowships for medical students to work in overseas institutions. There was enthusiastic endorsement of the idea by all present and the committee urged that the Executive Council accept the offered grants from Smith Kline & French for student overseas fellowship.

The committee assumes adequate mechanisms for selection and for administration will be established by the Council, but ventures to suggest some principles.

A. That nominations be made only by medical schools, not by individuals, with some limitation on the number of nominations from any one school.

B. That applications be accepted and evaluated in two stages:

1. Preliminary application outlining the past record of the applicant and the proposed program of study.

2. Final application giving full details of the applicant, and of the proposed program of study, together with evidence the applicant is acceptable to the sponsor in the overseas institution.

C. That awards involve both the promise and ability of the applicant and the proposed program, with emphasis on programs and experiences which cannot be secured in the United States, clinical, public health, and research, and on programs and experiences which will through the student bring something back to this country.

D. That during the 3-year period every attempt be made to provide at least one fellowship in each American school, with priority in the second- and third-year to those schools which have not had one.

E. That preference be given to those applicants, otherwise qualified, who have not had previous medical experience overseas.

F. That the amount of the award be on the basis of need up to the full cost, rather than as a flat sum to everyone or as full reimbursement.

G. That a contribution to the expenses of a wife to accompany the fellow be made when this seems desirable to terms of the objective of the program and of this fellowship. That awards not be made for expenses of children.

H. That the A.A.M.C. establish a mechanism by which schools may secure advice and counseling on the possible overseas opportunities in relation to interests and programs.

I. That fellows be asked to submit full reports of their experiences at the termination of the fellowship.

### 3. Policy Statement on Education of Foreign Nationals in American Medical Colleges:

Dr. Moore reviewed briefly the problem over the last 4 years of formulating a policy statement on this matter. He called attention to the statement drafted at the closed meeting of the committee in Philadelphia last year and reported that the almost unanimous opinion of those at the open committee hearing in Philadelphia led him to withhold further action on this draft.

Dr. Moore read a letter from the director of the Foreign Student Leadership of the United States National Student Association which indicated this group might actively recruit foreign nationals to study in American schools.

There was consensus:

A. That it is desirable that some foreign nationals study in American schools, but that beyond this, the matter should be left to the individual American schools.

B. That active recruitment of foreign nationals by outside groups is undesirable because it will lead to disappointment to many.

C. That the recent ruling of the State Department limiting student visas to five years largely eliminates the problem.

Hence, the committee recommends to the Executive Council:

That the Association take no position on the education of foreign nationals in American schools, but that when other groups appear to be planning to recruit such students that the officers of the Association seek in a joint meeting (not in a letter) to acquaint the group with the realities and problems of the foreign national in gaining admission and completing satisfactorily the course in an American school. Specifically, it is recommended this be done with the group named in the preceding statement.

### 4. Exchange of Teams on Medical Education with Russia:

Dr. Moore inquired if the committee believed the Association should seek through the government to arrange an exchange of teams on medical education with Russia.

Dr. Van Zile Hyde indicated that present programs of exchange do not include medical education, but that a new agreement with Russia is now being negotiated.

As the result of the discussion the committee recommends to the Executive Council:

That the Association at this time indicate to the responsible agency of the United States government its willingness to act as the private agency in the United States in arranging for an exchange of groups in medical education with Russia, if and when such an exchange is authorized and is desired.

#### 5. Certification of Foreign Nationals by American Specialty Boards:

Dr. Moore asked the opinion of the committee on whether or not the Association should actively urge the American specialty boards to certify foreign nationals who have been trained in this country and are returning to their native country. Dr. Moore reported that about half the boards do accept such candidates, among them the American Board of Pathology, of which he was a member for twelve years ending in 1954. The special policies of this Board include:

- A. That the candidate meet the same requirements in his country concerning license to practice and membership in a national society as the American candidate must meet in the United States.
- B. That the candidate graduated from a medical school acceptable to the Board and if any post-graduate training for credit was taken overseas it was in an institution acceptable to the Board.
- C. That not less than 1 year of the 4 years of training be in an approved American institution.
- D. That the certificate will be revoked if the successful candidate does not return to his country in not less than 6 months after the date he said he was. (In more recent years issuance of the certificate has been withheld until return).

There was considerable variation of opinion among committee members from a position the Association should not interest itself in this problem to the other extreme—that we should actively work for acceptance by all Boards. It was pointed out that many leaders of medical education and medical practice wish to have their young men receive board certification after study in this country. It was suggested a study be made to determine the fate of foreign nationals who have been certified. The committee makes no recommendation.

#### 6. Annual Conference of Foreign Scholars:

It was pointed out that the annual conference of foreign scholars held now for 3 years under the sponsorship of the A.A.M.C. was initiated with a 5-year grant from the China Medical Board of New York, and hence has only 2 years of future support.

Most members present were familiar with the conference and indicated enthusiasm for what had been accomplished. It was suggested that if selection of participants could be made earlier, those invited might have more time to formulate their questions and discussion:

The committee recommends to the Executive Council that the Association continue to sponsor and give strong support to the conference of foreign scholars and that the Association at an early date seek funds for future conferences after the expiration of the present five-year grant.

It was suggested that if the Association activates the proposal on an international division, the program of conferences be included in that division both administratively and fiscally in terms of grants.

The report was accepted and referred to the Executive Council for implementation.

#### REPORT OF COMMITTEE ON INTERNSHIPS, RESIDENCIES, AND GRADUATE MEDICAL EDUCATION

E. HUGH LUCKEY, *Chairman*

The Committee on Internships, Residencies, and Graduate Medical Education has been concerned with three matters during the past year. These are: (1) the study of the internship

now in progress; (2) development of "traffic rules" for residency appointments; and (3) the development of a program for basic graduate medical training of family physicians.

The study of the internship described at the last Annual Meeting of the Association is now in progress. Dr. Richard Saunders was appointed Director and began work in December, 1958. To date questionnaires have been prepared both for Deans of the schools responsible for internships which have been selected for survey and for interns participating in these programs. Meanwhile, Dr. Saunders has begun visits to the 29 hospitals in the sample selected for the study. A considerable amount of time has been spent in reviewing the voluminous literature on the subject of internships. It is anticipated that a more informative report including tentative conclusions may be presented at the next Annual Meeting of the Association.

At the last Annual Meeting of the Association our Committee recommended, and the Council subsequently approved, a proposal that heads of clinical services in university teaching hospitals be invited to participate in a voluntary plan to postpone the appointment of assistant residents until later in the year. This proposal was to provide more time for interns to make decisions about future training and to afford the hospitals the opportunity of more careful evaluation of applicants for assistant residents. The Association asked each Dean to express an opinion about this proposal. The responses were varied. Some were enthusiastic, some ambivalent, and some were strongly opposed to this proposal. It became clear that such a proposal would have to be implemented through action by individual groups rather than by full clinical faculty action in the medical schools. In internal medicine the proposal was discussed at a meeting of the Academic Medicine Club (now known as the Association of Professors of Medicine) in May, 1959. All heads of Departments of Medicine in the medical schools were polled and offered the opportunity of participating in a plan to delay the appointments of first-year assistant residents until November 1 of the intern year. More than 90 per cent of the heads of Departments of Medicine in our medical schools have agreed to participate on a voluntary basis beginning in 1960, for assistant residents who will serve in 1961-62. This is an encouraging development. Our Committee has been informed that a regional agreement has been reached by heads of services in psychiatry on the East Coast. To our knowledge, no other group has reached such an agreement. It is hoped that the experience in medicine will be satisfactory and will encourage other disciplines to accept such a plan.

✓ During the year the Chairman of the Committee was asked to work with the Committee on Preparation for General Practice of the American Medical Association in its attempt to develop a program of basic medical training for family physicians. The program as recommended by the Committee was approved by the House of Delegates of the American Medical Association in June, 1959. This program incorporates training in internal medicine, pediatrics, psychiatry and emergency surgical work. The minimal requirement of the basic program requires at least 2 years of formal hospital training. Considerable emphasis would be placed on ambulatory and out-patient care. The opportunity for training in obstetrics would be available on an elective basis. The Council on Medical Education and Hospitals of the American Medical Association was instructed to implement the intent of this report and to encourage educational institutions to participate in this type of training program. The full report of the Committee is available in the Proceedings of the House of Delegates. It is hoped that all members of the Association will become familiar with this proposal.

The report of the Committee was accepted.

REPORT OF COMMITTEE ON LICENSURE PROBLEMS

JAMES E. McCORMACK, *Chairman*

In last year's Committee report, attention was drawn to the fact that changes in the nature of experiments with the curriculum of certain medical schools could possibly create problems for the graduates of those schools if any of the state laws governing medical licensure requirements included overly specific or excessively rigid requirements. Inquiry within the Federation of State Boards of Medical Examiners during the past year has not disclosed any significant conflict at this time. Not all states replied to the inquiry, but it would appear that there is no great problem in this regard. However, if very drastic changes in the curriculum are contemplated such as elimination of an entire discipline, it might be well for the Dean of such a school to consult with the secretary of the Federation of State Boards of Medical Examiners in order to avoid the possibility that his graduates may some day find themselves ineligible in one or another of the 50 states.

Foreign Trained Physicians

There are listed below a tabulation of available data as to the number of alien physicians known to be in hospitals in the United States during the past decade.

Year	"ALIEN" INTERNS AND RESIDENTS	
	H.R.A.C.	I.I.E.
1950-51	2072	
51-52	3349	
52-53	4388	
53-54	5589	2920
54-55	6695	5036
55-56	7873	6033
56-57	9254	6741
57-58		7622
58-59		8166

The figures in the column on the right were collected by the Institute of International Education and represent literal aliens; i.e., Americans trained abroad and foreign-trained immigrants are not included, but only those visitors who will presumably return home. In the column on the left are data collected by the Health Resources Advisory Committee of the Office of Defense Mobilization beginning somewhat earlier. These figures may be more complete and presumably include persons who were trained abroad and have come here on immigrant status; i.e., not all are aliens, by definition, as are all of the I.I.E. totals. Unfortunately, the H.R.A.C. data have not been collected beyond the year 1956. The figures in neither column are cumulative, since most trainees remain more than one year. Indeed, in April of this year the State Department issued a statement setting a limit on the amount of time physician exchange visitors may stay for internship and residency (5 years).

Elsewhere in the material to be reported at this meeting will be data from the Educational Council for Foreign Medical Graduates. Meanwhile it is pertinent to observe that to date some 6,500 foreign-trained physicians have been examined by the ECFMG. This is heartening evidence that some progress is being made in this difficult area. It is interesting to observe that at least four of the specialty boards (anesthesiology, orthopedic surgery, pediatrics, and urology) now accept certification by the ECFMG as evidence that the candidate has graduated from a recognized medical school. Also an increasing number of state licensing boards are accepting the certification of the ECFMG. There still are some eight

states and two other jurisdictions which admit no foreign medical graduates to licensure and a number of states whose statutes make it impossible to give any weight to an ECFMG certification.

The problem of licensure endorsement or reciprocity is one that from time to time presents a real problem for American graduates, including those who are being considered for academic posts in states other than the state of their primary licensure. This problem is very much magnified for graduates of foreign medical schools. While it is disheartening to some that progress cannot be made more rapidly in the field of reciprocity it is fair to say that progress is being made, however slow.

### New States

All these problems may be magnified now that the former territories of Alaska and Hawaii have been welcomed to the roster of states. Both of these states have had, as territories, some sort of reciprocity. (Incidentally, Hawaii must be added to the number of states which still have a basic science law.) Neither state has a medical school. There are only a small number of internships and residencies in Hawaii and none in Alaska. According to the American Medical Directory for 1958 Hawaii has 574 physicians of whom 39 received their medical degrees in countries other than the United States and Canada. In Alaska there were 101 physicians of whom six received their medical education outside the United States and Canada.

The report of the Committee was accepted.

### REPORT OF COMMITTEE ON MEDICAL CARE PLANS

JOHN F. SHEEHAN, *Chairman*

At the 1958 Annual Meeting two statements (see pp. 185-86 *J. M. Educ.*, Jan., 1958) formulated by the Committee on Medical Care Plans were referred by the membership to the Executive Council with the recommendation that the Council accept them in principle and submit them to the Liaison Committee with the Council on Medical Education and Hospitals of the A.M.A. The Council on Medical Education and Hospitals in liaison with the A.M.A. Council on Medical Service approved with changes statement #1 pertaining to provision of medical service for private patients by full-time clinical faculties. Statement #2, concerning provision by residents of medical service for paying patients, was considered unacceptable. The Executive Council of the A.A.M.C. has returned the two statements to the Committee on Medical Care Plans for further consideration and recommendations.

Statement #1, as altered by the A.M.A. and further modified by your Committee, is herewith presented:

### Statement #1

#### Provision of Medical Service for the Care of Paying Patients by Salaried Clinical Faculties of Medical Schools

The complexity of medical education today makes it necessary that the major clinical departments have a nucleus of faculty members whose primary interest, efforts and responsibilities are in the teaching and research activities of the medical school. In order to provide adequate clinical instruction, there must be available sufficient numbers of patients to permit students individually to observe, work up and study the progress of a variety of patients in the major clinical fields.

The financial resources of most medical schools are not sufficient to offer salaries that alone are adequate to attract and retain the clinical teachers and investigators necessary to achieve the ob-

jectives of a modern teaching center. It has become necessary, therefore, to develop methods for supplementing the salaries of many clinical faculty personnel who have chosen to follow academic careers. In addition, economic factors such as the extension of voluntary health insurance and expansion of welfare benefits have markedly decreased the volume of indigent patients that have traditionally served as a major resource in clinical teaching.

Under appropriate circumstances, these two problems—the need for supplementing salaries of clinical teachers and the diminishing number of indigent patients available for clinical teaching—may be resolved through extending the privilege of the care of paying patients to career clinical teachers in the medical school hospital where the patients will contribute to the teaching program.

The recognized need for expanding educational facilities in medicine will require a proportionate expansion in the numbers of academic clinical teachers and in the numbers of patients available for clinical instruction.

The Liaison Committee on Medical Education, representing the Executive Council of the Association of American Medical Colleges and the Council on Medical Education and Hospitals of the American Medical Association, in cooperation with the Council on Medical Service of the American Medical Association, have agreed that the care of paying patients in medical school hospitals by career clinical teachers is proper and appropriate, provided:

- a) That fees are established by the participating physicians.
- b) That the income from fees is deposited in a separate fund of the university or medical school.
- c) That disbursements from the funds are made in accordance with a plan approved by the governing body of the faculty and by the university.
- d) That the amount of medical service and the number of physicians providing such service are related to and limited by the educational and research requirements of the institution.
- e) That proper limits are established for participating physicians so that there can be assurance that the care of paying patients will not detract from their primary teaching and research functions.

Note: The following paragraph was approved by the AMA Councils on Medical Service and Education and Hospitals but was stricken by your Committee prior to presentation to the Institutional Membership:

- f) That charges be made, where possible under the existing laws of the state, to the physician for all facilities and personnel involved in his care of paying patients, prorated in accord with the use of such facilities in his private practice.

The attention of the membership is called to the adoption by the House of delegates of the A.M.A. at its meeting last June of a resolution (Resolution #10) pertaining to the "Payment of Fees by Paying Patients to Hospital Residents":

WHEREAS, it has been proposed by the Committee on Medical Care Plans of the Association of American Medical Colleges that there be a "provision of medical services for paying patients by residents"; and

WHEREAS, the position of the A.M.A. on this subject has already been established; therefore be  
RESOLVED, That the A.M.A. House of Delegates reaffirm its position (Resolution #60, it A.M.A., 1957, New York Meeting, J.A.M.A., 164:1248, 1957) of opposition to payment of residents-in-training for medical services.

This resolution was introduced by the delegates of the Nebraska State Medical Society and referred to the *Reference Committee to Insurance and Medical Service*. It was adopted by the House with the recommendation that appropriate councils or committees of the Association continue to study this subject. The council charged with this study is the Council on Medical Service.

Be all of this as it may, your Committee on Medical Care Plans is still hopeful that the sense of last year's resolution "Provision of Medical Service for Paying Patients by Residents" can be developed for adoption.

The report, including the recommended resolution "Provision of Medical Service for the Care of Paying Patients by Salaried Clinical Faculties of Medical Schools" was approved.

#### REPORT OF COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

STANLEY W. OLSON, *Chairman*

The Committee on Medical Education for National Defense has had three meetings during the past year, on October 12, 1958, in Philadelphia, Pennsylvania; on February 7, 1959, in Chicago; and on June 8, 1959, in Atlantic City, New Jersey.

Prior to 1958-59, a subcommittee appointed from this Committee, together with Federal representatives from each of the branches of the Department of Defense, the Public Health Service, and the Office of Civil and Defense Mobilization, had constituted a subcommittee for the MEND program, charged with the direct responsibility of supervision of all affairs connected with administration of the MEND program. Early in this academic year, it was decided to dissolve the Subcommittee by name, and to absorb its duties into those of the Committee on Medical Education for National Defense, with the Federal representatives constituting a Federal MEND Council which would meet jointly with the Association's Committee to discuss and explore matters of mutual interest, particularly with respect to the MEND program.

The major activities of the Committee during the past year have been concerned with the MEND program, and this report therefore represents largely a report on the activities of this program.

As of January 1, 1959, the following ten schools were added as MEND participants, bringing the total to 55 schools included in the program: Boston, Cincinnati, Geo. Washington, Indiana, Marquette, Meharry, Nebraska, Puerto Rico, Southwestern, and SUNY (Syracuse).

Late in the fall, a written invitation was extended by the Chairman of the Committee to schools still not participating, inviting application for affiliation.

At its June meeting in Atlantic City, the Committee increased the number of schools to be selected for inclusion as of January 1, 1960, from ten to fifteen, which will make a total of 70 medical schools in the program. (Two additional institutions—University of Cincinnati Medical School and the Mayo Foundation Graduate School of the University of Minnesota—participate on a non-funded basis.) The fifteen new schools selected are: Albany, Arkansas, Chicago, Hahnemann, Jefferson, Minnesota, Missouri, New York Medical College, Southern California, South Dakota (2-year school), Tennessee, Utah Wayne, West Virginia (2-year school), and Woman's Medical College.

The following schools have asked to be included when selections are again made: Harvard, Kentucky, and Stanford.

Dr. Bennett F. Avery, who assumed the position of National Coordinator for the MEND program on July 1, 1958, has brought to the program a broad background of academic experience. For some 14 years, from 1926 to 1940, he served at the American University of Beirut, with appointments in anatomy and as chairman of the preclinical years. Subsequent to that appointment he was professor of anatomy and dean of Boston University School of Medicine from 1940 to 1944. From 1944 to 1949 he served as advisor to the Imperial Iranian Ministry of Health. He was appointed a Captain in the U.S. Navy in 1950, and served as director of the publicity division of the Bureau of Medicine and Surgery

from 1952 to 1955 before assuming the editorship of the U.S. Armed Forces Medical Journal in 1955. He held this position until his appointment as National Coordinator of the MEND program on July 1, 1958, presently remaining on active duty in the Navy, exclusively assigned to the MEND program.

Dr. Avery has visited a majority of schools in order to obtain first-hand knowledge of the specific activities in connection with Medical Education for National Defense at these institutions. He has taken a vigorous interest in the development of outstanding symposia and has sponsored a series of regional conferences for MEND coordinators.

The following symposia were offered during the academic year, 1958-59:

1. "Infectious Disease Problems," conducted by the Army, at Walter Reed Army Institute of Research, January 19-21, 1959.
2. "Medical Operation and Research in Climatic and Environmental Extremes," conducted by U.S. Navy at Naval Medical Center, Bethesda, Maryland, March 4-6, 1959.
3. "Research and Development in Aviation and Space Medicine," conducted by U.S. Air Force at Aero Medical Laboratory, Wright-Patterson AFB, April 8-10, 1959.
4. "Nutrition under Wartime or Disaster Conditions," conducted by U.S. Army at Army Research and Nutrition Laboratory, Fitzsimmons Army Hospital, Denver, Colorado, April 30-May 1, 1959.
5. "Radiation Health Problems," conducted by U.S. Public Health Service, in Washington, D.C., May 11-13, 1959.

The following symposia have been scheduled for the current academic year:

1. "Preventive Mobilization and Health Mobilization," to be conducted by Public Health Service at Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio; Communicable Disease Center in Atlanta; PHS Regional Office III in Charlottesville, Va., and Headquarters installations around Washington, D.C., October 12-16, 1959.
2. "Blood, Fluids, and Trauma," to be conducted by U.S. Army at Walter Reed Army Institute of Research (with Brooke Army Medical Center cooperating), Washington, D.C., December, 1959.
3. "Rehabilitation and Radiation," to be conducted by U.S. Navy, in Oakland, California area, Spring, 1960.
4. "Arctic Medicine," to be conducted by U.S. Air Force, possibly in Alaska, late Spring, 1960. (Planning incomplete at this time.)

The annual MEND Coordinators' Conference was held in Chicago in February at the time of the Congress on Medical Education and Licensure, and was well attended.

The financing of the MEND program continues to be on a contributory basis by the three branches of the Dept. of Defense and by the Office of Civil and Defense Mobilization, working through the Public Health Service as a delegate agency. The total amount available for the current year is \$630,000.00. This provides an average grant in the amount of \$10,600 to each school. As in the past, the expenditures of maintenance of the National Coordinator's Office have been kept to a minimum, reflecting the general policy that the initiative for the educational activities supported by MEND lies with the individual schools rather than with the Federal agencies.

There has been excellent cooperation on the part of the representatives of the Army, Navy, Air Force, Public Health Service, and the Office of Civil and Defense Mobilization in conduct of the MEND program. The officers representing these agencies have made their facilities fully available, and have come to regard the MEND program as an important means of contact between their agencies and the medical schools of our country.

In summary, the MEND program has had the finest kind of acceptance both by the

medical schools and by the Federal agencies, and has achieved a kind of stability which is gratifying to all who have participated in its development.

The report of the Committee was accepted.

#### REPORT OF COMMITTEE ON VETERANS ADMINISTRATION-MEDICAL SCHOOL RELATIONSHIPS

GRANVILLE A. BENNETT, *Chairman*

The Committee held two meetings during the past year. The first of these was scheduled in Chicago on November 13, 1958, to consider an invitation extended to the chairman by Doctor Russell B. Roth, Chairman, Committee on Federal Medical Services of the American Medical Association, to participate in an open panel discussion of the question, "Are Education and Research Essential to Veterans' Medical Care?" at the American Medical Association's Clinical Meeting on December 1, 1958, in Minneapolis. This meeting was attended by four members of the committee and by Doctors Darley, Young, and Sheehan. It was decided that Doctor Roth's invitation should be accepted and that the position of the A.A.M.C. as set forth in the records of its 65th Annual Meeting (*J. M. Educ.*, 29: 68-70, 1959) should be emphasized.

Actions relative to the panel discussion at the A.M.A. meeting have been made known to deans of medical schools by means of memorandums number 35 and number 44 issued by Dr. Darley, Executive Director.

The complete transactions of the panel discussion are available in a bound pamphlet issued by the A.M.A. and titled "Proceedings, Conference on Medical Services, Monday, December 1, 1958."

The second meeting of the committee was scheduled in Chicago on Saturday, February 7, 1959. The chairman reported on the conference held on December 1, 1958, and summarized the views expressed by the several panelists.

Against the background of recent developments and in accordance with recommendations voiced on previous occasions, the committee considered ways and means of procuring information on the extent of current use of and projected needs for Veterans Administration Hospitals by medical schools in furtherance of their educational and research programs. A short questionnaire designed for this purpose was prepared and issued to all American medical school deans. Replies indicate that 70 medical schools are affiliated, by means of Dean's Committee representation, with 96 Veterans Administration Hospitals. Tabulated data from the questionnaire will be available for inclusion in the final report of the committee.

It is anticipated that the data will provide a basis of determining whether or not there is need for a more detailed study by the Association of American Medical Colleges of relationships between medical schools and Veterans Administration hospitals.

The committee has drawn much information from the published report of Doctor John C. Nunemaker, "The Veterans Administration-Medical School Relationships" (*J. M. Educ.*, 34:77-83, 1959). Also, through the courtesy of Doctor Marjorie P. Wilson, the committee has received for review a preliminary report of a Veterans Administration study of inter-relationships of Veterans Administration residency programs with those under medical school sponsorship.

The report of the committee was accepted.

## REPORT OF COMMITTEE ON MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

DONALD J. CASELEY

The following report was submitted by the Committee on Medical School-Affiliated Hospital Relationships as a result of their meeting on Thursday, October 29.

Discussions aimed at identifying the objectives of this Committee established the following:

It be recommended to the Executive Council that the Committee develop programs designed to

1. improve the effectiveness of teaching hospitals in medical education; and
2. promote greater understanding between the administrators of medical schools and teaching hospitals.

In order that these objectives might be implemented, the Committee recommends the following steps which are examples of the type of action which should be taken:

1. If the Executive Council should deem it pertinent and desirable, it would direct the Section to adopt by-laws for its more effective operation, together with such rules and regulations as may be necessary.

2. There might be developed a continuous inventory of teaching hospital facilities that are available in institutions which are members of the A.A.M.C.

3. Insofar as the Section members could be effective, the Association might make use of the special competence of this group in the research projects of the Association or in liaison activities such as government relations, congressional testimony, etc.

4. The Executive Council might wish to make available additional pertinent information for the Section members so that they may become better acquainted with the full program of the A.A.M.C.

5. In view of pressures from many sources which are developing, the Executive Council might give consideration to amending the present limit of one one teaching hospital designated by the dean to represent each medical school. It is felt that for matters of voting, representation on the Executive Committee and holding of office, only one principal member representing each school be selected by the dean but where several principal teaching hospitals serve the medical school's teaching needs, associate members be appointed with an upper limit of three (or five) per school be imposed.

It was recommended further that, as an immediate and practical point of action, the Section meet concurrently with the medical educators and that at least one session of the general program be regarded as a conjoined session.

In conclusion, it was moved, seconded and approved unanimously that:

1. The Committee express its appreciation to the Planning Committee for the Annual Meeting for including on the program of the plenary session a subject of direct concern to the teaching hospital (Dr. Snoke's paper "The Teaching Hospital: Its Conflicts and Its Responsibilities").

2. Appreciation be expressed to the Executive Council for the establishment of the Committee on Medical School-Affiliated Hospital Relationships.

The report of the Committee was accepted and referred to the Executive Council for implementation.

## Third Annual Meeting of The Continuing Group on Student Affairs

October 31–November 1, 1959

The Continuing Group on Student Affairs, which brings together those people in the medical schools who are most concerned with recruitment, selection and counseling of medical students, had its Third Annual Meeting on October 31 and November 1. An outgrowth of the 1956 Teaching Institute, the Continuing Group devoted 2 crowded half-days to scientific papers, small group discussions, and an Executive Session in which the participants dealt primarily with topics already considered at Regional Meetings, which are also held annually in five sections of the country.

The papers presented this year were by John T. Cowles (Pittsburgh)—“The Appraisal of Student Performance in Medical School”; William V. Clemmans (The National Board of Medical Examiners)—“Analysis of National Board Examination Scores”; Lee Powers (A.A.M.C.)—“Medical Student Finances”; Helen Hofer Gee (A.A.M.C.)—“Relationships between Performance on National Board Examinations, MCAT Scores, and Grades at Three Selected Medical Schools”; and Charles F. Schumacher (A.A.M.C.)—“Ability, Interest and Personality Characteristics of Future Medical School Teachers and General Practitioners.”

In the interest of accurate recording of applicant data, the Continuing Group has developed and adopted at the meeting a precise definition of an applicant and has also made good progress toward revision of the “Traffic Rules,” which were created during the chaotic circumstances after World War II. It is felt that the term “Traffic Rules” is interpreted by some to mean that A.A.M.C. is a policeman empowered to enforce its regulations. The new statement of policies in regard to applications and acceptances is being developed in a climate of very willing cooperation by virtually all medical schools, and will be called “Recommended Acceptance Procedures” to emphasize the fact that A.A.M.C. encourages co-operative endeavor in the field of medical education but has no authority or desire to interfere with the administrative functions of individual schools.

Plans for the Annual Meeting were made by the Subcommittee on Student Affairs of the A.A.M.C. Committee on Research and Education. The Subcommittee members, who also served as Chairmen for the small group discussions, are: Samuel P. Asper, Jr. (Johns Hopkins); John L. Caughey, Jr. (Western Reserve); John F. Mahoney (Indiana); Woodrow Morris (Iowa); James R. Schofield (Baylor); and Lyman M. Stowe (Stanford). William Hubbard, formerly of New York University, resigned from the Subcommittee when he moved to Michigan.

# Second Annual Business Meeting of the Medical School-Teaching Hospital Section

Edgewater Beach Hotel, Chicago, Illinois

October 31, 1959

The second annual business meeting of the Medical School-Teaching Hospital Section of the A.A.M.C. met on October 31, 1959, with Dr. Gerhard Hartman presiding.

Mr. Duane E. Johnson, Secretary, read the following minutes of the first business meeting, which were adopted by unanimous vote:

At the opening of the Business Session on October 11, 1958, at 10:45 A.M., the following resolution was presented as suitable for consideration at that time: "Resolved, that it is the sense of this meeting that a section of the Association of American Medical Colleges to be known as the Medical School-Teaching Hospital Section should now be formed in Philadelphia on this eleventh day of October, 1958." This resolution, a necessary parliamentary step before election of officers could take place, was seconded and re-stated by the Chair. It was declared open for amendment and debate. There being none, it was put to a vote and unanimously carried.

The Chair then announced that this resolution in itself did not constitute the creation of a Section; rather, the Chair called on Dr. Lowell T. Coggeshall, president of the Association of American Medical Colleges, who was present, to convey it to the parent body for consideration and action.

Dr. Coggeshall took the rostrum and indicated that he would undertake such action. (The hospital executives present expressed their appreciation to Dr. Coggeshall in a vigorous and enthusiastic manner.)

The chairman of the Nominating Committee, Dr. Frank Bradley, administrator of Barnes Hospital at the Washington University School of Medicine, was then called to present a slate of officers for this Section during the ensuing year. Those elected were the same officers that served pro tem, plus three members to constitute, with the officers, an Executive Committee. The slate was called as follows:

Chairman, Gerhard Hartman, Ph.D., Superintendent, University Hospitals, Iowa City, Iowa.

Vice Chairman, Dr. Donald J. Caseley, Medical Director, University of Illinois Research and Education in Hospitals.

Secretary, Duane E. Johnson, Hospital Administrator, University of Nebraska College of Medicine.

Dr. Lee D. Cady, Manager of the Veterans Administration Hospital, Houston, Texas.

Dr. J. E. Sharpe, Superintendent, Toronto General Hospital.

Dr. Philip D. Bonnet, Administrator, Massachusetts Memorial Hospital.

The Chair announced that if the officers and members of the A.A.M.C. did not accept this resolution, the present officers would be serving a section "in limbo."

Mr. Lester Richwagen, director of the Mary Fletcher Hospital, and the administrator nominated by Dr. George A. Wolf, dean of the University of Vermont College of Medicine, presented the following resolution: "Resolved, that the Chairman be asked to communicate properly the gratitude and appreciation of the hospital administrators and directors to the officers and Executive Council of the A.A.M.C. for the opportunity and privilege of attending this interim meeting. We feel that it has been very much worth while."

The resolution was seconded and unanimously carried. Dr. Coggeshall, in his remarks, volunteered that he would convey this at the Association meeting.

The purpose for the establishment of the Medical School-Teaching Hospital Section is the crea-

tion of a forum for the study of the role of teaching hospitals in medical education and the promotion of greater understanding between administrators of medical schools and teaching hospitals.

At no time has there been a hint of any desire to constitute a group undertaking executive actions or forming overall statements of principle or policy either nationally or locally.

Dr. Donald J. Caseley delivered the following report on the A.A.M.C. Committee on Medical School-Affiliated Hospital Relationships:

The recently constituted committee of the Association of American Medical Colleges entitled the Medical School-Affiliated Hospital Relationships Committee, has had two meetings. The first one, held during the 1959 Congress on Medical Education and Licensure, had two basic objectives, I believe—first, the conventional one of getting acquainted, and second, to give at least passing consideration to a matter which was to be taken up on the afternoon of the meeting. Not being sure of our status, since this matter was to be debated and the decision was to be achieved during the course of the afternoon, the agenda dealt primarily with the problems of what, if any, status this organization should have—section status, committee or other.

I believe you are all now aware and pleased as we that the institution representatives (the deans) at that meeting voted unanimously to establish this as an official section of the Association.

The second meeting of the Committee was held two nights ago. (The report of this meeting may be found on p. 627 of these minutes.)

Now this report is to be forwarded to the Executive Council of the Association, our parent body. However, with the Section vitally concerned, this is a two-way communication street obviously, and it is for this reason that this report is being presented to you prior to its official submission to the Executive Council. If there are points which require clarification—if there are any questions—I believe that it would be appropriate to raise them at this time.

(There were none, and Dr. Caseley's report was accepted by the membership.)

Dr. Hartman then announced that (a) there would be a meeting of the new Executive Committee that afternoon, and (b) the next Annual Meeting of the Association would be held in Miami, Florida, October 29–November 3, 1960.

The following report was offered by Dr. Henry Pratt, chairman of the Nominating Committee:

Since there are no bylaws and no precedents, we had a very difficult problem with which to deal, and we came to the conclusion that there was desirability in having a certain amount of continuity in the control of the affairs of the section, and to that end we thought it would be wise if the Vice-Chairman should step up to the position of Chairman, that the immediate Past Chairman should serve for one year on the Executive Committee, and that the Secretary should continue in office for 3 years. The present term of office for the Executive Committee also is three years. Such an arrangement gives a 3-year responsibility to each officer and member of the Executive Committee and provides for an experienced and continuous management of the affairs of the Section.

We also had a very serious problem in how one should select officers. We have wide geographical distribution. About half of the medical schools represented here are on the eastern seaboard. There are about seven or eight on the Pacific Coast and the balance in the mid-section of the country. We also had to take into consideration tax-supported institutions as against voluntary institutions, and the matter of lay versus M.D. administrators, so we had many problems with which to wrestle. As a result of our deliberations we want to recommend for Chairman, Dr. Donald J. Caseley; for Vice Chairman, Dr. Albert W. Snoke from Yale; the Secretary, Mr. Duane E. Johnson from Nebraska; and for 1 year on the Executive Committee which will add one position to the Executive Committee—as immediate Past Chairman, Dr. Gerhard Hartman; and for a 3-year term on the Executive Committee, Mr. Alvin J. Binkert of Columbia University.

(The report of the Nominating Committee was approved.)

Dr. Hartman then turned the chair over to Dr. Caseley, and the meeting was adjourned at Noon.

## (Appendix I)

### Articles of Incorporation Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its initial registered office in the State of Illinois is 185 North Wabsh Avenue, Chicago 1, Illinois (Cook County). The name of its initial registered agent at said address is Dean F. Smiley.
4. The first Board of Directors shall be eleven in number their names and addresses being as follows:
 

Vernon W. Lippard, Yale University School of Medicine, 333 Cedar Street, New Haven 11, Connecticut

Robert A. Moore, University of Pittsburgh, Pittsburgh 13, Pennsylvania

John McK. Mitchell, University of Pennsylvania School of Medicine, 36th and Hamilton Walk, Philadelphia 4, Pennsylvania

John B. Youmans, Vanderbilt University School of Medicine, Nashville 5, Tennessee

Stanley E. Dorst, University of Cincinnati College of Medicine, Eden and Bethesda Avenues, Cincinnati 19, Ohio

Stockton Kimball, University of Buffalo School of Medicine, 3435 Main Street, Buffalo 14, New York

John Z. Bowers, University of Utah College of Medicine, 105 Medical Building, Salt Lake City 1, Utah

George N. Aagaard, University of Washington School of Medicine, Seattle 5, Washington

Walter R. Berryhill, University of North Carolina School of Medicine, Chapel Hill, North Carolina

Lowell T. Coggeshall, University of Chicago, 950 E. 59th Street, Chicago 37, Illinois

Thomas H. Hunter, University of Virginia School of Medicine, Charlottesville, Virginia
5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.
6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.
7. The membership of the corporation shall consist of a class known as Institutional Members and such other classes, if any, as shall be provided in the By-Laws. Such other classes of members shall have no right to vote, and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons or institutions as may from time to time be designated pursuant to the By-Laws.
8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.
9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.\*

\* This sentence has been inserted to avoid any question of compliance or non-compliance with certain Illinois legal requirements.

## By-Laws

*Section 1. Institutional Membership.—*

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three-fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges.

b) Standards. Each institutional member shall conduct its educational program in conformity with the following standards of admission and curriculum:

Admission. Students may be admitted either by:

(1) Satisfactory completion of a minimum of collegiate instruction based on a good general education including the attainment of competence in English, Biology, Chemistry and Physics. For most students this will require three or four years of college education. Superior students may, in selected cases, be considered acceptable for admission to medical school after only two years of collegiate work. In all instances, the final judgment as to the admissibility of those superior students will rest with the individual medical school; or

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

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

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

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

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

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

The curriculum should extend over a period of at least 4 academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources and curriculum as may be prescribed by the Executive Council and expressing its readiness to be inspected from time to time. The Executive Council shall consider the application and report its findings and recommendation at the next annual meeting of members for action.

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

e) All members shall conform to the Articles of Incorporation, By-Laws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member, which, on inspection, has been found not to conform to the then-existing Articles, By-Laws or standards may be warned by being placed on "confidential probation" for a period of two years by action of the Executive Council or may, after a full hearing before the Executive Council, by action of the Executive Council and concurring action of a meeting of the Institutional Members, be (1) placed on "open probation," (2) dropped from membership, or (3) removed from probation and reinstated.

*Section 2. Affiliate Institutional Membership.*—There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way, but shall have no right to vote.

*Section 3. Emeritus, Individual, Sustaining and Contributing Membership.*—There shall be four classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first individual members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated voluntary association called the Association of American Medical Colleges.

a) *Emeritus Membership.* Emeritus Membership shall be reserved for those faculty members, 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 schools or universities, are no longer active in medical education. Any Institutional, Affiliate Institutional, 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.* Individual Members may be any persons 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.

c) *Sustaining and Contributing Membership.* Sustaining and Contributing Members may be any persons or 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.

*Section 4. Meetings of Members.*

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council or by ten Institutional Members.

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than 20 or more than 40 days before the date of the meeting written or printed notice stating the day, hour and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of a special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) Each Institutional or Affiliate Institutional Member may send to meetings of members as many representatives as it desires, each of whom shall have the privilege of the floor in all discussions; but only one representative of each Institutional Member shall be entitled to vote, who shall be the Dean of the Institutional Member, unless some other representative or proxy is appointed

by the Institutional Member. The Association may conclusively rely on the written statement of the Dean of a school or college that he or some other person has been properly designated as its representative or proxy. No designation or proxy shall be valid after 11 months from the date of its execution unless it provides otherwise.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

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

The Executive Director shall be appointed by the Executive Council.

The officers shall have such duties as are implied by their respective titles or assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns or for any other reason ceases to act, the Vice President shall immediately become President and shall serve for the remainder of that term.

The first officers shall be as follows:

President, Vernon W. Lippard  
President-Elect, Robert A. Moore  
Past President, Stanley E. Dorst  
Vice President, John McK. Mitchell  
Treasurer, John B. Youmans  
Secretary, Dean F. Smiley  
Director of Studies, John M. Stalnaker

*Section 6. Executive Council.*—

a) The Executive Council (also referred to as the Council) is the board of directors of the Association, and shall manage its affairs.

b) The Council shall consist of six elected members, the 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) Of the six elected members, two shall be elected annually by the Institutional Members at the annual meeting, each to serve for 3 years or until the election and installation of his successor. An elected Council member shall not serve more than two consecutive terms, but an unexpired term, unless served for at least 2 years or a term as an ex officio member, shall not be regarded for this purpose as a term.

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 shall be the only member without vote but he shall attend all Council meetings, except closed executive sessions.

e) The annual meeting of the Council shall be held immediately following the election of council members at the annual meeting of members and at the same place. It shall elect its own Chairman.

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

g) A quorum of the Council shall be a majority of the voting Council members.

h) The Council may fill vacancies in its own membership or among the officers for the period until the next annual meeting of members.

i) The first elected members of the Council shall be:

John Z. Bowers, term expiring 1955  
 Stockton Kimball, term expiring 1955  
 George N. Aagaard, term expiring 1956  
 Walter R. Berryhill, term expiring 1956  
 Lowell T. Coggeshall, term expiring 1957  
 Thomas H. Hunter, term expiring 1957

j) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of three or more voting Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

*Section 7. Waiver of Notice.*—Whenever any notice whatever is required to be given under the provision of these By-Laws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

*Section 8. Seal.*—The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

*Section 9. Fiscal year.*—The fiscal year of the Association shall be from July 1 to June 30.

*Section 10. Dues.*—The annual dues shall be:

Institutional Members (4-year schools) . . . . .	\$1,000
Institutional Members (2-year schools) . . . . .	500
Affiliate Institutional Members . . . . .	250
Individual Members . . . . .	10
Sustaining Members . . . . .	1,000
Contributing Members . . . . .	200 to 500

*Section 11. Amending By-Laws.*—These By-Laws may be altered, repealed, or amended, or new By-Laws adopted by a two-thirds vote of the Institutional Members present at any meeting of Institutional and Affiliate Institutional Members for which 30 days' written notice has been given.

*Section 12. Amending Articles of Incorporation.*—The Articles of Incorporation may be altered, repealed or amended by the Institutional Members in the manner provided by statute.

## (Appendix II)

### Officers of the Association and Members of the Executive Council 1959-1960

*President and Council Chairman:* THOMAS H. HUNTER

University of Virginia School of Medicine

*President-Elect:* GEORGE N. AAGAARD. . . . . University of Washington School of Medicine

*Immediate Past President:* JOHN MCK. MITCHELL

University of Pennsylvania School of Medicine

*Vice-President:* DONALD G. ANDERSON

University of Rochester School of Medicine and Dentistry

*Treasurer:* J. MURRAY KINSMAN. . . . . University of Louisville School of Medicine

*Secretary:* RICHARD H. YOUNG. . . . . Northwestern University Medical School

*Executive Council, 1962:* ROBERT J. GLASER. . . . . University of Colorado School of Medicine

*Executive Council, 1962:* ROBERT C. BERSON. . . . . Medical College of Alabama

*Executive Council, 1961:* JOHN E. DEITRICK. . . . . Cornell University Medical College

*Executive Council, 1961:* JOHN F. SHEEHAN

Stritch School of Medicine of Loyola University

*Executive Council, 1960:* STANLEY OLSON. . . . . Baylor University College of Medicine

*Executive Council, 1960:* GEORGE A. WOLF, Jr. University of Vermont College of Medicine

#### Office of the Executive Director:

*Executive Director* . . . . . WARD DARLEY

*Associate Director* . . . . . LEE POWERS

*Director of Business Affairs* . . . . . JOHN L. CRANER

#### Division of Research:

*Director of Research* . . . . . HELEN H. GEE

*Assistant Director of Research* . . . . . CHARLES F. SCHUMACHER

*Research Associate* . . . . . EDWIN B. HUTCHINS

#### Division of Operational Studies:

*Director of Operational Studies* . . . . . LEE POWERS

*Assistant Director of Operational Studies* . . . . . J. FRANK WHITING

#### *The Journal of Medical Education:*

*Editor* . . . . . JOHN Z. BOWERS

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