Association of American Medical Colleges

Proceedings for 1960

Meeting of the Institutional Membership
January 9, 1960

Meeting of Medical School Deans of Central and South America
October 28, 1960

Fourth Annual Meeting of the Continuing Group on Student Affairs
October 29, 1960

Third Annual Business Meeting Medical School-Teaching Hospital Section
October 29, 1960

Meeting of the Institutional Membership
October 30, 1960

Presentation of Borden and Flexner Awards
October 31, 1960

The Seventy-First Annual Business Meeting
November 1, 1960

Reprinted from May 1961 issue of
Journal of Medical Education

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Preface

This volume is the 1960 report to the membership of the Association of American Medical Colleges. The report begins with the annual report of the Executive Director, Dr. Ward Darley, "The Association of American Medical Colleges from 1956 through 1960" and is followed successively by each of the major events that should be a matter of record in the archives of the Association.

The officers and staff take pride in the progress made in 1960 and again, as stated in the Proceedings for 1959, feel that this report "contains either the record of or references to the most important events that are taking place in American medical education."

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The Association of American Medical Colleges from 1956 through 1960

WARD DARLEY, M.D.

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In my first three reports to the Association, I have outlined the philosophies, principles, and scope of the direction in which the Executive Council has thought the A.A.M.C. should move.

Very briefly the line of reasoning has been:

1. That since the Association has no authority over any of its member schools, any progress in medical education that it might encourage must depend upon the educational rather than the legislative process, and

2. That if the educational process is to pertain, its best interests will be served by:

a) The gathering and analysis of information and ideas about medical education and of the organizational and financial framework essential to its support;

b) The maintenance of central files and records, the preparation of summary reports and the analysis of summary reports that may be prepared outside the Association's aegis—all of this so that important information and ideas regarding medical education can be centrally preserved and available;

c) The communication of information and ideas to those responsible for the academic programs and the administration and financing of our medical schools and to all other elements of the American public that have reason or should have reason for a responsible interest in medical education;

d) The active involvement of medical faculties and administrators in forums, workshops, speaking, committee work and other creative activities that will stimulate the application and the further gathering and communication of information and ideas and the critical elaboration and comparison that can result therefrom;

e) The provision and analysis of special data and information so as to serve the special uses of individual medical schools, universities, and other agencies that carry active responsibility for medical education, and

f) The identification of those individuals who become particularly knowledgeable and judicious about the structure and function of medical education, so that, as occasions may arise, medical schools or agencies contemplating schools can have ready access to qualified advisors, consultants, and employees.

The Council has felt that a program in line with the above philosophies and principles should help our medical schools to do collectively what they cannot do individually and, yet, enable each school to do more for itself; that this in turn should encourage the individualization of high standards rather than the mediocrity of standardization; and, finally, that it should provide stimulation for the

creative thinking and the development of the fresh leadership which the immortality of an effective system of medical education will require.

In retrospect, as far as data gathering and its communication are concerned, except for pointing to the expanding studies and services surrounding the MCAT and the Teaching Institutes, and to the increasing usefulness of *The Journal of Medical Education*, and except for reporting the development of needed resources and the execution of necessary spade work, my past reports have expressed more pious hope than accomplishment. Now the situation is rapidly changing, and those responsible for the conduct of the Association can begin to appreciate the wisdom of the general approach that was elected 3 years ago.

As evidence of this, I call your attention to the "Datagrams" and "News Letter," the detailed reports of studies, research, and conferences that are appearing with increasing frequency in *The Journal of Medical Education* and in the publications of other related agencies and particularly to the reports of the A.A.M.C. staff and committees (most of which cover the past 3 years) that have just been placed in your hands. To make extensive comment upon these reports would mean unnecessary repetition—they speak for themselves.

I think it is significant to mention the manner in which much of the Association's work, particularly its research and study effort, is being conducted in cooperation with or is being correlated with the work of other agencies that have related responsibilities and interests. The Liaison Committee on Medical Education, established jointly by the Executive Council of the A.A.M.C. and the A.M.A. Council on Medical Education and Hospitals, is an instance of a deliberate arrangement to make this kind of cooperation possible. The Education number of *The Journal of the American Medical Association*, as well as our own publications, and the A.M.A. Congress on Medical Education and Licensure, as well as our own constellation of annual meetings, are of more value as the result. Other agencies, too, are involved with the Association in this criss-cross of data gathering and reporting: The U.S. Public Health Service and its National Institutes of Health and Division of Hospitals and Medical Facilities, the National Science Foundation, the National Academy of Sciences-National Research Council, the National Opinion Research Council, the National Intern Matching Program, the Educational Research Center of the School of Medicine of the University of Illinois, the National Merit Scholarship Corporation, the Health Information Foundation, and the American Council on Education are worthy of special note.

As an important part of this all-out study and data-gathering effort, we must acknowledge how the surveys of medical education by Flexner, Rappleye, Weiskotten, and Deitrick and Berson and also how the many "voice-in-the-wilderness" studies carried out in the past by dedicated individuals and medical schools have established points of reference that are essential if we are to contrast the past with the present and then from this to plan for the future.

And as we look to the future, I think the transmission and critical review of the results of studies and research in medical education, irrespective of where or how they are done, should continue to be one of the principal responsibilities of the Association. It is to this end that much of the administrative and business reorganization of the home office has been directed. Our communication dollar is now stretching much further than has ever been possible before.

It is true that deans, faculty, and others are speaking from these studies and

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research with increasing frequency. References to them in the lay news and magazine press are also becoming more frequent. But I believe that if we are to make certain that the general public is to see these data and information in their proper context there should be more speaking and writing on the part of individuals from within medical education itself. The staffs of the A.A.M.C. and the Council on Medical Education and Hospitals stand ready to assist anyone who is so inclined.

However, perhaps the thing that is of most importance right now is for those from within medical education to become more active, through intensive and critical review, in translating our study and research efforts into creative and orderly plans for the future. The precedent for this began more than 9 years ago with the first teaching institute. The forthcoming institute and the two to follow will leave the consideration of teaching areas and student problems and turn to an investigation of the impact of patient care and of research and medical practice upon medical education. The present timing of many studies, in many places, should make these three institutes particularly fruitful. But just because the Teaching Institutes may be taking on this new emphasis must not mean that academic and student considerations can be neglected or relegated to second place.

In my report of last year, I stressed the importance of medical school administrators and faculties coming together—nationally, regionally, singly—so that the responsible people in each institution can study the meaning of their own data and information in the light of both national patterns and comparisons among themselves. As far as the continuing study and consideration of academic matters are concerned, I think there should be more organized response to the Teaching Institutes than is presently the case.

The precedent for the kind of activity I have in mind was set four years ago when, in response to the Institutes on the selection of students and the ecology of the medical school, the Continuing Group came into being. This group has met consistently upon both a regional and national basis and has kept the problems of student admissions and welfare under constant review. It is largely because of the interests and concerns of this group that the program of the Division of Research has been broadened and deepened and the study of student financial problems undertaken by the Division of Operational Studies. The thorough and useful manner in which the members of this group are studying all of these data and the problems they reflect, particularly here at this meeting, is a development that has been most fortuitous, and I believe that, as a result, the leadership necessary to deal effectively with the mounting problems of the medical student is competently at hand.

Now the Medical School-Teaching Hospital Section is poised to perform in the same manner. Many of the financial and administrative studies of medical education that are presently under way or that will shortly be initiated and also many of the considerations of the forthcoming series of Institutes will be important to the interests of this Section.

Returning again to my conviction regarding the need for placing more emphasis upon the continuing, organized study and discussion of the academic areas, I would remind you of the Association's cooperation with the Seminars on Medical Teaching, the third of which was held last summer. The continuation of these seminars, particularly if they will stimulate those who attend to lead their own

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faculties to the study of their own teaching effectiveness represents an activity that can be of the first importance. Very shortly Dr. George Miller, who has been the moving spirit in this development, will publish a detailed report of the beginnings of such a study at the University of Illinois. I know of a few other schools that are planning similarly.

That there is a desire to give more attention to the categorical areas of academic medicine is, I believe, evidenced by the fact that for some time such activity has been developing outside the framework of the Association. There is the Association of University Surgeons and the Association of Teachers of Preventive Medicine. The Teachers of Internal Medicine have just formalized an organization, and I understand that the pediatricians and perhaps other specialty teachers are doing or considering the same. While all of this is to the good, I feel that the Association should provide more incentive and more of a place of importance to our faculty people than has ever been the case before. This is a must if the strictly academic areas of medical education are to have the national coordination and continuing study that their importance deserves.

Our present preoccupation with the operational aspects of medical education are important, but only insofar as they can contribute to the proper support of medical teaching and learning, and the time will shortly be at hand when these activities will be changing from special studies to regular services.

If the Association is to satisfy the principle reason for its existence—*the improvement and advancement of medical education*— the marshalling of faculty interest and activity under its aegis must be developed with much more vigor and imagination than has ever been the case before. It is to this phase of development that those on the Executive Council and the Committee on Research and Education are addressing themselves. I trust that the institutional membership will support the recommendations that will result. The membership can rest assured that these two arms of the Association will develop this consideration with the greatest of thought and care.

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Meeting of the Institutional Membership

Shoreland Hotel, Chicago, Illinois
January 9, 1960

President Thomas H. Hunter presiding

Roll Call—75 of the 86 institutional members present.

Dr. Hunter reminded the membership that the call for this meeting, dated December 1, 1959 gave notice that the Executive Council was recommending a change in the by-laws. The changes involve the introduction and paragraph (*c*) of Section 3 and Section 10. The purpose is to provide for a new class of membership—the Contributing Membership—and the dues that are to apply. The reason for the recommendation is to make it possible for agencies and individuals that cannot meet the cost of the Sustaining Membership ($1,000.00 which corresponds in cost to the Institutional Membership) to take out a membership that will cost less but still provide the opportunity for a substantial contribution to the support of the Association. The suggested dues are $200-500 per year (comparable to the dues paid by Affiliated Institutional Members).

The revised introduction to Section 3 would read as follows:

Emeritus, Individual, Sustaining and Contributing Membership. There shall be four classes of members, known as Emeritus Members, Individual Members, Sustaining 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.

and paragraph (c) of Section 3 would read:

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 10 would read:

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

Dr. Vernon Lippard of Yale University moved approval.

The motion was seconded and passed unanimously.

President Hunter, after reminding the membership that the main reason for the meeting was to provide the opportunity for a general discussion of the matters which the Association might wish to present to the Federal Government —either through the Department of Health, Education, and Welfare, the N.I.H. or the Congress, asked Dr. Lowell T. Coggeshall, the chairman of the Committee on Federal Health Programs to preside.

Dr. Coggeshall then called on Dr. John Porterfield, Deputy Surgeon General U.S.P.H.S., to speak regarding the programs of the Administration and the Department of Health, Education, and Welfare that should be the concern of the medical schools. Dr. Porterfield stated that, since most of these programs would be reflected in the President's budget message to Congress, and since this message had yet to be delivered, he was not at liberty to speak with finality upon any of these matters. He did, however, offer a brief statement of the recommendations which the Surgeon General was making to the Secretary of H.E.W. In general these recommendations follow those which appeared in the October, 1959, report of the Surgeon General's Consultant Group on Medical Education (*Physicians for a Growing America*). The recommendations he emphasized were:

1. More adequate reimbursment for medical research costs.
2. The provision of institutional research grants.
3. The provision of funds to assist with the development of local, state-wide and regional plans for the expansion of medical education.
4. Recommendation that the Office of Education give special consideration to medical students in the National Defense Education Act, and
5. The provision of grants for the construction of medical education facilities.

Dr. Porterfield pointed out in some detail many of the limitations and ways of implementation which would be a part of any recommendations which the Administration would make to the Congress.

Dr. Coggeshall then introduced Dr. James Shannon who, after briefly mentioning the administrative reorganization currently under way in the Institutes, spoke regarding N.I.H. expectations in the present session of Congress. Briefly, these will have to do with:

1. The need for institutional research grants;
2. The need for the establishment and maintenance of clinical research units in selected schools of medicine and hospitals;
3. The need to increase the training programs and along with this to do more to encourage careers in full time medical research and teaching; and
4. The difficulties attendant upon the provisions of full indirect costs for project research.

Dr. Coggeshall then asked Dr. Boisfeuillet Jones, chairman of the Senate Appropriations Committee of Consultants on Medical Research, to speak. Dr. Jones reminded the membership that he had described the origins, organization, and assignment of this committee at the last annual meeting. He reported that the committee was at work, holding hearings with selected individuals and groups and would have a preliminary report ready shortly after February, 1960.

There then followed a general question, answer, and discussion period in-

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volving the statements made by Drs. Porterfield, Shannon, and Jones. This was terminated at lunch time.

When the afternoon session started, Dr. Coggeshall, still presiding, stated that he hoped for discussion of the points which follow, and that he and his committee were searching for ideas and a sense of direction from the membership; he did not expect to ask for motions or voting upon any question as follows:

1. Indirect research costs,
2. Institutional research grants,
3. Construction grants,
4. General Federal Support,
5. Scholarship for medical students.

During the discussion many points of view were expressed, and many excellent ideas were offered. The transcript of the entire meeting was placed in the hands of the Chairman of the Committee on Federal Health Programs and should prove of value in the work of this Committee for some time to come.

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Meeting With Medical School Deans of Central and South America

Diplomat Hotel
Hollywood Beach, Florida
October 28, 1960

President Thomas H. Hunter, presiding
Visiting Deans attending:

Aguirre-Ceballos, Dr. Alfonso, Dean, Facultad de Medicina, Universidad de Antioquia, Medellín, Colombia

Anzola, Dr. Eduardo, Medical Director, Hospital Universitario del Valle, Cali, Colombia

Echeverri, Mr. Humberto, Administrator, Hospital Universitario San Vicente de Paul, Medellín, Colombia

Fajardo, Dr Jose, Professor of Internal Medicine, Facultad de Medicina, Universidad de San Carlos, Guatemala City, Guatemala

Fernández, Dr. Gustavo, Dean, Facultad de Medicina, Universidad del Cauca, Popayán, Colombia

Fuentes, Dr. Jaime, Vice-Dean, Escuela de Medicina, Universidad de Guanajuato, Leon, Gto., Mexico

Gutiérrez-Arango, Dr. Ernesto, Dean, Facultad de Medicina, Universidad de Caldas, Manizales, Colombia

Haydar-Ordage, Dr. Francisco, Dean, Facultad de Medicina & Ciencias Naturales, Universidad de Cartagena, Cartagena, Colombia

Hermansen P., Dr. Ivar, Dean, Universidad de Concepcion, Facultad de Medicina, Concepcion, Chile

Hurtado, Dr. Alberto, Dean, Facultad de Medicina, Universidad Nacional Mayor de San Marcos de Lima, Lima, Peru

Jiménez, Dr. Alejandro, Dean, Graduate School, Military Hospital-Colombian Medical Center for Graduate Studies, Bogotá, Colombia

Marín-Servín, Col. M.C. Jose Luis, Dean, Escuela Medico-Militar, Mexico, D.F.

Mata-Machado, Dr. Jose Henrique, Faculdade da Medicina, Universidade de Minas Gerais, Belo Horizonte, Brasil

Mendoza, Dr. Herman, Graduate School of the Hospital Militar, Bogotá, Colombia

Molina, Dr. Gilberto, Universidad de Nuevo Leon, Monterrey, Mexico

Montemayor, Dr. Ramiro, Facultad de Medicina de la Universidad de Nuevo Leon, LaFama, Nuevo Leon, Mexico

Moreno, Dr. Bernardo, Dean, Facultad de Medicina, Universidad Pontificia Javeriana, Bogotá, Colombia

Neghme, Dr. Amador, Secretary, Facultad de Medicina, Universidad de Chile, Santiago, Chile

Ocampo L., Dr. Alfonso, Minister of Public Health, Bogotá, Colombia

Pardo, Dr. E. G., University of Mexico, Mexico City, Mexico

Paredes-Manrique, Dr. Raul, Dean, Facultad de Medicina y Ciencias Naturales, Universidad Nacional de Colombia, Bogotá, Colombia

Peña-Chavarría, Dr. Antonio, Dean, Facultad de Medicina, Universidad de Costa, Rica, San Jose, C.R.

Santoscoy G., Dr. Guillermo, Dean, Facultad de Medicina, Universidad Autonoma de Guadalajara, Guadalajara, Jal., Mexico

Tijerina de la Garza, Dr. Mentor, Dean, Facultad de Medicina, Universidad de Nuevo Leon Monterrey, Nuevo Leon, Mexico

Torre, Jose Miguel, Medical School of San Luis Potosi, San Luis Potosi, Mexico

Vargas-Rubiano, Dr. Alfonso, Chief, Department of Pediatrics, Military Hospital-Colombian Medical Center for Graduate Studies, Bogotá, Colombia

Velazquez-Palau, Dr. Gabriel, Dean, Facultad de Medicina, Universidad del Valle, Cali, Colombia

After welcoming remarks by Drs. Hunter and Darley, Dr. John Cooper spoke on the subject, "Medical Education in the United States" and Dr. Jose Vivas, "The Role of the Association of American Medical Colleges in Medical Education."

Following this a panel made up of Drs. John Cooper, Walter Wiggins, Charles Watkins, Jack Weir, Maxwell Lapham, G. E. Ellinger, Jose Vivas, and Ward Darley, with considerable participation from the floor, answered questions and discussed points made in Dr. Cooper's and Dr. Vivas' papers.

Dr. Ward Darley then made the following remarks:

"Shortly after I returned from the meeting of the Pan American Medical Association held in Mexico City last May, Dr. Luis Munist, Dean of the Medical School of the University of Buenos Aires, wrote suggesting the formation of a Pan American Association of Schools of Medicine. This led us to invite all of the medical deans from all of the Americas to join us here in Florida and discuss Dean Munist's suggestion. I found the discussions of medical education that were held in Mexico City to be most worthwhile, and I agree with Dr. Munist that, if we could come together regularly and discuss our mutual interests, we could contribute much to the advancement of medical education everywhere.

"Some of the history and characteristics of medical education in this country have been discussed by Deans Vivas and Cooper. Perhaps in the very near future you gentlemen will find it possible to tell us much more than we now know about medical education in your countries. Most of us know very little about one another's interests and programs. We are all too much immersed in the day-to-day events of our own schools.

"We who have accepted the administrative responsibility for medical education in our respective countries have not found sufficient opportunity to become acquainted. Perhaps this is because we have had to remain at home, each of us, and look after the 'factory,' while our professors travel about the world on purely scientific and professional medical matters. We have all seen the very real accomplishments and gratifying friendships which have grown out of the accelerated international scientific exchanges of methods and opinions in the general area of medicine. We have all profited very much, I believe, from the scientific knowledge

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and understanding which our traveling faculty members have gained. The scientific and professional colloquia and congresses which they frequently attend do much to improve the content of education in their respective areas of interest. However, the aggregate potential of these benefits might be much better achieved in the improvement of the whole of medical education in each of our schools if we, the deans, engaged in similar activities. It is our responsibility to integrate and coordinate the talents and interests of all of our faculty members. A more regular and thorough exchange between the deans of the American Republics should help us in this task.

"There is every reason for us to work together. Scientific and professional contributions from all of our countries have long been fundamental elements in the world of medicine. The literature of medicine is rich with them. I can cite easily many of our predecessors such as the distinguished Braun-Menendes who was in the south, in Buenos Aires, to Banting in the north, in Toronto. Our schools are equally renowned, ranging from the distinguished institutions of Brazil, Colombia, Guatemala, and Chile, the venerable University of San Marco, to the esteemed Cardiological Institute in Mexico City. There are many more, for the Americas have a proud record of scientific and professional progress in medicine.

"With our respective national governments increasingly aware of the social necessity for constantly improved medical care, and also of the absolute dependence of this on the highest possible standards of medical education, it seems proper that we who carry the administrative and the conceptual responsibilities of the process work more closely together.

"I wonder what you gentlemen here would think of the establishment of a 'Pan American Federation of Associations of Medical Schools.' Several of our countries now have a national organization of their medical schools. As you can see, we have one in the United States. Speaking for my own country, I believe I can truthfully say that United States medical education has been improved by the increasing influence and force of this Association.

"I hope you will not think me presumptuous or my thoughts premature when I ask you to give some thought to this proposal. We could begin by asking the national Associations already established to serve as charter members of the Federation. In those countries which have not yet found it expedient to form a national association of medical schools, the deans might be asked to become individual members of the Federation until they can form a national association of their own, at which time the new association would enter the Federation. The details of the organization are not so important. It is the purpose and the potential of the Federation that appeal. I would welcome your comments and suggestions."

Considerable discussions followed this proposal, with the conclusion that the Latin American deans would meet by themselves and develop a proposal that could be considered November 1, at the Annual business meeting of the Institutional Membership.

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Fourth Annual Meeting of the Continuing Group on Student Affairs

Diplomat Hotel
Hollywood Beach, Florida
October 29–30, 1960

The Continuing Group on Student Affairs, outgrowth of the 1956 Teaching Institute on Appraisal of Applicants for Admission and a chief beneficiary of the 1957 Teaching Institute on the Ecology of the Medical Student, held its 4th Annual Meeting on Saturday and Sunday, October 29–30, 1960. As in previous years, the attendance was excellent, and almost all United States, and many Canadian, schools were represented by one or two faculty members with major responsibilities in student affairs.

In the opening session, Dr. Caughey of Western Reserve, the chairman, placed emphasis on the fact that over the last 4 years there has been tangible improvement in the handling of application and admission problems, and better relations of medical schools with one another and with applicants and their college advisors, at a time when the number of candidates for admission has been decreasing and more competition and misunderstanding might have been expected. In 1960, up to the time of the meeting, the A.A.M.C. had received no complaints about admission practices either from applicants or from medical schools. The "Recommended Acceptance Procedures" adopted by the Continuing Group as a substitute for the previous "Traffic Rules" have appeared to provide reasonable flexibility for the medical schools and to be easily comprehended by the applicants and their advisors. Dr. Caughey called attention to the major contribution made by the Continuing Group members in administering the questionnaire on "Financial Problems of Medical Students" to the Class of 1959. The data from this study have been of great value to the Association as a basis for formulation of its policies on financial aid. He also stressed the importance of the Continuing Group Regional Meetings, which have now become well established in all sections of the country and which provide opportunity for informal discussion of both local and national problems related to student affairs.

A report on the A.A.M.C. booklet, *Admission Requirements of American Medical Colleges*, was presented by the editor, Miss Nourse. The Continuing Group members expressed their appreciation of the growing circulation and increasing usefulness of this publication. It was agreed that reprints of its introductory chapters, and the pages giving data about individual schools, would be made available to each school, at cost, upon request. Suggestions were invited about ways in which the booklet can be improved and distributed more widely.

A major portion of the time of the Continuing Group meeting was devoted to small discussion sessions in which the members turned their attention to subjects which are currently of major interest to them. The principal topics were: financial problems of medical students, recruitment, improvement of selection and admission procedures, and the appraisal of the progress of students in medical school and following graduation.

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In a Scientific Session, several studies on student affairs problems were reported. Dr. Wimburn Wallace, of the Psychological Corporation, discussed further development of the Medical College Admission Test. A follow-up study on 1950 medical graduates, "The Measured Interests of Physicians," was presented by Dr. Anthony C. Tucker, of the University of Denver. Dr. Helen Hofer Gee, A.A.M.C. Director of Research, discussed the ways her Division uses the data it obtains from the medical schools, and the great advantage to the A.A.M.C. research program which results from having in each school individuals who are informed about and interested in the studies designed to shed light on applicant and student problems. Her associates, Drs. Charles F. Schumacher and Edwin B. Hutchins, read papers entitled, "MCAT Repeaters: The Use and Interpretation of Scores," and "Students' Perceptions of Their Medical School Environment."

From the A.A.M.C. Division of Operational Studies, Dr. J. Frank Whiting presented a report on "The Financial Position of the American Medical Student." His extensive data, which were distributed in mimeographed form, emphasized the sharp contrast between the cost of M.D. education and Ph.D. education to the student. He also provided for individual schools, and for geographical areas, information about students' answers to questions about costs, outside employment, career plans, and their reactions to the financial burdens they encountered in medical school.

In a final executive session, the Continuing Group voted to establish a Committee on Financial Problems of Medical Students to work with A.A.M.C. staff on plans for long-range studies in this area, in an effort to increase the number and quality of applicants to medical schools. The Continuing Group also put emphasis on the need for programs to inform high school and college students about the variety of career opportunities in medicine. A proposal for a detailed study and trial run of a "matching plan" for medical school admission was voted down, but there was support for steps to create a "common pool" of alternates to facilitate contacts between qualified applicants and schools which have vacancies to be filled. Although no decisive action was taken, the Continuing Group did direct its Committee of Regional Chariman[1] to arrange for further cooperative research on selection problems and for intensive study of methods for appraising the progress of students in medical school and after graduation. It was also agreed that the Continuing Group should devote attention to the relations of pharmaceutical companies with medical students, the impact of clinical externships on students, and the kinds of programs which may be proposed for encouraging foreign students to seek admission to United States medical schools.

Because the Continuing Group on Student Affairs is composed of designated representatives from each of the medical schools, it is basically different from the usual type of A.A.M.C. committee. Since it grew out of the Teaching Institutes, it has been related to the A.A.M.C. Executive Council through the Committee on Research and Education. In the Executive Session there was debate whether this is the most effective operational pattern. This problem was referred to the Committee of Regional Chairmen for further study in consultation with the officers of the Association.

[1] The members of this Committee are: Asper (Hopkins), Hanlon (Cornell), Mahoney (Indiana), Morris (Iowa), Schofield (Baylor), and Stowe (Stanford).

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Third Annual Meeting of the Medical School-Teaching Hospital Section

Diplomat Hotel
Hollywood Beach, Florida
Oct. 29–30, 1960

The third annual meeting of the Medical School-Teaching Hospital Section of the Association of American Medical Colleges convened at 9:00 A.M. Saturday, October 29, at the Diplomat Hotel, Hollywood Beach, Florida. With the Chairman of the Section presiding, Dr. Thomas Hunter, President of the A.A.M.C. very briefly keynoted in his remarks of welcome the overriding concern of the Association, in its general sessions, and also in the Teaching Institute, with the relationship of medical education to medical service. He noted that the sections' general subject "Effect of Teaching and Research on the Medical School Teaching Hospital" provided an effective springboard for concerns of service in terms of the educational and investigative obligations which exist in the teaching Hospitals.

The chairman appointed a nominating committee of Russell Nelson, M.D., of Johns Hopkins University Hospitals, LeRoy Rambeck, University of Washington Hospitals, and Frank Bradley, M.D., Washington University Hospitals, Chairman. They were directed to report at the business session at the close of the program on Sunday noon. Nominations for Chairman, Vice Chairman and one member of the Executive Committee would be submitted.

The chairman called attention to the progress which had been made by the Section through the year including the addition of the associate members upon nomination of the deans to the roster of the membership. Attention was called to the activities of the conjoined groups composed of members of the Executive Committee of the Teaching Hospital Section and of the Medical School-Teaching Hospital Committee of the A.A.M.C. The plans for developing the study on the financial relationships of the Medical School-Teaching Hospitals and Medical Schools were discussed, noting the additional interest and concern in this field on the part of both the American Hospital Association and the United States Public Health Service. Plans for relating the efforts of these three groups into a coordinated study were presented. The program planned for the three half-day sessions of the Section was discussed, and its relationship to the Teaching Institute was pointed out. A brief history of the Teaching Institutes was related.

In introducing the morning program the chairman delineated the three areas which would be dealt with under the general entitlement of "The Effect of Teaching and Research on the Teaching Hospital." The morning session would relate to the effect of teaching and research on the quality of patient care. The afternoon session was centered on the effects of teaching and research on the

teaching hospitals' community relations and the Sunday morning session on the effects on the teaching hospitals' economy.

Following are the titles of the papers presented and the names of the speakers.

"Quality of Patient Care—Measurable or Immeasurable," Robert A. Myers, M.D.

"Factors Which Insure High Quality Medical Care in the Medical School-Teaching Hospital," James A. Campbell, M.D.

"Patient Reaction to Teaching and Research Situation," Julius B. Richmond, M.D.

"Art Plus Science in Patient Care," Hugh H. Hussey, M.D.

"Academic Versus Service Responsibilities of the Teaching Hospitals," Carlton B. Chapman, M.D.

"The Teaching Hospital's Dependence Upon Strong Community Relations," George G. Reader, M.D.

"Organization of Community Medical Services and Relation to the Teaching Hospital," George Baehr, M.D.

"Effect as Viewed by Hospital," George Bugbee

"Effect as Viewed by the Medical Educator," Robert L. Berg, M.D.

"The Effect from the Standpoint of the Consumer," Jerome Pollack

At the conclusion of the formal program at 12:00 noon on Sunday, the group was reconvened for a business meeting. Frank Bradley, the chairman of the Nominating Committee, reported as follows: The nominations for Chairman, Albert W. Snoke, M.D., Grace-New Haven Hospital Vice Chairman, Richard O. Cannon, M.D., Vanderbilt University Hospitals; Executive Committee, 3-year term to expire 1963, Mr. Harold Hixon, University of California (San Francisco) Hospitals. A motion was made to close the nominations and to direct the secretary to cast a unanimous ballot for this slate. This was duly seconded and carried. The incoming chairman, Dr. Albert W. Snoke, was introduced. The outgoing chairman expressed his deep appreciation to his colleagues who constituted the program committee and to all those who served to insure the ultimate success of the third annual meeting program.

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Meeting of the Institutional Membership

Diplomat Hotel
Hollywood Beach, Florida
October 30, 1960
Presiding: President Thomas H. Hunter

After expressing appreciation for the efforts Dr. Lowell T. Coggeshall made in the interests of the 1959 Congressional program, Dr. Hunter introduced Dr. Coggeshall, who briefly reviewed the activities of his committee and the positive legislation that had passed the last Congress:

1. Institutional Research Grants
2. Clinical Research Centers
3. Career Research Professorships
4. Senior Fellowships, and
5. Special Fellowships

Dr. Hunter indicated that Dr. Coggeshall would be retiring from the chairmanship of this committee and called for an expression of appreciation. This was followed by a standing ovation.

Dr. Hunter then introduced Dr. James M. Hundley, Assistant Surgeon General, U. S. Public Health Service, who made the following statement:

DR. HUNDLEY: Dr. Hunter, Dr. Coggeshall, I would like first to express Dr. Burney's regrets that he himself could not be here, but he had a previous commitment on the West Coast with the Association of State and Territorial Health Officers that he could not avoid. He did ask me to substitute for him in talking briefly with you about the current situation, prospects and problems with respect to federal aid to medical education.

There are two facets to which I want to address myself. They have both been mentioned already.

One is aid for the construction, expansion, modernization, renovation of medical educational facilities, and the other is related but somewhat separate, namely, support for the training of students in medicine, dentistry, public health and osteopathy.

Taking the first one, that is, aid for the construction of educational facilities—many of you know I am sure that this is a hardy perennial in Congress. Some sort of bill, or bills, have been in the legislative hopper for each of the last 10 or 11 years. Not one has yet passed.

As a matter of fact, our people who formulate and draft legislation always groan when a medical educational construction bill comes along, because almost every year they are asked to put some sort of a new look on it, so it has a chance of getting through, and they have about run out of new looks.

However, prospects do seem brighter than they have in some time.

In the first place, as Secretary Flemming discussed last year in the hearings, we do now have fairly wide agreement and wide recognition on at least four points; one, an adequate supply of medical manpower is now, and in the years ahead will be a critical problem of national import and national concern.

Secondly, unless concrete action is taken quite promptly, the situation will get worse instead of getting better. The time lag between the initial of an idea for

constructing a medical school and the time when it puts out its first graduate is obviously one parameter of this pump.

Three, I think there is wide recognition and acceptance that some sort of federal aid will be required to meet this problem.

And the fourth point, which is obvious to you, of course, is that we cannot, we have no reasonable expectation of meeting the deficit of medical manpower unless there is a very substantial number of new schools.

There are, however, other points on which there has not been general agreement and these have been important stumbling blocks to legislation. Basically the disagreements hinge around these points: the nature and amount of federal assistance and the conditions under which it should be provided; federal aid without federal control; federal aid without undermining state and local responsibility; and the fair share of federal aid in the program.

In our view, it is virtually certain that some sort of a legislation, probably several proposals from several sources, will be introduced into the next Congress. The odds are excellent that HEW and PHS will have its proposal.

However, the provisions and nature of that proposal are quite uncertain at this point of time. I am sure you know that federal agencies such as the Public Health Service are not free agents to develop and introduce proposed legislation. This must be done within the context of the general and specific policies of the administration of which we are a part.

This being October 30, with November 8 right around the corner, I think you can appreciate that we must retain considerable flexibility in our thinking and in our planning.

However, regardless of which party wins, we still believe that there is more reason for optimism than normal.

Just to remind you of things I am sure you must be familiar with, the platforms of both the Republican and the Democratic parties have been quite specific with respect to federal aid for medical education.

The Republican platform states:

"We face certain serious personnel shortages in the health and medical fields."

Federal help in new programs to build schools of medicine, dentistry, public health and nursing and to provide financial aid to students in these fields are what they pledge.

The Democratic platform is similar although in different words.

"To ease the growing shortage of doctors and medical personnel, we propose federal aid for constructing, expanding and modernizing schools of medicine, dentistry, nursing and public health. We are deeply concerned that the high cost of medical education is putting this profession beyond the means of most American families. We will provide scholarships and other assistance to break through the financial barriers of medical education."

Now, if you read these two planks closely, there are some differences. It is hard to know whether they are intentional or unintentional, but the practical point is that both parties quite flatly favor federal action, federal aid to expand the capacity of medical schools and to assist students.

Both candidates for the presidency have subsequently amplified their views. Nixon has a white paper on the subject. Senator Kennedy gave a speech in Warm Springs, Georgia, which amplified his views on this.

I won't go into detail, although they did add a little detail, so basically I think from the standpoint of this meeting, the concrete point is that they have very specific views and intentions with respect to federal aid.

However, this still leaves a very large area of uncertainty in many aspects of any legislation that might be introduced.

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Normally at this time of the year, the Public Health Service and HEW are quite well along in devising and drafting appropriate needed legislation. This year, for obvious reasons, we are not.

We must, as I indicated earlier, retain a flexible position for some time yet. We are, however, doing quite a lot of staff work with the idea of exploring and analyzing the alternate possibilities so that when the time for action comes, we will be ready with sound and well thought out measures.

Means of expanding medical manpower, of course, are high on our priority list. In view of this fluid and rather flexible situation, it seems to me it is rather timely to discuss this particular subject at this meeting today. We are, of course, aware of the views of this association as they have been expressed previously in testimony before the Congress.

I assure you that we will welcome any additional views that you may have or that you may later develop.

There are some problems on timing which Dr. Coggeshall referred to, but nevertheless I want to assure you that the door is open.

The remainder of what I will say will simply be to introduce a few key points or issues which I think you would want to keep in mind in your thinking on the subject. These are by no means all of them, but it seems to me these are some of the principal ones.

We are still talking now about construction for educational facilities.

One, should federal aid be limited to new construction and renovation which expands enrollment, or should modernization of facilities be supported, even if no substantial increase in enrollment results?

And what should the relative priority among these be?

Second, should new construction, renovation and modernization compete for the same funds, or should each have separate allocations and ceilings?

And again, what should the relative priority be?

Should matching requirements be the same for new construction, renovation and modernization?

Should matching be uniform for all institutions or should it be flexible according to financial resources or according to regional differences in the deficits of health man power?

Should federal aid extend to all of a facility even though parts of it are used for purposes other than teaching?

Actually three concepts have been developed on this particular point as to how much of a facility should be covered by the federal matching contribution.

The first concept is what we call the proportionate use concept. This is the concept that is now in the Research Facilities Construction Act whereby federal matching will extend to that portion of a facility which is used in research.

The second concept, for want of a better word, is the "essential to" concept. This was incorporated in the administration bill last year.

Under this concept, federal aid could cover all of say a medical school library or an animal house, even though it was used more by other groups for other purposes than by the medical students themselves, so long as it was essential, to the teaching of medical students.

The third concept is what you would call the "principal use" concept. That is, federal aid could extend to all of a facility even if used for other purposes such as research, so long as the principal use of the facility was for teaching, that is, 51 per cent or more we will assume.

This actually was introduced as an amendment to legislation about two years ago.

These may seem like academic points to you but I raise them deliberately because I can assure you they are not academic points when you consider the simplicity and

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the utility of a program at your own level in the institutions as well as at the federal level, and this is simply one aspect of some of the complicated problems that exist in this area.

This, I think, is particularly important to medical schools because medical schools typically are multi-purpose in nature. They are not just teaching or research.

Now, another point I am sure Dr. Shannon will remind you that the Research Facilities Construction Act must be reauthorized in the next Congress if the program is to continue.

Thus, Congress may find it desirable to consider both research facilities construction and teaching facilities construction at the same time, and perhaps in the same legislative package. They are obviously related and this in itself will bring up a number of questions that will need to be resolved.

We will turn now to scholarships. There are three basic ways in which a federal program to aid the educational costs of medical students could be arranged:

First, federal matching grants to states with some state agency making the individual award.

The second basic way is fellowship awards made directly to applicants by a federal agency. This is a pattern that exists in most of our research fellowship programs now.

The third basic way would be federal grants to institutions with the institutions making the award to applicants.

Now, there are combinations and permutations to this, but these are the three basic approaches to this problem.

Actually there already exists precedents for all three; advantages and disadvantages which should be rather carefully weighed.

There are other quite important questions on medical scholarships. Should they be purely grants-in-aid or loans or mixtures? And if they are mixtures, in what proportion and for what purpose?

How many fellowships should be provided for the United States as a whole or per school?

Should the school receive full tuition costs, or just the standard tuition and fees?

If the schools are to receive full tuition costs, then are measures needed to assure equitable distribution among schools?

Should the scholarship grant or loan include a feature for forgiveness in whole or in part if the graduate fulfills certain conditions, say practices in a remote rural area where the financial incentive is not great, federal service, foreign service, and so on?

Now, I fully realize that I am simply raising questions and not answering any of them. But these are some of the questions that we are trying to analyze at the moment and questions on which we would certainly welcome any advice that you may have.

I want to introduce just two more points which I think are of some importance. I am sure you realize that there is quite a difference between what a federal agency may propose or be allowed to propose, and what Congress may ultimately enact, or to put it in more practical terms, the new administration, whether it is Republican or Democratic, may feel that it is committed to deliver a bold and comprehensive program. It does not by any means follow that Congress will feel the same way.

It is seldom that we get everything we think we need even though the need may seem self evident.

Therefore, I think we should have some priorities in mind, not only as to the cost of the program. Relative priorities of new construction, expansion, modernization; construction versus scholarships, etc. All of these need to be evaluated as Congressman O'Brien remarked last year to Secretary Flemming in the hearings.

He said to us, I am quoting, "To use baseball terminology, apparently your theory (Secretary Flemming's theory) is that we are so far behind that it is more important

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to get something on base than to swing for the fences all the time and strike out."

And this is what we have been doing so far, is striking out.

Now, the last point is also a matter of tactics. Two basic courses are possible. There were several bills in the legislative hopper last year concerning both of these topics.

One course then would be simply to reintroduce these measures and through hearings and amendments bring them to the form that would be acceptable and desirable and suitable. This could be either the Administration bill or the Fogarty Bill. Actually Congressman Fogarty had two bills. This would be the simplest in many ways.

The second, is to write a totally new bill which is, of course, more complex and more time consuming. If we had to look into our crystal ball and make a guess, we would predict that no matter which party wins the elections, that the administration will probably want to introduce a new bill, its own bill.

Both parties are so deeply and so publicly committed to Congress action in this field that our working assumption is that there will be an administrative bill on this topic.

Well, these are simply a few perimeters of this subject which I know have very deep interest to you.

Again, as I said in the committee meeting this morning, I would like to repeat here that so far as the Public Health Service is concerned, we would welcome any advice or assistance that you can give and under any reasonable conditions under which it could be provided from your standpoint and ours.

But just to pick up for a moment and re-emphasize the point that Dr. Coggeshall made, we cannot right now predict what the timetable is going to be.

At one end of this spectrum it could well be two days after election that we will suddenly get a call to have our legislative program go upstairs.

To take another extreme, it might well be next January or February before we would be called upon to make our recommendations.

In either event, there is not a lot of time if it is your desire to introduce your thoughts during the early and formulative part of the process by which new legislation is enacted.

But whatever the group decides that it can and wishes to do, I can assure you on behalf of the Surgeon General that we will welcome it. Thank you.

President Hunter next introduced Dr. James Shannon, who made the following remarks:

DR. SHANNON: I would like to spend about ten or fifteen minutes discussing ultimately three programs that are basically new programs this year, but I think this is only profitable if I go back two or three years and talk something about the evolution of thought that has led to these programs.

And so as to avoid the need to give credit at various points to the forces that have led to the development of these, I would point out that the programs of the National Institutes of Health have been under a fairly systematic study for the last six to eight years, first by a committee appointed by the National Science Foundation at the request of Secretary Hobby. This led to what was commonly known as the Long report.

Then by a group of consultants appointed by Secretary Folsom which led to the Bayne-Jones report.

And more recently by a group of consultants to the Senate appointed by Senator Hill which lead to the Jones report.

Now, underlying all of these reports and giving total support to the evolution of a rational program in support of medical research in this nation have been certain common threads of continuity which repeatedly find themselves emphasized, and I

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would like to leave off from there and then interpret the background as it has evolved fairly rapidly over a limited period of time.

The objectives of our programs up to 1957, which I believe was the critical point in their development, although they constitute a broad framework for the support of research, nonetheless grew with the quite rigid restrictions imposed upon them, and it was not until the summer of '56 when as a result of a very effective secretary and the whole-hearted support of the Congress, striking increases in both the basic size of the budget and the rate of the increase were developed, emphasizing the need to bring breadths and program balance as characteristics of the program, to bring into prominence an accepted federal role in support of research and development of these programs by both the executive and legislative branches, and a clear cut statement of an attitude that these programs should not be unduly restricted by virtue of lack of adequate support.

As a result of these general judgments, as you know, our programs have grown very rapidly over the past four or five years, and at a reasonable early date, namely, that 1960-1961 year, have headed into a new point of departure for the future.

At the present time or up until quite recently, our total programs have been engineered to support the individual scientist, to program him an environment within which he can operate effectively and to provide resources for state expansion of these programs, whether these resources be in terms of manpower or in terms of physical resources.

The terms and conditions of the grants, whether fellowships or research grants or training grants, were devised by our people so as best as was possible to parallel the aims and objectives of the institutions they dealt with, but in no sense could they have been conceived as satisfying the needs of those institutions.

I believe that the transition we see in our programs today is that at least we make a large beginning in the direction of satisfying certain of the institutional needs as institutional needs, recognizing that with an expanded program of medical research in this country, it will only be stable, it will only persist from the standpoint of long term growth for the institution which contains it, and when its scientists are given some measure of help that is not provided within the program as currently operated.

So that while these programs are aimed directly at the development of a stronger and more vigorous research program for the nation, in addition they are aimed at satisfying certain very specific institutional deficiencies.

This year the programs that I will discuss very briefly, and we'd be very glad to answer questions about the totality of the programs that are in these specific items as they might affect the numbers here, I am really talking about three programs.

The first is the establishment of institutional research grants.

The second is the development of a program for the support of "creation and research through the research professorships."

And the third, this expansion of the program which was begun last spring for the development of clinical and metabolic research units, or more generally speaking, the development of stable institutional bases for modern research of a clinical nature.

I mention the three first without attempting to define any one because we visualize these programs as having sufficient inter-relations that we would hope the individual schools as they address themselves to the problems of using these grants, would realize that although each one may be defined and in the long run will have to be defined by fairly rigid guide lines in the case of the individual school, modification of the rigid guide lines should make it possible for the combination of the three to very effectively supplement the type of grants program for research and training presently contained in the remainder of our general program.

And again I would like to emphasize, before going on and discussing the institu-

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tional research grants as such, that in no sense does the establishment of these programs indicate a desire or a willingness for us to depart from the project system contained within broadly defined categories as the heart of our total grant program.

We feel that this is largely basic, if intelligently administered, and we would look upon the new programs to supplement the old and to provide ways and means of solving deficiencies as these have arisen as a result of the growth of the basic problems.

This year we have an authorization to establish what we call institutional research grants, but I would call to your attention that the enabling legislation for this is far broader than is encompassed in our conception of that, of what an institutional research grant is, but rather we are authorized to make grants to institutions of higher learning to aid them in a general way in their programs of research and research training, and its authorization is just about as broad as that.

On the other hand, the legislative history which strikes our initial activities is the program that is called the institutional research grant.

This permits us to expend in grants to institutions up to fifteen per cent of the total dollars that obtain for our research grant item.

This year, we propose to initiate the program of five per cent extending to ten per cent next year and fifteen per cent the third year. We don't know at this point whether we will in fact be able to initiate this program this year, although we expect we shall.

This has to do with the mechanics of legislation, wherein the authorization comes subsequent to the appropriation act, so there is no justification for the expenditure of these funds in the hearings that led to this year's appropriation act.

We are assuming that the congressional committees were fully aware of the implications of this legislation and we will shortly receive word as that it was their intent that this program should be initiated this year.

The amounts that will be distributed are in the order of magnitude—I forget the precise figure—fifteen million dollars. The restriction during the initial year will be limited to schools of medicine, public health, osteopathy and schools of dentistry.

The formula for distribution will involve the making available of a base grant. As far as the medical schools are concerned, this probably will be somewhere in the order of magnitude of $40,000 and thereon supplemental funds will be added in proportion to the research activity that is involved or that can be documented as being characteristic of this year's operation at that university.

In other words, a certain proportion of all sums that are expended for research for the budget or obtained by grants will be added on to the base figure of $40,000.

In the case of funds that are derived from non-federal sources, a premium will be paid in the supplemental grant to encourage the maintenance of an eager and active acquisition of funds from sources other than the federal government.

Now, the details of the thing, if you wish Dr. Kidd to bring to you, I really don't recall the percentage figures, but it is something like this.

A school might get something like $40,000 as a base grant. It might get three per cent of all funds that they have won in successful competition from federal agencies in support of research. They might obtain in addition five to six per cent of the funds that they have successfully obtained from non-federal sources.

Depending upon the size of the program, this might be very little more than the base of $40,000 or may, in the case of certain schools, go up considerably in excess of $200,000.

These funds are for the expenditure for research purposes as defined for the purposes of accounting like Bureau of the Budget Circular A-21.

This defines those activities that are normally considered to be direct expenditures in support of research, those activities that are normally considered to be overhead or indirect expenditures.

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In other words, these sums cannot be applied to those items that are purely overhead items.

We would hope that in the minds of the deans and the committees that advise them on the utilization of these funds, that three categories of expenditures would loom very high.

One would be the provision of stable research.

Two would be the provision of resources than cannot be conveniently requested in the conventional project grant.

And three would be the support of such research as the institution deemed to be in its own interest at a stage when they did not wish to apply for outside support.

In other words, this is the area that exploratory investigations of one sort or another can be undertaken or area that an institution may wish to undertake quite seriously wherein there is no formal private or federal supporting agency with an interest in that area.

The second program relates to our ability to provide the funds for the appointment of a hundred research professors.

I would hasten to say that we define a research professor as an individual who applies himself substantially to the acquisition of new knowledge or to the training of scientists.

As best we can figure, this means that roughly 25 per cent of his time can be utilized in the normal pursuit of the undergraduate, academic process, the remainder for graduate training or for research.

We feel that most of the people who will compete successfully for this type of support will have roughly this type of distribution of time, and this in no way would tend to remove individuals who successfully compete for these positions or these appointments, it will in no way remove them from the normal academic life.

It basically adds another faculty position. These would be applied for and granted on a competitive basis in much the same way as our senior research fellowships are currently applied for.

They will be made to the school and be retained in this school with our intent to support them over the long run, but from necessity they will be reviewable, and the initial grant will be for five years, renewable after three, and thereby renewable in five year cycles.

We would hope that the combination of institutional research grants on the one hand and the availability of these research professorships on the other would permit institutions to make permanent commitments to senior personnel with the combination of these two provisions, feeling that they would have adequate coverage in the institutional research grant should something happen to the research professorship as such. It is not that we anticipate any such happening, but this is a possibility.

At any rate, in terms of an individual who is added to the faculty, under such a category, I think he should be of a sufficient stature and of sufficient importance to the educational program of that institution that he would deserve a commitment from the institution as much as he deserves a commitment from us.

But again there is an example of the interplay between these two programs for the most effective use of each.

Now, in establishing a limited number of clinical and metabolic services in the past year, there were eight in the spring and there are eleven more in the process of being undertaken as a result of council action last June.

We are attempting to develop a program that will provide for clinical investigation, the total support of bids for that type of investigation which involves extensive patient manipulation or extensive quantitative observation.

We do not visualize that program as one that will encompass all of our interests in the support of clinical investigation.

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For example, there are many activities and clinical investigations that are purely observational in nature, that have been in the past and will continue to be most profitably performed in the future in association with the delivery of superior care to a sick individual.

There are other programs covered by broad project definitions that have predictable need for a certain type of clinical observation, and these needs can be satisfied within the confines of a project grant.

But it would be quite impossible in the conventional project grant to envisage the support at the eventual cost perhaps of half a million dollars a year.

That would envision support of a complex clinical facility of perhaps as few as ten or perhaps as many as 25 or 30 beds with associated laboratories, associated nursing and dietetic studies, associated professional direction, that would provide the broad capability of doing modern clinical investigation under the most ideal circumstances wherein total detailed observations on patients become the essential part of research study.

This type facility is one wherein a patient in a total study period may require hospitalization for a relatively short period of time, but in the meanwhile being carried in the clinic on a general ward population or the like.

This is the expensive type of observational control that in general has not been possible in most institutions across the country.

Now, I would say that we feel that as a resource for teaching, well worked up and documented material may have a very important impact on medical education.

This year then we take off from an establishment of a fairly simple general research resource this attempt to apply the same principles or apply the experience we have acquired this past year in the development of comparable programs of a categorical nature.

I don't feel I have to emphasize to this group that the unintelligent and simple extension of this relatively simple principle could relate over a period of three or four years in fractionation of clinical programs a type of decentralization of responsibility and opportunity that in the aggregate probably would do more harm to clinical investigation than good, so that we propose to develop these programs and give in the institutions one in association with the other so as to enhance the total opportunity within that institution at the same time that we satisfy our obligation in terms of accountability for funds, whether these be obtained for heart, for cancer, neurology, psychiatry, or the more general category, the general scientist.

We are convinced on the basis of our experience to date that this will be possible. But we are equally convinced that it requires a type of almost negotiated grant, if you will that has not been generally characteristic of many of our programs in the past.

And coming down on the plane last night, Halsey Hunt, who has had to develop this clinical metabolic program up to the present time, said, "Please tell the group that they will save themselves headaches and save ours and an inordinate amount of time if we are in the position to receive letters of intent that define the general area of interest of the institution. It can then be used for basis of discussions and clarification of needs and clarification of information."

Where the actual application for the facility really arises after the thing has been clarified, this becomes almost a formality rather than the initiation of a process.

I might say that this thought also carries over to the use of funds of the institutional research grants in the development of nominations for the research professors, and it was with these general thoughts in mind and with the obvious multiplication of our over-all program through these three broad and quite important programs that we have changed our administrative structures at the National Institutes of Health to encompass a new associate directorship which from now on will be occupied, I'm sure with distinction, by Dr. C. B. Kidd, who, many of you may know, for the past ten years or so has been chief of our office of program planning.

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His responsibility will be to work with the institutions on one hand, our categorical institutes on the other to evolve processes that will permit the normal evolution of these very complex programs in equally complex situations, so that we satisfy your needs on the one hand and yet can retain the concept of being dealt with flexibility that we cherish so deeply in other programs.

Now, my talk was from a series of pencilled notes and I am sure that there are many things that I didn't cover, Tom. I literally didn't know what to prepare, but these are the things that would appear to me to be most important.

President Hunter then called up President-elect George Aagaard to open the discussion.

DR. Aagaard: As I have listened in on meetings such as this, it is clear that we have problems of developing effective communication with the National Institutes of Health and the United States Public Health Service, first on existing programs, on all those programs that are presently under way, those that are just getting under way which Jim Shannon has told us about, and some that have been in operation for some time and regarding which we still need additional communication.

In addition, we have the tremendous job of helping in the development of new programs to meet needs which are crucial.

I think in this connection, we would all agree on educational facilities construction assistance and scholarship programs. Somehow we must establish priorities.

Sitting in on the session which we had last January, again in the committee meeting this morning, it is clear that it is going to be difficult to develop statements which are clear, which are general enough but still clear and which define our goals.

We are a host of different medical schools operating in a variety of situations with many different relationships locally, and this is going to be a very difficult task, I am sure.

But this, it seems to me, is paramount. We must develop a clear statement of the need as we see it as an association, establishing these priorities.

Then we must develop the channels of communication and support these needs, too, not only the N.I.H. and the United States Public Health Service which represents in effect the executive branch of government, but it seems to me we have to be just as vigorous in developing our liaison with the legislative branch of government.

And as I see it, one of our problems in the past has been developing the support at the state delegation level with the Congress.

It is my observation, limited as my experience has been admittedly, that both at the state and the national legislative level, it is power, it is votes that count and somehow we have to develop a voice at our state levels with our various state delegations to the Congress which will get across our need.

First, we have to develop a clear statement of our need. But we can't stop there and I think it is at the point of expressing ourselves to the state congressional delegations that each dean has to play a very effective role.

I just don't see any other way in which we can get the kind of support that is necessary. All of the surveys, and now we can all take off at least three of them and there have been others, but at least three of them have emphasized that tremendous need for medical manpower, and all of us fully appreciate that we have come to a point now where space, bricks and mortar, educational facilities, call it what you will, is really the crucial issue.

We have all sorts of support already for this. Somehow or other we have to get this picture across. We have to develop the grass-roots support in the Congress. We have got to give Senator Hill, Mr. Fogarty and others the sort of support amongst their own colleagues that just make action necessary.

This is going to be difficult, but certainly I will do everything in my power and I am sure that the staff and executive council, all of us will do this during this next year.

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We certainly appreciate all of the help which Dr. Coggeshall and his committee, Dr. Shannon, Dr. Burney, and all these fine people have given us.

I think we have to give them the additional help of the sort I have tried to outline which will put this program across.

Following Dr. Aagaard's remarks, the following discussion took place:

DR. JOHN HIRSCHBOECK: Last winter there was a discussion brought up about expansion and renovation. Is there any movement in that direction at the present time?

DR. HUNDLEY: Well, the administration bill last year did provide for support of state and regional planning with respect to the construction of educational facilities.

Most of the states, as you know, already have state commissions that are concerned with this area and the provisions there were that the Public Health Service would make available technical assistance to them in that planning activity, but it provided for no financial assistance to them.

The regional bodies were, however, authorized to receive financial assistance with respect to their activities.

All I can comment is what was in the provision, the bills last year, because there is as yet no bill developed for the present session.

This, of course, would be a very important point if it operated through some sort of a state commission. The role of the state commission in the administration proposal last year was an advisory one. Actually it didn't have a legal status at all or no veto powers, but only an advisory function.

But this is one element obviously, I think, should be considered in any legislative proposal for educational facilities instruction.

DR. MANSON MEADS: When can the medical schools expect the ground rules on the institutional grants, in other words, I think we are all attempting to think about that—are we going to get some detailed statement on the ground rules?

DR. SHANNON: Within the next two weeks.

DR. TOM TURNER: Mr. President, Dr. Coggeshall mentioned his committee had hoped to discuss the question of scholarships and loans. It was not possible to do this at the regular meeting this morning because of lack of time, but at the lunch table there was an opportunity to discuss this quite informally with Dr. Hundley and Dr. Shannon.

And I am wondering if there might not be time for those gentlemen to comment a little on this, what seems to me an extremely important potential mechanism for the aid to medical education to the extent to which they think there is a chance of having some scholarship aid enacted, the extent to which there might be a chance of attaching to this some fair share of the educational costs of these students to the medical schools.

PRESIDENT HUNTER: Dr. Turner, I wonder also if it wouldn't be worth pointing out that the association has been extremely active in gathering data on the needs and we, I think, are better armed than we have ever been before in presenting on the loan exactly what the financial status of the class graduating in 1959 was, and I am sure that the secretary's office is aware of this.

But here I think we are in a better position to provide background data of precisely where we stand than we have ever been before.

DR. HUNDLEY: I hardly know where to start on that, Dr. Turner. Perhaps a few comments on some broader aspect.

It seems to me that some sort of a federally aided program for the education of medical students clearly is in the cards. How soon this comes and what priority it will have with respect to, let's say construction of the facilities, is a moot question.

Again, if I had to guess, I would guess that Congress would be more likely to authorize support for the construction or the expansion of medical schools as a first step and perhaps medical scholarships in some form as a second step.

Maybe they would do both at once. I don't know.

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PRESIDENT HUNTER: Have you developed any definite thoughts at the moment on this question of balance between loan and scholarship and so forth?

DR. HUNDLEY: We have developed nothing except the alternatives. I mean the thinking amongst the group that is working on this, I can say a few things, perhaps.

One is that we don't feel that a program of what you might call total federal subsidy for the medical student during his four basic years is very likely to be acceptable unless a part of it is on the basis of a repayable or forgivable loan.

One scheme that's been talked about a good deal would be that the federal portion on a state matching grant basis would cover the tuition and fees, not only the nominal tuition perhaps but the full tuition.

Whereas the loan part would in essence cover the living costs during the four basic medical years.

This has been in essence a feature of some of the proposals. Fogarty's proposals, for example, last year.

As near as I can read Nixon's White Paper, this apparently is what he has in mind on the loan part of it, too.

There may be, I am sure, many other things here, Dr. Turner. This is such a big ball of wax I don't quite know where to grab hold of it.

DR. HUNTER: I agree with you, but at 4:15 on the program in the convention hall is Frank Whiting's study of this very matter with the data that I talked about. Have you had access to his material?

DR. HUNDLEY: Yes, I have.

DR. HUNTER: I think it would be of great interest to the group to hear from those that are concerned with this particular problem.

PRESIDENT-ELECT AAGAARD: This question of scholarship as it's been proposed by Tom Turner now really includes two parts.

One is aid to the students and the help that this would be for a recruitment of medical students into medicine. And the other is aid to medical education as such, indirectly by one concomitant grant to the medical schools for each student.

I'd like to ask your advice on this. To what extent do you think this bringing together two things would confuse the issue and render less likely in getting aid to the students?

One is recruitment, an effort to assist in recruitment, and the other is an effort to get financial aid to education.

DR. HUNDLEY: I am quite sure that the part of the plan that would in effect subsidize the institution by providing full tuition costs is inevitably a little hotter political issue than just the expenses to the student himself.

Dr. Shannon may have some ideas on this. I'd like for him to comment on it. But as I see the situation, this would be more difficult, although I wouldn't want to discourage you from considering this very seriously, because I think the Congress does widely recognize the problem.

I think too they will recognize the problem and if they are going to set up a program for getting more medical students, then in effect they are compounding the basic financial difficulties of the school because there will be more students and therefore more cost to them.

DR. SHANNON: Well, just as an interested observer, I may be wrong but I think that the only plan that will have any success that is espoused by this association is a very bold plan that is comprehensive, that takes into account the forces at work, the problems at work, and is devised once and for all to solve a situation that's become increasingly difficult.

I think the plan should recognize that there are problems relating to control of higher education by federal government. This should be supportive or whatever method is supportive, that should dominate.

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They should fully recognize that institutions that have segregational practices constitute a barrier to the success of the program, if institutions are involved as institutions, but may not by other devices and other techniques.

I would like to see again as an interested observer, this association present a total package deal that in the hearts and minds of a majority of the membership, not necessarily all, to face up to the issues and provide a program that will resolve them.

Any one of a number of programs can be outlined and one that I have discussed at some length with some of the association, I'd rather not discuss it as a representative of the Public Health Service here, will come to about one hundred twenty-five million a year with approximately fifty of that one hundred twenty-five million dollars of a repayable type, become possible through devices and the expenditure of this money, and I point out now that our budget in support of research this year is at the level of six hundred and fifty million dollars.

I don't think you are going to scare the Congress if you can put up a good case for it by putting up a good price. This really does a job.

I think if this is approached in a tentative fashion, if half measures are proposed, the Congress is very intelligent and they realize this does not get into the heart of the issue, and I think this will be brushed aside and you will be in precisely the same position now.

I think time is all in favor of definitive aid to medical schools at this time. There is a move across the country for some type of aid to foster schools of higher education across the board.

This is in recognition that approximately ninety per cent of the graduate students in departments of science around this country are supported by federal grants of one sort or another.

This is one of the reasons why it is possible to attract our brightest people into the physical sciences as opposed to obtaining a substantial number of them in the medical sciences.

I think that we are in a critical point in time where both parties in their normal statements, and both candidates in their editions have frankly said they are willing to face up to resolving the problem of a critical shortage of physicians in this country.

I think it is up to this association to tell them how this can best be done, not in small measures, but in very broad strokes.

I think the incidental things could be argued out later. I think that this will be won or lost in the initial discussions that you people have with some of the leaders of the Congress very early and long before there is a fight about how you cross the T's and dot the I's.

But I would emphasize too that you will have a lot of opposition. There are other schools of higher education who are in equal difficulty and they say to you through your Association of University Professors or College Presidents that there is no reason which at this time medicine should receive special attention.

I think you have to be fully prepared for opposition from within the other segments of higher education, and despite that to be able to put on the table your reasons why you think medicine deserves special attention at this point in time.

So I think that these are my comments and as Tommy knows, I have said these on a number of occasions. I think the time has come when this association has to stand up as an association and be counted.

PRESIDENT HUNTER: Thank you, Jim.

DR. HUNDLEY: I'd like to add just one more thing. I agree with everything that Dr. Shannon said, but I would, I think, be inclined to add at least one element to it so far as the association plans which I emphasized in my remarks earlier, that I do think even though the association does come up with a total comprehensive program which

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I agree would be very desirable, that it should at the same time be prepared to compromise and have some reasonable priorities for compromising if you can't get the whole package.

PRESIDENT HUNTER: Any other comments?

DR. JOSEPH HINSEY: There's been a discussion here today that is very important to all of us and I'd like to make the suggestion that we have a stenographic report the remarks that have been made by these friends of ours who have come today, and that this be made available just as soon as possible. But I don't mean in two weeks. I would mean that if we have the stenographic help available that these materials be in our hands before we go back to our homes, before the end of this meeting.

Now, this situation may be something that comes up very shortly and there have been a number of questions and a number of things raised here today that I think all of us would like to think about.

And we may be called upon for opinions sooner than we think. For that reason, I don't think we can afford to wait until the staff gets back home to do this. This may be an impossibility.

PRESIDENT HUNTER: I think this is planned, Joe, and certainly we will do the best we can with it.

DR. COGGESHALL: I think from the standpoint of the membership, the Association of American Medical Colleges is not ready to support or perhaps modify the administration's position.

They have certain limitations within the budget, and many other pressures there, and I think that certainly we must almost be impolite in forcing our needs upon them and support them where possible, and oppose them where necessary.

But I do think it is necessary for us to have our own independent program and to state it in pretty forceful terms.

Now, we are handicapped by the fact that we cannot get a unanimous opinion and we never will.

But throughout all of our conversations, and Joe Hinsey brought it up every time quite correctly, that we are to maintain our integrity as educational institutions. We must have a certain amount of trust from the government, but we must not expect them to hand that to us. We must assert ourselves and maintain our position as educational institutions wherein our main function is to teach and provide opportunities for research, et cetera.

The meeting adjourned at 3:50 P.M.

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Presentation of Borden and Flexner Awards

Annual Banquet

DIPLOMAT HOTEL
HOLLYWOOD BEACH, FLORIDA
OCTOBER 31, 1960

THE BORDEN AWARD

DR. HOMER W. SMITH

Mr. President and members of the association, ladies and guests, it is my pleasure tonight to present for the Borden Award a colleague and friend whom I have known intimately for 28 years, specifically since 1932 when he joined the staff of New York University School of Medicine.

Doctor Robert Franklin Pitts would today be characterized as primarily a renal physiologist, but this is only because the kidney presents so many fascinating quantitative problems that other areas of physiology have not been successful in competing for his interest.

And in any case, a renal physiologist is by no means confined to the study of the kidneys: All the body fluids and body tissues, yea, even the central nervous system and man's environment, come necessarily and legitimately within his province. So let's just call Bob a physiologist, which in the original sense implied one who was interested in all aspects of physics, or nature.

During his graduate work at Butler University Dr. Pitts engaged in general physiology, and received his Doctorate of Philosophy in this subject at the Johns Hopkins University of Baltimore in 1932. Out of 110 titles which I have searched in his published bibliography, only six of them deal with general physiology.

But perhaps a latent interest in the kidney encouraged him to come to New York University School of Medicine in 1932, though shortly after this time he decided to supplement his experience in general and medical physiology by taking the degree of Doctor of Medicine on a part-time basis.

The Doctorate of Medicine was conferred by New York University in 1938. I suppose that Bob knows this, because things do leak out, but while working for this M.D. degree he never made a grade below A. This is a record which had never been equaled in our school before that date, and I dobut that it has been equaled since.

It bespeaks, of course, the excellence of his instructors as well as his own aptitude and diligence. I tried to persuade him to take an internship, but to no avail. Had I succeeded, medicine would doubtless have gained a distinguished professor and physiology would have lost one, so we are all to the good.

Dr. Pitts left us in 1938 to work for a year as a Rockefeller Fellow in the Medical Sciences at the Neurological Institute of Northwestern University, and the succeeding year he spent at the Johnson Foundation for Medical Physics at the University of Pennsylvania.

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From these two experiences there emerged fourteen papers having to do with the central nervous system and primarily with pioneering studies on the nervous control of respiration, studies which today remain historically definitive landmarks.

He returned to New York University as Assistant Professor of Physiology in 1940, but in 1942 he was, by the inexorable seduction of our democratic processes, stolen from us by Cornell University Medical College (our antagonists of old) to become Assistant Professor and later, Associate Professor of Physiology.

Then he was pirated from Cornell to Syracuse University College of Medicine, to become Chairman of the Department of Physiology, but Cornell paid Syracuse back (and in an indirect sort of way paid a compliment to New York University) by seducing him back to the metropolitan area as chairman of their own Department of Physiology in 1950, a post which he holds at this time. Peace unto Bob and Cornell, may they remain joined for many a year.

It would be superfluous to enumerate the many extramural services which our recipient of the Borden Award has rendered to physiology and cognate sciences by way of the Josiah Macy Foundation, the Lederle Medical Faculty Awards Board, the Life Insurance Medical Research Fund, the Unitarian Services Graduate Committee (he has served on two missions abroad), the National Institutes of Health, the Army Medical Services Graduate School and the National Research Council's Committee on Fellowships in the Medical Sciences; but I would be remiss if I failed to mention that he was president of the American Physiological Society during the past year, and that he is president of the Harvey Society during the present year.

If there be an uppermost category which can be attained sheerly by intrinsic scientific merit and unselfish service to his colleagues in science, Bob certainly would belong to that category. His status in these respects is indicated only in part by membership in the National Academy of Sciences, the American Academy of Arts and Sciences, the Society for Clinical Investigation, and other scientific societies, and by his election to several honorary scientific fraternities.

Despite the diversity of his interests, I claim Dr. Pitts as primarily a renal physiologist from the fact that out of his 110 publications, some 66 represent original investigations in renal function, including several on the comparative physiology of the kidney, plus an additional thirteen which deal with this subject in Howell's *Textbook on Physiology*, the *Annual Reviews of Physiology*, *Physiological Reviews* and other summarizing essays.

There is one point about Bob which has been especially gratifying to me, and which I am sure was not known to the Borden Award Committee. Namely, I have never been associated with a man who was a better master of the English language, or more competent in respect to preparing a manuscript for publication. As a matter of courtesy, while he was at New York University he always passed his manuscripts across my desk, but the most drastic change I was ever able to suggest was a trifling one in punctuation, never one in sentence or paragraph structure, or having to do with clarity and accuracy in exposition.

Through the years I cherish this fact with ever deepening appreciation because the gap between the capacity for verbal exposition and the capacity for scientific research seems to be ever widening.

There is a second matter, even more important, which never appears in the published biography of a man, and that is the number, the caliber, and the fate

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of younger men who, to fall back on common parlance, have worked with him.

Among such men, to name but a few, are:

Roy C. Swan, Professor of Anatomy, Cornell University Medical College; David D. Thompson, Associate Professor of Medicine, Cornell University Medical College; Gerhard H. Giebisch, Associate Professor of Medicine, Cornell University Medical College; Richard H. Kessler, Assistant Professor of Physiology, Cornell University Medical College; Robert S. Alexander, Professor of Physiology, Albany Medical College; Henry D. Lauson, Professor of Physiology, Albert Einstein College of Medicine; William D. Lotspeich, Professor of Physiology, University of Rochester School of Medicine; Otto W. Sartorius, Assistant Professor of Surgery, State University of New York, Upstate Medical Center; and Kathleen E. Roberts, U.S.P.H.S. Hospital, San Francisco.

In so far as any profit may have accrued to him by his association with us at New York University, we are entitled to look upon him as one of the prize names in our scientific roster.

It is for all these reasons, Bob, that I have such great personal pleasure in presenting you for the Borden Award for Outstanding Research in Medicine.

You have more than earned it by a rare combination of ability, a capacity for sustained work, and by a personality which has made everyone who has known you a loving and grateful friend. Heartiest congratulations from all your friends.

Dr. Robert F. Pitts

Dr. Smith, President Hunter, ladies and gentlemen, sitting here this evening I was convinced that I had no words adequate to this occasion, but after listening to Dr. Smith's presentation, I can hardly wait to hear what I have to say.

I am highly honored by being made the recipient of the Borden Award in the Medical Sciences of the Association of American Medical Association. I deeply appreciate it the more so because I have always considered that teaching is my vocation and research my avocation. I accept the award humbly, recognizing my indebtedness to many.

First and foremost, I am indebted to Homer Smith for 6 years of research training and guidance in renal physiology between the years 1932 and 1938. It is especially appropriate that I receive a research award from him, and I appreciate it all the more because he presents it. I am also indebted to Homer Smith and to the late Dean John Wyckoff, who together made it possible for me to receive a medical education.

Secondly, I am indebted to those who created a favorable environment for my research endeavors, including the late Stephen Walter Ranson, Detlov Bronk, the late Eugene DuBois and the deans under whom I have worked as a department chairman, Herman Weiskotten, Joseph Hinsey, Hugh Luckey, and John Deitrick.

Thirdly, I am indebted to the United States Public Health Service, the American Heart Association and the Life Insurance Medical Research Fund, which have generously supported my investigations.

On behalf of all, I gratefully and with humility accept this award.

THE FLEXNER AWARD

The Abraham Flexner Award is given for "distinguished service to medical education."

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DR. ROBERT A. MOORE

Mr. President and honored guests and ladies and gentlemen I have the honor to present for the Abraham Flexner Award for Distinguished Service to Medical Education, Herman Gates Weiskotten.

It is difficult to know where to begin in describing, even briefly, a career which has extended over a period of half a century.

Dr. Weiskotten, or as he is known to everyone, Herman, was appointed an instructor in pathology at his alma mater, Syracuse University Medical School, in 1910. By 1917 he was Professor of Pathology, by 1922 he was acting Dean of the college, and in 1925 became Dean, which position he occupied until 1951, a total of twenty-nine years of service.

During a part of this time he also served as director of the University Hospital of the Good Shepherd. Commissioner of Health of the City of Syracuse, pathologist to the Coroner's Department of Onandaga County, a member of the Public Health Council of the State of New York, and numerous other public bodies.

These many services to his school, to his city, to his county, and to his state were not enough to satisfy the dedication of this man to public service.

Between 1934 and 1937 as the representative of the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges, he conducted a comprehensive survey of American medical schools, which for more than 15 years provided a base line from which the progress of medical education and of individual medical schools could be measured.

I cannot resist, at this point, Mr. President, introducing a personal anecdote. In the middle 1930's I was invited to serve as the guest pathologist at a conference at the University of Pennsylvania.

While there I paid a courtesy call on Dr. Stengel. He told me Dr. Weiskotten had just carried out a survey of the school and Dr. Stengel was most emphatic when he said, "You know that man Weiskotten wanted to know everything about this school, including the color of the eybrows of the rabbits we use." In this survey Herman carried on the tradition of high standards which had been set by Abraham Flexner in his original survey.

During these years interspersed between papers on "The Significance of Myeloid Metaplasia of the Spleen," "The Normal Life Span of the Neutrophil Leukocyte," and the "Histopathology of Superficial Burns," contributions appeared on "Present Tendencies in Medical Practice" in 1927, "What Can a Community Do When It Is Not Yet Ready To Establish a Mental Health Clinic" in 1932, "Developments in Education in Preventive Medicine and Public Health" in 1933, and "Observations on the Teaching of Obstetrics" in 1938.

In the decade from 1947 to 1957 he served as chairman of the Council on Medical Education and Hospitals of the American Medical Association. His wisdom, his moderation and his statesmanship in this position provided strength and stability during the period when medical education and medical schools were under severe pressures from many quarters.

This was a period of hysteric demands for increasing enrollments in medical schools overnight by 50 or 100 per cent. This was a period of financial crisis. This was a period in which the growing pains of the specialty board movement were felt with particular awareness. And, this was a period in which the basic

structure and objectives of medical education were being widely challenged and re-examined.

Throughout all this period, Herman, by his calmness and wisdom, helped all concerned to think problems through clearly and to keep their vision sharply focused on the major objectives and lasting values of medical education. ,

When he saw that his beloved Syracuse University College of Medicine would continue smoothly and rapidly as a unit of State University of New York, he retired, or at least he thought he was going to retire to a spot overlooking a lake in that town which only he can spell—Skaneatales.

But, many others had designs on him. He continued on the Council and in 1955 accepted appointment to an administrative post on the Medical Advisors Board of the Howard Hughes Medical Institute. This task took him away from Skaneatales to spend the major part of his time in Miami, Florida. However, he never failed to appear where ever medical educators were gathered or medical education was being discussed.

Both before and after his retirement, he made significant contributions to the program of the Joint Commission for the Accreditation of Hospitals, the National Board of Medical Examiners, of which he was vice president from 1954 to 1957, the National Fund for Medical Education, the American Medical Education Foundation, Alpha Omega Alpha, the Advisory Board for Medical Specialties, and many others.

Mr. President, I present for the Abraham Flexner Award in 1960, Herman Gates Weiskotten, the type of man who well exemplifies the driving spirit which marked Abraham Flexner in his efforts to dignify medical education in the United States.

DR. HERMAN G. WEISKOTTEN

I suppose it would be inappropriate to question as I should, the validity of Dr. Moore's comments.

However, I do wish him to know how greatly I appreciate the generosity of your committee and the Association of American Medical Colleges in selecting me as a recipient of the Flexner Award.

I suppose that public recognition of alleged accomplishment is frequently embarrassing, disheartening, and even dangerous.

I am reminded of an uncle of mine who served as a Private in the Civil War. Many years later as an old man, he was asked to lead the Memorial Day Parade in his home town near Skineatiles—that is the way you pronounce it—it was a kindly gesture to an old soldier.

The unfortunate result was that he soon acquired the notion that he had won the war.

The Flexner family has always meant much to me. I suppose that I am one of the few, and possibly the sole survivor who was under fire in the Flexner blitz that won the war on medical education in the early years of this century.

I well remember his visit to Cedar Keys. He and Dr. Caldwell entered a classroom and there they found me just fresh out of medical college attempting to teach a class in pathology.

In subsequent years, I had little contact with Abraham Flexner. However, I do remember that some 10 years later, I had a very stimulating conversation with him when he stopped off in Syracuse on his way to Rochester.

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You all know what he did at Rochester. Years later, as a member of the New York State Public Health Council, for 16 years, I had an opportunity to be with his brother, Dr. Simon Flexner, one day a month.

Dr. Simon Flexner was also a member of the State Public Health Council and my association with Simon Flexner were the most inspiring experiences of my life.

This Flexner Award means much to me because it comes from the Association of American Medical Colleges where I first developed a real interest in medical education.

And although my chief interest in life has been medical education and the medical schools of the country, during the past 25 or 30 years, my official connection has been with organized medicine, with the same interest rather than with this association.

However, I believe that since 1922 I have not missed but one meeting of this association, and that because I was out of the country.

If I had made any contribution to the advancement of medical education over these years, I am very happy.

At the present time, medical education is in a very critical period in its history and I hope that we will all of us never lose sight of the fact that the primary goal and responsibility of the medical schools of this country is the training of physicians for the continuing improvement of the medical care of the public.

I'd like to assure you that my children and my grandchildren will always cherish the memory of this award to me.

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The Seventy-First Annual Business Meeting

Diplomat Hotel
Hollywood Beach, Florida
November 1, 1960

Dr. Thomas H. Hunter, presiding

ROLL CALL

The Secretary declared representatives of all institutional members to be present

INTRODUCTION OF NEW DEANS

Dr. Barnes Woodhall, Duke University
Dr. C. Arden Miller, University of Kansas
Dr. Benjamin Barrera, University of the Philippines
Dr. H. Rawling Pratt-Thomas, Medical College of South Carolina
Dr. James E. McCormack, Seton Hall
Dr. Richard L. Meiling, Ohio State
Dr. Lamar Soutter, Boston University
Dr. S. Bernard Wortis, New York University
Dr. Stephen Marsh Tenney, Dartmouth
Dr. Robert L. Brown (Acting Dean), University of Buffalo

INTRODUCTION OF FOREIGN VISITORS

Scotland—Dr. I. P. C. Murray, Professor of Endocrinology, University of Glasgow

India—Dr. Joglekar, Dean of Seth G. S. Medical School, Bombay
Dr. Mahalingam Thangavelu, Dean of the Medical College of Trivandrum, Kerala State
Dr. C. Lal Malhotra, University of Delhi
Dr. Vishanu Duh Mullick, University of Delhi

Indonesia—Dr. Poorwo Soedarmo, Director of the Nutrition Istitute and Assistant Dean of the Medical Faculty in Djakarta

South Africa—Dr. I. Gordon, Dean, Faculty of Medicine, University of Natal, Durbin

England—Dr. John Ellis, Secretary, Association for the Study of Medical Education, London

Jamaica—Dr. D. B. Stewart, Acting Dean, Faculty of Medicine, University of the West Indies, Kingston

Mexico—Dr. Jaime Fuentes, Vice-Dean, Escuela de Medicina, Universidad de Guanajuato, Leon, Gto.
Col. M. C. José Luis Marín-Servín, Dean, Escuela Medico-Militar, Mexico, D.F.

Dr. Gilberto Molina, Universidad de Nuevo Leon, Monterrey

Dr. Ramiro Montemayor, Facultad de Medicina de la Universidad de Nuevo Leon, LaFama, Nuevo Leon

Dr. Gonzalo Caballero, Facultad de Medicina, Universidad de Nuevo Leon, Monterrey

Dr. E. G. Pardo, University of Mexico, Mexico City

Dr. Guillermo Santoscoy, Dean, Facultad de Medicina, Universidad Autonoma de Guadalajara, Guadalajara, Jal.

Dr. Mentor Tijerina de la Garza, Dean, Facultad de Medicina, Universidad de Nuevo Leon, Monterrey, Nuevo Leon

Dr. José Miguel Torre, Medical School of San Luis Potosi, San Luis Potosi

South America—Dr. Alfonso Aguirre-Ceballos, Dean, Facultad de Medicina, Universidad de Antioquia, Medellín, Colombia

Dr. Eduardo Anzola, Medical Director, Hospital Universitario del Valle, Cali, Columbia

Mr. Humberto Echeverri, Administrator, Hospital Universitario San Vicente de Paul, Medellín, Colombia

Dr. Gustavo Fernández, Dean, Facultad de Medicina, Universidad del Cauca, Popayán, Colombia

Dr. Ernesto Gutiérrez-Arango, Dean, Facultad de Medicina, Universidad de Caldas, Manizales, Colombia

Dr. Francisco Haydar-Ordage, Dean, Facultad de Medicina and Ciencias Naturales Universidad de Cartagena, Cartagena, Colombia

Dr. Alejandro Jiménez, Dean, Graduate School, Military Hospital—Colombian Medical Center for Graduate Studies, Bogotá, Colombia

Dr. Hernan Mendoza, Graduate School of the Hospital Militar, Bogotá, Colombia

Dr. Bernardo Moreno, Dean, Facultad de Medicina, Universidad Pontificia Javeriana, Bogotá, Colombia

Dr. Alfonso Ocampo, Minister of Public Health, Bogotá, Colombia

Dr. Raul Paredes-Manrique, Dean, Facultad de Medicina y Ciencias Naturales, Universidad Nacional de Colombia, Bogotá, Colombia

Dr. Alfonso Vargas-Rubiano, Chief, Department of Pediatrics, Military Hospital-Colombian Medical Center for Graduate Studies, Bogotá, Colombia

Dr. Gabriel Velazquez-Palau, Dean, Facultad de Medicina, Universidad del Valle, Cali, Colombia

Dr. Ivar Hermansen, Dean, Universidad de Concepcion, Facultad de Medicina, Concepcion, Chile

Dr. Amador Neghme, Secretary, Facultad de Medicina, Universidad de Chile, Santiago, Chile

Dr. Alberto Hurtado, Dean, Facultad de Medicina, Universidad Nacional Mayor de San Marcos de Lima, Lima Peru

Dr. Jose Henrique Mata-Machado, Facultad da Medicina, de Minas Gerais, Belo Horizonte, Brazil

Central America—Dr. Jose Fajardo, Professor of Internal Medicine, Facultad de Medicina, Universidad de San Carlos, Guatemala City, Guatemala

Dr. Antonio Peña-Chavarría, Dean, Facultad de Medicina, Universidad de Costa Rica, San José, Costa Rica

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INDIVIDUAL MEMBERS

A total of 564 individual members were voted into the Association.

EMERITUS MEMBERS

The following individuals were voted into emeritus membership in the Association:

Mr. George W. Bakeman, Medical College of Virginia

Dr. Dayton J. Edwards, Cornell University Medical College

Dr. Harley E. French, the University of North Dakota School of Medicine

Dr. Russell Henry Oppenheimer, Emory University School of Medicine

Father Alphonse M. Schwitalla, S. J., Dean Emeritus, St. Louis University School of Medicine

Dr. Joseph T. Wearn, Western Reserve University School of Medicine

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REPORT OF THE NOMINATING COMMITTEE

JOHN S. HIRSCHBOECK, *Chairman*

The following group of officers was offered by the Committee:

President-Elect, Dr. Donald G. Anderson

Vice-President, Dr. Stanley W. Olson

For Council membership, for a 3-year term, Dr. George A. Wolf, Jr., and Dr. George T. Harrell

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

Vice-President Donald G. Anderson assumed the Chair.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

THOMAS H. HUNTER

The report of the Chairman of the Executive Council is limited to the most important of the past year's Council actions and recommendations.

Gifts, Grants and Assignments:

First, an oil portrait of Dr. Abraham Flexner, a gift of Mr. Joshua Glasser, the artist, Mr. Albert Jackson, which hangs in the lobby of the Association office."

Second, a gift of a film library of some 500 teaching films from the American Cancer Society which is added to our film library."

Third, the assignment by McGraw-Hill of a copyright to the Deitrick-Berson survey of medical education, which is being reprinted and is now available."

Fourth, new grants to the association during the year were as follows:

$50,000 from the Commonwealth Fund for general purposes.

$50,000 from the Sloan Foundation to finance a study of practice of full-time faculty and its impact on medical teaching.

$3,000 from the Rockefeller Foundation to provide travel expenses for Latin American Deans to this meeting of the A.A.M.C.

$15,000 from the E. R. Squibb and Company to finance the expanding activities of the Committee on Audio-Visual Education."

Beginning January, 1961, the printing of *The Journal of Medical Education* will be moved from the University of Chicago Press to the Service Printers, Inc., Chicago. This move should result in printing schedules that will permit items of current importance to appear more promptly."

The Executive Council has given careful consideration to reports of:

The Executive Director,

The Committee on Research and Education and the Director of the Division of Basic Research,
The Director of the Division of Operational Studies,
The Secretary,
The Treasurer,
The Report of the Editorial Board and Editor,
The Committee on Continuation Education,
The Committee on Financing Medical Education,
The Committee on Licensure Problems,
The Committee on Veterans Administration-Medical School Relationships,
The Committee on Medical School-Affiliated Hospital Relationships, and
The Committee on Medical Education for National Defense"

"Mr. Chairman:

The Executive Council recommends the acceptance of these reports." Seconded. Voted

Note: With the exception of the report of the Executive Director, which appears early in these proceedings, the reports of these committees follow:

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

HELEN HOFER GEE

During 1959-60, the principal efforts of the Committee and the Basic Research Division staff have been directed toward (1) data collection for continuation of a longitudinal study of the characteristics of medical students; (2) planning a new series of A.A.M.C. Institutes; (3) development of a new program and contract for administration of the Medical College Admission Test; (4) continued development of the activities of the Continuing Group on Student Affairs and other service and regular reporting programs; (5) publication of the 1960-61 edition of *Admission Requirements of American Medical Colleges* in a new format. Each of these will be discussed in detail in separate sections of this report.

The committee takes this opportunity to express its gratitude to the Commonwealth Fund for continued financial support of both the basic research and Teaching Institute programs. The significant progress these programs have made over the past several years is due in large measure to the financial security the Fund's grants have provided. Recognition is due also to the National Institutes of Health for their continued support of the Teaching Institutes through which the stature of American medical education increases year by year, both nationally and internationally.

ADMINISTRATION

Dr. Robert J. Glaser, Dean of the University of Colorado School of Medicine, continues to serve as chairman of the committee. New appointments to the committee this year include: Doctors Peter V. Lee, Associate Professor of Pharmacology and Medicine and Associate Dean at the University of Southern California School of Medicine; Morton Levitt, Associate Professor of Psychiatry and Assistant Dean at Wayne State University College of Medicine; and George A. Wolf, Jr., Dean and Professor of Clinical Medicine at the University of Vermont College of Medicine. Continuing on the committee are: Doctors George P.

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Berry (Harvard), John L. Caughey, Jr. (Western Reserve), John T. Cowles (Pittsburgh), Ward Darley (A.A.M.C.), Helen H. Gee (A.A.M.C.), Thomas H. Hunter (University of Virginia), Carlyle Jacobsen (SUNY, Upstate), Julius B. Richmond (SUNY, Upstate), and William Schofield (Minnesota).

No changes have occurred at the professional and supervisory levels of the Basic Research Division staff during the past year. The Association's Executive Council has approved a 6 months' (January–June, 1961) leave of absence for Dr. Gee, who will hold a lectureship at the University of Edinburgh and consult with the British Association for the Study of Medical Education on the development of medical educational research. During July and August, Dr. Gee will visit various medical educational centers in Europe. The Assistant Director, Dr. Charles F. Schumacher, will be Acting Director of the division during Dr. Gee's absence. The Commonwealth Fund has awarded a fellowship grant to Dr. Gee which enables her to accept the appointment at the University of Edinburgh and to visit continental medical centers.

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RESEARCH ON STUDENT CHARACTERISTICS

This program of studies was launched in 1956. It aims broadly to achieve a better understanding of the personal qualities and backgrounds of today's new physicians with a view toward (1) assessing the adequacy of diversity in talent to meet changing needs for medical services; (2) providing factual information on which selection policies may be based; (3) providing tools for counseling students at the high school and college levels as well as for medical students making decisions about careers within medicine; (4) contributing generally to the body of knowledge in the area of behavioral measurement. A description of the several areas of investigation follows:

A. Longitudinal Study of Student Characteristics:

Current Status.—Scores on the Strong Vocational Interest Blank (SVIB), the Edwards Personal Preferance Schedule (EPPS), the Allport-Vernon-Lindzey Study of Values (A-V-L), and personal history data were obtained on entering students in 28 medical schools in the fall of 1956. In 1957 attitude data were obtained from sample from each class in conjunction with the 1957 Teaching Institute. In 1958, at the end of the second year in medical school, peer evaluations were obtained. In 1960, near the end of the fourth year, the interest, personality, and values tests were readministered, peer evaluations were repeated (some new items), additional personal history and future plans data were obtained, an originality test, and an experimental interpersonal perception test were given, and students' views of the medical school environment were obtained. Part II National Board examination scores were obtained for all students at 21 schools in the sample, and for credit candidates (17 to 99 per cent of the class) at five schools. Rank-in-class grades throughout medical school have been obtained for students in 27 schools and separate faculty evaluations of student performance have been obtained from varying numbers of clinical departments in most of the schools.

A technical paper (based primarily on the 1956 first-year student data) describing variation in the characteristics of present-day medical students, implications for education, and some aspects of the methodology of behavioral measurement has been published by the University of California Center for the Study of

Higher Education (1). An expanded and less technical version of this paper will be prepared for publication in *The Journal of Medical Education* or another suitable journal. Tables of means, standard deviations, correlation coefficients, and other descriptive statistics are available in mimeographed form for various subgroups in the study. Studies in the following areas are in progress:

1. *Student accomplishment:* A study will be made of the degree of which measures of abilities (MCAT), interests, personality characteristics, and values are predictive of later performance as measured by grades, national board scores, peer ratings, and faculty ratings. Relationships among the various performance measures will also be investigated to determine (*a*) how many and what types of different dimensions of performance these criterion measures represent and (*b*) to what degree they provide independent and overlapping information. A special study will be made of the kinds of discriminations departments make in rating students. Finally, an attempt will be made to outline techniques of evaluating performance and to show how these are related to objective prediction indices.

2. *Changes in student characteristics during medical school:* In the spring of 1956, fourth-year students in 21 medical schools took the same tests that were administered to first-year students in the fall. Significant differences between first- and fourth-year students were found in all schools; the types of characteristics and directions of difference were in some cases highly consistent, in others widely divergent. The extent to which differences between first- and fourth-year students are a function of the students' medical educational experiences (confounded with increased age), and of differences between groups will be determined with the availability of the retests on the 1956 first-year students. Definitive information will be made available about the kinds of changes in measurable characteristics that occur as a result of the medical educational experience, and how these changes vary from school to school in terms of such dimensions as value systems (e.g., theoretical, economic, social, etc.), personality characteristics (e.g., achievement drive, interest in why people behave as they do, desires to give and receive help, aggression, etc.), and interests (e.g., similarity of interests to physicians, engineers, social workers, business men, etc.).

3. *Personal characteristics ratings:* (*a*) One study is investigating the number and kinds of dimensions along which students can discriminate in rating their fellow students. The possible existence of a "general eminence" factor in fellow-student ratings, and the question of how various characteristics (such as ratings of "desire to learn," "functional knowledge of medicine," "interpersonal sensitivity," etc.) combine to form more global dimensions (such as "good student," "potential teacher-researcher," "potential general practioner," etc.) will be studied. A factor analysis of the peer evaluations obtained at the end of the second year has been completed by R. J. Wherry of Ohio State University and is available in mimeographed form, (2) (*b*) The relationship between fellow-student ratings and subsequent career choices will be determined. (*c*) The relationships between peer ratings and measures of ability, values, interests, and personality characteristics will be investigated. This study should permit us to gain insight into what kinds of traits lead fellow students to consider their colleagues good students, or promising candidates for a career in research or general practice, etc. (*d*) The stability of peer ratings from second to fourth year in medical school will be studied.

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4. *Career choice:* Study of the personal characteristics of students planning careers in different specialties was begun with 1956 fourth-year students. It was found that nearly half of this group changed their plans during the internship year, and as a consequence intensive study of the longitudinal sample will be delayed until the students have completed a year of intership. Studies have been made of the 1956 graduates who persisted in their career choices through the internship year. A general description of differences in the characteristics of specialty-choice groups is given in the "Berkeley paper" (1); patterns of change during the internship year are described and a more intensive discussion of the characteristics of graduates choosing careers in Obstetrics and Gynecology is given in a paper prepared for a study committee of the American Gynecological Society (3); the characteristics of graduates choosing careers in Pediatrics were reported at a Ross Pediatric conference and are available in the published proceedings (4).

Studies of the longitudinal sample will be made to determine whether differences in characteristics of career-choice groups are stable among classes graduated four years apart. The relevance for career choice of personal characteristics measures obtained at the time of entrance to medical school will be investigated. An attempt will be made to obtain test data from eminent pracitioners and teacher-researchers in various specialties. These can be compared with first- and fourth-year data, and ultimately instruments that will be helpful to students in planning their professional careers will be made available.

5. *Medical school environment:* (*a*) Students' perceptions of their medical schools will be described in terms of faculty attitudes, research activity, social and intellectual pressures, etc. (*b*) The roles of measured personal characteristics and school environments in determining student performance are being studied. Schools whose students had similar patterns of abilities and other personality characteristics have been combined into groups and it is hypothesized that the students in these schools should perform similarly on National Board exams and should show similar patterns in their choices of careers. Correspondence with and departures from hypothesized relations will be studied with respect to similarities and differences in school environments as perceived by the students and as suggested by taxonomies such as enrollment restrictions, school budgets, geographic location etc.

B. Studies of the Utility of Personality and Interest Tests Administered to Medical School Applicants:

Current status: In a doctoral dissertation, a "distortion" scale was developed for the Strong Vocational Interest Blank (5). A study of the Edwards Personal Preference Schedule has also been completed which demonstrates again that when applicants believe these kinds of tests will be used in the medical school selection process, they are likely to reply somewhat differently than when they believe the tests are not to be used. A paper reporting the latter study is in preparation (6). Data which investigate the relation of EPPS scores obtained under different conditions to first-year grades in medical schools have been obtained and are partially analyzed. The multiple correlation of EPPS scores of students who believed the test was to be used in selection is slightly higher than the correlation based on the scores of students who believed the test was to be used only for research purposes. Relations between EPPS scores of applicants and subsequent

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success in gaining admission to medical school are also being studied. This project aims at determining whether admission committees implicitly evaluate certain normal personality traits as they move through the selection process. The data for all of these studies are drawn from administration of the EPPS to all students who took the MCAT in 1957.

C. Methodological Studies of Problems in Behavioral Measurement:

1. A paper read at the 1960 American Sociological Association meetings reported ratings made by medical school applicants regarding the desirability of various personality characteristics in a physician, and the relationships between these desirability ratings and the personality patterns (as measured by the EPPS) of the applicants who made them. Traits that were considered most desirable in the physician were the needs to solve difficult problems (achievement), to help others (nurturance), to work hard for long periods of time (endurance), to be interested in the problems of others (intraception), and to behave in an orderly fashion (order). Traits considered comparatively least desirable were the needs to criticize others (agression), to feel guilty or inferior (abasement), to seek the limelight (exhibition), to look to others for help (succorance), and to be independent and unconventional in behavior (autonomy). Generally, the relationships between the applicant's own personality traits and his ratings of these traits were positive but low (7).

2. A paper read at the 1960 American Psychological Association meetings reported the absence of correlation between scores on the Allport-Vernon-Lindzey Study of Values and tendencies to make socially desirable responses to personality test items (8).

3. A doctoral dissertation completed in 1959 investigated the relative merits of several item-selection techniques for building new interest and personality scales. In this study, the same pool of items was used to build three different types of scales. These were compared with respect to their ability to differentiate among students planning different types of medical careers (9).

4. A doctoral dissertation has been completed which investigates the relative merits of various methods of multivariate analysis for predicting criterion behaviors (in this case grades). The results were inconclusive but suggested that the inclusion of multiplicative relations among variables added little to the information obtainable from linear combinations of variables (10).

D. Miscellaneous Studies:

1. The relation of geographical restrictions on enrollment and lėvel of school expenditure to average MCAT scores of enrolled students has been studied. In general, severe restriction and low expenditure level are found to be related to low average MCAT performance. Lack of restriction and high expenditure level do not insure a high-ability student group, however. A report of this study will be submitted to *J. M. Educ.* (11).

2. A study of changes in MCAT scores on repeat testing has been made. In general, students at all ability levels show gains in score upon retesting, but high-ability students tend to gain more on the Science section and less on the Verbal and Quantitatives sections than low-ability students. It is suggested that verbal and quantitative scores on first and second tests be averaged and that, generally, the second score on the science test be used. A report of this study has been submitted for publication in *J. M. Educ.* (12).

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3. In cooperation with the Continuing Group on Student Affairs, a study is being made of students with high MCAT scores who failed to gain admission to a medical school. Reasons for rejection are being obtained from the schools to which the students applied and an attempt is being made to learn from the students what their current activities and career plans are.

4. Also in cooperation with the Continuing Group on Student Affairs, a study is being made of students who receive acceptances but never enter a medical school. The present career plans of these students are also being investigated.

5. In cooperation with Drs. E. K. Strong of Stanford University and Anthony C. Tucker of Denver University, authors of the Strong Medical Specialist Blank, a follow-up study is under way of 750, 1950 graduates to whom this test and the SVIB were administered during their fourth year in medical school. Preliminary results indicate that (1) scores on the general "specialization" scale predict degree of specialization (teacher-researchers obtain the highest scores), and probability of taking and passing specialty board examinations; (2) physicians engaged in organized medical services (group practice, etc.) score higher on the physician interest scale of the SVIB than private practitioners; (3) the SVIB Psychologist Scale differentiates physician teacher-researchers from those in practice; (4) in general, physicians now engaged in a particular specialty have higher average scores on the specialty scale for their field than do other groups.

The studies described above will provide a great deal of useful information about the kinds of performances of the medical student that can be predicted at the time he enters medical school. But what relation does performance as a student bear to the performance of the physician? This will be the crucial question in the years that lie ahead for which plans must be made. The technical skills of the research staff require the help and guidance of knowledgeable medical educators. To this end, the committee recommends appointment of a special advisory committee to assist in planning future program development. The committee has also approved a staff request for appointment of a technical advisory committee including representation from the committee, medical faculties, measurement and social psychology to assist in consideration of technical and methodological problems in the current phases of the research program. These recommendations will be forwarded to the Executive Council.

TEACHING INSTITUTES

The Second Institute on Clinical Teaching, which was held in Chicago in October, 1959, was the seventh and final Institute in a series focused on the medical school curriculum. The institute program, which has stimulated critical self-examination, research, experimentation, and curricular planning and development across the whole spectrum of medical education, was established as an AAMC research division project by Dr. George P. Berry, Dean of the Harvard Medical School, during his tenure as President of the Association in 1952. Three very successful conferences held in 1951 and 1952 by educators in physchiatry and preventive medicine, which the Association co-sponsored and helped to plan, inspired Dr. Berry to propose the formal institute program outlined in his presidential address.[2] In his prefaces to the published proceedings of each of the succeeding institutes, Dr. Berry has reflected their developing philosophy and

[2] George P. Berry, Medical Education in Transition. J. M. Educ., 28:17-42, 1953.

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achievements. These essays will be tomorrow's history of medical education in mid-twentieth century. Dr. Berry's descriptions of the problems of the student, the teacher-researcher, the teacher-practitioner and the medical school in its relations with the university, the hospital, and other agencies and forces affecting its practices and development and his discussions of how our faculties have approached and dealt with these problems through the medium of the Teaching Institutes, have more than historical significance, however. They provide an ideistic foundation for planning for the future, and in so doing, manifest Dr. Berry's own role as a major intellectual leader in present-day medical education.

The committee's recommendation—indicated in our 1959 report—that the Institute format be preserved in the development of a new series of programs, was approved by the Association's Executive Council. It was decided that the next group of meetings should focus on problems arising from rapid social and scientific change which are affecting both the structure and functions of medical education. Within this frame of reference, plans were made for the 1960 Institute to be held on November 1-3, immediately following the annual meeting of the Association (instead of preceding it as in the past). Dr. Carlyle Jacobsen as chairman and Doctors Cecil G. Sheps and George A. Wolf, Jr. as subcommittee chairmen have carried the burden of planning this year's Institute which will concentrate on the implications that changing patterns of medical practice have for medical education. Medical school deans will be the participants. They will be joined by representatives of a wide variety of agencies and social groups as well as by some faculty members, particularly in public health, and together they will examine the appropriateness of present-day education for tomorrow's medical practice.

Dr. Julius H. Comroe, Jr., chairman of the Association's first Teaching Institute on Physiology, Biochemistry, and Pharmacology, has been recalled by the committee to lead the planning for the 1961 Institute which has been tentatively entitled The Medical School and Medical Research. Also, Dr. Stewart G. Wolf, Jr., has accepted appointment to the chairmanship of the 1962 Institute which will focus on the relations between the medical school and the medical profession.

The new series of institutes, focusing as they do upon current pressing issues, has led the committee to consider ways in which recommendations for future planning might grow out of the institute program without destroying the opportunity they now provide for a free exchange of thoughts and ideas. The committee invites suggestions, and will submit its recommendations to the Executive Council during the coming year.

Publication of the book reporting the Second Institute on Clinical Teaching (1959), edited by Helen Hofer Gee and Charles G. Child, III, with editorial coordination by E. Shepley Nourse, has been delayed due to more time-consuming editorial scrutiny than has been the case with past institute reports. When the report does appear, probably in January, 1961, it will be available in clothbound book form and as a paperbound supplement to *The Journal of Medical Education*.

THE CONTINUING GROUP ON STUDENT AFFAIRS

This vigorous outgrowth of the 1956 and 1957 Teaching Institutes has again in 1959-60 demonstrated that it is an effective mechanism through which the Association and the member schools can express their interest in student problems.

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During the year, the Continuing Group, which has one or two representatives from each medical school, has sponsored five regional meetings, and it will have its fourth annual meeting on October 29-30, 1960. Participation in its activities has been enthusiastic.

It is most pertinent in the report from the Division of Basic Research to emphasize that the existence of the Continuing Group has facilitated all studies connected with applicants and students. It is now possible for the Director and staff to make reports and describe future plans to those people in each medical school who are most directly concerned with student affairs. This has resulted in significant improvement in the collection of data both for routine operation and for special studies.

During the past year, the Continuing Group has cooperated in the clarification of the definition of applicants, and has developed "Recommended Application Procedures" which should be more easily understood by students and college advisers than were the "Traffic Rules" which they have replaced. It is especially noteworthy that, during the past four years when there has been a steadily decreasing number of medical school applicants and when one might expect rancorous competition for students, there has been a progressive improvement in the cooperation of medical schools in dealing with admission problems. To date this year, for the first time, no complaints have been received in the Association's central office about practices of medical schools in dealing with applicants.

The Continuing Group is actively involved in problems related to recruitment, selection, financial aid, the progress of students through medical school, and the factors which influence performance in professional careers. The accomplishments of the Continuing Group have demonstrated the role of the Association in bringing together representatives from individual schools under circumstances which permit them to discuss problems of mutual concern and to develop cooperative plans for action and for continuing joint study in areas of common interest and responsibility. Several interesting projects are under way, most of which could not possibly be significant if they were limited to the data available in only one school.

The Continuing Group is related to the Committee on Research and Education through the Subcommittee on Student Affairs, whose members are: Doctors John L. Caughey, Jr., chairman; Samuel P. Asper, Jr.; Lawrence W. Hanlon; John J. Mahoney; Woodrow W. Morris; James R. Schofield and Lyman M. Stowe.

THE 1959-60 STUDY OF APPLICANTS

"Datagrams" published in the October and November issues of *The Journal of Medical Education* summarize information of primary interest from the 1959-60 Study of Applicants.

In noting the decrease in applicants for the third consecutive year, the 1959-60 study[3] endeavors to bring into perspective factors which can critically affect applicant activity. The intellectual quality of accepted applicants is also of continuing interest. The 1959-60 accepted applicants are the first to surpass the 1951-52 standardization group in over-all MCAT performance although actually, the quality of the accepted applicant group has remained generally constant over the past few years. As part of an effort to offer a broader view of applicant

[3] To be submitted for publication in *J. M. Educ.*

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data, note is made of exaggerated emphases in recent press and other public statements on the notion that the quality of medical students—as measured by grade averages—is declining. While it is true that the proportion of "A" students has declined from a high set in 1950 and 1951, it must be remembered that these were the years in which the applicant-acceptance ratios were also extremely high as a function of the influx of veterans to higher education. Since 1952 the distribution of grades among accepted applicants has remained relatively constant with no indication of decline. Whether the present level of quality can be maintained in the face of a shrinking applicant pool will be contingent upon two major considerations discussed in the study, the importance of financial problems in career choice and the competition between medicine and other fields for the available talent supply.

For discursive purposes the study draws on other than original sources for data and has an expanded appendix containing tables reinstituted from previous studies.

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ADMISSION REQUIREMENTS BOOK

This annually revised handbook for premedical students and advisers has long since passed the point where its historical designation of "booklet" is appropriate. *Admission Requirements of American Medical Colleges Including Canada (1960-61)*, was published August 15—it is a 254-page *book*. The rate of sale of this edition is ahead of all past editions. It features a reorganization of content presentation, the addition of completely new material, and the usual updating of basic information. E. Shepley Norse, editorial coordinator for the division, has designed and executed this new revision.

There are now four chapters in the *Admission Book*. Chapter 1, "Educational Planning for Careers in Medicine," emphasizes the long-range view with suggestions for premedical coursework at one end of the continuum and commentary on preparation for the specialties at the other. The much-appreciated cooperation of the ninteen American Boards has produced a descriptive section on each specialty, material that is already proving helpful in answering the questions of prospective medical appplicants.

Chapter 2 outlines step-by-step procedure in the mechanics of applying to medical school. The new Recommended Acceptance Procedures of the Association of American Medical Colleges are published in full as Table 11 in this chapter.

Chapter 3 constitutes the bulk of the book with two-page entries for each United States Medical school. Two changes in this chapter should be noted: (1) the presentation of schools in alphabetical order by state rather than alphabetical order by school name, a change requested for consistency with the *AAMC Directory* and as an aid to applicants who approach the school-selection problem geographically, and (2) the page-design revision, which evolved from suggestions of the Continuing Group on Student Affairs for highlighting the often-misunderstood timetable of application and acceptance procedure.

Chapter 4 presents the affiliate medical schools, and we welcome the addition of the University of the Philippines to these pages. The two-page school entries are preceded by general information on medical education in Canada. By Canadian request, the "possible limiting factors" information has been tabulated as for the United States schools to give applicants a quick overview of residence, sex, age, and other policies.

The *Admission Book* is in a continuing state of editorial review, and future plans for revision will be keyed particularly to the recommendations of the Continuing Group on Student Affairs and the information needs of potential medical applicants as revealed by their inquiries. It is currently planned that the next edition will change the presentation of microscope information and feature a further expansion of the Reading List. A small study is under way on the reading recommendations of medical students, and results will be reported in the *Admission Book*. It is already evident that the *Admission Book* itself is Number 1 on the list of books medical students would recommend to young career planners for specific information on becoming a physician.

Almost 1,000 more copies of the 1959-60 *Admission Book* were distributed than was the case with the preceding edition. Specific promotion plans plus the generally increasing attention to medicine in the public press indicate a promising forecast for sales of the current 1960-61 edition.

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MEDICAL COLLEGE ADMISSION TEST

After extensive study and evaluation of all aspects of the Medical College Admission Testing program the committee this year recommended, and the Executive Council approved, awarding a new contract covering test administration and test development to The Psychological Corporation located in New York City. The selection of The Psychological Corporation was based on the committee's conviction that this firm is better prepared than any other to give to our admission testing program the kind of professional talent and attention it must have to meet its obligation as the principal tool in the selection process. Dr. Wimburn L. Wallace, Director of the Professional Examinations Division of The Psychological Corporation, is personally directing development of the MCAT program.

The committee feels it is important that all prospective medical school applicants, premedical advisors, and medical admission committees understand that this change in testing agency does not mean there is to be any alteration in the conduct of the MCAT program. Changes in the MCAT will be made only after intensive study and analyses substantiate that change is valid and desirable. Prospective applicants and admission committees will be fully informed in advance of the nature of any alteration in the program and of its implications for selection and counseling.

At a meeting held at The Psychological Corporation offices in May of this year, the committee, members of The Psychological Corporation staff, and several outstanding consultant psychologists from the areas of measurement and test theory launched a new test development program for the MCAT. At this first meeting, the objectives of the program were reviewed and plans were made for including experimental materials in the October test administration. The staff of The Psychological Corporation is working closely with the basic research division in planning further steps in this study program. It is anticipated that the committee will review progress once or twice each year.

Publication of a handbook on the use and interpretation of the MCAT is planned for February, 1961. The publication will probably be in loose-leaf notebook form to facilitate revisions as the testing program develops.

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REGULAR REPORTS AND SPECIAL SERVICES

The first distribution of a new report that is being made to all U.S. medical schools has just been completed. This report supplies each medical school with the means and distribution of MCAT scores for its total applicant and enrolled student groups. These data replace a previous report which supplied similar information on students who at the time they took the test asked that their scores be sent to particular schools. Comparision of applicant with enrolled student MCAT data enables each school to evaluate the ability distribution of its applicants and to appraise the abilities of the enrolled group in comparison.

An attempt was made last year to schedule specific dates for all regular school reports. Personnel problems in the A.A.M.C. IBM facility delayed some of the more complex reports, although the majority met their deadlines. There is no question but that applicant statistics should be made available sooner than they are, and that existing processing procedures need overhauling. Despite excellent cooperation from nearly all medical schools, these data continue to be delayed many months. It is doubtful that much progress can be made in this direction, however, without additional professional level staff. A partial solution to the problem is early production of summary statistics in the A.A.M.C. "Datagrams," which were initiated last year by the Operational Research Division. The September and October, 1960, issues reported the principal 1959–60 applicant statistics, and it is hoped that 1960–61 data may be made available through this medium several months earlier.

At the 1959 Continuing Group on Student Affairs meeting a majority of those present expressed approval of reinstatement of the applicant action category "withdrawn before action taken." This category has accordingly been added to applicant reporting forms, and will be used in reporting 1961–62 applicant activity.

Medical schools, undergraduate colleges, regional, governmental, and private agencies as well as individual investigators continue to call upon the basic research division's resources for information and data. The division is fortunate in having a stable, well trained technical staff that is now able to handle such requests with minimum guidance and direction, permitting the professional staff to devote more time and attention to consulting services. Demand for the latter has increased significantly during the past year as the division's activities have become more widely known. The program's growing stature is perhaps also reflected in an increasing number of invitations to read papers, address groups, and participate in working conferences. In addition to papers already referred to in the section on the division's basic research program, invited addresses were given at the A.M.A. 56th Annual Congress on Medical Education and Licensure (13), at the 1960 annual meeting of the Association for Education in Journalism (14), and at an Alpha Delta Epsilon Conference on Premedical and Predental Education (15). The director served as a resource person at working conferences held by The American National Heart Association, The National Institute of Mental Health, the American Rehabilitation Foundation, and Ross Laboratories. The assistant director served in a similar capacity at a conference sponsored by Dillard University through a grant by The National Medical Fellowships, Inc.

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1960–61 CALENDAR OF REPORTS TO MEDICAL SCHOOLS AND UNDERGRADUATE COLLEGES

A. Medical School Reports	Scheduled Mailing Date
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, 1960
Lists of offers of acceptance:	
List No. 1	November 18, 1960
List No. 2	December 16, 1960
List No. 3	January 6, 1961
List No. 4	February 3, 1961
List No. 5	February 24, 1961
List No. 6	April 14, 1961
List No. 7	July 14, 1961
Final freshman roster:	
Alphabetical listing of all freshmen in all schools, prepared from preliminary roster sent November 15.	February 1, 1961
Supplement to freshman roster	March 1, 1961
Summer session bulletin:	
Requests for information on summer session offerings	February 15, 1961
Bulletin of offerings by all schools	April 10, 1961
Forms for reporting 1960-61 accomplishment of all students	May 31, 1961
Competitive school report: eventual disposition of all applicants to a given medical school (1959-60 applicants).	November 15, 1960
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.	December 15, 1960
MCAT reports:	
1. MCAT summary of 1960 applicants. Individual report to each school showing average scores and score distributions of all applicants to that school and of the school's 1960-61 first-year class.	May 1, 1961
2. 1960-61 summary by undergraduate college attended of MCAT score means and distributions of all students listed over a four-year period.	January 5, 1961
Irregularity reports	As needed
Biennial reports not scheduled for 1960-61	
Undergraduate origins reports:	
Report 10 lists number of students from each undergraduate school entering medical school in 1955 whose progress was regular, irregular, or who withdrew from school.	
Report 11 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.	
B. Reports to Undergraduate Colleges	
1. Individual undergraduate college MCAT score means and distributions over four-year period.	February 1, 1961
2. Undergraduate Accomplishment Reports Forms 1 and 8. Form 1 shows 4-year accomplishment of all students from a given undergraduate school who entered medical school in 1956. Form 8 shows application activity and first-year accomplishment of that school's students who applied for admission to the 1959-60 first-year class.	March 1, 1961

1960–61 CALENDAR OF INFORMATION REQUIRED FROM MEDICAL SCHOOLS

Information Required	Date Needed
Matriculation forms	October 15, 1960
Class rosters and applicant list Check reports sent by A.A.M.C. on November 15 and make necessary corrections	December 15, 1960
Summer session offerings	When information available
List of graduates from July 1, 1960 through June 30, 1961	July 15, 1961
Accomplishment reports	September 1, 1961
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 1961-62 class Offer of acceptance, withdrawal of application by student, or rejection of application by school	As soon as action is taken

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15. SCHUMACHER, C. F. Studies of the MCAT as a Predictor of Medical School Achievement. The Scalpel, Winter, 1960.

[4] Numbers 1, 2, 3, 7, 13, 14, and 15 are available on request from the Office of the Director of Research, A.A.M.C., 2530 Ridge Avenue, Evanston, Illinois.

REPORT OF THE DIRECTOR OF THE DIVISION OF OPERATIONAL STUDIES

LEE POWERS

INTRODUCTION

This is the second Annual Report to the membership of the Association of American Medical Colleges covering the activities of the Division of Operational

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Studies. Last year's Report covered the initial 8 months of operations and described the various studies then in progress.

To acquaint the membership at that time with the intended function of the newly constituted Division, each study was coupled with the corresponding stated objective of the over-all program as detailed in the original proposal to the Kellogg Foundation for the establishment of the Division of Operational Studies. At the time of the last Annual Meeting, because the program was still in its initial stages, no critical evaluation in terms of its long-range objectives was possible.

This year the situation is different. Steady progress has been maintained during the year in the compilation, analysis, and distribution of data directed primarily to the attention of medical educators. The articulate response to the studies and reports on the part of the profession, accelerated demand for services and the broadening audience of individuals or organizations interested in this type of information constitute supporting evidence that the Division is performing a useful and valued function.

COMMITTEE MEETINGS

A meeting of the Steering Committee of the Division of Operational Studies was held on Tuesday, June 28, 1960. All Committee members were present, with the exception of Dr. Robert A. Moore who was in Europe. Dr. Walter Wiggins represented the American Medical Association at the meeting.

The main purpose of the meeting was to consider policies for handling the faculty registry data and other accumulated information pertaining to medical school faculty patterns and student body composition. Possible future studies were discussed.

The first meeting of the *Ad Hoc* Committee on Financial Assistance to Medical Students was held on January 5, 1960. Its purpose was to discuss the numerous aspects of financial aid to medical students as a basis for formulating an effective policy statement of the A.A.M.C. which could serve as partial presentation of requests for funds to private organizations as well as for appearances before Congressional hearings pertaining to federal financial assistance to medical education. The eventual policy statement, entitled *"Statement Regarding The Need For Medical Student Financial Aid,"* was submitted by Dr. Darley on behalf of the Federal Health Program Committee of the A.A.M.C. to the Subcommittee on Health and Safety of the U.S. House of Representatives' Committee on Interstate and Foreign Commerce on June 6, 1960. Copies of the statement are available at Association headquarters and will be published in the Proceedings of the Minutes of The Annual Meeting.

Following is a report of the current activities of the Division:

A. "Datagrams" and Information Center.—The monthly publication of "Datagrams" has obviously met a real and present need. The response has been enthusiastic. Requests to be placed on the mailing list are received almost daily from individuals and representatives of various organizations, including those of federal, state and local governments, public relations firms and other national service organizations interested in higher education. Approximately 7500 copies are distributed monthly. Each issue of "Datagrams" is documented in *The Journal*

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of Medical Education, but because of production schedules for the journal, it does not appear until 3 months after the loose-leaf edition.

To increase the usefulness of "Datagrams," a subject and alphabetical index is now in preparation. Three issues of the current volume were submitted by the Division of Basic Research of the A.A.M.C. This practice will be repeated from time to time, thus giving the forum an organization-wide base.

The *reprint library* of articles, publications, reports and newspaper clippings of interest to medical educators is being augmented daily. This information center constitutes an invaluable ready reference resource not only for the Division but for the Association as a whole. It is frequently used in compiling bibliographies for individuals and organizations not immediately connected with the Association. Requests of this nature from outside sources have increased considerably since last year.

B. Studies concerned with students.—The study, entitled "The Medical Student: His Financial Status and Problems," is rapidly nearing completion. It will cover the areas of student costs, sources of funds, employment, loans, scholarships and fellowships, professional plans, and perceptions of a medical career as related to financial status and student indebtedness. Each of these areas will be taken up in relation to four basic factors involved in the student's financial status and problems; namely, (*a*) marital status, (*b*) parental income and family help, (*c*) student earnings, and (*d*) regional distribution and type of support of the medical school.

The student financial study was sponsored jointly by the Division and by the Association's Continuing Group on Student Affairs of which Dr. John Caughey, Jr. is Chairman. The data for this Study were derived from a questionnaire completed by 72 per cent of the graduating class of 1959.

Another report, entitled "The Cost To the Student of Medical Education," was prepared and was delivered by Dr. J. Frank Whiting to the Legislative Work Conference of the Southern Regional Education Board in August, 1960. This report presented a comparative analysis of medical student finances in terms of both the Southern Regional medical schools and the over-all national picture.

Similar information has been compiled for various agencies and individuals interested in the problem of medical student finances. For example, a complete analysis of scholarship requests and receipts was prepared on the schools in New York State and the Northeastern Region of the U. S. An analysis of the data on medical student employment was prepared for the National Fund for Medical Education.

A report, entitled "Alternate Methods for Providing Financial Assistance to Medical Students," was prepared in response to a request from a foundation for background information on currently available financial assistance to medical students. This report is being readied for publication in brochure form so that it can be made available to all agencies and organizations interested in helping to provide financial assistance to medical students.

Finally, the A.A.M.C. received a request to provide information to the Department of Health, Education and Welfare's Survey of Federal Programs in Higher Education. Work on this report is nearing completion.

Arrangements have been made with the National Opinion Research Center (NORC) to collaborate on an analysis of the financial status of U. S. medical

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students and U. S. arts and science graduate students in 20 universities in the U. S., which have both medical schools and graduate schools of arts and sciences. The data on the graduate students have already been collected and processed as a part of the National Opinion Research Center's study—"The Financial Situation of American Arts and Science Graduate Students." The results of this collaborative effort between A.A.M.C. and NORC will be published in forthcoming "Datagrams," articles in *The Journal of Medical Education,* and other chapters of the above-noted monograph.

The members of the Division staff cooperated in the joint A.M.A.-A.A.M.C. recruitment film and brochure "I Am A Doctor." The film is for use in high schools and colleges and the brochure was prepared mainly for use of student advisors.

The Internship Study, directed by Dr. Richard Saunders, Jr., and financed through a separate grant from the W. K. Kellogg Foundation, is progressing satisfactorily. Information obtained from a questionnaire distributed in the spring to interns in 29 selected hospitals has been tabulated. The final report on the Study will be submitted for publication about November 15 of this year.

C. Studies concerned with facilities.—Through the joint efforts of the A.A.M.C. and the American Medical Association, a *medical school faculty registry* is a near reality. More than 36,000 questionnaires have been filled out by medical school teaching personnel and returned to the Division of Operational Studies for processing on IBM cards. This represents a reply from approximately 93 per cent of all faculty members holding positions with the rank of Instructor or higher in U. S. medical schools today. Continuing efforts are being made to obtain a 100 per cent return.

This survey provides information on rank, specialty, full-time or part-time affiliation, earned degrees, and number of hours per year spent by the part-time faculty on medical school teaching, research, administration, and patient service, as well as current military status of each individual faculty member. Information obtained from the registry concerning medical school full-time staffing patterns was reported in "Datagrams" Vol 2, No. 6, December, 1960. A more comprehensive study of this subject is currently in progress.

An analysis of medical college faculty salaries has been completed. Tabulations and graphic reports on the information, obtained from 65 schools which participated in the national questionnaire survey, have been distributed for the confidential use of the deans of the U. S. medical schools. These included salary ranges, means and medians for those holding positions of Instructor or higher in Clinical and Pre-Clinical Departments, and differentiated between strict and geographic full-time appointments. Comments from numerous deans indicated that this information was especially timely and useful. A biennial revision of salary information is planned.

D. Studies concerned with facilities.—Two major reports involving school facilities have been published since the last Annual Meeting. The first, entitled "National Goals for the Construction of Medical School Facilities," appeared in *The Journal of Medical Education,* Vol. 35, No. 2, February, 1960. The second, entitled "New Medical Schools: Some Preliminary Considerations," was prepared by Dr. William R. Willard, Vice President and Dean of the University of Kentucky Medical Center, and appeared in the same issue of the Journal.

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For groups interested in starting new medical schools, further activity in this area is being conducted by an *Ad Hoc* Committee on Medical Educational Facility Planning. The Committee is preparing a resource paper dealing with a variety of specific facilities such as libraries, multi-discipline laboratories, dormitories, student facilities, and other related topics.

A "Statement Regarding The Need for Health Education Facilities," prepared by the Division staff, was submitted by Dr. Darley on behalf of the Federal Health Programs Committee of the A.A.M.C. to the Subcommittee on Health and Safety of the House of Representatives' Committee on Interstate and Foreign Commerce in Washington on June 6, 1960. Copies of the statement are available at Association headquarters and will be published in the Proceedings of the Minutes of the Annual Meeting.

E. Studies concerned with financial and administrative problems of medical schools.—The complex and varied administrative interrelations between medical schools and their parent universities add considerably to the problem of obtaining data pertaining to program costs and basic expenditures by source of income. To overcome these difficulties, the Division of Operational Studies, under the supervision of Augustus J. Carroll, developed and tested methods and procedures to determine medical school program costs. A manual of these methods and proceedings has been published and distributed to each medical school in the U. S. A series of regional meetings for deans and fiscal officers of medical schools were held during the winter and spring to explain the procedures, discuss problems involved in the application of the system to individual schools, and to stimulate wide participation in the cost study throughout the country. Major emphasis of the Division is being placed on the Cost Study. Members of the staff of the Division will be on call throughout the year to visit and assist medical schools which request help in development of their program cost analyses.

At the present time many schools are using the system to determine exactly what it costs to educate, respectively, a medical student, a graduate student, an intern, a resident, and other students such as nursing, dental, pharmacy, technical, and a miscellaneous group of para-medical students. They are also studying costs of doing research and of providing services to patients, hospitals and the community.

Dr. Darley, with the assistance of the staff of the Division, is re-studying the comparative data concerning income and expenditures for the years 1940-41, 1947-48 of the medical schools included in the Reed Report, and is extending the study to include comparable information for the more recent academic year 1958-59.

This year the Division of Operational Studies has assumed responsibility for tabulating financial information obtained from the Joint A.M.A.-A.A.M.C. Questionnaire and for preparing the Table on Expenditures which will appear in the Education Number of the *J.A.M.A.*

Dr. Cecil G. Sheps, of the Graduate School of Public Health at the University of Pittsburgh, is presently bringing up-to-date the file of existing agreements between medical schools and hospitals. A brief summary dealing with these agreements and a new microfilm of the agreement will be prepared to assist medical schools involved in related problems.

A report, entitled "Financial Consideration of Medical Schools," was prepared

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and presented by Dr. Powers to the Legislative Work Conference of The Southern Regional Education Board in August, 1960. This report discussed the broad patterns of the financial aspects of medical education on a national level. It provided a general frame of reference for discussion and interpretation of specific data as applied to the schools located in the area served by the Board.

F. Items under consideration for future programs and studies.—

1) Ratio of teaching beds to clinical students;
2) Methods of projecting faculty needs;
3) Faculty movement, turn-over rates and vacancies;
4) Methods of determining academic deficits;
5) Basic plans for new school construction (now in preliminary phase);
6) Regional workshop conferences for university and college administrative officers who would like to explore the possibility of establishing a new medical school;
7) Medical school-medical center relationships;
8) Exploration of the residency as a medical educational function. Comparative educational content and methods.

REPORT OF THE SECRETARY

RICHARD H. YOUNG

The Association, in conjunction with the Council on Medical Education and Hospitals of the American Medical Association, carried out the following medical school surveys during the academic year 1959-1960:

University of Alberta Faculty of Medicine
University of Western Ontario Faculty of Medicine
Saint 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
State University of Iowa College of Medicine
Dartmouth Medical School
Georgetown University School of Medicine

The reports of these surveys have been reviewed by the members of the Executive Council of the A.A.M.C. and the Council on Medical Education and Hospitals of the A.M.A. and approved by the Liaison Committee between the two Associations.

The visitation schedule for 1960-1961 is as follows:

Universit̃é Laval Faculté de Medicine
New York University School of Medicine

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University of Pittsburgh School of Medicine
Woman's Medical College of Pennsylvania
Université de Montreal Faculté de Medicine
Medical College of Alabama
Stanford University School of Medicine
Northwestern University Medical School
Medical College of South Carolina
Western Reserve University School of Medicine
University of Pennsylvania School of Medicine
Meharry Medical College School of Medicine
University of Ottawa Faculty of Medicine
Temple University School of Medicine
University of Minnesota Medical School
University of Oregon Medical School
University of Wisconsin Medical School

The following men are acting as Assistant Secretaries of the A.A.M.C.:

John A. D. Cooper (Northwestern University)
James R. Schofield (Baylor University)
Samuel A. Trufant (University of Cincinnati)
Robert R. Wagner (John Hopkins University)
Robert G. Page (University of Chicago)
Edward S. Petersen (Northwestern University)
Winston K. Shorey (Miami)

REPORT OF THE TREASURER

J. MURRAY KINSMAN

The financial statements of the Association and the report of our auditors, Ernst & Ernst, are presented herewith:

BALANCE SHEET

	June 30 1960	June 30 1959
Assets		
Cash	$151,448.84	$130,284.78
United States Government short-term securities at cost and accrued interest (approximately market)	181,167.19	130,690.63
Accounts receivable	81,941.14	61,808.16
Loan receivable—Educational Council for Foreign Medical Graduates	-0-	8,333.33
Accounts with employees	1,555.15	3,524.70
Supplies, deposits and prepaid expenses	8,320.70	1,139.23
Land and building—at cost—Note A:		
Land improvements	$ 9,002.36	$ 9,002.36
Building	287,853.89	287,853.89
	$296,856.25	$296,856.25
	$721,289.27	$632,637.08

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Liabilities and Equity	June 30 1960	June 30 1959
Liabilities:		
Accounts payable	$ 83,038.15	$ 19,844.75
Taxes withheld from payrolls	4,897.88	4,607.74
Payroll taxes	579.62	402.12
	$ 88,515.65	$ 24,854.61
Equity:		
Restricted for special purposes	$180,753.12	$214,697.47
Invested in land and building	296,856.25	296,856.25
Available for general purposes	155,164.25	96,228.75
	$632,773.62	$607,782.47
	$721,289.27	$632,637.08

See notes to financial statements

STATEMENTS OF INCOME AND EXPENSE AND EQUITY

	Year Ended June 30				
	1960				
	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes	Total	1959 Total
Statement of Income and Expense					
Income:					
Dues			$148,713.00	$148,713.00	$115,368.15
Grants	$239,940.74		137,100.00	377,040.74	326,698.55
Services			174,060.68	174,060.68	126,173.03
Publications			76,555.97	76,555.97	60,541.21
Interest			8,898.74	8,898.74	3,921.06
Transfers in-out*	3,922.73*		3,922.73	-0-	-0-
TOTAL INCOME	$236,018.01		$549,251.12	$785,269.13	$632,702.00
Expenses:					
Salaries	$ 92,033.86		$249,837.53	$341,871.39	$306,459.28
Other expenses	137,695.82		269,710.77	407,406.59	322,009.18
Transfers in-out*	29,232.68		29,232.68*	-0-	-0-
Total expenses	$258,962.36		$490,315.62	$749,277.98	$628,468.46
Income in excess of expenses	($ 22,944.35)		$ 58,935.50	$ 35,991.15	$ 4,233.54

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Statement of Equity

	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes	Total	1959 Total
Balance at July 1, 1959	$214,697.47	$296,856.25	$ 96,228.75	$607,782.47	
Less grants of prior year returned to grantors	11,000.00			11,000.00	
	$203,697.47	$296,856.25	$ 96,228.75	$596,782.47	
Income in excess of expenses	(22,944.35)		58,935.50	35,991.15	
Balance at June 30, 1960	$180,753.12	$296,856.25	$155,164.25	$632,773.62	

Parentheses indicate expenses in excess of income.

* Indicates deduction.

See notes to financial statements.

Notes to Financial Statements

June 30, 1960

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: Grants Receivable.—It is the practice of the Association to include grants in income when they are received. At June 30, 1960, the Association had been notified by several grantors that it may expect to receive $465,000.00 for special purposes and $25,000.00 for general purposes within the next 3 years.

The following letter is the Accountant's Report

Executive Council
Association of American Medical Colleges
Evanston, Illinois

We have examined the financial statements of Association of American Medical Colleges for the year ended June 30, 1960. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We previously made a similar examination of the financial statements for the preceding year.

In our opinion, the accompanying balance sheet and statements of income and expense and equity present fairly the financial position of Association of American Medical

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Colleges at June 30, 1960, and the results of its operations for the year then ended, in comformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Ernst & Ernst
Certified Public Accountants

Chicago, Illinois
August 8, 1960

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JOINT REPORT
EDITOR AND EDITORIAL BOARD

JOHN Z. BOWERS

The primary role of *The Journal of Medical Education* is to serve as the official publication of the Association of American Medical Colleges. This includes the documentation of significant developments in medical education in the United States and Canada, reports from the Headquarters of the association and news from the medical schools. Developments in medical education in other countries relevant to progress in the United States and Canada are also reported in the Journal.

During the past three years there have been major changes in the program of the Journal. In October, 1957, the offices of Editor and the Chairman of the Editorial Board were combined. The Publications Office in the headquarters was terminated. General format of the Journal, including bibliography, was standardized. Consecutive pagination of major Journal sections was introduced. A professional indexer was employed to develop comprehensive indexing of all aspects of medical education. The publication of special articles in regular numbers rather than in supplements was initiated, as well as other measures to enlarge the Journal.

With the approval of the Editorial Board, additional new programs were introduced for the Journal. In view of the large number of high quality addresses and communications that would not qualify as original manuscripts, the Medical Education Forum was established. The quality and quantity of material appearing in the Forum have increased steadily.

Another new section, "Abstracts from the World of Medical Education," reporting articles on medical education appearing in other publications, both foreign and domestic, was developed.

It was decided that book reviews should be limited to new books that would be valuable as teaching media. Other books would be reported in a brief statement.

These new programs have been activated and are developing in a satisfactory manner.

Special numbers of the Journal that have been published during this period include:

1. Genetics in Medical Research
2. Experiment in Medical Education
3. Laboratory Animals: Their Care and Their Facilities
4. A Special International Number

The Reports of the Teaching Institutes are published annually as Part II of the October numbers of the Journal.

A series of articles on the History of Medical Education developed by Professors Erwin Ackerknecht and Fredrick Norwood has been published.

A comprehensive five-year index covering the years 1953–57 was published in September, 1960.

The special international number was published in relation to the Second World Congress on Medical Education which was held in Chicago, August, 1959. Articles from many countries, international health agencies, and foundations; the A.A.M.C. and the A.M.A. were included. A free copy was sent to each medical school in the world. We propose to publish a similar number biennially.

In 1960, the monthly circulation was 5,919 copies. This figure includes 473 foreign, 145 Pan American and 197 to the Canadian Medical Schools. These figures are essentially the same as those for the preceding year. Under A.A.M.C. policy, each member school receives 25 copies of the Journal for distribution. Through this allocation, the Journal is being used increasingly to acquaint university officials, trustees, and other groups relating to medical schools with national programs and problems.

During the period 1959–60, 222 manuscripts were received—an increase of over 50 per cent in comparison with the previous year. This increased flow of high-quality manuscripts resulted in the publication of 1,220 pages of material for indexing as compared with 860 pages in the previous year. Sixty-four per cent of the manuscripts received in this period were published; 21 per cent rejected, and the remainder are in revision.

Solicitation of manuscripts on selected problems and programs will continue. The steady improvement in the quality and quantity of manuscripts submitted without solicitation has been most satisfying.

An exhibit featuring the program of the Journal was a feature of the Second World Congress on Medical Education and has been expanded for the 1960 Annual Meeting.

The Josiah Macy, Jr. Foundation makes an annual grant of $10,000.00 to enhance the role of *The Journal of Medical Education* overseas. The Special International numbers of the Journal are supported by this grant.

The Rockefeller Foundation supports the distribution of the Journal to the members of the Association for the Study of Medical Education and to the Medical Schools of Brazil.

The China Medical Board finances the distribution of the Journal to Medical Schools in the Asian area of its activity.

The Editorial Board has played a vital role in the development of the Journal. All manuscripts are reviewed by members of the Board. Dr. Kenneth Penrod is responsible for the section of "New Books."

A questionnaire has been distributed to the readers of the Journal to gather suggestions on the present program and desirable developments. The results of this review will be published in the Journal.

Scholarly editorials have been contributed by a number of leading medical educators.

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The staff, Mrs. E. B. Pohle, Miss Neva Resek, Miss Helen Herman, and Mrs. Sanchez Barbuda play invaluable roles in our program.

Stanley E. Bradley
Julius H. Comroe, Jr.
John A. D. Cooper
T. Hale Ham
George T. Harrell
William E. Hubbard, Jr.
Vernon W. Lippard
W. Frederick Norwood
Kenneth E. Penrod

JOHN Z. BOWERS,
Editor-in-Chief, and
Chairman of the Editorial Board

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REPORT OF COMMITTEE ON CONTINUATION EDUCATION

ROBERT B. HOWARD

The meeting of the Committee on Continuation Education was held at the time of the annual Congress on Medical Education and Licensure in Chicago. At this time there was a general discussion of the responsibilities of the committee and the question was raised as to whether its role could be a really meaningful one. It was the consensus of the committee that the A.A.M.C. should maintain leadership in this field inasmuch as postgraduate medical education is necessary for the maintenance and improvement of sound medical care. It was felt further that the A.A.M.C. will participate in the post-graduate field only to the extent that the committee stimulates it to do so.

One committee member, Dr. Woolsey, spoke of the need for financing a careful study of the entire post-graduate or continuation medical education area. He pointed out that his Committee on Audio Visual Aids had been able to secure support in the form of a grant in order to pursue a study of the use of closed circuit television in postgraduate education. He felt that similar financing might be available to the Committee on Continuation Education.

Several committee members spoke of the current problem of lack of coordination of post-graduate education efforts by various agencies interested in the field. It was suggested that if all such agencies would coordinate their efforts, perhaps on a regional basis, there would be considerable savings in time, effort, and expense, as well as an improvement in programming. It was suggested further that financing might well be available for studying the possibility of developing a coordinated activity of this type. It was stressed that there would be need for liaison with the Council on Medical Education of the American Medical Association in this regard. It was agreed that the possibility of effecting meaningful coordination of postgraduate activities would be pursued further at the next meeting.

Mahlon H. Delp
Clarence E. de la Chapelle
Rudolph H. Kampmeier
Albert C. Mackay
Philip R. Manning
Frank Woolsey
ROBERT B. HOWARD, *Chairman*

REPORT OF COMMITTEE ON FINANCING MEDICAL EDUCATION

GEORGE ARMSTRONG

The last meeting of the Committee on Financing Medical Education was held on November 1, 1959, at the Edgewater Beach Hotel, Chicago, incident to the Annual Meeting of the A.A.M.C. From this meeting there emanated two resolutions:

1. A resolution recommending a special meeting of the Institutional Members of the A.A.M.C. to be held prior to the opening of the next session of Congress.
2. A resolution recommending that a committee be appointed to be liaison between the Institutional Members of the A.A.M.C. and the National Institutes of Health.

These two resolutions were unanimously accepted by the Institutional Membership of the A.A.M.C. at its meeting on November 4, 1959. As amended, and brought together into one resolution, the official version accepted follows:

A RESOLUTION REGARDING A COMMITTEE ON FEDERAL HEALTH PROGRAMS

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 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, and

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.

As a result of the first part of the adopted resolution, a special meeting of the Institutional Membership of the A.A.M.C. was held at the Shoreland Hotel, Chicago, on January 9–10, 1960. As a result of the second portion of the adopted resolution, there was established a Committee on Federal Health Programs and the chairmanship of this committee was offered to and accepted by Dr. Lowell T. Coggeshall.

It was the consensus of members of the Committee on Financing Medical Education that with the formation of the new Committee on Federal Health Programs, the Committee on Financing Medical Education might be discontinued. On the other hand, the Administrative Committee of the A.A.M.C., at a meeting held late in December, 1959, decided that the Committee on Financing Medical Education should be continued because of sources of assistance in the financing

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of medical education other than the Federal Government. Therefore, the Committee will continue its activities in all fields other than those covered by the Committee on Federal Health Programs.

Donald G. Anderson
Robert C. Berson
Joseph C. Hinsey
Homer Marsh
Robert A. Moore
Isidor Ravdin
GEORGE ARMSTRONG, *Chairman*

REPORT OF COMMITTEE ON LICENSURE PROBLEMS

JAMES E. MCCORMACK

No strikingly new or critical problems in this area appeared during the past year. Indeed, it is the feeling that steady but slow progress is being made in several areas involving the problems which are inherent in the matter of licensure. These will be discussed from several points of view as follows:

CURRICULUM CHANGES AND SPECIFIC REQUIREMENTS

In previous reports attention was drawn to the fact that experiments in medical education, which involve significant changes in time allotted to various subjects, might conceivably create difficulties for innocent graduates because of specific legal requirements for medical education in various states. Preliminary inquiry did not suggest great difficulty. However, because of the importance of the matter further exploration was urged. This will probably be discussed in the Federation Bulletin and perhaps at the next Congress on Medical Education and Licensure. Incomplete returns to a set of five questions contain some warnings for those who would go so far as to eliminate certain disciplines entirely. At least a dozen states specify the traditional subjects but usually not the number of hours of each. Authorities in at least five states are inclined to interpret their medical practice act as prohibiting the integration of arts and sciences with medical studies.

In several states having state universities either the premedical requirements or the medical school curriculum requirements are dependent upon the requirements and practices of the local state university. Deans and faculties of such state schools might well review their requirements, having in mind sister institutions which may be experimenting with the curriculum.

The picture is not pessimistic and the cooperative attitude of individual representatives of the various state boards is encouraging.

FOREIGN PHYSICIANS

Last year's report summarized data for the past decade on total numbers of foreign physicians in training in America. It was reported that for the year 1958–59 there were 8,166 alien physicians in internships and residencies in the United States according to the Institute of International Education. The number continues to increase and for the year 1959–60 the total reached 9,457. In the

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attached sheets are listed the ten states which had the largest representation, and also the ten countries which furnished the largest number. For comparison there are listed similar data for the preceding six years as extracted from I. I. E. files. There is not much change in the pattern of the highest ranking states. In the countries of origin it is of interest to observe the increasing rank of Turkey, Iran and India and the decreasing numbers from Germany.

In spite of the fact that the number of people coming from abroad to train in American hospitals is increasing and in spite of the fact that there are increasing numbers from parts of the world about which traditionally we have had relatively little information concerning the content of the medical school curriculum, nevertheless it seems fair to state that the influence of the ECFMG has introduced some order into this situation. Through March of 1960 the ECFMG in five semiannual schedules had recorded just over 12,000 individual examinations. Interpretation of the results is fraught with difficulty but in the over-all 39 per cent were granted standard certificates and an additional 23.5 per cent were granted temporary certificates. This means that 37.5 per cent failed to obtain a grade of 70. The results of the September examination are not available as of the time of this writing but it is estimated that as many as 10,000 more will have been examined in September.

In spite of the earlier anxiety and even opposition from certain quarters, it appears that the significance and the value of the ECFMG is appreciated over an increasingly wide area. Comparison with the failure rate in ECFMG is inappropriate, but the latest data on foreign physicians who took various state board examinations indicate that 32.4 per cent failed in 1959 whereas for preceding five years the percentage of failure of foreign trained physicians in various state boards was 40.9, 41.5, 43.2, 41.4 and 42.6 per cent.

RECIPROCITY AND ENDORSEMENT

There is little doubt that the problems of evaluating foreign credentials during the past decade were, in part at least, responsible for development of increasing handicaps in the matter of endorsement and reciprocity at the interstate level. This is a matter of concern to American graduates as well, and several factors suggest that this concern will increase in future.

Several national studies have described a need for more physicians and new medical schools are being developed. These schools and the hospital centers where the majority of their graduates obtain residency training tend to be concentrated in metropolitan areas. It is increasingly recognized that residents ought to be licensed in the state where they are in residency. When they move on to another state to practice it would be convenient if they could have their original license endorsed. Reciprocity barriers, however necessary for other reasons, compromise this situation. Graduating more doctors will not solve the doctors shortage unless there is better distribution.

We are an increasingly mobile population and there is a steady increase in the number of physicians who are willing to be on salaried status rather than in solo practice, and who are thus more easily persuaded to move to another state. Difficulties in reciprocity often stand in the way, especially in view of the fact that the inexorable increase in specialization among American medical graduates makes it increasingly difficult to take a comprehensive general examination ten or

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more years after graduation. One frequently comes upon examples such as a superbly trained ophthalmologist who wishes to obtain a license in a state where he is needed but which is remote from the state of his primary license; unless he can get around the occasional reciprocity barrier, he stays where he is.

In view of the above considerations, it is not surprising to see that the number of American and Canadian medical candidates who take the National Board Examinations increases each year. Only graduates of approved U. S. and Canadian medical schools are permitted certification by the National Board Examination. Allowing for minor reservations in a few localities, the certificate of the National Board of Medical Examiners is accepted as adequate qualification by licensing authorities of 43 states, the District of Columbia and outlying possessions. The seven states which do not at present accept it are: Arkansas, Florida, Georgia, Louisiana, Indiana, Michigan, and North Carolina.

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DISTRIBUTION OF MAJORITY OF ALIEN INTERNS AND RESIDENTS IN U. S.

1959–60		1958–59		1957–58	
New York	2387	New York	2217	New York	1996
Ohio	872	Ohio	742	Ohio	782
Penn.	619	Penn.	569	Illinois	510
Mass.	573	Illinois	503	New Jersey	492
Illinois	552	New Jersey	448	Mass.	464
New Jersey	502	Mass.	437	Penn.	453
Maryland	437	Maryland	407	Missouri	315
Michigan	418	Missouri	343	Maryland	306
Missouri	408	Michigan	336	Michigan	268
Texas	228	D. of C.	194	Texas	203

1956–57		1955–56		1954–55		1953–54	
New York	1673	New York	1535	New York	1186	New York	635
Ohio	532	Ohio	485	Ohio	424	Ohio	308
Illinois	519	Penn.	415	Mass.	405	New Jersey	225
Mass.	438	New Jersey	398	Illinois	396	Mass.	222
Penn.	437	Mass.	371	New Jersey	348	Illinois	206
New Jersey	399	Illinois	359	Penn.	262	Penn.	145
Missouri	303	Missouri	253	Missouri	216	Maryland	125
Maryland	281	Maryland	229	Michigan	184	Minnesota	116
Michigan	277	Michigan	201	Maryland	172	Missouri	108
Texas	189	Minnesota	198	California	160	Michigan	99

ORIGIN OF MAJOR GROUPS OF ALIEN INTERNS AND RESIDENTS IN U. S.

1959–60		1958–59		1957–58	
Phillipines	2319	Phillipines	1982	Phillipines	1598
Turkey	748	Turkey	650	Turkey	587
Iran	581	Canada	563	Canada	535
Canada	539	Mexico	512	Mexico	500
Mexico	498	Iran	402	Germany	319
India	375	Korea	304	Korea	313
Greece	344	Greece	296	Greece	289
Japan	322	Japan	287	Iran	279
Korea	317	India	279	Japan	275
Germany	261	Germany	269	Italy	230

1956–57		1955–56		1954–55		1953–54	
Phillipines	1332	Phillipines	1065	Phillipines	776	Phillipines	429
Canada	576	Canada	584	Canada	520	Canada	354
Mexico	556	Mexico	489	Mexico	425	Mexico	255
Turkey	427	Germany	364	Germany	323	Germany	156
Germany	324	Turkey	320	Turkey	253	Turkey	145
Greece	305	Italy	260	Italy	242	Italy	139
Korea	296	Greece	232	Cuba	184	China	119
Japan	253	Korea	216	China	170	India	114
Italy	242	India	208	India	165	Cuba	87
India	203	Japan	190	Korea	153	United Kingdom	80

Stiles D. Ezell
John P. Hubbard
John Parks
John F. Sheehan
JAMES E. MCCORMACK, *Chairman*

REPORT OF COMMITTEE ON VETERANS ADMINISTRATION-MEDICAL SCHOOL RELATIONSHIPS

GRANVILLE A. BENNETT

In the two meetings of the committee, held in conjunction with the 1959 annual meeting of the Association, consideration was given to two subjects.

a) The current and projected utilization of Veterans Administration Hospitals by medical schools as indicated by tabulated responses to the committee's questionnaire; and

b) The existing interrelationship of Veterans Administration residency programs with those under medical school sponsorship as disclosed by tabulated responses to an inquiry conducted by the office of the Chief, Professional Training Division Education Service of the Veterans Administration.

The data, with interpretations of the first of these subjects, were published by the Association of American Medical Colleges in "Datagram," Vol. 1, No. 8, February, 1960.

The completed report pertaining to the second subject was furnished to members of the present committee on Veterans Administration-Medical School Relationships for information.

During the period since the 1959 annual meeting of the Association a report entitled "Survey of Medical Research in the Veterans Administration" has been published. This survey was conducted by a committee of the Division of Medical Sciences-National Research Council, under the chairmanship of Doctor Chester S. Keefer. The Director of studies for the survey was Doctor Robert I. McClaughry. The report in Appendix X, pages 128-131, summarized the opinions of the 36 deans who had responded by June 20, 1960, to a searching questionnaire which was distributed 2 months previously.

The Committee on Veterans Administration-Medical School Relationships believes that this report, along with other recent studies cited above, will prove helpful in improving the working relationships between Veterans Administration Hospitals and medical colleges in the interests of education and research.

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The committee expresses its gratitude and sincere good wishes to Doctor John B. Barnwell as he retires from his position as Assistant Chief Medical Director for Research and Education.

Robert Berson
John E. Deitrick
A. J. Gill
F. Douglas Lawrason
Clayton G. Loosli
Philip Price
GRANVILLE A. BENNETT, *Chairman*

REPORT
OF
COMMITTEE ON MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

DONALD B. CASELY

The Committee on Medical School-Affiliated Hospital Relationships functioned during the 1959-1960 year in concert with the Executive Committee of the Teaching Hospital Section—a natural outgrowth of the fact that the same person chaired both groups.

Three meetings were held during the year of the two committees:

1. October 29, 1959, Edgewater Beach Hotel, Chicago, at the conclusion of the annual meeting of the Teaching Hospital Section. This served as something of an organized meeting and plans for the year were discussed.

2. February 6, 1960, Palmer House, Chicago at the time of the annual meeting of the Congress on Medical Education.

3. April 18, 1960, Roosevelt Hotel, New York, at which plans for the annual meeting in October at Hollywood Beach, Florida, were solidified and speakers were selected.

We believe the purpose of the Committee on Medical School-Affiliated Hospital Relationships is best served by developing the closest possible liaison of the group with the Executive Committee of the Teaching Hospital Section. Members of the A.A.M.C. Committee serve in a valuable counseling capacity insofar as not only relationships are concerned but in delineating the problem areas which jointly affect medical schools and their affiliated hospitals. Overlapping membership in the two groups insures identity of purpose and unity of action.

Donald G. Anderson
Dean A. Clark
Gerhard Hartman
Robert B. Howard
Duane E. Johnson
J. Murray Kinsman
H. Houston Merritt
Henry N. Pratt
Charles Rammelkamp
DONALD B. CASELEY, *Chairman*

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REPORT OF COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE

Three joint meetings of the Committee on Medical Education for National Defense and the Federal MEND Council were held during the past year: on November 1, 1959, in Chicago; on February 6, 1960, in Chicago; and on June 14, 1960, in Miami Beach. At these meetings Council members, representing the Public Health Service, the Office of Civil and Defense Mobilization, and all branches of the Department of Defense, discussed with Committee members the major activities of the MEND program. The recommendations arrived at in these meetings served to advise and guide the office of the National Coordinator and the coordinators of participating medical schools in carrying out the program.

In previous years, schools selected to become affiliated did not begin active participation, even on an orientation basis, until January 1. This past year, because two important symposia were to be conducted in the fall and it was desired that the new schools be able to participate, the date for their affiliation was advanced to October 1, 1959. At this time the following fifteen schools began active participation in the MEND program: Albany, Arkansas, University of Chicago, Hahnemann, Jefferson, Minnesota, Missouri, New York Medical College, Southern California, South Dakota, Tennessee, Utah, Wayne, West Virginia, and Woman's Medical College.

At the June meeting in Miami Beach, eleven additional schools were accepted for MEND affiliation beginning October 1, 1960. These were: Alabama, Dartmouth, Florida, Georgia, Harvard, Johns Hopkins, Kentucky, State University of New York, St. Louis University, Seton Hall, and South Carolina. This will bring the total of MEND-affiliated schools to 81 of the nation's 86 undergraduate medical schools, in addition to Mayo Foundation Graduate School of the University of Minnesota.

Four well-attended symposia, a MEND coordinator's conference, and an orientation tour were conducted during the year. In addition, there were a number of successful regional coordinator's conferences and large-scale exercises in medical operations following a disaster.

On August 28–29, 1959, a North Central regional MEND conference was held in Madison, Wisconsin, under the auspices of the University of Wisconsin Medical School. Seventeen schools were represented at the conference: the University of Chicago, Creighton, Illinois, Indiana, Iowa, Kansas, Louisville, Loyola, Marquette, Mayo, Missouri, Nebraska, Northwestern, South Dakota, Washington St. Louis University, Western Reserve, and Wisconsin. Among the topics discussed were "The Intended and Interpreted Purposes of MEND"; "What Teaching Aids?"; "Travel and Speakers"; and "How Does One Teach Disaster, Trauma, and Atomic Holocaust?" The representatives of three schools in the orientation phase of MEND affiliation, and of three schools due to enter it in October, used the opportunity to discuss with veteran MEND coordinators the problems of setting up and operating a MEND program.

On October 12–16, 1959, the Public Health Service conducted the first MEND-sponsored symposium of the academic year on the topic "Preventive Medicine

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and Health Mobilization." It was the first travelling symposium in the history of the MEND program. Sessions were held at the Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio; the Communicable Disease Center in Atlanta, Georgia; the Region III Office of the Department of Health, Education, and Welfare in Charlottesville, Virginia; and the HEW headquarters in Washington, D.C., with an afternoon session at the National Institutes of Health in Bethesda, Maryland. A total of 96 participants, 64 of them from medical schools, made the trip on the special train which was provided for that purpose.

On December 15-17, 1959, the Walter Reed Army Institute of Research conducted a MEND symposium on the topic "Blood, Fluids and Trauma." The symposium was attended by 132 medical school faculty members, the greatest number ever registered at a MEND-sponsored gathering, and by representatives of the armed services, Public Health Service, and Office of Civil and Defense Mobilization.

On January 11-15, 1960, a symposium entitled "Lectures in Aerospace Medicine" was conducted by the School of Aviation Medicine, USAF Aerospace Medical Center, Brooks Air Force Base, Texas. A total of 114 faculty members of medical schools attended the symposium under MEND auspices, the second greatest number ever registered at a MEND-sponsored symposium.

On January 23, 1960, a meeting of MEND coordinators in the Mid-Atlantic Region was held at the University of Virginia School of Medicine in Charlottesville. Representatives of Bowman Gray, Duke, the Universities of North Carolina and Virginia, the Medical College of Virginia, and West Virginia University made plans for their regional MEND activities during the coming year, among them the joint use of outstanding lecturers.

On February 6, 1960, the annual MEND Coordinators' Conference was held at the Palmer House in Chicago. More than 120 deans, coordinators and assistant coordinators from MEND-affiliated schools attended the various sessions. Following a short plenary session that opened the conference, the participants were broken down into discussion groups, which addressed themselves to the topics "Relationships with State and Local Groups," "Special MEND Projects," "Internal Organization for MEND Activities," "Relationships with Federal Agencies," and "Integrating MEND into the Curriculum."

During the afternoon pleanary session participants heard reports from the discussion groups, from MEND coordinators at three medical schools, and from the chairmen of the regional MEND conference which were recently held.

In addition to the open sessions, there was a breakfast meeting for the deans and coordinators of newly affiliated schools.

On March 17-23, the 1960 MEND Orientation Tour for deans and coordinators of medical schools newly affiliated with MEND was held. A total of forty medical educators, among them eight deans, four associate deans and six assistant deans, participated in the tour.

Navy and Marine Corps installations in the San Diego area were visited during the first 2½ days, including the Naval Air Stations at Miramar and North Island, the Naval Electronics Laboratory, the Marine Corps Recruit Depot, the San Diego Naval Hospital, the carrier U.S.S. Oriskany and Submarine Flotilla One.

Army and Air Force bases in and around San Antonio were viewed in the second half of the tour. The participants were privileged to see "Operation Survival,"

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an impressive exercise on emergency medical care conducted by the Army Medical Service School, Brooke Army Medical Center, for a distinguished group of senior military commanders. The Surgical Research Unit at Brooke was also visited. The final day was spent at Lackland and Brooks Air Force Bases, including a tour of the laboratories of the USAF Aerospace Medical Center.

On April 20–22, 1960, the fourth and last MEND symposium of the academic year was held at Oakland and San Francisco, California. The symposium, which dealt with "Radiation, Clinical Research, and Rehabilitation," was attended by 80 faculty members of MEND-affiliated medical schools and by military and civilian physicians from the Bay area. It was conducted by staff members of the U.S. Naval Hospital, Oakland, the Naval Medical Research Unit #1, the Naval Biological Laboratory, the Naval Radiological Defense Laboratory and the Naval Prosthetic Research Laboratory, with the assistance of faculty members of the University of California.

On May 6–7 the National Coordinator, Captain Bennett F. Avery, MC, USN, served as an umpire for Operation Prep Pitt III, a large-scale medical civil defense exercise held annually in Pittsburgh, Pennsylvania. Among the sponsoring organizations were the Pittsburgh and Allegheny County Office of Civil Defense, the County Medical Society and the MEND Program at the University of Pittsburgh. More than 1,000 simulated casualties were sorted, monitored for radioactivity and evacuated by the participating disaster teams. The Civil Defense Emergency Hospital assigned to the University of Pittsburgh MEND Program was set up and operated during the exercise by students of the schools of medicine, nursing and pharmacy.

Because of the excellence of the courses on "Management of Mass Casualties" offered by the Army, the MEND program has for years sponsored the attendance of faculty members at these courses. It was possible to obtain an increased number of spaces for fiscal year 1960 so that a total of 68 medical school representatives were able to attend one of the two courses conducted by Walter Reed Army Institute of Research and the three courses held at Brooke Medical Center.

The following symposia were planned for the current academic year:

1. "New Trends in Aerospace Medical Research"—Wright-Patterson Air Force Base, Ohio; October 17–19, 1960.

2. "Defense Against Chemical and Biological Warfare"—Walter Reed Army Institute of Research, Washington D.C.; December 7–9, 1960.

3. "Submarine Medicine and the Habitability of Confined Environments"—Naval Medical Research Laboratory, U.S. Naval Submarine Base, New London, Connecticut; April 17–19, 1961.

4. "Organization for Emergency Health Services"—Office of Civil and Defense Mobilization Instructor Training Center, Brooklyn, New York; May 15–17, 1961.

There also will be a MEND Coordinators' Conference in Chicago on February 4, 1961, and a MEND Orientation Tour for deans and coordinators of recently affiliated schools on March 17–22, 1961.

Funds for operating the MEND program are furnished by the Army, the Navy and the Air Force, and by the Public Health Service on delegation from the Office of Civil and Defense Mobilization. A total of $720,000 has been appropriated for fiscal year 1961. Additional support is furnished by the Atomic Energy Com-

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mission, which finances the cost of providing each year up to two visiting lectures in the field of radiobiology to each MEND-affiliated school.

John Z. Bowers
Lawrence Hanlon
Stanley W. Olson
John B. Truslow
Thomas F. Whayne
Chris J. D. Zarafonetis
WILLIAM S. STONE, *Chairman*

PRESIDENT HUNTER: "Before presenting the report of the Audio-Visual Education Committee, I wish to announce that a new directory of the Medical Film Library is now being published. This will include the items from the American Cancer Society."

"Also, *The Journal of Medical Education* will resume the publication of items of importance to the audio-visual field in medical education. This will be developed by the Audio-Visual Committee."

"The Executive Council recommends the acceptance of this report." Seconded. Voted.

NOTE: The report of this committee follows.

REPORT OF THE AUDIO-VISUAL EDUCATION COMMITTEE (FILMS, RADIO, TV, AND ELECTRONICS)

FRANK WOOLSEY

Subsequent to the 1959 Annual Meeting of the A.A.M.C., the Audio-Visual Committee received a communication from the Executive Director and the Exece-tice Council asking it to develop recommendations as to the position which the A.A.M.C. should occupy in the area of films, radio, TV, and electronics, as to how this position should be related to other agencies operating in the same area, and finally as to how this position should be related to our schools of medicine, both individually and collectively. Dr. Darley also indicated in his letter of transmission that "no stone should be left unturned to insure adequate consideration of these questions." He cautioned that any recommended program should be realistic from the standpoint of need and cost and that the Committee should avoid unnecessary duplication of programs being conducted by other agencies.

Between the 1959 and 1960 Annual Meetings of the A.A.M.C., four Committee meetings were held for the purpose of carrying out the above change. Expenses incidental to these meetings were defrayed by a most welcome and appreciated grant of $10,000 from E. R. Squibb and Sons. The same corporation has offered and additional $5,000 to support further Committee work during 1961.

The following summary of the Committee activities is presented for your information:

1. Your Committee, as a result of its study, has concluded that the archaic concept of audio-visual education being concerned principally with the utilization of "teaching aids" has been replaced by the concept of audio-visual education which utilizes all applicable communications media and useful electronic instruments.

2. Your Committee has submitted to the Executive Council a "Blue-Print For Activities of A.A.M.C. in Films, Radio, TV and Electronics." This blue-print urges the development of a Medical Communications Division in the A.A.M.C. central Headquarters with appropriate financing and personnel. Such a Division

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would allow the A.A.M.C. to be actively engaged in developments which will help all medical colleges to discharge their responsibilities with less effort and greater efficiency.

3. Your Committee urges the A.A.M.C. to develop effective, mutually beneficial liaison with all agencies active in the use of audio-visual media. To this end, during the past year the Audio-Visual Committee has established liaison with the International Federation for Medical Electronics and with the "Medical Radio System" of RCA-NBC.

4. During the coming year, your Committee plans to give thoughful consideration to further specific programs of service which the Association may render to medical education with particular reference to the relationship between general Association activities and individual schools of medicine in the area of films, radio, TV and electronics.

Jesse Crump
John E. Deitrick
Bernard Dryer
Robert B. Howard
Joseph Markee
William P. Nelson, III
Walter Rahm, Jr.
David Ruhe
FRANK WOOLSEY, *Chairman*

PRESIDENT HUNTER: "Now, I'd like to call your special attention to the reports of two new standing committees, the first being the Committee on Laboratory Animal Care, which I think is particularly pertinent at this point in time because of the problem of the Cooper Bill."

"Second, another new standing committee is the one on Planning Medical School Facilities, which is a joint activity of this association with the A.M.A. Council on Medical Education and Hospitals, and the Public Health Service in which a special study is being undertaken of the needs of the possible patterns of architectural planning in new medical school construction.

"Now, at the very outset, the potential pitfall in the activities of this group, of course, was an indication that standardization was possible, which is not, and I think on the other hand, it is very important to have useful data available for those who are planning activities in this regard, so long as this major pitfall is avoided, and I should like to report that I think this is just what's happened.

"I believe this committee is developing various useful variations on the theme, with no intent of saying that a medical school must have so many square feet of this or that or the other per student or per anything else, but giving some guide lines that somebody can use, some arrangements that have been found to be satisfactory and so on.

"The Executive Council recommends the adoption of these reports." Seconded. Voted.

NOTE: The reports of the Committees on Animal Care and Planning of Medical Education Facilities follow.

REPORT OF COMMITTEE ON ANIMAL CARE

THOMAS B. CLARKSON

In March 1960, the Executive Council of the Association of American Medical Colleges established this Committee on Laboratory Animal Care with the ultimate

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aim that this committee will make recommendations to the Council which will place the Association in a position of playing more of a leadership role in the care and use of laboratory animals in medical schools.

The following areas have been adopted by the committee as guidelines for committee activities for the immediate future:

1. The Committee will make themselves available for consultation and advice concerning the medical and husbandry care of laboratory animals in medical school situations and for advice concerning the organization of new programs for laboratory animal care.

2. To coordinate the aid which is now available from other organizations such as the Animal Care Panel, The American Board of Laboratory Animal Medicine and the National Society for Medical Research.

3. The committee plans to sponsor symposia on the organization and operation of facilities for laboratory animal care at future meetings of the Association of American Medical Colleges.

4. The committee is now preparing a syllabus which can be used as a guide for the medical school administrator in the organization of a unit for laboratory animal care. This syllabus will represent an expansion of the series of articles which appeared in the January, 1960, issue of *The Journal of Medical Education.*

Bennett J. Cohen
William C. Dolowy
THOMAS B. CLARKSON, *Chairman*

REPORT OF COMMITTEE ON PLANNING OF MEDICAL EDUCATION FACILITIES

GEORGE T. HARRELL

This Committee was appointed in February, 1960, to work with a group from the United States Public Health Service to investigate space and equipment requirements for the construction of new medical schools. The Committee met in March with Lee Powers from the A.A.M.C. Executive Staff and representatives of U.S.P.H.S. in Washington to plan a study. It was agreed that Dr. Jack Haldeman, a physician who has worked with the Hill-Burton hospital construction program, would furnish from the Division of Hospital and Medical Facilities, U.S.P.H.S. several architects, an engineer, and a writer to do the detailed work on the study, in collaboration with the Committee. Accordingly the following trips were made jointly to inspect facilities and to collect data:

1. University of North Carolina, as an example of a state university medical school in a relatively new plant, on a general university campus with Colleges of Nursing, Pharmacy, Public Health and Dentistry;

Cornell as an example of a private school in an older plant, separated from the parent university campus, located in a large metropolitan area, with a large volunteer faculty and few educational responsibilities other than medicine;

2. University of Minnesota as an example of a large state university in a large city with a large graduate program, housed in multiple buildings of varying age;

Western Reserve as an example of a private school located in a large metropolitan area, with an integrated curriculum and a graduate approach to associated health professions.

3. University of Florida as an example of a new medical school on a large state

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university campus, located in a small town, associated with Colleges of Nursing, Pharmacy, and Health Related Services, all teaching at undergraduate level;

4. Dartmouth as an example of a private two-year school of small size, located on a university campus in a small community;

5. UCLA as an example of a state university with a new physical plant, in a large metropolitan area, associated with a College of Nursing;

University of Southern California briefly, as an example of a new unit laboratory;

Stanford as an example of a private university in a relatively small city, with a new physical plant including unit laboratories, having undergone a faculty and curriculum reorganization under the impact of a move from a large metropolitan area separated from the parent university;

University of Washington as an example of a state school in a relatively new plant, on a university campus, associated with Colleges of Nursing and Dentistry and a large responsibility for undergraduate and other teaching in the university.

One member of the committee was present on the initial visit to each of these schools; the U.S.P.H.S. people subsequently made more detailed visits, collecting additional architectural data at some of the institutions.

The Committee would like to express its deep appreciation to the member institutions for making the visits profitable and informative. The data are being analyzed. The first draft of a report, which might subsequently be issued as a publication jointly by A.A.M.C. and U.S.P.H.S., is being written. Another meeting of the committee is planned for October, to review data, conclusions and the draft of material for publication. It is hoped that some general principles, which might be used as guide lines by administrative officers of universities contemplating establishment of medical schools, could be developed to indicate amount and type of space required, staffing patterns, construction costs, operating costs, with examples of architectural units found useful and efficient.

John Z. Bowers — John M. Stacy
William R. Willard — GEORGE T. HARRELL, *Chairman*

PRESIDENT HUNTER: "Now, as to the A.A.M.C.-P.M.A. Liaison Committee, P.M.A. being Pharmaceutical Manufacturers Association, we have had a number of meetings with presidents of the pharmaceutical firms on an informal basis. We are attempting to develop and maintain liaison in this important but touchy and knotty area.

"I would also like to personally say that I find dealing with the top level people in this industry one that gave us considerable encouragement as to the breadth of outlook that exists there.

"There are inherent difficulties in the basic philosophy involved. But just because these difficulties exist is no reason to abandon dealings with these people, and I think we have a number of very important areas under consideration.

"Just how this will move in the future, I am not sure, but I did want to make those general remarks on the subject before turning to this committee's report."

"The Executive Council recommends the adoption of the report of the A.A.M.C.-P.M.A. Liaison Committee." Seconded. Voted.

NOTE: The report of this committee follows.

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REPORT OF A.A.M.C.-P.M.A. LIAISON COMMITTEE

THOMAS H. HUNTER

The A.A.M.C.-P.M.A. Liaison Committee has met four times during the year and its Sub-Committee on Planning twice. The discussions dealt chiefly with the identification of areas that should be of common interest to the two agencies. In the main the areas that were discussed are outlined in the report of the special *Ad Hoc* Committee on Planning which is attached.

After a year's experience with the statement, "Furtherance of Medical Education by the Pharmaceutical Industry," although there have been instances where both schools and industry have acted to the contrary, the Committee feels that much progress has been made in relieving the problems toward which it was directed. It has been decided to rewrite this statement and it is hoped that the Committee's open hearing will lend direction to this consideration.

The Liaison Committee intends to continue its discussion of the general areas outlined in the *Ad Hoc* Sub-Committee report and invites suggestions as to other items that might be included on the coming year's agenda.

George N. Aagaard, Washington
George Cain, Abbott Laboratories
John G. Searle, G. D. Searle & Company
Gifford Upjohn, The Upjohn Company
Richard H. Young, Northwestern
THOMAS H. HUNTER, *Chairman*

REPORT OF P.M.A.-A.A.M.C. *AD HOC* COMMITTEE

JOHN E. DEITRICK

In January, 1960, an *Ad Hoc* P.M.A.-A.A.M.C. Committee was appointed composed of eight medical directors or vice presidents for research from a corresponding number of pharmaceutical firms and eight individuals from various medical schools representing the A.A.M.C. The objective of this committee was to explore areas where the schools and the drug industry might have common interests which could be furthered as well as areas in which disagreement existed which might be discussed and clarified. The committee was the result of the meetings which had been held between members of the Executive Committee of the A.A.M.C. and a group of presidents of drug firms representing the P.M.A.

The first meeting of the *Ad Hoc* Committee was held on February 3, 1960. Topics such as the control of the dissemination of drug information, clinical drug evaluation, the training of clinical investigators, the need of financial support for clinical pharmacologists, student scholarships, fellowships for trainees at the resident level, and how the P.M.A. might help further medical education were discussed. No definite conclusions were reached.

A second meeting was held on April 21, 1960. The committee reached the following conclusions:

1. Promotional material and product information should not be sent directly to medical students. The faculty has the responsibility to decide what materials are suitable for students. There should be further exploration of the materials and drug information which would be helpful in teaching students.

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2. There was general agreement that there exists a vacuum in the postgraduate education of physicians especially in relation to therapeutics. This is an area in which the medical schools and the pharmaceutical manufacturers might have a common interest. The recommendation was made that a subcommittee might be appointed and financed with a grant to explore the problems of postgraduate education.

3. The need for a broader program and higher standards for the clinical testing of new drugs was repeatedly emphasized by the pharmaceutical representatives. The point of view of the medical schools was that drug testing for the industry was not the responsibility of the medical colleges. The principal college responsibilities are to train and educate physicians and scientists who will be competent to carry out such testing when employed for this purpose. Some schools, however, might be prepared to establish clinical testing units if adequately financed, particularly if in the process the faculty in pharmacology and in clinical and experimental therapeutics could be enlarged and strengthened. Such an approach would make it possible for the schools to improve the teaching in these areas and to produce a larger number of well trained men for the industry. The medical directors of the pharmaceutical firms felt that such a program would require a major policy discussion by their companies, this particularly since the National Institutes of Health seem about to become active in these areas.

The most important result of the two meetings of the *Ad Hoc* Committee was to clarify the position of the medical schools with relation to the drug industry and to make evident the need for the industry to establish some policy with regard to the responsibilities in medical education at the undergraduate, graduate and postgraduate levels. The minutes of the meetings have been sent to the President of the P.M.A. and they have asked for further meetings between themselves and members of the Executive Committee of the A.A.M.C. The first such meeting was held in July, 1960. It seems doubtful whether the *Ad Hoc* Committee should hold further meetings until policies have been established at the level of the P.M.A. Executive Committee or the Executive Council of the A.A.M.C.

C. A. Bunde, The Wm. S. Merrell Company
E. L. Burbidge, The Upjohn Company
B. W. Carey, Lederle Laboratories
Arthur R. Colwell, Northwestern
Harry Dowling, Illinois
Solomon Garb, Albany
G. R. Hazel, Abbott Laboratories
John B. Hickam, Indiana
Christian Lambertsen, Pennsylvania
Louis C. Lasagna, Johns Hopkins
Peter V. Lee, Southern California
M. R. Nance, Smith Kline & French Laboratories
R. M. Rice, Eli Lilly & Company
W. D. Snively, Mean Johnson & Company
Irwin C. Winter, G. D. Searle & Company
JOHN E. DEITRICH, Cornell-*Chairman*

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PRESIDENT HUNTER: "The Executive Council recommends the acceptance of the report of the Committee on International Relations in Medical Education." Seconded. Voted.

NOTE: The report of this committee follows:

REPORT OF COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

ROBERT A. MOORE

There have been no meetings of the full committee during the year. The sub-committee, responsible for selection of the Smith, Kline & French Foreign Fellowship recipients, has met twice. The report of this sub-committee is appended (Appendix I).

Last year the committee submitted a report and recommendation for the establishment of a Division of International Education within the A.A.M.C. This report has been translated into a grant proposal for the possible financing of such a division. The grant request is now under preliminary consideration by a foundation.

Thomas Almy
Jean A. Curran
Wiley Forbus
H. Van Zile Hyde
Howard M. Kline
Elizabeth Lam
O. R. McCoy
Norman Nelson
Francis Scott Smyth
Myron Wegman
ROBERT A. MOORE, *Chairman*

REPORT OF SELECTION COMMITTEE FOREIGN FELLOWSHIPS PROGRAM

ROBERT A. MOORE

Administered by the A.A.M.C., the Foreign Fellowships Program, begun this year as the Smith, Kline & French Foreign Fellowships for Medical Students, enables selected medical students, who have finished either their third or fourth year of training, to benefit from unusual clinical experiences and to practice preventive medicine at outpost facilities in greatly differing societies and cultures. At present, the program is set up for a 3-year period ending in 1962.

During 1960 grants, totaling some $50,000, were made to 29 students under the program.

Resume of applications for 1960:

Exhibit I. Recipients of grants by school and place of Fellowship

Exhibit II. Breakdown of applicants by schools.

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Descriptive brochures and applications for the 1961 program have been mailed to all deans. Students interested in making application should see their deans. Other individuals interested in the program should send inquiries to A.A.M.C. headquarters.

Carroll L. Birch
Robert G. Page
Richard A. Young
ROBERT A. MOORE, *Chairman*

SMITH KLINE & FRENCH FOREIGN FELLOWSHIP PROGRAM

1960

No. Applicants	No. recipients	No. withdrawals
93	29	1

No. Schools having applicants	No. Schools having applicants accepted
51	29

EXHIBIT I

RECIPIENTS OF SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS.

1960

Student	School	Station
Askin, Stephen J.	Pittsburgh	Thailand
Bentson, John R.	Wisconsin	Peru
Bessinger, Colonel D., Jr.	North Carolina	Philippines
Bush, Jimmie W.	Med. Ccl. of Virginia	Nigeria
Buterbaugh, John C.	Jefferson	Bolivia
Dierwechter, Ronald A.	Yale	Liberia
Faulkner, Robert	Baylor	Southern Rhodesia
Greenwald, Peter	SUNY/Syracuse	Iran
Heimburger, Richard A.	Vanderbilt	Libya
Keller, Kent E.	Washington	West Nile, Africa
Mabeus, Duane F.	Nebraska	Thailand
Marshall, Robert M.	Johns Hopkins	Nigeria
Miller, David R.	Ohio	Ethiopia
Mills, Joel L., Jr.	Tulane	Durban, S. Africa
Moncur, Larry R., Jr.	Rochester	India
Park, Benjamin S., Jr.	Buffalo	Southern Rhodesia
Rienstra, John C.	Wayne State	Nigeria
Ryan, James	Cornell	Brazil
Scaff, Jack H., Jr.	Seton Hall	Philippines
Schoenfeld, Eugene L.	Miami	Lambarene, Africa
Schuring, Arnold (& wife)	Michigan	Nigeria
Scott, Charles C.	Kansas	Philippines
Severino, Ronald M.	Stritch	Nigeria
Smith, Lindsay B.	Northwestern	Bolivia
Stever, Robert C.	Pennsylvania	Nepal
Thomas, Andrew L.	Howard	Ghana, W. Africa
Tompkins, Richard L.	Chicago	Indonesia
Wallace, Wm. T., Jr. (& wife)	Vermont	Southern Rhodesia
Whitis, Peter R.	Florida	Afghanistan

PRESIDENT HUNTER: "Before I call upon Dr. Robert A. Moore for a supplemental report, the membership should now receive a proposal developed by our guests from Latin America.

"The group of Latin American medical educators is deeply grateful for the A.A.M.C.'s invitation to attend its 71st Annual Meeting and wishes to make the following comments and proposals:

I. The group appreciates immensely the interest of the A.A.M.C. in fomenting closer relations between the medical schools of the hemisphere.

II. This interest is reciprocated and, moreover, the group wishes to assure the

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A.A.M.C. of its genuine desire to improve the caliber of medical education in Latin America.

III. The group believes that a plan to raise the level of medical education should be carried out. In such a program the more developed schools should give every possible aid to those that are less developed.

IV. Due to the existing disparity in the development, facilities and educational concepts of the medical schools in the hemisphere, the group believes that the creation of a formal "Association" or "Federation" at this time would be premature. On the other hand, some mechanism should be sought to establish closer relations between schools and to provide aid where such aid may be required.

V. The group, therefore, proposes that the A.A.M.C. consider the formation of a permanent committee to aid in furthering these objectives, attempting to utilize whatever internal or external resources it deems fitting.

VI. The group also proposes that, immediately prior to the 72nd Annual Meeting, the A.A.M.C. sponsor a specific program to discuss Pan American medical education with participation of interested persons from all of the Americas. Meanwhile, it is hoped that a delegation from the A.A.M.C. will be able to attend the "Conferencia de Ensenanza Medica Latino-Americana" to be held in Montevideo in November, 1960.

VII. The group wishes to express its sincere appreciation to the Executive Committee and to the membership of the A.A.M.C. for their kindness, warm interest and cordiality at the 71st Annual Meeting of the association in Hollywood Beach.

As I said, I think this is an indication that we are not proposing sweeping reorganization, but are trying to move ahead in concert with these gentlemen who are aware of the problems on the scene with the help of other agencies such as the Rockefeller Foundation, the Kellogg Foundation, and ICA, and so forth.

In terms of trying to define the appropriate role, the Pan-American Sanitary Bureau, of course, will be involved in this very heavily.

Do we want to pass this resolution formally? I think it would be in order to call for the acceptance of this resolution from the Latin American meeting."

Motion made and seconded. Voted.

PRESIDENT HUNTER: "I should now like to call on Dr. Moore, chairman of this committee, who has a supplemental report."

DR. MOORE: "Mr. Chairman, I beg your indulgence to bring before you a resolution, perhaps a little out of order, but the committee feels there is considerable urgency about the matter."

"The reason for this urgency will become apparent in a moment.

"For many years, those who have been confronted with bringing to the United States fellows and trainees have had the problem that many of these people return to their own country after having learned some special technique and do not have the facilities or the equipment or cannot use the facilities or equipment in their own country, and therefore some of the effort put in this training them in these specific techniques is lost.

"A number of the private agencies have made provisions for this. It was brought to our attention that under certain circumstances, the agencies of the United States Government cannot do this, and that at this moment, the Congress of the United States is considering changes which may be suggested by the State Department and the Authorization Act of these agencies.

"I therefore bring before you, Mr. Chairman, this resolution of the Committee on International Relations of Medical Education:

WHEREAS, it is at times not possible for trainees to make available to their own nation and people techniques of educational research and clinical programs which they have received special post graduate training in overseas.

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THEREFORE BE IT RESOLVED that the Association of American Medical Colleges urge all agencies, public and private, which award fellowships and traineeships to those from other nations, to assist in making available in the home institution, such facilities and equipment as are feasible and desirable to continue the professional activities for which the fellow or trainee has been trained in the United States."

"Mr. Chairman, I move the adoption of this resolution." Seconded and voted.

PRESIDENT HUNTER: "The Executive Council recommends the acceptance of the report of the Committee on Medical Care Plans. Seconded and voted."

NOTE: The report of this committee follows.

REPORT OF COMMITTEE ON MEDICAL CARE PLANS

JOHN F. SHEEHAN

At the business session on November 4, 1959, during the last Annual Meeting of the Association of American Medical Colleges, the membership, on the recommendation of the Committee on Medical Care Plans, approved a statement entitled, "Provision of Medical Service for the Care of Paying Patients by Salaried Clinical Facilities of Medical Schools." (*J. M. Educ.*, 35:622-23, June, 1960)

At the same business meeting a second statement, "Provision of Medical Service for Paying Patients by Residents," was distributed. The membership approved the recommendation of the Committee on Medical Care Plans that this statement be referred to the Executive Council for further study. Since then, the Council on Medical Education and Hospitals of the American Medical Association has also prepared a tentative statement on the relation of the resident to the paying patient. Both statements have been discussed by represenatives of the Executive Council of the A.A.M.C. and the Council on Medical Education and Hospitals of the A.M.A. The discussion will be continued at the meeting of the Liaison Committee of the A.M.A. Councils on Medical Service and on Medical Education and Hospitals in late November. Representatives of the A.A.M.C. Executive Council, including the Chairman of the Committee on Medical Care Plans, have been invited to attend. Hence, the Executive Council of the A.A.M.C. has decided to postpone the report of its study of the statement on residents and paying patients until the meeting of the deans in February, 1961. The Committee on Medical Care Plans concurs.

At a special meeting in Chicago on February 6, 1960, the Committee on Medical Care Plans re-approved its statement on residents and paying patients and discussed the scope of the Committee's activities. Among the items considered were the following:

A. The impact of medical care plans on the following:

a) Supply and type of teaching patients.
b) Quality of instruction at the undergraduate and graduate levels.
c) Attainment of university goals in education.
d) Financing of medical education, with particular reference to recruitment and retention of clinical faculty and provision of adequate stipends for residents.
e) Administrative control by executive officers of the medical school and university.
f) Interdepartmental relations, particularly between basic science and clinical departments.
g) Relations between geographic full-time faculty on the one hand and volunteer members of the clinical faculty or non-faculty private practitioners of medicine in the adjacent community on the other.
h) Effect of pattern of medical service rendered in medical center-hospitals on the pattern of practice in the community and the reverse—the effect of the latter on the former.

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B. Operation of diagnostic and treatment centers for ambulatory patients by medical schools or medical school-centered teaching hospitals.

C. Admission of paying patients to public teaching hospitals (Colorado General Hospital is an example).

Since many of the items listed would undoubtedly be discussed at the 1960 Teaching Institute, it was the consensus of the Committee on Medical Care Plans at the February, 1960, meeting that long-range planning be delayed until a report of the transactions of this Institute became available.

PRESIDENT HUNTER: "You have heard at this meeting the preliminary report by Dr. Richard Saunders on the internship study.

"I think that it is quite apparent that the data appearing in this study are going to be of considerable importance.

"The final report of that committee will appear as a separate publication to be available in 2–3 months.

"I think the committee supervising this study and the Kellogg Foundation supporting it, both deserve our very hearty thanks for a job well done.

"The Executive Council recommends the acceptance of the report of the Committee on Internships, Residencies and Graduate Medical Education." Seconded. Voted.

NOTE: The report of this Committee follows:

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

E. HUGH LUCKEY

During the past year the committee has been concerned largely with the study of the internship conducted by the Association under the direction of Dr. Richard Saunders. One meeting of the full committee was held on February 6, 1960, at which Dr. Saunders reported on the progress of the study. In addition, all but two members of the committee accompanied Dr. Saunders on at least one of the survey visits to the 27 participating hospitals. Dr. Saunders has kept the chairman of the committee informed of the progress of the study. The accumulation of statistical data, tabulation of responses to questionnaires, and visits to the hospitals have now been completed. Dr. Saunders is now in the process of writing the report and drawing conclusions from the large mass of information accumulated during the study. A preliminary report will be made by Dr. Saunders at the annual meeting in October of this year, and the final report will be available in due course.

The only other matter which needs continued consideration by the committee involves the establishment of a uniform data for appointment of first-year assistant residents. Several Departments of Phychiatry in the northeastern states are participating this year in a "gentlemen's agreement" for this purpose, but a satisfactory arrangement has not been possible in other disciplines. High hopes were held for an agreement in Departments of Medicine. However, the Committee on Internships and Residencies of the Association of Professors of Medicine

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has not been able to obtain the 80 per cent agreement necessary to initiate the plan this year.

Howard Armstrong
R. G. Holly
Robert J. McKay
Carl Moyer
John W. Patterson
R. D. Pruitt
Milton Rosenbaum
Samuel Trufant
E. HUGH LUCKEY, *Chairman*

PRESIDENT HUNTER: "The Executive Council recommends the acceptance of the Committee on Federal Health Programs." Seconded. Voted.

NOTE: The report of this committee follows:

REPORT OF COMMITTEE ON FEDERAL HEALTH PROGRAMS

LOWELL T. COGGESHALL

During the second session of the 86th Congress, various members of your committee have made contacts at local and national levels on the appropriation bills and have testified before sub-committees at hearings on medical legislation. Although seemingly rather a meager year, one of the most important bits of legislation over the past decade, in my opinion was enacted. This was the *Institutional Grants* bill on which I will comment below.

In the appropriations hearings no new legislation was involved and no requests were made to appear. Senator Hill invited only members of the administration before his committee. Our only comments were in writing to the effect that the funds for research facilities construction be continued and the restriction on 15 per cent overhead be removed.

Hearings were held in the House on (1) HR 6906, a bill to authorize ten-year program of grants for construction of medical educational facilities, (2) HR 10255, a bill to amend the Public Health Service Acts to provide federal assistance to states which award *scholarships* to students of medicine, (3) RH 10341, a bill to amend the Public Health Service Acts to authorize grants-in-aid to universities to strengthen their programs of research and reseach training in sciences related to health. Hearings were held only in the House. Berson offered testimony in support of the scholarship bill, while Coggeshall appeared in behalf of the medical school education construction and the institutional grants.

As all of you are aware, the total appropriations for 1961 advanced to $560 million from $400 million. The House refused to remove the restrictions on overhead above 15 per cent. There was complete funding of all the pre- and postdoctoral training programs and in all probability a career development program will be established for a minimum of one hundred $20,000 professorships. There was $25 million for clinical research centers, mostly on a non-categorical basis.

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As far as results on new legislation were concerned, hearings were held just before the adjournment for convention and actually the chairman of a House sub-committee stated in his preamble to the hearings little activity if any could be expected in the legislative field this year.

He felt the Institutional Grants bill was probably the least likely and there might be no necessity for commenting on it at this time. However, since I was prepared I requested an opportunity to speak of the matter and perhaps it would be helpful in succeeding years. (Testimony attached). As it developed, on practically the last day before the Congress adjourned after the Convention, Senator Hill and Congressman Roberts conferred and under certain parliamentary procedure the Institutional Grants bill was brought before both Houses and without objection was passed. In essence it is a bill which provides that up to 15 per cent of the total research funds granted to the N.I.H. can be distributed to medical schools on a formula basis to strengthen their overall education and research program. Although the director of the N.I.H. is still conferring with the staff and universities as to the proper way of distributing these funds, it is probable that a gradual program will be developed with 5 per cent of the fund being allocated the first year, namely, July, 1961, 10 per cent the following, and 15 per cent the third year.

The failure to change the 15 per cent overhead has occurred so many times that the future looks dismal, and the probability of a different mechanism for financing the actual costs of doing the research projects will have to be found. However, when all things are considered it probably was the most significant year amongst those of the past decade.

George N. Aagaard
Donald G. Anderson
George Armstrong
Robert C. Berson
John Z. Bowers
A. J. Gill
Gerhard Hartman
Joseph C. Hinsey
Thomas H. Hunter
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STATEMENT OF DR. L. T. COGGESHALL, VICE PRESIDENT, UNIVERSITY OF CHICAGO ON INSTITUTIONAL GRANTS

1. It is a pleasure to appear before the committee. I am fortunate in being able to draw upon my experience not only as dean of the University of Chicago Medical School but also as a past president of the Association of American Medi-

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cal Colleges and as a member of the Bayne-Jones Committee which carefully considered the issues facing medical research and medical education and recommended the initiation of an institutional research grants program.

2. During the past decade we have witnessed substantial growth in federal support for medical research. In the early years educational institutions accepted such support with some qualms. We were leary of federal control; we knew that short-term support could not assure the continuity essential for productive research. These fears of federal control and "soft money" have long since been dispelled. More important, the broad support of medical research through federal programs has brought about a substantial national medical research effort dedicated to meeting the health needs of the people.

3. I have characterized this program as national because the decision to support individual project applications is made without reference to geographic or institutional considerations. These decisions are based upon the judgment of scientific peers employing criteria of scientific merit, promise and feasibility. While these decisions have been made at the national level, they have drawn heavily upon the counsel of the nation's scientists.

Gradually, through the accretion of individual research projects, medical schools have developed substantial research programs. This extensive support through the project system has contributed significantly to the advancement of knowledge. At the same time such support has had a substantial influence upon improving the quality of medical education. The productive interplay of research and teaching has developed a new corps of medical educators. Medical education has not suffered at the hands of research; it has flourished, contrary to some popular misconceptions.

4. Despite these notable achievements in the expansion of knowledge and the improvement of medical education, Federal support of medical research through the project system has not provided a strong and assured base for institutional growth and development. Yet such strength is essential for the future development of medical research. About one-fourth of the nation's total medical research effort takes place within the laboratories and clinical facilities of the nation's 85 medical schools.

Exclusive reliance upon the project system has engendered some problems which undermined the strength of educational and research institutions. Among the problems are:

(1) Medical schools have encountered difficulty, quite frankly, in retaining a substantial measure of control over the content, emphasis, and direction of their research and training activities. (2) Lacking any significant amount of unrestricted moneys for the support of research which we can administer as we see fit, many schools attempted to expand research in areas where funds were readily available, while other problems of a less dramatic nature but no less scientific significance have been given lesser priority. (3) Strong departments with outstanding researchers have attracted grant support and grown stronger. Weak departments have had greater difficulty in obtaining support for their research activities which could give them the necessary impetus for improvement. (4) I do not mean to imply, however, that such restrictions upon research funds have caused schools to develop problems which they did not want. Rather the problem is our inability to finance and develop equally important research activities which

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may be of less interest to Federal agencies but which the dean, faculty, and research staff know are needed to give balance and direction to their medical research and their research training programs.

5. Another major problem facing many schools is the inability to provide career stability and opportunities for faculty and staff receiving a large measure of support through grants or other restricted forms of research support. Most schools have been reluctant to provide tenure appointments for staff members whose work is tied to a specific and finite research activity. Generally speaking, few of these staff members enjoy regular permanent faculty appointments. Many of them are excluded from faculty retirement plans and other institutional benefits. The situation creates insidious distinctions which diminish the attractiveness of research careers. Thus, large numbers of research investigators are becoming increasingly dependent upon the system of support which cannot deal with them as individuals, with their careers, with their relationship to the teaching and research role of the institutions where they work. Only the institution itself can make these judgments.

6. The proposed institutional research grant, for the first time, will permit the institution to allocate funds in a manner which it believes to be best calculated to: (1) Strengthen its present medical research and research training activities, (2) nourish its potential for future growth, and (3) undergird its capacity to absorb and provide better training for larger numbers of medical students, graduate students, and a host of other students in a variety of health professions ranging from nursing to physical therapy.

The institutional research grant would:

(1) Provide genuine assurance of a continuing base of research and research training support. With this assurance the institution can develop its research and training potential in a planned fashion taking into account its particular needs and objectives;

(2) Provide for stable support of careers in research;

(3) Permit the establishment of centralized service facilities such as animal houses, library, central supply, and kitchen service, and even a biophysical instrumentation setup which could be utilized by researchers throughout the school;

(4) Enable the school to exercise more effectively its judgment as to the appropriate balance of its program;

(5) Make funds available to be put at risk in the support of beginning investigators and new ideas prior to their development to the point where they can be supported by the more formal research support;

(6) Facilitate worthwhile pilot studies of an exploratory character to determine the feasibility of conducting research; and

(7) Provide the school with the flexible support necessary to strengthen its weaker departments by providing teaching appointments to promising young men and guaranteeing them stable support for the first few developmental years so crucial to the attraction and retention of a high-caliber faculty.

7. In summary: Each of these features will have a profound effect upon the future of the nation's medical research program. The proposed institutional research grant program would greatly strengthen the educational and research institutions which are the fountainhead for scientific progress and educational advancment.

This nation faces tremendous challenges in the decade ahead. It is my sincere conviction that the proposed institutional research grants program would also

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enable these institutions to discharge more effectively their obligations toward medical research and research training in the national interest.

PRESIDENT HUNTER: Now, as to the Committee on Federal Health Programs, I should like to pause a moment here and say that this activity is obviously one of our very central concerns and your Council and Dr. Coggeshall's committee have devoted a great deal of time and thought to the activity of the Association in this regard.

Day before yesterday, Dr. Coggeshall's committee had a meeting with the representatives from the Public Health Service and the National Institutes of Health.

I can also assure you that your president-elect has this matter of our relationships with the federal agencies very much in the forefront of his thinking. I think that you can look forward to leadership from him in this regard to a far greater extent than I personally have been able to provide for you because of my own shortcomings.

Dr. Coggeshall, do you want to say a few things before I close? You have some resolutions to present, I know.

DR. COGGESHALL: That is right. Thank you, Dr. Hunter.

In the considerations of next year's legislative program, it is important that certain resolutions be presented to the Association. I will present these one at a time. The first has to do with construction:

WHEREAS, programs for the strengthening and the expansion of medical schools of the nation are one of the most urgent needs of the American people, both for the health of the people and for increasing international responsibilities in this field, and

WHEREAS medical education of a high quality cannnot be conducted in the absence of medical research, and

WHEREAS Congress has authorized a program of federal assistance in the construction of medical research facilities in 1956, which program has been of great value, and

WHEREAS several members of Congress have sponsored legislation to extend this program and to expand it to include educational facilities,

THEREFORE BE IT RESOLVED that the membership of the Association of American Medical Colleges at its Seventy-First Annual Meeting go on official record as being in complete accord with the compliance of federal financial assistance to the construction of new and the expansion and modernization of both research and educational facilities for the schools of the nation.

Mr. Chairman, I move the adoption of this portion. Seconded. Voted.

DR. COGGESHALL: The second resolution relates to the question of overhead. We are again reaffirming our position.

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

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

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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 provided for the full costs thereof.

Mr. Chairman, I move the adoption of this portion of the report. Seconded. Voted.

DR. COGGESHALL: The third relates to clinical research facilities.

WHEREAS, the provision of clinical research facilities to medical schools is a much needed extension of the federal health research program, and

WHEREAS, the extension of this program appears to be a logical development, therefore

BE IT RESOLVED: One, that every effort be made to maintain the clinical research facilities in the main stream of medical student and post-doctoral teaching, and,

Two, that maximum flexibility be allowed to medical schools in determination of the type of clinical research that will be carried on in these facilities.

Mr. Chairman, I move the adoption of this resolution. Seconded. Voted.

The fourth resolution is concerned with the new programs of the National Institutes of Health.

WHEREAS, the newly established and expanded programs of the National Institutes of Health for institutional research grants, career research professorships, senior fellowship grants, special fellowship grants, and clinical research facilities are of fundamental and long range significance to the medical schools of this country, and

WHEREAS, the policies under which these programs will be conducted will have important implications for the operation of our schools,

BE IT RESOLVED that the Association of American Medical Colleges request the Director of the National Institutes of Health to provide the opportunity for consultation with him with regard to the policies that will be developed in the implementation of these programs, and

BE IT FURTHER RESOLVED that the president of the Association of American Medical Colleges be authorized to appoint representatives of the association to meet with the Director of the National Institutes of Health for this purpose.

I move the adoption of this resolution. Seconded. Voted.

PRESIDENT HUNTER: Now, the next resolution relates to the Cooper Bill.

WHEREAS, this country has witnessed for the first time an attempt this year by certain lay, nonprofessional interests, to induce the Congress of the United States to enact legislation which would impose restrictions and encumbrances on medical research and teaching, and

WHEREAS, the stated purpose of such bills is to obtain humane treatment of animals employed in research; and

WHEREAS, the university authorities of all medical schools and research institutes are responsible for the humane care and treatment of all animals employed in research and teaching and affirm that humane principles and practices in the care and treatment of animals are safeguarded and practiced in their institutions; and

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WHEREAS, the passage of such legislation would not only impede medical research and teaching, but would in a large measure place the control of research and graduate teaching in the hands of government agencies to the serious determent of medical research and teaching: now therefore

BE IT RESOLVED that the Association of American Medical Colleges is opposed to such legislation as being unnecessary and not in the public interest and authorizes its representatives to oppose the passage of any such proposed legislation.

I move the adoption of this resolution. Seconded. Voted.

DR. COGGESHALL: "The final resolution relates to the need of financial assistance to medical students.

WHEREAS, recent experience indicates that the nation faces very real problems in the area of provision of sufficient physicians to meet current and future needs in the area of patient care, medical faculties and medical research, at the very time when an increased number of physicians is necessary to meet health needs, and

WHEREAS, the documented evidence is clear that one of the major factors (if not *The* major factor), involved in the problem of producing sufficient physicians to meet the nation's health needs, is the fact that, currently, personal financial need is a bar to the study of medicine in this country, therefore

BE IT RESOLVED that the Association of American Medical Colleges and its member schools and faculties do strongly affirm the need for:

A positive program for alleviating the financial problems of American medical students based on a nation-wide effort.

Such a program of financial assistance to medical students is needed:

1. To obtain more well-qualified applicants to the medical profession in the United States.

2. To eliminate personal financial need as a bar to the study of medicine in the United States.

As various agencies seek to meet this need, the A.A.M.C. feels that they should consider the following criteria of a positive program of financial assistance.

The program should:

1. Leave students free to select the school of their choice.

2. Impose no obligation on the student's post-graduate learning or practice prerogatives.

3. Be sufficient so that the student is not forced to turn to extra-curricular work to the deterrent of his study effort.

4. Be sufficient so that upon graduation from medical school the student's accumulated debt does not unreasonably hamper his further education.

5. Be available at the beginning of the first year of medical school and (providing that the student does satisfactory academic work and continues to be in financial need) continues throughout the four years of medical school.

AND BE IT FURTHER RESOLVED that the Association of American Medical Colleges and its member schools and facilities will continue to conduct research and suggest action programs in the area of medical student finances in order that medical educators in concert with our nation's citizenry can be promptly and accurately informed on these matters; and in order that wise programs to deal with these problems can be undertaken.

I move the acceptance of this report. Seconded.

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After much discussion, with the offering and rejecting of ammendments, a substitute motion was proposed, seconded and carried to the effect that the Association unanimously go on record as favoring financial aid for medical students and that the Executive Council, working with the Committee on Federal Health Programs, be authorized to develop a recommendation that can be considered at the next meeting of the Institutional Membership.

PRESIDENT HUNTER: Now, I should like to call your attention to next year's meeting which will be held at the Queen Elizabeth Hotel in Montreal, November 11-15, being the dates, including the meeting of the Teaching Hospital Section, Continuing Group, the Annual Meeting of the Association.

This ends the report of the Chairman of the Executive Council. I move the acceptance of the report as a whole.

VICE PRESIDENT ANDERSON: All in favor please indicate by the usual sign. Voted.

I turn the meeting back to Dr. Hunter.

PRESIDENT HUNTER: Thank you, Dr. Anderson.

I now put the other hat on. The next item is any new business from the floor. If not, I now conclude my term as your president and I can only say that I have been deeply honored at having the opportunity to serve in this role. I shall escort your new president to the platform.

PRESIDENT HUNTER: I now present you Dr. George Aagaard, our new president.

PRESIDENT-ELECT AAGAARD: Thank you, Tom. I think the custom of escorting the president to the podium was established so that he wouldn't try to get away.

I'd like to assure the members of the association that I am honored by this burden. As some wise man once said, Burdened by this honor.

But I would like, as my first official act as president, to thank Dr. Tom Hunter for the great job which he has done in giving our association leadership during this past year. We are grateful to you, not only for the outstanding program which we have all appreciated and had the opportunity to benefit from during these days here in Miami, but also for the great amount of work and devotion that you have given to the leadership of the Executive Council over this past year.

I also wish to thank, on behalf of the association, Dr. Ward Darley and our staff for the outstanding job which they have done.

Also I thank the Doctors John Youmans and Walter Wiggins of the A.M.A. our closely related organization, for their help and guidance and comradeship.

Also our thanks to the officials of the N.I.H. and the United States Public Health Services for being so generous with their time during this meeting, and giving us their counsel and listening to our problems and our suggestions for the future.

Our thanks, too, to the foundations, the representatives of the voluntary health agencies and the industry who are also so much concerned with some of our activities and are so able in giving us their advice and assistance.

Time does not permit, nor am I prepared for any long statement of program for the coming year. I would, however, like to state that as a number one priority for the association, it would seem that we need to formulate a plan which

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we, as an association, can support, a plan for meeting our country's need for physicians.

To this, I think, we must devote ourselves with all urgency and all our possible energies.

To do this, we will need the help of all of our member Deans and all of our friends.

I also hope, and incidentally, we will be trying to come up with a plan in the relatively near future, and I hope that we will be able to call a meeting of the institutional members to consider such a plan so that we can, if a plan is proposed, modify it and then come up with something which we can all strongly support.

It is my hope too, that we can work out some method for expanding participation of all the members of this association.

One thought which we have had in this connection is some modification of the framework of our meetings, perhaps, particularly this closing session, so that all of the Deans representing their several institutions can engage in more widespread discussion of some of these official problems and key opportunities which face us.

It would be our hope that we try to send out the material in advance of such meetings so that everyone can be prepared. We can focus then, on the key problems and have more effective discussions.

I don't think we have anything that we want to be secret about, but just the size of this auditorium, for instance, the number of people involved, makes significant interchange of ideas very difficult and necessarily do tend to inhibit some discussion.

I think also that we can consider possible modification of some of the chains of communication within our own organization so that the needs and the methods of meeting these needs which come up from the various committees can be handled perhaps more expeditiously.

I'd like to be sure that all of you understand that you are invited to send to me, Dr. Darley, the members of the Council, your suggestions and your key problems, your thoughts on how we as an association can be more helpful in meeting these problems of the medical schools.

Time is always limited. One is in office as president for only one year and we all, I think, agree that we are at the threshold of unusual opportunities for medical education. The possibilities make one feel really humble and I can only assure you that I will try to make up for any deficiency which I have by diligence and dedication to the work of the association in this next year.

Thank you very much.

Is there any other business that anyone wishes to bring before the association? If not, I believe we stand adjourned and will reconvene at the Teaching Institute.

(Whereupon the meeting adjourned at 12:15 o'clock p.m.)

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