

Association of American Medical Colleges



Proceedings for 1961

Meeting of the Institutional Membership

January 11, 1961

**Fifth Annual Meeting of the Continuing
Group on Student Affairs**

November 10-11, 1961

**Meeting of Medical School Deans
of Central and South America**

November 11-12, 1961

**Fourth Annual Business Meeting
Medical School-Teaching Hospital Section**

November 11-12, 1961

**Meeting of the Institutional Membership and
Representatives of the Department of Defense and the
Department of Health, Education, and Welfare**

November 13, 1961

Meeting of the Institutional Membership

November 13, 1961

**Annual Banquet
Presentation of Borden and Flexner Awards
Alan Gregg Lecture**

November 13, 1961

The Seventy-Second Annual Business Meeting

November 15, 1961

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Officers of the Association and Members of the Executive Council, 1960-1961

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- Treasurer:* J. MURRAY KINSMAN....University of Louisville School of Medicine
- Secretary:* RICHARD H. YOUNG.....Northwestern University Medical School
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- 1963: GEORGE A. WOLF, JR.
Tufts University School of Medicine
- 1962: ROBERT J. GLASER
University of Colorado School of Medicine
- 1962: ROBERT C. BERSON.....Medical College of Alabama
- 1961: JOHN E. DEITRICK..Cornell University Medical College
- 1961: JOHN F. SHEEHAN
Stritch School of Medicine of Loyola University

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

Meeting of the Institutional Membership

O'Hare Inn, Chicago, Ill.

January 11, 1961

Presiding: George N. Aagaard, President

A special meeting of the Institutional Membership was held January 11, 1961, at O'Hare Inn, Chicago, Ill., for the purpose of considering proposals which the AAMC might make to the United States Congress for the support of medical education.

The following statement was unanimously adopted.

The American people are deeply concerned about health. Responding to this concern as a matter of national policy, the Federal Government in the past fifteen years, largely through the Department of Health, Education and Welfare, has joined state and local governments, health and educational institutions, voluntary health agencies, private philanthropy, and industry in meeting two especially critical needs in the attack on disease: the construction of hospital and other facilities for the care of patients (Hill-Burton program), and the support of medical research (National Institutes of Health).

Expenditures by the Government in support of these two programs represent investments in the health of the nation which pay rich dividends, as has been amply documented. It is imperative that these programs be continued and developed further.

Health service facilities and medical research have made possible dramatic progress in the prevention and treatment of disease. A block to the effective use of new knowledge and to the pursuit of further knowledge is the increasing shortage of personnel in the health professions, particularly doctors. This block can be removed only by the improvement and expansion of the nation's system of medical education.

The critical nature of this problem has been defined in five reports prepared in recent years by advisory groups of non-government consultants.* These authoritative studies show that by 1975 the nation will need to train about fifty per cent more physicians than in 1960 just to maintain the current ratio of physicians to population, a ratio generally accepted as a minimum requirement.

Because of the time required to improve and develop facilities and faculties and to take doctors through the full cycle of five to nine years of professional training, action to improve and expand programs of medical education must be taken at once. Other-

* 1952 Report of the President's Commission on the Health Needs of the Nation

1958 Final Report of the Secretary's Consultants on Medical Research and Education

1959 Report of the Surgeon General's Consultant Group on Medical Education

1960 Report of the Committee of Consultants on Medical Research to the Subcommittee on Departments of Labor, Health, Education, and Welfare, of the Committee on Appropriations, United States Senate, Eighty-Sixth Congress, Second Session.

1960 The Report of the President's Commission on National Goals

wise, the nation faces a very serious reduction in its ability to control and cure disease and our people will not have available the medical service they want and expect.

Since the problem of medical manpower can be solved only by prompt and comprehensive national effort, it is appropriate that medical schools and their parent institutions outline the basic requirements which to them seem necessary to accomplish this national objective while preserving the traditional freedom of the educational institutions. To this end, the Association of American Medical Colleges is suggesting principles of a Federal program of assistance to medical education which have been generally agreed to by its members.

The program presented in this statement outlines those measures that the medical schools believe necessary if existing programs of medical education are to be maintained at an adequate level of quality and if there is to be a sufficient expansion of our facilities to provide the number of well trained medical graduates that the nation requires.

In considering needs of medical education, it is important to understand the variety, complexity and interrelationships of activities involved in the training of medical personnel. This is especially true in relation to the three components of medical education: teaching, research, and service. The inseparable nature of these three functions has led to the "medical center" concept as a more realistic characterization of medical education than the too frequently held concept of the medical school, the teaching hospital, the research program, and community health services as activities independent of each other. However, the two major Federal support programs—for medical facilities and for medical research—while understandably directed toward specific restricted objectives have complicated the conduct of medical education by failing to recognize that research and service are integral functions with teaching. Thus, the need for service facilities and the need for research facilities in a medical education environment have been considered independently by the government, and no provision at all has been made for teaching facilities, although teaching is basic to both service and research.

The medical center typically has as its nucleus a medical school for the undergraduate training of candidates for the M.D. degree. Essential to this program is a strong faculty in the basic health sciences. Such scientists can be retained and can be fully effective only when they are given broad opportunity for research activity—teaching is barren in the absence of an environment conducive to the vigorous pursuit of new knowledge. These same faculty members are also called upon to train another important group of students—the future specialists in their fields who are Ph.D. candidates within the graduate program of the parent university. This is a vital function, particularly for the production of medical teachers and research personnel. Likewise, these faculty members in many situations are called upon to teach basic sciences to dental students, nursing students, and paramedical personnel. They must also participate in clinical teaching conferences in support of both undergraduate and graduate medical education.

The medical center concept is particularly pertinent in the teaching of the clinical specialties. Clinical teaching is conducted in relation to patient care, and a high standard of patient care is necessary for good teaching. A core of full-time teachers is required to give continuity and responsible direction and supervision to patient care and the related teaching. The teaching hospital of a medical school, then, whether directly operated by the school or affiliated with it, is an important component of the medical center. Also, opportunity for research is important to the clinical teacher and to good clinical teaching just as is true in the basic sciences.

The clinical faculty, in addition to its responsibility for teaching of M.D. candidates, is becoming increasingly responsible for graduate training of doctors—interns, residents, and fellows. Medical graduates are tending more and more to seek advanced

clinical training in hospitals operated in conjunction with medical schools because of the educational orientation of the training. These teaching and training responsibilities put a heavy burden on the schools and their teaching hospitals for which support is required.

Finally, a new and growing responsibility of medical schools is to provide leadership in coordinating medical services within their area and in providing post-graduate and specialized training opportunities for practicing physicians.

These various activities of the medical school beyond the four-year M.D. program must be understood and recognized—and support of medical education must be provided in keeping with the concept of the medical center.

The proposals that follow represent the initial steps that the Association of American Medical Colleges believe should be undertaken in order to accelerate the ability of this nation's system of medical education to produce the numbers, categories, and quality of the professional and technical personnel required to meet the health needs of a population that is not only growing in size but also in medical understanding.

These proposals cover only the needs of the nation's existing schools of medicine and the need for new schools. The Association of American Medical Colleges recognizes the importance of the health professional areas other than medicine and also of the research and research training that is done in institutions other than schools of medicine. Any provision which the Federal government makes to meet the needs of educational and research activities that take place outside the medical school and its research and service facilities should be over and above the recommendations in this statement.

While all of the proposals require implementation, *funds for construction* are given first priority because it is the inadequacy of existing facilities that is the primary obstacle to the over-all development that is needed. Until steps are taken to solve this problem, little will be accomplished by efforts to increase medical school faculties or student enrollments. Students and teachers must have suitable places in which to work, including classrooms, laboratories, libraries, hospitals and clinics.

I. Matching funds for modernization and expansion of existing schools and the construction of new schools.

A. The Need

In the fall of 1959 the Surgeon General's Consultant Group on Medical Education reported that to maintain this nation's present ratio of physicians to population, by 1975, 3,500 more physicians must be graduating each year than is presently the case. This means, with due allowance for drop-outs between admission and graduation, that by 1970 this nation must provide an increase of approximately 4,000 first year places in its schools of medicine.

A survey in the fall of 1960* discloses that 1,700 of these additional first year places can be created by the full modernization and expansion of existing schools. The remaining 2,300 must come from the establishment of new schools. Therefore, the provision of funds that will provide for both of these approaches will permit enrollment increases that can be both prompt and continuous. The nation's schools of medicine, colleges and universities of themselves do not have the resources to finance the necessary modernization expansion and new development. Most of the needed money must come from the Federal government.

B. Policy

Since medical education serves many national purposes and since its strength comes through the diversity of local ownership and control, the Association of

* Medical Education in the United States and Canada, Wiggins, W. S., Leymaster, G. R., Taylor, A. H., and Tipner, Anne, JAMA 174:1425-1431.

American Medical Colleges favors both federal and local participation in the construction of medical schools and their related research, library, hospital and clinic facilities.

Federal matching funds should be provided under conditions that will:

1. be sufficient in amount to encourage action that is both prompt and adequate;
2. encourage the modernization and expansion of existing schools;
3. encourage academic institutions not presently involved in medical education to plan and develop new schools;
4. encourage an institution's continuing effectiveness in maintaining diversity in its sources of financial support;
5. recognize the essential unity of medical education and research by identifying the support of one with the other;
6. recognize the indispensability of the library, the university hospital, and clinic to medical research and education.

C. Proposals

1. As an initial step, the Association of American Medical Colleges recommends that the Congress pass enabling legislation covering a ten year span that will provide matching funds for the full modernization and expansion of existing programs in medical education and the development of new programs.
2. It is recommended that the first appropriation measure cover a three year period with a provision for annual amendment, depending upon the continuing study of needs and of the amounts that can be expended to the best possible advantage. As a basic appropriation for this three year period, the Association recommends:
 - a. that \$50 million a year be appropriated for grants for the full modernization, expansion or replacement of the educational, research, and library facilities of existing schools of medicine. If an increase of 5 per cent or more is made for the enrollment of first year medical students, the federal matching should be three dollars for one; if there is less than 5 per cent increase in first year places, the federal matching should be three dollars for two;
 - b. that \$50 million a year be appropriated for grants to existing schools of medicine for the establishment, modernization and expansion of those teaching hospitals and clinics that are their primary base for clinical teaching and research, the granting of such funds to be upon application made by the medical school or university. The matching formula for such grants should be one Federal for one local dollar;
 - c. that for the first year, \$50 million be appropriated for grants for the construction of new schools, including research facilities and teaching hospitals and clinics. Federal funds should be provided upon a 3 to one basis;
 - d. that \$300,000 per year be appropriated for grants, up to \$50,000 to an academic institution that wishes to study the feasibility of establishing a new school.

II. Financial aid to students of medicine.

In spite of a rapid increase in the number of liberal arts graduates, there continues to be a decline in the number of medical school applicants. While this may be due to a variety of reasons, there can be no doubt that one important reason is the amount of personal expense and time involved in study for the M.D.

degree and in the additional years the young physician must spend in internship and residency training as contrasted with the time and cost involved in securing the Ph.D. in the various sciences.

A nation-wide study of the students graduating from medical schools in 1959 showed that at least one-third had important financial problems.

The Association of American Medical Colleges believes that to insure an adequate number of medical students, the most crucial need at this time is for non-refundable educational grants (pre-doctoral medical fellowships). The Association recommends that these grants be provided in amounts and under conditions that will attract and hold qualified students who for financial reasons might not otherwise be able to pursue a career in medicine. The Association recommends that these non-refundable fellowships should:

1. be available for students during all four years of medical school;
2. not in any way limit the ability of a student to attend the school of his choice;
3. not impose restrictions upon the student's freedom to obtain postgraduate training or pursue a career of his choice;
4. be made available as a lump sum grant to each school, the amount to be determined by the number of enrolled medical students. Five hundred dollars per student is suggested;
5. be administered by each school in accordance with its particular needs and circumstances with the provision that all such funds be used in direct aid to medical students, that up to \$2,500 per student be the maximum of the Federal fellowship allowed in a single school year, and that no restrictions be placed upon the freedom of the school to use funds for student aid from other sources.

III. *The provision of the full cost of project-supported research and research training.*

The Association continues to recommend that grants from the National Institutes of Health for the support of research and research training permit the payment of full costs based upon a formula that will allow for variations in the costs from institution to institution.

IV. *The support of research and research training.*

The Association of American Medical Colleges recognizes that the Federal Support of research and research training has lead to great improvement in the health of both the nation and of the world and recommends that this support be continued. One of the major objectives of the Association's proposals for funds for the remodeling and expansion of existing schools and for the construction of new schools, as well as its recommendations for full reimbursement for the cost of research and research training, is to strengthen the basic capacity of the nation's schools of medicine to conduct these activities.

The Association therefore recommends that, as the result of constant study, each year's appropriation for research and research training continue to be adjusted to the national need, to the availability of facilities and scientific personnel, and to the amounts of money that can be spent wisely and efficiently.

V. *General support of medical education.*

The program of assistance to medical education offered in the foregoing sections is essential to modernize and expand the physical facilities of the medical schools of the nation, to assist in the creation of new schools, and to make it possible for young men and women of intelligence and character, even though of modest means, to secure a medical education.

But this program alone will not provide enough physicians to meet the needs of the nation. A strong system of medical education requires adequate financial support that is continuing and stable. Universities with budgets already under great stress will be unable to maintain, improve, or expand their existing medical programs or to establish new medical schools or new educational programs unless sources of additional operating funds are found.

Since this is a matter of vital concern to the entire nation, the Association of American Medical Colleges believes it is reasonable and proper that the Federal government should provide together with other national and local sources the needed additional operating funds. All such funds should be made available in a manner which will assure the continuation of full institutional control of medical education.

VI. Admission.

The Association of American Medical Colleges believes that the close coordination of Federal programs that support medical education is essential.

The Association takes cognizance of the long and effective working relationships existing between the medical colleges and the Department of Health, Education and Welfare, particularly the U.S. Public Health Service and its National Institutes of Health and expresses its hope that the future Federal support of medical education will be administered in the same enlightened manner, with the full utilization of non-federal consultants, that has characterized the past.

The meeting adjourned at 4:00 P.M.

Fifth Annual Meeting of the Continuing Group on Student Affairs

Queen Elizabeth Hotel

Montreal, Canada

Nov. 10-11, 1961

The fifth annual meeting of the Continuing Group on Student Affairs was held Nov. 10-11, at the Queen Elizabeth Hotel, Montreal, Canada.

The meeting opened with a General Session, after which time the members divided into six discussion groups, led by the Regional Chairman. Dr. John L. Caughey, Jr., Associate Dean of the Western Reserve University School of Medicine, served as chairman of the group, presiding over the general session.

The following papers were presented at the general session: "The Medical School Performance of Low MCAT Students"—Charles F. Schumacher, Ph.D., Assistant Director of Research, the Association of American Medical Colleges; "A Follow-up of High MCAT Rejected and Non-Matriculating Accepted Applicants"—Edwin B. Hutchins, Ph.D., Research Associate, AAMC, and Woodrow W. Morris, Ph.D., Associate Dean, the University of Iowa College of Medicine; "A Multifactorial Method for Evaluating Medical School Applicants"—Davis G. Johnson, State University of New York, Syracuse.

The following three proposals were introduced at the General Session for subsequent discussion in small group meetings:

- 1) Proposal for an AAMC Section on Student Affairs
- 2) Proposal for a CGSA Committee on Student Aspects of International Medical Education
- 3) Proposal for recommendations to AAMC about relations of pharmaceutical companies with medical students.

Joseph Ceithaml, the University of Chicago, reported as chairman of the CGSA Committee on Financial Problems of Medical Students. He emphasized the importance of these problems and the valuable contributions CGSA members have made in helping collect data that AAMC can use in discussing student finances with foundations and government agencies. He reported that his committee has no new information about federal Government programs, but will ask CGSA cooperation in procuring data about the use of this year's Avalon Foundation grants and about the present status and utilization of medical school loan funds.

Woodrow Morris of Iowa reported briefly as chairman of the CGSA Committee on Research. He spoke of the close working relationships which have been developed with the AAMC Division of Research and the desire of the Committee to

encourage research on student affairs by individual CGSA members. It was pointed out that there are several important areas in which CGSA might obtain valuable data through cooperative research efforts of many schools, but that large projects will require adequate financing if they are to be carried through successfully.

Shepley Nourse, Editorial Coordinator for the AAMC "Admission Requirements of American Medical Colleges," presented a report on the distribution of this book. The 1960-61 edition was "sold out," with more than 10,000 copies disposed of, which is an all-time high. A larger printing has been ordered for 1961-62. The schools are also purchasing considerable numbers of reprints of the book's introductory chapters and the individual school write-ups. Miss Nourse urged CGSA members to make suggestions about improving the book and increasing its usefulness.

Dr. Wimburn Wallace, Psychological Corporation, reported that the number of candidates taking the MCAT increased in both the May and October 1961 administrations over the previous year. In October, 7,288 persons took the test, a new record in spite of the fact that the date was one week earlier than in previous years, in accordance with the request of the CGSA for earlier reporting of results.

Dr. Henry van Zile Hyde, Director of the AAMC's Division of International Medical Education, discussed his plans for helping AAMC meet its obligations in the international field. He emphasized his desire to cooperate closely with CGSA members on problems related to student affairs.

Dr. John Caughey reminded the group that on its recommendation, the AAMC, AMA, and AHA last year formed a Special Committee on Clinical Externships and that questionnaires had been distributed to CGSA members in the individual schools, and to all members of the class of 1961 at their internship addresses. Frank Whiting, AAMC Associate Director of Operational Studies, who acts as secretary for the committee, then presented a preliminary report based on replies from 75 medical schools and 2,000 interns. His data show that only 19 per cent of schools consider clinical externships a major problem, whereas 46 per cent classify them as a minor problem. Preliminary analysis of interns' replies shows that 59 per cent would advise a younger student to have a clinical externship during a regular school term, that they earned an average of \$1,263 from such sources, and that among their reasons for externships they ranked "improve clinical skills" and "wanted contact with patients" as high as "financial need." Of those having externships, 79 per cent thought their work was of some or great importance in the provision of care for patients in the hospitals where they worked, and 62 per cent thought the care they observed or participated in was as good or better than that provided in their school's teaching hospitals. Dr. Whiting also reported that more than half of the interns who had had externships wrote comments about them, and that careful analyses of these and other data will be necessary before any recommendations about further studies can be made.

At the Executive Session, a proposal for a reorganization of AAMC activities in the area of student affairs was presented and moved for adoption by the Committee of Regional Chairmen. Amendments designed to limit the election of vice-chairmen to regions with more than twelve member schools, and to limit the voting of vice-chairmen in the Executive Committee were defeated.

The proposal that CGSA should have a Committee on Student Aspects of International Health, was changed to substitute International Medical Education wherever International Health appears in the document which was distributed to members. The proposal was then voted without dissenting voice.

The proposal for recommendations to AAMC about the relationships of pharmaceutical companies to medical students previously distributed to the members was presented. The discussion that followed indicated that CGSA members were not in full accord with the published AAMC statement on "Furtherance of Medical Education by the Pharmaceutical Industry" and were not pleased about the present activities of pharmaceutical companies. However, suggestions were not made as to remedying the situation, and the matter posed a question as to what the appropriate role for CGSA is, if any. After several modifications and amendments were defeated, the following recommendation from Dr. Morris' discussion group was voted:

Inasmuch as the pharmaceutical companies are vitally concerned with the furtherance of medical education, it is recommended that they place greater emphasis on student aid programs, on grants for student research and on scholarship incentive awards than upon gratuities and gifts-in-kind which have been the primary focus of some companies heretofore.

A discussion of the proposals made by the Northeast Regional Group that the Recommended Acceptance Procedures be changed was initiated by a recommendation from the Committee of Regional Chairmen that this topic be dealt with in an exploratory way and that no definitive action be taken until it has been presented in more specific form for consideration at regional meetings. There was general recognition that the present schedule imposes a great burden on those individuals who deal both with applicants for admission and senior medical students seeking internships, since both activities reach a peak in December and January. Some emphasis was also laid on the fact that, with more advanced placement in college and more acceptance of 2- or 3-year college students into medical schools, there is real importance in delaying acceptance decisions until the results of the fall semester and the October MCAT are known. There was also strong opinion that great progress has been made toward cooperative action in dealing with applicants, and that it would be unwise to tamper too quickly with machinery which has only recently begun to function well. Dr. Severinghaus spoke about the problems of premedical advisors and their desire that the acceptance process be compressed into a shorter period of time. He also referred to the early single application procedure which might greatly reduce the work of advisors and admission committees. After extensive discussion, it was agreed that this topic should be a major item for discussion at regional meetings and that Dr. Hanlon and the Northeast Group would take responsibility for getting from opponents their specific objections to the plan for delay of the acceptance process, and for preparing detailed material for regional group discussion.

Dr. Hanlon, Cornell, spoke as chairman of the Northeast Regional Group about its plans for a meeting with college premedical advisors. There was a general discussion in which the value of such meetings was reiterated, with special emphasis on the opportunity of premedical advisors to discuss problems with representatives of several schools simultaneously. The consensus was that in most

colleges the travel expenses should be made to defray other expenses which might be a barrier to the participation of some college representatives. It was moved, seconded, and voted unanimously that CGSA recommend to the AAMC Executive Council that vigorous efforts be made to procure funds to support plans of Regional Groups to improve relations with premedical advisors through regular meetings for them with representatives of the medical schools in the region.

Questions were raised from the floor about the reasons for delay in the distribution of information about internships by the National Intern Matching Program. Emphasis was placed on the importance of having specific information about internships, even if not all the residency and other data in the current NIMP publication are available. It was moved, seconded, and voted unanimously that CGSA inform the Executive Director of NIMP of its opinion that early distribution of internship information is of urgent importance to medical students and their advisors.

The meeting adjourned at 1:15 P.M.

Meeting of Central and South American Deans

Queen Elizabeth Hotel

Montreal, Canada

Nov. 11-12, 1961

Central and South American deans and medical educators held their second meeting Nov. 11-12 at the Queen Elizabeth Hotel, Montreal, Canada.

Central and South American deans and medical educators met with representatives of the Association of American Medical Colleges, the American Medical Association, the World Health Organization, foundations, and the U.S. Public Health Service, on Saturday morning, Nov. 11. Prof. Eurico da Silva Bastos, Dean, Faculty of Medicine, the University of São Paulo, presided over the session.

The following addresses constituted the morning program.

"Organization and Functions of the Association of American Medical Colleges"—Dr. Donald G. Anderson, Dean and Director of the Medical Center, the University of Rochester School of Medicine and Dentistry; **"Pedagogy of Medical Education"**—Dr. George E. Miller, Director of Research in Medical Education and professor of medicine, the University of Illinois College of Medicine; and **"Student Selection in United States Medical Schools"**—Joseph J. Ceithaml, Dean of Students, the University of Chicago School of Medicine.

Closed meetings of the Central and South American deans and medical educators were held Saturday afternoon and Sunday morning, Nov. 12, with Dr. Hernan Alessandri, Dean of the Faculty of Medicine, the University of Chile, presiding.

At a joint session held Sunday afternoon, Nov. 12, with Dr. Gabriel Velazquez Palau, Dean of the Faculty of Medicine, the University of Valle, Cali, Colombia, presiding, the following papers were read: **"Cooperation in Medical Education in the Western Hemisphere"**—John A. D. Cooper, Associate Dean, Northwestern University Medical School; **"Research and Research Training in Medical Schools in the United States"**—H. Stanley Bennett, Dean of the Division of Biological Sciences, the University of Chicago School of Medicine; and a panel discussion on **"Administrative Organization of Medical Schools in the United States"**—participants: Robert A. Moore, Dean and President of the State University of New York Downstate Medical Center and College of Medicine, chairman; George N. Aagaard, Dean, the University of Washington School of Medicine; Vernon E. Wilson, Dean and Director, the University of Missouri School of Medicine; and Walter S. Wiggins, Secretary of the Council on Medical Education and Hospitals, the American Medical Association.

The following Latin American Deans and educators attended the meetings:

Dr. Luis Munist, Decano
Facultad de Ciencias Medicas
Universidad Nacional de Buenos Aires
Buenos Aires, Argentina

Dr. Juan Antonio Orfila, Decano
Facultad de Ciencias Medicas
Universidad Nacional de Cuyo
Mendoza, Argentina

Dr. Raul Maldonado Solis, Rector
Universidad Mayor de San Simon
Cochabama, Bolivia

Prof. Oscar Versiani Caldeira, Director
Faculdade de Medicina
Universidade de Minas Gerais
Belo Horizonte, Minas Gerais, Brazil

Prof. Dr. Zeferino Vaz, Director
Faculdade de Medicina
de Ribeirao Preto
Universidade de São Paulo
Ribeirão Preto, São Paulo, Brazil

Dr. Carlos Cruz Lima
Rio de Janeiro, Brazil

Prof. Jose Leal Prado
Escola Paulista de Medicina
São Paulo, São Paulo, Brazil

Prof. Eurico da Silva Bastos, Decano
Faculdade de Medicina
Universidade de São Paulo
São Paulo, São Paulo, Brazil

Dr. D. B. Stewart, Vice Dean
Faculty of Medicine
University College of the West Indies
Mona, St. Andrew, B. W. I.

Dr. Hernan Alessandri, Decano
Facultad de Medicina
Universidad de Chile
Santiago, Chile

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

Dr. Rodolfo Rencoret, Decano
Facultad de Medicina
Universidad Catolica de Chile
Santiago, Chile

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

Dr. Eduardo Cortes-Mendoza, Decano
Facultad de Medicina y Ciencias
Naturales
Universidad Nacional de Colombia
Bogotá, Colombia

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

Dr. Juan Burgos Arteaga, Decanato
University of Cartagana Medical School
Facultad de Medicina
Cartagena, Colombia

Dr. Ernesto Gutierrez Arango, Decano
Facultad de Medicina
Universidad de Caldas
Manizales, Colombia

Dr. Oriol Arango-Mejia, Decano
Universidad Antioquia
Medellín, Antioquia, Colombia

Dr. Carlos Monsaloe, Director
Comite de Admisions
Universidad Nacional de Colombia
Bogotá, Colombia

Dr. Gustavo Fernandez, Decano
Universidad del Cacicua
Popayan, Colombia

Dr. Jaime Gomez-Salazar, Director
Escuela de Bacteriologia
Universidad Jave
Mama, Colombia

Dr. Mario Miranda Gutierrez, Decano
Facultad de Medicina
Universidad de Costa Rica
Ciudad Universitaria, Costa Rica

Dr. Luis Alberto Palacios, Decano
Universidad Central
Facultad de Ciencias Medicas
Quito, Ecuador

Dr. Juan Jose Fernandez, Director
Escuela de Medicina
Universidad de El Salvador
San Salvador, El Salvador

Dr. Jose Kuri, Decano
Escuela de Medicina
Universidad Autonoma de El Salvador
San Salvador, El Salvador

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

Dr. M. R. Barrios, Chief
Dept. of Preventive Medicine
Faculty of Medicine
Universidad Autonoma de San Luis
Potosi
San Luis Potosi, S. L. P., Mexico

Dr. Jose Miguel Torre, Decano
Facultad de Medicina
Universidad Autonoma de San Luis
Potosi
President, Assoc. of Mexican Medical
Schools
San Luis Potosi, S. L. P., Mexico

Dr. Manuel Rivero
Prof. de Cirugia
Universidad Nacional de Paraguay
Asuncion, Paraguay

Dr. Vinicio Aarieta, Director
Escuela de Medicina de la
Universidad de Zulia
Maracaibo, Venezuela

PAN AMERICAN SANITARY BUREAU
Washington, D.C.

Dr. Abraham Horwitz, Director

Dr. Ramon Villarreal
Reg. Advisor in Med. Ed.

Fourth Annual Meeting of the Medical School-Teaching Hospital Section

Queen Elizabeth Hotel

Montreal, Canada

Nov. 11-12, 1961

The fourth annual meeting of the Medical School-Teaching Hospital Section of the Association of American Medical Colleges convened Nov. 11-12, 1961, at the Queen Elizabeth Hotel, Montreal, Canada.

Dr. George N. Aagaard, President of the Association, opened the sessions with a statement of welcome.

In previous years, attendance has been confined to members and associate members, nominated by the Deans of their respective schools. This year, departing from custom, the sessions were open to all persons interested in the teaching hospital relationship to medical schools. Thus, the meetings attracted a large audience and the increasing attendance of the Deans indicates an enhancement of their interest in the affairs of the Section and the general subjects under discussion.

The first session on Saturday morning, Nov. 11, which was presided over by Dr. Richard O. Cannon, Vice Chairman of the Section, dealt with "The Educational Responsibilities of the Medical School-Teaching Hospitals." Dr. James A. Campbell, University of Illinois College of Medicine, discussed "Valuations and Evaluations of the Clinical Externship" based upon the preliminary and as yet unpublished findings by a committee on which he serves and which was created by the AAMC, AHA and the American Medical Association's Council on Medical Education and Hospitals, under the chairmanship of Dr. John Caughey, Western Reserve University School of Medicine. The negative value of the unsupervised externship in the nonteaching hospitals when students assume responsibilities which are not in keeping with the preparation and training was one of the principal points made by Dr. Campbell.

Dr. Richard Saunders, Associate Dean, Cornell University College of Medicine, spoke on the "Future of the Internship in the Teaching Hospital." This paper was an extension of the conclusions which were published in a recent issue of *The Journal of Medical Education*, based on a nationwide study under the directorship of Dr. Saunders. There appeared to be little doubt in his mind that the medical school teaching hospital has a vital role in the conduct of internships which in all likelihood will be strengthened rather than de-emphasized in future years.

The third paper of the morning, which was presented by Dr. William S.

Anlyan, professor of surgery, Duke University School of Medicine, dealt with the general subject of "Current and Future Problems of Residency Training in Teaching Hospitals."

Dr. John C. Nunemaker, Associate Secretary of the Council on Medical Education and Hospitals, presented the final paper of the morning, entitled, "The Responsibilities of the Medical School-Teaching Hospital for Affiliated Intern and Residency Programs in Community Hospitals." He developed in this presentation both the pros and cons of extending the university's academic influence into the community hospital. He noted that the university hospital's own programs should be able to identify specific benefits to themselves in order that any such extension of service have bilateral value.

The afternoon session, under the chairmanship of Dr. Philip D. Bonnet, Administrator of the Massachusetts Memorial Hospital and a member of the Executive Committee of the Section, was concerned with "The Role of the Medical Center in Medical Care." The keynote paper was delivered by Dr. Cecil G. Sheps, professor of medical and hospital administration, the Graduate School of Public Health of the University of Pittsburgh. In his paper, "The Responsibilities and Organization of the Medical Center for Medical Care," Dr. Sheps developed a ten-point analysis of specific types of organization required in the teaching center in order that it may produce effective and compassionate medical care for patients.

Dr. Sheps was followed on the program by Mr. Stanley A. Ferguson, Director of the University Hospitals of Cleveland, Western Reserve University. Mr. Ferguson presented the paper, "Art and Science in Patient Care."

The concluding address was delivered by Harold C. Wiggers, Ph.D., Dean of the Albany Medical College, who spoke on "The Role of the Medical Student in Patient Care Service." General discussion following this paper was concerned with the service role of the medical student and whether it was possible to identify in any sense a principal value to society which might assist the student in the financing of his own education, at least during this last year of medical school.

Albert Snoke, M.D., Director of Grace-New Haven Hospital and chairman of the 1961 Section, presided over the third session on Sunday morning, Nov. 12. The subject matter under consideration for this session was "The Administrative Relationships between Medical School and Teaching Hospitals and the Administrative Organization of the Medical Center." Dr. Snoke's paper dealt with the role of the teaching hospital in the medical center and was followed by a presentation prepared by William N. Hubbard, M.D., Dean of the University of Michigan Medical School, entitled, "The Dean and the Hospital Administrator." This paper was read by Arthur P. Richardson, M.D., Dean of Emory University School of Medicine, as Dr. Hubbard was called away from the meeting.

The climax of the morning session was a presentation by John S. Millis, Ph.D., President of Western Reserve University, in which the subject was, "The Medical Center's Role within the University Structure." This presentation revealed a deep understanding of the complexity of the organization for health care where education and research are the principal objectives. His analysis of the opportunities for effective and productive interrelationships was perceptive.

The morning session concluded with the business meeting, at which time a summary of the year's activities was presented by Dr. Albert W. Snoke, Chairman of the Section.

The Nominating Committee, chaired by Dr. Russell Nelson of Johns Hopkins Hospital, presented its slate. The slate consisted of the following: Richard O. Cannon, M.D., Chairman; Philip D. Bonnet, M.D., Vice Chairman; John Danielson, Evanston Hospital (Northwestern University), Secretary-Treasurer; member of the Executive Committee with the term to expire in 1964, L. O. Bradley, M.D., University of Manitoba Faculty of Medicine. The slate was elected by unanimous vote, and the new chairman assumed his office. Thereupon the meeting adjourned.

During the course of the year, three meetings of the Executive Committee of the Section were held in conjunction with the AAMC Standing Committee on Medical School-Teaching Hospital Relationships and it was during these meetings that the program for the year, including the subject matter for the annual meeting, was discussed and developed.

Meeting of Institutional Membership and Representatives of the Departments of Defense and Health, Education, and Welfare

Queen Elizabeth Hotel

Montreal, Canada

Nov. 12, 1961

Representatives from the Department of Defense and the Department of Health, Education, and Welfare, met on Sunday evening, Nov. 12, with the Institutional Membership of the AAMC. This informal meeting was called so that the Deans could ask questions and discuss problems of current importance in the areas of national defense, federal policies for the support of medical education, and the research and related programs in the National Institutes of Health.

Dr. Frank B. Berry, Deputy Assistant Secretary (Health and Medicine), Office of the Assistant Secretary of Defense, attended for the Department of Defense. Reporting for HEW, Mr. Boisfeuillet Jones, Special Assistant to the Secretary (Health and Medical Affairs), Office of the Secretary. The following persons represented offices of the National Institutes of Health: Dr. James A. Shannon, Director; Dr. David E. Price, Deputy Director; Dr. Charles V. Kidd, Associate Director for Institutional Relations; Mr. Joseph S. Murtaugh, Chief, Office of Program Planning; and Dr. G. Halsey Hunt, Chief, Division of General Medical Sciences.

The discussions that took place in this meeting were not transcribed into these proceedings.

The Seventy-Second Annual Meeting of the Association of American Medical Colleges

Queen Elizabeth Hotel

Montreal, Canada

Nov. 13-15, 1961

Presiding: George N. Aagaard, President

The meeting was called to order at 9:00 A.M., Monday, Nov. 13, 1961, by Dr. George N. Aagaard, President of the AAMC and Dean of the University of Washington School of Medicine.

INTRODUCTION OF NEW DEANS

The following new medical school Deans were introduced:

H. Stanley Bennett—The University of Chicago

Richard L. Meiling—Ohio State University

Clark K. Sleeth—West Virginia University

Robert Q. Marston—University of Mississippi

William F. Kellow—Hahnemann Medical College of Philadelphia

Winston K. Shorey—University of Arkansas

John D. Hamilton—University of Toronto

O. H. Warwick—University of Western Ontario

Reginald H. Fitz—University of New Mexico

Dr. Aagaard introduced Dr. G. H. Ettinger, Past President of the Association of Canadian Medical Colleges and Dean, Faculty of Medicine, Queen's University, Kingston, Ontario, Canada, who welcomed members and guests of the Association to Montreal.

In addition to welcoming the AAMC to Canada for its 72nd Annual Meeting, Dr. Ettinger stated that the Canadian Government has set up a Royal Commission on Health Services. One of the projects under the Commission will be a study of medical education in Canada. A panel of health experts, headed by Dr. J. A. MacFarlane, former Dean at the University of Toronto, has been formed and a major assignment for the panel will be to visit various U. S. medical schools, consulting with medical educators in the States.

In Addition to Dr. Aagaard's presidential address, papers were delivered by the following persons during the remaining portion of the morning session.

"An Inquiry into Medical Teaching"—George E. Miller, M.D., Director of Research in Medical Education and Professor of Medicine, the University of Illinois College of Medicine; "Seminars on Medical Teaching"—Edwin F. Rozinski, Ed.D., Associate Professor of Medical Education and Director, Office of Research in Medical Education, Medical College of Virginia; panel discussion on, "Flexibility in the Time for Preparation of the Physician"—John A. D. Cooper, M.D., Associate Dean, Northwestern University Medical School, chairman; Robert H. Alway, M.D., Dean, Stanford Medical School; Samuel P. Asper, Jr., M.D., Associate Dean and Chairman of Admissions, Johns Hopkins University School of Medicine.

The meeting adjourned at 12:00 noon.

MONDAY AFTERNOON, NOV. 13

Presiding: Stanley B. Olson, Vice President

The meeting reconvened at 2:00 P.M. The following presentations constituted the afternoon program:

"A Four-Year Integrated Curriculum in Radiology"—William H. Elliott, Ph.D., Professor, Department of Biochemistry, St. Louis University School of Medicine.

"Developments in High School Biology and Their Implications for Medical Education"—Lester J. Evans, M.D., Director, New York University Center for Rehabilitation Service; Arnold Grobman, Ph.D., Director, Biological Sciences Curriculum Study, University of Colorado, Boulder, Colo.

"Medical Education at Western Reserve University; A Progress Report"—T. Hale Ham, M.D., Professor of Medicine and Director of the Division of Research in Medical Education, Western Reserve University School of Medicine.

Panel Discussion, "Problems of Admission and Liaison Pertaining to Medical Colleges, Secondary Schools, and Undergraduate Institutions"—Clifton W. Emery, Ph.D., Dean of Men and Chairman, Pre-medical Advisory Committee, Colleges of Liberal Arts and Engineering, Tufts University, chairman of the panel; Daniel H. Funkenstein, M.D., Assistant Professor of Psychiatry, Harvard Medical School and Director of Research, Harvard University Health Services; Harold W. Bailey, Ph.D., LL.D., Associate Dean, College of Liberal Arts and Sciences, University of Illinois, Chicago Undergraduate Division; Calvert W. Bowman, Head of Guidance and Counseling, San Mateo High School, San Mateo, Calif.

Dr. Olson expressed his appreciation to the speakers for their presentations and reminded the audience that the open committee meetings would be held immediately following the close of the afternoon session. The meeting adjourned at 3:30 P.M.

ANNUAL BANQUET

Monday Evening, Nov. 13, 1961

Borden Award:

Dr. Horace W. Magoun, Professor of Anatomy, University of California School of Medicine, Los Angeles, was presented the 1961 Borden Award in the Medical Sciences for his contributions in the field of neurophysiology and his discoveries revolutionizing concepts of brain organization and function. The award, a gold medal and \$1,000, was presented to Dr. Magoun by Dr. S. Marsh Tenney, Dean of the Dartmouth Medical School.

Dr. Tenney: Mr. President, members of the association, ladies and gentlemen—it is my privilege to present for the Borden Award one of the world's most distinguished neurophysiologists, Doctor Horace W. Magoun.

Over a period of just less than thirty years Doctor Magoun has enriched our understanding of physiology through a series of brilliant researches on the function of the brain—some so basic that they have constituted the stimulus for new concepts, even new fields. The word “renaissance” may be appropriately applied to their effect on neurophysiology and the study of behavior. His earliest studies clarified the role of the brain in the control of visceral function; and later investigations provided a rational basis for our understanding of reflex and voluntary motion. But in 1949 there appeared the first of a series of papers reporting phenomena that had both wide and deep implications for the biology of man. In short, the astonishingly general significance of the Reticular Activating System has provided a new outlook on the nervous system. Its importance rests not simply on its functions as an integrating mechanism for the 10 billion nerve cells of the human brain—sorting and directing sensory inflow, modifying motor outflow; but more with its role in bringing the whole organism to a state of preparedness in order that it may deal with a given problem at hand. Consciousness, alertness, perception—these are all relative states of being, difficult to treat objectively, yet the concern of all students of man, from physician to philosopher. Fortunately for science, Doctor Magoun did not know that *Webster's Unabridged Dictionary* under the listing for the word “physiology” indicates that “the phenomena of mental life are usually considered to be outside the scope of physiology.” It is now quite clear that in this remarkable reticular activating system lie the mechanisms for arousal, for the focusing of attention, for the regulation of perception, and for the facilitation of motor outflow—briefly, all the characteristics of the waking state. In this way it probably affects man's highest nervous functions including learning and memory. I hope, paraphrasing Hilbert's famous comment about physics, that our recipient of the Borden Award will feel that psychology is much too important a subject to be left to psychologists.

In addition to his research work, Dr. Magoun as Professor of Anatomy at the University of California at Los Angeles School of Medicine has created the Brain Research Institute devoted to studies of structure, function, and disorder of the nervous system. Working in this program are nearly one hundred scientists and its fame draws students from all over the world.

Already the recipient of many honors and awards, renowned scholar and teacher, you Horace Winchell Magoun, exemplify the ancient traditions of natural philosophy. For your investigations into that perplexing realm of the inner senses of the brain I take great pleasure in presenting you with the Borden Award for Outstanding Research in Medicine. Congratulations!

Abraham Flexner Award:

Dr. Willard C. Rappleye, Dean Emeritus, Columbia University College of Physicians and Surgeons, Vice President Emeritus in Charge of Medical Affairs, Columbia University, and President of Josiah Macy Jr., Foundation, was presented the fourth annual Abraham Flexner Award for his long service as medical educator and administrator, his significant contributions to medical education at the national level, and his important role in many national medical organiza-

tions. The Award was presented by Dr. Joseph C. Hinsey, Director of the New York Hospital-Cornell Medical Center.

Dr. Hinsey: Dr. Aagaard, honored guests, members of and friends of the Association of American Medical Colleges. It is a real privilege for me to carry out this assignment, which consists of presenting to you the recipient of the Abraham Flexner Award for Distinguished Service to Medical Education for this year of 1961. I am acting at the request of the Executive Council of the Association and am speaking for your Committee, which consists of the following members: T. Hale Ham, Chairman, Philip Bard, William B. Castle, Louis S. Goodman, H. Houston Merritt, and Robert A. Moore. The committee report was as follows:

1. He was Director and Vice President of an important medical school over a long period of years.
2. He was on the Executive Council of the Association of American Medical Colleges and its Chairman for some years. In this position he made significant contributions to medical education at the national level.
3. He has played an important role in many national medical organizations, such as the Advisory Board for Medical Specialties, and the Advisory Council on Medical Education.
4. He has been an important factor in the problems of medical care in the city and state of New York, serving at one time as the Commissioner of Hospitals of the City and for some years now as a member of the Board of Hospitals of the City of New York.

He received the Award of Merit of the Federation of State Boards, when the following citation was made:

For your distinguished career as a medical educator and medical statesman; for your keen insight into the present needs of medical education, and for your judicial anticipation of future problems; for your interest in the preservation of quality in the selection and training of medical students; for your early and continued leadership in promoting the welfare of the medical profession; for your influence on the quality of clinical teaching and the character of academic investigative medicine; for your zeal in relating the medical school to the university; for your ability in constructive criticism; and, for your leadership in medical administration.

The person to be honored tonight was born in 1892 in Marinette, Wisconsin, which as you know is on the Wisconsin side, opposite Menominee, Michigan. He went through the schools in Menominee. During his high school course, at the age of thirteen he lost his father. After finishing there and working as an assistant to the factory manager in one of the plants in Menominee, he entered the University of Illinois where he received his A.B. in 1915. In 1918, he received the medical degree, magna cum laude, from the Harvard Medical School. It is important to note that during this time he held the David W. Cheever Scholarship, 1914-1915; the Francis Skinner Scholarship, 1915-16; the John Pearson Oliver Scholarship, 1916-17; and the Matthew and Mary E. Bartlett Scholarship, 1917-18. Furthermore, he was laboratory instructor in comparative anatomy and in biology at the University of Illinois. I call your particular attention to his background in anatomy. He also was a tutor in economics at the University of Illinois. While at Harvard, he was honored by the John Harvard Scholarship each of his four years.

While in medical school, he served as laboratory instructor in comparative

anatomy at the Harvard Dental School and was pathologist and later assistant physician at the Foxboro State Hospital in his senior year. After graduation, he was a medical house officer at the Massachusetts General Hospital and in 1919 went to California as instructor in biochemistry and director of clinical laboratories at the University of California. However, the next year he was made director of Hospitals and professor of Hospital Administration there, an assignment which he held for two years.

He became superintendent of the New Haven Hospital in New Haven, Conn. and served there from 1922 to 1926. During this time he was professor of Hospital Administration at the Yale University School of Medicine. In 1925, he undertook the responsibility of Director of Study of the Commission on Medical Education, the report of which was published in 1932. He was an associate professor of medical economics at the Harvard School of Public Health in the year 1930. He became Dean of the Faculty of Medicine at Columbia in 1931 and continued in that capacity until 1958 and now holds the title of Dean Emeritus of that institution. From 1932 to 1960, he was professor of medical economics of the Faculty of Medicine. Among other things, he was Director of the New York Post-Graduate Medical School from 1933 to 1947; Dean of the School of Dental and Oral Surgery at Columbia from 1933 to 1945; and Vice President in Charge of Medical Affairs there from 1949 to 1958.

I cannot begin to tell all of the responsibilities which he has carried during this period of time but it is important to mention that he was a member of the Advisory Board for Medical Specialties from 1933 to 1944 and was its President from 1937 to 1944. Furthermore, he was Chairman of the Commission on Graduate Medical Education from 1937 to 1939, and was President of the Advisory Council on Medical Education from 1939 to 1944. He was President of our Association the year of 1938 to 1939, was Chairman of our Committee on Preparedness, which later became the Committee on War Activities, and served from 1939 to 1942. He became Chairman of the Executive Council of this Association of American Medical Colleges, 1942-1944, and those of you who served during that time are well aware of the contributions which he made and the leadership which he provided during that trying period.

Furthermore, he was Commissioner of Hospitals of the City of New York from 1940 to 1942; he has served as President of the Josiah Macy, Jr. Foundation since 1941 and he still continues in that capacity. The Macy Foundation has given generous support to our Journal and to many of our member institutions. He is a Trustee of a number of hospitals and of colleges, and has held many responsibilities of importance which I cannot enumerate. He has been recognized with honorary degrees from Yale, Trinity College, Rutgers, Woman's Medical College, and the New York Medical College. He holds society and committee memberships which total forty-six. He has not just been a member of these various organizations but he has served in important capacities in them.

I call your attention to four publications which stand as testimony to the work, the leadership, and the creativeness of this individual. The first of these appeared in April, 1922, and is entitled "Principles of Hospital Administration and the Training of Hospital Executives." This was the report of The Committee on the Training of Hospital Executives, of which he was Executive

Secretary. Until this day, this report is used by people who are interested in hospital administration.

The second publication is entitled, "Final Report of The Commission on Medical Education," and appeared in 1932. The man whom we are honoring was the Director of this study.

The third publication is the Report of The Commission on Graduate Medical Education, entitled, "Graduate Medical Education," which appeared in 1940. Dr. Robin C. Buerki was the director of this study and our guest tonight whom we are honoring was the Chairman of the Commission. A picture in his office shows the John Bowers' boxer devouring a copy of this report.

The fourth publication is entitled, "The Faculty of Medicine, Columbia University, 1910-1958," and it is written by him.

I submit to you that these four publications, if he had done nothing else, would entitle him to the recognition which he is receiving tonight.

Because of the fact that I have been a neighbor and friend over many years, I have had an opportunity to see him at work and to see the things which he accomplishes so expeditiously. He is a very meticulous workman, has no patience with mediocrity, has courage to stand for the things in which he believes, and, may I say, his devotion to the university ideals and the highest standards of medical education have meant much to all of those institutions and all those people with whom he has been associated. There are many in important positions today who have been influenced by him. His home has been a place to which his friends have loved to go. His wife, Elizabeth Cunningham Rappleye, is a most charming hostess and has been a wonderful helpmate through the years. They have been blessed with a son, Willard, Jr., and a daughter, Elizabeth, and now the grandchildren bring great satisfaction to them. As we have traveled to Chicago, to meetings of the Congress of Medical Education, it has often been my privilege to ride with this man. I've been impressed by the fact that each time he has taken the time to go up to Milwaukee to see his mother, who is now 93, and to whom he has been devoted throughout his life. He has an only sister, who lives in San Diego. He is the direct descendant of an early Dutch explorer, Jan Joris Rapalje, who came here with Henry Hudson in 1620. The first white child born on Manhattan Island in 1626 was Sara Rapalje. There has been no letdown in his activity and those of us who have the good fortune to see him from time to time and know what he is doing can appreciate that he still goes full steam ahead.

I consider it a great honor to present to you the man to receive the Abraham Flexner Award, one who knew Abraham Flexner very well, and has exemplified the ideals which guided the man for whom this award is named throughout the years, my friend and co-worker, WILLARD DOLE RAPPLEYE.

The Alan Gregg Lecture:

Dr. Wilder G. Penfield, noted neurosurgeon and close friend of the late Alan Gregg, delivered the fourth Alan Gregg Memorial Lecture. Dr. Penfield, Guggenheim Fellow and Honorary Consultant, the Montreal Neurological Institute, is presently writing a biography of Alan Gregg. The title of Dr. Penfield's lecture, "The Epic of Alan Gregg." This address was published in the February, 1962, issue of *The Journal of Medical Education*.

Tuesday, Nov. 14, 1961

Presiding: George N. Aagaard, President

The meeting was called to order at 9:00 A.M.

FOREIGN VISITORS

Dr. Aagaard introduced the foreign visitors attending the meeting. In addition to the Latin American deans and medical educators, listed on page 325, they are:

Dr. H. Syed Ali
Radium Inst. & Cancer Hospital
Hyderabad, Deccan, India

Dr. J. Chandy
Christian Medical College
Vellore, India

Svasti Daengsvang
Bangkok
Thailand

Dr. Sudhaker Deo Dandia
Sawai Man Singh Medical College
Jaipur, Rajasthan, India

Dr. Chintala Sita-Devi
Kurnool Medical College
Kurnool, Andhra Pradesh, India

Dr. Nagala S. Devi
Andhra Medical College
Visakhapatnam, Andhra Pradesh, India

Dr. S. T. Itchaporia
Lady Hardinge Medical College
Bombay, India

Dr. Amolak Chand Jain
M.G.M. Medical College
Agra-Bombay Road
Madhya Pradesh
Indore, India

Dr. Kailash C. Kotia
S.M.S. Medical College and Hospital
Jaipur, India

Dr. K. Madhavan-Kutty
Calicut Medical College
Kerala State, India

Dr. N. Lokabai
Osmania Medical College
Hyderabad, India

Dr. Kailash C. Gangwal
Sawai Man Singh Medical College
Jaipur, Rajasthan, India

Dr. S. H. Mansukhani
Grant Medical College
Bombay, India

Dr. Prem Chand Mehra
Meghji Pethraj Shah Medical College
Jamnagar, Gujerat State, India

Dr. Om Prakash Mishra
Jabalpore Medical College
Jabalpore, India

Dr. Gotimukula Purshowthan Rao
Kurnool Medical College
Kurnool, Andhra Pradesh, India

Dr. Sunderam Iyer Shanker-Rao
Guntur Medical College
Andhra Pradesh, India

Dr. Vuppala Gopal Rao
Department of Pathology
Osmania Medical College
Hyderabad, India

Dr. Vennelaganti Sambamurthy
Andhra Medical College
Visakhapatnam, Andhra Pradesh, India

Chih—Teh Loo
National Defense Medical Center
Taipai, Taiwan
Republic of China

Dr. Pushpa Madan
Lady Hardinge Medical College
New Delhi, India

Dr. Poonam Chand Sisodia
Osmania Medical College
Hyderabad, Andhra Pradesh, India

Dr. S. Skulthat
University of Medical Sciences
Bangkok
Thailand

Dr. M. Thankam
Kerala State
Calicut Medical College
India

ADDRESSES

The following addresses were delivered at the morning sessions:

"Medical Education in Latin America Today"—Abraham Horwitz, M.D., Director, Pan American Sanitary Bureau, Regional Office of the World Health Organization.

"The World Role of the Association of American Medical Colleges"—H. van Zile Hyde, M.D., Director, Division of International Medical Education, AAMC.

"Educational Costs in Teaching Hospitals"—Howard Bost, Ph.D., Assistant Vice President for Policy and Planning, University of Kentucky College of Medicine, Augustus J. Carroll, Business Officer, State University of New York, Upstate Medical Center, Syracuse.

"Hospital Community Planning, Teaching Hospitals, and Medical Schools"—Karl S. Klicka, M.D., Executive Director, Hospital Planning Council for Metropolitan Chicago.

"The Revised Part III Examination of the National Board and its Results"—John P. Hubbard, M.D., Executive Director, National Board of Medical Examiners and professor of public and preventive medicine, University of Pennsylvania School of Medicine.

The meeting adjourned at 12 noon.

The Seventy-Second Annual Business Meeting

Queen Elizabeth Hotel

Montreal, Canada

Nov. 15, 1961

Presiding: George N. Aagaard, President

Dr. George N. Aagaard called the meeting to order at 9:00 A.M.

ROLL CALL

Dr. Richard H. Young, Secretary, declared representatives of all institutional members to be present with the exception of the following: University of California School of Medicine (Los Angeles), University of California School of Medicine (San Francisco), Louisiana State University School of Medicine, Boston University School of Medicine, University of Michigan Medical School, Saint Louis University School of Medicine, Dartmouth Medical School, Seton Hall College of Medicine and Dentistry, University of Buffalo School of Medicine, Columbia University College of Physicians and Surgeons, Medical College of South Carolina, State University of South Dakota School of Medicine, University of Vermont College of Medicine, and the University of Puerto Rico School of Medicine.

CHANGE IN PROCEDURE

Dr. Aagaard explained the change which was effected in setting up the business meeting for 1961—i.e., limiting it to the voting member from each institution. The purpose of this was to try to encourage any comments and discussion on any of the Committee Reports or any other items of business that are presented. Dr. Aagaard further explained that heretofore the business meeting has been held in a tremendous auditorium with anywhere from 4 to 800 people present, thus acting upon matters without giving people an opportunity to express themselves, or to raise questions, or to make comments. It was believed that fruitful interchange of ideas would evolve if the meeting were confined to institutional members only. Dr. Aagaard urged members to take advantage of the opportunity to comment or to raise questions. "We are a family of medical schools acting in concert today and we would like to have free exchange of opinion and comments."

APPROVAL OF MINUTES OF 71ST ANNUAL MEETING

The minutes of the 71st Annual Meeting, October 30–Nov. 1, 1960, Diplomat Hotel, Hollywood Beach, Florida, were approved as published.

EMERITUS MEMBERS

The following individuals were elected to Emeritus Membership.

Dana W. Atchley, M.D., Sc.D.; Loren R. Chandler, M.D.; Alan M. Chesney, M.D., LL.D.; Wilburt C. Davison, M.D.; J. A. W. Hetrick, M.D.; Robert F. Loeb, M.D., Sc.D., LL.D.; Thaddeus L. Montgomery, M.D.; J. Parsons Schaeffer, M.D., Ph.D., Sc.D., D. Litt.; William N. Parkinson, M.D.; John Scott, M.D.; and O. W. Hyman, Ph.D., LL.D.

INDIVIDUAL MEMBERS

A total of 326 new individual members were voted into the Association.

The chair was turned over to Dr. Stanley B. Olson, Vice-President of the Association. Dr. Olson called on Dr. George N. Aagaard to give the report of the Chairman of the Executive Council.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

GEORGE N. AAGAARD

Gifts and Grants:

Rockefeller Foundation.—\$250,000—Five year grant to provide the basic support for a Division of International Medical Education, and a second grant of \$10,000 to assist in defraying travel expenses for Latin Americans to attend this meeting.

Markle Foundation.—\$125,000 for three years for general support. for three year support of *The Journal of Medical Education.*

Macy Foundation.—\$5,000 for general support and a second grant of \$30,000

E. R. Squibb & Company.—\$5,000 for support of the Committee on Audio-Visual Education.

National Institutes of Health.—\$35,000 for the support of the 1961 Teaching Institute.

The Institutional Membership should also be reminded of payments received during the past year on grants that have been previously announced. These include:

\$100,000 from the *W. K. Kellogg Foundation* for Operational Studies.

\$50,000 from the *Commonwealth Fund* for the general support of Basic Research and additional grants of \$25,000 for general support and \$25,000 for the 1961 Teaching Institute.

\$10,000 from the *Macy Foundation* for the support of *The Journal of Medical Education.*

\$25,000 from the *Sloan Foundation* for support of the study of medical school medical profession relationships.

\$30,000 from the *Avalon Foundation* for general support.

\$1,500 from the *Borden Foundation* for the support of the Borden Award.

\$25,000 from the *National Institutes of Health* for the 1961 Teaching Institute.

During the past year the Administrative Committee of the Executive Council has held two meetings with representatives of the A.M.A. Board of Trustees and Council on Medical Education and Hospitals. Two university presidents participated in the first of these discussions. The purpose of these meetings was to continue the "top level" communications between the two Associations. The Council has felt that these meetings have been extremely helpful.

The Council is pleased to announce the initiation of a pilot study of the externship as a cooperative venture between the AHA, AMA Council on Medical Education and Hospitals, and the AAMC. Dr. John L. Caughey, Jr. is the Chairman of this Committee.

The AAMC, AHA, and the AMA Council are also participating in a study of medical school-affiliated hospital agreements. This study is of importance at this time because of newly developing medical schools, many of which will need consultation and help in the development of such agreements.

The Council is also pleased to announce that arrangements have been made with the Bureau of Applied Social Research of Columbia University to conduct a study of medical school-medical profession relationships. This study is also deemed of importance in order to facilitate the development of new medical schools.

The National Society for Medical Research, which was started many years ago largely under the aegis of the AAMC, has undergone a major re-organization because of the need to marshal a stronger national effort in the interest of combating the legislation that has been introduced into the Congress which, if passed, would seriously impair the effective use of animals in experimentation involving federal project grants or federally financed facilities.

The Council would like to recommend that the medical schools, because of their great stake in preserving the freedom so important to the conduct of research in the academic atmosphere, do all in their power to increase their financial support of the Society.

The Council also commends to your attention and favorable action the program of the Animal Care Panel. The Panel is beginning a program towards voluntary certification of animal care facilities and personnel. Many of you have received some information about this. This program is getting under way but if it is to proceed in time to be a factor and to be helpful in opposing this legislation in this next Session of the Congress, it is felt that it should get under way quickly. And adequate financial support is essential, if they are to get this program launched. The Association is now an Institutional Member of the Animal Care Panel. It has made a one-time contribution for its general support and your Council urges our member medical schools if possible to do the same thing, to make a one-time contribution towards the support of the Animal Care Panel. If you would like additional information on these matters relating to the National Society for Medical Research or the Animal Care Panel, you can find it by reviewing the News Letter of the Association (Vol. II, No. 4, April, 1961) and if there is anyone who would like to make additional comments on this subject at this time we have time to do so. Any questions or comments?

Dr. Robert Moore: Mr. Chairman, you emphasize the importance of opposition to Federal legislation which will regulate the use of experimental animals. I would urge each of you to see your Congressmen during this period in between the two Sessions of the Congress, particularly if they are members of the House Committee on Interstate and Foreign Commerce before which this legislation will come. I think we must inform Congressmen of the reasons why we feel that such Federal legislation is inadequate. I think all of you got a letter from me last summer, particularly if you had a Congressman of this House Committee

that will consider the legislation. It is a matter of the greatest importance, gentlemen.

Dr. Stanley Olson: I was confused about these two organizations. Perhaps some of the rest of you are. As I understand it the Animal Care Panel is a scientific group largely composed of people with veterinary backgrounds, to provide standards for the maintenance of animals. They are going to stay out of the legislative and political fields; the National Society for Medical Research is going to be very much in this and it seems to me that it is not a question of which one we support. I think we need to support both and I wasn't quite clear on that until I made inquiry and I just want to make that explanation.

Chairman: Any other additional comments or questions about this?

Last week the Liaison Committee on Medical Education, which is a Joint Committee with representatives from our Executive Council, and the Council of the AMA, Council on Medical Education and Hospitals, met for a day's discussion of matters of mutual interest to our two organizations and we particularly considered the school visitation and accreditation program which is a very important part of the work of our two Councils and made recommendations concerning the carrying out of that program which we think will make it even more effective and more useful as a continuing review of medical educational programs. You will be hearing more about this after the staff members of the two organizations have had time to go over the recommendations that came out of that liaison meeting.

On the basis of a careful cost analysis of the operation of *The Journal of Medical Education*, the Executive Council has decided that it will be necessary to increase the annual *Journal* subscription rate from \$7.00 to \$10.00 effective for calendar year 1962. The Council believes and hopes that the Institutional Membership concurs that *The Journal of Medical Education* has made very significant strides under the editorship of Dr. John Z. Bowers, and we trust that everybody will be willing to go along with this recommendation which was made after consideration of the financial situation of the *Journal*. The present cost of producing the *Journal* is a little over \$1.00 a copy; this is the cost of producing it and delivering it to your desk by mail. It is planned to limit the size of the *Journal* at about the present number of pages. Any questions?

Dr. Stanley Dorst: Do I understand then that this would increase the individual dues?

Chairman: This is not definite right now Dr. Dorst. This will be under the consideration of your Executive Council at its next meeting and if they do make a recommendation, this will come before the Institutional Membership at the meeting which will be held at the time of the Congress in February but no action will be taken on that until then.

The Executive Council has reviewed the significant way in which the Continuing Group on Student Affairs has developed under the aegis of the Association's standing Committee on Research and Education. The Council acknowledges with deep appreciation the important and helpful role this group has been playing in improving the understanding and administration of admissions to medical schools, of student counselling and financing and other problems that are the joint concerns of medical students and medical faculties.

The Council has decided to place the Continuing Group on Student Affairs under a standing committee of the Association to be known as the standing Committee on Student Affairs. In order to facilitate communication between the Executive Council and the Group, the Chairman of the standing Committee will be invited to meet with the Council (without vote) except when it is in executive session. Dr. John L. Caughey, Jr., Chairman of the Continuing Group on Student Affairs, has already met with the Council on several occasions and his interest and advice have been most helpful.

In prior meetings the Institutional Membership has approved the annual meeting locations and dates as per the schedule included in the packet you received at the time of the registration—i. e., 1962 (Los Angeles) and 1963 (Chicago).

The Council now recommends that the meeting for 1964 be held in Denver, Colorado; and in, 1965, Philadelphia, Pa.

This concludes the report of the Chairman of the Executive Council. I recommend its adoption.

The motion was seconded and passed by unanimous vote.

REPORT OF THE EXECUTIVE DIRECTOR

WARD DARLEY

Since World War II the change in and around medical education has been taking place at an ever-accelerating pace. In response to this, so that this change can be as orderly and constructive as possible, the leadership and coordinating role of the AAMC has grown steadily in importance and now, as American medical education stands upon the threshold of the 1960s—a time during which sound and far-sighted leadership will be needed more than ever—the medical school deans, who individually and collectively are responsible for this leadership must intensify their survey of the future progress and responsibilities of the Association.

In his Presidential Address of Monday morning, Doctor Aagaard clearly indicated the broad perspectives of this future, when he emphasized the importance of developing the program of the Association so as to provide a responsible role for the faculties as well as the administrative personnel of our schools of medicine. Doctor Aagaard pointed out the precedent for this that the Continuing Group on Student Affairs and the Medical School-Teaching Hospital Section have already set. He indicated that the time has come when the administrative and other personnel concerned with business affairs and public relations might well come together under the umbrella of the Association and study and discuss their mutual problems and interests with profit.

The Operational Study program of the Association—the studies of medical school expenditure by sources of income, faculty salaries and fringe benefits, staffing patterns, and now program costs—has reached the point where useful data can easily provide grist for such considerations. That such activities may have already started is evidenced by the 1960 Institute which considered medical education and medical care by the Institute for 1961, which will consider medical education and medical research and the Institute for 1963, which will consider medical education and medical practice.

Doctor Aagaard also indicated that more responsibility for the participation of faculty in Association affairs should be developed by building upon the Teaching Institutes of 1952 through 1959 and also upon the Project in Medical Education inaugurated in 1954 by the University of Buffalo. The nature of the Institutes that considered the teaching of the basic and clinical sciences are all a matter of important record. The Project in Medical Education at the University of Buffalo was a five-year study, involving medical teachers and medical educators in a mutual investigation of the processes of teaching and learning in medical school. This setting made possible a focus upon fundamental questions dealing with the nature of learning, the definition of educational goals, the selection of appropriate instructional tools to achieve these goals, measurement devices for their evaluation, and also the overt as well as covert influence of non-intellectual student and faculty characteristics on teaching and learning alike.

Emerging from the Buffalo study was the annual Summer Seminar on Medical Teaching sponsored in 1958 and 1959 by the University of Buffalo and the AAMC and since that time by the AAMC with the assistance of the Office of Research in Medical Education at the University of Illinois College of Medicine. One hundred-thirty faculty members from fifty-nine medical schools in the United States and Canada have now taken part in these seminars with substantial profit to themselves and stimulus to their schools. These seminars have emphasized the importance of and the need for all medical schools to institute programs of research in medical education. In addition to the University of Illinois, such programs have been started at Western Reserve University, the Medical College of Virginia, and perhaps a few other schools of which I am unaware.

It is my hope that the Association can now gradually develop a forum within which interested medical faculty people can analyze in critical fashion, educational problems, methodological studies, place and use of audio-visual aids, curriculum investigation and innovations, evaluation procedures, and other activities that might influence and improve teaching and learning.

It seems to me that this type of activity—research in medical education—can give the same dignity and stature to the medical teacher that now seems to go almost automatically to the basic science and clinical investigator and so that the Association might foster this type of development, I hope that all of the research activity of the Association can be turned to this end. Not that the Association staff would administer or perform research in medical schools. This must be done in and by the medical schools themselves. But the Central Office can help schools initiate this very important activity: advising and counselling; collating and presenting data that will enable schools to compare themselves with one another; developing the forum I mentioned before, and by providing for the publication and dissemination of research data and their discussion and interpretation.

To date the circulation of *The Journal of Medical Education* and the number of individual memberships are the only indices we have of faculty interest in the Association of American Medical Colleges. There are approximately 40,000 individuals who belong to the faculties of the nation's medical schools. Of these only 4,000—10 per cent—receive the *Journal* and 2,000—5 per cent—belong to the Association. A perusal of the 1962 Directory will show that the number

of faculty from each school of medicine that belong to the Association varies from as few as 3 to as many as 75. Only 50 per cent of our deans belong.

Doctor Aagaard has pointed out in his Address that the Association must move faster in the direction of developing faculty centered programs. This can most logically be accomplished by a program that will bring faculty together in the interests of improving teaching and learning. Because of its importance as a medium of communication, the improvement of *The Journal of Medical Education*, now so well accomplished is the first step in this direction. I believe that the next is represented by the type of interest and activity Doctors George Miller and Edwin Rosinski so brilliantly presented in their papers last Monday.

In the meantime, since the circulation of *The Journal* and the Individual Membership are so important to both the moral and financial support of the Association, I suggest that each dean, after making certain that he himself is a member of the Association, urge his faculty to do likewise. One way of doing this will be to call a meeting with the purpose of acquainting the faculty with the work and program of the Association. Published Proceedings for the years 1959 and 1960 provide ample information for such a presentation. My office can provide additional information upon request.

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 1960-61:

Universite Laval Faculte de Medicine
 New York University School of Medicine
 University of Pittsburgh School of Medicine
 Woman's Medical College of Pennsylvania
 Universite de Montreal Faculte 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 reports of these surveys have been reviewed by the members of the Executive Council of the AAMC and the Council on Medical Education and Hospitals of the AMA and approved by the Liaison Committee between the two Associations.

The visitation schedule for 1961-1962 is as follows:

The University of Kentucky College of Medicine
 The Creighton University School of Medicine

West Virginia University School of Medicine
 Stritch School of Medicine of Loyola University
 The University of North Dakota School of Medicine
 Seton Hall College of Medicine and Dentistry
 Louisiana State University School of Medicine
 The University of Texas Medical Branch (Galveston)
 The University of Tennessee College of Medicine
 The University of Oklahoma School of Medicine
 University of Utah College of Medicine
 The University of Washington School of Medicine
 The University of Illinois College of Medicine
 Howard University College of Medicine
 Boston University School of Medicine

The following men are acting as Assistant Secretaries of the AAMC:

John A. D. Cooper (Northwestern University)
 James R. Schofield (Baylor University)
 Vernon Wilson (University of Missouri)
 Robert R. Wagner (Johns Hopkins University)
 Samuel A. Trufant (University of Cincinnati)
 Robert G. Page (University of Chicago)
 Edward S. Petersen (Northwestern University)
 Winston K. Shorey (University of Arkansas)
 Reginald H. Fitz (University of New Mexico)
 Richard J. Cross (University of Maryland)
 George E. Miller (University of Illinois)

REPORT OF THE TREASURER J. MURRAY KINSMAN

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

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, 1961. 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 Colleges at June 30, 1961, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Chicago, Illinois

ERNST & ERNST

July 24, 1961

BALANCE SHEET
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1961	June 30 1960
ASSETS		
Cash	\$ 13,434	\$151,449
United States Government short-term securities at cost and accrued interest (approximately market)	152,613	181,167
Accounts receivable	119,576	81,941
Accounts with employees	3,579	1,555
Supplies, deposits, and prepaid expenses	17,028	8,321
Land and building—at cost—Note A:		
Land improvements	\$ 9,002	\$ 9,002
Building	287,854	287,854
	<u>\$296,856</u>	<u>\$296,856</u>
	<u>\$603,086</u>	<u>\$721,289</u>
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$ 15,141	\$ 83,038
Salaries, payroll taxes, and taxes withheld from employees	6,449	5,478
	<u>\$ 21,590</u>	<u>\$ 88,516</u>
Equity:		
Restricted for special purposes	\$182,381	\$180,753
Invested in land and building	296,856	296,856
Available for general purposes	102,259	155,164
	<u>\$581,496</u>	<u>\$632,773</u>
	<u>\$603,086</u>	<u>\$721,289</u>

See notes to financial statements

STATEMENTS OF INCOME AND EXPENSE AND EQUITY
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

YEAR ENDED JUNE 30

1961					
	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes	Total	1960 Total
STATEMENT OF INCOME AND EXPENSE					
Income:					
Dues			\$146,612	\$146,612	\$148,713
Grants	\$269,641		116,650	386,291	377,041
Services			194,719	194,719	174,060
Publications			80,808	80,808	76,556
Interest			8,461	8,461	8,899
Transfers in-out*	4,416*		4,416	-0-	-0-
TOTAL INCOME	<u>\$265,225</u>		<u>\$551,666</u>	<u>\$816,891</u>	<u>\$785,269</u>
Expenses:					
Salaries	\$ 96,713		\$315,339	\$412,052	\$341,871
Other expenses	134,074		322,042	456,116	407,407
Transfers in-out*	32,810		32,810*	-0-	-0-
TOTAL EXPENSES	<u>\$263,597</u>		<u>\$604,571</u>	<u>\$868,168</u>	<u>\$749,278</u>
INCOME IN EXCESS OF EXPENSES	<u>\$ 1,628</u>		<u>(\$ 52,905)</u>	<u>(\$ 51,277)</u>	<u>\$ 35,991</u>
STATEMENT OF EQUITY					
Balance at July 1, 1960	\$180,753	\$296,856	\$155,164	\$632,773	
Income in excess of expenses	1,628		(52,905)	(51,277)	
BALANCE AT JUNE 30, 1961	<u>\$182,381</u>	<u>\$296,856</u>	<u>\$102,259</u>	<u>\$581,496</u>	

Parentheses indicates expenses in excess of income. See notes to financial statements

NOTES TO FINANCIAL STATEMENTS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1961

Note A—Land and Building:

The national headquarters of the Association is 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 to be Received in Future Periods:

It is the practice of the Association to include grants in income when they are received. At June 30, 1961, the Association had been notified by several grantors that it may expect to receive \$512,364 for special purposes and \$175,000 for general purposes within the next five years.

REPORT OF THE DIRECTOR OF BUSINESS AFFAIRS

JOHN L. CRANER

The Association has developed and instituted a set of standard personnel policies which apply to all employees. Standard sick leave and vacation policies have been established and put into effect. It is recognized that the present personnel policies still contain inequities, but constant efforts are being made to correct them. Our records now indicate that resignations of qualified full-time employees are at an all-time low.

The Association is a member of the College and University Personnel Association (CUPA). Personnel policies of universities and colleges that are members of CUPA have been used as guides in formulating the AAMC's personnel policies.

Purchasing.—Approximately two and one-half years ago all divisions and various departments had their own purchasing function and supply of purchase orders. Following is a résumé of steps taken by this division to correct the situation:

1. **Contracts:** Past records indicate that higher prices were paid because proper safeguards had not been established. The Association has since instituted a rigid control of purchasing and purchase orders. A strict rule is maintained that a minimum of three bids must be obtained from venders (cleared by the Better Business Bureau) on purchases in excess of \$100. The purchase order is then let on the basis of low bid. In rare instances because of extenuating circumstances, the Executive Director has authorized the award to a higher bidder.

2. **Supplies:** Examination of supplies indicated equal or better quality could be purchased for less. In some cases the quality used was considered far superior to needs and a more inexpensive quality was purchased. However, acceptable results were accomplished.

3. **Art work:** Previously venders kept all art work, reproduction proofs, negatives, and prints even though they had been paid for by the Association. This division now demands that art work, et cetera be returned and a permanent file is maintained at Association headquarters. This has resulted in great savings both in repeat jobs and new jobs utilizing existing art work.

4. **Overruns:** Trade customs in this area permit a charge for overruns up to ten per cent. Past records indicate the Association has honored invoices of this nature. Invoices are now honored only for number of copies ordered.

5. **Payment of Invoices:** It was previously the policy of the Association to pay all invoices as rendered, even on incomplete deliveries. The Association now pays on completed deliveries only to insure that goods paid for are received. Under this policy, all trade discounts are still allowed.

Budgetary Control.—A new method of budgetary control was instituted in March, 1961. The chart of accounts has been expanded to encompass activities, programs, and responsibilities. This system is incomplete in its present operation and one year's additional experience is necessary to finalize the procedure.

Meeting Arrangements.—The Executive Director has delegated to the Division of Business Affairs the responsibility of physical arrangements for all meetings held by the Association. Exceptions to the above are meetings scheduled prior to this arrangement or because principal participants were inclined to assume part or all responsibility for meetings. The Division has rendered assistance as requested in these instances.

Secretary.—The secretary to the Division, in addition to regular secretarial duties performed, acts as secretary to the Annual Seminar on Medical Teaching and the Medical School-Teaching Hospital Section (held in conjunction with the Annual Meeting).

Accounting Department.—Each division director or his assistant is contacted every month prior to final ledger runs on IBM machines to approve the correctness of charges against his division. This enables the majority of corrections to be made prior to final runs.

As in the previous year, your attention is called to the letter from Ernst and Ernst directed to the Executive Council concerning the progress of the accounting system.

Mailing and Reproduction.—The Mailing and Reproduction Department was established in June, 1959. The main purpose in establishing this department was to enable the Association to charge the various budgets with their appropriate share of mailing and reproduction costs. In addition, it gave the Association the capabilities of producing reports and publications in times far shorter than outside services could render and at equal or less costs. Previously, to the establishment of this department, premium prices were paid because of time requirements or alterations. The services rendered by this department are appropriately ten to twelve per cent under outside costs.

This department has been able to purchase equipment necessary for performance of this operation with proceeds which normally would have gone to outside agencies. For the 1960-61 fiscal year, this department billed for work performed in the amount of \$77,400.

Some of the publications printed in the M & R Department are: "Financial Assistance Available for Graduate Study in Medicine," Membership Directory, DATAGRAMS, Newsletter, School Visitations, *et cetera*.

This department also maintains an addressograph list of approximately 53,000 plates. These plates are broken down in lists as follows:

Deans
 Associate Deans and Vice Presidents
 Medical Faculty Members
 Department Heads and Schools of Medicine
 Hospitals
 Membership:
 Individual
 Institutional
 Contributing
 Sustaining
 Journal Mailing List
 County and State Medical Societies
 Schools of Nursing
 Press List

This department is also responsible for the supply, maintenance, disbursement, and storage of publications.

Records Management.—Last year it became apparent that the method of filing was not only inadequate for several divisions, but many duplicate files were being maintained. The secretarial time devoted to filing was ineffective and costly. A records management consultant was engaged for the purpose of consolidating as many of the different files as possible. The following divisions and departments were consolidated into one central file: Executive Director, Operational Studies, Business Affairs, International Medical Education, and Visitations. It is estimated that five working hours a week per secretary have been made available for additional assignment. In addition, duplication in filing has been avoided.

The air line ticketing service has been transferred to the records clerk. This has made available additional clerical time for assignment in other areas.

Film Library.—At the time of last report the films were being handled physically by a commercial film library. Because orders from this office to the film library were not being handled with sufficient dispatch to meet showing dates, the service was cancelled and transferred to another film library. The same results were experienced with them. With permission of the Executive Director, the films were returned to headquarters. While this operation increased the total amount of salary outlay for the Division of Business Affairs, the increased cost was more than offset by handling charges formerly paid to the commercial services used. Personnel handling film operation also perform additional duties for the Division. An advantage in having the films located at headquarters is that requests can be handled promptly, and occasions have occurred when emergency requests received after working hours have been honored.

In October, 1960 the Association revised the film catalog for the first time since 1954. In June, 1961, the catalog was again revised to include an authors' index and an alphabetical index. This enables film identification by author, subject, or title.

In order that medical academicians and other interested individuals receive maximum service from this library, it is strongly recommended that earnest consideration be given to placing the library under the control of an audio-visual expert with a background of pre-clinical and clinical medical experience. Re-

quests for information of a technical nature are relayed to various individuals who are many times not knowledgeable in the specific field required. This often results in embarrassing situations which should be avoided. In addition AAMC headquarters does not have adequate space to house and operate this library with the desired maximum efficiency.

Stenographic Pool.—At the request of the Executive Director, this Division established a stenographic pool to perform overload work from various divisions and eliminate the hiring of temporary persons. The pool is staffed with one full-time person. It is hoped that in the future one or more full-time positions can be eliminated.

Membership.—Up to March 31, 1961, expiration of individual memberships was based on anniversary date. Beginning April 1, 1961, all new memberships and renewals were aged through June 30 of the current year. Memberships expiring between July 1 and June 30, 1962 will be prorated. This permits a reduction in cost of record keeping and allows greater accuracy in projecting income from membership dues for budgetary purposes. This also conforms with institutional memberships which fall due on July 1.

At this time no plans have been made to change the expiration date of contributing and sustaining memberships due to their limited numbers.

Upon direction of the editor, all subscriptions to *The Journal of Medical Education* were aged to December 31, 1961. This change was made in order to conform to expiration policies of other medical journals. In future years all subscriptions will run from January 1 to December 31. This will relieve the membership desk of the time-consuming task involved in sending out monthly renewal notices.

Building Services.—With the increasing number of employees, problems of building maintenance and cleanliness become greater. The Association has attempted a single janitor, two cleaning services, and presently employs a husband and wife team. To date, this has been the most satisfactory arrangement. The building is cleaner than ever before. However, due to overcrowding of its facilities, maintenance will never measure up to that which is desired in an operation of this nature. The Association has been forced to utilize for offices space below grade level originally designed for storage. The cost for remodeling this area was \$3,700. Many people who work in the basement are unhappy about working conditions. However, to date, we have had only one resignation for this reason.

Because it was necessary to move personnel to the lower level, much of the storage had been compressed. The fire marshal visited the Association and strongly urged immediate steps be taken to alleviate the situation. Three fire walls were constructed at an approximate cost of \$2,750. Because of the increase in personnel and activities, the original wiring has become inadequate and dangerous, causing numerous power failures. Heavier wire was brought in from the street and new circuits were installed throughout the building at a cost of \$2,895. Upon suggestions of the fire marshal, space was rented in a fireproof warehouse for the storage of 635 transfer cases containing paper and 1,065 cases of IBM cards. The cost of renting additional space for this storage is approximately \$3,200 a year. These figures clearly indicate that the budget of building

services is out of balance because of the unforeseen growth of the Association.

This division recommends that earnest consideration be given to either increasing the size of the building or relocating some or all of the operations to adequate quarters. As long as present programs are required and additional programs initiated, efficiency cannot be maintained in the prevailing crowded conditions.

The JOURNAL of MEDICAL EDUCATION: By direction of the Executive Director and upon agreement of the Editor of *The Journal of Medical Education*, the following division of responsibilities was initiated:

1. All editorial content in the *Journal* is the responsibility of the Editor.
2. All parts of the news section, circulation, advertising, and printing are the responsibility of the Division of Business Affairs. However, the Director of the Division has called upon the Editor and has received assistance in areas which are not necessarily editorial but do have a great bearing upon content and appearance of *The Journal*.

A. News Desk: The news desk is that portion of *The Journal* entitled "Medical Education News." It includes news from medical schools, National Institutes of Health, and other items of current interest. This section is now averaging 12 to 14 pages each issue which is approximately double the space formerly used.

The news desk also operates the personnel exchange function of *The Journal* and under the direct supervision of the Executive Director, prepares all editorial work on the monthly News Letter. The press room at the Annual Meeting is handled by this section.

B. Circulation: The activities of this desk are so closely aligned and overlapped with the membership desk that it previously has been described.

C. Printing: The Administrative Committee recommended that contract with the University of Chicago Press be cancelled.

The Editor and the Executive Director selected Service Printers, Inc. as the printer for *The Journal*. The printer has met every mailing deadline with the exception of the October supplement. The responsibility for this delay was not Service Printers or its suppliers. Analysis of the first eight months of Service Printers' contract shows a production of 1,602 pages of printed material consisting of editorial, news, and advertising. During this same period in 1960, the University of Chicago Press produced 1,292 pages of the same material.

Advertising.—The revenue from advertising shows a marked decrease this year from last year.

Visitations.—The Secretary of the Association is responsible for arranging the visitation schedule. The visitation desk is responsible for the physical preparation of the survey forms and the final report.

The 1959–60 schedule consisted of twelve surveys. Responsibility was divided between the American Medical Association and the Association of American Medical Colleges.

The 1960–61 schedule consisted of eighteen surveys with all stenographic and printing work being completed at the AAMC headquarters. Fifteen of the reports were processed in less than five days each.

The 1961–62 tentative schedule has been prepared. There will be fifteen visitations all of which have been firmed for October 9, 1961 through March 19, 1962. This will allow for completion and receipt of votes, comments, and signa-

tures prior to summer months. The presurvey questionnaires have been prepared and forwarded to the fifteen schools by AMA.

Data Processing Department.—The major changes in this department have been completion dates of major reports and providing additional information to departments within or outside of the Association as requested and required.

The Applicant Study Tables for 1960–61 were completed in July, 1961 as compared with the 1959–60 study which was completed in October, 1960. The preparatory work for the 1961–62 study indicates a further improvement in the completion for the next set of tables.

The National Intern Matching Program was reviewed and the Executive Director authorized the following changes in processing:

1. The initial punching in detail cards was started earlier and confirmations were mailed to students as forms were processed.
2. The actual matching procedure was moved from computer equipment in New York to tabulating located at headquarters. This reduced delivery time and final results were ready for mailing to students four days ahead of the scheduled date.

REPORT OF THE DIRECTOR DIVISION OF OPERATIONAL STUDIES

LEE POWERS

A. Introduction.—The Division of Operational Studies of the AAMC, established on March 1, 1959 as the result of a 5-year grant from the W. K. Kellogg Foundation, is now at mid-point in the first five years of operations. This is the Third Annual Report to the membership of the Association of American Medical Colleges.

During the past year two important studies were completed. The analysis of the educational value of the internship in university teaching hospitals was reported in the June, 1961 issue of *The Journal of Medical Education*. The second study was a definitive survey of the financial position of the U.S. medical students, which was reported in the July, 1961 issue of *The Journal of Medical Education*.

In addition to these two completed studies, progress has continued in the collection, analysis, and dissemination of information in each of the four areas of the Division's interest in medical education: students, faculties, facilities, and finances.

B. The Current Activities of the Division.—

1. Activities concerned with students:

(a) The Internship Study.

Dr. Richard H. Saunders' survey of the university hospital internship contributed significantly to the field of medical education. The final report of this study, submitted to the Kellogg Foundation in July, 1961, reads, in part, as follows:

The preliminary phase of this study began December 1, 1958, and all phases except publication of the main report, were completed by November 30, 1960. Twenty-seven hospitals were studied in depth and were visited by the study director. On ten of these visits he was accompanied by a member of the A.A.M.C. Committee on Internships, Residencies, and Graduate Medical Education. The interns from nine hospitals with which the committee members were associated also took part. In addition to

these institutions, 9 other medical centers were visited relative to some aspect of the study making a total of 45 medical schools and their hospitals which contributed in some manner to the survey.

Extensive notes were made during the hospital visits. These were later fully transcribed and provided the basis for much of the report. In April, 1960, after considerable planning, consultation and pre-testing, a questionnaire was mailed to 1493 interns in the study hospitals. Eventually, 1249 were returned, of which exactly 1200 (80.4 per cent) were complete enough for analysis of the replies. Many of the other 49 were from dental and pathology interns or graduates of foreign medical schools whose prior experience made it difficult for us to compare their answers with those of American graduates. The information from all the 1200 was coded on IBM cards at the AAMC offices and extensive analyses of these data were made there.

In November, 1960, a preliminary report of the findings was given at the Annual Meeting of the AAMC in Miami. In February, 1961, this report (with slight modification) was presented at the A.M.A. Congress on Medical Education in Chicago. This latter report will appear shortly in the *J.A.M.A.*

Completion of the detailed "full report" took longer than anticipated, but was finally ready for publication in March, 1961. It has subsequently appeared as the lead article in the June '61 issue of the *J.M.E.* To some, the approximately 100 page report will seem unduly brief to represent some two years of work. Actually, this was done deliberately by the study director whose feeling was that more people were likely to read a short report. Every effort was made to include all pertinent data, indicated by the 42 tables and 2 illustrations, plus additional figures not shown in tables.

The report went through at least six revisions, was professionally edited, and the manuscript reviewed by all members of the committee (except the late Dr. Howard Armstrong) before it was released for publication. While it could have been greatly lengthened by including more quotations from the voluminous notes, quotations from the 400 interns who wrote notes on their questionnaires, and additional analyses of the questionnaire data, it was the consensus of the committee that these were not essential to the main theme of the report.

It is appropriate for the study director to comment once more on the excellent cooperation given by all participating institutions, the splendid support received from the AAMC staff, and the efforts "above and beyond the call of duty" of the committee members. It is sincerely hoped that the findings and recommendations will be of value in the future planning of internships in all hospitals with graduate medical education programs.

The results of this study were reported in an article in the June, 1961 *Journal of Medical Education*, "The University Hospital," Richard H. Saunders, Jr.

(b) The Student Finance Study.

A second major project, completed during the year by the Division, was a study of the financial problems of the American medical student. Since a variety of audiences were to be reached with the information derived from this study, several types of publications were written. These consisted of a trilogy of basic publications supported by several shorter reports and "Datagrams."

The basic analysis of the data from the financial questionnaire completed by some 5,000 graduating medical students in June, 1959, was presented in the July, 1961, issue of *The Journal of Medical Education* in an article entitled, "The Financial Situation of the American Medical Student," co-authored by J. Frank Whiting, Ph.D., Lee Powers, M.D., and Ward Darley, M.D.

This 30-page article was written for medical school faculty members and others who wish to provide themselves with a basic and detailed understanding of medical students' financial situations as of June, 1959. In the years to come, as both public and private agencies move to meet the problems inherent in the medical students' financial situation, it is hoped that this article can serve as a point of reference against which the financial situations of future U.S. medical students can be measured.

The discussion in the article focuses on three basic components of the student's financial situation: (a) the costs of attending medical school; (b) the sources of funds available to students to defray medical school costs (particular reference was made to scholarships, i.e., non-refundable grants, loan assistance, and to medical student employment); and (c) the medical students' perceptions of their own financial problems.

The data on the factors noted were organized around two central themes: (a) a brief comparison of the financial situation of the U.S. arts and science graduate student and of the U.S. medical student, and (b) a comparison of the medical students who bear various amounts of familial responsibility.

A second document was beamed primarily to the many potential and enrolled medical students who have limited or insufficient funds for financing their medical educations. The brochure, "Sources of Information on Financial Aid to Medical Students," contains a discussion of the various regional and Federal programs which provide financial assistance and lists specific individuals and agencies in each of the 50 states in the United States to whom the student can turn for possible help with his financial problems.

In addition to the above general publications regarding student finances, the staff of the Division also prepared a statement regarding the need for Federally financed loan funds for medical students. Dr. Robert C. Berson, Dean of the Medical College of Alabama, and Dr. J. Frank Whiting, of the Division staff, presented testimony on this subject in connection with the deliberations of the Select Subcommittee on Education of the House of Representatives concerning H. R. 4930 on June 8, 1961.

(c) The Clinical Externship Study.

During the last Annual Meeting in Hollywood Beach, Florida, the Continuing Group for Student Affairs of the AAMC voted to urge the AAMC to work with the AMA and the AHA on studies of the problems of clinical externships. Subsequently the AAMC-AMA Liaison Committee on Medical Education acted formally on this recommendation and appointed a Special Committee on Clinical Externships to devise ways and means to study the problem.

With the staff assistance of Dr. J. Frank Whiting, of the Division, Dr. John Caughey, Chairman, and the members of the Externship Committee decided to take the following steps:

(1) To construct an appropriate questionnaire in order to acquire information about: (a) the scope of the problem in medical schools; (b) the attitude of full-time and part-time faculty members about externships; and (c) the reasons students take clinical externships.

(2) To obtain suggestions about these questionnaires and related problems through discussion at regional meetings of CGSA.

(3) To do a trial run of a revised questionnaire which was sent by mail to the class of 1961 at their internship addresses in August, 1961.

(4) To intensify efforts to procure significant data by questionnaire and possible personal interviews or reports by CGSA members, for the class of 1962 in the January-March period of 1962.

2. Studies concerned with faculties:

A first printing of the *Faculty Directory* of U.S. medical schools, containing the names of more than 36,100 faculty members, and listing the department and/or specialty with which the faculty member is identified, has been distributed in limited number.

The Directory to date represents a preliminary draft subject to re-checking and verification. As yet the listing is not complete because about 7 per cent of the faculty members did not return the questionnaire. In this initial publication information was reproduced as the data were submitted to us on the original faculty questionnaire. Corrections of individual listings have been solicited before a final version is prepared for general distribution. Once the basic Directory is established, a biennial revision is contemplated.

Information obtained from the registry questionnaire concerning medical school full-time staffing patterns was reported in "Datagrams" Vol. 2, No. 6, December, 1960; Vol. 2, No. 7B, January, 1961; Vol. 2, No. 8A, February, 1961; and Vol. 3, No. 2, August, 1961. A more comprehensive study of this subject is in progress.

3. Studies concerned with facilities:

The Division's personnel have worked in close cooperation with the AAMC's Ad Hoc Committee on Planning of Medical Education Facilities. The Committee, with the assistance of the staff of the Division of Hospital and Medical Facilities of the Public Health Service, is developing sample unit plans and costs for new medical facilities, including those for libraries, multidiscipline laboratories, and other student facilities. Details of the Committee's study are reported in the two P.H.S. publications, "Planning Considerations for Medical School Facilities," an abbreviated version and a detailed version, "Guide to Planning Medical School Facilities."

Many universities, organizations, and institutions interested in exploring the possibilities of establishing new medical schools have approached the AAMC for information during the past year. The Division, in cooperation with the Council on Medical Education and Hospitals of the AMA, has complied by supplying relevant regional and national data derived from various current studies and by preparing innumerable individual tabulations.

The Council on Medical Education and Hospitals of the AMA and the AAMC prepared a statement entitled, "Information of Value in the Consideration of New Medical Schools." This document, which outlines the basic considerations underlying the establishment of a new medical school, provides a comprehensive list of pertinent references and publications for use in answering the initial inquiry from institutions and individuals interested in developing a new medical school.

4. Studies concerned with financial and administrative problems of medical schools.

Several medical schools have completed the study of their annual program

costs in accordance with the methods and procedures developed by Mr. Augustus J. Carroll. A number of additional schools are in the process of completing these cost studies.

The study of medical college faculty salaries was distributed for the confidential use of the deans. It included ranges, means and medians for teachers holding positions of instructors or higher in clinical and preclinical departments and differentiated between strict and geographic full-time appointments. Comments from numerous deans indicated that this information was especially timely and greatly appreciated. A biennial revision of salary information is planned.

This year, the Division of Operational Studies again tabulated the financial information obtained from the Joint AMA-AAMC Questionnaire and prepared the section on Expenditures which appeared in the Educational Number of the *JAMA*.

The Division's staff is assisting Dr. Cecil G. Sheps, of the Graduate School of Public Health at the University of Pittsburgh, who expects to complete the study of medical school-teaching hospital relationships early next year.

Approximately 7,500 copies of each issue of the "Datagrams" are distributed in loose-leaf form. Each issue is subsequently documented in *The Journal of Medical Education*. In order to increase the usefulness of "Datagrams," a subject and alphabetical index was prepared and distributed.

The reprint library of articles, publications 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 who are not immediately connected with the Association. Requests of this nature have increased considerably since last year.

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

HELEN HOFER GEE

During the past year the Committee on Research and Education and the Division of Basic Research have worked together on five major research and service programs: a long-range program of research on the characteristics of medical students and their environments, the annual AAMC Teaching Institutes, the maintenance and development of the Medical College Admission Test, a program of regular reports and services to medical and undergraduate schools, and the annual publication of *Admission Requirements of American Medical Colleges*. This report contains a description of the efforts directed toward each of these major areas. Also included is a summary of the activities of the Continuing Group on Student Affairs, which has played an important role in the research and service programs of the Association.

Dr. Robert J. Glaser, Vice-President for Medical Affairs and Dean of the School of Medicine at the University of Colorado, again served as chairman of

the committee. New members included: Dr. Charles G. Child, III, Professor and Chairman of the Department of Surgery at the University of Michigan School of Medicine; Dr. George E. Miller, Director, Research in Medical Education and Professor of Medicine at the University of Illinois College of Medicine; and Dr. Stewart G. Wolf, Jr., Professor and Chairman, Department of Medicine, University of Oklahoma School of Medicine. Continuing on the committee were: Doctors George P. Berry (Harvard), John L. Caughey, Jr. (Western Reserve), Carlyle Jacobsen (SUNY, Upstate), Julius B. Richmond (SUNY, Upstate), George A. Wolf, Jr. (Tufts), Ward Darley (AAMC), and Helen H. Gee (AAMC).

The professional and supervisory staff of the Basic Research Division has remained unchanged since last year. Dr. Gee has completed her six-month lectureship at the University of Edinburgh and resumed her post as Director of the Division. The Assistant Director, Dr. Charles F. Schumacher, served as Acting Director in her absence.

Research on Student Characteristics.—During 1960-61, work on the AAMC longitudinal study of medical students included new data collection activities, processing and analyses of data collected during the previous year, and publication of two studies on the characteristics of the 1960 graduating class.

In the data-collection area, a questionnaire requesting information about career plans and internship experiences was sent to approximately two thousand 1960-61 interns who have participated in the AAMC longitudinal study of student characteristics since its inception in 1956. Over 93 per cent of the group responded to this request, indicating the continued interest of the students in this research and their willingness to contribute time and effort to its success. These data, together with information gathered during medical school, are currently being analyzed to identify some of the major ability, interest, and personality dimensions which characterize students choosing different types of careers. In addition, this information will be used to study the stability of career choice during the internship period, and to investigate the intern's evaluation of this phase of his medical education.

A second major data-collection project undertaken last year was the collection of supervisors' ratings on the clinical performance of interns. Ratings were obtained on five aspects of the clinical performance of a subsample of 1,089 longitudinal-study interns in 111 hospitals. These ratings will add significantly to the fund of criterion information now available for validating the various tests and other predictor data that have been collected over the past five years.

Turning to analyses of data collected while these students were still in medical school, one of the studies initiated last year and now nearing completion was an investigation of changes in the value systems and personality characteristics of students during the four years of medical school. Scores on two measures of values and personality traits (the Allport-Vernon-Lindzey Study of Values and the Edwards Personal Preference Schedule) were obtained at the time students entered medical school. These initial scores are now being compared with retest scores obtained from the same students during their senior year. Changes that have taken place will be studied in relation to differences in the characteristics of the medical schools and in relation to other personal characteristics of the student.

Another project now in the data-analysis phase will compare the attitudes of senior medical students toward the school, the faculty, and fellow students with those of undergraduate students in various major fields.

Two studies of the 1960 senior group were published during 1961. One of these, reported in the May issue of *The Journal of Medical Education*, described the 1960 graduate in terms of various biographical information and investigated the relationships between certain biographical history data and the student's choice of career (1).

The second, published in the April issue of *The Journal of Medical Education*, was a study of student perceptions of the medical school environment and the ways in which these perceptions differ in different medical schools (2).

The results of both of these studies were distributed to all 28 medical schools that have participated in the longitudinal-study program. In addition, each of these schools received a report containing specific information about the career plans of its own 1960 graduates and the ways in which the school, the faculty, and fellow students are perceived by this graduating class.

Teaching Institutes.—1960 marked the beginning of a new series of three AAMC Institutes which will focus on the impact of various extramural forces on medical education.

Under the leadership of Dr. Carlyle Jacobsen, the 1960 Institute considered the general topic of changing patterns of medical care and their implications for medical education. Trends toward increasing specialization among recent medical school graduates, the increasing importance of group practice, the growth of prepaid medical care programs, and the declining number of indigent patients available for teaching purposes were among the major areas that were discussed. Doctors Cecil G. Sheps and George A. Wolf, Jr. served as subcommittee chairmen. Dr. Sheps, with the assistance of the research division, compiled the now traditional workbook of background data which proved to be a valuable reference source for the discussions (3).

Participants in the 1960 Institute were medical school deans and representatives from a wide variety of agencies and social groups concerned with medical care and its relationship to medical education. Because the audience for the report of this Institute will be broader than medical educators alone, and because many participants expressed a lively interest in some of the controversial aspects of medical care-medical education relationships that were presented, a new editorial approach was taken in preparing the 1960 Institute publication. This started with solicitation of participant commentary on the content of the Institute, and culminated with a decision to put together a book that is more than a mere report. It includes all the formal Institute papers and much of the discussion and background material, and features also a number of chapters—both descriptive and interpretative—written especially for the book. The editorial committee was composed of Doctors Jacobsen, Sheps, Wolf, Ward Darley, and H. Jack Geiger, with editorial coordination by E. Shepley Nourse. Publication is scheduled for December, 1961 (4). The *Report of the Second Institute on Clinical Teaching*, the 1959 Institute book edited by Doctors Helen Hofer Gee and Charles G. Child, III, appeared as Part 2 of the April, 1961 issue of *The Journal of Medical Education*.

The 1961 Institute, entitled "Medical Research and Medical Education" will

be held in Colorado Springs on December 3-7, 1961. Dr. Julius H. Comroe, Jr., Chairman of the Association's first Teaching Institute and Director of the Cardiovascular Research Institute at the University of California Medical Center, was called upon to serve again as Chairman for 1961.

The major topic areas to be considered this year are the effects of medical research on the medical school faculty, students, and curriculum; the impact of increasing research funds on the use of facilities and the over-all support of the medical school; the effects of increasing research emphasis on research *per se*; and the effects of research upon the long-range goals of the medical school.

Participants will be faculty members with special interest in and a broad knowledge of the effects of research on the educational programs of their own schools. An additional number of individuals with special competence have been invited to present their views on each of the major discussion topics.

To provide a frame of reference from which the discussions may proceed, a body of factual and opinion data has again been collected and analyzed. This year, to allow a maximum amount of time for participants to assimilate the data prior to the meetings, the results of each major analysis are being distributed to all participants as soon as the analysis is completed.

Plans for the production of the final report have already been made, and it is hoped that the finished publication will be available early in 1962.

Planning for the 1962 Institute began in fall of 1960 and has continued during the past year. Dr. Stewart G. Wolf, Jr., will serve as chairman and the Institute will focus on the relationships between the medical school and the practicing physician in the community. A planning committee has been chosen to formulate the specific topic areas to be considered and to decide what background data will be particularly relevant. On the basis of preliminary discussions, it appears that a series of site visits to several medical schools will be needed in addition to the usual survey-research project in order to gather all the necessary information.

Medical College Admission Test.—The Medical College Admission Test was administered to 14,199 candidates during 1960, and to 7,877 students in May of 1961. These are the largest groups ever tested during a single year and in a single administration respectively. In May, 1961 the Committee met with members of The Psychological Corporation staff and several outstanding consultants in the field of psychological measurement to review the test development work that had been done during the past year and to plan the next steps to be taken in the MCAT program.

An analysis of the experimental materials that were included in the October, 1960 administration indicated that good progress had been made toward the construction of new items to replace those in existing forms of the test. No radical change in the basic structure of the test is contemplated for the near future. However, one of the objectives in constructing new items was to reduce the intercorrelations among the four subtests, particularly those between the Verbal section and the other three sections. The analysis of the 1960 experimental materials indicates that this objective is being accomplished. The new items will be operational for the May, 1962, administration.

A second MCAT developmental project which was begun by The Psychological Corporation staff in 1961 represented an attempt to determine the extent to

which MCAT performance is related to the student's reading ability. With the excellent cooperation of the Continuing Group on Student Affairs, a test of reading speed and comprehension (the Davis Reading Test) was administered to the first-year classes at 10 representative medical schools throughout the country in the fall of 1960. Preliminary analysis on a sample of 208 students yielded correlations ranging from .54 to .68 between reading *speed* and the Verbal, Quantitative, and Modern Society sections of the MCAT. A moderate positive relationship ($r = .59$) was also obtained between reading *level* and the Verbal section of the MCAT. Correlations between all other MCAT sections and reading level were positive but below .35, and the correlation between reading speed and the Science achievement section was also low positive (.35).

Further analyses of the relationships between the reading test data and first-year performance in medical school are now under way and a complete report of this study should be available early in 1962.

One major change in the administrative policy of the MCAT was made during 1961. This was the decision to eliminate the Sunday administration in the spring, beginning in 1962. A Sunday administration will still be offered in the fall for candidates whose religious convictions prevent them from taking the test on Saturday. The four undergraduate colleges from which the majority of students who request a Sunday testing come, were notified of this change in policy last summer, and notice of the change will also appear in the 1961 MCAT announcements.

Two other MCAT studies are currently being completed. One of these, a preliminary report of which was presented at last year's Continuing Group meeting, concerns the eventual "fate" of rejected applicants with high MCAT scores and of high-MCAT accepted applicants who do not enroll in medical school. The second involves an investigation of the medical school accomplishment of students whose MCAT scores are low relative to the other members of their class.

Results of both of these studies should be ready for publication by the end of 1961.

Regular Reports and Services.—During the past year five major reports on applicants and enrolled students, and six lists of 1961 accepted applicants were distributed to the medical schools. All except one were sent on or before the scheduled mailing dates announced last fall. In addition, three reports concerning the MCAT performance and medical school accomplishment of former students were sent to some 800 undergraduate colleges.

Data pertinent to the 1960-61 applicant study have been analyzed and are now being summarized. Two of the standard applicant study reference tables, showing MCAT averages and application activity of the applicants to each medical school, were distributed to the schools in July, and the November 1961 issue of AAMC Datagrams contains additional summary statistics on the 1960 applicant group.

In addition to these regularly scheduled reports, the Basic Research Division has provided data and consulting services to several medical schools, premedical colleges, governmental, and private agencies during the past year. As the results of the Division's research programs become available and as more schools embark upon their own programs of research in medical education, it is anti-

pated that these data-furnishing and consulting activities will continue to grow.

Admission Requirements Book.—More than 10,000 copies of the 1960–61 edition of *Admission Requirements of American Medical Colleges* were distributed from August, 1960 until the supply was exhausted in May, 1961. This is the largest figure to date and an increase of some 600 copies over the previous year. The category of purchasers showing the greatest growth was “individuals,” in other words, prospective applicants to medical schools.

A larger printing than heretofore has been ordered for the 1961–62 edition published in August, 1961. Promotion plans include a direct-mail circularization of high schools and a continuation of the very successful tie-in with Medical College Admission Test Announcements from The Psychological Corporation.

Because of the need for informative recruiting material, reprints of chapters 1 and 2 of the *Admission Book* (“Educational Planning for Careers in Medicine” and “The Medical School Admission Process”) were made available to medical schools for the first time in 1960–61. Reports indicate that these reprints have a useful role in recruiting activities and we will, therefore, continue to make them available. Reprints of “Recommended Acceptance Procedures” are also on hand, and individual medical schools can obtain reprints of their own entry in the *Admission Book* on special order from the Division of Basic Research.

The 1961–62 edition retains the regular features, updated and expanded, but it also incorporates some completely new material based on suggestions from the medical schools, The Continuing Group on Student Affairs, premedical advisers, and students who are planning careers in medicine. The reading list of books on medicine as a career has been expanded and now features descriptive annotations for some of the titles. Results of a study showing some reading recommendations of first-year medical students are reported in the book. Planning for further revisions to improve future editions of the *Admission Book* is already under way.

Continuing Group on Student Affairs.—During its fourth year, the Continuing Group on Student Affairs, an outgrowth of the 1956 Teaching Institute, has continued to demonstrate that it provides an effective mechanism through which the AAMC and its member schools can work together to meet their joint responsibilities in the vital area of student admissions and student affairs. The organization of the CGSA, comprised of representatives designated by the dean of each school, makes possible wide participation by faculty persons most interested in student affairs, and also permits close coordination on a national basis. Every school is represented in the CGSA, and almost all have participated in both regional and national meetings.

Probably the most important contribution of CGSA to date has been its effectiveness in reducing the confusion and bickering previously inherent in the selection and acceptance process. This end has been accomplished in a time when the number of applicants has been declining, and when it might consequently have been anticipated that the incidence of difficulties would have increased. Actually the “Recommended Acceptance Procedures,” adopted by CGSA last year as a replacement of the former “Traffic Rules,” has been received well, and during the past year the AAMC for the first time went through a selection season without receiving complaints from applicants, college advisers, or medical schools.

The CGSA is giving special attention at the present time to the financial problems of medical students, student participation in the responsibilities of medical education in the United States and Canada to international health problems, the relationships of pharmaceutical companies to medical students, and the most appropriate way for CGSA to fit into the traditional committee structure of AAMC. Under way also is a joint project, sponsored by the AAMC-AMA-AHA Special Committee on Clinical Externships, designed to provide more information about the employment of students in a variety of clinical situations where they assume significant responsibilities for the care of patients. The individual members of CGSA continue to provide a major resource for AAMC studies of applicants and students because of the direct communication which is possible between them and the AAMC staff. The importance of this relationship has been demonstrated by the wide use made of the data on financial problems of medical students which was collected with the cooperation of CGSA representatives.

The pattern established by CGSA is presently being studied as one which may be applicable in other areas of AAMC responsibility where national activity should be related very closely to the efforts being made by each member school.

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JOINT REPORT OF EDITOR AND EDITORIAL BOARD *The Journal of Medical Education*

JOHN Z. BOWERS

During the period covered by this report, July 1, 1960, to June 30, 1961, the quality of manuscripts submitted to the Journal has improved, new programs have been developed and plans have been consolidated for new developments during the coming year.

The total number of pages of manuscript published during the year increased from 1257 to 1307.

It has been gratifying to note the increasing number of excellent manuscripts submitted without solicitation. It is also gratifying that the number of fields represented through the manuscripts has expanded.

One hundred sixty-three manuscripts were submitted, and 98 were accepted for publication: 89 without revision and nine with revision.

A questionnaire circulated to our readers indicated that the original articles were of the greatest interest. "The Medical Education Forum" and "Abstracts

from the World of Medical Education" follow in order. Among the subject areas of interest, "the curriculum" was most often mentioned.

Following up on a masterful letter from one of our readers and after consultation with the Editorial Board, we have determined to emphasize news briefs from the world of education to a greater degree. Special attention will be given to experiments, innovations and ideas concerning research in education of significance to medical schools. We hope that this will stimulate sound experiments in medical education and encourage a greater interest in programs in other fields.

The desirability of greater coverage of developments at the National Institutes of Health culminated in a series of conferences with N.I.H. representatives. A third section is now included in our general news section entitled, "from the National Institutes of Health." Communications from the Director of N.I.H. and from the Associate Director for Research Grants have been published in addition to a variety of news items.

The study of the University Hospital Internship in 1960 by Richard H. Saunders, Jr., M.D., was published in June, 1961.

The January, 1961, number which featured several articles on relationships between the pharmaceutical industry and medical education provoked many comments and a record-breaking volume of requests for reprints (over 6,500).

The members of the Editorial Board have played an invaluable role in the progress of the Journal. Each manuscript is reviewed by two members of the Board. Dr. Kenneth Penrod assumes additional responsibility in handling the Book Review Section. The editorial staff, the news staff and the advertising staff have made important contributions to the program.

DR. AAGAARD: I now entertain a motion that all reports of the officers and staff be approved. The motion was made, seconded, and passed unanimously.

REPORT OF COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

ROBERT A. MOORE

There has been no meeting of the committee since the last Annual Meeting of the Association in Hollywood Beach, but there have been a number of significant developments of interest to the members of the Association.

1. The Rockefeller Foundation made a grant of \$50,000 a year for five years in support of a full-time staff for a Division of International Medical Education in the Association.

2. The Executive Council of the Association has appointed to the post of Director of the Division, effective September 1, 1961, Dr. H. van Zile Hyde, formerly Special Assistant for International Affairs to the Surgeon General, United States Public Health Service.

3. The President and Executive Council after the 1960 meeting reorganized the committee structure to give greater emphasis to particular problems in each of the major parts of the world. The main committee remains, but three sub-committees were designated: one for Latin America under the chairmanship of Dr. Myron Wegman; and one on Asia under the chairmanship of Dr. Jean A.

Curran; and one on Africa under the chairmanship of Dr. Robert S. Jason. These subcommittees will be holding their first meetings at Montreal in 1961.

4. The Selection Committee on Smith, Kline and French fellows continued this program and made awards to 30 out of over 80 applicants for study to every part of the world.

5. During the year your chairman has served on a special panel on exchange of medical personnel of the Council on Medical Education and Hospitals of the American Medical Association, on an expert panel on medical education of the International Cooperation Administration, Washington, and as convener of a conference on premedical education to be held as a part of the Tenth Pacific Science Conference in Honolulu in August, 1961.

REPORT OF
SELECTION COMMITTEE
FOREIGN FELLOWSHIPS PROGRAM

ROBERT A. MOORE

In 1960 two additional committee members were appointed.

Administered by the A.A.M.C., the Smith Kline & French Foreign Fellowships program this year sent thirty selected junior and senior medical students into unique clinical experiences through programs of work and study which are carried out in remote and medically underdeveloped areas of the world. During 1960 and 1961, grants totaling some \$100,000 have been made to 59 students under the program, which is presently planned to run through 1962.

Resume of applications for 1961:

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

Exhibit II. Breakdown of applicants by schools.

Descriptive brochures and application forms for the 1962 program have been mailed to all deans. Students interested in applying for Fellowships should see their deans. Other individuals interested in the program should send inquiries to A.A.M.C. headquarters.

SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS PROGRAM
EXHIBIT I
RECIPIENTS OF FELLOWSHIPS GRANTS

1961

Student	School	Station
Amesbury, Oliver F.	California, S. F.	Borneo
Bahler, Robert C. (& wife)	Western Reserve	Liberia
Beer, Alan E. (& wife)	Indiana	Nigeria
Blakely, Jane L.	South Carolina	Pakistan
Boland, Anna M.	Saint Louis	Korea
Boudet, Robert A.	Florida	Congo
Boyer, James L.	Johns Hopkins	Thailand
Boyer, Robert E. (& wife)	Kansas	Liberia
Brackmann, Derald E.	Illinois	Nyasaland

Student	School	Station
Browning, Robert L. (& wife)	North Carolina	Nigeria
Bystry, John C.	New York University	Cambodia
Caton, Myrtle U.	Loma Linda	Ghana
Frankel, Mark E.	Rochester	Ghana
Griffith, Dillard R.	Nebraska	Thailand
Hale, Thomas III (& wife)	Albany	Thailand
Hoffman, Michael G. (& wife)	George Washington	Haiti
Imperato, Pascal J.	SUNY/Downstate	Tanganyika
Israel, Charles W.	Southern California	New Hebrides
Johnson, Gerhard J.	Minnesota	Tanganyika
Klenk, Eugene L. (& wife)	Temple	Liberia
Knudson, Allan A.	Marquette	Thailand
Kyburz, Bruce A.	Wayne State	Borneo
Matthews, Marshall D.	Baylor	Congo
Megill, Donald M.	Chicago	Sierra Leone
Peters, Ruth D.	Woman's Medical	India
Reed, John Wm.	Bowman Gray	Nigeria
Robertson, Thomas L.	University of Virginia	Japan
Romig, Donald A. (& wife)	Pennsylvania	Korea
Schatzman, Morton	Albert Einstein	India
Stevenson, Braden C.	Iowa	Thailand

EXHIBIT II

No. Applicants	No. Recipients	No. Withdrawals
81	30	5
No. Schools having applicants	No. Schools having applicants accepted	
46	30	
No. Schools having no applicant in either 1960 or 1961		
17		

Before requesting a supplemental report of the Committee on International Relations in Medical Education, Dr. Aagaard stated that this Committee has been reconstituted since the original committee was established a year ago and has already held one meeting.

REPORT OF
THE DIRECTOR OF THE DIVISION OF INTERNATIONAL MEDICAL
EDUCATION TO THE COMMITTEE ON INTERNATIONAL RELATIONS
IN MEDICAL EDUCATION

HENRY VAN ZILE HYDE

1. *Establishment of Division of International Medical Education.*—The Rockefeller Foundation has awarded a five-year grant of \$50,000.00 per year to the Association which enabled it to establish a Division of International Medical Education (DIME) and an expanded program in this field. The Division came into

being on September 1st when Dr. Henry van Zile Hyde reported for duty as its Director.

2. *Ad Hoc Group on International Medical Education.*—A one-day meeting of an ad hoc group of medical educators was convened on October 13th to consult with the Executive Director and the Director of the Division of International Medical Education. It considered a variety of matters that are dealt with below in this report (Annex 1—Report of Ad Hoc Group).

3. *Proposed contract with International Cooperation Administration.*—A proposal (Annex 2) was made to the International Cooperation Administration (now the Agency for International Development (AID)) on September 20th for a contractual relationship between AAMC and ICA (AID) under which the latter would finance a staff at AAMC headquarters of three people within the DIME to maintain an information center and provide certain stated services to AID; a personnel resources survey to determine the availability and qualifications of medical faculty members for overseas service; a six months task force study of the training potential of medical schools for foreign personnel and the barriers to such training, and to develop a proposed plan of action; the organization of teaching missions, as an agent for AID.

4. *Personnel Resource Survey.*—The Personnel Resource Survey is proposed in order to determine, as a basis for program planning by all agencies concerned and as a basis for meeting specific requests from abroad, the extent and conditions of availability of faculty members for overseas service. A pretest has been carried out by sending the proposed questionnaire to 100 faculty members, 20 each in five schools. On the basis of the pretest, discussions with the Ad Hoc Group convened in October and through subsequent staff discussions, it has been decided to proceed as follows:

- a) Combine the Faculty Register Questionnaire with the International Questionnaire (Annex 3) in order to avoid sending two separate questionnaires to faculty members and in order to obtain a higher rate of return than the 33% in the pretest of the International Questionnaire. The questionnaire as drafted will provide for anyone who wishes to do so to omit the international availability questions;
- b) To submit the draft questionnaire to the Institutional Members for their information and comment;
- c) To ask each dean whether he wishes to circulate the questionnaire or have it sent direct to members of his faculty;
- d) Send report to each dean on the findings of institutional interest in his faculty.

5. *Foreign Intern Resident Program.*—The staff and certain officers of the Association have participated in the Conference on International Education Exchange convened by the AMA Council on Medical Education and Hospitals and its Steering Committee which have addressed themselves particularly to the question of strengthening the educational experience of the foreign graduates. The Division of International Medical Education took the lead in drafting a proposal for the development, within ECFMG, of a series of services to the foreign graduates and the hospitals. This proposal, as approved by the Steering Committee (Annex 4) is being submitted to the Executive Council for its consideration and action and is at the same time being submitted to the executive bodies of the AMA, AHA, and Federation of State Medical Boards.

6. *Reorganization of the Committee on International Relations in Medical Edu-*

ction.—In light of the new situation existing as a result of the establishment of the Division of International Medical Education, study has been given to the reorganization of the Committee on International Relations in Medical Education to make it more strongly representative of the membership of the association and provide it with a supporting framework of expert consultants. The matter was studied by an Ad Hoc Group convened in October and the resulting proposal is being put before the Executive Council for consideration and action (Annex 5).

7. *Special International Issue of The Journal*.—The Special International Issue of *The Journal of Medical Education* published with financial support of the Josiah Macy, Jr., Foundation has been distributed to the 670 medical schools of the world, to all Ministries of Education and of Health. It was also distributed at the meeting of the World Medical Association in Rio de Janeiro in October.

8. *Financial Assistance Available for Graduate Medical Study*.—The sixth edition of the booklet on Financial Assistance has been distributed to all medical schools in the U.S. and abroad.

9. *Latin American Deans and Medical Educators*.—For the second time the Association is serving as host to the deans and other medical educators of Central and South America, with special closed and open programs arranged in consultation with them. Through foundation support, it has been possible to help meet the travel expenses of some of these visitors.

10. *Other guests*.—The Association is serving as host at its Annual Meeting also, to medical educators from India, Taiwan, the Philippines and other countries. The Indian educators are for the most part attending under the sponsorship of the International Cooperation Administration.

11. *Africa*.—Consideration has been given to the massive and complex problem of development of medical education in Africa and the part that U.S. medical education might play. As a step in studying this problem, the Director of the International Division and the Editor of *The Journal of Medical Education* will attend a meeting of the deans and faculty members of the medical schools of Africa, South of the Sahara (except the Union of South Africa) to be held in Ibadan, Nigeria, December 4–11th.

DR. MOORE: Mr. Chairman, I move the adoption of this report calling specific attention to the Personnel Resource Survey which will be a part of the regular faculty directory questionnaire.

Motion, seconded, and passed unanimously.

Dr. Darley stated that each Dean would be contacted in order to determine whether he wished to distribute the questionnaire to his faculty or whether he wished this to be done by the AAMC office. He also indicated that the questionnaire would bring the military status of the medical school faculties up to date.

Dr. Moore then called attention to the following proposal of the Latin American Deans for a Pan American Federation of Associations of Medical Colleges: Proposal for the formation of the Federation. Approved by the Latin American Deans at Montreal, November 11, 1961.

1. To establish 1962 as the date for formation of the Federation. The final agreement shall be adopted at the III Conference of Latin American Faculties of Medicine which will be held in Vina del Mar, Chile from November 25–30, 1962.

2. An Organizing Committee should be established with Dean H. Alessandri

as chairman and consisting of eight other members as follows:

One designated by AAMC, and one designated by the AAMC.

Six members who were elected by the Latin American group:

Dr. Antonio Orfila—Argentina

Dr. Zeferino Vaz—Brazil

Dr. Amador Neghme—Chile

Dr. Gabriel Velazquez—Colombia

Dr. Jose Kurj—El Salvador

Dr. Miguel Torre—Mexico

3. The members designated by the AAMC and the AAMC will represent the medical schools of the United States and Canada.

4. The six members elected by the Latin American deans will represent the schools in Central and South America.

5. The Organizing Committee will prepare a plan of organization and the by-laws for the Federation and submit them to the AAMC and the AAMC and to the III Conference of Faculties of Medicine for their consideration.

6. The group of Latin American deans meeting in Montreal should request the Organizing Committee of the III Conference of Faculties of Medicine to include the plan or organization and by-laws of the Federation in its agenda.

7. It is requested that the AAMC and the AAMC send delegates to the III Conference invested with enough power to accept any changes proposed in the organizational plan or by-laws.

8. It is proposed that the Coordinating Center of the Latin American Faculties of Medicine being established in Sao Paulo serve as the Secretariat or agency representing the Latin American National Associations of Medical Schools to the Federation.

9. It is suggested that the AAMC serve as the Secretariat of the medical schools of USA and Canada to the Federation.

DR. MOORE: I move the approval of this proposal except that the Association of Canadian Medical Colleges select its own representative to the Organizing Committee. Since this is to be a Pan American Federation, each American Association should have its own representatives.

Motion, seconded, and passed unanimously.

REPORT OF THE NOMINATING COMMITTEE

WILLIAM N. HUBBARD

In the absence of Dr. William N. Hubbard, Dr. Reese Berryhill offered the recommendations of the Nominating Committee:

President Elect Dr. John Deitrick, Cornell University

Vice President Dr. John Sheehan, Stritch

For Council membership for a 3-year term: Dr. Thomas Turner, Johns Hopkins, and Dr. Vernon Wilson, University of Missouri

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

REPORT OF
COMMITTEE ON FEDERAL HEALTH PROGRAMS

GEORGE N. AAGAARD

The Committee was activated almost immediately after the 1960 meeting of the Association. A grant from the Josiah Macy, Jr. Foundation made it possible to bring the Committee together for two working meetings at which a preliminary statement of the needs of the medical colleges and the steps which the Committee felt that the Federal government should take in meeting these needs was hammered out. In January, 1961 a special meeting of the Institutional Membership was called at the O'Hare Inn to review the preliminary statement of the Committee. At a meeting in which the entire membership operated as a committee of the whole, a good interchange of discussion resulted in some modification of the proposed statement and its adoption without a dissenting vote. As a result of the work of the Committee and the Institutional Membership, the Association for the first time had a statement of needs of the medical colleges and a legislative program which the Association could wholeheartedly support.

Since that time, the Committee held two meetings in Washington. On both occasions Committee members called upon key leaders in both Houses of the 87th Congress as well as Secretary Ribicoff, Surgeon General Luther Terry and Mr. Boisfeuillet Jones. Excellent cooperation was received from most of the Deans in writing to their delegates to the Congress in support of the administration bills HR. 4999 and S. 1072 which, if passed would meet many of the legislative goals of the Association and represent a big step forward.

Senator Lister Hill's subcommittee of the Appropriations Committee held hearings on S. 1072. Drs. G. N. Aagaard, Donald G. Anderson and Thomas B. Turner had the privilege of representing the Association and making statements at this hearing. The atmosphere at this hearing was cordial and friendly and several of the Senators expressed their interest in and support of our legislative goals. Senator Lister Hill has repeatedly indicated his deep interest in meeting the needs which have been set forth in our statement.

Up to this writing no hearings have been held or scheduled by the Committee on Interstate and Foreign Commerce which is headed by Representative Oren Harris. We are still hopeful that Mr. Harris may call hearings before adjournment but this becomes less likely with each passing day.

During the late spring we asked Dr. Robert Berson to act as Coordinator of our efforts to inform and to stimulate action in the House of Representatives particularly. He very kindly accepted this assignment which meant additional trips to Washington and the expenditure of a great deal of time and energy on his part. We are grateful to him for his efforts on behalf of the Association.

With the Kennedy administration's solid backing of a legislative program very similar to that of the Association's, we had high hopes in the early days of 1961 that positive legislative action would be forthcoming. However, all bills concerned with education have met with little success on Capitol Hill to date. In recent weeks mounting international tensions and greatly increased appropriations for defense have added to our difficulties.

Although no positive legislation can be reported at this time, I believe that we

have informed additional members of the Congress. The Association now has a statement which it can support and can modify as needs change. I believe that this is an important development and one which we can view with satisfaction. We certainly are in a good position to move ahead in 1962.

I wish to thank the members of the Committee for the time and energy which they have so freely given. I also wish to thank all those Deans who have helped by informing their delegates to the Congress of the needs of the medical schools and their support of the A.A.M.C.'s program. May I also express our deep thanks to the Josiah Macy, Jr. Foundation for their grant to the Association for the support of the work of the Committee during this past year.

NOTE: The Proposals for the Support of Medical Education by the Federal Government adopted by the Institutional Membership on January 11, 1961, will be found on page 317 of these Proceedings.

The foregoing report was unanimously accepted.

Supplemental Report of the Committee on Federal Health Programs

DR. AAGAARD: Your Executive Council has voted to reaffirm the statement which we all approved in our meeting in January of 1961. They did not feel that we should make any change in that statement as it now stands. And this in essence are the major recommendations in the Report of the Federal Health Programs Committee which you received when you registered again, as a part of the documents which you received.

Is there any question on this phase of the report? If not, there is one additional matter relating to our Federal Health Programs Committee Report which the Executive Council considered yesterday and I'd like to call on Dr. Robert Berson to report on at this time.

Dr. Berson: As an outgrowth of some of the recent discussions the Executive Council adopted in principle a Resolution which has now been put into short form and I would like to read to you:

WHEREAS, the critical nature of the international situation has caused the President to issue orders for a rapid build-up of military strength, and

WHEREAS, the mobilization of the doctors needed as a part of this build-up has brought into sharp relief the Country's critical need for more medical manpower to meet its future military and civilian needs,

NOW BE IT RESOLVED that the Association of American Medical Colleges urges the President and the Congress to take prompt action to increase the future supply of medical manpower along the lines unanimously recommended by the Association in January, 1961.

Mr. Chairman, I move the adoption of this resolution.

Motion seconded, and unanimously voted.

REPORT OF COMMITTEE ON ANIMAL CARE

THOMAS B. CLARKSON

During the past year the Committee on Animal Care compiled information pertinent to medical schools for publication in the *March Newsletter*. This Newsletter dealt with the current status of the Cooper Bill, the activities of the

Animal Care Panel, and the current status of postgraduate training in laboratory animal medicine.

This Committee prepared for publication in *The Journal of Medical Education* an article entitled "Laboratory Animal Medicine in the Medical Schools." This article dealt with the role of laboratory animal medicine in the medical school situation.

Drs. Cohen, Clarkson, and Dolowy participated in the National Research Council's survey of animal facilities for medical research. This survey dealt primarily with medical schools and was intended to determine the current status and future needs in the area of laboratory animal care.

This Committee has actively participated in the activities of the Animal Care Panel's Animal Facilities Certification Board. The Animal Facilities Certification Board proposes to certify laboratory animal facilities on a voluntary basis. The first year of activity has dealt with the establishment of standards by which certification can be done.

REPORT OF COMMITTEE ON AUDIO-VISUAL EDUCATION

FRANK M. WOOLSEY

Since the 1960 Annual Meeting of the AAMC, the Audio-Visual Committee has met on three separate occasions. It will perhaps be remembered that in the October 1, 1960 report, the Committee had, among other things, submitted a "Blue-Print for Activities of AAMC in Films, Radio, TV, and Electronics." The Committee, however, did not feel that there should be any curtailment of effort while awaiting the possible approval and establishment of recommendations contained within the Blue-Print. In association with AAMC headquarters staff, it has, therefore, proceeded with its plans and activities.

Within the framework of improving AAMC's services to its members, one of the most significant concrete activities undertaken by a Committee member, Dr. Bernard Dryer, during the past year was the completion of Phase I of the development of the DIRECTORY OF TEACHING FILMS IN THE MEDICAL SCIENCES. The Directory consists of four parts as follows:

1. *Alphabetic Central Index*.—Over 500 films have been listed alphabetically by title with information provided concerning physical data, sponsor, producer, availability data, and a content summary. Wherever possible, an evaluation of the film and information regarding primary and secondary audience has been included. The major proportion of existent film reviews derives from previous AAMC activities via the MAVI and *The Journal of Medical Education*.

2. *Alphabetic Color-Coded Cross-Index of Medical Science Specialties*.—Each of the titles of the above-noted films has been cross-indexed by the traditional clinical and basic science specialties. Film titles falling under a given specialty are printed on different color pages, e.g., green for physiology, brown for internal medicine. This allows the medical educator to quickly locate a given film by proceeding from his own frame of reference. Thus, an internist could locate the film "Action of the Human Heart Valves" in the brown pages of the index which represent internal medicine, while a physiologist could locate the same film in the green pages of the index.

3. *Index of Film Authors.*—Much in medicine is associated with the name of an individual teacher or researcher. An alphabetic index of film authors' names provides another convenient point of reference for many medical educators.

4. *Index of Film Sources and Organizations.*—This index covers individual distributors, governmental agencies, pharmaceutical companies, professional organizations, U.S. Armed Services, university film services, voluntary health agencies, public service organizations, and foreign sources of films. A general section on film information, including the UNESCO system for international film distribution, is included.

Development of the Directory has now reached the stage with the completion of Phase I of the program, where a completely edited prototype is now ready for printing, distribution, and use by medical educators and researchers in this country and abroad. However, the Committee wishes to underscore that the present Directory is only a *working model*. Many worthwhile medical teaching films are not included in the Directory because of the lack of a content description, to say nothing of an evaluation of the film.

Phase II of the Film Information Development Program (development of descriptions of substantive content of medical teaching films) and Phase III (development of critical reviews and evaluations) will require a greater investment of time and funds than Phase I (development of a prototype directory). Recommendations for the implementation of these phases of the film information development program have been transmitted to the Executive Council of the AAMC during the current Annual Meeting.

Financial support of the Film Information Development Program has been provided from the AAMC operating budget and the use of part of a grant-in-aid from the Pfizer Pharmaceutical Company.

A related project undertaken by two of the members of the Committee, Drs. Joseph Markee and David Ruhe, consisted of the development of a basic group of time-tested teaching films which can be commended to medical educators both here and abroad. The central idea of this work is to cull out from all the films described in the *Directory of Teaching Films in the Medical Sciences*, both in its present and future more expanded form, a set of films which form the central core of a film library owned by a medical school either in this country or abroad.

A third important area of the Committee's undertaking was an extensive discussion of ways and means to provide published materials, via *The Journal of Medical Education*, on the growing body of existent knowledge concerning television, radio, and electronics as they relate to medical education.

The expenses of the Committee's deliberations have been met by funds from a grant-in-aid furnished last year by E. R. Squibb and Sons, a Division of Olin Mathieson Chemical Corporation.

Since so much of the Committee's attention and activities fall more definitely in the area of "medical communications" than in the limited concept of audio-visual education," your Committee would like to include as part of this report a request for a change of name from "Audio-Visual Education Committee" to "Medical Communications Committee."

REPORT OF COMMITTEE ON CONTINUATION EDUCATION

ROBERT B. HOWARD

Two meetings of the Committee on Continuation Education were held during the past year, the first at the time of the annual meeting of the Association of American Medical Colleges in Hollywood Beach, Florida in November, 1960, and the second at the time of the Annual Congress on Medical Education and Licensure in Chicago in February, 1961. Both meetings were devoted largely to a consideration of how continuation medical education activities could be better coordinated throughout the nation. Representatives of the American College of Physicians, American College of Surgeons, American Academy of Pediatrics, American Academy of General Practice, and the American Medical Association were invited to both meetings.

The first meeting, which the chairman could not attend because of a sudden illness, was devoted to a very general discussion of means of coordination of such activities and a general discussion of a proposal for establishing a National Academy of Continuing Medical Education as suggested by Doctors Ward Darley and Arthur Cain. At the second meeting this proposal was discussed more specifically. After considerable discussion, the following resolution was adopted:

The Committee on Continuation Education approves, in principle, the concept of a national agency for the supervision and effective coordination of postgraduate medical education such as proposed by Doctors Ward Darley and Arthur S. Cain, (A Proposal for a National Academy of Continuing Medical Education. *J. Med. Educ.* 36:33, January, 1961) with the understanding that such an agency would concern itself with all methods and media of education.

The Committee on Continuation Education met in Montreal on November 12 and 13, 1961, in connection with the annual meeting of the Association of American Medical Colleges. Committee members present at the closed meeting included Drs. Clarence de la Chapelle, Mahlon Delp, Rudolph Kampmeier, Ralph Parker, Frank Woolsey, and Robert B. Howard. Also present by invitation were Dr. Fred Norwood, Loma Linda Medical School; Dr. William Ruhe, AMA Council on Medical Education; and Mr. J. Frank Whiting, AAMC.

At the closed meeting on November 12, the Committee heard with much interest the reports of Drs. Rudolph Kampmeier, a Committee member, and William Ruhe, Assistant Secretary of the Council on Medical Education and Hospitals of the AMA, concerning the formation of the Joint Study Group under auspices of the AAMC, AMA, and seven other agencies traditionally involved in postgraduate medical education of their respective members. The Joint Study Group, working with a full-time study director, Dr. Bernard V. Dryer of Western Reserve University Medical School, is in the process of developing proposals which hopefully will lead to formation of an active organization giving effective, nation-wide leadership in the field of continuing medical education.

The Committee expressed its approval of this development. In doing so it also urged that the Association of American Medical Colleges and its member institutions devote an increasing amount of attention and support to the field of postgraduate medical education.

Dr. Ruhe described his current efforts aimed at the accumulation of complete

data concerning present postgraduate offerings of the nation's medical schools. It is Dr. Ruhe's hope that a report of present activities might have the effect of stimulating schools to increase their respective efforts in the future. The Committee endorsed Dr. Ruhe's study and went on record as requesting that member schools which have not yet responded to the questionnaire concerning their courses do so as soon as possible.

Following the discussion indicated in the foregoing paragraphs, the Committee was given a demonstration of a filmstrip-lecture course that has been developed by the staff of Loma Linda Medical School for use in continuation medical education. Presentation was made by Dr. Fred Norwood of that institution.

On November 13 at the open hearing there was further discussion of the Joint Study Group and of the role that AAMC should be playing in the development of the field of postgraduate medical education. As a result of this discussion the Committee adopted the recommendation that the AAMC sponsor a meeting of one-half day's duration in connection with next year's annual meeting for the purpose of bringing together as representatives of the various member schools those individuals responsible for the respective postgraduate programs. This meeting should be planned with much care by individuals currently responsible for active, effective postgraduate programs. It is hoped that an informal meeting of this type may lead to the development of a section on continuation education as suggested in the Presidential Address of Dr. G. N. Aagaard.

REPORT OF COMMITTEE ON INTERNSHIPS, RESIDENCIES AND GRADUATE MEDICAL EDUCATION

SAMUEL A. TRUFANT

Following the 1960 annual meeting of the Association, the Committee was completely reorganized and has not met as reconstituted in the interim.

We should point out that the study of the internship in university hospitals-1960 by the Committee, with Dr. E. Hugh Luckey as Chairman, was completed in the winter of 1960-61. This report, under the direction of Dr. Richard H. Saunders, has been published in the Journal of Medical Education, June, 1961.

During the interim, the chairman has offered the assistance of the committee to Dr. John Bowers who has recently been appointed as chairman of a special committee of the American Medical Association to study matters pertaining to house staff.

REPORT OF COMMITTEE ON LICENSURE PROBLEMS

JAMES E. MCCORMACK

During the past year the Committee drew attention of the Executive Council to the potential problems inherent in the matter of externships engaged in by students for whom various medical faculties have responsibility.

Attention was also drawn to the lack of clear definition of legal responsibility of the schools for the activities of the students in teaching hospitals. This becomes increasingly important in view of the rapidly mounting threat of malpractice suits and related medico-legal problems.

Following this reminder, an ad hoc group, under the Liaison Committee was convened to discuss these matters and subsequently the entire subject was referred to the Continuing Group on Student Affairs. The subject will have been considered at this 1961 meeting of the Association.

In brief reference to matters discussed in reports of this Committee during the past few years, the following is set down:

The number of alien interns and residents in the hospitals of the United States continues to increase. In the report of the Institute of International Education for the year 1960-1961, there were a total of 9935; this included 8150 residents and 1785 interns. The proportion of residents as compared to the interns has increased significantly. The comparable figures for the preceding year were: total of 9457; 6914 residents and 2543 interns.

The number of states which require an internship as a condition for admission to licensure examinations continues to increase. The first such state requirement (Pennsylvania) was in 1914; in 1954 there were 26 states requiring one year of internship as a prerequisite for licensure. At the present time there are 37 states having such a requirement.

Of these, seven still require rotating internships—a diminishing number; in 1954, eleven required a rotating internship. It is significant that during the past year the state of Pennsylvania, an early champion of the rotating internship as a requirement for state licensure, modified its requirements and will permit a straight or a mixed internship.

The Committee notes with deep regret the death of Dr. Walter Bierring who was active in the deliberations of this committee in its early days; much of his enormously fruitful life was devoted to the problems of licensure.

REPORT OF COMMITTEE ON MEDICAL CARE PLANS

JOHN F. SHEEHAN

During the 1959 Annual Meeting of the AAMC the membership, on the recommendation of the Committee on Medical Care Plans, approved a statement entitled "Provision of Medical Service for Paying Patients by Salaried Clinical Faculties of Medical Schools"; (*J. M. Educ.*, 35:622-23, 1960).

At the same meeting a second statement "Provision of Medical Service for Paying Patients by Residents" was distributed. It was referred by the membership to the Executive Council for further study. It was subsequently discussed with representatives of the Council on Medical Education and Hospitals of the American Medical Association. After modification by the latter, the statement was presented to the Liaison Committee of the Council on Medical Education and Hospitals and the Council on Medical Service.

The Committee on Medical Care Plans will recommend to the membership at the 1961 Annual Meeting, that the enclosed 1959 statement on residents and paying patients be adopted—unmodified or altered as the result of discussions at the closed session of the Committee on Sunday, November 12, or the open session on Monday, November 13.

The Committee maintains that all licensed physicians, including licensed residents, have a right to fees from paying patients commensurate with the service rendered. Provision of medical service is an integral part of the modern resi-

dent-training program, even though it is and should be limited by the teaching and research requirements of the program. Since paying patients or patients for whose care third parties are financially responsible constitute an increasing percentage of patients served by residents, the matter of the collection of fees for their services must be considered. It is agreed that these should not accrue to the individual resident, or to the general funds of the hospitals in which they serve. Rather, they should be deposited in a separate fund, administered for the benefit of the residents by physicians, preferably those in charge of the training program.

The American College of Surgeons apparently shares these views. At its meeting in San Francisco on October 14, 1960, the Board of Regents approved the following statements:

1. It is proper that insurance benefits be collected for the services rendered by licensed physicians, including interns and residents, whether they be in practice or taking extended, formal training.
2. Funds collected for services rendered by licensed physicians taking extended formal training may be collected in a variety of ways but the final approval of distribution of such funds should rest with the medical staffs or component services, and not with the institutions' administrative or governing bodies.

(*Bulletin of the American College of Surgeons*, 46:72, 1961).

In referring to compensation of surgical assistants, the House of Delegates of the American Medical Association last June approved five basic principles developed by the Judicial Council and the Council on Medical Service.

Two of these principles follow:

2. Each doctor engaged in the care of the patient is entitled to compensation commensurate with the value of the services he has personally rendered.
4. It is ethically permissible for a surgeon to employ other physicians to assist him in the performance of a surgical procedure and to pay a reasonable amount for such assistance.

This principle applies whether or not an assisting physician is the referring doctor and whether he is on a per-case or full-time basis.

The Committee on Medical Care Plans maintains that the principles enunciated, principle 2 in particular, holds for licensed interns and residents as well as for physicians in private practice outside the hospital. It does not believe that the utilization of funds received from paying patients for services rendered by residents, when utilized for the benefit of the residents in accordance with the stipulations in the enclosed statement of the Committee on Medical Care Plans, is unethical or that it constitutes the corporate practice of medicine.

PROVISION OF MEDICAL SERVICE FOR PAYING PATIENTS BY RESIDENTS

A resident is essentially an apprentice to a group of medical specialists in a hospital setting. The modern training of a resident is the response to the need for educated physicians, highly skilled in the various areas of specialization, which have arisen because of the rapid expansion of medical knowledge during the last half century. The resident is trained not only to apply the vast knowledge in his own field for the benefit of humanity but also to impart it to others and even to make his contribution to its advancement through research. While emphasis must necessarily be placed on the educational aspects of the resident-training program, the medical service rendered in conjunction with the clinical

training must not be minimized. In the early phases of the program supervision by the senior staff responsible for the program is maximal and the resident's responsibility for patient care minimal. In the final stages of an effective program, however, the resident's responsibility is maximal and supervision by the senior staff minimal. In fact, in this phase the resident assume practically complete responsibility for the management of the cases entrusted to his care and is the equivalent of a junior member of the attending staff.

It is essential that the resident be provided with a sufficient⁺ volume and variety of patients to guarantee competence as he enters practice. In the past, indigent patients have comprised the resident's clientele. However, the general rise in the socio-economic status of patients and the rapid expansion of medical service pre-payment plans have caused so great a reduction in the number of indigent patients that in certain specialties the modern resident-training program which has proved so efficient is threatened. Patients for whom residents can ultimately assume complete responsibility with the supervisory staff acting only as consultants must be found. In addition to indigents, one obvious source is at hand: paying patients who seek care in a hospital without relating themselves to a specific physician on the staff.

Many of the patients in this category can afford a professional fee. For the medical care of others a third party is in whole or in part responsible. Controversy has arisen regarding the collection of fees for their care, since they are essentially patients of residents. It must be stressed that such residents, when licensed, are as eligible to receive a fee as any other licensed physician. Collection by a member of the senior attending staff of fees from such patients, whose medical care has been completely or almost completely administered by a resident, is essentially exploitation of the resident. Furthermore, refusal on the part of third parties to make payments for care rendered by residents is unjust to the licensed physician (the resident) rendering the care and may be a breach of contract with the patient, since the payment for equivalent service by a physician with an office outside the hospital would be considered justified. Finally, implications of fee-splitting, or, in the case of surgery, of ghost surgery, are obviated when it is recognized that the patients referred to here are patients of residents and the fees for service rendered to them are collected on authorization by the residents.

To insure the utilization of paying patients in the training of specialists and to resolve the dilemma posed by the disposition of fees for medical service, necessarily rendered to paying patients by residents during their clinical training, high-level residents could very readily be classified as junior attending physicians or junior assistants to the group responsible for their training where these physicians are organized as a group. Such a change in status, however, is not advocated since it might impair the excellence of the present system of resident-training and jeopardize the fulfillment by the resident of the requirements for certification by the specialty boards.

Other alternatives are also unacceptable. Among these one might include: a return to preceptorships with practicing physicians or "incomplete residencies" in which complete patient-responsibility is not assumed at any stage of the training period but is left to the exigencies of practice in the expectation that experience with private patients will compensate for the deficiency.

Hence, it is maintained that the collection of fees for medical service rendered by residents to the paying patients, designated above is properly provided.

- a) That the volume of such medical service is related to and limited by the primary objectives of the program—education and training.
- b) That the residents, in the judgment of the physicians directing their education and training, have reached a stage of competency adequate for the assumption of appropriate responsibility.
- c) That the patients served have given their consent to care by residents.
- d) That the residents are licensed to practice medicine in the state in which their hospitals are located.
- e) That the fees paid by the patients, or on their behalf by third parties, for care rendered by residents are deposited in a separate fund or funds administered by the physicians in charge of the resident-training programs and do not accrue to the general operating income of a hospital, medical school or university.
- f) That the deposit of such fees in such fund or funds is specifically authorized by the residents as part of their contract with the institution in which they serve.
- g) That the funds are expended only for the benefit of the residents and are not utilized as a device to reduce commitments normally made to residents by institutions with approved resident-training programs.

Mr. Chairman, I move the adoption of this report calling attention to the fact that in adopting this report the above statement, "Provision of Medical Service for Paying Patients by Residents" becomes the official policy of the Association.

Motion seconded, and passed unanimously.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE

The Committee has continued to support the programs of Medical Education for National Defense in the individual medical schools along the lines established when the programs were initiated. This has been to obtain from the Federal Medical Services holding the responsibility for national defense, the following:

1. Financial aid for the individual medical schools for a part-time coordinator and educational costs of the program.
2. Exchange of information and faculty orientation in the medical aspects of national defense.

The program in each medical school is decided by the faculty involved. There has been no attempt to adopt a uniform program of instruction. MEND objectives are accomplished by integrating the subject matter in curricular subjects except for a limited number of field demonstrations that are worked out at individual schools. Some of these demonstrations are done in conjunction with the Medical Battalion of the local National Guard.

During the past year there has been a stated objective of the MEND program

of "educating and training each medical graduate to independently organize and operate an aid station handling large numbers of casualties in an emergency."

On June 24, 1961, the MEND Committee met with the Federal MEND Council at the Statler-Hilton Hotel in New York. Plans for 1961-1962 were reviewed.

REPORT TO EXECUTIVE COUNCIL OF THE
AD HOC COMMITTEE ON MEDICAL STUDENT AND
FACULTY MANPOWER REQUIREMENTS

STANLEY W. OLSON

Present:	Drs. Hirschboeck	Powers
	Maloney	William Stone
	Hincey	Olson
	Aagaard	

Absent: Dr. Meiling

Also invited guests present were:

Drs. Anderson	Shorey (Arkansas)
Berson	Frank Berry
Schofield	

The critical nature of the international situation has caused the President to issue orders for a rapid build-up of military strength. This has been accomplished by the ordering to active duty of certain Ready Reserve and National Guard Units among which are a few medical students and faculty. By great effort almost all of these students and some of the faculty have been released from their active duty assignments. The possibility of future call-ups suggests that more effective means should be developed to provide the military services with trained medical manpower in an orderly fashion.

The following assumptions with respect to medical education were reviewed and approved by the Ad Hoc committee:

1. The ability of medical schools to continue producing new physicians during a national emergency is of critical importance to the nation.
2. Medical schools are the only source of new physicians for military and civilian needs.
3. In time of national emergency more physicians will be needed than in time of peace.
4. Over-all decisions respecting the allocation of manpower often affect adversely the ability of medical schools to produce new physicians and affect also their ability to maintain existing educational standards.
5. Decisions affecting students of medicine and the faculty of medical schools should be made with the advice of medical educators who can interpret the effect of such decisions on the production of physicians.
6. Medical schools must maintain appropriate clinical services in teaching hospitals in order to provide medical students with clinical experience.
7. Residents in teaching hospitals have a well defined faculty responsibility. The ability of medical schools to provide satisfactory clinical experience depends upon the availability of residents in sufficient numbers at all levels.

8. The experience of World War II clearly underscores the necessity for the continued education of new faculty members during the period of national emergency. Thus, graduate education must also be maintained.
9. Conduct of research is essential to the educational process in medicine. The nature of research programs can and should be altered to emphasize problems of national significance.

The following possible courses of action were reviewed:

1. Data which reflect existing staffing patterns in medical schools should be collected and related to the teaching loads of the individual schools.
2. Standards of staffing for the maintenance of teaching effectiveness should be established.
3. Review should be made of such standards with appropriate military and selective service officials to determine how existing patterns of call-up of students and staff can be modified to prevent interference with the orderly education of physicians.
4. Review should be made of existing mechanisms for the call-up of physicians who have not completed clinical training.
5. The effective membership of students and faculty in reserve and national guard units on the production of physicians should be examined and a method for advising schools with respect to these matters.

After a vigorous discussion in which Dr. Frank Berry provided helpful advice the following next step was agreed upon:

That the Association of American Medical Colleges and The American Association of Dental Schools seek an interview with the President or his designate to emphasize the importance of maintaining the output of physicians and dentists at a maximum level and offering to cooperate in the establishment of such procedures as will conserve the student and faculty manpower required for such a maximum effort.

Mr. Chairman, I move the acceptance of this report and specifically the adoption of its final paragraph.

Motion seconded and passed unanimously.

REPORT OF COMMITTEE ON MEDICAL SCHOOL ARCHITECTURE

GEORGE T. HARRELL

The Committee continued its study of space requirements for the construction of new medical schools. Meetings were held in Washington and Evanston, with staff from AAMC and AMA. The data collected were revised and organized as tentative recommendations for two prototype four-year schools with entering classes of 64 and 96 students.

The Committee decided to recommend publication of two versions of the study. The shorter version is a summary couched essentially in lay language, and directed to university administrators, boards of trustees, and interested people in the local community. This version, which is entitled "Medical School Facilities: Section I, Planning Considerations," will have a minimum of architectural detail. The longer version will contain more detailed architectural and engineering information and is entitled "Medical School Facilities: Sections I and II, Planning Considerations and Architectural Guides." Both versions should be

available from the printers by November 1, 1961. It was decided these would be published by the Public Health Service, with proper credit to AAMC and AMA.

With the publication of these reports, the Committee will have discharged its obligation. The Committee, again, would like to express its deep appreciation to those member institutions visited. The Committee is grateful to the Public Health Service for the detailed architectural analyses, and for editorial research and writing.

REPORT OF COMMITTEE ON MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

DONALD J. CASELEY

The Committee on Medical School-Affiliated Hospital Relationships functioned in 1960-61 much as it had in the previous year in its effort to provide assistance to the Teaching Hospital Section and its Executive Committee. Under the chairmanship of Dr. Albert W. Snoke, the latter served to provide the leadership in guiding the affairs of the Section; the Liaison Committee served as one of the official channels for communication between the Section and the Executive Council of the Association.

Two meetings were held during the year (both in conjoined session with the Executive Committee of the Teaching Hospital Section).

1. On October 30th, at the conclusion of the Section's Annual meeting in Hollywood Beach, Florida, the two groups, joined by members of the Nominating Committee of the Section, held a luncheon meeting to explore further means for studying the complex problem of fiscal relationships between teaching hospitals and medical schools. The most pressing need was to bring into productive relationship the planning and constructive efforts of three separate groups who were preparing to initiate studies in this general area. By agreement, the matter was continued for further discussions at the February meeting of the two committees.
2. The second meeting of the Liaison Committee was held in conjunction with the Executive Committee of the Teaching Hospital Section at 2:00 P.M. on February 4th at the Palmer House, Chicago. Actions taken jointly requested that the Executive Council of the AAMC give consideration as soon as possible to the addition of one or two officers (chairman and vice chairman) of the Teaching Hospital Section to be members ex officio of the Executive Council of the Association, in order to afford the best possible means of communications between the Section and the Association. The status of the fiscal studies was reviewed. It was agreed that drafts of proposals for consideration by the Association and the Section, which were now in preparation, would be circulated as soon as they were completed and the matter again would be considered. The central theme for the program of the annual meeting of the Section was discussed at length and tentative selections of a number of program areas were made. The Chairman of the Section assumed responsibility for final program decisions. The meeting adjourned at 5:15 P.M. and the next meeting of the conjoined groups was set for Friday, November 10, 1961 at 6:30 P.M. at the Queen Elizabeth Hotel in Montreal, Canada just prior to the annual meeting of the Section and the Association.

The continued functioning of the two groups in a conjoined fashion has appeared in every sense to be satisfactory and, apparently, has offered some meas-

ure of strength and counsel to the Executive Committee of the Teaching Hospital Section. It is the recommendation of the Committee that the present relationship and method of procedure be continued.

REPORT OF
COMMITTEE ON VETERANS ADMINISTRATION-MEDICAL
SCHOOL RELATIONSHIPS

GRANVILLE A. BENNETT

The relationship which has existed between the medical schools and the Veterans Administration hospitals with respect to education has been of great value to medical education and supportive of high quality medical care. Recently there has been a rapid increase in research performance in the Veterans Administration hospitals. Policy memorandum No. 2, which defines V.A.-medical school relationships does not mention research. This committee believes that recognition of research similar to that accorded educational efforts would be of mutual benefit to the V.A. hospitals and the medical schools and would be of advantage to medical care.

During the past several years, the funds made available to the Veterans Administration for medical research have increased substantially. In order that an adequate supply of competent and well trained investigators may be assured this committee points to a need of increased financial support of education in the V.A. hospitals. It seems apparent that increased financial support of both medical education and research within the V.A. hospitals will result in further improvement in the quality of medical care programs.

Representatives of some medical schools have expressed an interest in achieving greater flexibility in the employment of residents for V.A. hospitals by means of contractual relations with the medical school. In instances where the residency programs in the V.A. hospital are integrated with those of the medical school this device might prove to be advantageous and the committee recommends that the possibility of instituting such a mechanism be explored.

The committee recognizes that the construction of new V.A. hospital facilities and the modernization of existing installations poses many problems. Paramount among these is the urgent need for expansion of research facilities. In order to assure the best possible use of appropriations granted for these purposes the local Veterans Administration and medical school personnel should have a strong voice in designing new and remodeled facilities.

This committee commends the Chief Medical Director of the Veterans Administration for his far-seeing and patriotic offer of the facilities of V.A. hospitals in the plans of the medical schools for their operation and possible relocation in the event of a national disaster. Institutional members of the Association of American Medical Colleges are urged to contact local and national officials of the Veterans Administration to implement this offer. This committee would also redirect the attention of the AAMC Committee on Medical Education for National Defense to this offer from the Veterans Administration.

DR. AAGAARD: This concludes the reports of all of the officers, staff, and committees.

While the reports were being considered I only called for motions and votes where this seemed particularly indicated.

I would now like a motion of approval for all the reports.

Motion seconded and passed unanimously.

Is there new business?

Dr. William S. Stone, Dean of the Medical College of the University of Maryland, spoke of his concern that medical educators could do more to improve the public image of American medicine and also of American medical education. He indicated that the Association might do well to add active consideration of these two matters to its program.

Dr. Aagaard concluded the meeting with the following statements:

"I would like to express my thanks to all of you for the active participation that all of you have taken in the Association affairs, the reports that you have given to your officers and to the Council.

"I would like especially to thank the Council members for their active participation during this past year and thanks too to the entire staff who worked hard and very effectively in trying to clear all of the directives and suggestions that come to them from all of us.

"Finally I would like to call on the two emissaries who were asked to conduct our new president Dr. Donald Anderson to the podium in order that he may take over as President of the affairs of the Association."

President-Elect Anderson accepted his office with the following remarks:

"I would like to express my appreciation to the membership for the trust implied by this honor that you have conferred on me. It will be my hope to carry on the tradition and vigorous leadership that the Presidents of this Association have established over such a long period of years and particularly I hope I can be as effective as the two Presidents with whom I have had the pleasure of working so closely—Tom Hunter and George Aagaard.

"The Association should hope to make progress on many fronts during the coming year. I think most of us will agree that the one project that we would like most to see accomplished is the passage of sound legislation providing for federal assistance to medical education. Now as a result of George Aagaard's very able leadership we are closer to this objective than we have ever been before and I hope that another year will see this mission accomplished."

Adjournment at 12:00 noon.

Officers of the Association and Members of the Executive Council 1961-1962

- President and Council Chairman:* DONALD G. ANDERSON
University of Rochester School of Medicine and Dentistry
- President-Elect:* JOHN E. DETRICK.....Cornell University Medical College
- Immediate Past President:* GEORGE N. AAGAARD
University of Washington School of Medicine
- Vice-President:* JOHN F. SHEEHAN
Stritch School of Medicine of Loyola University
- Treasurer:* J. MURRAY KINSMAN....University of Louisville School of Medicine
- Secretary:* RICHARD H. YOUNG.....Northwestern University Medical School
- Executive Council, 1964:* THOMAS B. TURNER
Johns Hopkins University School of Medicine
- 1964: VERNON E. WILSON
University of Missouri School of Medicine
- 1963: GEORGE T. HARRELL
University of Florida College of Medicine
- 1963: GEORGE A. WOLFE, JR.
Tufts University School of Medicine
- 1962: ROBERT C. BERSON.....Medical College of Alabama
- 1962: ROBERT J. GLASER
University of Colorado School of Medicine

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- The Journal of Medical Education:
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