

Blk
93

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

MINUTES
OF THE PROCEEDINGS
of the
SIXTY-FIRST ANNUAL MEETING
held in
LAKE PLACID, NEW YORK
October 23, 24 and 25, 1950



Office of the Secretary
185 North Wabash Avenue
Chicago 1, Illinois

OFFICERS OF THE ASSOCIATION

1949-1950

President: JOSEPH C. HINSEY Cornell University Medical College

President-Elect: ARTHUR C. BACHMEYER University of Chicago School of Medicine

Vice-President: FRANKLIN D. MURPHY University of Kansas School of Medicine

Secretary: DEAN F. SMILEY 185 N. Wabash Ave., Chicago 1, Ill.

Treasurer: JOHN B. YOUMANS Vanderbilt University School of Medicine

Executive Council

JOSEPH C. HINSEY, *Chairman*. Cornell University Medical College

ARTHUR C. BACHMEYER University of Chicago School of Medicine

FRANKLIN D. MURPHY University of Kansas School of Medicine

WALTER A. BLOEDORN George Washington University School of Medicine

GEORGE PACKER BERRY Harvard Medical School

WARD DARLEY University of Colorado School of Medicine

VERNON W. LIPPARD University of Virginia Department of Medicine

MORNING SESSION MONDAY, OCTOBER 23, 1950

The 61st Annual Meeting of the Association of American Medical Colleges was called to order by President Joseph C. Hinsey at 9:00 A.M. in the Agora Auditorium of the Lake Placid Club, Essex County, New York.

The opening address "Medical Manpower in Times of Emergency" was delivered by Dr. Howard A. Rusk, Chairman of the National Advisory Committee to the Selective Service System.

Nominating Committee

President Hinsey appointed the following committee to bring in nominations for officers for 1950-1951 and Executive Council members to replace Drs. Berry and Bloedorn whose 2-year terms expire in October, 1950. Dr. Jean A. Curran, Chairman; Dr. Stanley Dorst and Dr. Richard Young.

Round Table Discussion Groups

From 10:00 A.M. until 12:30 P.M. the group broke up into ten discussion groups with the following topics, chairmen and discussion leaders:

1. *Faculty Recruitment Problems*
Vernon W. Lippard, Chairman; W. C. Davison; John McK. Mitchell; John Russell; Francis Scott Smyth.
2. *The Veterans Administration Hospital Program in Relation to Medical Education*
R. Hugh Wood, Chairman; Harold Diehl; Reginald Fitz; John B. Youmans.
3. *Should the Medical Colleges Take More Responsibility for Recognition of Graduate Training?*
Ward Darley, Chairman; John Alsever; Frode Jensen; Edward H. Leveroos.
4. *Prepaid Medical Care Plans in Relation to Medical Education*
Edward L. Turner, Chairman; James M. DeLamater; James M. Faulkner; Stanley M. Olson.
5. *How Can the Interview Contribute Most in the Selection of Medical Students?*
Trawick Stubbs, Chairman; D. Bailey Calvin; W. W. Morris; Carl A. Whitaker.
6. *How Should an Admissions Committee Function?*
F. J. Mullin, Chairman; George Packer Berry; William Beckman; John M. Stalnaker.
7. *What is the Responsibility of the Liberal Arts College to the Student Planning to Study Medicine?*
William Cadbury, Chairman; C. R. Dawson; Thomas Hunter; Richard L. Masland.
8. *The Importance of Continuity in Student-Patient Relationships in Out-Patient Teaching.*
Russell H. Oppenheimer, Chairman; Arthur C. Bachmeyer; Henry J. Bakst; Theodore Henry Harwood; Kenneth B. Turner.
9. *Post-Graduate Medical Education*
Robert Boggs, Chairman; George N. Aagaard; Charles Smyth; John Truslow.
10. *Specific Internship Requirements for Licensure. Yes or No?*
John Caughey, Chairman; John C. Leonard; Robert Loeb; Francis Wood.

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

Afternoon Session

President Hinsey gave the Presidential Address in the Agora Auditorium titled "Maintenance of a Continuing Supply of New Faculty Members." (Published in the November, 1950 issue of the Journal of the Association of American Medical Colleges.)

John B. Hubbard, Associate Secretary of the National Board of Medical Examiners read a paper, "Should the National Board Medical Examinations be of a Different Type?" (To be published in "Medical Education.")

From 3:45 P.M. to 6:00 P.M. the group broke up into eight sections to attend hearings on the annual reports of the following Standing Committees: Committee on Student Personnel Practices, Carlyle Jacobson, Chairman
Committee on Internships and Residencies, John B. Youmans, Chairman
Committee on Audiovisual Education, Walter A. Bloedorn, Chairman
Committee on Financial Aid to Medical Education, Joseph C. Hinsey, Chairman
Committee on Preparedness for War, Stockton Kimball, Chairman
Committee on Public Information, Franklin D. Murphy, Chairman
Committee on Social and Environmental Medicine, Frode Jensen, Chairman
Committee on Students from Abroad, Francis Scott Smyth, Chairman

The Association Dinner

The Association Dinner was held at 7:00 P.M. in the main dining room. Presiding was President Joseph C. Hinsey.

Speaker of the evening was President William S. Carlson of the University of Vermont who gave a very interesting report of his experiences above the Arctic Circle.

David P. Barr, on behalf of the Committee on Borden Award, nominated Dr. Gerty T. Cori for the Borden Award in the Medical Sciences for 1950. The presentation of the Award was made by Mr. W. A. Wentworth, Secretary of the Borden Company Foundation, Inc. Dr. Cori accepted the award with a few words of appreciation.

TUESDAY MORNING SESSION, OCTOBER 24, 1950

This session opened at 9 A.M. with a symposium on "Some Ideas on Medical Education from Abroad Worth Considering Here." Participating were Arthur C. Bachmeyer, Willard C. Rappleye, Stanley Dorst, Alan Gregg, and Vernon W. Lippard.

(It is expected that a report of this symposium will be published in the March or May issue of the Association's Journal of "Medical Education.")

Chancellor Jaims Benitez of San Juan, Puerto Rico gave a short report of progress in the development of the University of Puerto Rico School of Medicine and showed a short film of that school.

Paul Steiner of the University of Chicago read a paper on "Cancer Training Grant Programs as they Appear to a Council Member." (To be published in the Journal of "Medical Education.")

W. Palmer Dearing, Deputy Surgeon General of the United States Public Health Service, pointed out the needs for medical specialists in the E.C.A. work in South Eastern Asia and asked the cooperation of the medical colleges in the attempt to at least partially meet these needs.

Executive Session

Motion was made, seconded, and carried to approve the minutes of the 60th Annual Meeting of the Association held in November, 1949 in Colorado Springs, Colorado.

REPORT OF THE SECRETARY

We have been in our new quarters at 185 North Wabash Avenue for a year and one month now. We moved to obtain more space and since moving we have already had to extend our quarters with an additional room to house our I.B.M. equipment. The staff has had to be gradually increased until it now numbers 12.

With the increased staff and space it has become possible to accomplish a number of important tasks that the Association has long wanted done.

1. A punched card with fairly complete data is now on file for every student who registered in a United States medical school in the Fall of 1950-1949-1948-1947-1946.
2. A punched card is on file for every application made for admission to our medical schools this Fall and the data regarding these applications have been processed and will be reported to you later today—just one year ahead of our previous reporting time and only about one month after the opening of the college year.
3. Punched cards will be prepared for your 1951 entering class as fast as your reports come into our Home office. And cumulative lists of the accepted students will go out again to you, just as they did last year, at fortnightly intervals from January until June.
4. A punched card will shortly be on file for every member of the instructing staff of member medical schools.

Credit for these accomplishments goes to John M. Stalnaker, our Director of Studies, and our hard working staff.

Before leaving the matter of records, let me point out that plans are already being made to use our punch card system to match up senior students' first, second and third choice of internships with the hospitals' first, second and third choice of interns. You will hear more about that later.

Inspectional visits were made by the Secretary with Dr. Donald G. Anderson of the American Medical Association's Council on Medical Education and Hospitals to Stritch, Temple, North Dakota and Creighton. As a contribution to the three year Survey of Medical Education he acted as a member of the Survey team visiting Buffalo, Cincinnati, Meharry, Woman's Medical and George Washington.

In the past year 23 questionnaires were presented to the Home Office for approval. Of these 13 were approved, 10 were disapproved. We hope that the time and trouble we save you by screening the questionnaires more than makes up for the mental anguish suffered by our Home Office staff in attempting to evaluate these questionnaires fairly and dispassionately.

The Association's various committees have been working with great energy through the year and as their chairmen make their annual reports you will get a picture of the wide scope of their interests and activities. Of particular interest will be the reports of the Committee on Public Information, the Committee on Preparedness for War, the Editorial Board of the Journal, the Committee on Internships and Residencies, and the Committee on Personnel Practices. So effective are these study committees proving that the Council is giving serious consideration to establishing additional committees in such fields as standards, curriculum development, faculty recruitment and graduate education. If the Association can find the financial resources to bring these committees together at appropriate intervals much value to medical education will result. We have tremendous resources in the staff of our 89 member institutions and we must learn how to utilize those resources in attacking our baffling problems.

The recent annual meetings of the Association have departed widely from the traditional pattern and have taken on the educational work-shop form. Many of you have liked the change, some have not. Your Program Committee

would appreciate having your comments and particularly your suggestions. This year Alpha Epsilon Delta held its First National Conference on Premedical Education in the two days preceding our meeting. Under discussion by our Council is a plan for holding each year a medical teaching institute just preceding our annual meeting. Your reactions to this suggestion are solicited.

May I take this opportunity to thank you and the other staff members of your institutions for the fine cooperation you are giving the Home Office in the way of records and reports. It is on the accuracy and promptness of your individual reports that the value of our accumulated reports depends.

(Signed) Dean F. Smiley
Secretary

The report was approved as read.

REPORT OF THE TREASURER

The major part of the report of your Treasurer is contained in the Report of the Auditors. It is for the fiscal year which ended August 31, 1950. It will be published in the minutes of this meeting. I urge all who are interested in the fiscal affairs of the Association to read it and I shall be glad to answer any inquiries concerning it.

In brief, the Association operated during the past fiscal year at a very small net loss, the income amounting to \$51,999.83 and total expenses to \$52,211.64, a deficit of \$211.81. This is compared to the loss of \$10,309.81 for the preceding fiscal year. That is charged against the excess on reserve.

The current surplus or reserve amounts to \$19,735.77. Total assets are \$195,017.30 of which, of course, the bulk is in reserve and unavailable to the Association except for the carrying out of the activities which are entrusted to it.

A budget for the current year reflecting a total income of \$270,750.31 and expenditures of a similar amount has been prepared and approved by the Executive Council.

During the year operating accounts, separate from the journal accounts, were established for the purpose of facilitating operations of the central office and simplifying the accounting system. An accounting firm was employed to review the fiscal and accounting procedures and to make recommendations regarding the accounting system. As a result, certain changes have been made to improve these operations. They included the analysis and audit of the central office accounts and those of the Medical Film Institute which resulted in a reconciliation of certain differences which were the result of differences in bookkeeping procedures of the two accounts.

Because the fiscal year of the Association ends August 31 and the annual meeting is not called until October an often serious concern of the budget has existed over this interval. This year a tentative budget for the oncoming fiscal year was prepared and approved by the Executive Council effective September 1 subject to final approval at the annual meeting to facilitate fiscal operations, a procedure which should be followed in subsequent years. This report is respectfully submitted and I wish to thank the officers and the employees of the central office for their assistance.

(Signed) John B. Youmans
Treasurer

Motion was duly moved, and seconded to approve the report of the Treasurer.

DR. O'HARA: "Could we have an outline of where the income comes from?"

DR. YOUMANS: "For the fiscal year ending August 31, 1950, the income came from the following:

Membership dues, \$39,500-79 at \$500 each; eight affiliate members at \$125,

\$1,000. Total, \$40,500. Journal receipts, advertising, \$9,572.59; subscriptions and sales, \$992.14. The other items which make up the total of some hundred odd thousand dollars are those of special grants and incomes from the Medical Film Institute and similar incomes.

For example, on the Medical Film Institute, Commonwealth Fund, \$7,500; the Alfred P. Sloan Foundation, \$7,500; the John and Mary R. Markle Foundation, \$7,500; miscellaneous contributions, consultations \$600; making a total income from those sources of \$29,769.

PRESIDENT HINSEY: "I think the point that Dr. O'Hara had in mind was that much of the work that we have been able to do has been made possible through special grants that we have obtained for special projects. The improvement in the keeping of our records has been made possible through incomes from the medical aptitude test. It is gratifying that we have had the support of outside agencies and foundations in the furthering of the work of the Association. I was not here when the budget was finally set up. It is conservatively set up in a way that we will be a sound organization a year from now."

The report was approved.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES Chicago, Illinois

Report on Audit for the Fiscal Year Ended August 31, 1950

Association of American Medical Colleges

October 10, 1950

185 North Wabash

Chicago, Illinois

Gentlemen:

We have examined the balance sheet of the Association of American Medical Colleges as at August 31, 1950 and the statement of income and expense for the fiscal year then ended, and we present our report thereon, which consists of the exhibits and schedules listed in the index and of the comments which follow.

Balance Sheet—Exhibit A

CASH—\$161,259.23

Cash on deposit with the First National Bank of Chicago amounted to \$154,329.79 in the general account and \$2,107.90 in the operating account, and the deposit with the Bank of Montreal, Toronto, Canada amounted to \$1,971.54. All three bank account balances were reconciled to those shown on the bank statements as at August 31, 1950 and were further confirmed by direct correspondence with the depositaries.

The petty cash fund of \$100.00 in the Chicago office was counted on August 31, 1950 and found to be intact. The New York petty cash fund of \$100.00 was counted on September 15, 1950 and the \$400.00 advanced as travel funds was certified to us by the holders thereof.

The cash receipts for the year were checked to the bank deposits, and cash received for dues was reconciled with the subsidiary dues ledger.

We traced the cancelled checks to the cash disbursements record and examined the approved vouchers supporting the disbursements for the year.

In accordance with past practice all additions to furniture and equipment were expensed in the year in which they were purchased.

ACCOUNTS RECEIVABLE—\$14.00

This amount, representing payments made to the Blue Cross Plan for Hospital Care, will be deducted from the employees' payroll checks in September 1950.

DEPOSIT--UNITED AIR LINES--\$425.00

The deposit of \$425.00 with the United Air Lines is for an air travel charge account in the name of Dean F. Smiley.

PREPAID INSURANCE--\$319.07

The insurance premium on the employee fidelity bond is prepaid to August 31, 1952.

INVESTMENTS--\$33,000.00

United States Government Series G Savings Bonds with a par value of \$33,000.00 were examined by our representative in the vault of the First National Bank of Chicago on September 1, 1950.

These bonds, which bear interest at the rate of 2½% per annum, are described as follows:

DATED	SERIAL NUMBERS	MATURITY	FACE VALUE
February 1944	M 2339896G	February 1, 1956	\$ 1,000.00
February 1944	M 2339897G	February 1, 1956	1,000.00
February 1944	X 357140G	February 1, 1956	10,000.00
June 1945	M 3833870G	June 1, 1957	1,000.00
November 1946	V 733579G	November 1, 1958	5,000.00
November 1946	V 733580G	November 1, 1958	5,000.00
January 1947	V 766536G	January 1, 1959	5,000.00
January 1947	V 766537G	January 1, 1959	5,000.00
TOTAL INVESTMENTS			<u><u>\$33,000.00</u></u>

DEFERRED INCOME--\$24,000.00

Dues for the year 1950-1951 amounting to \$23,750.00 and for the year 1951-1952 in the amount of \$250.00 were paid as at August 31, 1950.

RESERVES FOR RESTRICTED FUNDS--\$151,281.53

The reserves for restricted funds represent the unexpended balances of grants received by the Association for specific projects, as detailed in Exhibit A.

The Medical Film Institute accounts were reconciled with their audit report covering the fiscal year ended August 31, 1950.

UNDIVIDED PROFITS--\$19,735.77

This account is analyzed in Schedule A-4.

**Statement of Income and Expense
Exhibit B**

Operations for the fiscal year ended August 31, 1950 resulted in a loss of \$211.81, compared with one of \$10,309.81 sustained in the fiscal year ended August 31, 1949.

Income from membership dues this year was as follows:

79 Members at \$500.00	\$39,500.00
8 Affiliate Members at \$125.00	1,000.00
TOTAL	<u><u>\$40,500.00</u></u>

Journal advertising receipts were \$9,572.69 and subscriptions and sales amounted to \$993.14. The expenses, however, were \$25,712.75, which leaves an excess of \$15,146.92 of expenses to be absorbed by the Association.

Total expenses of the Association for the fiscal year amounted to \$52,211.64, while the total income was only \$51,999.83. As a result there was a net loss of \$211.81.

Very truly yours,

HORWATH & HORWATH

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
CHICAGO, ILLINOIS**

EXHIBIT A

Balance Sheet—As at August 31, 1950

ASSETS

CURRENT ASSETS

Cash on Hand			
Chicago—Petty Cash Fund	\$	100.00	
New York—Petty Cash Fund		100.00	
New York—Travel Advance		<u>400.00</u>	\$ 600.00
Cash in Banks			
First National Bank of Chicago.			
General Account	\$	154,329.79	
Operating Account		2,107.90	
In Transit		2,250.00	
Bank of Montreal		<u>1,971.54</u>	160,659.23
Accounts Receivable—Employees			14.00
Deposit—United Air Lines			425.00
Prepaid Insurance			<u>319.07</u>
Total Current Assets			\$162,017.30

INVESTMENTS—UNITED STATES GOVERNMENT BONDS— SERIES G			<u>33,000.00</u>
---	--	--	------------------

TOTAL ASSETS \$195,017.30

LIABILITIES AND UNDIVIDED PROFITS

DEFERRED INCOME			
Dues Income—1950 - 1951	\$	23,750.00	
Dues Income—1951 - 1952		<u>250.00</u>	\$ 24,000.00
RESERVES FOR RESTRICTED FUNDS			151,281.53
UNDIVIDED PROFITS—SCHEDULE A-4			<u>19,735.77</u>
TOTAL LIABILITIES AND UNDIVIDED PROFITS			<u><u>\$195,017.30</u></u>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Medical Film Institute

Schedule A-2—As at August 31, 1950

BALANCE AUGUST 31, 1949			\$ 4,717.66
ADJUSTMENT OF AUGUST 31, 1949 BALANCE			<u>1,951.98</u>
Adjusted Balance August 31, 1950			\$ 6,669.64
INCOME			
Commonwealth Fund	\$	7,500.00	
Alfred P. Sloan Foundation		7,500.00	
Markle Foundation		7,500.00	
Miscellaneous Consultations		<u>600.00</u>	
Total Income			<u>23,100.00</u>
Total			\$ 29,769.64
EXPENSES			
Salaries	\$	18,304.06	
Personal Services		1,141.05	
Rent		<u>1,656.50</u>	

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

Equipment		957.06	
Travel		961.78	
Meeting		391.34	
Supplies		397.69	
Telephone and Telegraph		655.30	
Miscellaneous		<u>1,691.03</u>	
Total Expenses			\$ 26,155.81
Less: Overhead Charged to Association of American Medical Colleges	\$2,000.00		
Critical Cataloging	1,708.00		
Project—C.S.—9103	300.00	4,008.00	22,147.81
BALANCE—AUGUST 31, 1950			<u>\$ 7,621.83</u>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
Committee on Student Personnel Practices
Schedule A-3—As at August 31, 1950

BALANCE—AUGUST 31, 1949			\$ 7,479.33
INCOME			
Committee on Student Personnel Practice	\$ 19,919.33		
John and Mary R. Markle Foundation	37,500.00		
Educational Testing Service	105,000.00		
Handbook	<u>34.49</u>		
Total Income			162,453.82
			<u>\$169,933.15</u>
EXPENSES			
Salaries	\$ 15,113.56		
Annuity	675.00		
Travel	1,528.49		
Expenses and Equipment	5,645.31		
Miscellaneous Expense	2,868.26		
Association of American Medical Colleges—Overhead	10,000.00		
Special Studies	5,434.01		
Brosin Project	7,300.00		
Interest Test	1,357.83		
Records Project	<u>8,207.21</u>		
Total Expenses			58,129.67
BALANCE—AUGUST 31, 1950			<u>\$111,803.48</u>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
Schedule A-4
Undivided Profits—As at August 31, 1950

BALANCE—AUGUST 31, 1949			\$ 20,347.58
ADJUSTMENTS			
Dues Collected in 1948-1949 Applicable to 1949-1950 Income Per Amendment to Con- stitution (November 1949)			
Queen's University	\$375.00		
University of Western Ontario	25.00		
Dalhousie University	125.00		
University of Phillipines	<u>375.00</u>		
Total			\$900.00

Less:

Dues Collected in 1949-1950 Applicable to 1948-1949 Income Per Amendment to Con- stitution (November 1949)			
McGill University	\$125.00		
University of Alberta	125.00		
University of Manitoba	125.00		
University of Toronto	125.00		
Total		500.00	400.00
ADJUSTED BALANCE—AUGUST 31, 1949			\$ 19,947.58
EXCESS OF EXPENSES OVER INCOME FOR YEAR ENDED AUGUST 31, 1950—EXHIBIT B			211.81
UNDIVIDED PROFITS—AUGUST 31, 1950— TO EXHIBIT A			<u>\$ 19,735.77</u>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Statement of Income and Expenses

Exhibit B

Fiscal Year Ended August 31, 1950

INCOME			
Dues Income		\$ 40,500.00	
Interest on Government Bonds		825.00	
Fellowship Booklets		109.00	
Journal Advertising		9,572.69	
Journal Subscriptions		993.14	
Total Income			\$ 51,999.83
EXPENSES			
Salaries		\$ 13,038.33	
Annuity		933.06	
Rent		3,727.20	
Equipment and Expense		5,119.06	
Travel		7,874.90	
Annual Meeting		1,671.57	
Contingencies		190.00	
Journal			
Salaries	\$ 10,640.01		
Rent	960.00		
Publishing and Mailing	13,791.63		
Supplies	321.11	25,712.75	
Treasurer's Office		320.04	
Committee on Internships		1,624.73	
Medical Film Institute		2,000.00	
Total Expenses		\$ 62,211.64	
Less: Overhead Charged to Committee on Student Personnel Practices		10,000.00	52,211.64
EXCESS OF EXPENSES OVER INCOME TO SCHEDULE A-4			<u>\$ 211.81</u>

BUDGET—1950-1951**SECRETARY'S AND TREASURER'S OFFICE****INCOME**

Dues—79 members at \$500.00	\$ 39,500.00
8 affiliate at \$125.00	1,000.00
Interest on Investments	825.00
Overhead	18,000.00
Special Grants	15,000.00
	<u>\$ 74,325.00</u>

EXPENSES

Salaries and Annuities	\$ 20,000.00
Rent and House Expenses	8,000.00
Supplies, Postage, Telephone and Telegraph, Etc.	7,000.00
Furniture and Equipment	1,000.00
Travel	15,000.00
Annual Meeting	2,000.00
Pensions	5,000.00
Medical Film Institute	2,000.00
Treasurer's Office	500.00
Committee on Internship	1,800.00
Emergency Projects	10,000.00
Contingency	2,025.00
	<u>\$ 74,325.00</u>

*Journal***INCOME**

Advertising	\$ 15,000.00
Subscriptions and Sales	3,000.00
Special Grants	15,000.00
	<u>\$ 33,000.00</u>

EXPENSES

Salaries	\$ 14,000.00
Travel	1,000.00
Printing and Mailing	15,000.00
Overhead	3,000.00
	<u>\$ 33,000.00</u>

BUDGET—1950-1951**COMMITTEE ON STUDENT PERSONNEL PRACTICE****INCOME**

Testing Revenue	\$ 75,000.00
Special Grants	7,500.00
Transfer from Previous Year	36,803.48*
	<u>\$119,303.48</u>

EXPENSES

Salaries and Annuities	\$ 30,000.00
Supplies, Postage, Telephones and Telegraph, Etc.	3,000.00
Furniture and Equipment	4,000.00
Travel	4,000.00
Markle Projects	28,135.00
Contracted Service and Machines	8,000.00
Special Studies	20,000.00
Overhead	15,000.00
Contingency	7,168.48
	<u>\$119,303.48</u>

MEDICAL FILM INSTITUTE

INCOME

Overhead	\$ 4,500.00
Special Grants	32,000.00**
Transfer from Previous Year	7,621.83
	<u>\$ 44,121.83</u>

EXPENSES

Salaries	27,200.00
Rent and House Expenses	1,700.00
Supplies, Postage, Telephone and Telegraph, Etc.	3,000.00
Furniture and Equipment	500.00
Travel	2,000.00
Contracted Service and Machines	1,000.00
Annual Meetings	1,500.00
Contingency	7,221.83
	<u>\$ 44,121.83</u>

*Includes \$20,635 carried over from a Markle Grant of a previous year.

**Includes a grant of \$2,000 from the Association of American Medical Colleges.

REPORT OF THE EDITOR

The Journal now has reached the age of 25 years. During the past year, as usual, there were six issues of the Journal which carried 51 original papers with a coverage of 338 pages. In addition, there were the news items, the general news, the so-called editorials on topics which could not be included elsewhere. Each issue of the Journal numbered approximately 4,800 copies, none of which went out in bundles, but everyone to an individual address. The addresses to which the Journal was sent came mainly from the medical schools, from subscriptions, including 47 foreign subscriptions, medical libraries, administrators, advertising agencies and those necessary sendings which every Journal must meet.

The material published in the Journal came, in part, from papers read at the annual meeting. The number last year was not as large as usual because of the change in the nature of the program. There were a number of volunteer contributions and many solicited contributions.

We receive about 70 other journals in exchange. From these we get news and if somebody delivered an address on a topic which I thought could be elaborated or republished in our Journal, I wrote to the author asking permission to republish the article in the Journal. In that way quite a few very important papers were received.

The news of course, comes in large part from the medical schools. I say, in large part, because not all of you do yet send in news items. They may not be of any significance to you, but remember that the school on the West Coast does not always know what is going on in the school on the East Coast, and vice versa. So that these news are important.

The change in place of teachers, an important development in the school itself is something new and is always a matter of interest. Much of the news is picked up from these exchanges but no news is picked up from newspapers because I do not consider that they are always reliable.

The advertising is in the hands of an advertising representative who has secured some of the ads in the Journal, about probably a third of them. The remainder I have secured on my own initiative.

I am very grateful to all of you for the assistance that you have given me and I hope you will bear in mind that it is very important that you should

submit news in order that they may be authentic. Of course, the fact that the Journal is published only once every two months makes some news rather old and yet some of the news are sufficiently new so that other journals pick them up.

(Signed) Fred C. Zapffe

Motion was made, seconded and passed to approve the report.

REPORT OF NATIONAL SOCIETY FOR MEDICAL RESEARCH

On November 7 there will be elections in Baltimore and in Los Angeles which will determine in a very substantial degree what the future of the problem we have with the antivivisectionists will be. In Los Angeles, the people will vote in a referendum on the question: "Should the unclaimed dogs and cats which are now killed in the pounds of the City be made available to the qualified research of an educational institution or should they, as has been the practice in the past, be killed in the low pressure chambers and gas chambers?"

In Baltimore it is a negative question. In Baltimore, the question is: "Should the city council have the power to determine the fate of dogs and cats which remain unclaimed at the city pounds?" Because last Spring the city council adopted an ordinance providing for the experimental use of those animals and now the antivivisectionists have put before the people a proposed charter amendment which would take away from the city government the power to act in this particular field. That, of course, is a legal paradox. The city government, the city council shall have the power, if the antivivisectionists have their way, to act on everything else except what is to be done with the dogs and cats.

Twenty-four hours before I arrived here, yesterday, I was meeting with a group of Ohioans which is planning to present to the legislature of Ohio this same question for action following the first of the year. In Pennsylvania, just a few days prior to that, the Pennsylvania Medical Society at its Convention laid plans for the presentation of such legislation. Three days before that, a committee in New York State made plans for similar legislation.

With the passage of these ordinances and referendums, there will be 31 medical centers in the country which would have adopted this positive kind of policy.

In the five years since this organization sponsored the National Society for Medical Research, a revolution has taken place which has made as a matter of predominant public policy the recognition of animal research first, and second, the facilitation of animal research by law.

One hundred years from now it will be possible to look back to this decade and see that the same transformation was made in regard to public attitude toward animal research that was made generations ago in regard to anatomical studies.

It should not be long before there shall be no effective opposition to animal research anywhere in the United States.

Within the last five or six months, you have received from Dr. Carlson and Dr. Ivy communications indicating the financial difficulties of the Society. The support comes, approximately, one-fourth from the contributions your schools make. A large proportion comes from the pharmaceutical companies. We still do not receive equal support from the pharmaceutical industry as we do from the schools. Approximately equal portions come from such organizations as the American Cancer Society, the National Foundation of Infantile Paralysis, and a host of technical and specialty groups. They make contributions ranging from \$25 up to a thousand dollars. About fifteen hundred dollars a year comes from individual contributions. The total annual income of the Society has ranged from \$32,000 to \$72,000.

The purpose of our expenditures is to bring about these specific concrete

victories. Yet it is impossible for that amount of money to provide for all of the help needed. For example, the campaign in Los Angeles alone will probably cost more than the total annual budget of the Society. It is the policy of the Society to lend all of its staff facilities, every kind of literature and material we can produce. Last spring we spread our efforts and assistance so wide that we came to the bottom of the barrel. We were within approximately ten days of extinction. If more money had not come in, we would have been out of existence. I urge you not to concern yourselves particularly about our financial problems when it comes to asking for our help. Do not hesitate if you have any problem whatsoever in your state or your locality for which you would like to have the full time assistance of one of our staff for a period of a few days or a few weeks or a few months. If there is anything we can do that will clean up some situation involving this kind of opposition to medical research in teaching, we want to give you that assistance immediately.

(Signed) Ralph Rohweder

VOICE: "I know I express for everybody here only admiration for the continued and substantial progress that this organization is making. I do not want any deviation from the pursuit of this single objective, but this approach may be necessary very soon to help solve another problem. In many parts of this country it is becoming extraordinarily difficult to obtain bodies for dissection. There are many reasons for this. Veterans organizations are taking care of many people. Civic conferences in many places provide funds for this and these funds are eagerly sought by undertakers. There are all sorts of societies, the progress of Social Security. All these things added one after another together mean a great shortage of anatomical material.

"It seems to me that this kind of an approach, perhaps even the same organization, some day, may be the proper way to get at the problem of anatomical material."

PRESIDENT HINSEY: "I am pleased that you brought that matter up. In a relatively few areas there is not a real concern where the supply is still not down to a low level. But it is decreasing in some places at such a rate that in a short time we are all going to be in the same boat. When the comment was made about the number of students using cadavers in one of the European institutions abroad, it occurred to me that we can be faced with something of that kind and not in the too distant future. It behooves all of us to do everything we can to prevent it. These are general social movements that are frequently difficult to combat."

VOICE: "It occurs to me that five years ago this body authorized the formation of the National Society for Medical Research as I recall, it is a second hand impression, that authorization has a time limit associated with it—five years. If that is correct, we are at the end of our official endorsement of the Society."

PRESIDENT HINSEY: "Dr Zapffe, what about it?"

DR. ZAPFFE: "At the Detroit meeting, in 1944, a committee on the promotion of medical research was appointed by the Executive Council. Dr. Carlson was made chairman of the committee with the power to appoint his own personnel. There was no other action taken as to time or what the committee was to do except the promotion of medical research. Dr. Carlson organized a committee and they came before the meeting in Pittsburgh in 1945 and announced that his committee now was the National Society for Medical Research. Dr. Carlson asked for the support of the medical schools and wanted a hand vote. Every member college has only one vote, and every college represented at that meeting voted favorably. The colleges met Dr. Carlson's request for funds in the amounts indicated at the time, \$400 for some schools and \$200 for others."

PRESIDENT HINSEY: "There was no time limit?"

DR. ZAPFFE. "No, sir."

PRESIDENT HINSEY: "I did not think so. In that case, I do not think action is required."

Mr. Rohweder's report was approved.

AFTERNOON SESSION (Continuation of Executive Session)

The session convened at 2:35 o'clock, President Joseph C. Hinsey, presiding.

ROLL-CALL

PRESIDENT HINSEY: "I ask for the Roll-Call."

SECRETARY SMILY: "We have checked all of the institutions and find there are representatives here of all U. S. member colleges except Alabama.

"Among our Canadian members, all are represented except McGill, Alberta, Manitoba and Western Ontario. The University of the Philippines is not represented.

"It would appear then that six of our members are not represented.

"We have with us men who have taken on the burdens of deanship during the past year. In order that we may all know who these hardy almost fool-hardy individuals are, will you please stand as your name is called and remain standing until the last name is called so we can give you a hand in greeting?

"Dr. Tinsley Harrison, Acting Dean of the Medical College of Alabama; Dr. Hayden C. Nicholson, Dean of the University of Arkansas School of Medicine; Dr. Stanley Olson, University of Illinois College of Medicine; Dr. Willis Marion Fowler, Chairman of the Executive Committee of the State University of Iowa College of Medicine; Dr. John F. Sheehan, Acting Dean of the Stritch School of Medicine of Loyola University; Dr. John T. Cuttino, Acting Dean of the Medical College of the State of South Carolina; Dr. Carl A. Moyer, Dean of the Southwestern Medical School of the University of Texas; Dr. John Z. Bowers, Dean of the University of Utah College of Medicine; Dr. John B. Youmans, Dean of the Vanderbilt University School of Medicine."

"We particularly wish to welcome these new deans and assure them that the Association stands ready to assist them in any way possible."

PRESIDENT HINSEY: "I have been greatly encouraged at the type of people coming into medical education. Some of them are old friends of ours. I consider the opportunities we have as deans as really great opportunities and I think we are really pricing ourselves out of market if we make our position in the world too onerous because a great deal of pleasure and feeling of satisfaction goes with being a dean of a medical school. It should be something sought after rather than something to be pitied for. I have often heard deans commiserated with jokingly. We do have our problems but we are meeting those problems. I would like to see us put our chins up and say, 'All right; this is something worth while being, the dean of a medical school.' I welcome you to the opportunities we have here as well as to some of the troubles we have."

THE REPORT OF THE EXECUTIVE COUNCIL

After each of the Council meetings we send to each of the member institutions the important topics that have been considered. The Executive Council met November 8 at Colorado Springs; February 4 at Chicago; June 24 in

Chicago; and here last Friday and Saturday. In my absence Dr. Bachmeyer served as Chairman at these meetings.

At the meeting at Colorado Springs an Editorial Board for the Journal was named as follows: Lowell T. Coggeshall, Chairman; Alan Chesney; W. C. Davison; James Faulkner; Andrew Marchetti; John McK. Mitchell; and Robert A. Moore.

Committees and representatives to related organizations were named.

The budget for 1950 was approved.

The Middle West was suggested as the meeting place for 1951 meeting.

At the February 4, 1950 meeting the following medical schools were listed as affiliate members of the Association under the terms of the revised constitution: Alberta, Dalhousie, Manitoba, McGill, Queens, Toronto, Western Ontario and the University of the Philippines.

The Council endorsed a list of 38 foreign medical schools whose current and past graduates are justifiably to be considered on the same basis as are graduates of approved medical schools in the United States.

The offer of the Borden Company Foundation to continue the arrangement for providing an annual award in medical sciences for another period of 5 years after the present agreement terminates in 1951 was accepted.

The Secretary was instructed to prepare and distribute a compilation of the actions and resolutions of the Association since its founding, particularly choosing those items that are of present significance and omitting those items with only historical interest.

A committee consisting of Joseph C. Hinsey and Arthur C. Bachmeyer was appointed to explore the possibility of integrating the work of the National Society for Medical Research and that of the Association of American Medical Colleges.

The Committee on Student Personnel Practices was authorized to announce discontinuance of the Index of General Ability from the Medical College Admission Test scores beginning May, 1950.

The Council approved the actions taken by the Committee on Financial Aid to Medical Education in the interest of the Bill MR 5940 to provide Federal aid to medical education.

The Committee on Audiovisual Education was authorized to seek additional funds of \$9,100 to balance the Medical Film Institute's budget for 1950-1951.

The accounting firm of Horwath and Horwath was authorized to make the official annual audit of the Association's books.

Budget for the year beginning September 1, 1950 was approved as follows:

Secretary's and Treasurer's Offices	\$ 61,075.00
Journal of Association of American Medical Colleges	28,010.00
Committee on Student Personnel Practices	100,100.00
Medical Film Institute	29,000.00

The Council voted to accept the invitation of the American Psychiatric Association to participate in a conference on curriculum design and evaluation in the teaching of psychiatry in medical schools. It named John McK Mitchell of the University of Pennsylvania as co-chairman of the conference.

The Council urged all medical college deans to give full cooperation to local representatives of Medical Care Plans, the national association of Blue Shield Plans, in their effort to see that medical students are kept fully informed of the development of Blue Cross and Blue Shield medical care plans.

The Director of Studies of the Association was instructed to prepare lists of students in the Junior and Senior classes of medical schools.

The Liaison Committee met in February, in June and last Saturday evening. We have continued to discuss the problems of mutual interest to our Association and to the Council on Medical Education and Hospitals of the American

Medical Association. The Joint Committee for Medical Education in Time of National Emergency developed out of one of these meetings.

At this last meeting of the Council, it was recommended that the Association in its Sixty-first Annual Executive Session pass the following resolutions:

First, "Under the pressure of the national emergency and in view of great financial need of medical education, the Association finds it necessary to empower its duly elected Executive Council to act for the Association in all matters pertaining to financial aid to medical education."

DR. GEORGE PACKER BERRY (Harvard Medical School): "I move that this resolution be adopted. The time has come when we must take some concerted action on this point. It is for the best interest of this Association if a small group is able to deal in Washington with governmental agencies."

The motion was duly seconded.

PRESIDENT HINSEY: "I suggest that we postpone action on this resolution until we have the report of the Committee on Financial Aid to Medical Education. Any objections?"

VOICE: "I move we table the motion until that time."

The motion was duly seconded and carried.

The next resolution, "It is the sense of the Association of American Medical Colleges that in working with the American Medical Association on problems pertaining to national aid for medical education, the approach be channelled through the Council on Medical Education and Hospitals."

PRESIDENT HINSEY: "I will bring up that and another resolution in relation to the committee report, if you do not object."

The annual reports of the various Standing Committees of the Association were heard and discussed by the Council. Action stemming from these reports will be discussed by the chairmen of the several committees as they make their reports in the Executive Session.

We have endeavored to have printed reports of committees in the hands of the member colleges before the meeting so they have had the opportunity to read them. We held hearings yesterday afternoon on these reports. They have been printed and made available to others attending this session. I hope you feel that this is a worthwhile innovation. It had involved considerable work but having read this material, I felt as though I had a better command of the work that has been done than I even had before in coming to these meetings.

(Signed) Joseph C. Hinsey, Chairman

DR. GEORGE PACKER BERRY: "I move approval of the report."

DR. L. R. CHANDLER: "I second the motion."

The motion was put to a vote and carried.

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON INTERNSHIPS AND RESIDENCIES

DR. JOHN B. YOUMANS: The annual report has been mimeographed and circulated to members and others interested in the work of this committee. A meeting was held yesterday at which the report was presented together with the actions and recommendations of a conference held September 18.

For actions taken, I refer you to the annual report to save time. I will try to summarize them.

First, the proposal of the change for the current year 1950-1951 in the plans for the cooperative appointment of interns which relates to the filing and release of telegrams announcing appointments: What that does is to make a uniform time throughout the country for release and filing of telegrams. Times are 9:00 A.M. for release, Eastern Standard Time, with corresponding times, 8:00

A.M., 7:00 A.M. and 6:00 A.M., for the Central, Mountain and Pacific time. The date which is incorrectly written in the original minutes of the Conference is the Third Tuesday in February.

The proposal of the change relating to the use of the telephone following release of telegrams announcing appointments has been changed as contained in the minutes of the Conference at Chicago on page 2, paragraph 4, to apply, however, to the current 1950-1951 year, in that respect differing from the recommendations of the Conference. And, that, in effect, is that the hospital and/or student shall not follow telegrams of offers of appointment with telephone calls until after 9:00 A.M., E.S.T., and corresponding hours in the other time zones on the following day except for acceptance of an appointment by a student.

The committee also approved the revision of paragraph 2 of the current plan as it appears in the minutes of the Conference at Chicago on page 2, paragraph 5, which merely clarifies the use of the dual application. It clarifies the language in respect to the use of the dual application and they approved the recommendations of the Conference at Chicago as contained in the minutes of the Conference on page 2, the last two paragraphs and the first two paragraphs of page 3, which are in essence the recommendations to the deans regarding the breaking of the news to their students of the appointment as contained in the telegrams from hospitals, largely dealing with the mechanics of having the student in one place where they can be reached readily and in regards to the conference with the telegraph officials, both at national and local level, concerning the simultaneous release of telegrams.

All these recommendations were approved by the committee yesterday.

There followed a full discussion of the proposals presented by Dean Mullin of the University of Chicago for the use of a procedure of matching of applications for internships and internship positions by a central agency using a machine method.

A motion recommending that such a procedure and method as described by Dean Mullin be instituted on a trial basis or a pilot run for 1950-1951 was carried.

Such a mechanism would be conducted by the central office of the Association under the direction of Mr. Stalnaker and a committee composed of representatives of the Committee on Internships and Residencies, the various hospital associations, the Council on Medical Education and Hospitals of the American Medical Association and the governmental agencies using interns.

Funds for the operation of such a plan for the current year on the trial or pilot basis are available. It should be emphasized that the procedure in no way alters the operation of the current plan. It is the introduction of the trial use of a mechanical procedure for matching applications and positions with free expression of preferences on the part of the students and the hospital by a central agency with the elimination of many of the present drawbacks of the cooperative plans and the introduction of a number of additional positive benefits.

Following the discussion of the problem of the discrepancy between the number of approved internships and the number of interns available annually, including a discussion of the internship and its place in the education of a doctor, it was moved, seconded and carried to recommend to the Association that the Committee on Internships and Residencies be empowered to study this problem with the view to lessening this discrepancy, and at the same time giving consideration to plans to meet the needs of those hospitals which would be unable to secure interns.

It was recognized by the committee that the survey of medical education is including a study of internships in its survey and there is no intent to duplicate or supersede its functions. It is believed, however, that the Committee on Internships and Residencies cooperating with the Survey Committee can make

a worthwhile contribution to a study of this problem, particularly in reference to a reduction in the number of internships to a number more consistent with the number of available interns and possible solution of the problem of house staff needs of other hospitals.

The Committee has learned with regret the resignation of Miss Russell who has long been associated with the work of the New York Committee on Internships and Residencies and whose work has been of great value to this Committee and to the problem of internships and interns generally. Miss Russell has given generously of her own time to the work of this Committee.

A resolution, therefore, was unanimously adopted expressing to Miss Russell the Committee's sincere appreciation of her valuable help.

(Signed) John B. Youmans, Chairman

A motion to adopt the report was made, seconded, and carried.

DR. CURRIER McEWEN: "Matching procedure means the student would have to indicate his preference on each hospital in one, two, three order."

DR. YOUMANS: "Yes, the student and the hospital indicate their preferences."

DR. CHANDLER: "If I heard your question right, you gave the wrong answer. The student does not indicate his choice of hospitals when he sends his application to the hospital. He indicates hospital "A" as sixth choice, not to the hospital but to the committee."

DR. YOUMANS: "That is right."

DR. McEWEN: "Would this plan eliminate the need for the rush we now have of getting back at nine o'clock?"

DR. YOUMANS: "Completely, and it would save the hospitals money even though the charge is made against them for the cost of operation of the plan. Then, too, after the matching and residue of unplaced interns or unfilled places will be made known to the students and to the hospitals through the deans. This can be settled by direct negotiations. The student can decline to accept any appointment."

DR. McEWEN: "A really important accomplishment of this Association has been the solution of this problem. It is a splendid idea, and I am in favor of it."

ANNUAL REPORT OF THE COMMITTEE ON INTERNSHIPS AND RESIDENCIES—1950

The principal work of the Committee centered about the cooperative Plan for the Appointment of Interns and efforts designed to improve its operation and secure more complete participation and adherence.

Experience with the operation of the plan in 1949-50, with the appointment date following shortly after the meeting of the Association at Colorado Springs, was favorable beyond expectation. Despite certain objections, most of which have been expressed previously, the compliance was general. Many mistakes and failures were the result of lack of information or misunderstanding and the expressions of intent to participate and adhere to the plan were gratifying. Most of the criticisms were made in a constructive way.

During the year the members of the Committee and its Chairman have answered requests for information, heard complaints of the operation of the plan, given opinions on questions of jurisdiction and procedure and correspondence on other matters connected with the Plan. In this the Secretary of the Association has been most helpful. It is worthy of note that the Canadian Association of Internes and Students which in Canada directs the intern placement services has recently changed their application and notice of appointment dates to correspond with those in the United States.

At the annual meeting of the Association of American Medical Colleges at

Colorado Springs, November 7-9, 1949, certain changes in the Cooperative Plan for Appointment of Interns for 1950-51 were approved. These changes had been discussed informally the previous summer by representatives of the Association of American Medical Colleges, the American Medical Association Council on Medical Education and Hospitals and the American Hospital Association and at a meeting of the Committee on Internships and Residencies held in November, 1949 at Colorado Springs and attended by members of the Committee on Internships and Residencies, and representatives of the Council on Medical Education and Hospitals of the American Medical Association, the American Hospital Association, the Protestant Hospital Association and the Catholic Hospital Association as well as other interested persons, including some from the Federal services. The proposed changes which were approved by the Association of American Colleges had been approved by the various representatives of the other organizations who had agreed to attempt to secure acceptance and approval from their organizations, a procedure which was necessary since their annual meetings had already been held.

Following the approval by the Association of American Medical Colleges of the changes for 1950-51, announcement of the changes was made to medical schools and hospitals, though somewhat later than was desirable. Announcement was made through the notices in the publication of the various hospital associations, in the Journal of the Association of American Medical Colleges and by mimeographed letters and notices from the regional members of the Committee on Internships and Residencies to all hospitals approved for internships and all medical schools in their respective areas.

Reception of the changes in the plan has been generally satisfactory though earlier, wider and perhaps repeated or multiple announcements and publicity would have been helpful. Like all such publicity it is difficult to reach all those concerned in the sense that all will read, notice and pay heed, and the more intensive it is the more costly. As is usual, expression of opposing views on the changes and the plan generally, were received. This is natural because certain persons and groups have diametrically opposed views. On the matter of the interval of time between the submission of applications and notification of appointments, for instance, one group thinks it should be shorter, another longer. The same difference of opinion is present in regard to the use of dual applications. Nevertheless, the preponderance of opinion and reaction was in favor of the changes and those opposed did not object seriously. For the most part, the latter were agreeable to giving the changes a trial. The very general expressions of willingness and intent to adhere to the plan as expressed to your chairman and to members of the Committee and others in letters and conversations is gratifying.

While the plan operated in a definitely more satisfactory manner in 1949-50, than in 1948-49, with greater participation, adherence, and spirit of cooperation; the need for continued study and consideration of possible improvements in the plan, expressed in the report of the Committee last year, led to a conference called by the Chairman of the Committee and held on the 13th of September, in Chicago. The purpose of the conference was two-fold; to consider changes in the plan for 1951-52, leaving the basic fixtures of the plan untouched, and to consider the possibility of an entirely new plan. It was felt that such a conference was desirable in any event in order that the various agencies concerned could have a discussion of changes with the hope of coming to an agreement in advance of the meetings of their respective organizations, which approval might be sought.

The minutes of that conference are attached. It is to be noted that while several important changes are proposed and recommended they do not alter the basic nature of the plan. Also, that one change is intended to be effective in 1950-51, the current year, a change believed to be desirable and feasible

despite a general reluctance to alter plans for a current year at such a late date. Another recommendation applies to 1950-51 but as can be seen is not an actual part of the operation of the plan itself but is a trial of a plan which if successful may be recommended for use the following year. The other recommended changes apply to the year 1951-52. All these proposed changes will be submitted to the Committee on Internships and Residencies for their action at the annual meeting of the Association at Lake Placid.

Preoccupation with the Cooperative Plan for Appointment of Internships has in part been responsible for a failure to pursue further certain other activities which have been considered or pursued by the Committee from time to time. These include a survey to determine the extent of effectiveness of the educational criteria developed by a special sub committee at White Sulphur in 1948; a new appraisal of internships; and, steps to establish one accrediting agency for internships and residencies. Other proposals which have been made and which await possible action include the reduction of approved internship to a number proportionate to the number of graduates. These and others await possible study during the coming year.

In closing this report I wish to thank, for myself and the Committee, the representatives of the various hospital associations and other organizations concerned with the selection and appointment of interns for their wholehearted help and cooperation in working out the cooperative appointment plan and the problems connected with it. Without their interested and sincere cooperative effort, the plan would not succeed. I am also indebted to the members of the Committee and to the Administrative Staff of the Association whose help has been invaluable.

Respectfully submitted,

(Signed) John B. Youmans, M.D., Chairman

REPORT OF THE COMMITTEE ON AUDIOVISUAL EDUCATION

DR. W. A. BLOEDORN: The report of your Audiovisual Committee has been mimeographed and is in your hands. I will emphasize certain points in the report:

First, the Medical Film Institute was established February 15, 1949. It is still a yearling. Your committee feels, however, that the infant is robust, healthy, and has promise.

The headquarters of the Institute is the Academy of Medicine in New York City. The scope of activities of this Institute encompasses the entire range of audiovisual aids and is not limited to films as the title might imply. It includes everything that could be included under the title of both audio and visual. Its policies and priorities continue to be defined by an Advisory Committee and the Audiovisual Committee on Audiovisual Aids of the Association of American Medical Colleges. In other words, this is your Institute. It does not operate as an independent organization.

The basic budget is supplied by grants from three foundations: The Commonwealth Fund, the Markle Foundation, and the Sloan Foundation. These grants are supplemented by project grants, by contracts, and by a continuing allocation from the Association. The work of the Institute is carried out by a small full time staff with part time consultants.

The basic tasks ahead for the Film Institute can be outlined as follows:

First, distribution of information. The average number of requests coming from member colleges and education associations is about thirty a week.

Second, evaluative cataloging. This evaluation is done by panels of specialty groups supplied in most part from faculties of member schools.

Studies and assistance in the curriculum integration of audiovisual materials, experimental approaches in the production of audiovisual aids, consultation,

distribution, utilization, training and liaison service. The first five elements in this program, we believe, should have priority for the coming year.

The members of the Advisory Committee are listed in our report.

During the past year, the information about Medical Teaching Motion Pictures now in Production has been sent to the medical schools in the form of printed posters. It is proposed that this bulletin will be sent out at six months intervals. The value of such a bulletin is obvious. Several schools may be planning the same audiovisual aids at the same time which should avoid duplication of effort and resources.

Evaluative cataloging has begun. The expenses are defrayed by a number of organizations. The National Cancer Institute pays for the cataloging of films on cancer teaching. The Medical Society of the State of New York and the State of New York Department of Health pay for the cataloging of films for the postgraduate teaching program. A grant has been made by the Rockefeller Foundation to defray the cost of cataloging and appraising the existing medical professional films. We are deeply indebted to the Rockefeller Foundation for this special aid.

Up to date, 72 films have been reviewed and evaluated and the data on these films will go out to you very shortly. It is planned to have this information proceed at regular intervals as rapidly as films can be evaluated and cataloged and reviewed.

Integration of audiovisual materials into the medical teaching curriculum by means of conferences with teachers in specialty groups have been carried out in preventive medicine, cardiovascular diseases and with the cancer coordinators.

While the Institute does not like to go into production on a large scale, two film strips have been produced during the past year. One, the film "Challenge: Science against Cancer." In August the version designed for teaching was awarded first prize in the Scientific Division at the International Film Festival in Venice. This is no small accomplishment for the Institute.

The second film will be shown this evening at 8:30 in this auditorium: "The Embryology of Human Behavior." This film reports the results of the research by Dr. Arnold L. Gesel on human growth. This film was financed by the Office of Naval Research and the Bureau of Medicine and Surgery of the United States Navy, we are deeply indebted to them for their help in making this film possible. The premiere of this film was held in Chicago on October 16.

The Institute has begun to distribute motion picture films. It has acquired two foreign films for sale in America. This will provide revenue for the Institute through royalties which is important so that we may eventually become self supporting.

Your committee believes that with the shortage of teaching personnel, which may become more acute, audiovisual aids may become more necessary. They will decrease teaching time and increase retention time. They will improve, intensify and shorten hours of instruction and increase comprehension.

The Institute hopes eventually to act as publishers. Several ventures in this respect are already under way. We have one grant now that we plan to have the Film Institute do the actual production and distribution.

There are those who feel that the field of audiovisual aids will revolutionize medical education. On the other hand, there are those who feel that audiovisual aids will play a minor role. The value of audiovisual aids probably lies somewhere between these two extremes. Your committee believes that this level will mean that audiovisual aids will continue to occupy an important place in medical education.

A motion to accept this report was duly made, seconded, and carried.

PRESIDENT HINSEY: "I would like to comment on how Dr. Ruhe has responded to the needs in our area. It is a need you all have, a need that comes in the problems associated with atomic warfare, chemical warfare and biological

warfare, problems of civilian defense. In a relatively short time he has documented the material of real value in that program. He has been made a consultant of the Joint Committee on Medical Education in Times of National Emergency because of what he has to contribute to some of the problems with which his committee is dealing, and I, for one, want to express my gratitude for the work done in that field."

DR. GEORGE PACKER BERRY: "I want to emphasize the great significance of what Dr. Ruhe is doing in running this Film Institute as part of this Association. Audiovisual aids have been designed to meet special projects. It is teaching and not education. Specialists are extremely interested. They want to beat Dr. Ruhe in using these techniques to meet a whole lot of projects. The important thing is that we have the mechanism, how this thing can fit into medical education. This whole thing is an enterprise of experimentation. The reason Dr. Ruhe is sought so much as a consultant is because of his skill."

DR. JOSEPH C. HINSEY: "There are a number of people who have served the Medical Film Institute who are not members of this Association. I think it would be desirable if the Chairman of this Committee could convey to them the appreciation of this Association for the contributions they have made to the work of this Committee."

ANNUAL REPORT OF THE MEDICAL FILM INSTITUTE

The Medical Film Institute was established February 15, 1949, at the Academy of Medicine Building in New York City, as an operating agency of the Association of American Medical Colleges. Its scope of activities encompasses the entire range of audiovisual teaching techniques employed in medical education. Its policies and priorities continue to be defined by an Advisory Committee* and the Audiovisual Committee of the Association of American Medical Colleges. Its basic budget is supplied by three foundations: The Commonwealth Fund, the John and Mary R. Markle Foundation, and the Alfred P. Sloan Foundation. This budget is supplemented by project grants, by contracts, and by a continuing small allocation from the Association itself. Its work is carried out by a small full-time staff and by several part-time consultants.**

The basic tasks of the institute have been defined as follows: distribution of information, evaluative cataloging, studies and assistance in the curriculum integration of audiovisual materials, experimental approaches in the production of audiovisual aids, consultation, distribution, utilization, training, and liaison services. Each of these tasks has been begun, and the primary emphasis has been placed on the first five elements of the program.

Information about the "Medical Teaching Motion Pictures now in Production" has been sent to the medical schools in the form of printed posters. Revised posters will be issued at six months intervals. The Institute receives inquiries about all of the aspects of audiovisual education.

Evaluative cataloging has been begun and the costs are defrayed by a number of organizations. The National Cancer Institute pays for the cataloging of films for cancer teaching. The Medical Society of the State of New York and the State of New York Department of Health pay for the cataloging of films for the post-graduate teaching program of the Society. A grant from the Rockefeller

*The Advisory Committee of the Medical Film Institute comprises a group of medical educators, with cross-pollination of interests from other areas of education. The Committee includes Joseph S. Barr, M.D., William L. Benedict, M.D., Walter A. Bloedorn, M.D., C. E. de la Chapelle, M.D., Thomas D. Dublin, M.D., Professor Tom Jones, Francis Keppel, Ph.D., Henry H. Kessler, M.D., Joe E. Markee, Ph.D., Robert V. Schultz, M.D., Robert P. Walton, M.D., and Dean F. Smiley, M.D., ex officio. Business meetings of the Committee occur semiannually.

**The Medical Film Institute has added two professional staff members, primarily to assist in cataloging, but also to support the over-all activities of the Medical Film Institute. They are Adolf Nichtenhauser, M.D., and John L. Meyer, M.D. Dr. Meyer, in addition to his staff function, has begun a methodical course of training in audiovisual education. The members of the consultant staff who have been of major assistance include Bernard V. Dryer and V. F. Bazilauskas, M.D.

Foundation defrays the cost of cataloging and appraising the existing medical professional films. Special contracts with the U. S. Department of State finance the cataloging of films for use overseas by the U. S. Information Service. The Civil Defense Emergency groups support the cataloging of films in the field of atomic medicine.

Integration of audiovisual materials into the medical curriculum has been advocated by means of conferences with the teachers of Preventive Medicine and the teachers of cardiovascular diseases and through a symposium-demonstration in October before the "Cancer Coordinators" of the schools of medicine and dentistry.

An experiment on the production of motion pictures designed for medical teaching was begun with the production of a health film, "Challenge: Science against Cancer." The Institute supplied the consultant service; the cost of this film was borne by the National Film Board (Canada), the National Cancer Institute (U.S.A.), and the Department of National Health and Welfare (Canada). The version for use in commercial motion picture theaters is ready for international distribution. In August, the version designed for teaching was awarded first prize in the Scientific Division at the International Film Festival in Venice. Another experiment in the production of motion pictures designed for teaching is the film "The Embryology of Human Behavior." This film reports the results of the research by Dr. Arnold L. Gesel on human growth. This film was financed by the Office of Naval Research and the Bureau of Medicine and Surgery, U. S. Navy; the consultant service was supplied by the Medical Film Institute. The premiere was held in Chicago on October 16, at the meeting of the American Academy of Pediatrics.

Consultation and Liaison have been provided to a number of organizations and individuals, notably to Smith, Kline, and French Company for assistance in their pioneering color television demonstrations; to the Surgeon General for a "Survey of the Motion Picture Policies, Programs and Plans of the U. S. Public Health Service," and for special studies of the Clinical Center of the National Institutes of Health and of the Nursing Services; to many individual physicians and medical teachers; to certain pharmaceutical houses for their special film production problems; and to the New York Academy of Medicine for its film program presented during the Graduate Fortnight.

The Institute has begun to distribute motion pictures since it acquired two valuable foreign films for sale in America. The Institute is planning to pioneer the distribution of "instructor-produced" films. The royalties from the latter films will be divided between the authors and the Institute. The Veterans Administration has loaned 72 films, and several other agencies have loaned other films. The loans have made it possible to establish a film archive for reference and study purposes. The Institute has supported the completion of Dr. Adolf Nichtenhauser's monograph, "The History of Motion Pictures in Medicine." The greater part of this undertaking was financed by the U. S. Navy Bureau of Medicine and Surgery.

Additional activities will begin as soon as expansion of the staff and additional financial support make this possible. Preliminary contacts have been made with the International Science Film Association, and with its members, the Canadian Film Institute and the Scientific Film Association of Great Britain; through these contacts much valuable information and materials have come to the Institute from abroad. The Institute and the constituent member societies of the American Association for the Advancement of Science have participated in the growing movement toward better scientific films.

During the fiscal year 1950-51 critical catalogues of films and other information regarding the quality and accessibility of motion pictures which are available for teaching will be sent to the medical schools. At intervals, papers will be published on those aspects of visual education which are of special importance

to the medical colleges. Demonstrations dealing with the problem of how to use films successfully in the classroom will be presented before various specialty groups. In the event of a national emergency, the Institute will assist in the mass teaching of physicians and of the members of the allied medical professions.

REPORT OF THE PROGRESS OF THE SURVEY OF MEDICAL EDUCATION

DR. DEITRICK: The major events which have occurred in the survey of medical education in the past year are as follows:

The first item was the effect of the Korean War situation and the resulting national emergency. The Survey Committee considered the impact of this emergency on the medical schools and on the survey. The decision was made to carry on with the survey without any basic change unless all out mobilization should become necessary.

The second event was the formation of a subcommittee on preprofessional education, under the chairmanship of Aura S. Severinghaus, Associate Dean of the College of Physicians and Surgeons, Columbia University.

The objective of this subcommittee is to study the policies and practices in the liberal arts colleges and universities which have a direct bearing on the education of preprofessional students. This committee was formed last Spring, and its members are Harry J. Carman, director of the study, formerly of Columbia College of Columbia University; William E. Cadbury, Jr., associate director professor of chemistry at Haverford College; George Packer Berry, Dean of Harvard Medical School; Harold B. Coulter, professor of botany, University of Chicago, Division of Biological Sciences; Alan Willard Brown, President of Hobart College; Theodore M. Green, professor of philosophy, Yale University; Frank R. Kille, professor of zoology at Carleton College; Franklin D. Murphy, Dean of the University of Kansas Medical School; John Romano, professor of psychiatry, University of Rochester.

Field work has begun and a staff will visit more than one hundred colleges and universities over the United States. The findings of this subcommittee will be correlated with the studies of the survey committee relating to the admissions policies and practices of the medical schools. The John and Mary R. Markle Foundation has made a grant of \$65,000 for the support of the activities of this subcommittee.

The third item of interest concerns the staff of the survey. W. F. Norwood, Dean of the College of Medical Evangelists has joined the staff on a full time basis and Dr. Stockton Kimball, Dean of the University of Buffalo School of Medicine, and Dr. William E. Brown, Dean of the University of Vermont College of Medicine are joining the staff on a part time basis.

We have surveyed 26 medical schools. With the help of our additional staff, we are beginning to analyze the data from the first 24 schools.

One segment of our study concerns the activity of medical schools. The deans have received a letter questioning published figures on the cost of educating a medical student. To cite a concrete example: The total budget of a medical school for 1948 was \$615,574. This was available for the support of all activities other than hospital maintenance. Major activities were education, research, and professional service. This medical school has 191 students and gave a part or all of the instruction to 273 other students.

We have listed the total of all research grants. This does not include the cost to the medical school of maintaining the research facilities and equipment nor the salaries of the faculty members directing or carrying out the research projects.

We have also listed the number of patient visits made by the professional faculty in the university hospital or affiliate hospitals. Only those visits are

included for which no professional fee was charged. The figure includes inpatient and outpatient care.

In addition to the 191 medical students, the faculty is responsible for the instruction of fifty interns and residents, ten graduate students, eight technicians, 160 postgraduate students who were given courses of one week or more duration and forty-five nurses who received a part of their instruction at the medical school.

A breakdown of the service activities of the faculty shows that there were 12,859 new outpatient admissions, 4,949 new patients admitted to the hospitals, 26,554 return visits to the outpatient department, and 67,435 inpatient hospital days. No fee was charged for this professional service.

It is apparent that the education of a medical student is only one of the many major activities of a medical school. All of the activities require financial support and the time and energy of the faculty. These activities, such as the education of health personnel, research and professional service should be considered in discussing the cost of educating a medical student. The deans and the faculty members of the 26 medical schools visited have been made acutely aware of our long and detailed questionnaire, which has supplied us with this type of information. Without such fair and precise information as we have presented it becomes impossible to bring many of the problems of medical education into proper focus. The deans and the faculty members of the schools participating in the survey will probably never receive due credit for their efforts, but the staff of the survey is deeply appreciative of their cooperation.

A motion to approve the report was made, seconded and carried.

VOICE: "There have been times when I believe we have been pricing ourselves out of the market by taking a total budget, dividing by the number of medical students and saying this is the cost of educating a medical student for the year. University presidents, administrators, and others look at it and say, 'Well, why does it take you so much more to educate a medical student than it does the other students in the university?' There are reasons why it costs more. I wonder whether our method of determining the cost has been very reliable."

DR. STANLEY W. OLSON: " We made a study this summer and found that a medical student's program is roughly one-half again and sometimes almost twice as much as that of an undergraduate student in the liberal arts college. Not only do we not have quite as expensive a program as might deem to be indicated, but we are teaching these students a course which is unusually heavy. That needs to be emphasized when we are talking about the cost of instruction."

REPORT OF THE COMMITTEE ON SOCIAL AND ENVIRONMENTAL MEDICINE

DR. FRODE JENSEN: We had nothing to report until the meeting of this committee yesterday. A critical review of the purpose for the committee's existence was made. The original committee was organized by this Association nine years ago in order to explore the extent to which teaching of the social and environmental factors of health and disease were being utilized by medical schools. Subsequently, a committee of the American Association of Medical Social Workers was formed to make a joint study of the whole field of environmental and community medicine from the point of view of the medical as well as the social worker's profession.

About fifteen centers were visited by a medical and social service educator. Questionnaires were also sent to all schools in this country and in Canada. This study was financed by the Milbank Memorial Fund. A report was published with the additional help of the Commonwealth Fund. The report came

to be known as "The Widening Horizons in Medical Education," and has enjoyed a rather wide circulation in this country as well as abroad.

Two years ago when the mission charged to the original committee was completed, the Association formed the present Committee on Social and Environmental Medicine. During the period of time which has elapsed, the Committee has considered various ways and means of carrying on the splendid work which the original committee did. Some of the ideas which the committee is exploring might be mentioned:

(a) Because of the uncertainty of the actual effect on medical education which the report has had, we have considered sending out questionnaires to some of the medical schools. However, because of the deluge of inquiries which are being made in the field of medical education, this idea has been tabled.

(b) The committee is desirous to sponsor periodic conferences of those who are most active in the field of social and environmental medicine. This will take some financial assistance. If this can be obtained, we feel it would be worthwhile for the committee to take the leadership and organize such conferences.

(c) It has also been suggested that the committee should become interested in bridging the gaps which seem to exist between clinical medicine, psychiatry, preventive medicine, social service and nursing. In some schools there exist excellent programs of teaching and students environmental medicine, and in other schools little effort is made in this direction, or at best it is fragmentary because of the gaps which exist between the areas mentioned.

(d) Within a very short time a conference will be held by the professors of preventive medicine. While the committee is not of the opinion that the teaching of environmental medicine necessarily should fall in the field of preventive medicine, it, nevertheless, recognizes that preventive medicine has shown a great deal of interest and is the actual leader in not a few places. The committee has asked one of its members who will attend the meeting to convey to them our interest and assistance in the promotion of teaching environmental medicine.

These are some of the ideas and thoughts which the committee has considered. We would very much like to have your comments and solicit your interest during the ensuing year. The committee has no financial income and consequently no expenditures.

A motion to approve this report was made, seconded and carried.

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON STUDENT PERSONNEL PRACTICES

DR. CARLYLE F. JACOBSEN: The report of the Committee has been distributed. It has been the topic of discussion in several of the round tables and at a meeting of the Committee yesterday afternoon. I will not, therefore, comment on the material that is contained in the body of this report, but report actions and recommendations made by this committee at its meeting last Thursday.

First, the committee approved the continuation of the dates May and November for the administration of the medical college admissions test.

In the effort to make available to the Medical College Admissions Committee, the findings on the test early in the Fall, it was our hope that the great number of students would take this test in the Spring. This did not materialize in this first Spring administration of the test. It seems probable, however, that with further advance notice and publicity, such as we were able to present to many of the advisors in the undergraduate colleges last Sunday, we may look forward to the great bulk of the students who expect to be considered next September taking the test in May of 1951. Present estimates for the November 6

testing period, indicate that between ten and eleven thousand students will be taking the Medical College Admission Test at that time.

The second item is the recommendation of the Committee that a booklet be prepared by Mr. Stalnaker answering a number of questions of a somewhat wide variety that have been raised concerning the medical college admissions test, its use and its purposes. It is hoped that this booklet will be prepared in such a way as to be of use to the Medical College Admissions Committee and also to advisors in the undergraduate college in explaining the test to their students.

Reference has already been made to the cooperative effort of the Committee on Student Personnel Practices and the Committee on Internships relative to the devising and developing of a technique for notifying the intern applicants of their acceptances by hospitals of their choice.

The Committee has a particular interest in this development because of a problem that comes to the attention of the Committee every year. That problem relates to the great variety of dates that prevail in the acceptance of students by medical schools, and the variety of practices that prevail relative to the payment of a deposit, the refund of this deposit, as a forfeit if a student goes to another school, or as a refund without a forfeit in some instances if the student transfers subsequently.

There is a considerable desire to have greater uniformity in the acceptance of applications. The Committee is not making recommendations with regard to this problem as of this time. It seems likely that the events of the next year may do much to change the situation. It seems possible, however, that the techniques used in the internship placement notification may have value if the Association decides to take some action relative to greater uniformity in time of acceptance of students by medical schools.

Last year the Committee recommended that the results of the test for individual students be reported to the undergraduate advisors and to the individual students. Undergraduate advisors frequently feel that they can assist the student in planning his future career when he is rejected by a medical school if he has some knowledge of the student's ability and assets. We recognize the desirability of such a practice, but, after reviewing this matter, the Committee felt that under present circumstances these advantages were outweighed by certain disadvantages in terms of pressure being placed on the schools in the reporting of the results to the student directly and in advance of any action by the medical school.

A number of deans have raised the question, since these results are of a confidential nature, should the dean exercise some discretion in individual cases in advising the student who may have been rejected that he stands relatively low or in the middle group on the admissions college test. I think that is a matter of discretion on the part of the dean or member of the admissions committee. We would not advocate making the result on the test generally available. On the other hand, there is no reason why that should not be used as information in assisting students or prospective students seeking admission to a school.

Finally, there is the recommendation of the Committee that a faculty roster be developed and maintained in a current condition. The question of who and how many people teach in medical schools, the amount of time they spend in their teaching and certain other pertinent data would be very useful to the Executive Council and others of the Association in dealing with plans for preparedness during a war period. The Committee has recommended, therefore, that a roster of present faculty members be prepared and maintained in a current condition. Each school will receive blanks in quadruplicate with carbons inserted asking for certain data concerning the teaching staff. One copy would

be returned to the central office, the others would be used by the dean and the department head in maintaining their own personnel roster in the department or in the school.

A motion to approve the report was made and seconded.

DR. TRAWICK STUBBS: "I never have understood the reasons for the extreme confidential nature of this test."

DR. JACOBSEN: "The use of the test results by admissions committees varies greatly. In some institutions the results do not play any significant part in the action taken by the admission committee. In other instances, the schools have placed a much greater emphasis on those results. For the latter groups it would perhaps not be particularly embarrassing or result in pressure if the student knew in quite some detail concerning their course on the test. In fairness to those schools that place a minimum emphasis on the test, we have an obligation to withhold that information.

"There is a second factor. If the information is made available to the student, and that would mean also to the premedical or college advisor, the advisors will themselves be influenced by those findings, and if the advisor had those findings, plus the undergraduate record, he would, in some instances, have the largest fraction of the information that is available to the medical college admissions committee and might be making the judgment which we feel is more properly a judgment of the medical college committee and the advisor, in turn, might well be neglecting those facets that he should be reporting on particularly: namely, the aspect of the student, those aspects other than those reflected in the academic record or in the test performance. The Committee has had a divided opinion in the matter and the action recommended is a recommendation for practice as of this time with the intent of reviewing this matter from time to time."

PRESIDENT HINSEY: "Is there not a factor also that you do not really know exactly what the test means on the overall and people who are not acquainted with certain experimental natures of the test will give it a quantitation which is out of keeping with the reliability of the test and it would seem to me that until we know more about this that it would be better to keep on with our study of the test."

DR. FRANKLIN D. MURPHY: "Is this the appropriate time to bring up the matter of whether or not the Association still stands on the matter of selecting students not more than one year prior to their admissions?"

DR. JACOBSEN: "I believe that there is such an action by this group. This group did recommend to the schools that students be accepted within the twelve months preceding their entrance. In most instances the student would not be accepted for the class of 1951 prior to September of 1950. There have been some indications that certain schools have been giving admissions some time in advance of September, 1950, for the 1951 class. This Association does not legislate action but only recommends it. I am sure that many students and advisors in undergraduate colleges would feel that is fairer if acceptances are not given more than one year in advance."

DR. STANLEY W. OLSON: "There's an old saying: 'There's no reward for good work except more work.' I would like to suggest more work for the Committee on Student Personnel Practices. The state medical schools are being oppressed in a way that few of us like and that is with respect to the source of admission of students, the large number of students who are applying from the state in which the school is located and tend to make it almost impossible, except in unusual circumstances, to take students from out of the state. This is particularly true when the total support comes from tax sources.

"I should like to suggest that the Committee explore the possibility of setting up a central exchange whereby students who have been accepted by any medical

school who wish to attend another school be permitted to do so on a one for one exchange with the mutual approval of the two schools concerned.

"The University of Illinois is permitted by the act of its Board of Trustees to accept 10 per cent of out of state students. It is a tendency which we all deplore and look to the Association for help in a situation of this kind."

PRESIDENT HINSEY: "In regard to the matter of accepting students a year ahead, we have adopted the policy as Dr. Jacobsen has presented it. I would not be surprised that the change from this procedure which may have taken place during this past year may have been done in an attempt to try to deal with the protection of students eligible to the draft before the selective service policy was finally enunciated, because in the initial law there was provision made for selection ahead of the year period preceding entrance to medical schools, but that has been cleared up at least for this year.

"I call for a vote on Dr. Jacobsen's report."

The motion to approve the report was passed.

REPORT OF COMMITTEE ON STUDENT PERSONNEL PRACTICES

The Committee on Student Personnel Practices, established at the annual meeting of the Association in 1946, was charged with the responsibility of developing a program of research and service activities in the broad field of student personnel practices. In particular, the supervision and direction of the Medical College Admission Test was assigned to this Committee. The Committee herewith submits its report on activities for the year ending August 31, 1950.

As reported at the last annual meeting, John M. Stalnaker took over on September 1, 1949 the duties of Director of Studies for the Committee which was located for the first time in the office of the Association, thus facilitating integration of the work of the Committee with that of the office of the Secretary of the Association. The Committee met on October 22, 1949 and February 5, and June 23, 1950.

The activities of the Committee are supported by the surplus obtained from student fees for the Medical College Admission Test over the actual costs of handling the test. The charge to the candidates for this test is \$10, a comparable or lower rate than that charged for other similar tests; for example, the Law School Admission Test, the Dental School Test, the College Board examinations, the Graduate Record Examination, the National Teacher Examination, Actuarial examinations, etc. In addition to these funds, a grant was obtained from the Markle Foundation of \$45,000, specifically allocated to three projects which the Committee now has under way.

While the year under report was one of adjustment and development, some definite progress can be reported and some plans described. In developing a new unit of operation within the Association it has been necessary to adjust new personnel to complex and developing conditions. Appropriate and satisfactory working arrangements, both congenial and productive, between the Committee and the other central Association activities have been evolved. Staff changes, coupled with the development of new procedures and the establishment of more rigorous statistical controls, have made progress on some of the work slower than had been anticipated.

At the time the Educational Testing Service considered opening a Chicago office, the Director of Studies developed plans to use the equipment and staff of this proposed ETS office for the work of the Committee. When a careful study indicated that it was not advisable at this time to open such an office, revised plans were required to carry on the Committee activities. A basic installation of IBM punched card equipment has now been obtained and

installed in the Association office, and the required staff and procedures are being developed.

The following accomplishments of the Committee can be reported:

1. The publication of periodic (15) cumulative lists of accepted applicants from December, 1949, when 110 names were listed, to September 1, 1950 when 7,077 applications were reported as currently accepted for the 1950-51 school year. These lists have proved to be of value to many of the medical schools. Methods for producing the lists promptly and for checking their accuracy have been improved.
2. Applicant statistics are being compiled by new methods. It is hoped that a report on the 1950 applicant group will be ready by November 1, 1950 or about one year earlier than has previously been possible. The reports of applicants have been carefully checked and a good deal of correspondence with the schools has been handled. It is hoped that procedures for compiling statistics for the group to enter in 1951-52 will make an even earlier and more accurate report possible. Forms have been devised which should simplify the task on the part of the medical schools.

The excellent prompt cooperation of the medical schools and their willingness to do the necessary checking has greatly aided the development of accurate statistics in this important area.

3. Records of students who enrolled in medical school for the past five years have been entered on punched cards. This work is financed by a grant from the Markle Foundation. Lists have been prepared from the punched cards and sent to each medical school for purposes of checking the accuracy of the names and the completeness of the lists. Test scores, where available, are to be added to the punched cards, as are the records of accomplishment in the medical school. It is planned to keep these punched cards up-to-date so that at all times the Association will have in readily available form complete information on all students currently enrolled in medical schools. The uses of such thorough and accurate records will be many. Accomplishment reports will be compiled from these cards. Validity studies of the test will be facilitated.
4. A study of the reasons why students drop-out from medical schools is in progress. Forms have been distributed to the medical schools for reporting on each student who has dropped out during the past five years. Returns are now being received from the medical schools. This study is a continuing one, and should prove of value in throwing light on the reasons for student failure.
5. A booklet listing the admission requirements of all 79 medical schools in the United States, along with certain other pertinent admission information has been prepared and distributed to undergraduate advisers and others. This booklet has been enthusiastically received. A new edition is planned for the spring of 1951. Because of numerous requests, a student edition may be issued.
6. The Handbook for Students Planning to Study Medicine has been revised and is awaiting final editing before publication.
7. Distributions of scores on the MCAT have been prepared for the students of each undergraduate college and sent to those colleges which had fifteen or more students take the first three administrations of the test. This project is an annual one. The colleges have expressed appreciation for this information.
8. The MCAT has been offered three times during the fiscal year 1949-50. The following table gives the figures for attendance.

NUMBER OF CENTERS, ATTENDANCE AND REPORTS ISSUED
FOR THE MCAT

	Centers	Students	Reports
October 22, 1949	337	11,402	45,467
January 16, 1950	234	3,207	9,573
May 13, 1950	294	4,722	15,552
Total		19,331	70,592

A change in the dates of offering the test was made in an effort to have the large group tested in May, at the end of the junior year in college, in the main. This first year, however, the attendance at the May test was disappointingly low—4,722. The registration for the test to be given in November, 1950 promises to be correspondingly high. It is hoped that once the schedule is known the May test will increase in popularity, and eventually draw most of the applicants.

9. Several changes have been made in the MCAT. The Index of General Ability, an average of the scores on the verbal section and the quantitative section, has been dropped. It was felt that this index concealed more information than it revealed. The Premedical Science section has been renamed Science. At this time, four scores are reported—Verbal, Quantitative, Understanding Modern Society, and Science.
10. Work is under way on the development of a test to measure interest in the practice of medicine. This work is being financed by a grant from the Markle Foundation. Two preliminary forms have been prepared and are awaiting trial. Another type of approach is soon to be made which it is hoped will result in another type of interest test. The problems involved in developing an interest test which is not subject to easy deception are many. Excellent interest tests are now available, but they are not suitable to be taken under pressure conditions where the applicant is attempting to convince an admission officer that he does have a basic interest in medicine.
11. The study of personality traits of medical students under the direction of Dr. Henry Brosin at the University of Chicago is continuing. This study was initiated in 1946. In all some 280 medical students at the University of Chicago and approximately 600 at the University of Illinois have been subjected to psychiatric interviews and a number of tests, in an effort to understand better the nature of the students and also to study the techniques of interviewing. This work has been financed during the current fiscal year by a grant from the Markle Foundation to the Committee. A more complete report on this project will be given at a later date.
12. A study in interviewing techniques in use with applications for medical school has been undertaken at the University of Utah under a small subvention by the Committee.

In addition to the work just reported, the Committee has made the following recommendations:

- a. That member institutions agree that no acceptance by an applicant or deposit by him will be required before January 1 of the calendar year in which the student is to be admitted.

At the suggestion of the Executive Council, this matter was referred to each dean for his reaction and suggestions. In response, several objections to the proposal were raised. In view of these objections and of the national emergency situation the recommendation was withdrawn.

- b. That the AAMC release to undergraduate advisers individual scores of

their students on each of the four sections of the test in quartile ratings. The advisers would receive a report on each student indicating whether the student stood in the first, second, third, or fourth quarter of the group being tested in each section of the test.

This resolution was tabled by the Executive Council.

The Committee has under consideration a number of additional studies. The development of a roster of the teaching staff in medical schools is in its final planning stages and should be undertaken soon. It is believed to be of material importance for the Association to have available at this time detailed information on the teaching staff. At the request of a member of the Committee on Internship, the Director of Studies has devised a mechanical procedure utilizing punched card equipment for assigning interns to the hospitals of their choice as far as is consistent with the evaluation of the applicant by the hospital. Material has been gathered and distributed to the deans on draft deferment problems. A study on faculty requirements has been undertaken for the Joint Committee on Medical Education in Time of National Emergency. Studies of the effectiveness of the MCAT are under way.

Respectfully submitted for the Committee,

(Signed) John M. Stalnaker, Director of Studies

Members of Committee

Carlyle F. Jacobsen, Chairman

George Packer Berry

D. Bailey Calvin

John E. Deitrick

F. J. Mullin

Richard H. Young

JMS:jh

October 11, 1950

REPORT OF THE CHAIRMAN OF THE EDITORIAL BOARD

DR. L. D. COGGESHALL: There are many changes at the present time that call for certain changes in the Journal. The first one we submit for your consideration is a new cover for the Journal. Dr. Zapffe presented many exhibits and your committee selected "Medical Education." We liked the all inclusive title and second, removal of the contents to the inside cover, with the retention of the small ad at the bottom. That ad is obtained with the extra premium and in view of the financing of the Journal, we compromised against the wishes of some who wanted to remove it entirely and left it where it was.

We decided to retain the blue color, but of a lighter tint.

It was felt desirable to have an Editorial Board. An editorial board is worth no more than the energy they spend in improving the Journal. This Board could be very helpful. They would have the responsibility for submitting articles and editorials themselves, and the editor could refer appropriate articles for evaluation.

The membership of the Editorial Board we decided should be largely on a geographical basis and in a very unselfish and wholesome spirit all members of the Committee immediately offered their resignations so the Association would have a free choice in naming an Editorial Board. Men from certain areas were more familiar with the activities in their sector.

It was also decided that the various specialties should be represented on the Editorial Board. We should select a Board that had an interest in pre-medical education, preclinical, postgraduate, clinical, and so forth. The Editorial Board is to be selected by the Chairman of the existing committee, Dr. Zapffe and the President of the Association.

As to the contents of the Journal: Dr. Moore suggested that it might be appropriate to have a comprehensive article in each Journal, covering some particular topic from every standpoint, a sort of symposium.

Vacancies for academic positions could be published in the Journal, bringing

their existence to thousands of interested persons. That would also have an advantage for the schools.

As to finances, Dr. Zapffe presented a more favorable type of contract with a reliable advertising representative. More advertising would result in more income. The Committee recommends that change for your endorsement.

The Committee decided against monthly publication at this time.

The Committee, in consultation with Dr. Zapffe, feels it desirable to look for an associate or assistant editor, preferably one in the Chicago area, who might interest himself in the Journal, a man who has an editorial flair, if such an individual could be found.

In summary, the Committee recommends for favorable endorsement: The change in name, the new cover design, with contents on the inside, the appointment of an Editorial Board under the conditions mentioned, the contents including the type of comprehensive articles I mentioned. The effectiveness of the Editorial Board depends entirely on its membership and we hope that it will be a continuing improvement rather than just a paper action. A balancing improvement of budget by obtaining more advertisements, and finally, no additional issues, and the appointment of an associate editor or editorial assistant. We recommend these items for favorable consideration.

PRESIDENT HINSEY: "Dr. Zapffe, do you move approval of the report?"

DR. ZAPFFE: "Yes."

The motion was seconded and carried.

REPORT OF THE EDITORIAL BOARD

Present:

Dr. W. C. Davison
Dr. James Faulkner
Dr. Robert Moore
Dr. L. T. Coggeshall

Absent:

Dr. Alan M. Chesney
Dr. Andrew Marchetti
Dr. John McK. Mitchell

There have been numerous exchanges of communications between the chairman and members of the Editorial Board relative to the JOURNAL throughout the year, but since it seemed that it would be unwise to formulate definite recommendations without a meeting, no action was taken. A meeting was called for October 22, 1950.

The Board held that due to the rapidly changing conditions that affected medical education, such as financial problems, medical manpower demands for more doctors, greater availability of funds for research and medical education, the JOURNAL of the Association of American Medical Colleges should be changed in keeping with the times. Inasmuch as any changes should be considered in relation to the JOURNAL as a whole, the recommendations of the Board are presented according to the topics listed below:

1. Cover.

It is recommended that the title of the JOURNAL be changed to MEDICAL EDUCATION. The reason for this was that the present title seemed to several to be a type of trade journal identification. The new title would present more dignity and indicate to the reader that changes of content were implied.

- The present color or perhaps a lighter shade of blue should be employed.
- Table of Contents should be placed on the inside of the JOURNAL.
- The circular legend about the design on the cover should be as follows: "Published by the Association of American Medical Colleges."
- The advertisement on the cover should be retained for the time being.

2. Editorial Board.

It is recommended that a permanent editorial board be appointed. The reason for this action is to enable the Board to solicit appropriate articles and

prepare editorials on timely subjects. Like other editorial boards it should be used as a medium through which the editor could obtain advice and to which he could refer articles for evaluation prior to publication.

- a. Membership on the Board should be selected on a geographical basis in order to stimulate more general interest on problems of medical education—problems related to or dealing with medical education in the various areas throughout the country. Suggested distribution: southeast, east central, northeast, midwest, far east, and at large. Membership should also be selected on the basis of interest, generally in the fields of pre-medical, medical, postgraduate, and clinical education.
 - b. It is recommended that the present Editorial Board's resignation be accepted in order that a permanent Editorial Board could be appointed in view of the above recommendations and that the President of the Society, the chairman of the Editorial Board, and the editor of the JOURNAL confer in selecting the membership.
3. *Content.*

The Board recommends that the present general subdivisions of the JOURNAL be retained. However, there should be a vigorous attempt to obtain comprehensive articles on selected subjects by solicitation by the editor or Editorial Board. The idea of the comprehensive article is to record in a more detailed manner accounts of significant experiments in medical education in such a way that they would not only be of great value currently but be recognized as reference material for future readers. It is also recommended that the JOURNAL include a special section devoted to a listing of vacancies on medical school faculties. Data for this section to be solicited from the Deans of member schools.

4. *Budget and Finance.*

It is recommended that attempts be made to balance the budget by obtaining a more favorable contract from a different agency which the Board approved. It was decided not to recommend additional issues at this time, and there should be no attempt to improve the budgetary situation by placing a subscription rate for individuals or institutions differing from the practices now in vogue. The Board further recommends that the financial position of the JOURNAL be not presented in an unfavorable light by improper budgetary allocations and that a careful scrutiny be made of current allocation of expenses in order to see that these items be properly evaluated.

5. *Associate Editor.*

The Board recommends the appointment of an Associate Editor, preferably from the Chicago area. Such an appointment is to be made as soon as the proper individual can be obtained.

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON PUBLIC INFORMATION

DR. FRANKLIN D. MURPHY: Again your Committee has had its report mimeographed. In addition, you also received a small preliminary edition of the manual entitled "Public Understanding and Support of Medical Education."

When we talk of public relations, what are public relations? I quote: "Public relations is a continuing process by which you endeavor to obtain the confidence and good will of the public, inwardly by self-analysis and correction to the end that the best interests of the public will be served, and outwardly by all means of expression so that the people will understand and appreciate that their welfare is your guiding principle."

This Association has not had and still does not have a basic policy on the matter of public information, or, better still, public education. We are an

inarticulate group concerned with the welfare not only of medical education, but medical practice in the years to come.

There is, therefore, a definite and compelling need for some sort of program of positive public information. It is not possible financially for the Association to carry on at the top level, but a few positive things your Committee has not only recommended but has taken on itself the authority of starting as follows:

Press coverage has been arranged for this meeting for the first time on a reasonably organized basis through the cooperation of Mr. Ralph Rohweder. Press representatives concerned with matters of education were invited to attend this meeting. Some are present; some are not. Releases of papers of importance have been prepared and will be given to the press.

A handbook of public information has been prepared in preliminary form. This handbook states the problem as seen not only by ourselves, but by those who are experts in the field. It proposes a plan to attack the problem. It proposes certain mechanical details of implementing the plan, and it lists facts as they relate to some of the misconceptions of our problems. We hope that you will make suggestions. It is our intention to prepare it in a permanent form in a loose-leaf fashion. This, in effect, will be a handbook providing immediate factual, statistical and other data that relate to our problems. At intervals, there will be sent out from the main office in Chicago additional materials that can be put in this public information manual for the public information file and they will be marked in the upper right hand corner in red for the public information file. They are designed to provide you with the tools to carry out at the local and regional level your own program.

We will send to each school mimeographed abstracts of talks given at the recent meeting of the American College Public Relations Association, and at a subsequent meeting that material will be distilled, abstracted, and sent on to you for your information and guidance and help. Furthermore, the central office will send to the deans, additional references and materials as they relate to prosecuting programs of public information.

Your Committee chairman recommends to the Executive Council and to the Program Committee our official program next year. An expert in this field will bring a realistic appraisal of this problem of public information.

It is the feeling of your Committee that one of our biggest problems is that our membership is relatively unconcerned with this problem. Candidly, I think part of our membership regard it as a little undignified to approach the public with facts that are related to things which the public is called upon to support. There seems to be a rather medieval point of view about the right of the public to concern itself with the products that it is asked about. It is the strong conviction of your chairman that until we tell our story in a way in which the public can understand and appreciate, we have little hope of getting continuing and expanding public sympathy. It is the conviction of the chairman that many of the things we debate and discuss, dream, hope, and plan to do will, in effect, remain strictly academic unless we can bring along with us to help us implement these problems the people on whom we depend not only for our financial but our moral and psychological support.

In other words, this Association must wake up to the fact that public information is not only a necessary function but it is the obligation of every one who is entrusted with the expenditure of funds, be they public or private. In short, we must now recognize an elementary fact of American life, namely, the necessity of not only producing a salable product of high quality, but, just as importantly, packaging it and merchandising it in a vigorous though honest and dignified way. I purposely use those terms which are normally restricted to manufactured products such as rice crispies in order to point out that in the last analysis we are dealing with the same public, namely, the great

American public on whom we depend for the fulfillment of our dreams and aspirations.

A motion was duly made and seconded to approve the report.

PRESIDENT HINSEY: "I would like to comment on some of the experiences I have had in dealing with the problems related to financial aid to medical education, dealing with governmental agencies. One of the most difficult things with which we had to deal was the lack of comprehension of the people with whom we have been dealing as to what we really were doing; what our contribution was, and what our problems have been. This brochure, published by the National Fund for Medical Education has done much to emphasize certain facts. I have had them come to me and say, 'Well, I never appreciated what the problems were.' If we have not educated the people we are training, we probably fail in our approach to the public. This is a very important phase of the work of our medical colleges."

DR. L. R. CHANDLER: "I am delighted with this report. I want to ask this question: How much of your committee's recommendations do you expect to be carried out by each of us in our local level and how much of this will go on at headquarters under your direction or some professional's direction with your cooperation?"

DR. MURPHY: "The answer to that lies in terms of budget as much as anything else. Actually, in terms of our present planning and present positive effort, it is predicted mainly on the local level. We will try to provide you not only with certain tools of information through this handbook, and additions to the handbook, but also as a part of this handbook, techniques, mechanisms, lines of approach to various agencies are outlined, suggestions are made as to the importance of a person at a local level to carry out this program.

"If even 15 per cent of the member colleges begin to study this, and do something to function at the local level, it may be that the success which accrues to those local efforts would convince this Association that at a later date we should at the top level spend some money to tell our story, but at the present time I think we are hardly justified in doing it. I might add that in these days when 3 per cent is a really good return on funds, it has been our experience that if you have a little venture capital lying around, that you can invest it in an intelligent man who can do this sort of a job. The return is in the neighborhood of 50 or 60 per cent, a good investment!"

DR. CHANDLER: "We have had some experience with this sort of thing cooperatively between two medical societies, two medical schools in San Francisco and the hospital association.

"This public relations sounds very mysterious, but it adds up to how many people do you personally know in the right place at the right time. It depends on each one of us at our local level knowing the city editors by their first names and having confidence in them, having channels through your university for outlets of that kind. I would speak enthusiastically for the recommendation hoping that at top level there will be a professional to advise this committee."

DR. D. BAILEY CALVIN: "I think all of us who are engaged in the operation of state schools realize that to a greater degree probably than for the private schools, an approach of this nature is essential if we are to get our job done properly. I think that some of us think rather selfishly in terms of our own institutions and our own financial problems and do not give to the general public an over-all picture of medical education as it is benefitting the paying public.

"I doubt seriously if many of the general hospitals being used by the medical schools know how much it is costing for the services they get. I know that in most states the legislators do not know how much service in terms of the care

of the injured and sick is being offered through the medical schools. I think that the state schools may be proceeding along these lines to a greater degree than the private schools. That could be challenged, but I believe that all of us should speak not selfishly in terms of our own needs and contributions, but in terms of the general needs and contributions for all medical schools throughout the country. Let us use those things that are ethical and not be hesitant about letting the public know about our contributions."

PRESIDENT HINSEY: "Public supported schools may have led the way, but your problem is no more acute than that of the private schools. We have our problem and our responsibilities just as the public supported schools have."

DR. MURPHY: "I would much appreciate any comments as to suggestions, modifications, additions or any other way in which, with a relatively limited budget, we can help you."

DR. VAN NUYS: "We have a full time public relations officer in our medical school. It is not coordinated with the University as a whole. It is probably operated that way because our school is not in the same city. We have received very excellent press support."

DR. HAROLD S. DIEHL: "If we expect the public to support medical education, we must acquaint the public with the contributions that medical schools make to their welfare and it is something that we have worked on consciously, quietly for many years."

"In addition to the formal type of public relations, we have found it very effective to work with certain state-wide groups like the American Legion, the Lions, the State Cancer Society. One of the things we succeeded in doing, we got the American Legion interested in rheumatic fever and got the State Department of the American Legion to provide the funds, half a million dollars, to the development of a certain treatment for rheumatic fever and heart disease. Those funds came in small amounts from all the Legion Posts in the State. I think it is the most effective public relations we can have, because there are tens of thousands of persons who are members of the American Legion in the state who have made some contribution and have a particular interest in one aspect of the medical schools. Working through groups like that in addition to the more formal type of public relations we think is worth-while."

DR. R. HUGH WOOD: I endorse what Dr. Murphy and his committee recommended. One other group of citizens which is also uninformed, is the practicing physicians. I found that doctors themselves, even some of the voluntary clinical faculty, have no appreciation of how our medical schools are run; what is the cost to us, or why they are what they are. For example, the board of trustees in institutions are not always informed and I think in a comparable manner, in a dignified way, it behooves us to give that information to the public, otherwise we should not expect the support we have to have."

The motion to approve the report of the Committee on Public Information carried.

REPORT OF THE COMMITTEE ON PUBLIC INFORMATION

Due to the fact that this Association has had little experience or tradition in the matter of public relations; it has been necessary for your Committee to begin from scratch in analyzing the techniques required to resolve our problem in this field, if such problem exists. The following represent major points on which there has been general agreement in the Committee:

(1). There is a definite and compelling need for developing a program of public information for the Association of American Medical Colleges and an even greater need for stimulating the interest of medical college deans in this problem. The Committee feels that too often the administrators of our medical

schools regard public information as a chore rather than a fundamental obligation.

(2) It is probably undesirable and certainly financially not possible at present for the Association as such to engage in a large professional public relations program. The most effective means of public information regarding medical education is the active participation of all of our member colleges in taking this responsibility locally and regionally.

(3) There are practical and effective ways in which the Association can help the member colleges in this respect.

In thinking about matters of public education as related to medical education, we must always keep in mind that we have nothing to hide. Enlightened, positive efforts to inform the public about matters and programs which they are called upon to support are not undignified, unethical, or unscientific. They are a part of our responsibility. Knowledge and positive information mean interest, and interest, more often than not, means increased support, morally as well as financially.

Your Committee proposes the following program as a start, based upon the principle that presently, at least, our public information effort will be a decentralized one, with the Association assisting and helping as far as possible:

(1) Press coverage will be arranged for the annual meeting of the Association. The responsibility for organizing this will be in the hands of Mr. Ralph Rohweder. Representatives of the various press associations in addition to certain key writers in the educational field have been invited to attend the meeting. It is hoped that adequate and planned press coverage will become a routine part of the planning for our annual meeting.

(2) There has been prepared a handbook of public information which is enclosed as a part of this Committee's report. The purpose of this handbook is to provide the administration of each medical school with up-to-date facts and figures about our problems. It also gives a general statement of the recognized means and techniques of carrying forth a planned, positive program of public information. It will ultimately reach each medical school bound in a loose-leaf fashion. The central office of the Association will make available a continuing flow of both new material as well as modified information for this handbook. This provides a means for each medical school to have up-to-the-minute factual information as background data for talks, press releases, etc. It further presents a constant and useful reminder of the obligation of public information and the ways and means of providing it.

(3) There will be sent to each medical school, under separate cover, mimeographed abstracts of talks given at the recent meeting of the American College Public Relations Association. This group will meet annually and it is our hope that abstracts of important contributions will be sent to the medical schools.

(4) The central office of the Association will send to the medical school deans, references and other material which they will find useful in planning and prosecuting programs of public information.

The positive steps so far taken represent, of course, only a very small bite into a program, the size of which is limited only by one's imagination, interests, and budget. The great and sometimes unbelievable lack of accurate information about our problems which one finds among all segments of society, including our academic colleges and many members of our own profession, represents, in the opinion of your Committee, not only an increasingly dangerous problem but a challenge as well. We have a salable product, for in our hands, in a large measure, lie the future trends of life expectancy, infant mortality, and the permanent population size of our mental hospitals. We must now recognize an elementary fact of American life; namely, the necessity of not only producing

a salable product of high quality but, just as importantly, packaging it and merchandising it in a vigorous though honest and dignified way.

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON FOREIGN MEDICAL STUDENTS

DR. FRANCIS SCOTT SMYTH: In addition to the mimeographed report, and as a result of the discussion of that report yesterday, the Committee has the following comments to add:

Recognizing that military success is no guarantee of lasting peace and that our own national health and security are related to a friendly understanding between nations, the Committee again calls attention to the importance of medical education, if properly used, as an instrument in establishing international understanding. However, proper use of medical education requires active study, advice and cooperation by the Association of American Medical Colleges with the Institute of International Education, the Council on Medical Education and Hospitals (AMA), the Committee on Foreign Medical School Credentials, the Committee on Internships and Residencies, and, probably, the American Hospital Association.

The Committee re-affirms its advice that foreign students be encouraged to come as postgraduates, especially in the basic sciences, but that they be discouraged from applying for admission to the undergraduate curriculum leading to the Degree Doctor of Medicine and recommends that the Liberal Arts Colleges take cognizance of the problems created by the admission to undergraduate (A.B.) courses of foreign students planning to study medicine in American medical colleges. The Committee finds that the chance of such students ever getting into medical schools in this country are too small, because of the keen competition for places, state laws, etc., that unrestricted admission to liberal arts courses for persons who know at the time of admission that they fully intend to apply later for admission to an American Medical School only serves in the long run to produce ill will for the United States.

The Committee fully appreciates the value to international understanding of attendance by qualified foreign students at American liberal arts colleges, but believes that, as a rule, such an experience should be an end in itself and not merely preparatory to long professional training in this country.

The Committee recommends that this statement be made a matter of policy of the Association of American Medical Colleges and be communicated to the American Council on Education, the Association of American Colleges, and other appropriate organizations for consideration by their membership.

The Committee believes that a more effective program for the post-doctorate foreign student in medical science requires a more personalized, individualized screening and placement program, comparable to that currently used for admission to the medical schools.

The Committee calls attention to the likelihood of foreign graduates replacing our own nationals called from residency training for military service. It is urged that this be given study in cooperation with the hospitals for such restrictions, limited visas, etc., lest the expediency of the immediate, prove disastrous to long term policies of both the profession and the role of medical education in international good will.

Because of the complexities of this impending situation as well as on account of the ramifications of the whole problem of the foreign student in medical science, the Committee recommends that the Council establish a more permanent facility with such subsidy as may be required to instrument constructive long term policy and to bring advice to this Association from joint efforts with the Council on Medical Education and Hospitals, Committee on Foreign Creden-

fials, International Education Exchange, Committee on Internships and Residencies, American Hospital Association and private foundations interested in this field.

A motion to approve the report was made and seconded.

DR. TRAWICK STUBBS: "Is some financial support in sight for such a venture?"

PRESIDENT HINSEY: "Was this matter discussed by the Executive Council?"

VOICE: "It was discussed but no proposal was made for financing a central agency."

DR. C. N. H. LONG: "Last summer I spent two months in Japan. Our purpose was to tell the Japanese about our system of medical education and I told them about the value of an association of this kind. I endorse what Dr. Smyth reported, the great opportunities that exist in the field of medical education for promoting good will in other countries."

Motion to approve report carried.

REPORT OF THE COMMITTEE ON FOREIGN MEDICAL STUDENTS

Membership on this committee is likely to subject the committeeman to more than his usual share of misguided correspondence. I note, with apprehension, an increased number of petitions from foreign students seeking admission to the undergraduate school; an increased number of foreign professionals seeking advice and opportunity to locate in this country; and an increased number of appeals for displaced professionals. Even the State Department sends the request of a foreign graduate student for opportunity to "learn all about child guidance" in a six-weeks sojourn.

Last year the report of this committee asked for consideration of the importance of the international role in medical education which our country has assumed. A more studied approach, active participation and responsibility by members of this organization was urged. Attention was called to the fact that few foreign students could, or should, be admitted for the four or five years in the pre-doctorate medical curriculum. Nor was it felt that the type of post-doctorate training designed to prepare our nationals for practice in this country was altogether fitting—even if a convenient expediency. Therefore, the following suggestions were made:

1. Foreign students should be encouraged to come after receiving their medical degrees.
2. They should work in such areas as meet their needs as teachers on return to their own country. The basic sciences, with opportunity to see and participate in the clinics, etc., would be most desirable.
3. They should come for such lengths of time as will not alienate them or mitigate against their return home.
4. An effective, long range program should be developed, if member schools were to favor certain geographical zones of interest, as an acquaintance with a particular area's problems and people would result in a more personalized approach.

Emphasis is made that the committee interest is in aiding the medical program of foreign countries through medical education. It is not concerned with professionals seeking to escape their native conditions, nor with the vexing problem of displaced professionals.

This year finds us facing a new program of military expansion. The demand of the armed services will add a strain on our medical schools and profession. Unfortunately, there will be the danger of accepting foreigners in such capacities as may prolong their stay and usurp the positions of our absentee nationals. This may be prevented, if military service of doctors is to be for no longer than

two years and if the dictates of personnel, conservation, permit physicians, to serve both civilian and military needs concurrently.

Much could be said regarding the Fulbright and Smith-Mundt Acts. These acts deflect some of the payment for U. S. war matériel left in the foreign country to the subsidy of students. For the most part the money is for our nationals to study abroad. Many such countries, unfortunately, do not offer attractive fields for advanced academic study for our students, and both the subsidy and exchange made it difficult for their students coming here.

The several research councils officially receive the foreign applications or the local requests, but much is left to the Institute of International Education. The State Department is eager not to repeat the mistakes of the hurried war-program for Latin American students—eager to avoid the motivation of political expediency.

A few figures from the Institute of International Education are attached; Appendix "A."

Illustrative of what is meant by a zone of interest, I have some comments on the University of California School of Medicine program.

Because of our location, the far East seemed a logical area, and to a great extent this means Japan, for the following reasons: The program for the Japanese Medical Education still rests with SCAP and the Army of Occupation. Several faculty members have visited Japan, either as Army Consultants, or on special missions (e.g. Unitarian).

There are many American-born Japanese students and some faculty members, with the result that there is more interest and acquaintance with the Japanese people, more personal contact, and more sympathetic understanding with the present program of rehabilitation of Japanese medical schools. A total of twenty Japanese doctors have spent time at the School, and at the present time we have four post-doctorate students in Pharmacology, Biochemistry, Medicine, and Neurology. An effective group of Japanese-American professionals aid in personalizing the students' visit and a lay group connected with the World Affairs Council contribute to the hospitality program.

It has been gratifying to see the spread of interest. A considerable number of books and periodicals have been sent the Japanese medical schools, freely transported by the Army and facilitated by the Army Services Wives Association. Only the Korean situation prevented the loan of a portion of the American Medical Association Scientific Exhibit for the Japanese-Medical program.

Other foreign students have by no means been excluded—Germany, Sweden, England, Greece, India, Burma, Egypt, Italy are some to be mentioned. Some have come under Fulbright funds, some on funds from the School, and at least two on funds raised by interested lay groups. Two bona fide displaced physicians and one displaced pre-doctorate student have also been taken. It is, however, in this scattered group of students that we encounter our potential breaks in policy. The student from Greece, who was to stay one year is at the American College at Bierut, but wishes to return to the United States. The student from Greece has taken initial steps to establish citizenship. We do not encourage this tendency.

Economic betterment will prompt some foreign students to circumvent their departure from the United States, while few of our own professionals will find the foreign countries, which most need help, attractive areas for advanced study. A certain amount of missionary zeal is necessary.

Programs, such as the one fostered by the Unitarian Church, are an ideal method of meeting some of the plan. This has been an enterprise sponsored, financed, and managed by the Unitarian Church with the blessing of the Armies of Occupation and the State Department. Teams of medical educators have

gone as visiting faculty to medical centers in occupied countries, setting up procedures and methods in laboratory and hospital for improved educational techniques.

Finally, we should not be indifferent to the program of the State Department. Effort should be directed toward making the program part of our responsibility rather than one mechanized by governmental agencies. They welcome our suggestions and cooperation. From the personal contact once established by a single foreign student, an ever-widening plan for the future can be developed.

APPENDIX "A"

Countries Represented

Argentina	2	Greece	4	Indo-China	1
Brazil	3	Italy	7	Iraq	2
Chile	2	Switzerland	3	Japan	14
Honduras	1	Finland	2	Thailand	4
Mexico	1	France	2	Turkey	1
Paraguay	3	Netherlands	2	Malta	2
Venezuela	1	Norway	1	*Korea	6
Austria	1	India	1		

*Unable to take advantage of arrangements made for them.

Area of Study (not including Korea)

Orthopedic Surgery	1	Bacteriology	1
Anesthesia	3	Otorhinolaryngology	2
Pediatrics	3	Plastic Surgery	1
Pathology	3	Psychiatry and Neurology	6
Medicine	11	Cancer Research	1
Obstetrics and Gynecology	3	Training at Blood Bank	1
Tuberculosis and Thoracic Surgery	6	Public Health	4
Internship (rotating)	1	Pharmacology	1
Dermatology	2	Ophthalmology	1
Neurological Surgery	1	Surgery	3
Radiology	1	Forensic Medicine	1
		Biostatistics	1

Sources of Support (not including Korea)

<i>Army</i>	<i>Federal</i>	<i>Private</i>	<i>None Listed</i>
15	24	17	4

Assignments (not including Korea)

Dr. S. Bunnell—S.F.	1	Strong Memorial Hospital	1
University of Chicago	3	New England Center Hospital	1
Medical College of Virginia	1	Sloan-Kettering Institute for Cancer Research	1
St. Luke's Hospital	1	Washington University School of Medicine	1
Cornell University School of Medicine	6	University of Pennsylvania Graduate Medical School	3
Bethesda Hospital	3	Harvard Medical School	2
Trudeau Sanitorium	4	Massachusetts General Hospital	1
University of Vermont College of Medicine	1	University of North Carolina	2
University of Michigan Hospital	2	Johns Hopkins School of Medicine	1
Hospital for Special Surgery	2	New York State Hospital	1
New York University Bellevue Medical Center	10	St. Claire's Hospital	1
Cincinnati General Hospital, University of Cincinnati	2	Cornell Medical Division of Bellevue Hospital	2

Menninger Foundation Topeka		Norwegian Lutheran Deaconess'	
State Hospital	1	Home and Hospital	1
Albany Hospital	1	Massachusetts Memorial Hospital	1
Columbia University	2	Memorial Hospital	1

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON FINANCIAL AID TO MEDICAL EDUCATION

DR. JOSEPH C. HINSEY: You have received the report of the Committee on Financial Aid to Medical Education. It is a recounting of the experiences of this Committee during the past year. This report was written by the chairman, but the whole Committee unanimously approves it.

It calls for certain expressions of opinion on the part of the Association. I would like to read a letter I received from Dr. Norman Keefer, Director of the Office of the National Social Science Board:

"The Health Resources Advisory Committee to the National Resources Board has asked me to obtain from the Association of American Medical Colleges an opinion concerning the conditions under which the Association might find federal aid to medical education acceptable during a national emergency. This information would include the types of legislation which would not be objectionable in principle to the Association and the degree of national emergency under which such legislation would be acceptable to the Association. The Committee is attempting to formulate its own basic recommendations labelled 'The Need for Aid to Medical Education.' It is apparent that there is a rather wide range of opinion on this subject among the various interests of the Association. Furthermore, it is believed that the current increased tempo of mobilization may result in some change in the position taken for an increased mobilization by these groups. Any advice, information, or recommendation which the Association of American Medical Colleges may wish to make to the Health Resources office will be presented to the Health Resources Advisory Committee and will be appreciated by both the Committee and the office."

At the hearing on this report yesterday, the Committee was criticized for not having taken a stand representing the majority opinion of the Association. Throughout the year we have tried to report the opinions of member colleges, the number favoring and the number opposing the various types of legislation which we have considered. We have probably been weakened in our position because we have not stated that the Association of American Medical Colleges favors or disfavors a piece of legislation. We have endeavored to deal with it in as complete and deftly and democratic fashion as we have known how to do. However, it was the opinion of the people who appeared yesterday that we had weakened our position by that method of negotiation. The opinion was stated that the deans are operating partners of the public and should tell the public what our financial condition is. It was the opinion that the schools are in precarious financial condition in this present state of inflationary development and it was our duty to let the public know what our position is.

It was further recommended that the Association should authorize the Executive Council to speak for the Association on federal aid and to give a majority opinion. It is my duty to present the resolutions recommended by the Executive Council to this Executive Session of the Association, and the first recommendation that is made is that under the pressure of the national emergency and in view of the great financial need of medical education, the Association finds it necessary to empower its Executive Council to act for the Association in all matters pertaining to financial aid to medical education.

This motion was made and seconded and it was tabled until it could be

considered in relationship with this report. Is it your pleasure that this be again brought off the table and brought up for action?

Such a motion was duly moved and seconded.

PRESIDENT HINSEY: "It has been moved and seconded. All those in favor say 'aye'; opposed? It is brought off the table and is up for your consideration and is open for discussion.

DR. L. R. CHANDLER: "How broad is the Committee's intent on matters pertaining to financing of medical education?"

PRESIDENT HINSEY: "I would say that our Committee would have to discuss not only among ourselves and with our Council but with other groups in the health sciences, the schools of public health, schools of dentistry, and possibly nursing associations and try to see what sort of a formula could be developed. After having determined the majority opinion, it would seem desirable that we be empowered to speak for whatever the majority opinion of the Association is."

DR. HYMAN: "The Executive Council?"

PRESIDENT HINSEY: "Yes, the Executive Council. The Committee would report to the Executive Council."

DR. HYMAN: "Will you read that once more, please."

PRESIDENT HINSEY: "Under the pressure of the national emergency and in view of the great financial need of medical education, the Association finds it necessary to empower its duly elected Executive Council to act for the Association in all matters pertaining to financial aid to medical education."

DR. HYMAN: "Don't we need a clause there, 'having determined the will of the majority of the members?'"

DR. BERRY: "I think it is a good idea to be as explicit as we can be. We are talking about authorizing the Council to speak for the schools, after first polling the schools to determine the majority opinion. This will enable the Council to present a point of view as coming from the Association as a whole."

DR. BACHMEYER: "For obvious reasons it is necessary to take immediate action. If you tie the Executive Council's hands by saying that they must get a majority opinion, you stifle our action. The Council should be empowered to use its judgment when under the stress of time that becomes necessary."

DR. HYMAN: "The difference is the majority opinion in matters of policy rather than in matters of detail. If a majority opinion is obtained that federal aid is desirable, certain details would be whether to limit this to 20 per cent or 40 per cent of the budget. Dealing in Congress and with the other agencies involved somebody has to make those decisions. I think the majority opinion should be expressed on the principles involved and wherever we can get opinion on the detailed bills. There is some need, as Dr. Bachmeyer said, for the operating agency to express the majority will of this group."

DR. McEWEN: "Would it be agreeable to Dr. Hyman to insert 'having determined the point of view as regards to general principles?'"

DR. HYMAN: "That would be acceptable to me."

PRESIDENT HINSEY: "If there are no other questions, I will call for a vote. All those in favor say 'aye'; opposed? Carried unanimously:

The second resolution which has a bearing on this report: "It is the sense of the Association of American Medical Colleges as working with the American Medical Association on problems pertaining to financial aid to medical education that the approach be channeled through the Council on Medical Education and Hospitals."

Motion was made to accept, and seconded.

VOICE: "What do you mean by 'channeled through?'"

DR. BERRY: "The final action of the American Medical Association must

come from their trustees. In presenting the problem of medical schools to the American Medical Association trustees, we think the proper road is through their council. That is the purpose of this motion. There are those who felt that this Association should take a position diametrically opposed to that of the American Medical Association trustees and proceed on its own way. I can understand very well some of the reasons for this point of view. The thing to do now is not to worry about discussions and arguments that we may have had but to take a fresh look at what we have to do right now. This is an expression of the members of the Council of the American Medical Association and we feel that this new look ought to come through the American Medical Association trustees."

VOICE: "This motion would imply the Association of American Medical Colleges is left out."

DR. YOUMANS: "It implies that we are being represented by them or through them. That is my objection."

VOICE: "The intention is that we shall not by-pass the Council and go direct to the Board of Trustees of the American Medical Association; that we shall work with them and if possible have them with us or have them share our opinion when we talk with the Board of Trustees of the American Medical Association."

"Evidently this is a matter which the Board of Trustees of the American Medical Association is not going to refer to the Council, and we have always worked with the Council. It is not that we were going to differ. We are going to negotiate those differences with the Board of Trustees or the Council in our discussions so as not to disturb our relationship with them."

DR. YOUMANS: "I am in favor of that, but the resolution lacks the indication as to where it is going when it is 'channeled through.'"

PRESIDENT HINSEY: "It is sent to the Association of American Medical Colleges that in working with the American Medical Association on problems pertaining to financial aid to medical education, the approach be channeled through the Council on Medical Education and Hospitals to the Trustees."

"This does not bind the Council or the Association to any position other than what the membership of the Association thinks is the best position to take, but I strongly favor following our customary relationship with the Council on Medical Education and Hospitals."

DR. HAROLD S. DIEHL: "Is that sort of action necessary? Our regular channel is through the Liaison Committee, is it not?"

VOICE: "It is our customary policy, but there have been times when the Board of Trustees wanted to cut the Council and come direct to us. On at least one occasion the Council went with the survey committee to the Board of Trustees. We want the Council to feel that we are working with them and not by-passing them and going to the Board of Trustees. We would not like to have the Board of Trustees by-pass the Council and come to us. We would like to maintain that relationship which has been very helpful in developing our programs in the past."

DR. H. G. WEISKOTTEN: "I understand that the recommendation of the Liaison Committee was that the Executive Council deal directly with the Board of Trustees in regard to federal aid. They are the policy determining agency of the American Medical Association. You need not worry about the Council."

DR. HINSEY: "All those in favor of the motion say aye; opposed? Carried. "The last resolution has to do with the National Fund for Medical Education. The officers and directors of the National Fund for Medical Education are urged by this Association to provide as rapidly as possible suitable publicity regarding the purposes and work of that National Fund'."

A motion was duly moved and seconded.

PRESIDENT HINSEY: "For some time it has been the opinion of a number of us who have been working with the National Fund that the wrapper should be taken off of the work of this organization and brought out under the light of day. We have approached our alumni with a brochure which has 'CONFIDENTIAL' along one corner of it which has had one good effect. They have read it because when they see that it is confidential they want to find out what is in it. On the other hand, the report is brought here and marked 'not for public release.' I respect the judgment of the people in National Fund. It seemed to us that the best interest of the National Fund would be served if we could bring this out in the open and this is merely a resolution to send to the National Fund, expressing something that they have heard from some of us for quite a long time and I would strongly urge that this resolution be passed and transmitted to the National Fund."

The motion was put to a vote and carried.

A motion was made and seconded to adopt the general report of the Committee on Financial Aid to Medical Education. The motion carried.

REPORT OF THE COMMITTEE ON FINANCIAL AID TO MEDICAL EDUCATION

In presenting the report of this Committee at Colorado Springs, Colorado on November 8, 1949, the Chairman made it clear that we had refrained from taking any position that would involve the Association as a whole. We have encouraged the expression of opinion of each school and have endeavored to tabulate the pros and cons as they have been presented to us. Because each school has been kept informed about the progress of legislation during the year, we shall only recapitulate briefly some of the events.

On September 30, 1950, each dean received a copy of Senate Bill 1453 and it was stated that it had passed the Senate on September 23, 1949. You were asked to consider this bill with your University Administration and Faculty and to transmit your reactions to your representatives in Congress. This legislation was written by members of both political parties and had had bipartisan support in the Senate.

Under the date of December 12, 1949, Dr. Donald G. Anderson, Secretary of the Council on Medical Education and Hospitals of the American Medical Association wrote each dean and outlined the reasons why the Board of Trustees and the House of Delegates of the A.M.A. had voted to oppose the passage of H. R. 5940. On December 14, 1949, your Chairman wrote each dean as follows: "This action has been taken entirely independently of the Association of American Medical Colleges. In our work in endeavoring to obtain acceptable legislation for Federal Aid to medical education, we have tried to learn the position of each individual medical college. Furthermore, we have refrained from taking action for or against the proposed legislation on the part of the Association as a whole, but have placed the responsibility on the medical colleges themselves because the problems vary from school to school." This was followed by the following telegram sent to the dean of each school on January 5, 1950: "Returns from 25 Medical Schools indicate that 20 strongly urge passage of H. R. 5940. Bill passed Senate last September and has been reported favorably by House Sub-Committee. Your Association Committee requires your views to make accurate report to Congress. Please wire me your opinion for or against the present bill as soon as possible but not later than January 9th." Signed, Committee on Federal Aid, Joseph C. Hinsey, Chairman.

On January 15, 1950, each dean was sent a copy of a letter dated January 12, 1950, which the Chairman of this Committee had sent to the Honorable J. Percy

Priest, Chairman, of the Subcommittee on Public Health, Science and Commerce of the House Committee on Interstate and Foreign Commerce. To quote from this letter, "This Committee on Financial Aid to Medical Education is made up of Dean Arthur C. Bachmeyer of the University of Chicago, Dean George P. Berry of Harvard University, Dean Walter A. Bloedorn of George Washington University, Vice-President Ward Darley of the University of Colorado, and Dean Joseph C. Hinsey of Cornell University, Chairman. After its study and work with this legislation, this Committee is unanimous in its support of H. R. 5940. The poll of the membership, with definite returns in from 63 schools, shows 47 favorable to the legislation on H. R. 5940 and 16 opposed. Of the 26 state-owned schools, 14 favored and 12 opposed. Two municipally owned institutions were favorable. Of the 35 private institutions, 31 were favorable, and 4 were opposed. Even if the 15 schools not reporting were to be opposed, and I have reasons to believe strongly that this would not be the case, there would still be a strong majority in favor of the legislation.

A number of suggestions were offered to make for improvements in the bill. Two schools strongly urged scholarship aid for needy medical students. Some 14 schools favoring H. R. 5940 expressed hope that the safeguards in Section 2 of the Senate Bill 246 (Education Finance Act of 1949) might be substituted for Section 382 of H. R. 5940. However, it is our firm conviction that a strong majority of our medical colleges believe that the general provisions of H. R. 5940 are essential for the maintenance of their programs."

On January 16, 1950, Dr. Donald G. Anderson sent the dean of each medical school a copy of "A Statement by the American Medical Association Presenting Suggestions for the Improvement of S 1453 and H. R. 5940." On February 9, 1950, your chairman wrote each dean reporting on the meetings of the Executive Council held on February 4, 1950, and related the information then available on the status of H. R. 5940 with several amendments that were anticipated. Furthermore, he quoted from a speech made by the then President of the A.M.A., Dr. Ernest Irons, in which he definitely opposed federal aid to medical education.

On May 2, 1950, a letter was sent to each dean enclosing a copy of a Committee Print showing the differences between H. R. 5940 as reported to the House of Representatives on October 11, 1949, and the Subcommittee Print No. 2 as dated March 25, 1950. The principal changes were the deletion of all direct Federal scholarships, the provision that instruction grants may not exceed 30% (formerly 40%) of a school's operating budget, and the requirement that all regulations must be approved by the Council. There were a number of other smaller changes.

A letter under the date of May 29, 1950 was sent to each dean with the information that H. R. 5940 was to be considered in Executive Session by the Committee of the House of Representatives on June 6, 1950. On June 1, 1950 each of you received a copy of a telegram your chairman received from Percy Priest and Andrew J. Biemiller discussing a letter members of their committee had received from Dr. Joseph Lawrence, Washington representative of the American Medical Association and a copy of a letter your chairman wrote and delivered to Mr. Priest and Mr. Biemiller. Details will not be given of the tactics utilized by Dr. Lawrence beyond saying that he advised delay in action on H. R. 5940 until information from the Survey on Medical Education was available. A description of the organization of the Survey was enclosed in your Chairman's letter. On the morning of June 27, 1950 your Chairman appeared before a Reference Committee of the House of Delegates at the A.M.A. convention in San Francisco to present the need for federal aid. It was quite obvious that there was little sympathy for federal aid there.

On June 27, 1950 we sent each dean a copy of Andrew J. Biemiller's Bill H. R. 8886 and pointed out how it differed from H. R. 5940.

On August 16 and August 30, 1950 the House Interstate Commerce Committee rejected Bill H. R. 5940 so that there will be no federal aid for our medical schools as well as other schools dealing with the health sciences. There were probably a number of obstacles to favorable action on the part of Congress but each of you will have your own opinion as to the chief one.

At its annual meeting in New Haven on April 6, and 7, 1950, the Association of Schools of Public Health voted: "That the Association of Schools of Public Health in line with previous testimony of its officers with respect to S. 1453 and H. R. 5940 endorses the principles and objectives set forth in these Bills as currently passed or revised and urges that these Bills as now amended and after suitable adjustment of differences be passed by the Congress as a matter of urgency." Many of you have seen the appeal made by the Association's President, Brigadier General James Stevens Simmons, U. S. A. (Ret.) to President Truman late in August.

Reference to page 30 of "Financial Status and Needs of Medical Schools—A Preliminary Report" prepared by the Surgeon General's Committee on Medical School Grants and Finances, Public Health Service, Federal Security Agency, 1950, shows this statement:

"In 1947-48, 51 medical schools showed deficits, 24 surpluses and 4 broke even in matching basic operating expense against basic operating income as here defined. The combined basis operating deficit of the 51 schools with deficits \$9.3 million, of which \$254,000 represented the deficits of 4 basic science schools."

The point this committee wishes to stress is that in many cases when there is no deficit there still is great need. It is unnecessary to state here why this need is becoming more and more exaggerated every day. The budget may be balanced and at the same time the educational program may be in a hazardous position.

It would seem desirable for the membership of the A.A.M.C. to decide whether it wishes to empower the members of this committee to negotiate with representatives of other schools in the field of health sciences to secure legislation for federal aid. Does the A.A.M.C. wish to take a stand as an Association or shall we continue to proceed as we have during these past two years depending upon the individual presentations from our schools? The Committee is grateful for the interest and support we have received from our member colleges in the work on federal aid this past year.

A Progress Report from the National Fund for Medical Education is presented along with this report. It is to be hoped that the work of this Fund can be given national publicity soon. We have received comment from graduates of medical schools who have received the brochure "Medical Education in the United States. The Problem, The Cost, The Horizon." Our Committee wishes to recommend that the A.A.M.C. extend a sincere vote of thanks and appreciation to Mr. S. Sloan Colt, President, Mr. Chase Mellen, Executive Director, and other officers and trustees of the National Fund for Medical Education. It is, and will be increasingly, more valuable to all of us to have the interest and enlightened support of these men and women who have become so interested in the financial problems that plague most, if not all, of us.

COMMITTEE ON FINANCIAL AID TO MEDICAL EDUCATION

Arthur C. Bachmeyer
George P. Berry
Walter A. Bloedorn
Ward Darley
Joseph C. Hinsey, Chairman

(This report has been prepared by and is the responsibility of the Chairman.)

September 27, 1950

(Signed) Joseph C. Hinsey

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON PREPAREDNESS FOR WAR

DR. STOCKTON KIMBALL: The Committee on Preparedness for War has been in existence for several years. It consists of Dr. George Berry, Dr. Dayton Edwards, Dr. Melvin Casberg and myself. It was originally set up for the purpose of assessing the limitations of medical education as they appeared during World War II, and to study programs to avoid these limitations in the event of a new emergency. This new emergency is now on us. Each limitation was noted in the study of medical education in World War II with the effect of the accelerated program, the effect of selection of students made by agencies outside of the individual medical school, the loss of faculty, and the post-subsidization of the medical student. The Committee in each city has been active in discussions with the Selective Service System in the development of local board memorandums themselves. The part of this dealing with medical students is actively and effectively being employed at the present time. The Committee has had to deal with the matter of emergency mobilization.

The present program of this Committee has first to do with the combining to form the Joint Committee. This, as has been stated, developed at the San Francisco meeting of the Liaison Committee last June.

We have had a series of meetings and these meetings, mostly in Washington, and the meetings of the Committee have been followed by meetings with consultants of the various governmental agencies. The aim of the Joint Committee has been to study the effects of the present emergency and to do everything within its power to prevent the effect on education, the deleterious effect on education of the last war and the disorganizing effect of the emergency. In this attempt the Committee has been only partially successful. We have from the beginning urged the formation of an organization comparable to procurement and assignment in the last war which was set up under the Federal Security Agency. It did not appear to be advisable for it to be set up at this time. We have sent telegrams to the President and communicated with the various people in making an effort toward the development of procurement and assignment or something comparable to that in order to do our best to prevent some of the disorganized problems that have been arising within the last few weeks.

It has not been found possible to form an organization corresponding to procurement and assignment and we are just now beginning to see the outline by which the Advisory Committee to Selective Service, working in cooperation with the Medical Advisory Committee of the N.S.R.B., will be able to function very soon in dealing with matters both of selective service and of people in the enlisted reserve.

The other conference has been to prepare a statement of principles for the N.S.R.B. and the request of the N.S.R.B. which lay dormant for some time and then was rapidly reactivated in the present crisis and sought to map out its areas of activity. In order to assist in presenting our program to them, therefore, it was felt wise to give them some sort of a statement early in September.

The first meeting of this Joint Committee was held on July 27 and the procedure had been to formulate a document by the Committee and discuss this with the various consultants and deans. We received replies and comments from a high percentage of the schools. These were incorporated in a rewritten document, discussed with the Committee and circulated again on September 19.

We feel that we have developed an effective liaison with the members of the governmental agencies. The aim of the Committee has been to prevent a loss of quality of education and to avoid the necessity of acceleration. We recommend 4-twelve month years. In an emergency, where large numbers of citizens are being drafted, three months vacations would not be permissible.

This program preserves the program of the schools now operating on twelve months programs and that have voluntary acceleration. It provides for instruction in civilian health and defense in case of atomic attack and for exercises in military medicine and procedure. The program further provides for selection by the schools and hospitals of students, interns, residents and graduate students. It opposes reactivation of an AST or V-12 program or a general plan of subsidy. It proposes a continuous program as far as the student is concerned, although some of his time may be spent in camp rather than in school.

Any increase in the number of students will require an increase in faculty and perhaps, in building, equipment and hospital facilities.

I move the adoption of the report.

The motion was seconded and carried.

DR. FRANKLIN D. MURPHY: "We have concerned ourselves up to date with the workers in this factory to turn out the doctors and I think this Association ought to give some attention to the workshops. A number of medical schools are in the brick and mortar stage of expanding to handle more students. If we are pressed to handle more medical students, we will have to consider physical expansion. There are today in the Department of Commerce priority rations for acquisition of scarce matériel. I think it is quite proper that this Association give cognizance to this problem by passing some sort of resolution addressed to the National Security Resources Board and the Department of Commerce concerning the necessity of putting medical school construction high on the list of priority for scarce matériel for construction, equipment and maintenance. I move approval of a resolution including the comments I have made."

The motion was duly seconded.

The motion was put to a vote and carried.

VOICE: "I wonder if all the representatives here feel that they have sufficiently studied the effect of all the provisions of the report we just approved and submit their institutions to it. I would like to move that the meeting reverse its vote to approve the report and return it to the Committee for further consideration."

The motion was duly seconded, put to a vote and lost.

(The Statement by the Joint Committee on Medical Education in Time of National Emergency was published as a supplement, Part Two, of the November 1, 1950 issue of the Journal of the Association of American Medical Colleges.)

REPORT OF COMMITTEE ON PREPAREDNESS FOR WAR

The Committee on Preparedness for War met with the Executive Council of the Association of American Medical Colleges in Chicago June 24, 1950. In light of the Korean War the past program of the Committee was discussed and reviewed and the program for an emergency was outlined. This was discussed further in the Liaison Committee with the Council on Medical Education and Hospitals by Drs. George Berry and Hinsey in San Francisco. Thence developed the concept of developing a Joint Committee on Medical Education in Time of National Emergency. This Committee met for its organization meeting in Washington July 27, 1950 with the representatives of various governmental agencies including the Public Health Service, the Surgeon General's Office of the three Armed Services, the Department of Defense, Committee on Medical Service, the NSRB, the Veterans Administration and Selective Service.

The Committee was then constituted as follows:

COUNCIL ON MEDICAL EDUCATION AND HOSPITALS

- | | | |
|----------------------|--------------------------|------------------------|
| Dr. H. G. Weiskotten | Dr. Harvey Stone | Dr. Donald G. Anderson |
| Dr. Victor Johnson | Dr. William S. Middleton | |

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Dr. A. C. Bachmeyer Dr. Stockton Kimball Dr. Dean F. Smiley
Dr. George Berry Dr. Joseph Hinsey

LIAISON MEMBERS

Dr. Harold S. Diehl Dr. Robert Hall

The officers selected were: Stockton Kimball, Chairman, Dr. Donald Anderson, Secretary.

Following this meeting, the Committee drew up a preliminary statement to the NSRB which was circulated to all schools and government agencies and some other agencies. The comments from these were incorporated in a revised statement discussed at the next meeting of the Committee on September 8th.

Following this a revised statement was prepared and submitted to the NSRB. Twenty-five copies of this were sent to all schools to be utilized for faculty discussion. The governmental agencies were asked to discuss the content of the proposed curriculum in its emergency content—all of this to be brought together for discussion at Lake Placid.

Dr. Casberg has not as yet been able to meet with the Committee on Preparedness for War. He will be a valuable member. Dr. Dayton Edwards wishes to resign from the Committee in October as he has withdrawn from his duties as Assistant Dean at Cornell.

Respectfully submitted,
Stockton Kimball, M.D., Chairman
Joint Committee on Medical Education
in Time of National Emergency

October 9, 1950

At this juncture, Dr. Joseph L. Johnson of Howard University requested consideration of a letter he had written to President Hinsey regarding the formation of a Junior or Student American Medical Association proposed by the American Medical Association. All medical colleges, he said, had received a letter from the American Medical Association urging the formation of such an Association.

PRESIDENT HINSEY: "Will Dr. Bachmeyer report what the action of the Executive Council was on this matter?"

DR. BACHMEYER: "This matter was discussed at the Council meeting. It was also discussed at the Liaison Committee meeting. It was our understanding that this action to develop a student American Medical Association originated at the University of Illinois. It was discussed at the June meeting of the American Medical Association and a letter was sent to the various medical colleges. It is entirely a voluntary thing. The Executive Council felt that it was not something we should act on as an association; that it was up to individual institution and their student bodies to act on as they chose. We felt, therefore, that Dr. Johnson's letter should come before the Association."

DR. JOHNSON: I am not unmindful of the anomalous position in which we frequently find ourselves in matters where the Association of American Medical Colleges, on the one hand, and the American Medical Association, on the other, are involved. It has often become necessary for many of us, not myself, to change sides when we talk on certain issues and so I would not be at all disturbed in the fact that you may not care to discuss this matter.

"I am not altogether in agreement with Dr. Bachmeyer that the Association could not express the view of the majority of the Association on any matters that are of vital concern to all of the medical schools. However, my own faculty was much concerned on securing at this meeting the benefit of the opinions of the several representatives of the various schools on this matter and the placing before the group the viewpoint of the faculty of our Colleges of Medicine.

"The viewpoint of the College of Medicine was briefly this: That the faculty was not against the establishment of a national organization of students, but they were of the firm conviction that any such organization should be established on a purely democratic basis, that they should have freedom of establishment of their policies and the development of their program and that they should not be under the domination of the American Medical Association or of any other organization.

"The proposed plan of the American Medical Association would not afford any such freedom as our faculty envisions is necessary for a student organization working in conjunction with the faculty. According to the plan of the American Medical Association the student in the medical schools would be organized and functioning under the guidance of an advisory committee of four persons, three of whom would be appointed by the constituent medical society of the American Medical Association. Of the three persons appointed by the medical society to advise the medical students, not more than one can be a member of the faculty and all three, including a faculty member, must be a member of the American Medical Association. By virtue of his office the dean would be tolerated as advisor to the medical students. The plan of the American Medical Association gives the medical schools a minor status in relation to the student organization while ascribing to itself a dominant role.

"The faculty of the College of Medicine at Howard University views this type of activity of the American Medical Association among medical students as an encroachment on the affairs of the medical school wholly unwarranted and with undesirable, if not dangerous, implication. On this basis we hope that the majority of the delegates from the member institutions of the Association of American Medical Colleges will vote to empower the officers of this Association to express objections to the American Medical Association's plan of organizing medical students into a student American Medical Association.

"If there is a national student organization, we want it to be a truly democratic organization. The plan which the American Medical Association proposes excludes the majority of the members of the faculty of the College of Medicine of Howard University from being chosen as advisors to our own students because they are excluded from membership in the Medical Society of the District of Columbia and the American Medical Association for no other reason than their race."

DR. G. LOMBARD KELLY: "This idea of a junior medical students association did not originate in Illinois. In 1944, I was chairman of the Council on Medical Service of the American Hospital Association on six months leave. I wrote a constitution for the American Medical Students Association. I can see no reason why the American Medical Association cannot organize and run a Student American Medical Association. I think all Negroes ought to belong to the American Medical Association and all medical students, Negroes too, should be permitted to belong to this Association."

DR. TRAWICK STUBBS: "I do not think that any particular action is necessary by this organization in this matter."

DR. STANLEY W. OLSON: "I would like to move that this matter be referred to the Liaison Committee of the Association and the Council and that they seek to iron out the differences to promote the original intent of the organization which was to help the students develop responsibility in the American Medical Association but in such a way that the colleges not be injured as they have at the present time."

The motion was seconded, put to vote and lost.

DR. J. A. CURRAN: "The Committee on Nominations presents for your approval the following nominees:

“President-Elect: George Packer Berry, Vice-President: Edward L. Turner, Secretary: Dean F. Smiley, Treasurer: John B. Youmans, Executive Council: Joseph C. Hinsey and C. N. H. Long.”

A motion to adopt was seconded and carried.

PRESIDENT HINSEY: “It is my pleasure at this time to present to you Dr. Bachmeyer, our next President.”

DR. ARTHUR C. BACHMEYER: “Thank you very much. I appreciate more than I can say the honor of being elected your president. We shall try to serve the Association to its best interests and best serve the interests of medical education.”

PLACE OF THE 1951 MEETING

PRESIDENT HINSEY: “Under the circumstances, it seems advisable not to reach a final decision as to the 1951 meeting place. A year from now we do not know what conditions may be. It would seem advisable to give the Executive Council power to select the meeting place.”

A motion to that effect was made, seconded and carried.

VOICE: I move that we express to the outgoing officers our appreciation and gratitude for the work they have done in our behalf this year.”

The motion was seconded and carried.

The meeting was adjourned at 7 P.M.

WEDNESDAY MORNING SESSION, OCTOBER 25, 1950

The chairmen of the ten Round Tables reported on the conclusions reached in their discussions. (These summaries will be published in the Journal of MEDICAL EDUCATION.)

WEDNESDAY AFTERNOON SESSION, OCTOBER 25, 1950

A symposium on “New Teaching and Research Developments in the State University of New York” was participated in by Carlyle Jacobsen, Herman G. Weiskotten, and Jean A. Curran.

A “Report of the Committee on Education of the American Academy of Neurology” was given by Russell N. DeJong. The report was discussed by Roland P. Mackay and Pearce Bailey.

A paper on “A Private Out-Patient Clinic in a University Hospital: Its Role in the Teaching Program of the Department of Medicine” was read by Palmer H. Futcher. It was discussed by Robert A. Moore. (This paper will be published in the Journal of MEDICAL EDUCATION.)

The following resolution from the Round Table on Specific Internship Requirements for Licensure was referred to the Committee on Internships and Residencies:

“Resolved that the Association of American Medical Colleges is opposed to the principle of restrictive internship requirements as a prerequisite to state licensure, and approves the appointment of a committee to study this problem

in cooperation with the Federation of State Medical Boards of the United States of America."

The following recommendation from the Round Table on Prepaid Medical Care Plans was referred to the Committee on Public Information.

"It is recommended that a resolution be presented to the Association for adoption, that a liaison committee be established in the Association to coordinate developments in prepaid medical care plans in their possible relation to medical education."

By an unanimous vote, the Secretary was instructed to write a letter to the Management of the Lake Placid Club expressing the appreciation of the Association for the fine services and facilities provided for this 61st Annual Meeting.

(Signed) Dean F. Smiley, Secretary

REPORT OF ACTIONS OF EXECUTIVE COUNCIL AT MEETING OCTOBER 24, 1950—LAKE PLACID, NEW YORK

1. Upon the request of the Editorial Board of the Journal of the Association of American Medical Colleges their report was approved and their resignations accepted.

2. A new Committee on the Journal of Medical Education was named.

3. The name of the Committee on Preparedness for War was changed to the Planning Committee for National Emergency.

4. The name of the Committee on Social and Environmental Medicine was changed to the Committee on Environmental Medicine.

5. The name of the Committee on Students from Abroad was changed to Committee on Foreign Students.

6. An ad hoc committee to explore the possibility of organizing teaching institutes under the direction of the Association was appointed. It consisted of Dr. Arthur C. Bachmeyer (Chairman), Dean F. Smiley, and John Stalnaker.

7. In answer to Dr. W. Montague Cobb's letter of October 18, 1950 suggesting to the Executive Council "If discrimination and segregative practice are bad, why not say so as an organized body?", the following statement was made:

The Council has given sympathetic consideration to the question presented by Dr. Cobb and reaffirms its traditional position that it is not within the scope of this Association to take action on matters that are within the jurisdiction of the individual medical school and a matter of internal administration within that school.

8. Revision of the preliminary 1950-51 budget voted at the June, 1950 Executive Council meeting was voted bringing the budget to the following figures: For the Secretary's and Treasurer's Offices \$74,325.00; for the Journal \$33,000; for the Committee on Student Personnel Practices \$119,303.48; for the Medical Film Institute \$44,121.83.

9. The following resolutions were passed and copies sent to the Secretary of Defense, the Surgeon General of the United States Public Health Service and Dr. Paul Magnusson of the Veterans Administration:

(a) The Executive Council of the Association of American Medical Colleges has considered with concern the increased need for physicians occasioned by the requirements of the Armed Forces.

- (b) It is our earnest hope that in considering the economical employment of medical manpower and hospital facilities the Department of Defense give careful consideration to the fullest utilization of non-military federal hospitals.
- (c) The Executive Council of the Association of American Medical Colleges expresses the hope that, pending the development of a plan by the National Security Resources Board and the Selective Service System for judging the availability or essentiality of medical faculty, graduate students and hospital residents, that the Department of Defense take immediate steps toward setting up machinery for the evaluation of local needs so that in the current process of calling up physicians in priority one, serious stripping of individual hospital and medical school departments will be avoided.

10. Committees and representatives to other Boards and Councils for 1950-51 were named.

COMMITTEES FOR 1950-51

Committee on Audiovisual Education

Walter A. Bloedorn—Chairman
J. S. Butterworth
Clarence de la Chapelle
Joseph Markee
Aura Severinghaus

Committee on Environmental Medicine

Duncan W. Clark—Chairman
Jean A. Curran
Harry F. Dowling
William W. Frye
David Rutstein
Leo Simmons
Ernest Stebbins

Committee on Foreign Students

Francis Scott Smyth—Chairman
Maxwell E. Lapham
C. N. H. Long
Harry A. Pierson
Aura E. Severinghaus
Edward L. Turner
Francis A. Young
E. Grey Dimond
Frode Jensen

Committee on the Journal of Medical Education

Lowell T. Coggeshall—Chairman
James Faulkner
Robert A. Moore

Liaison Committee with Blue Shield Medical Care Plans

D. F. Smiley—Chairman
Lowell T. Coggeshall
Richard Young

Planning Committee for National Emergency

Stockton Kimball—Chairman
George Packer Berry
John Z. Bowers
Melvin Casberg
Edward L. Turner

Committee on Borden Award

David Barr—Chairman
John S. Browne
C. N. H. Long
H. P. Smith
Edward West

Committee on Financial Aid to Medical Education

George Packer Berry—Chairman
Arthur C. Bachmeyer
Walter A. Bloedorn
Melvin A. Casberg
Ward Darley
Joseph C. Hinsey
Vernon Lippard

Committee on Internships and Residencies

John B. Youmans—Chairman
D. W. E. Baird (Ida., Mont., Ore., Wash.)
W. A. Bloedorn (Del., D.C., Md., Va., W.Va.)
Warren T. Brown (Okla., Texas)
Coy C. Carpenter (Ky., N.C., S.C., Tenn.)
L. R. Chandler (Ariz., Calif., Nev.)
Jean A. Curran (Conn., N.Y., part of N.J.)
Stanley Dorst (Mich., Ohio)
Reginald Fitz (Me., Mass., N.H., R.I., Vt.)
Maxwell E. Lapham (Ark., La., Miss.)
H. C. Lueth (Kans., Mo., Nebr., N.D., S.D.)
John McK. Mitchell (Part of N.J., Pa.)
Francis J. Mullin (Ill., Ind., Iowa)
C. J. Smyth (Colo., N. Mex., Utah, Wyo.)
Wesley Spink (Minn., Wis.)
R. Hugh Wood (Ala., Fla., Ga.)

Committee on Post-Doctoral Education

John Truslow—Chairman
George N. Aagaard
Kendall Corbin
Ames C. McGuinness
Charles Wilkinson

Program Committee

Dean F. Smiley—Chairman
Arthur C. Bachmeyer
Norman Nelson
John D. Van Nuys

Committee on Public Information

Franklin D. Murphy—Chairman
George N. Aagaard
L. R. Chandler
Ralph Rohweder
Dean F. Smiley
John D. Van Nuys

Committee on Veterans Administration- Medical School Relationships

Hugh Wood—Chairman
Harold Diehl
Reginald Fitz
B. O. Raulston

Committee on Student Personnel Practices

Carlyle Jacobsen—Chairman
George Packer Berry
D. Bailey Calvin

John Deitrick
Thomas Hunter
Richard H. Young

REPRESENTATIVES TO RELATED ORGANIZATIONS

Advisory Board for Medical Specialties

L. R. Chandler
Stanley Dorst

**Armed Forces Medical Advisory
Committee**

Stockton Kimball

**Committee on Evaluation of Foreign
Students**

Francis Scott Smyth
Dean F. Smiley

**Council of National Emergency
Medical Service**

Stockton Kimball

Fellowships Selection Board

Walter A. Bloedorn

**Liaison Committee with Council on
Medical Education and Hospitals of
American Medical Association**

Arthur C. Bachmeyer
George Packer Berry
Joseph C. Hinsey
Dean F. Smiley, ex-officio

Advisory Council on Medical Education

Ward Darley
Joseph C. Hinsey
Vernon W. Lippard

**Committee for the Coordination of
Medical Activities**

Dean F. Smiley

**Committee on Survey of Medical
Education**

Arthur C. Bachmeyer
Joseph C. Hinsey
Dean F. Smiley

Federation of State Medical Boards

Dean F. Smiley

**Interassociation Committee on
Internships**

F. J. Mullin
John B. Youmans

**Medical Advisory Committee of Institute
of International Education**

Duncan W. Clark
Dayton Edwards
Aura Severinghaus
Francis Scott Smyth
Travers C. Stepita

**National Advisory Committee on
Local Health Units**

Currier McEwen
National Health Council
Joseph C. Hinsey
Ira Hiscock
Currier McEwen

National Board of Medical Examiners

L. R. Chandler
Robert A. Moore
B. O. Raulston

**Advisory Council of the National Fund
for Medical Education**

Arthur C. Bachmeyer
Walter A. Bloedorn
Joseph C. Hinsey