

Sixty-Seventh Annual Meeting
Association of American Medical Colleges

The Broadmoor, Colorado Springs, Colo.

November 12-13-14, 1956

MONDAY, NOVEMBER 12, 1956

(President Robert A. Moore presiding)

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(President Robert A. Moore presiding)

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Monday, November 12, 1956

INTRODUCTION OF NEW DEANS

The following new deans were introduced:

Ben Eiseman, University of Colorado School of Medicine (acting dean); Arthur P. Richardson, Emory University School of Medicine; Charles S. Cameron, Hahnemann Medical College; Wilfred W. Westerfeld, SUNY, Syracuse (acting dean); John B. Truslow, University of Texas School of Medicine, Galveston (director of medical center and dean of medicine); John W. Patterson, University of British Columbia Faculty of Medicine; William R. Willard, University of Kentucky School of Medicine; William F. Maloney, Medical College of Virginia (February 1, 1957).

New vice presidents or presidents:

R. Blackwell Smith Jr., president, Medical College of Virginia; Melvin Casberg, vice president in charge of medical affairs, University of Texas, Galveston; Herbert Eugene Longenecker, vice president in charge of the Chicago Professional Colleges, University of Illinois.

NOMINATING COMMITTEE

The nominating committee was named by President Robert A. Moore as follows: Dr. Stanley E. Dorst, chairman; Dr. Robert C. Berson; Dr. Coy C. Carpenter; Dr. Windsor C. Cutting; Dr. John McK. Mitchell; Dr. Norman B. Nelson; Dr. John D. Van Nuys.

REPORT TO THE MEMBERS FROM THE PRESIDENT

ROBERT A. MOORE, President:

In order that the members may have information concerning the business of the Association in advance of the annual meeting in Colorado Springs on November 12, 13 and 14, this report is made on the more important topics.

The report is not meant to replace the reports of the committees and of the staff of the Association but rather to sketch in broad strokes the problems and programs of the Association in terms of philosophy and trends. The report has not been reviewed by the other members

of the Council and hence must, until a meeting of the Council, stand as the opinion of the chairman only.

1. *Appointment of an Executive Director*: By far the most significant development of the past year was the creation of the office of executive director and the acceptance of the position by Dr. Ward Darley as of January 1, 1957.

For some time the Council has been concerned with the fact that our secretary, Dr. Dean F. Smiley, will retire on age in a few years and that the functions of the central office have increased greatly. Under the leadership of Dr. Lippard, president in 1954-55, the entire problem was reviewed and a special committee (Dr. Coggeshall, Dr. Lippard and Dr. Moore) appointed to seek out the most able man for the new post of executive director and secure his acceptance promptly so there would be an overlap before Dr. Smiley's retirement. The Association is indeed fortunate that a former president, Dr. Darley, has accepted.

The establishment of the office of executive director in no way influences the fundamental nature of the Association as a membership group with elected officers and an elected executive council. At the suggestion of Dr. Darley, the duties of the executive director have been outlined as those of the "executive officer" of a corporation. The council becomes the "board of directors" to discuss and establish policies with a president elected by the full membership as the senior officer of the corporation acting as chairman of the elected council.

2. *Increasing Recognition of Medical Education as a National Resource*: During the postwar years there has been fuller and fuller acceptance of medical research as a national resource with broad private and governmental support. In the past few years this acceptance has been increasingly extended to medical education. In 1956, three important national policy documents have mentioned the need for support of undergraduate medical education — the President's State of the Union message, the Republican Platform, and the Democratic Platform. During this same year, a

dean of a medical school, Dr. Coggeshall, has served with distinction as Special Assistant for Health to the Secretary of Health, Education and Welfare. Medical Education Week in 1956, sponsored by the Association with the National Fund for Medical Education, the American Medical Association, the Woman's Auxillary of the AMA., and the Student AMA had the usual growing pains of a new venture. A good majority of deans indicated they approved the general idea, and your Council has therefore voted to join again with the others as a sponsor for a second Medical Education Week in April 1957. The orientation will be entirely educational, and not directly fund raising. Your Council believes that with this objective, a Medical Education Week can be a powerful instrument to bring increasing moral and material support to medical education at both the local and national level.

3. Increasing Number of Medical Schools: As we in the schools hope there will be an increasing recognition of medical education as a national resource, we in medical education and the universities have a reciprocal responsibility to meet the national needs. In the past year there have been important steps in this direction.

- a. Miami, in June 1956 graduated the first class in medicine.
- b. Albert Einstein, in September 1955 admitted the first class.
- c. Florida and Seton Hall, in September 1956 admitted the first class.
- d. Mississippi and Missouri, formerly two year schools, in 1955-56 extended into the third year and will graduate classes in 1957.
- e. Kentucky was authorized to establish a medical school.
- f. Several other universities have under consideration establishment of a medical school.

Although there may be some difference of opinion on whether or not the increase in schools and in enrollment meets or will meet the national need, there is clear evidence medical education is responding rapidly to the need. It is equally important that we do not outrun the supply of worthy and able premedical students.

Some figures on the number of persons granted a bachelor's degree, the number and per cent applying to medical school, and projections of these figures are pertinent to this problem and other future problems of the medical schools: (See below).

4. Increasing Private Support of Operations of Medical Schools: There have been many developments in the past few years pointing to an awareness and a meeting of the needs for preserving and improving the high quality of medical education in this country.

The National Fund for Medical Education under its sympathetic and understanding president, Sloan Colt, chairman of the Board of the Bankers Trust Company and its able executive vice president, Chase Mellon, have been an increasing tower of strength. Beginning in 1957, not only will the Fund have available the gifts of corporations, but the contribution of the Ford Foundation of \$10,000,000 will be added over a period of years, according to a formula. Although the American Medical Education Foundation has decided to make its own distributions, the Board of the Foundation believe they can raise more money for the schools under the new plan than the old.

In December 1955 the National Fund arranged for a conference on Industrial Medicine in Pittsburgh. This brought together for mutual benefit and understanding corporation executives, corporation medical directors, deans of medical schools and teachers of industrial medi-

Year	Bachelors degree		Apply M.S.		Projected to apply	
	Actual	Projected	Number	Percent	if 7.42%	if 4.81%
1935	140,903	.....	12,740	9.04	if 7.42%	if 4.81%
1940	186,500	.....	11,854	6.36	.....	.....
1945	131,025	.....	.....	.....	.....	.....
1950	433,734	.....	22,279	5.14	.....	.....
1955	272,000	.....	14,938	5.49	.....	.....
1960	.....	326,000	.....	.....	24,189	15,681
1965	.....	454,000	.....	.....	33,687	21,837

cine. The transactions were published as a supplement to the *Journal of MEDICAL EDUCATION* (March 1956 issue).

The magnificent gift of the Ford Foundation of \$90,000,000 to the private medical schools and the earmarking of it as endowment for support of faculty will make a significant contribution to one of our greatest needs—adequate salaries for academic staff.

The announced policy of the Commonwealth Fund to make substantial grants to selected schools, and the grants of the Macy Foundation to strengthen a few departments of obstetrics and gynecology, are important developments to add to the long standing support of medical education by these and other private foundations.

A most significant emerging trend is the recognition by the so called public foundations and health groups of a responsibility for education of research personnel as well as for the research itself. The American Cancer Society appointed an *ad hoc* committee to review this problem and its report was published recently as a supplement to the *Journal of MEDICAL EDUCATION* (September 1956).

There is every evidence that medical education will continue as a partnership between private and governmental agencies, and that the essential nature of high education in this country will be preserved.

5. *Attention to the Adequacy of the Physical Plant of the Medical Schools:* Although the bill in Congress for support of construction of educational facilities of medical schools failed passage in the last Congress, your Committee on Financing Medical Education is optimistic for success in 1957. The Association owes a debt of gratitude to Dr. Joseph Hinsey and his Committee and particularly Dr. John Youmans and Dr. Harold Diehl, for their devotion to the task of informing the Congress of the needs. Dr. Youmans, as president-elect, spent the greater part of a month in Washington.

The bill for construction of research facilities did pass and allocations have already been made. President Eisenhower, when he signed the bill, issued a strong statement that this met only a part of the need. This is already apparent, since within a few months, the applications number in the hundreds and the requests for funds are far in excess of the appropriations for the first year.

Administrative officers of medical schools are well represented on the National Advisory Council for Health Research Facilities, which will function in relation to the Surgeon General as do the other National Advisory Councils.

6. *Increasing Support of Medical Research:* The conference report to the Congress on the appropriations for the National Institutes of Health for FY'57 constituted a resounding note of confidence by the American people in the stature and potentiality of medical research. The total was \$182,807,000, of which grants constituted \$133,544,000, and in turn of which \$89,697,000 was for research grants.

With increasing support there comes an increasing responsibility of the administrators of these funds in the schools and of faculty members serving on councils and study sections of the U.S.P.H.S. to see that the funds are wisely and prudently spent! It would be better to allow reversion than to lose the confidence we have built up so carefully over the years.

All those in medical research and education are grateful to Marion Folsom, Secretary of Health, Education, and Welfare and to his special assistant, Dr. Lowell T. Coggeshall, for their sympathetic understanding and support of medical research.

Of indirect interest to medical research is the action of the Congress in establishing as an independent agency a National Medical Library by transfer of the present Armed Forces Medical Library. This new federal agency can with adequate support become an even better library for research than it has been in the past.

At the same time, the public voluntary foundations and health agencies are continuing to grow in size and in number and to support more and more research in long cultivated fields and in new fields. A serious problem in the future for those in medicine and for the American public is posed by the increase in number of health agencies collecting money, by the increasing categorization of research, and by the relation of health agencies to United Funds. It will require astuteness and statesmanship to prevent fragmentation and isolation.

7. *Renaissance of Interest in Teaching!* With the vigorous leadership and vision of Dr. George Packer Berry, as

chairman of our Committee on Educational Research and Services, and the support of the preceding presidents, the nature of our meetings has changed. The Teaching Institutes have focused attention on the problems of teaching and have brought into the Association faculty members as participants and members; the Association now has over 1500 Individual Members.

The concepts of study and experiment long applied in research are now being applied in medical education. Our meetings are scientific meetings with education as the topic instead of heart disease or cancer as at other scientific meetings. Twenty-seven titles were submitted for the program at Colorado Springs, of which only 12 could be accepted; the remaining 15 are to be "read by title."

And this resurgence of interest in teaching in each medical school which comes up to the meeting of the Association, then goes back through the deans and faculties to all the schools.

8. *Increasing Prestige of the Journal of MEDICAL EDUCATION:* Under the able chairmanship of Dr. John Z. Bowers, the Editorial Board and the editor, Dr. Dean F. Smiley have brought the Journal to a new position. For some years a grant from the China Medical Board of New York has been available to distribute the Journal to medical schools in other countries. During the present year the Josiah Macy Jr. Foundation made a grant to the Chairman of the Editorial Board for travel and other expenses to cultivate the interest and support of the Journal by the medical schools of other countries, particularly South America.

Increasingly other groups, with reports and monographs touching on medical education are turning to the Journal for publication as a supplement! The transactions of the teaching institutes have been handled in a similar manner.

It is trite to say that a journal is only as good as the papers in it, but this needs emphasis if we are to continue the upward trend of prestige of our Journal. Those in medical education, deans and faculty members, should see that their best papers on education are submitted to the Journal.

9. *Medical Education and National Defense:* Under the leadership of Dr. Stanley Olson, the inauguration of programs of Medical Education for National De-

fense has now been accomplished in 25 schools and 34 more have indicated an interest. With a full-time coordinator in Washington, Dr. James R. Schofield, during most of the past year, real progress has been made in integrating these programs into the teaching of medical students and coordinating the content with the changing needs of national defense.

There is every indication as of now that the doctor draft law will be allowed to expire next year but it will be another year or two before the estimated needs of the Armed Forces will be met by the regular draft and the residency deferment program. Dr. Frank Berry has been understanding of the problems of the deans and has invited representatives of the Association to attend two meetings in Washington during the past year and discuss problems of draft and deferment.

10. *Research by the Association:* Although the Association lost John Stalaker on July 1, 1955 to the National Merit Scholarships, the section on educational research and services has been reorganized and continued to render a valuable service under the directorship of Dr. Helen H. Gee.

It is pertinent and significant that \$107,062.50 of the current budget of \$311,850.00 is devoted to the section on educational research and services, exclusive of an additional \$47,500 in special funds. The Association represents medical education at the national level and hence should emulate its component parts—the schools—in giving strong support to research, both with its own funds and with grants.

If the future of science is in research and experimentation, the future of education is even more in research and experimentation. We must collect and analyze the facts and observations in education just as we do in science.

11. *Educational Council for Foreign Medical Graduates:* The problem of how to hold to a single high standard of competence for those engaged in health care in the United States, and at the same time preserve America as a land of opportunity, has been of concern to the State Boards, the A.M.A., the A.H.A. and the Association for some years.

During the past year these discussions have been concluded and a definitive program agreed upon. A separate non-

profit group has been incorporated and the Association has designated two members of the Board of Directors—Dr. J. Murray Kinsman and Dr. John McK. Mitchell. Dr. Kinsman is serving as president of the group. Grants for initial support are being solicited and it is hoped operations can start soon.

It is expected that a screening examination can be developed which will select those who have adequate basic ability, to be worthy of further training and consideration by individual state boards for assimilation into the health resources of this country.

12. *Liaison With the American Medical Association:* The Liaison Committee of the Association and of the Council on Medical Education and Hospitals of the A.M.A. has, as usual, met three times during the year—November, February and June. Joint programs and interests such as the survey of schools, postgraduate education, etc. have continued on a cooperative and mutually beneficial pattern. The Council has asked the Association to cooperate with them in a revision of the "Essentials of an Approved Medical School." The first draft of this revision has been made and will be considered at the Colorado Springs meeting.

In November 1955 the Board of Trustees of the A.M.A. invited representatives of the Association to join representatives of the Council on Medical Education and Hospitals in drafting preliminary plans for the Second World Conference on Medical Education to be held in the United States in 1959. Subsequently the Trustees appointed the nominees of the Association to the permanent program committee under the chairmanship of Dr. Victor Johnson. Those so appointed are Dr. Darley, Dr. Dorst, Dr. Lippard, Dr. Moore, Dr. Smiley and Dr. Youmans. One of our representatives (Dr. Moore) was designated as vice chairman.

In other areas the liaison and bilateral actions have not been as close or as effective. In July, on instruction of the Executive Council, a statement of our position on recent unilateral actions of the House of Delegates of the A.M.A. was sent to all deans. At the same time that we deplore unilateral actions of the A.M.A. which affect medical education, the Association must be in a position to discuss problems with others.

Bilateral action is a two-way street with traffic in both directions. Head-on collisions can be avoided by mutual respect for the rights and responsibilities of the other fellow.

13. *The Building of the Association:* Before the first of the year the Association will join the ranks of the national groups which occupy their own central office building. This has been made possible by generous grants from the China Medical Board of New York and the Alfred P. Sloan Foundation. These grants represent an expression of confidence in the future of the Association and its program. Northwestern University has been very generous, too, in making available to the Association a fine site for its building. It is up to us to make this future what our friends believe it to be. A program for dedication of the building is being arranged for February 1957 on the Sunday afternoon before the Congress. It is hoped all deans will attend.

14. *Financial Status of the Association:* In July, in a statement on "The Services of the Association of American Medical Colleges" sent to all deans, the 1956-57 budget, and the assets and liabilities were reported. There has been no material change since then.

INSTITUTE HIGHLIGHTS

Monday morning's session featured "Reflections from the Teaching Institute on the Evaluation of the Student—The Appraisal of Applicants to Medical Schools," which was held November 7-10, immediately preceding the Annual Meeting. Speakers and their subjects were:

Dr. George Packer Berry, dean of the Harvard Medical School and chairman of the AAMC's Committee on Educational Research and Services—The Association's Program of Teaching Institutes; Dr. John T. Cowles, assistant for personnel services to the vice chancellor of the Schools of the Health Professions and professor of psychology, University of Pittsburgh—Development of the 1956 Institute of Appraisal of Applicants to Medical Schools; Dr. Robert J. Glaser, associate dean and assistant professor of clinical medicine, Washington University School of Medicine—Evaluating Intellectual Characteristics of the Applicant; Dr. Charles R. Strother, professor of clinical psychology, department of

psychiatry, University of Washington School of Medicine—Evaluating Non-Intellectual Characteristics of the Applicant; Dr. Carlyle F. Jacobsen, executive dean for medical education, State University of New York—A Critical Look at the Whole Admissions Process; Dr. John McK. Mitchell, dean of the University of Pennsylvania School of Medicine—The Significance of the Institute from a Dean's Standpoint.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

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

BORDEN AWARD

Dr. Harry S. N. Greene, the Anthony N. Brady professor of pathology at Yale University School of Medicine, was presented with the 1956 Borden Award in the Medical Sciences. The award, consisting of a gold medal and \$1,000, was presented by John H. McCain, secretary of the Borden Company Foundation, Inc. Dr. Joseph Markee, of Duke University, and chairman of the Committee on the Borden Award, made the nominating address.

Dr. Greene's nomination was based on his many contributions in the field of oncology.

Tuesday, November 13, 1956

ROLL CALL

All institutional members were represented.

APPROVAL OF MINUTES OF 66TH ANNUAL MEETING

The minutes of the 66th Annual Meeting, October 24-26, New Ocean House, Swampscott, Mass., were approved as published.

INDIVIDUAL MEMBERS

A total of 226 Individual Members were voted into the Association, bringing the number to 1544. Six firms became Sustaining Members during 1956. They are: Burroughs, Wellcome & Co., Inc.; Ciba Pharmaceutical Products, Inc.; Eli Lilly & Co.; Parke, Davis & Co.; G. D. Searle & Co., and Chas. Pfizer & Co.

EXECUTIVE COUNCIL ACTIONS AT NOVEMBER 8-9 MEETINGS

1. The Council approved the auditor's report on the finances of the Association for the fiscal year July 1, 1955 through June 30, 1956. The total income

for the year was \$385,077.32, the total disbursements \$380,280.79. The reserves estimated as of June 30, 1957 will be approximately \$355,000.

2. The membership list was approved as follows:

Institutional Members	
(4-year schools)	78
Institutional Members	
(2-year schools)	4
Institutional Members	
(graduate school)	1
Affiliate Institutional Members	12
Individual Members	1544
Sustaining Members	8

3. The 1957 Annual Meeting dates were confirmed as follows: The Institute—October 15-19; Annual Meeting—October 21-23 at the Chalfonte-Haddon Hall, Atlantic City, N. J.

It was anticipated that the 1958 Annual Meeting would be held at the New Ocean House, Swampscott, Mass., and the 1959 Annual Meeting at the Edgewater Beach Hotel, Chicago.

4. The President was authorized to appoint a committee to draw up a questionnaire form which would be used in

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assembling faculty salary data from member schools.

5. The Council voted a contribution of \$1,000 toward the financing of the Second World Conference on Medical Education.

6. The Council unanimously approved the Association's acting as one of the co-sponsors of Medical Education Week to be held in April 1957.

7. The plans for the dedication of the Association's new Central Office Building February 10, 1957 were approved.

8. The Committee on Financing Medical Education was voted authority to act for the Association on all national legislative matters involving a construction act, within the majority opinion of a vote of all member institutions.

9. A statement on the future need for physicians was approved and recommended to the Association for adoption.

REPORT OF THE SECRETARY AND EDITOR

DEAN F. SMILEY

The year just completed has been an unusually busy one. Fifteen school visitations were completed and the report on the last one has just gone out. The previsitiation questionnaire forms have been revised and reprinted, and we hope that the new forms will be less burdensome for the schools to fill out and just as useful to our visiting teams. With the increased number of school visitations made necessary by the fact that we are attempting to establish and maintain a minimal schedule of a visitation at least every 10 years, more adequate staff has been found necessary. This coming year the Council on Medical Education and Hospitals of the American Medical Association will be represented on the 16 visits planned by Dr. Edward Turner, Dr. Walter Wiggins, Dr. Glen Shepherd and Dr. John Hinman of their full-time staff. In order that our Association may have proper staff representation on these visits the Executive Council has appointed as part-time assistant secretaries Dr. Robert Glaser, associate dean at Washington University School of Medicine; Dr. Leonard Fenninger, assistant dean at the University of Rochester School of Medicine; and Dr. Arthur Ebbert Jr., assistant dean at Yale University School of Medicine. These three will share

with me the burden of the staff work associated with the visitation program this year while, as heretofore, a dean of a member college will take part in each visitation as the Association's other representative. Dr. William N. Hubbard Jr., having served faithfully for two years as part-time associate secretary of the Association, will relinquish that post this next year to give full time to his recently increased responsibilities at New York University.

Our new central office building going up at 2530 Ridge Avenue, Evanston, Ill. is almost ready for occupancy and I would appreciate it if those of you who are planning on being in Chicago for the Annual Congress on Medical Education and Licensure, would mark your calendars to attend the dedication of our new building scheduled for Sunday, February 10, 1957. It is expected that buses will be provided to transport passengers from the Palmer House to the building in Evanston about 3 p.m., returning to the Palmer House not later than 6:30 that evening. You will receive invitations and I hope you will return the R.S.V.P. cards promptly so that we will know how many to plan for.

Our membership roll stands as follows:

Institutional Members	82
Affiliate Institutional Members	12
Sustaining Members	8
Individual Members	1544

It should be noted that though Sustaining Memberships were authorized previously, this is the first year in which invitations to such membership have been extended and we are pleased to include on this "honor roll" the following well known companies: The W. B. Saunders Co., E. R. Squibb & Sons, Burroughs Wellcome & Co., Ciba Pharmaceutical Products, Inc., Parke Davis & Company, G. D. Searle & Co., Chas. Pfizer & Co., and Eli Lilly & Company.

During the past year 19 questionnaires have been submitted to the Secretary's office for recommendation. The recommendation was for cooperation in 13 cases, against cooperation in 6, for a variety of reasons. It is encouraging to note that more of those persons or organizations contemplating a questionnaire to our schools consult the central office of the Association first. This makes it possible to provide any pertinent information already available

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and thus point out that the questionnaire is not needed or that certain parts of it are unnecessary. Since you ruled in 1951 that all questionnaires to the schools must be brought to the notice of the home office and a recommendation made, 137 have been reviewed and acted upon.

The demand of foreign trained physicians for help in obtaining opportunities for advanced training continues unabated. Inquiries were received this past year from 103. It is my opinion, and it is shared by the Chairman of our Committee on International Relations in Medical Education, that though we continue to make special efforts in behalf of those expecting to return to teach in their own countries, our present methods of bringing hospitals and foreign physicians together are as a whole totally inadequate. Without proper knowledge or guidance many of these physicians are applying for hospital appointments of a type quite unlikely to provide them with the training they need. And on the other hand, some of our hospitals are accepting foreign trained physicians as interns and residents who are definitely not prepared to take their place at that rung of the medical educational ladder. The need for the new agency, already in the advanced planning stage, is urgent. In the meantime we should realize that in many parts of the world our educational standards are being seriously criticized as being too low. Ivan Putman Jr., Foreign Student Adviser at the University of Florida, upon return from a recent trip to the Middle East stated the problem quite clearly in the October 1956 News Bulletin of the Institute of International Education in the following words: ". . . American education in general is being damned in the Middle East for the failure of some institutions to maintain adequate standards. . . . I was told repeatedly of cases in which poor students from the Middle East who could not qualify for higher education at home were admitted to U. S. institutions, sometimes without even presenting credentials. . . . Some of our Middle Eastern friends credit us with adequate standards for our students, but accuse us of allowing foreign students to "get by" with a lower standard. . . . I returned from the Middle East convinced that perhaps one of the most important contributions we

in American education can make toward achievement of the long-range objectives of student exchange is to maintain high standards of admission and academic performance for both foreign and native students."

The Journal has taken a number of important steps forward this past year. It has increased the number of original articles per issue to six; it has continued to increase the proportion of solicited articles; it has expanded its list of foreign correspondents and its coverage of medical education news from abroad; it has added Spanish abstracts of its articles; it has published five important supplements and presented them as a bonus to its subscribers. As a result of these efforts more of our articles and editorials are being reprinted in other Journals and more of the publication costs are being met by advertising revenue. It has been an unexpected pleasure to note that a number of the pharmaceutical houses and publishing firms that have recently come into Sustaining Membership in the Association have also recently increased their use of advertising space in our Journal.

You are giving the Association wonderful support. The previsitation questionnaire forms are being returned early and with almost all questions answered fully; the forms for the applicant study of the entering class just registered are already in from every school in the country save one; the increased dues you voted last year are being paid without delay; you have made possible the bringing in of an Executive Director with the new year who is well equipped to carry on the higher echelon activities of the Association; the new central office building will be ready for occupancy within the next month; adequate staff has been provided for the school visitation program. You have implemented the Association as it has never been implemented before. It is therefore in better position to serve your needs and contribute more significantly to medical education as a whole. There are multiple opportunities for improving or expanding our services and I am sure the Executive Council will welcome suggestions, and recommendations, as to which of the extensions or improvements are most deserving of high priority.

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**REPORT OF THE TREASURER FOR THE
YEAR 1955-56**

Dr. Stockton Kimball presented a series of slides which summarized the financial operations of the Association over the past year as follows:

EARNED INCOME

Dues	\$ 63,907.50
Subscriptions	7,281.02
Publications	19,719.06
Advertising	29,769.37
Film Sales and Rentals.....	4,682.61
Interest on Investments.....	9,032.75
M.C.A.T. revenue.....	93,685.34
Miscellaneous	482.60
	<u>\$228,560.25</u>

**GRANT INCOME FOR SPECIAL
PROJECTS**

John and Mary Markle Foundation	\$ 60,000.00
The Commonwealth Fund..	50,000.00
Josiah Macy Jr. Foundation	10,000.00
Abbott Laboratories.....	10,000.00
National Heart Institute.....	25,000.00
Overhead on projects	1,517.00
	<u>\$156,517.00</u>
Total Income.....	<u>\$385,077.25</u>

**DISBURSEMENTS FOR
REGULAR SERVICES**

Salaries	\$108,595.39
Rent and house expenses....	17,734.06
Travel	17,792.58
Annuities	2,461.02
Payroll taxes for Social Security.....	1,987.48
Office supplies, telephone & postage	13,547.20
Furniture and equipment..	2,779.15
Annual meeting.....	4,562.71
Publications	51,738.74
Insurance	407.74
Advertising & circulation promotion	2,552.16
Mailing & engraving (Journal)	3,935.99
Miscellaneous	1,952.38
	<u>\$230,046.60</u>

**DISBURSEMENTS FOR
SPECIAL PROJECTS**

Film purchases and expenses	\$ 16,956.37
Building Fund.....	73,142.59
Teaching Institute and Special Studies	46,293.04
	<u>\$136,392.00</u>

Total Disbursements.....	366,438.60
Added to Reserves ...	<u>18,638.65</u>

Total Reserve including Building Fund and Reserves restricted to special projects	\$414,606.00
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REPORT OF THE DIRECTOR OF RESEARCH

HELEN HOFER GEE:

Highlights of the research, Teaching Institute coordination, publication, and service activities carried on in the office of the Director of Research are presented in the Report on the Committee on Educational Research and Services. The present report focuses on one project in the current research program—a study of the diversity of characteristics of medical school students—because of its implications for higher education in general, and the light of its findings can throw on immediate problems in medical education, exemplify the broad contributions this office hopes to make in its attempts to assist the Association toward the realization of its objectives.

The Association's originally planned program of studies of intellectual and nonintellectual characteristics of medical school students was given added impetus during the past year when it was found that related studies of the diversity of characteristics of students in all of higher education were being planned by the Institute of Higher Education at the University of California. The Carnegie-supported Institute, recently established under the direction of Dr. Thomas R. McConnell, requested the Association's cooperation in their studies, which are aimed at assisting the nation's schools and colleges in finding solutions for problems that surround expected vast increases in the population of students seeking higher education. The phase of the Carnegie Institute's program with which we, as representatives of medical education will be concerned, seeks to determine: How many students at what levels of ability and with what patterns of personal and social characteristics are to be found in what types of colleges and universities? And further: What happens to the students who enter higher education, what curricula do they choose and what careers do they eventually pursue?

These questions are of broad interest.

We in medical education are particularly concerned with their applicability to the student of medicine, and we are considering them, not only in formalized research projects, but also through other activities of the Committee on Educational Research and Services, notably the current Teaching Institute program on the evaluation of the student, the annual applicant studies, and the MCAT testing program. None of this work would be possible were it not for the excellent cooperation of all of the member medical schools. Without it we could never have planned, as we have, the intensive, long-range studies that are involved in exploration of the characteristics of medical students, the motivational variables related to medical school performance, the impact of medical education upon the student, and finally the characteristics of the members of the profession of medicine in all of its varieties. The "Carnegie project" represents the first phase of these explorations.

Generally, the kinds of questions asked provide a clearer picture of the nature of a research project than does an outline of statistical designs. Our present program of research is being launched upon questions like those that follow. To shed light upon them, we have available the Association's unique set of records on all students enrolled in our medical schools, and in addition to these, large samples of interest and personality test data collected during the past year. In the spring of this year 21 medical schools administered tests to senior medical students and in the fall 27 schools administered tests to their entering freshmen, in generous cooperation with the Association's requests. The tests administered were: The Strong Vocational Interest Blank, the Edwards Personal Preference Schedule, and the Allport-Vernon-Lindzey Scale of Values. Some of the questions we are now asking about the intellectual and nonintellectual characteristics of men and women entering the profession are:

1. *Intellectual Characteristics.* How broad is the range in intellectual level of ability of the physicians now entering the profession? Is there a lower level of intellectual endowment necessary for the study and practice of medicine? Are there different upper and lower desirable limits of intellectual capacity for various kinds of careers, such as teach-

ing and research as opposed to general or specialty practice? Are intellectual characteristics related to the choice of a specialty?

2. *Nonintellectual characteristics.* What are the interest and personality patterns of those who select a career in medicine? Are there ascertainable differences in these patterns that characterize those who choose to enter the different specialties or those who graduate from different schools? Would some of the students who are now lost to medicine through withdrawal or ever failure have been successful at another medical school with different fellow students, teachers, traditions, and philosophy? What about the students who are discouraged from or are never attracted to medicine? Are we losing some we might prefer as representatives of the profession, as opposed to some others we are now selecting? How can we identify such intangible qualities as integrity and social responsibility that are so important in the practice of medicine?

The answers to these questions will provide us with a good deal of information on complex patterns of behavior. Our real aim is to identify the relevant intellectual and nonintellectual characteristics that can be measured—then we can proceed with some confidence in applying the findings to the problems of medical education in filling society's need for medical service.

Learning as much as we can about the identification of characteristics that make for the best kind of physician seems particularly relevant today as we look toward a period when larger numbers of college students will be clamoring for entrance to medical school. By 1965 enrollment in undergraduate colleges may be expected to have increased by 148 per cent over 1952. If approximately 5 per cent of college graduates continue to apply for admission, problems of selection will be seriously increased in extent and complexity, for the capacity of our medical schools will not increase proportionately—indeed it possibly should not. The problem is further complicated when we realize that a large pool of promising talent never gets beyond high school. Within the context of this situation, we sincerely hope our research efforts can contribute to the advancement of education in general and medical education in particular.

It is not appropriate here to detail the methodology of the Carnegie study and the other related projects now in various stages of planning, execution, and analysis. Reports of our findings will be published in full in forthcoming issues of the *Journal of MEDICAL EDUCATION*.

**JOINT REPORT OF DIRECTOR
OF MEDICAL AUDIO-VISUAL INSTITUTE
AND CHAIRMAN OF THE COMMITTEE
ON AUDIO-VISUAL EDUCATION**

J. EDWARD FOSTER, director MAVI;
WALTER BLOEDORN, chairman of committee:

Financial: The Medical Audio-Visual Institute operated within its basic budget of \$18,000. This budget bought salaries and annuities, rent and house expenses, supplies, postage, telephone and travel.

The Medical Audio-Visual Institute also drew on grants for two special projects: One from Abbott Laboratories of North Chicago for film production; the other from Pfizer Laboratories of Brooklyn for development of a film library. Some detail of expenditures follows in the Program Report.

Program

1. Film Distribution:

(a) Library developed by Pfizer Laboratories Grant.

During the Spring of last year Pfizer Laboratories provided the sum of \$10,000 for the purchase of films which were not available from the other major medical film sources. The following table shows the extent to which the money has been expended and what has been bought.

Expenditures:

Films, equipment and supplies \$4,058.47

Present Inventory:

Number of titles 57

Number of prints 99

Distribution:

Number of rentals and previews 161

Income from rentals 514.69

Balance of original Pfizer Grant 4,776.00

(b) Film Publications Revolving Fund.

This revolving fund was designed as a very limited fund to help finance the completion of production of the occasional worthy film which a school or author is unable or unwilling to finish and distribute. The fund was designed to handle special expenses such as annotation and release printing which the

author is unable to stand. The Medical Audio-Visual Institute buys the necessary prints and distributes them at a small profit to defray the expenses and in some cases, to return a small royalty to the author. No such films have been completed during the past fiscal year but previously completed films have been bought, circulated and sold. (This fund also handles the purchase of prints and the distribution of films which were completely produced by MAVI.)

The following is a combined financial and activities picture of this fund during the past year:

Number of prints bought	71
Number of prints sold	60
Number of rentals and previews	212

Expenditures:

Film purchases and supplies \$2,613.16

Royalties paid 174.02

Income: 4,167.92

Balance \$1,380.74

Added to the balance from last year the fund now contains approximately \$2,000. This is available to provide assistance to worthy films well underway.

2. Film Production:

One year and a half ago Abbott Laboratories provided a continuing grant of \$10,000 per year for three years for the production of a series of undergraduate teaching films on cell physiology utilizing the research footage and resources of the Tissue Culture Laboratory of the University of Texas—Medical Branch. Dr. C. M. Pomeroy is director of that laboratory. To date a total of approximately \$15,000 has been expended and three films have been completed in the "Living Human Cells in Culture" series. The individual titles are "The Hela Cell Strain," "Microglia," and "Oligodendroglia." The first named was the first completed and 76 prints are now in circulation. In addition a Spanish language track has been placed on the film for foreign use.

3. Prototype Teaching Area

The prototype all-purpose teaching area as a project was described in the August issue of *The Journal of MEDICAL EDUCATION*. This project was prompted by three questions:

(a) Is the presently known information relative to classroom design being applied to the construction and equip-

ping of medical school classrooms?

(b) Can applied research in the construction of medical school teaching areas turn up valuable information?

The prototype teaching area at Kansas City is an attempt to consolidate, gather and verify information necessary to adequately answer some of the questions raised by teachers and architects. Some \$100 million per year will be expended in medical school construction during the next few years. It is hoped that a brochure or booklet can be prepared incorporating all pertinent data which will be available for reference.

4. "Audio-visual News"—The Journal of MEDICAL EDUCATION:

The MAVI maintains a regular section in The Journal dedicated to audio-visual news items, film reviews, and articles which encourage better and wider utilization of audio-visual materials.

5. AV Conference of Medical and Allied Sciences:

The MAVI has been an active participant and has provided the chairman for the annual AV Conference of Medical and Allied Sciences since the inception of that conference in 1953. Membership of the conference includes two people from each of 12 national non-profit associations which have AV programs. The association includes the fields of medicine, dentistry, veterinary medicine, pharmacy, nursing and hospitals. The chief purpose of the conference is the exchange of audio-visual information.

REPORT OF THE COMMITTEE ON CONTINUATION EDUCATION

JAMES W. COLBERT, JR., chairman

The Committee has met twice during the past few days and has noted with distinct interest the enthusiasm of the participants.

It is presented by the Committee to the Association that the continued education of the physician is best assured by the establishment of an intellectual and educational environment supporting the responsibility of patient care. Such an environment will certainly require academic leadership and thus the role of the medical school will probably become greater rather than less. This academic interest is attested to by

the recent report of the Council on Medical Education and Hospitals of the A.M.A. in its annual educational number published in August of this year.

The Committee wishes to express its appreciation to Dr. Glen R. Shepherd of the Council on Medical Education and Hospitals for his assistance and interest and for the opportunity afforded the Committee to examine the preliminary recommendations of his advisory group concerning the objectives and principles of postgraduate education.

REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

JOSEPH C. HINSEY, chairman:

The member institutions of the Association of American Medical Colleges have been currently informed regarding the activities of the Committee on Financing Medical Education. The last report that was presented was made by Dr. John B. Youmans, who reported upon his activities in Washington, D. C., during June and July, at which time he worked in support of our legislation before Congress.

Realizing that it would be necessary for us to formulate our plans for the coming year, your Committee met in Washington, D. C., on Friday, September 21, 1956. There were present: Dr. Bloedorn, Dr. Anderson, Dr. Topping, Dr. Youmans, Dr. Dorst, Dr. Lippard, Dr. Moore and Dr. Hinsey. Dr. Smiley was present as well as Dr. Lowell Coggeshall. At this meeting we met to consider the future plans concerning the development of legislation for federal aid to construction to medical schools. At luncheon that day we had as our guest Kurt Borchardt, who is the assistant to the Committee of the House of Representatives which deals with this legislation. We arranged for a meeting in Colorado Springs to be held on November 10 at which Mr. Borchardt will be present. At that time the answers to the questionnaire which he had sent to Dr. Robert Moore will be discussed. This questionnaire dealt with the background of the basic needs of the medical schools and was sent to a number of different agencies. By the time we meet at Colorado Springs, the national election will be over and it will be possible to determine in better fashion the fu-

ture course of action which the Association should take. Furthermore, the make-up of the Committee of the Association for the coming year will be known and active work can be undertaken. The Committee will appreciate suggestions from the members of the Association. A sincere attempt has been made to secure the passage of the legislation the schools desire.

There have been certain dealings with the National Fund for Medical Education about which you have been informed by the Fund itself. For that reason we shall not detail them here.

The attention of the members of the Association is called to the supplement number of *The Journal of MEDICAL EDUCATION*, September 1956, Vol. 31, No. 9, entitled: "Support of Cancer Research by the American Cancer Society," written by Harry M. Weaver of that Society. At the end, page 30, there is a report of a Committee on Basic Research and of Medical and Educational Centers. This committee after consideration of a number of the basic tenets bearing upon this problem, made the following recommendations:

(1) "The committee recommends that, if suitable arrangements can be made, the American Cancer Society award fluid funds to institutions for higher learning that grant M.D. and/or Ph.D. degrees in the biological and related sciences, to foster improved training and to stimulate the pursuit of knowledge for its own sake in the medical, biological and related physical sciences; recognizing that through such furtherance of knowledge advances of great significance to cancer may result.

"The committee acknowledged that many details of the administration of such funds would need to be worked out, for example, the Society's 'No bricks and mortar' policy would need to apply. Moreover, the Society would need to be assured that such grants would be used entirely to augment the institution's present operations in the medical, biological and related physical sciences and not merely be used to recapture other funds now used for this purpose.

(2) "After discussion of what proportion of the Society's funds should be allocated for grants of the type recommended, it was voted that the Society consider devoting 10 per cent of its total resources to this purpose."

At this time, we do not know what action has been taken on this report but we do know that an attempt is being made to transmit this recommendation to other voluntary foundations so that they may give similar consideration. It is hoped that before too long funds may be available to our medical schools from this source.

REPORT FROM COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

RICHARD H. YOUNG, chairman:

The Committee has had two closed meetings during the year, the first on February 13, 1956 in Chicago at the time of the meeting of the Annual Congress on Medical Education and Licensure and the second at the time of the Annual Meeting of the Association of American Medical Colleges.

The Committee exists to orient members of the Association to the responsibilities and opportunities involved in international relations in the field of medical education. The increase in international exchanges since World War II has been tremendous. The Committee, also, functions in an advisory capacity to the Executive Committee and the Executive Secretary of the Association.

The principle concern of the Committee has been limited to the exchange of medical personnel at the advanced scholar level (research scholars, medical faculty members and lecturers) and in contractual programs between American and foreign medical schools.

There are three principle government-sponsored exchanges, the International Cooperation Administration of the State Department, administered by the Division of International Health of the Public Health Service, the Fulbright Program of 1946 and the Smith-Mundt Program, which in 1948 broadened exchange activities to include other kinds of grants and non-Fulbright countries. Two non-governmental agencies through contractual agreements with the Department of State assist in the selecting and placing of the Fulbright and Smith-Mundt grantees, namely, the Committee on International Exchange of Persons of the Conference Board of Associated Research Councils (CIEP) and the Institute of International Education (IIE). The former organization deals only with senior scholars.

In addition to the government exchange programs innumerable institutions and agencies have sponsored exchange programs of their own. Among these programs are the Rockefeller Foundation, the Kellogg Foundation, the Pan American Sanitary Bureau (PASB), Regional Office of the World Health Organization (WHO), Commonwealth Foundation, John Jay Whitney Foundation, Division of International Health of Public Health Service (from International Cooperation Administration of State Department), and Unitarian Service Committee. The picture is complex, and overlapping, eligibility, screening processes, selection methods, assignments, stipends, travel funds for local or international use, book allowances, medical expenses, etc. vary considerably. It has been said that foreign scholars now "look for the agency giving the highest stipends and the greatest fringe benefits."

At the February meeting of the Committee it was suggested that a roundtable discussion be held in conjunction with the Annual Meeting of the Association, having representatives of the various agencies describe their roles in foreign school exchange programs. There is no one central agency, no one central registry—except for South American countries there is the Medical Education Information Center at the PASB.

In regard to contractual agreements between foreign and American medical schools, a member of the Committee, Dr. Max Lapham, is an essayist at this meeting—"Experiments in Medical Education—Cooperative Programs with Foreign Schools." Tulane University Medical School has an agreement with several medical schools in Colombia. Members of the Association are aware of the existence of contractual agreements between University of Minnesota and Korea, University of California and Indonesia (two more years), University of Buffalo and Paraguay and of the fact that the University of Wisconsin will have some exchange with Peru and that the University of Iowa has a contract with ICA to work with the University of Quito in Ecuador. The contract between Washington University (St. Louis) and Thailand was discontinued in July 1953, but Thailand is going to receive assistance through ICA, and two members of the faculty of the University of

Utah are going to Thailand for a period of two years. The contract between the University of Pennsylvania and Burma never materialized. There is informal cooperation between Duke University and Taiwan.

The Committee has difficulty in acting as a unit, and its accomplishments must be measured against the individual efforts and interests of each member. Dr. Lapham has been mentioned above; Dr. Francis Scott Smyth has personally directed California's program in Indonesia; Dr. E. Grey Dimond is "in Utrecht, Holland, exploring first-hand international medical education" as a Fulbright Lecturer; Dr. Walter E. Macpherson heads the College of Medical Evangelists, a school that sends many medical missionaries to foreign lands; Dr. Jean Curran has recently surveyed medical education in the Philippines at the request of the World Health Organization and the Philippine Government; and Dr. Norman Nelson before becoming dean at the University of Iowa was dean of medicine at the American University in Beirut. Consultants to the Committee are Harold H. Loucks of the China Medical Board, Elizabeth T. Lam of the Committee on International Exchange of Persons, and Myron Wegman of the Pan American Sanitary Bureau, all of whom are associated with agencies deeply involved in problems of the foreign medical scholar through their own programs. The chairman during the year attended the meeting of the Cooperating Committee on Graduates of Foreign Medical Schools and visited the Pan American Sanitary Bureau, the Institute for International Education, the International Division of the Public Health Service and the Committee for International Exchange of Persons of the Conference Board of Associated Research Councils.

The Association of American Medical Colleges will be a participating agency in the Second National Conference on Exchange of Persons sponsored by the Institute for International Education to be held in Chicago December 5-7, 1956. Workshop sessions on "How Can Exchange Programs Be Improved in Professional Fields" will have a section on medicine and health to be chairmanned by Dr. Willard Rappleye and authored by Dr. Walter S. Wiggins.

A Conference on Medical Education in

United States is to be held at the University of Wisconsin in June 1957, co-sponsored by the Committee on International Exchange of Persons of the Associated Research Councils and our Association. The Conference is for Advanced Fulbright Scholars to afford them an opportunity to become acquainted with the broader issues of American medical education and to discuss medical education problems of mutual interest with American medical educators. The Conference will be financed by a grant from the China Medical Board with the University of Wisconsin being the host institution.

REPORT OF COMMITTEE ON INTERNSHIPS, RESIDENCIES AND GRADUATE MEDICAL EDUCATION

E. HUGH LUCKEY, chairman:

During the past year the activities of your committee were concerned with (1) further matters relating to the advisability of the Association undertaking a study of the internship in teaching hospitals; (2) the operations of the "Berry Plan" for residency deferment; (3) the Doctors' Draft Act and changes proposed at its termination June 30, 1957, and (4) recent proposals and activities of various groups in regard to the internship.

Again this year the committee recommended to the Executive Council that a study of internships in teaching hospitals be considered. The following extract from minutes of the meeting of the committee on February 12, 1956 refers to this action. "Because of the close interrelationships between the problems of the internship and the various undergraduate extramural preceptorship programs in our medical schools, it was voted that a recommendation be made to the Council expressing the continued interest of this committee in a study of internships in our teaching hospitals and recommending further that such a study be designed to include an evaluation of the situation in regard to undergraduate clinical curriculum." This recommendation was reported to the meeting of the Executive Council of June 19, 1956.

The chairman attended two meetings in the office of the Assistant Secretary of Defense, together with representatives from the American Medical Association, American Dental Association

and from the various armed services to discuss the current status of the "Berry Plan." Reports of these meetings are on file in the Association office. It can be reported that the current operation of the plan has resulted in a much more orderly and sound procedure for the call of physicians to military service.

At the meetings in the Department of Defense there was discussion of the situation at the termination of the "Doctors' Draft" on June 30, 1957. At the termination of the Act the basic draft law, which continues to 1959, will be modified or amended to provide essentially the same powers as now residing in the Special Doctors Draft Act. Therefore, physicians, dentists (and other professional groups) will still be subject, up to age 35, to the regular draft. Even so, it was stated that few, if any, of those over age 30 are apt to be called, as the Defense Department estimated that the majority of its needs can be met by recent graduates of medical schools.

Finally, the committee have been concerned with the recommendations and proposals concerning internships advanced by various interested parties in the course of the last year. These proposals have included the action of one group recommending that all straight internships be abolished, the inclusion of the internship in the fourth year of the medical curriculum, and the elimination of the internship entirely. It is the opinion of members of the committee that the Association of American Medical Colleges should place on the record a statement of policy in regard to the educational experience of the intern. Such a statement will be forwarded for consideration by the Executive Council following the meeting of the committee on November 11.

REPORT OF THE COMMITTEE ON LICENSURE PROBLEMS

J. MURRAY KINSMAN, chairman:

The Committee met at 4 p.m. on Monday, October 12, Dr. Whitaker and the chairman being the only members of the committee in attendance.

Dr. Sam Poindexter, chairman of the Medical Board of Idaho provided copies of a suggested Medical Practice Act which had been approved by the Federation of State Medical Boards at its meeting in Chicago in February 1956.

Dr. Poindexter outlined the background of the work which led up to the adoption of the suggestions incorporated in this document which was designed to promote greater uniformity in the various state laws concerning licensure—a matter in which the Association has had great interest for many years. There was general discussion of certain features of the proposal, into which the problem of the foreign medical graduate entered.

There was a review of the current status of the newly organized Educational Council for Foreign Medical Graduates.

The Committee has no recommendations to make to the Association at this time.

REPORT OF COMMITTEE ON MEDICAL CARE PLANS

JOHN F. SHEEHAN, chairman:

At the 1955 annual meeting in Swampscott the committee on Medical Care Plans expressed the conviction that voluntary prepayment health insurance (for physicians' services) had already had a notable effect on medical education at the undergraduate and graduate levels and would have an even greater impact in the years ahead. In an effort to appraise the current situation and to uncover possible adjustments and compensations, the Committee decided to formulate a questionnaire for distribution to the heads of the clinical departments in the medical schools and hospitals throughout the country.

Late last summer such a questionnaire was prepared and sent to the chairmen of all five of the major clinical departments in the medical schools of this country and to the heads of the five major clinical departments in hospitals, whether affiliated with medical schools or not, which were approved for the training of a total of 25 or more residents on the combined approved services. The Council on Medical Education and Hospitals of the AMA, through the kindness of Dr. Arthur A. Springall, and Dr. Edward L. Turner, furnished the list of hospitals and the names of the heads of their clinical departments. Dr. Dean F. Smiley and Miss Allyn of the Association staff prepared similar lists for the clinical departments in medical schools and handled much of the detail of mailing. The Committee

wishes to thank these organizations for their splendid cooperation.

Four hundred and eighteen questionnaires were sent to the five major clinical departments in medical schools and 979 to hospitals, including 86 city, state and county hospitals, 62 federal hospitals and 147 private hospitals. Altogether, 1,397 questionnaires were mailed. To date only 20 per cent of the hospital departments and 21 per cent of the medical school departments have responded—specifically, 25 per cent of the departments of medicine; 27 per cent of the departments of pediatrics; 21 per cent of the departments of surgery; 16 per cent of the departments of psychiatry and 13 per cent of the departments of obstetrics and gynecology.

At this time only a preliminary report of the results of the survey can be made. Even this must be limited to the returns from the medical schools. A more detailed report will be given later.

In the current report the Committee will touch on only a few items in the questionnaire and, in particular, on those which were discussed at length at the open hearing on Monday, November 12, 1956.

ITEM 1. "Have prepayment health insurance plans (for payment of physicians' services) had any effect on clerkship and/or residency training programs in your institution?" With regard to the effect on clerkships, the replies indicated a beneficial effect in 30 per cent, a detrimental effect in 9 per cent and no effect in 19 per cent. Forty-two per cent stated that the question did not apply to them. With regard to the effect on residency training, 34 per cent indicated a beneficial effect; 18 per cent, a detrimental effect and 40 per cent, no effect. Eight per cent considered the question irrelevant. These surprising results caused one of the discussants at the open hearing to comment that the departmental chairmen were not conscious of the trends in or effects of health insurance programs.

ITEM 2. (Number 5 in the questionnaire.) "Are private patients satisfactory substitutes for medically indigent patients in clerkship and/or residency programs? If the answer is yes, list reasons. If no, list difficulties. List mechanisms used to overcome the difficulties." Forty-nine per cent of those responding stated that private patients are satisfactory substitutes for medically indigent

patients in clerkship and residency programs and 31 per cent stated that they were not. Twenty per cent gave qualified answers. Of those who gave a negative answer, the vast majority stated that in the care of private patients the house staff is denied the degree of responsibility, ideal or even necessary for adequate training. Among the mechanisms suggested for the utilization of private patients in adequate residency training programs, particularly in surgery, the following seem most pertinent:

1. Revert to the preceptorship method of graduate training.
2. Assign patients to a service and not to a physician.
3. Maintain our existing system of graduate training while permitting the ward services of civilian hospitals to disappear and thereafter rely solely on governmental hospitals for graduate surgical training.
4. Insure the continuance of our present system of graduate training by instituting measures which will insure ward services, specifically by making the individual hospital staff member aware of an additional responsibility—the referring of some of his private patients to the ward service with knowledge and consent of patient.

At the opening hearing these points were discussed. There was dissatisfaction with regard to each of the suggested solutions. Note was made of the fact that as insurance coverage increases and dictation by insuring agencies accompanies the increase, less money totally will be available for the support of private solo practice; and group practice, possibly of the private clinic type, will come more and more to prevail. Such a trend might force medical schools to operate such clinics. To these, patients might come directly or be referred. With licensed residents part of the staff, patients could be assigned directly to such residents with full responsibility on them for definitive care. Thus survival of the present system of graduate training in specialties, such as surgery, could be insured and the rights of the patient safeguarded.

The Committee takes no recommendation in this matter but merely brings it to the attention of the Executive Council and the membership of the Association.

The only other major item which came up for discussion at the open hearing

on November 12, 1956 was the possible impact on medical education of the new and permanent medical care program authorized by the last session of Congress through the 1956 social security amendments. This program will go into effect July 1, 1957; will be financed from jointly supported federal-state funds and may result in as much as \$200 million being paid annually to physicians, dentists, nursing homes, hospitals and druggists for the medical care of the 3 per cent of the total population who receive public assistance in four categories—old age assistance, aid to dependent children, aid to the blind and aid to the totally and permanently disabled. These funds must be paid by the states to the vendors of medical care or to their agents. The states will decide on methods for contracting with and re-imbursing physicians. State welfare agencies are already trying to determine how payments are to be made to physicians—through state medical societies or other agencies, what the scope and type of fee schedule should be and who should be classified as “medically indigent.”

The Committee on Medical Care Plans recommends to the Executive Council that appropriate steps be taken at the state and national levels to protect medical education from the potentially deleterious effect of the new public assistance medical care program on clinical teaching.

REPORT OF SUBCOMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

STANLEY W. OLSON, chairman:

The Subcommittee on Medical Education for National Defense, operating under a joint authority of the Association of American Medical Colleges and the Council on Medical Education and Hospitals of the American Medical Association and with the sponsorship of the United States Army, Navy, Air Force, Public Health Service and Federal Civil Defense Administration, has continued to manifest a flourishing growth and development during the academic year 1955-56.

At the time of the last meetings of the Association in Swampscott, Massachusetts, the MEND Committee selected 10 new schools to assume affiliation with the MEND program as of 1 January 1956. These were New York University,

Temple, Maryland, Pittsburgh, Michigan, Louisiana State University, Duke, Washington University in St. Louis, Kansas and the University of California in Los Angeles.

Following its policy of holding three annual meetings, the Committee also met during February 1956, in Chicago at the time of the Congress on Medical Education and Licensure, and met for a final time during June 1956, in connection with the meetings of the American Medical Association. At the time of this last meeting, selections were made for affiliation with the program beginning 1 January 1957. The selections are Western Reserve, Tulane, Stritch, Texas in Galveston, Mississippi, Louisville, College of Medical Evangelists, Creighton, North Carolina, and Vermont.

Two conferences of the MEND Coordinators were held. At Swampscott at the time of the last annual meeting of the Association, the coordinators were invited to report their activities before a representative group of deans and other administrative officials of the Association. A second conference of coordinators was held in February 1956, in Chicago, at which time the members of the committee and the more experienced coordinators began the process of orientation of the deans and coordinators of the newly affiliated schools.

During the last two weeks in March 1956, the members of the Committee and the National Coordinator conducted a 10-day orientation tour for the newly appointed coordinators and their deans. A group of 45 people visited military establishments in San Antonio, and in particular the Brooke Army Medical Center and the School of Aviation Medicine at Randolph Field, were briefed on the activities of the Public Health Service and the Federal Civil Defense Administration, and concluded the tour with a visit to the U. S. Navy School of Aviation Medicine at Pensacola, Fla., during which time the group spent a day on the U.S.S. Saipan Aircraft Carrier.

Each of the three military services sponsored a symposium, as follows:

1. Air Force: 14-15 November 1955—"Basic Sciences in Aviation Medicine," Randolph Air Force Base, San Antonio. Attendance: 67.

2. Navy: 14-16 February 1956—"Infectious Disease Problems," Great Lakes Naval Training Center. Attendance: 70.

3 Army: 9-11 April 1956—"Radiobi-

ology," Walter Reed Army Institute of Research. Attendance: 127.

The development and expansion of the MEND program has been made possible due to the support and financial backing given it by the Assistant Secretary of Defense, Health and Medicine, Dr. Frank B. Berry, and by the Surgeons General of the Army, Navy, Air Force, Public Health Service, and by the Medical Director of Federal Civil Defense Administration, and due to the cooperation between members of the medical faculties and officers of the government agencies in Washington.

A full-time National Coordinator (Dr. James R. Schofield, on leave as assistant dean at Baylor), an administrative assistant, and a secretary have maintained a central office in the Bureau of Medicine and Surgery of the Navy in Washington. The National Coordinator and the members of his staff are charged with the responsibility of establishing an orderly flow of teaching materials from the sponsoring agencies to the schools, to provide speakers from the ranks of the military services and Public Health Service for use by the schools, to aid in the solution of fiscal problems. Additionally the National Coordinator is expected to travel widely to visit the colleges of medicine and the government establishments. During the academic year 1955-56, the National Coordinator traveled some 50,000 miles, in pursuance of these matters.

Other colleges of medicine, interested in the MEND program and seeking affiliation with it as of 1 January 1958, should contact either the National Coordinator at the Bureau of Medicine and Surgery, U. S. Navy, Potomac Annex, Washington, D. C., or Dr. Stanley W. Olson, Dean, Baylor University College of Medicine, Houston, Texas.

REPORT OF THE COMMITTEE ON PUBLIC INFORMATION

JOHN L. CAUGHEY, chairman:

The Committee on Public Information has not been active during the past year but looks forward optimistically to opportunities which will emerge from the projected reorganization of the Association's central office.

This Committee is composed of deans and professional public relations personnel. It has emphasized repeatedly its belief that it can perform its planning

and advisory functions effectively only if there is some public relations staff in the central office of the Association. For good reasons the Association has found it necessary to devote its resources to other areas. Now the program of the Association has developed to a point where it can provide abundant material for effective communication to the public on such matters as admissions to medical schools, the supply of physicians, financing of medical education, and relations of medical schools with practicing physicians. The Association needs expert help to make best use of this type of material. Competent public relations personnel would be able to improve communication between the national office of the Association and the member schools, and also give guidance to individual schools in the development and improvement of their own public relations programs.

The Committee recognizes that an increasing, but still not large number of schools are already doing effective public relations work which is a great contribution to the cause of medical education.

Acknowledgment should also be made in this report of the ready cooperation provided by the medical section of the American College Public Relations Association in matters referred to it, and in arrangements for the annual meeting.

The Committee has no specific recommendations at this time. It is eager to participate during the coming year in efforts for more effective communication to increase public understanding of the recent accomplishments of the Association and its vital role in the future progress of medical education, research and health service.

REPORT OF COMMITTEE ON EDUCATIONAL RESEARCH AND SERVICES

GEORGE PACKER BERRY, chairman.

Organization and Administrative Changes. At the 66th Annual Meeting of the Association of American Medical Colleges, which was held at Swampscott, Massachusetts, on October 24-26, 1955, the name and format of the Committee on Teaching Institutes and Special Studies were changed in a way calculated the better to reflect the orientation and development of the Committee's manifold activities. It will be remembered that the Committee on

Teaching Institutes and Special Studies itself stemmed from two earlier Committees: the Committee on Student Personnel Practices and the Committee on Teaching Institutes. These two committees were combined in 1953 at the 64th Annual Meeting of the Association in Atlantic City.

Dr. George P. Berry continues to serve as chairman of the reorganized Committee on Educational Research and Services, and Dr. Helen H. Gee, the Association's Director of Research, serves as the Committee's secretary. To maintain close integration of the work of this Committee with all the other activities of the Association, the inclusion in the Committee's membership of the Association's President, Immediate Past-President and President-Elect has been continued.

To strengthen the Committee's research programs, the Executive Council approved the request that a Subcommittee on Evaluation and Measurement be appointed. The chairman of this Subcommittee, Dr. Thomas H. Hunter, serves on both the parent Committee and the Executive Council, thus providing for further integration. Membership on the Subcommittee is drawn both from the Committee on Educational Research and Services and from the ranks of specialized research talent available on the teaching staffs of member medical schools. The activities of both the parent Committee and the Subcommittee are dealt with in the present report, which has been prepared by the Chairman of the Committee on Educational Research and Services with extensive help from the Director of Research.

The chairman welcomes the present opportunity, on behalf of the members of the parent Committee and the Subcommittee as well as on his own behalf, to express appreciation to Dr. Gee for her untiring and imaginative efforts. She and the members of her staff have in a short space of time significantly enhanced the Association's services to the member medical colleges. New research ventures have already reached an exciting stage.

The development, on behalf of the earlier Committees by the Association's professional staff, of a series of collecting, recording, analyzing and reporting procedures was a major achievement during the 1950-55 period. These pro-

cedures, supplemented by the growing body of data being made available through the Committee's program of Teaching Institutes, serve uniquely as the nation's primary source of information on many aspects of medical education. The information thus made available provides for the Association's member schools basic data for their use in their own individual programs, enables the Association to link medical and undergraduate schools, serves governmental agencies concerned with medical students and medical facilities, and makes possible educational research programs arising from a wide variety of sources. The successful establishment of a *modus operandi* has now enabled the Committee to shift the emphasis from *study to service*, thus allowing Dr. Gee and the other professional members of the Committee's staff to turn their attention to the development of basic research programs concerned with medical educational problems. It is in this important area that the Subcommittee on Evaluation and Measurements serves in a consultant capacity.

New appointments to the professional staff of the office of the Director of Research include Miss Shepley Nourse, who is serving as editorial supervisor for the publications of the Committee on Educational Research and Services, and Mr. Clifton W. Gray, who has been appointed as assistant director under Dr. Gee. He succeeds Dr. Roscoe A. Dykman. Mrs. Frances Halsey, who has replaced Mrs. Helen Morford and Miss Helen McBride, is administrative assistant.

Finances. Owing to the necessity of functioning during most of the year with an incomplete staff, the expenditures of the Committee on Educational Research and Services and of its staff were held for the fiscal year 1955-56 under \$90,000 exclusive of the Teaching Institutes, for which expenditures totaled approximately \$50,000. The continuation of a grant made to the Committee in 1953 by the Markle Foundation provides a principal source of support for the Committee's 1956-57 general operations. In addition, the Commonwealth Fund approved carrying forward \$25,000 from its 1954 grant to permit further development of studies on student selection as they bear upon integration with undergraduate train-

ing and student performance in medical school. The third (1955) and the fourth (1956) Teaching Institutes have been supported entirely from Commonwealth and National Heart Institute grants. Funds have been set aside by the National Heart Institute adequate for the partial support of the fifth Teaching Institute, which is to be held in 1957. Additional funds are needed, however, to finance the fifth Teaching Institute and the succeeding Teaching Institutes that have been planned.

The Committee, speaking for the Association, takes pleasure in expressing its appreciation for the generous support it has enjoyed from philanthropic foundations and governmental research agencies. Such support has been vital to the rapid expansion of the Association's activities in recent years.

Teaching Institutes. Following the third Teaching Institute on Anatomy and Anthropology, which was conducted at Swampscott, Massachusetts, on October 18-22, 1955, and which rounded out the study of teaching in the basic medical sciences, the Committee and the Executive Council reviewed the development of the whole Teaching Institute program. The chronology of the Teaching Institute series was given in the Committee's 1955 annual report, which was published in the December 1955 issue of the *Journal of Medical Education*. The philosophy and the significance of the Teaching Institutes are discussed by Dr. George P. Berry in the prefaces to each of the Teaching Institute reports, which are published as supplements to the *Journal* and have appeared in the July 1954, September 1955, and October 1956 issues.

At the Executive Council's meetings in Chicago during February 1956, the Council supported the Committee's belief that the *Zeitgeist* suggested turning for a time from concentration on the medical curriculum to consideration of the characteristics and problems of the medical student. The fourth and fifth Teaching Institutes, accordingly have been planned first to study, at the 1956 Teaching Institute at Colorado Springs, the appraisal of applicants to medical schools and all of the complexities of the selection process, and second to study, at the 1957 Teaching Institute, the evaluation and the problems of the medical student after he has been accepted by,

and has entered into, his professional educational program. The skillful Chairman of the Planning Committee for the 1956 Teaching Institute, which as the present report is being written is in the final stages of preparation, is Dr. John T. Cowles. The momentum that has been rapidly achieved during recent months and the promising structure that has been devised, speak eloquently for the diligent efforts of members of the several committees and subcommittees involved.

A significant contribution to each field of study taken up at the Teaching Institutes is being made annually through the production of survey research materials that are cooperatively developed by the Institutes' planning committees and the Association's staff and are analyzed in the office of the Director of Research. The American Association of Anatomists has already made extensive use of the data gathered in preparation for the third Teaching Institute, and the data gathered during 1956 on the selection procedures used at the several medical schools promise to be for years to come a definitive source of information, not only for medicine, but for higher education in general.

In addition to having compiled a detailed analysis of the selection process as established by administrative officers at the medical schools and as viewed by admission committees, the Committee's staff, working in close cooperation with the Planning Committee for the 1956 Teaching Institute, has obtained a nearly complete sampling of the attitudes and opinions of the students who, upon entering medical school this fall, have just experienced personally the entire process of selection and admission. Student responses were sent to the Committee's office between mid-September and mid-October, and although a complete analysis of the student view of the selection process will not be available until later in the present academic year, the Committee's staff is making use of every available facility to prepare general results of the inquiry for consideration by the participants at the 1956 Teaching Institute.

The series of Teaching Institutes developed by the Committee on Educational Research and Services has clearly become one of the most significant of the Association's many activities. The enthusiasm and the devotion with which

each succeeding group of planning committees and participants approaches and carries out its task from embryonic stages through execution and final publication of the reports, are insurance of an experience of lasting value for all who have been privileged to contribute to these programs. That the Teaching Institutes will prove beneficial to the dynamic growth and development of medical education everywhere, is assured by the large number of experiments in medical teaching that trace their origin to the Teaching Institutes.

Medical College Admission Test. Scores on the Medical College Admission Test (MCAT) were available for 91 per cent of applicants and 96 per cent of students accepted for entrance to medical school in the United States in the fall of 1956. The availability of a set of four yardsticks, representing the four scores on the test, against which nearly all entrants into the study of medicine can be compared, provides an important source of information concerning the characteristics of the medical student body. The Subcommittee on Evaluation and Measurement, at its February 1956 meeting in Chicago and at a meeting held at Princeton in May 1956 with representatives of Educational Testing Service—the agency through which the test is developed and administered—studied problems of test development and administration and explored ways of increasing the utility of data mobilized by these tests. It is clear that the MCAT has served a very useful purpose.

As an outcome of the Subcommittee's study, a program of test development has been planned that will be carried on by the Educational Testing Service under the guidance of the Subcommittee on Evaluation and Measurement. Although the present test, which was devised in 1948, has served as an aid in the selection of candidates for medical schools, the over-all development in methods of test construction suggests that its effectiveness can be increased.

In order that candidates for admission to medical school who have religious scruples about taking tests on Saturdays may be accommodated during the spring administration of the MCAT, arrangements starting in the spring of 1957 have been made for special Saturday evening or Sunday administrations. Additional assessments will be made to cover the cost of these administrations,

which will be held at only a few centers. Because of the unavailability of testing facilities on days other than Saturday at the testing centers located on college campuses, it is not feasible to change the regular test administration to any other day of the week.

Although proportionately only a few candidates take the MCAT more than once, information about the scores obtained the first time the test is taken should be available to the medical school personnel who utilize test information in their assessment of candidates. In order that individual schools may be spared the tedious and difficult task of systematically searching for evidence as to whether a candidate has been previously tested, candidates taking the test in the future will be queried on this point. Those who have previously taken the test will be flagged with an asterisk in Individual Report of Scores. Studies will be made to determine whether or not querying the candidates provides adequate control of this matter.

In order that admission committees may be assisted toward gaining maximal utility from information made available through the MCAT, publication of a handbook has been planned. In preparation for its publication, work is now going forward on the development of normative and validity data. Norms for male and female applicants, for students with varying amounts of undergraduate college training, for varying undergraduate major areas of study and for geographical regions, will be established.

In addition to the individual reports of scores of all tested students that are sent to all medical schools, summaries of MCAT test data are also widely distributed. Medical schools receive means and distributions of scores of all tested students who indicate their intention to apply to that school, as well as summaries of scores of students by undergraduate college attended. The annual applicant study provides information about the applicant group as related to MCAT performance and several additional reports sent to medical schools and undergraduate colleges are developed for, or utilize, MCAT information.

Evidence obtained from the October 1955 and May 1956 test administrations suggests that the population of college students from which medical students are selected may be shifting in terms

of intellectual characteristics. Although average verbal learning ability and level of achievement in the social sciences among recently tested candidates are higher than they were among candidates tested prior to October 1955, average quantitative ability and level of achievement in the natural sciences are lower. This evidence of a trend will be carefully observed in coming test administrations and its implications explored.

Reports to Medical Schools. Questionnaires sent to the participants who will be at the 1956 Teaching Institute on Evaluation of the Student included inquiries concerning the attitudes toward, and the extent of use made of, periodic reports that are prepared for the medical schools by the Office of the Director of Research. A tabulation of the replies to these questions is given in Table 1.

It should be realized that 8 per cent of the medical schools represented in the table are Canadian schools, which do not receive most of these reports, and find relatively little application to their own problems in the reports they do receive. Regardless of whether one assumes that these Canadian schools account for the majority of negative and non-response entries, it is obvious that the present series of reports made to medical schools must be considered a valuable—perhaps indeed essential—service to the membership, which the Committee is enjoined to continue.

The Committee plans to limit issuance of Undergraduate Origins Reports (see No. 5 in Table 1) to alternate years. These reports were last issued for the 1950-51 freshman class and will next be issued in 1957 for the 1952-53 class. The 1952-53 class reports will include a considerable amount of new information made available by virtue of the fact that this class was selected for intensive study in connection with another of the Committee's research activities (see the section in the present report on *Research Development*).

Applicant Information. The 1955-56 Applicant Study will be published in the December 1956 issue of the *Journal of Medical Education*. Information contained in this report is more widely used and sought after than any other compilation of data produced by the Committee. The reporting procedure that underlies the study's production is a typical example of the excellent cooperation

TABLE 1
Present Use and Desire for Continuance of Reports Provided by the
Committee on Educational Research and Services

Report	Present Use of Reports			Desire for Continuance of Reports		
	Used	Not Used	No re- sponse	Yes	No	No re- sponse
1 Acceptance lists (announcing acceptance of applicants to all schools).	91*	9	0	91	6	3
2 Irregularity reports (reports of irregularities committed by applicants).	98	1	1	98	0	2
3 Reports on applications of your applicants to other schools and number of applicants accepted by you who enter other schools.	81	17	2	82	10	8
4 Reports of average MCAT score of your applicants from each undergraduate college as compared to the average MCAT score of applicants to all medical schools from the same undergraduate school.	80	17	3	84	7	9
5 Undergraduate origins reports (three reports for each graduated class: (1) proportion of irregulars and dropouts among medical students from each undergraduate school, (2) comparison of performance of students from each of the principal undergraduate schools supplying students to each medical school, (3) complete statistical summary for the class).	84	14	2	90	4	6
6 Applicant studies (annual published reports concerning number of applicants and applications to each medical school, geographical distribution of applicants, MCAT scores of applicants filing various number of applications, etc.)	92	5	3	92	1	7

*Percentages in each category are based on the total number of 91 and add up to 100 per cent across the page.

the Association has received from the medical schools, which alone make representative services of this kind possible. If our individual schools did not cooperate as wholeheartedly as they do, an effort to issue reports like this one would be a misleading and costly failure.

The 1955 applicant group increased 3 per cent over 1954 to a total of 14,937, thus reversing a five-year trend during which the number of applicants had decreased each year. Although the actual increase in number of applicants during 1955 was negligible, the changed direction presages annual increases that are expected to result in an applicant population of 21,000 students in 1961. A potentially disturbing accompaniment to the slight increase in applicants for 1955 was a much more substantial increase in number of applications submitted. These increased 14 per cent over the previous year, to a total of 54,161. The 3.6 average number of applications filed per individual applicant equaled the 1949-50 average, only 0.1 short of the peak year, 1950-51.

Admission Handbook. Nearly 10,000 copies of the 1956 *Admission Requirements of American Medical Colleges* were distributed to medical schools, applicants, undergraduate college and high school advisers, guidance agencies and libraries. The 1957 handbook, which

features increased refinement in detail concerning premedical preparation and admission procedures, was published on September 7, 1956. Awareness of the availability of this unique compendium has spread rapidly among faculty members and interested students during the two years since the format was revised and the handbook expanded. With awareness has come enthusiastic reception.

Increased effort is currently being made to inform high school and undergraduate college advisers of this definitive source of information, for it is undoubtedly true that dispelling myth and making available accurate information about requirements, objectives, selection procedures and facilities for medical education will aid them in encouraging promising young people, who may—when misinformed—fail to consider medicine as a potential career.

Undergraduate Reports. In February 1956, two reports were sent to all undergraduate colleges providing information concerning the accomplishments in medical school of their former students. One report showed applications, success in obtaining acceptances, and first-year medical school performance of students recently enrolled in the undergraduate colleges. The second report showed the four-year accomplishment of students

who entered medical schools in 1950-51.

In May 1956, a report on MCAT distributions and averages was circulated to the undergraduate colleges from which more than 10 students had been tested in a three-year period. An inquiry accompanied this report requesting the colleges to express their opinions concerning issuance of these reports at two- or four-year intervals rather than annually as in the past. Over 100 undergraduate college deans and advisers responded to the inquiry; nearly all requested that reports be issued no less often than at two-year intervals, and all expressed appreciation to the Committee for providing them with the information contained in the various reports. Based on these replies, arrangements were made at the Subcommittee's May meeting at Princeton with the Educational Testing Service to develop four-year accumulations of distributions of MCAT scores, which will hereafter be issued every two years but will cover a four-year period.

Agreement on Admission Procedures. For many years, the Association has been striving to make easier for the student his transition from college to medical school. At the annual business meeting on October 20, 1954, the third day of the 65th Annual Meeting of the Association, at French Lick, Indiana, the provisions set forth herein were adopted by the Association with but one dissenting vote. Because there has been some confusion in recent months, owing to apparent misunderstanding at a few schools of the provisions adopted by the Association, the Executive Council has instructed that these provisions be republished. Before quoting the procedures from the published proceedings of the 65th Annual Meeting, as printed in the *Journal of Medical Education* for December 1954 (Vol. 29, No. 12, pp. 73-74), the Executive Council thought it would be helpful were a brief review to be made of the successive actions that have led to the present agreement.

In order to protect the best interests of both the applicants and the medical schools without unnecessarily restricting the freedom of either, the Executive Council instructed the former Committee on Student Personnel Practices and its successor, the Committee on Teaching Institutes and Special Studies, to study the complicated matter of admission pro-

cedures and to devise the provisions that have come to be called "traffic rules."

The Executive Council, reflecting the widely held views of the member colleges, has been concerned about the undesirable pressures exerted by some medical schools upon their applicants. Thus, at the meeting of the Council in November 1949, it was the consensus that medical colleges should not select students more than one year in advance of their actual matriculation; i.e., more than one year before the start of professional study. Similarly, in Chicago two years later, the Council again went on record as recommending strongly against issuing acceptances, even provisional acceptances, more than one year prior to actual matriculation. In 1952, the Council again recorded its disapproval of the practice of offering definite acceptances and requiring substantial reservation fees prior to the January 1 preceding entrance to medical school. In October 1953 at Atlantic City, the membership of the Association supported without dissent the Executive Council's recommendation that no acceptances be offered more than one year in advance of actual matriculation. Finally, to give substance to these repeated recommendations, the procedures now referred to as "traffic rules" were brought before the meeting at French Lick and adopted almost unanimously.

The traffic rules to be quoted below will operate fairly only when applicants as well as schools adhere to their spirit. This point was emphasized at the Open Hearings at Colorado Springs on November 12, 1956, during the 67th Annual Meeting of the Association.

"Whereas,

"The date of final acceptance of the applications of new students with the filing of a nonrefundable deposit varies widely among member institutions of the Association.

"Whereas,

"This variation in acceptance date makes it very difficult for the average student applying to four or more medical schools to make sure that he is making the best choice of schools available to him.

"Whereas,

This matter has been carefully studied by the Committee on Teaching Institutes and Special Studies and its recommendations have had further study by the Ex-

Executive Council, be it therefore,

Resolved,

"That the membership of the Association of American Medical Colleges approves the following admission procedures:

"1. No place in the freshman class shall be offered to an applicant more than one year before the actual start of instruction for that class.

"2. Following the receipt of an offer of a place in the freshman class, a student shall be allowed at least two weeks in which to make a written reply to the medical school.

"3. Prior to January 15, this written reply may be either a declaration of intent or a formal acceptance of the place offered. When the applicant has declared his continued interest within the two-week period, the medical school agrees to hold a place for him until January 15, unless he indicates that he has been accepted elsewhere and withdraws his application. He may, of course, and often will, enter into formal arrangements with the one medical school of his choice before January 15. Because of the wide variation in the acceptance dates of different medical schools, some students will wish to change their minds after filing a declaration of intent and it is understood that nothing unethical is implied when a student does so change his mind. In such an event, the student is obligated to send prompt written notification to every school holding a place for him.

"4. The payment of a nonrefundable deposit shall not be required of any application prior to January 15.

"5. When a student files a declaration of intent, a refundable deposit—not to exceed \$100—may be required at the discretion of the school granting the acceptance. Such deposits will be refunded without question upon request made prior to January 15.

"6. The deposit, when required to hold a place in the freshman class after January 15, shall not exceed \$100.

"7. By January 15 each applicant for whom a place in the entering class is being held must either accept the offer formally and pay any required nonrefundable deposit or withdraw his application.

"8. Following January 15, an applicant offered a place in a freshman class must either formally accept or refuse the

place, but he shall have at least two weeks in which to decide. Deposits made after January 15 shall be nonrefundable.

"9. To assist the medical schools, the AAMC office will compile a list of the students who have formally accepted a place in the freshman class. This list will be distributed about February 1 and will be kept current by frequent revisions.

"ACTION: This resolution was passed with a dissenting vote of one."

SPECIAL SERVICES.

A. *Government Services.* The Selective Service System has requested that medical schools provide each year a list of the names, selective service numbers and classifications of all new medical students. The collection and transmittal of these data to the Selective Service System, a process that involves extended exchanges of correspondence with individual schools, is another of the services currently being provided by the Committee. Last year the status of every entering freshman in each of the medical schools in the United States and Puerto Rico and of all United States citizens attending Canadian schools was determined and reported. Many schools have submitted lists for the current year, and are already well advanced toward clarifying the status of "incomplete data" cases.

For several years, the Committee has assisted the Office of the Assistant Secretary of Defense in surveying fourth-year medical student liability for military service. Results of these surveys serve as a basis for determining future action in carrying out the Armed Forces Reserve Medical Commissioning and Residency Program. These surveys also provide for students an opportunity to register their preference with respect to the fulfillment of their military obligations. Some difficulty has been experienced in making the opportunity to register a preference available to all seniors, because program scheduling and geographic shifts vary widely for seniors both within and among schools. A revision in the circularization procedure is being considered jointly by the Office of the Assistant Secretary of Defense and the Committee in order that all senior medical students may be assured an opportunity to register their preferences.

B. *Research Services.* The Director of Research receives almost daily requests

for information that is available in her files from completed studies. In addition, she and her staff have assisted more than a dozen different agencies and schools during the past year by providing data and data analysis for special reports and research projects. Requests for these services have been received from medical schools, undergraduate colleges, foundations, state health organizations and medical associations. As the volume and variety of information available in the office increases, these services gain in importance both to educational, professional, governmental and civic organizations and to the staff of the Committee, whose function it is to provide them. Significant costs incurred in the development of these data and reports are borne by the agencies seeking the information.

Research Development. Publication of the study of women in medicine has been delayed for several months, owing to a shortage of staff time. The report is now in its final stages of preparation for submission for publication, and is expected to appear in an early issue of the *Journal of Medical Education*. Preliminary results of this study were given last year in this Committee's report.

A detailed progress report was also made last year covering the bibliography on admission to medical school, which has been in preparation since 1954. The bibliography is now virtually complete and up to date, and the Committee has taken under advisement the question of its publication.

In Spring 1956, the Director of Research began work on the development of a long-term, intensive study of the characteristics of students of medicine. The first project in this program is a study now underway that is being conducted in cooperation with the Institute of Higher Education at the University of California. This Institute, supported by a Carnegie grant, is under the direction of Dr. Thomas R. McConnell. Details of the "Carnegie project" are given in the report of the Director of Research.

Interest and personality test data were obtained last spring on 1955-56 seniors in 21 medical schools. These 21 schools and 6 additional schools cooperated this past fall in administering the same battery of tests to entering freshmen. These data make possible both cross-sectional and longitudinal studies of relationships

between measured interest and personality characteristics and progress through four years of medical education. The interest and good will manifested by the medical schools and the faculty members who administered these tests were outstanding. The Committee and its staff take the present opportunity to express their appreciation.

The 1952 and 1956 freshman classes were selected to provide the source materials for the "Carnegie study" and for an entire series of research projects to follow. Survey, prediction and methodological studies utilizing these source materials are already at various stages of planning, design and execution. High on the list of studies to be made from these data is an investigation of the relationship between medical school performance and amount of undergraduate educational experience. The level of ability of the students will be controlled statistically. Undergraduate origins reports will be made and an analysis of the history of the 1952 freshman class will be published. Other studies will be made to investigate the predictability of medical school achievement and dropout rates and of the importance of situational factors in the medical school setting as a variable in prediction. Methodological studies are needed to determine effective and efficient methods of combining information that may be used in predicting achievement, potential success in various types of careers in medicine, and in specialty fields of practice.

The research projects sketched above and others that are anticipated will be given material assistance through the cooperation of staff members who are directing related projects at their own schools. Arrangements for exchange of data and research results have already been made with several of the schools that participated in the spring and fall testing programs. This program of research is planned with a view toward contributing to medical education basic information that can aid in the development of sound methods of selection, training, and curriculum improvement. Magic formulae for prediction will not be found, but it is anticipated that some contribution can, and will, be made to the steady improvement of medical educational and student personnel practices.

REPORT OF COMMITTEE ON VETERANS ADMINISTRATION— MEDICAL SCHOOL RELATIONSHIPS

JOSEPH M. HAYMAN, chairman:

Your committee held no meetings during the year. No problems were referred to the Committee. In September, the members of the Committee and the V. A. Central Office were asked if they knew of any problems which should be considered by your Committee. On the basis of replies, a meeting of the Committee was held at 9:30 A.M., Sunday, November 10, at the Broadmoor Hotel, and an open meeting at 4:00 P.M. on November 11.

Your Committee can report that the recommendation made last year, that the Veterans Administration be urged to phase out internships in Veterans Hospitals except under unusual circumstances, is apparently under way. The internship program at Houston, Texas, was discontinued June 30, 1956 and that at Little Rock will be discontinued June 30, 1957. Two of the larger programs have indicated that they are dissatisfied, and have been urged to discontinue the program. Your Committee believes this indicates close understanding between the V. A. and the Association, and represents satisfactory progress.

The Committee considered the new Clinical Investigator Program. It has received enthusiastic endorsement from all dean's committees who have replied to the Central Office. In this endorsement your Committee heartily concurs. It urges all dean's committees who have not replied to the request from Central Office for an expression of opinion and comment on the program to do so.

As a result of discussions at the open meeting, your Committee would urge all dean's committees, who are not already familiar with it, to acquaint themselves with Policy Memorandum No. 2, January 30, 1946. This defines the duties and responsibilities of the dean's committee for the resident training program in affiliated hospitals. Since the Medical School—VA relationship is one of mutual cooperation, neither a resident program in a university hospital nor one in a VA hospital should be subordinated for the benefit of the other. It is also the responsibility of a dean's committee to assure itself that the training in a VA residency program is entirely sat-

isfactory in all respects, and if this cannot be accomplished, to recommend discontinuance of the program.

CHANGES IN ARTICLES OF INCORPORATION AND BY-LAWS

The following changes in the Articles of Incorporation and By-Laws were approved unanimously:

1. (Section 3, page 14) *Officers*: The officers shall be a President, a President-Elect, a Vice President, an *Immediate Past President*, a Secretary, a Treasurer, and an *Executive Director* . . . The Secretary and the *Executive Director* shall be appointed by the Executive Council.

2. (Section 6, page 16) The Secretary and the *Executive Director* shall be ex-officio members without a vote, but shall attend all Council meetings except closed executive sessions.

3. (Section 10) *Dues*: Institutional Members (*four year schools*) \$1,000; *Institutional Members (two-year schools)* \$500.

ELECTION OF OFFICERS

Officers elected and appointed for 1956-57 are as follows: Dr. John B. Youmans, Vanderbilt, president; Dr. Lowell T. Coggeshall, Chicago, president-elect; Dr. Gordon H. Scott, Wayne, vice president; Dr. Dean F. Smiley, AAMC, secretary; and Dr. Stockton Kimball, Buffalo, treasurer. New members of the Executive Council are: Dr. Harold S. Diehl, Minnesota; and Dr. John McK. Mitchell, Pennsylvania. Dr. Stanley W. Olson, Baylor, will fill out Dr. Coggeshall's unexpired term.

68th ANNUAL MEETING

The 68th Annual Meeting is scheduled for October 21-23, 1957, at the Chalfonte-Haddon Hall, Atlantic City, N. J.

FILM PROGRAM

Two film programs were presented Tuesday evening. The program included "All My Babies," a documentary, and "Microglia," "Oligodendroglia," and "The Motion Picture in Medical Education," teaching films. Dr. J. Edwin Foster of the Medical Audio-Visual Institute, arranged the program.

**REPORT OF EXECUTIVE COUNCIL
ACTIONS AT MEETING HELD
NOVEMBER 13, 1956**

1. Dr. John B. Youmans of Vanderbilt was elected Chairman of the Executive Council for 1956-57.

2. Appointments to the Association's Standing Committees were made.

3. The Secretary was instructed to prepare a questionnaire with the assistance of Dr. Edward L. Turner and Kurt Borchardt, which Mr. Borchardt feels still is needed to complete the study he is making for the House of Representatives' Committee on Interstate and Foreign Commerce regarding the need for federal aid in medical school construction 1957-62.

4. A statement on the internship prepared by the Committee on Internships, Residencies and Graduate Medical Education was approved and ordered published in The Journal of MEDICAL EDUCATION.

5. The recommendation of the Committee on Internships, Residencies and Graduate Medical Education that a study be initiated of the internships connected with medical schools was approved with the suggestion that if funds are needed for such a study the Committee return to the Council with a statement of that need.

6. The Council concurred with the Committee on Internships, Residencies and Graduate Medical Education that the Office of Defense should make every effort to base the choice of interns for deferment for residency training under the Berry plan upon some merit system rather than on merely choice by lot.

7. The Committee on Planning for National Emergency was requested to attempt to prepare basic plans for the consideration of the Executive Council at its next meeting February 8, 1957.

8. The Council approved the following statement of the Committee on Medical Care Plans: "The Committee recommends — that appropriate steps be taken at the state and national levels to protect medical education from the potentially deleterious effect on clinical teaching of the new public assistance medical care program." Dr. Youmans was requested to take this matter up with the Department of Health, Education and Welfare and to report back to the Council the results of such consultation.

9. The Secretary was instructed to poll the four-year medical schools to determine how many additional students might be accommodated in their third year class if well qualified students were available.

**REPORTS ON EXPERIMENTS
IN MEDICAL EDUCATION**

Eleven papers were presented, from 10 schools, on experiments in medical education. A paper on "General Practice in North Carolina and Its Relation to Medical Education," was also presented. The final group of these reports was presented on Wednesday, November 14

FOREIGN MEDICAL EDUCATORS PRESENT

1. Dr. Agerico Sison, Dean, University of Philippines.
2. Dr. Jose Cuyegkeng, College of Medicine, University of the East, Quezon City, Philippines.
3. Musa Khalil Ghantus, American University of Beirut, Beirut, Lebanon.
4. Dr. Alberto Hurtado, Faculty of Medicine, Lima, Peru.
5. Kwik Hok Tiang, Airlangga University, Surabaya, Indonesia.
6. Dr. Louis Monteiro, T. N. Medical College, Bombay, India.
7. Dr. Virgilio R. Ramos, Dean, Faculty of Medicine, University of Santo Tomas, Manila, Philippines.
8. Dr. Jose R. Reyes, North General Hospital, Manila, P. I.
9. Dr. S. G. Vengsarker, Dean of Medical College, Bombay, India.
10. Lauro H. Panganiban, Dean, Institution of Medicine, Eastern University, Manila, Philippines.
11. Dr. Bathan, Dean, Rangoon Medical College, Rangoon, Burma.
12. Dr. Floria Velasquez, Actg. Dean, Manila Central Medical College.
13. Dr. Samuel Middleton, Veterans Administration, Chile.
14. Dr. Leslie G. Kilborn, Hong Kong.
15. Dr. R. M. Kasliwal (WHO), Dean, S. M. S. Medical College, Jaipur, India.
16. Dr. Tranquilino Elicano, Chrmn., Bd of Medical Examiners, Manila, Philippines.
17. Dr. Julian Paguyo, Supt. of Private Medical Education, Dept. of Education, Manila, Philippines.