

Association of American Medical Colleges

MINUTES OF THE PROCEEDINGS

Sixty-Eighth Annual Meeting

October 21, 22, 23, 1957

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Association of American Medical Colleges

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October 21-22-23, 1957

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Monday, October 21, 1957

INTRODUCTION OF NEW DEANS

The following new deans were introduced:

Robert J. Glaser, University of Colorado School of Medicine; John E. Deitrick, Cornell Medical College; John L. Parks, George Washington University School of Medicine; Thomas J. Turner, Johns Hopkins University School of Medicine; Robert A. Moore (also president of the Medical Center), State Univ. of New York College of Medicine, Brooklyn; T. H. Brem (Chairman of Interim Committee), and Clayton G. Loosli (just appointed dean), University of Southern California School of Medicine; Robert Alway (Acting Dean), Stanford University School of Medicine; Jean Jacques Lussier, University of Ottawa Faculty of Medicine; Jean Baptiste Jobin, Laval University (now an Affiliate Institutional Member); Lee E. Powers (representing Dr. McDonald, dean) of the American University of Beirut, Lebanon.

INTRODUCTION OF VISITORS FROM FOREIGN MEDICAL SCHOOLS

The following visitors from foreign countries were introduced: Dr. John R. Ellis, University of London; Dr. Denis O'Donovan, University College of Dublin, Ireland; Dr. Lee Powers, Associate Dean, Faculty of Medical Sciences, American University, Beirut, Lebanon; Dr. Rubens Maciel, Faculdade de Medicina de Porte Alegre, Brazil; Dr. Soejoenoes, Medical Faculty, Surabaja, Indonesia; Dr. Ba Than, Medical Faculty of University of Rangoon, Burma; Dr. Bo Valquist, Upsala University, Sweden; Dr. Ramon Villarreal, Medical School of San Luis Potosi, Mexico.

INSTITUTE HIGHLIGHTS

The summary of the 1957 Teaching Institute on the Ecology of the Medical Student, which was held October 15-19, was presented by: George Packer Berry, Perspective on the AAMC Teaching Institutes; Robert J. Glaser, Introduction to the 1957 Institute. *Reports by Institute Participants*—T. Hale Ham, Curricular

and Noncurricular Forces Affecting the Medical Student and His Development; Charles R. Strother, Characteristics of the Medical Student and the Diversity of Values and Objectives in Medical Education; and Julius B. Richmond, Sociological Studies in Medical Education and Educational Patterns for Medicine.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

Open hearings on the Annual Reports of all of the Association's standing committees were held. The innovation this year was a hearing for the Administrative Committee of the Executive Council. The reason for this was to give the Council, through this committee, an opportunity to present complicated or controversial matters to those with special concerns, ahead of the annual business meeting.

BORDEN AWARD

Dr. Murray L. Barr, professor and head of the department of microscopic anatomy, Faculty of Medicine, University of Western Ontario, was presented with the 1957 Borden Award in the Medical Sciences. The award, a gold medal and \$1,000, was presented by Oliver H. Lowry, chairman of the Committee on the Borden Award. The award was based on Dr. Barr's work on sexual dimorphism in the structure of the resting mammalian nuclei.

PLAQUE TO DR. ABRAHAM FLEXNER

Dr. John B. Youmans announced the establishment of the Abraham Flexner Award for Distinguished Service to Medical Education. Since Dr. Flexner was not able to be present, Mr. John Gardner, president of the Carnegie Corporation of New York, attended in his place and responded for him as he accepted a plaque upon which the following resolution had been inscribed.

ABRAHAM FLEXNER

A.B., A.M., LL.D., Litt.D., M.D. (Hon. University of Berlin, Washington University.)

Whereas, you have played an important role in improving this nation's

educational and social institutions and practices, and

Whereas, as the result of your survey and report "Medical Education in the United States and Canada," supported and sponsored by the Carnegie Foundation for the Advancement of Teaching and published in 1910, you have made a particularly significant contribution to the progress of medical education in the United States and Canada,

Now be it therefore resolved, that the Association of American Medical Col-

leges, as the representative of the medical schools and medical faculties of the United States, the Dominion of Canada and their possessions, in recognition of these facts, hereby establishes the "Annual Abraham Flexner Award for Distinguished Service to Medical Education," and

Further be it resolved, that as evidence of this act, you be presented with this plaque upon which this resolution has been inscribed. ASSOCIATION OF AMERICAN MEDICAL COLLEGES, October 21, 1957.

Tuesday, October 22, 1957

ROLL CALL

All Institutional Members were represented.

APPROVAL OF MINUTES OF 67TH ANNUAL MEETING

The minutes of the 67th Annual Meeting, November 12, 13, 14, 1956, The Broadmoor, Colorado Springs, Colo., were approved and published.

INSTITUTIONAL MEMBERSHIP

The American University of Beirut Faculty of Medicine, and the Miami University School of Medicine were voted into full institutional membership.

AFFILIATE INSTITUTIONAL MEMBERSHIP

The Laval University Faculty of Medicine was voted into affiliate institutional membership.

INDIVIDUAL MEMBERS

A total of 73 Individual Members were voted into the Association.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

The Council met for its organization meeting on November 13, 1956, at Colorado Springs. Dr. John B. Youmans was elected Chairman and the members of the Association's standing committees for 1956-1957 were named.

A statement on internships prepared by the Committee on Internships, Residencies and Graduate Education was

approved in principle. Dr. Robert Moore was requested to make minor revisions in it and circulate it to the Executive Council. In final form it is to be published in The Journal of MEDICAL EDUCATION accompanied by an editorial to be written by Dr. Moore.

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.

The Committee on Planning for National Emergency was requested to attempt to prepare basic plans under which the functions of a bombed-out medical school would be resumed.

The following statement of the Committee on Medical Care Plans was approved:

"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 the matter up with the Department of Health, Education and Welfare.

The Secretary was instructed to poll: (a) 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; (b) All U. S. medical schools to procure, in cooperation with Dr. Edward Turner, the information sought by the staff of the House Committee to complete his study for the H. R. Committee on Interstate and Foreign Commerce regarding the need for Federal aid in medical school construction 1957-1962.

The second meeting of the Council was held on February 8, 1957, in Chicago and Dr. Ward Darley was welcomed as the first incumbent of the newly created position of Executive Director of the Association.

Upon the recommendation of Dr. Stockton Kimball, and after a review of the history of the various committees dealing with national defense problems, the following committee structure was voted:

- (a) The Joint Committee on Medical Education in Time of National Emergency is to be abolished (subject to similar action by the Council on Medical Education and Hospitals of the AMA).
- (b) The Association's present Committee on Planning for National Emergency is to be renamed "The Committee on Medical Education for National Defense."
- (c) The present Subcommittee on Medical Education for National Defense (of the Joint Committee) will be made a subcommittee of the Association's new "Committee on MEND" and entitled "The Subcommittee for the MEND Program."

Approval of the teaching program of the freshman and sophomore years of Albert Einstein College of Medicine of Yeshiva University was voted.

The following statement submitted by the Committee on Financing Medical Education was approved:

"It is the conviction of the Executive Council of the AAMC:

- (1) That agencies, governmental or private, making research grants should cover the indirect as well as the direct cost of the research;
- (2) That the current allowances for overhead almost universally fail to cover the full indirect costs of research;
- (3) That because of the inadequate overhead allowance on research grants, many critical financial situations exist in our medical schools and universities."

"The Executive Council therefore expresses the hope that action on this important matter, which has so long been under discussion, will be taken promptly."

At the budget meeting of the Council on May 25, 1957, in Chicago, approval was given to the Administrative Committee's decision: (a) To set up three committees—one in New York, one in Chicago, and one in San Francisco to screen displaced Hungarian medical students; (b) To give such assistance as was possible in placing the qualified students in American schools.

Approval was given to the Administrative Committee's decision that the AAMC should serve as the applicant, custodian and dispensing agent for funds for a new study of premedical education by Severinghaus, Carman and Cadbury.

A second, more complete, questionnaire study revealed that there are 336 vacant places in the third year classes of our four-year medical schools.

The Executive Council voted to recommend to the Association that it: (a) Vote into Affiliate Institutional Membership at this meeting Laval University Faculty of Medicine, visited April 15-18, 1957. The Chairman then asked for a vote of approval by the members which on motion was seconded and duly carried.

(b) Vote into Institutional Membership at this meeting the American University of Beirut School of Medicine visited May 6-9, 1957. At this point in the membership meeting, Dr. George Berry requested permission to make this recommendation personally. Permission was granted and motion was duly seconded and carried.

(c) Confirm by voice vote the approval given by mail vote for full Institutional Membership for Miami University School of Medicine, visited February 18-21, 1957.

Council approval was voted for the booklet "The Guiding Principles in the Care and Use of Laboratory Animals" published by the National Society for Medical Research.

During the present meeting, four meetings of the Executive Council were held on Wednesday afternoon, Thursday afternoon and Friday morning and afternoon respectively.

The minutes of the meetings of November 13, 1956, February 8, 1957, and May 25, 1957, were approved as submitted.

It was agreed the procedure for the use of data from the "Medical College Staff Salaried Questionnaire" would be as follows:

When a request for these data comes from a dean, six somewhat comparable schools will be selected and their data sent to the requesting dean. There will

be added such descriptive but non-identifying statements as "State-owned—Large City—South," etc.

The following action was taken regarding meeting places. As already approved, the 1958 meeting will be held at Swampscott, Massachusetts, and the 1959 meeting at Chicago, Illinois. Council decided to recommend the Eden Roc Hotel at Miami Beach, Florida, for the 1960 Annual Meeting, October 31–November 2. The Teaching Institute would be held October 25–October 29. On motion duly seconded and carried, the date 1960 was approved by the membership.

A communication from the Bowman Gray School of Medicine in which the continuing practice of pharmaceutical offices to employ medical students as detail men was discussed. The Chairman reported the sense of his discussion with certain officers of the National Pharmaceutical Association with regard to the discouragement of the members of the Association from employing medical students in this capacity. The Chairman suggested that scholarships and fellowships would be a desirable substitution. The Council then approved the following statement:

"The Council of the Association of American Medical Colleges is of the opinion that any activity of a student which might be interpreted as exploitation of his or her status as a medical student or through him or her, of the medical school, is undesirable and should be discouraged."

The Executive Director was instructed to send this statement to the deans of all medical schools and in addition, indicate that the employment of medical students as detail people constitutes an example of the kind of practice responsible for the adoption of this statement.

On motion duly seconded and carried, the approved resolution was adopted by the membership and the action of the Council in this matter approved.

A motion approving the joint AMA-AAMC statement of "Functions and Structure of the Modern Medical School" for submission to the membership for consideration was passed. On motion duly seconded and carried, the membership approved the statement.

The Council received a report from the chairman of the Committee on Financing Medical Education and on passing a motion to approve the report, a resolution was adopted recommending that the Association at this meeting ex-

press its deep appreciation for the service which Dr. Hinsey had rendered over many years as chairman of this important committee. On motion, without discussion, this resolution was adopted unanimously by the membership.

The Council received the report of Dr. George Berry, chairman of the Committee on Educational Research and Services. In passing a motion to approve this report, the Council adopted a resolution recommending that the membership at its October 22 meeting express its deep appreciation for the important service which Dr. Berry has rendered over these many years for this very important committee. On motion, without discussion, the resolution was adopted unanimously by the membership.

The Council received a report from the Executive Director, the Chairman, Dr. Stanley Olson, Dr. Stockton Kimball and Dr. Edward Turner on a meeting held in Washington on September 18 called by the Task Force on Health Manpower of the Office of Defense Mobilization. Following discussion of the report, it was agreed that an ad hoc liaison committee would be set up with the Council on Medical Education and Hospitals of the American Medical Association to continue work on this matter.

The Committee heard a report from Dr. Olson dealing with the MEND program and it was decided to await a conference with representatives of the government services to be held on Saturday, October 19, following which the matter would be referred to the new Council.

In closing this report, your Council wishes to present the following three matters for your consideration:

(1) *Whereas, Dr. Alan Gregg, for many years Director of the Division of Medical Sciences of the Rockefeller Foundation died on June 19, 1957 and*

Whereas, Alan Gregg was recognized throughout the world as a leader in medical education and

Whereas, Alan Gregg was instrumental in the development of psychiatry and preventive medicine as major educational and research disciplines and

Whereas, Alan Gregg stimulated many medical educators here and abroad to creative careers and

Whereas, Alan Gregg was deeply interested in the development of this Association:

Now therefore be it

Resolved that this Association recog-

nizes the loss to medical education in the death of Alan Gregg and

Resolved that this Association establishes the Alan Gregg Lecture to be delivered at the Annual Meeting of the Association of American Medical Colleges and

Resolved that a copy of these resolutions be transmitted to his widow and children.

This resolution was unanimously approved.

(2) The Association of American Medical Colleges recognizes that its elected officers, its committee members and its full-time staff must enjoy the privilege of academic freedom just as do the individuals who are on the faculties of its member colleges.

With this in mind as the policy of the Association, the elected officers, the committee members and the full-time staff are urged that when they speak or write as the official representatives of the Association, this fact be stated and that, conversely, when doing responsible speaking or writing as individuals regarding matters that are not covered by Association policy or directives, or may even be contrary to same, they use the best possible judgment in avoiding embarrassment to the Association and to themselves by making it clear that they are acting as individuals and not as the representatives of the Association.

This statement was unanimously approved.

(3) At its 1956 Annual Meeting, the Association of American Medical Colleges issued a statement to the effect that this country should increase its output of physicians by increasing the number of its medical schools.

As things stand now, after making allowance for the four new schools in development, it appears that between 1957 and 1964 our annual number of medical graduates will increase by approximately 450 to 7400. In the opinion of the Association, exploration of means beyond additional 4-year schools for further increases for the period after 1964 is necessary.

A recent survey revealed that due to attrition during the freshman and sophomore years, plus the fact that some schools can accommodate more clinical than preclinical students, the junior classes of our 4-year schools have facilities for between 300 and 400 additional students. If this number of students were progressing from new 2-year medical programs fully integrated on the one hand, with the undergraduate college

program, and on the other hand, with existing 4-year schools, our annual number of medical graduates would be increased significantly.

If these new programs were initiated in a sound university environment, many would undoubtedly evolve in due time into first-rate 4-year schools, as evidenced by the events of recent years. At the close of World War II, there were 8 schools in this country offering the first two years of the 4-year medical course. Graduates of these schools were easily absorbed into the third-year classes of our 4-year schools. At the present time all but 3 of these 2-year schools have changed or are changing to 4-year programs.

In view of these facts and in view of the lower capital and operating expense of 2-year programs, the Association of American Medical Colleges encourages universities with strong leadership and necessary resources to establish new programs in medical education which would offer the first two years of the 4-year medical course.

This statement was unanimously approved.

Following this reading, the Chairman asked acceptance and approval of the entire report by the membership. On motion duly seconded and carried, the report was accepted and approved.

JOHN B. YOUmans, *chairman.*

THE FIRST REPORT OF THE EXECUTIVE DIRECTOR

Ward Darley, M.D.*

Ordinarily the Executive Director's report would review the year's accomplishments, present problems and activities and future plans. But since I have been on the job for only a few months, I thought that rather than attempt to spell out such a report, I would prefer to share with you my conception of what the basic goals should be, not only for this Association but for myself as its Executive Director.

When the announcement of my accepting this position was first made, I was frequently asked to explain its nature. Since very few people have heard of the Association of American

*In order that the membership may fully appreciate the goals which the Executive Director sees for the Association, these remarks, as compared to the original verbal report, have been expanded very considerably.

Medical Colleges, I found the answer that was most readily accepted was the explanation that I was supposed to do for the 90-plus medical colleges of the United States and Canada what a president does for the colleges of a university. I still find that this is the easiest answer to this question. But when I give this answer, I always do so with the realization that there is one very important difference between this Association and a university. This difference being that the governing board of a university has complete authority over its president and its constellation of colleges. Any authority enjoyed by the president and the individual colleges is delegated by the governing board. With the Association of American Medical Colleges the situation is the reverse, the Executive Council and the Executive Director have no authority except that which may be delegated by the member colleges.

This statement is not to be taken as a complaint. The complete independence of each member is as it should be. In fact, I think that this is the source of the Association's collective strength. The independence of our medical schools plus their multiple and diversified sponsorship means that, except under the most unusual of circumstances, they are free from the threat of legislative action from any one source that can simultaneously force uniformity or conformity. Conversely, this also means that the decks can be kept clear so that each school can individualize its goals and programs and indulge in experimentation in whatever way it feels may be indicated. The freedom of each medical school to resist oppression or pressure and to set its own destiny in its own way, if intelligently translated into a central organization, such as this Association which is dedicated to the preservation of freedom on the one hand and to the intelligent coordination of this freedom toward the interests of general progress on the other, cannot help but result in a position of strength.

All of this means that if *your* elected officers, *your* committees and *your* staff are to lead *your* Association to a position of effective national leadership, it will have to be through the process of education—education first of ourselves and then of the many publics with which we must deal: our students, faculties, universities and alumni; the many professions and organizations important to medicine as a function of society; our city, county, state and national govern-

ments; and last but not least, all of the people of our land, particularly those actively concerned with our economic, social and political leadership. And so, although the source and extent of my delegated authority may be different, I still come back to comparing my job to that of a university president, because I am still engaged in helping to provide continuing leadership to an educational enterprise that involves bringing many colleges together in a coordinated effort.

Now if education is to be the foundation of this enterprise, we must look to the substance and to the means of a program of communication. First, we must have something to communicate, we must maintain effective lines of communication and we must be certain that we reach those with whom communication should take place. And second, if our efforts are to be crowned with success, we must be certain of the moral and financial support essential to a sustained and aggressive effort.

By the term "substance of communication" I mean that we must have accurate facts and information, translated into terms that can be adjusted to the communication media we are using and to the audience we are trying to reach.

This emphasizes the importance of our research. For a long time research has been one of the Association's fundamental activities. Currently our overall research program falls into two rather distinct categories: (1) *basic research*, dealing largely with the medical student and the measurement of his intellectual and nonintellectual characteristics and their significance, and (2) *operational research*, dealing primarily with the day-to-day collective operation of our medical schools and with medical education as a function of society.

The Basic Research Program

Perhaps the most outstanding characteristics of our basic research program has been its continuous growth—both in importance and in volume. The future indicates a continuation of this growth.

The perusal of the published reports of our annual Teaching Institutes will emphasize what I mean, for each year the Office of the Director of Research has provided Institute participants with an increasing amount of data for study and discussion. It is believed that the report of the 1956 Teaching Institute, *The Appraisal of Applicants to Medical Schools*, contains the most extensive sur-

vey and analysis of the student selection and admission process ever conducted by any branch of higher education.

Using the techniques of psychological research, studies are under way on the diversity of interests, personality characteristics, and intellectual abilities of medical students which are pointing the way to a longitudinal analysis of the relationship of these characteristics to scholastic achievement in medical school, to achievement in the internship and residency, and eventually to accomplishment in medical practice. As this case load increases, and as important side leads develop and are pursued, the volume of this research activity will inevitably expand.

The present and projected outcomes of the Association's basic research activities are both theoretical and practical. For one thing, our research is growing both in breadth and depth, because it is beginning to interest research workers in the social as well as the medical sciences. This leads to inquiry in new fields. For another thing, as research results are published and the practical application of our new knowledge becomes apparent, the development of a considerable service program is inevitable.

As an example of these services, the Office of the Director of Research issues such publications as student accomplishment reports and Medical College Admission Test performance reports to the undergraduate colleges supplying students to medical schools. And for the medical schools themselves, a vast amount of data is routinely available, of which the annual *Applicant Study* and the *Undergraduate Origins Reports* are well-known examples. For premedical students, the annual *Admission Requirements of American Medical Colleges* has become an indispensable handbook.

Not so well known is our response to numerous requests that come in from individual schools or groups of schools for assistance in setting up local studies or interpreting research findings so they may proceed more intelligently with the planning and direction of such things as admissions policies or special educational programs.

The application of research results—the service aspect of our research activities—is something that cannot be neglected. It often leads to important new research. It also represents the practical payback of a tremendous investment of money and professional talent—professional talent at the Educa-

tional Testing Service in Princeton as well as of the Association staff—and also of the time and energy of our medical school deans and their countless unsung helpers, without whose interest and active cooperation in data gathering this important work would not be possible.

Much of what we do can be applied to the study of other student groups; in fact, much of the knowledge we are gaining about medical students is just as significant to the general field of higher education as it is to medical education itself. More and more frequently the Office of the Director of Research is receiving requests for data to be utilized in studies originating outside our own program. Doctor's dissertations by students in psychology from several universities are based on Association data. Our participation in the Carnegie-supported Institute of Higher Education study on the diversity of student characteristics in all higher education is an exciting example of the kind of cooperative work we can do.

I have dwelt at length upon the basic research part of the Association's program so that, as we take steps to increase its financial support and staff, there will be a sound understanding for the reasons. Now that we are well embarked on this all-important work, we have no choice but to move ahead. Where we are today is a far cry from those heroic days when Fred Zapffe was trying to keep records capable of research analysis—still a significant part of our data—in his own handwriting on 3 by 5 filing cards!

The Operational Research Program

In an activity as complex as medical education, the need for information important to the day-to-day operation and coordination of our member schools and to the education of the public I mentioned in my introduction is very great. Over the past the Association has been conducting the questionnaire and survey research essential to the gathering of this kind of information, but the effort has usually been sporadic and limited to the meeting of crises or needs that have become apparent upon short notice. The time has come when it is essential that we strengthen this aspect of our program so that we can do a more efficient job of meeting critical situations, so that we can study problems well ahead of the crisis stage and also so that we can be developing the kind of research that will permit regular reports to our member schools for pur-

poses of more efficient fiscal, administrative and academic operations and the comparisons essential thereto.

This increased effort will also be necessary if we are to support a sustained program of public information—something essential if medical education is to be properly understood.

Let me illustrate the kinds of study I am talking about:

The most recent examples of sudden need for information are reflected in the communications you have received relative to the recovery of the complete costs of research and the availability of construction funds. Since neither of these questions have been settled, you will probably receive more calls for information and help, because we will again be taking these two problems to the next session of Congress.

There are two very important problems that I see coming over the horizon and that we must be preparing for.

One of these has to do with the changing economic status of our teaching patients. The ramifications of this problem are legion, and the quicker we can get to the business of their identification and study the better. Here, particularly, is indicated a re-analysis of the purposes which our medical service plans must serve and the principles that must underly their administration. Much data and information as well as careful thought will be essential to these considerations.

The second problem I refer to here has to do with an analysis of the internship as it exists in our medical school-controlled hospitals. For years we have seen the internship gradually becoming caught between the senior year of the medical school and the first year of the residency. With the objectives, content and methods of undergraduate teaching undergoing rapid and radical change, it is essential that the impact that this is having upon the internship be carefully studied. In 1958 and 1959 we are planning for the first Institutes that will be concerned with clinical teaching. During these Institutes the internship and its place in the education of the physician will frequently be referred to, so that by 1960 the organization of an Institute around the internship will probably result. If we are to gather and collate the data, opinions and attitudes essential to an Institute on the internship, we should get underway with our effort as soon as possible. Other reasons for a prompt approach to this enterprise are to be found

in the pressures being exerted upon the internship by the hospital, medical and licensing interests—many of which are not compatible with the internship as an experience that should be primarily educational. With the number of intern slots continuing to exceed the number of available interns, it is inevitable that these pressures will continue to grow, and as a consequence, if we are to protect the best interests of medical education and of medical students, and if we are to base this upon sound reasoning and action, it is essential that we develop a more satisfactory body of knowledge than is now available.

The most pressing need from the standpoint of long range operational research is the job that needs to be done in the area of comparative cost and income reporting. The fact that no definite or reliable method of providing a comparable cost breakdown of the manifold educational, research and service operations of our teaching medical centers is undermining the public interest in medical education and is also depriving our administrators of much of the information they need in order to improve the efficiency and effectiveness of their own operations. Along with the study of costs must go an analysis of income, how each source of income is spent and the influence which each is having in shaping our educational goals and programs.

If cost and income reporting are to be developed so that the schools can be compared, methods must be found for giving adequate consideration to circumstances that account for the differences between schools. Variations in the relationships between a medical school and its teaching hospital on the one hand and its parent university or governing body upon the other, variations in plans of geographic full time and variations regarding the use of volunteer faculty are examples of what I mean here. The recent studies conducted by the State University of New York and Emory University have demonstrated that the problems of cost and income analysis can be solved, and it is incumbent upon this Association to find ways and means of developing a program of regular reporting so that the vacuum that is currently being filled with guesses, opinions and inaccurate and incomplete data ceases to exist.

There are many other areas that need investigation—some upon a one-time, others upon a recurring basis. Obviously, limitations of funds and staff will make it impossible to shoulder too much at any

one time, but we must be in a position to move effectively and quickly when an emergency job of operational research is necessary and, upon a priority basis, to plan ahead for the longer term and often time continuing studies that we know will be essential if medical education is to move ahead and keep ahead academically, administratively and financially, and this in a manner that will be consistent with the potential progress that we see ahead.

When I speak of operational research I am not unmindful that the demands upon the time and energy of our deans and their staffs constitute factors that place additional limits upon the amount of work that can be kept going at one time, and I assure you that as an expanded program may be developed, these factors will be kept in mind and proper allowances and provisions made.

Staff and Administrative Organization

So much to illustrate what I mean when I talk about the substance of communication. We have much to do. Our staff must be reorganized and augmented. In line with this, the following important appointments have been made: Dr. Richard Young has been elected Secretary and in this capacity will take over the administrative responsibility for school visitations and the Annual Meeting. Dr. John Bowers has been appointed Editor of the Journal of Medical Education. Much of the Journal work will be done at Madison, Wisconsin, which will free some badly needed space at the home office. Mr. Thomas Coleman, recently with Dr. Robert Moore at the University of Pittsburgh, has been appointed Director of Public Information, thus satisfying a long standing recommendation of our Committee on Public Information. Dr. Charles Schumacher has been appointed Assistant Director of Research; Mr. Fred Meier, recently with the National Opinion Research Council, Technical Director of our IBM Department; and Mrs. Lotus R. Barnes, Assistant to the Executive Director. Mrs. Barnes will gradually assume the responsibility for the business and personnel operation of the office.

Only one more major position, the Director of Studies (the by-laws should change this title to Associate Executive Director) has yet to be filled. It will be this individual who will largely be responsible for operational research and the administration of the Teaching Institutes. To make the administrative pic-

ture complete, I should indicate that Dr. Helen Gee will continue as Director of Research and that Miss Audrey Skaife will take over the administration of the film library. The positions I have outlined, together with the necessary supporting technical and secretarial personnel, are all provided for in the 1957-58 budget as it was adopted by the Executive Council last June.

With the staff properly organized and functioning, the deliberations of your Executive Council and standing and *ad hoc* committees, as well as your own deliberations in business session, should be greatly enhanced. Also it should be possible to develop a sound and broad pattern of policies so that between sessions of the Council and the Annual Meeting of the Association, your staff can provide the continuing leadership necessary to a growing and purposeful program.

A word about committee work. This is the best way to bring fresh people, fresh viewpoints and new ideas into the work of the Association. I assure you that in the future all committee reports will be studied with care. I know that in the past many of our committees have felt frustrated because of the Association's inability to follow through with many of their recommendations. Even these old and apparently forgotten reports will serve as a gold mine for ideas as we make a fresh start in approaching our problems and developing our program.

Avenues of Communication

Now given the substance of communication and the staff to translate this substance into meaningful terms, I must deal for a bit with the avenues of communication that are so readily available to us. There are five of these at the present time. Others can be developed later.

(1) The Journal of Medical Education. Because of its scholarly articles, its reports of educational programs and experiments, its reports on both basic and operational research, its editorials and its reports of committees and business proceedings, the Journal constitutes a medium through which we can communicate with all of our publics, both in this country and abroad. The meeting of the Editorial Board just concluded leads me to believe that the Journal is on the threshold of another important period of development.

(2) The Teaching Institute. This is a most important medium of communication, particularly between our faculties

and administrators and our colleagues in other disciplines. The Institute reports, like the Journal, reach all of our publics. The research essential to these Institutes constitutes a body of information, which after being tested, discussed and integrated, becomes indispensable to the improvement of medical education. But if the Teaching Institutes, the Institute reports and the research incident to the Institutes are to serve anything like their ultimate potential, much more than the attendance of the delegates to the Institutes as they now function and the reading of the reports must result.

Three additional things should happen, first, each Institute delegate should promptly transmit the substance and the spirit of each Institute to his faculty. As a result each faculty should almost hold an institute of its own. Second, our school faculties do not come together often enough for the discussion of current and mutual problems and interests. The Annual Institute should serve as the pattern and oftentimes the point of reference for regional faculty meetings. The annual meeting of the Southern Association of Medical Schools and Teaching Hospitals comes close to this type of activity. Third, the Institutes and their reports should serve as the pattern and the points of reference for national meetings for those with special interests and responsibilities. The meeting of the Admissions Officers just concluded is an example of what I mean here.

(3) The Annual Meeting. The extent to and the manner in which this meeting has been growing in attendance and stature is ample evidence of its importance as a medium of communication. It is not only the Annual Meeting itself, but the constellation of other meetings that precede and follow that are of importance. To illustrate, the Teaching Institute, the day given to the governmental services, the meeting of the admissions officers, the many committee meetings of our own and related organizations, and last but almost of first importance, the conversations and "bull sessions" that take place in the lobbies, corridors and rooms. This entire operation is a very strenuous affair, and as time goes on it will become more strenuous. Importance justifies the effort.

While the Annual Congress of Medical Education conducted each February by the American Medical Association is not a primary responsibility of this Association, it does represent another golden

opportunity for the communication essential to our effectiveness, particularly the opportunity to meet with the general medical profession and the specialty and licensing groups. Many of our committees and committees upon which we have representation meet at this time, and I strongly suspect that before long the deans of our schools will find it necessary to take advantage of this occasion to add a business session of their own.

(4) School Visitation. Until now our official school visiting has been largely limited to the accrediting program which we share with the Council on Medical Education and Hospitals of the American Medical Association. While this type of visitation will continue to be important, it is essential that, in addition, our top staff have the time and energy which will enable them to make frequent, independent visits so that they can develop an intimate knowledge of each member school, its faculty and its particular programs and problems. Up until now, due to lack of time and energy, I have been privileged to visit but few institutions in this capacity, but even these few and all-too short visits have convinced me of the importance of this particular activity. Every school operates in a milieu and must adjust to educational and service demands that differ from every other school. In short, no two schools are alike and unless the staff leadership has both a direct knowledge and a "feeling" for each school and its setting, and also a personal acquaintance with its faculty and administrators, the Association will fall far short of meeting the potential of its opportunities for service and leadership.

And while I mention the need for personal acquaintance with our medical school administrators, I must make it clear that I include here, in addition to the deans and their staffs, the presidents, chancellors and heads of governing boards, even the board members themselves. It is essential that as the work of the Association grows in magnitude and stature it does so with the informed support of these very important people. This represents an assignment that should receive our very early attention. After all it is the governing board and its chief administrative officer that represents the source of authority of each of our schools.

(5) Medical Education Week. Medical Education Week was initiated several years ago by the National Fund for Medical Education with the cooperation

of the American Medical Association, the Association of American Medical Colleges, the American Medical Education Foundation, the Student American Medical Association and the Woman's Auxiliary to the American Medical Association. Time and experience are beginning to reveal that this is proving to be an important opportunity to acquaint the American public with the fundamental part which our medical schools are playing in this nation's system of medical and hospital care. Beginning with the 1958 Medical Education Week the Association of American Medical Colleges will assume the major responsibility for the coordination of the several agencies that sponsor this program. The addition of staff in the field of public relations should enhance the effectiveness of our effort, particularly if by 1959 we can have some reliable data regarding the costs of operating our teaching medical centers. I sincerely hope that each of our schools will now support Medical Education Week with renewed interest. Each school will shortly begin to receive the communications that will be essential to this effort.

Need for Adequate Support

If the Association of American Medical Colleges is to assume a greater leadership role in the field of medical education, it must enjoy the complete support of the faculties of its members colleges, and when I say support I mean both moral and financial. I submit that this is no longer an association of medical school deans. Since the end of the war, while the medical school administrators have played and should continue to play a role in Association affairs, the change over from administration to faculty emphasis has been rapid indeed. The Journal of Medical Education has definitely become faculty centered and the vast majority of the manuscripts that are offered and accepted come from the rank and file of our faculties. The same can be said for the papers that are presented at our Annual Meeting. Our Teaching Institutes are definitely faculty planned and centered. Our faculties are more and more playing a part in committee work and in representing the Association to organizations whose purposes are related to ours. In short, it is my opinion that if the Association rises to the challenges that lie ahead, it will be because faculty participation has been added to the effort. I suggest that the teachers of medicine are professional teachers in their own right and that they be invited and

urged to look upon the Association of American Medical Colleges as their professional association and the Journal of Medical Education as their professional publication. If our faculties would accept this position and as a consequence subscribe to the work and the Journal of the Association through the medium of the individual membership, I am certain that both its financial and organizational security will be assured. In the year ahead I hope that the leadership in all of our schools will work toward this end.

Conclusion

I realize that these expanded remarks have dealt with many different subjects. This is necessary because of the need for adequate communication between myself and my constituents. You must be made aware of the goals that I see ahead. If it had not been for the challenges that are inherent in these goals, I would not have joined the Association as its Executive Director. As the conclusion of this report, I would like to offer as the summary of these goals the statement I made upon the occasion of the dedication of our new building.

"This beautiful and functional building is the symbol of the unity that must exist among this nation's schools of medicine. It is also the symbol of the stability and security of the organization that is essential to this unity.

It is therefore appropriate that, as we of the Association of American Medical Colleges dedicate this building, we also rededicate ourselves to the goals set more than three-quarters of a century ago by this Association's founders i.e. the constant improvement of medical education and the continuous increase in medical knowledge. But if the dedication of this building and the rededication of ourselves are to be meaningful to our time and to time to come, we must not only keep these goals before us but also the manner of their attainment.

To this end we must recognize that the most enduring influence and power come from the exercise of intellectual leadership,—leadership that persuades, unifies and works steadily for progressive change through the presentation of properly gathered, properly organized and properly presented information.

In subscribing to this thesis, the many activities of the Association—the Journal; the Teaching Institutes; the school visitation program, the Medical Audio-Visual Institute; the work of the Execu-

tive Council and its many committees, and the supporting program of vigorous research—quickly take on a logical meaning because they then stand out as the instruments of discussion, synthesis and communication essential to the leadership which we profess.

This occasion, therefore, must be looked upon as a very significant milestone in the history of the Association of American Medical Colleges, for here, while we accept and dedicate a permanent home in which and from which we can carry on our work, we also rededicate ourselves to the kind of work that we know must go forward if our medical schools are to make their proper contribution to a nation that must continue healthy and strong in a world rapidly increasing in complexity and competitive effectiveness."

REPORT OF THE SECRETARY AND EDITOR

The school visitation program of the Association and the Council on Medical Education and Hospitals included visits and reports to 15 schools this past year. Assisting the Secretary in this program were Dr. Robert Glaser, Dr. Arthur Ebbert and Dr. Leonard Fenninger.

The visitation program for 1957-58 got under way with a visit to the University of Kentucky, September 11, 12. It will include visits to 15 schools, four of which are in development. Assisting the Secretary in the program will be Dr. Robert Glaser, Dr. Arthur Ebbert, and Dr. John Cooper.

With the voting into Affiliate Institutional Membership of Laval University Faculty of Medicine, another milestone is passed in that all the existing medical schools in Canada are now for the first time members of our Association. Though we have an Institutional Member in Puerto Rico and have had for many years an Affiliate Institutional Member in the Philippines, the voting of the American University's School of Medicine in Beirut into Institutional Membership establishes a new policy of considering for membership medical schools with American charters, American Boards of Trustees, American financial support and sponsorship, American teaching program, and American staff members.

Our membership list stands as follows:

Institutional Members	83
Affiliate Institutional Members	13

Sustaining Members	8
Individual Members	1,401

The need for a vigorous promotion of Individual Memberships is apparent.

During the past year 10 questionnaires were submitted to the Secretary's office for recommendation. The recommendation was for cooperation in 5, against cooperation in 5.

The demand of foreign trained physicians for help in obtaining opportunities for advanced training in this country was considerably less this year than last year. While 103 such students made requests for help last year, only 50 made such requests this year. In addition to the 50 requesting assistance, 371 registered in the National Intern Matching Program and 160 of these were matched and received appointments in United States hospitals. The establishment of the jointly sponsored Educational Council for Foreign Medical Graduates on October 1, 1957 should contribute considerably to solving some of the knotty problems associated with placing foreign medical graduates in United States hospitals.

The Journal of MEDICAL EDUCATION has had a very successful year. The quality of the articles submitted has been steadily improving and thanks to our active Editorial Board the proportion of solicited articles increased. Twenty-one manuscripts were rejected this last year. A backlog of approximately 60 articles makes a 6 months lag between receipt of the article and its publication almost routine but thanks to a Macy Foundation grant a rush article can simply be added to a previously planned issue and the added cost of the oversize issue absorbed. In the course of the year five supplements were published, each one subsidized by an outside agency and each one serving as an extra bonus to our readers. For the first time in the history of the Journal the sale of advertising has exceeded \$35,000. Throughout the year each article has been summarized in Spanish and this summary published. Through the effort of Dr. Bowers, Chairman of the Editorial Board, the number of foreign correspondents has been increased and the number of reports on progress in medical education in other countries has multiplied. The Journal is definitely beginning to take its place as an important medium for the international exchange of ideas in medical education.

As I close this 9th and last report to the Association, may I thank you all for

the fine cooperation and support you have given me throughout my term of service and congratulate you on the way in which you have implemented the Association to carry on its increasingly important work in the years ahead.

As Director of the newly established Educational Council for Foreign Medical Graduates I will have many occasions to call upon you for assistance and I hope you will continue to be as cooperative in the future as you have been in the past. DEAN F. SMILEY, secretary.

After the report of the Secretary and Editor, the following resolution was unanimously passed.

Whereas, Dr. Dean Smiley has served the Association of American Medical Colleges faithfully and effectively as Executive Secretary and Editor since 1948, and

Whereas, during this time as Secretary he has assisted the Association with the expansion of its program and responsibilities, with the enlargement of its staff and with the construction of and

transfer to its new offices in Evanston, and

Whereas, during this same time, as Editor, he has played a prominent part in raising the stature of the Journal of Medical Education in the fields of medical journalism and higher education, and

Whereas, he is now leaving the Association to assume the Directorship of the Educational Council for Foreign Medical Graduates, an activity that may well prove to be of the first importance in maintaining the standards of medical and hospital service in this country,

Now be it therefore resolved that the Association of American Medical Colleges, at this 68th Annual Meeting, October 22, 1957, express deep appreciation for the good works of Dr. Smiley and wish him every success with his new and important assignment.

REPORT OF THE TREASURER

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

YEAR 1956-1957	
EARNED INCOME	
Dues—Institutional	\$85,000.00
Dues—Individual	13,910.00
Dues—Sustaining	10,000.00
	<hr/>
M. C. A. T.—Revenue	\$108,910.00
Bldg. Fund—Interest Income	82,973.48
Interest on Investments	2,973.28
Subscriptions	7,304.39
Publications	4,296.55
Advertising	21,137.12
Film Sales & Rentals	35,227.95
Miscellaneous	8,494.86
	486.84
	<hr/>
	<u>\$271,804.47</u>
GRANT INCOME FOR SPECIAL PROJECTS	
Abbott Laboratories	\$ 10,000.00
National Heart Institute	50,000.00
Josiah Macy, Jr. Foundation	10,000.00
Overhead on Projects	1,305.84
	<hr/>
	<u>\$ 71,305.84</u>
	<hr/>
TOTAL INCOME	<u>\$343,110.31</u>
DISBURSEMENTS FOR REGULAR SERVICES	
Salaries & Annuities	\$137,629.31
Payroll Taxes	2,373.97
Contracted Services & Equipment	20,402.42
Office Supplies, Telephone, Postage	25,454.26
Rent & House Expenses	16,024.61
Furniture & Equipment	19,479.08
Traveling	27,286.02
Annual Meeting	2,720.20
Insurance	382.32
Publications & Printing	52,646.04
Mailing and Engraving (Journal)	2,248.12

Advertising & Circulation Promotion	762.27
Miscellaneous	67.45
	\$307,476.07

DISBURSEMENTS FOR SPECIAL PROJECTS

Film Purchases & Expenses	\$ 20,488.64
Foreign Subscriptions	2,840.00
Moving	3,221.55
Maintenance	5,683.89
Building	\$162,930.34
Land	8,986.91
	171,917.25
Teaching Institute and Special Studies	61,180.38
	\$265,331.71
Deducted from Reserves	229,697.47
	\$ 35,634.24

TOTAL DISBURSEMENTS

\$343,110.31

Net Income (working capital)	\$154,191.74
(restricted funds)	162,030.05
	\$316,221.79
Total reserves 6/30/57	\$316,221.79

BUILDING FUND

Building:	
Contract	\$237,896.10
Testing Charge	70.00
Additions	6,908.58
Architect's Fee	14,290.35
	\$259,165.03
Air Conditioning	25,882.00*
Architect's Fee	1,036.83**
	26,918.83
Building Total	\$286,083.86
Ground:	
Landscaping	\$ 5,974.75
Tree Removal	148.50
Sprinkler System	2,695.00
	8,818.25
Ground Total	8,818.25
Back Taxes	1,068.66
	\$295,970.77
GRAND TOTAL	\$295,970.77

- * 1st payment—paid 9/25/57 \$10,200.00
- 2nd payment—due 15,682.00
- ** Due on fees—architects' \$ 778.01
- Due (possibly) architect's fee on
air-conditioning 258.82

**JOINT REPORT OF
COMMITTEE ON
EDUCATIONAL RESEARCH
AND SERVICES AND THE
OFFICE OF THE DIRECTOR
OF RESEARCH**

The developmental history of the Committee on Educational Research and Services (CERS) and summaries of its manifold research and service activities were detailed in the Committee's reports made at the 66th¹ and 67th² Annual Meetings of the Association of American

Medical Colleges. Inasmuch as there have been no changes in the Committee's leadership nor in the organization of its activities during the past year, it is not necessary to review these activities in detail again this year. Dr. Berry con-

1. Minutes of the Proceedings, 66th Annual Meeting; Report of the Committee on Teaching Institutes and Special Studies, *Journal of Medical Education*, Vol. 30, No. 12, December 1955, pp. 727-735.
2. Minutes of the 67th Annual Meeting; Report of the Director of Research and Report of the Committee on Educational Research and Services, *Journal of Medical Education*, Vol. 32, No. 1, pp. 61-63 and 71-78.

tinues to serve as Chairman of the Committee, Dr. Hunter as Chairman of the Subcommittee on Evaluation and Measurement, and Dr. Gee as Director of Research. Dr. Darley, who joined the Association as Executive Director in February of 1957, has contributed generously of his time and effort to various problems with which the Committee has dealt.

Growth in the Committee's programs during the past year has been manifested chiefly in emerging research and test-development activities and in preparation for the next series of Teaching Institutes. Beginning in 1958, these Institutes will delve into the problems of teaching and learning during the future physician's clinical and postgraduate years. The many meetings that have been held during the past year in carrying out the work of the Committee, and to which various subgroups of the Committee's membership have contributed a great deal of time and effort, are specified in the sections of the present report devoted to an account of these deliberations.

The change in location of the Association's central office from downtown Chicago to Evanston resulted in a complete turnover in the clerical staff of the research organization and approximately a 50 per cent turnover in the technical International Business Machines staff. Obviously, such a revolution has had its effect on the smooth operation of the Committee's activities. In addition, the normal course of events has resulted in the loss of key supervisory and staff-level personnel. It is expected that re-staffing operations will be completed on November 1, 1957. It is anticipated also that many improvements will by then be effected in the promptness and efficiency with which the Committee's activities can be carried on. Notable among new appointments to the research staff are: Mr. Charles Schumacher as Assistant Director of Research to replace Mr. Clifton Gray; Mr. Fred Meier, who replaces Miss Joan McJoynt in supervising technical and IBM operations; and Miss Lorraine Camper, who will succeed Mrs. Lotus Barnes as Administrative Assistant when the latter assumes a staff-level position in the Association's central office. Mrs. Barnes earlier in the year replaced Mrs. Frances Halsey. Mr. Schumacher previously worked with the research staff during the summer of 1956 when he conducted the analysis of the questionnaire materials for that fall's Institute. His doctoral dissertation, which

will presently be submitted to the Department of Psychology at the University of Minnesota, is concerned with methods of identifying the characteristics of medical students who plan to engage in various types of careers in medicine and in specialty practice. Research for his dissertation was carried out under the auspices of the Committee, and an account of this research will be published in the *Journal of Medical Education*. Mr. Meier joins the research staff following ten years of technical supervision of data-processing activities at the National Opinion Research Center at the University of Chicago.

Finances. Expenditures for the Committee's operations totaled nearly \$104,000 for the 1956-57 fiscal year, exclusive of restricted research project and Teaching Institute activities. Expenditures for the latter totaled approximately \$11,500 and \$50,000, respectively. The Committee's expenditures were within the amounts budgeted for each area of activity. Because income from publications exceeded expectations, a balance of approximately \$6,000 was returned to the Association's general funds.

During the past year, the Commonwealth Fund and the National Institutes of Health have reaffirmed their confidence in the Committee's programs. A \$100,000 grant from the Commonwealth Fund contributes \$50,000 for the support of research and service activities and \$50,000 for the partial support of the 1958 and 1959 Teaching Institutes. Partial support, in the amount of \$25,000 per year, has been granted by the National Institutes of Health for the four Teaching Institutes that are scheduled for 1958 to 1961. The National Institute for Neurological Diseases and Blindness will sponsor the 1958 Teaching Institute, the National Institute of Mental Health will sponsor the 1959 program, and the National Heart Institute the 1960 and 1961 programs.

The Committee wishes to take the present opportunity to express sincere thanks to the Commonwealth Fund and the National Institutes of Health of the Public Health Service for thus continuing to recognize and encourage the members of the Committee in their efforts to serve society through the development and improvement of medical education.

Teaching Institutes. The 1957 Institute on "The Ecology of the Medical Student" will be held from October 15 to 19 at Atlantic City, New Jersey, under the dynamic leadership of Dr. Robert J. Glaser, Chairman. This Institute con-

cludes the pair devoted particularly to the problems of the medical student. The background of the development of this pair of Institutes was discussed in detail in the Committee's 1956 Annual Report, which was published in the January 1957 issue of the *Journal of Medical Education*. The chronology of the Teaching Institute program as a whole, and of the 1953-55 series of Institutes that dealt with the problems of teaching the basic medical sciences, was presented in the Committee's 1955 Annual Report, published in the December 1955 issue of the *Journal*.

The Report of the 1956 Institute, *The Appraisal of Applicants to Medical Schools*, was published in the fall of 1957 in two simultaneous editions, a clothbound volume and Part 2 of the October 1957 issue of the *Journal*. When this book is joined by the Report of the 1957 Institute on "The Ecology of the Medical Student," the two volumes will make available to medicine and to higher education at large a unique compendium of information on, and interpretation of, the interrelationships among psychological, sociological and administrative factors associated with education for a profession. Other professions, lacking as they do a similar forum for the free exchange of ideas and information, stand to benefit significantly from the Association's efforts.

At the meeting of the Committee on Educational Research and Services that was held on November 11, 1956, it was agreed that the 1958 Institute on the problems of teaching clinical medicine would require an extended period of time for adequate preparation. The Association's Executive Director, Dr. Darley, with the assistance of the Chairman and the members of the Committee on Educational Research and Services, organized two *ad hoc* planning sessions. Through the generosity of the Commonwealth Fund, these *ad hoc* meetings were held on May 18 and June 29 at Harkness House in New York City. Distinguished representatives of clinical departments chosen from medical schools throughout the nation were invited to join in planning for the series of complex Institutes that lies ahead. Representing the Committee and the Association's staff at both meetings were Doctors Berry, Darley, Gee, Hunter and Jacobsen. Present at the May 26 meeting were: Doctors Lester Evans, Knight Aldrich; Dana Atchley, Charles Jane-way, Richard Magraw, Carl Moyer, George Reader and Julius Richmond.

Present at the June 26 meeting were: Doctors Evans, Reader and Richmond, who helped to provide continuity for the discussions, and Doctors Thomas Brooks, Thomas Holmes III, Ian Stevenson, George Jackson, Ben Wilson and Stewart Wolf Jr. Stenotyped records of the discussions held at these *ad hoc* meetings are available in the Committee's files.

Following the second *ad hoc* session, the appointment of Dr. Julius Richmond of Syracuse University as Chairman of the 1958 Institute was recommended to the Executive Council.

Tentative selection of a Planning Committee for the 1958 Institute was made at another *ad hoc* meeting that was held on July 14 in Estes Park, Colorado. In attendance, in addition to the Committee's and Association's staff representatives who had been present at the previous meetings, were the new Chairman, Dr. Richmond, and Dr. Glaser, Chairman of the 1957 Institute. Objectives toward which the 1958 Institute should aim were extensively explored, an agreement being reached that the content should center around the learning process of the student. Such tentative subtopics for the Institute were suggested as: the setting for learning, faculty development, student evaluation, and curricular development.

The need for a nationwide study on perception by the public, the medical faculty, and the medical student of society's medical requirements and demands was discussed. Such a study, designed to provide background for the series of "clinical" Institutes, would necessarily require the help of a professional survey research center. On July 26, Doctors Richmond, Jacobsen and Gee visited the Michigan Survey Research Center to explore the feasibility of securing the services of the Michigan group for undertaking a nationwide study under the auspices of the Association. Further explorations are contingent upon the availability of new financial support.

Meetings of the Planning Committee for the 1958 Institute will be resumed in November, after the complete membership of the Planning Committee has been approved by the Executive Council. The Continuing Group on Student Evaluation. An immediate result of the 1956 Institute on "The Appraisal of Applicants to Medical Schools" was the earnest expression of need by admission officers for a new mechanism to make possible the implementation of programs to which the Institute had opened the

doors. The Committee on Educational Research and Services was requested to sponsor an arrangement through which admission officers could continue to meet regularly to learn about selection techniques, to hear current reports of research on selection methods, and to develop projects aimed broadly at improving recruitment, appraisal and applicant selection.

The Committee agreed to sponsor a new organization, asking Dr. John L. Caughey Jr., to act as Chairman. An *ad hoc* committee, consisting of members of the 1956 Institute Planning Committee, met on February 10, 1957, to arrange for the first meeting of the new organization, which will be held between the conclusion of the 1957 Institute and the start of the 68th Annual Meeting of the Association. This meeting will follow the techniques developed for the Teaching Institutes—brief general meetings being followed by round-table discussions. Material to be presented at the meeting on October 19-20 includes discussions of the role of the Association's research office in the admission procedure, plans for MCAT development, the use of tests in applicant appraisal, and a report on the research concerning personality and interest measurement that is being carried on under CERS auspices.

At the conclusion of the first meeting of Dr. Caughey's group, consideration will be given to the desirability of establishing a continuing and more formal organization.

Medical College Admission Test. In its 1956 report to the 67th Annual Meeting of the Association, the Committee described a study made during 1955-56 of the status of the MCAT. It was then reported that the test has well served its purpose since 1948, when it was established in its present format, but that progress in the field of test methodology and construction now indicates the desirability of the establishment by CERS of a program of test development.

Plans for a test-development program, to be carried on under the guidance of of CERS by the Educational Testing Service (ETS) of Princeton, New Jersey, were approved at the Committee's meeting held on November 11, 1956, at Colorado Springs. The Subcommittee on Evaluation and Measurement was authorized to work with representatives of the ETS staff toward the preparation of a specific proposal, both for the development of new forms of the test and for appropriate research projects to investigate their utility.

As a result of the 1955-56 study, it had been agreed that (a) new forms of the test would be needed by 1960; (b) it would be desirable to consider some revision of content for the new forms; (c) a panel of teachers drawn from various medical schools should be selected to meet with representatives of the Committee and ETS for the purpose of defining the intellectual qualities believed necessary for optimal success in medical school; (d) on the basis of (c), ETS should prepare a proposal for test development and research to be submitted to the Subcommittee on Evaluation and Measurement.

Doctors W. P. Anslow, John L. Caughey Jr., George A. Ferrera and Gordon H. Scott constituted the panel referred to above. This group met with representatives of the Committee (Doctors Berry, Hunter and Gee) and of the ETS staff on January 4 and 5, 1957. From the discussion of intellectual qualities believed to be important in the successful development of a future physician, the following emerged:

- (1) *Flexibility in thinking*—the ability to change or to re-evaluate an accepted hypothesis in the light of new evidence;
- (2) *Balanced judgment*—the ability to evaluate and to weigh the importance of quantitative and semi-quantitative factors in a complex in which the absolute or "true" value of these factors is unknown, and to arrive at a reasonable hypothesis among the many possible hypotheses provided by the complex and factors;
- (3) *Critical perception*—the ability to evaluate the printed page or the spoken word in an impartial, nongullible manner;
- (4) *Educability*—the capacity for continuous intellectual growth;
- (5) *Selectivity*—the ability to select from a mass of learned material those elements relevant to the problem at hand;
- (6) *Synthesizing ability*—the ability to perceive unity and relatedness among apparently discrete areas of knowledge;
- (7) *Cultural awareness*—a broad interest in, and sensitivity to, the world of which the individual is a part.

On the basis of these criteria, ETS developed a proposal for the development of new and revised forms of the test by

1960 and for a program of continuing research aimed at further improvement of subsequent forms. The Subcommittee on Evaluation and Measurement met with ETS on April 13, 1957, for the purpose of reviewing, amplifying and clarifying the proposal. The results of this discussion were presented by Dr. Gee and Dr. Hunter to the Association's Executive Council on May 24, 1957. Following the Executive Council's review of the envisioned program and approval of the expenditure of funds from income derived from the administration of the test, requested additional revisions were made in the proposal by ETS. This proposal, in its final form, will be reviewed by the Committee on Educational Research and Services at its meeting on October 20, 1957.

Although the technical nature of the proposal does not warrant its reproduction in this report, copies may be obtained from Dr. Gee by those who are interested. At the spring and fall administration of the MCAT in 1957, normative data have been obtained concerning the applicant's state of residence, amount of undergraduate education, and major field of study. From these data, distributions of scores will be published that will enable admission committees to make more definitive comparisons of students' test performances. It will be possible to determine, for example, how each applicant compares with other applicants from the same geographical region, how he compares with other students who have had a similar amount of undergraduate education, and how he compares with students whose undergraduate major field of study is similar to his own.

It was reported a year ago that a handbook to assist admission committees in making maximal use of the information available from the MCAT was being planned. The need for intensive work on test development took precedence over the handbook, largely because information deemed essential for this manual was not available. The normative data prescribed above are needed, as well as a substantial body of validity data. The latter are currently being obtained through a joint study with the National Board of Medical Examiners of interrelationships among MCAT scores, achievement as measured by the National Board tests, and achievement as reflected in grades obtained in medical school. Representative examples of the use and interpretation

of MCAT data, in conjunction with the other information that is usually available on applicants to medical schools, are also being gathered. In preliminary form, the handbook should be available by the spring of 1958.

The annual and alternate-year reports involving the MCAT that are routinely made to medical schools and undergraduate colleges were described in detail in the 1956 report of the Committee. The production of these MCAT reports continues unchanged. The trend reported a year ago toward lower scores in the categories of quantitative ability and science achievement, has continued. One possible explanation of this trend is that larger numbers of students whose talents are strongest in the verbal-linguistic areas are applying for entrance to medical schools. Another possibility is that fewer students of outstanding abilities and interests in quantitative and science fields are making application.

Reports to medical schools. The Committee's plans to establish routine reports to the medical schools on various aspects of the application, admission and progress of medical students have been delayed as a result of the Association's move to new quarters and the accompanying turnover in staff. It has been planned also to prepare a handbook for medical schools, describing in detail the information exchange through which periodic reports are made possible, and providing a calendar of target dates for medical schools to follow in submitting the essential data on which the reports are based. Preparation of this handbook has been delayed until procedural detail is finalized.

The rapid development of the Committee's research programs has revealed inadequacies in the existing record-keeping system, which has grown by accretion since its inception in 1949. Educational Testing Service, too, has reported difficulties arising from the fact that records and reporting procedures have outgrown the IBM card layouts. The system has therefore been revised this year and brought up to date; the transition is nearly complete. Decision by the Committee is required on one remaining problem concerning reporting procedures on student accomplishment. Once action has been taken by the Committee, routine procedures can be established and the handbook can be prepared.

Two reports, known as the Undergraduate Origins Reports, which describe the progress of students through medical

schools in terms of undergraduate colleges of origin, were changed at the June 1956 meeting of the Committee from annual to alternate-year reports. These reports are scheduled for issuance in odd-numbered years; this year, one was issued in August—the second is currently in press.

The two annual reports that keep medical schools informed of their competitive status in respect to other medical schools were last issued in June and August of 1956. The Committee will consider at its October 1957 meeting the possibility that the breadth of the Committee's services might be increased if the latter reports, like the Undergraduate Origins Reports, were scheduled for alternate years.

The following studies for use by medical schools and the public are being maintained: (a) bibliography of studies on medical student selection and evaluation, (b) vocational guidance reading list on careers in medicine and other health professions, and (c) annual catalogues of opportunities for summer study in all the medical schools of the United States.

One aspect of preparation for the 1956 Institute on "The Appraisal of Applicants to Medical Schools" involved a survey of 1956 freshman medical student opinion of the admissions process. A report on the over-all freshman consensus is included in the Report of the Institute, to which reference has been made previously. After this analysis, which was based on a 10 per cent random sample of student responses, the data were processed in their entirety and a confidential report was prepared for each individual medical school. These reports have enabled each school to study the reactions to their admission procedures both of students who enrolled in their schools and of students who applied but enrolled elsewhere. A variety of information about the distribution of socioeconomic and educational backgrounds of the student body was also provided.

In December 1956, at the request of many medical schools that are interested in, or actually engaged in, personality and interest measurement research on medical students, a report summarizing all reported ongoing and recently completed research projects in these areas was distributed to all medical schools in the United States. This summary has also been published in the appendix of *The Appraisal of Applicants to Medical Schools: Report of the Fourth*

Teaching Institute. Exchanges of information of this kind would be helpful to all who are involved in, or who contemplate, research studies of student characteristics. Unnecessary duplication of effort can be avoided, and those engaged in projects with similar aims gain the opportunity to exchange information on methods, procedures and results. Whether the information contained in the summary is of sufficient value to warrant periodic re-issuance, will be investigated during the coming year.

Admission Requirements Book. The 1957-58 *Admission Requirements of American Medical Colleges* was published on August 1, more than a month earlier than in previous years. The results of last year's Institute questionnaire analysis made clear the fact that the admission book is needed by applicants to medical schools long before the start of the school year—nearly half of the medical schools in the United States begin to receive applications before July 1 of the year preceding the entrance of a new class. If it is possible for medical schools to cooperate by submitting promptly the information needed to produce the admission book, earlier publication next year will be attempted. The current edition includes for the first time detailed information on each of the Canadian medical schools. Thus, students interested in studying medicine now have available in one volume accurate information about every medical school in the United States and Canada.

Agreement on admission procedures

For many years, the Association has striven to make easier for the student his transition from college to medical school. These efforts culminated at the business session of the 65th Annual Meeting of the Association at French Lick, Indiana, on October 20, 1954. At that time, the provisions now commonly referred to as the "traffic rules" were adopted by the Association with a dissenting vote of one. In recent months, there has been some local confusion concerning the traffic rules, apparently owing to misunderstanding at a few medical schools of the agreement on admission procedures adopted by the Association. The Executive Council, therefore, at the 68th Annual Meeting of the Association at Atlantic City instructed the Committee on Educational Research and Services to republish these traffic rules. The Committee was requested, also, to review the steps that 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 procedures and to devise appropriate provisions.

The Executive Council, reflecting the widely held views of the member colleges, had been concerned for many years about the undesirable pressures exerted by a few medical schools upon their applicants. Thus, at the meeting of the Council in November of 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 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 present procedures were adopted almost unanimously at French Lick. They operate fairly only when applicants as well as schools adhere strictly to their spirit. This point was emphasized at Colorado Springs at the 67th Annual Meeting of the Association, and again at Atlantic City at the 68th Annual Meeting. The so-called traffic rules are reproduced below as printed in the proceedings of the 65th Annual Meeting (Journal of Medical Education for December 1954, Vol. 29, No. 12, pp 73-74).

"Whereas, 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, 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 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 nonre-

fundable 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."

Reports to Undergraduate Colleges. There has been no change in this program during the past year. Reports are issued to undergraduate colleges concerning the distribution of ability as measured by the MCAT performance of their students who apply for entrance to medical schools, the success of their former students in gaining admission to medical schools, and the success in medical school of those who enter as measured by regularity of progress and grades. Each year, as these reports are issued, the volume of acknowledgments expressing interest and gratitude to the Committee for issuing them reaffirms the desirability of continuing this service.

Applicant Information. The 1956-57 applicant study is scheduled for publication in the January 1957 issue of the *Journal of Medical Education*. No unpredicted changes of significance in the number of applicants has occurred, and the evidence indicates that the increase will be rapid in the years ahead. The 1955 increase of 400 became in 1956, 1,000. It is expected that the 1957 applicant population will show an equally great proportionate increase. There is little question that the need to streamline application procedures to permit handling larger numbers of applicants is upon us.

Research Services. Requests for data to aid in undergraduate college, medical school, national agency, and statewide research projects continue to be received by Dr. Gee. An increasing number of undergraduate colleges and state and national agencies appear to be launching investigations in which the information in AAMC records would be useful. Requests involving negligible expenditures of staff and/or IBM time are met by Dr. Gee routinely; major projects are referred to the Committee for approval. Agencies other than medical schools are

asked to bear the cost of producing reports that involve substantial use of staff time and facilities.

Currently, major projects under way are being sponsored by the Cancer Research Institute and Harvard College. It is the policy of the Committee to assist approved research projects whenever it is possible to do so without interfering with regular work. The current backlog of requests is such that it is not possible to meet new requests for several months.

Research Development. The Committee's program of research on the characteristics of medical students, established in 1956 and outlined in detail in the 1956 report, is making rapid progress.

A study of the relationship between performance in medical school and amount of undergraduate education prior to entrance to medical school, has been completed and is being prepared for publication. In brief, the results of this study indicate that nearly all the variation in grades that appears to be associated with amount of undergraduate education can, in fact, be attributed to variations in ability as measured by the Medical College Admission Test.

A second study nearing completion involves an analysis of the complete history of the 1952 freshman class. A wide variety of breakdowns have been employed to study relationships between various progress classifications, failures and drop-outs, on the one hand, and characteristics of schools, age, sex and ability, on the other. Both of these studies will be submitted for publication to the *Journal of Medical Education*.

During the past year, a large proportion of time allotted to research on personality and interest measurement has necessarily been spent in initial data-processing activity such as test scoring, collating information on individual students from a variety of sources, transforming data from one form to another that is better suited for statistical analysis, and even in extending published statistical tables for use with odd sample sizes. Additional test data were collected at 12 schools to augment the size of samples of students who anticipate entering various specialties and to provide information concerning the degree to which successive classes of students in a single school resemble one another.

Students tested as seniors in the spring of 1956 were followed up in the spring of 1957. Ninety-seven per cent of these young physicians replied to our inquiry requesting information about their plans

for additional study and practice. Such a high rate of return—rare in the case of an inquiry made by mail—is gratifying indeed.

The complexity and the technical nature of this research preclude the presentation of results in the present report. One may, however, sketch the general outline of the studies that are planned or are already in progress, adding notes on the potential utility of the results of these kinds of investigations.

1. *Work in progress.* Studies are being made of the nature and extent of variation of measurable personal characteristics of men now entering the medical profession. Interest, ability and personality test data are being studied in three contexts:

(A) Comparison with other groups: How do the characteristics of freshman and senior medical students, as groups, compare with those of other college students, and with those of men in other professions and occupations? What characteristics do they share in common and how do they differ? The kinds of comparisons that can be made are, of course, limited by the availability of information on which to base comparisons. Published normative data on the Edwards and Allport-Vernon-Lindzey tests permit immediate comparisons of medical student characteristics measured by these tests with those of college student groups. The scores on the Strong inventory provide direct comparisons of the degree to which the interests of our medical student groups resemble the interests of men who are considered "successful" in 45 professions and occupations, including the medical profession. Studies in progress at the Institute of Higher Education at the University of California will make available further comparative data.

The ultimate implications of these comparisons will of necessity be speculative until such time as we are able satisfactorily to identify the "good" vs. "poor" representative of the medical profession. Nevertheless, it is possible on the basis of data such as these to determine whether present-day education is producing men representative of a broad or narrow range of personal characteristics and whether these people are strongly representative of particular segments of our national culture. The distribution of socio-economic status and educational level of parents of medical students differ considerably from those found in the general population—or

even in the college population at large. The question is whether distributions of personal characteristics differ also. It will be possible to examine, on logical grounds at least, the relationships between trends in demands for types of medical service and the potential supply of physicians who, as indicated by their interest and personality characteristics, are likely to provide such services.

(B) Comparisons between schools: It is known that average ability levels as measured by the MCAT vary considerably from school to school. Do patterns of interest and personality characteristics vary similarly? We wish to determine whether schools can be grouped in terms of student characteristics. The question is complex—it involves study of the effects of the specific environment of a school on student characteristics and of the relationship between patterns of characteristics and environmental factors as these are in turn related to performance. It is believed that a sound contribution toward understanding of the complexity of these relationships can be made by studying simultaneously the within- and between-school relationships of student characteristics to student performance. If it is found that schools do form stable, distinctive clusters, it will be possible to investigate the relative success in medical school of students who fit and of those who deviate from the established cluster norms.

(C) Comparisons among groups of students planning to enter various types of medical practice: Studies of these relationships are of potential value for the selection of students in that, armed with factual information about the patterns of characteristics of students who are likely to choose various types of careers within the profession, admission committees can more or less deliberately diversify or unify their student groups in terms of the kinds of education they are best equipped to provide. Ultimately, it should be possible at a national level to provide information that will help to maintain a favorable balance between society's demands for types of service and the supply of physicians who will be motivated toward providing the kinds of services demanded. In the interest of the medical student himself, these kinds of data can be of real value for in-school vocational counseling. Should student X plan for a career in general practice, teaching and research, or specialty practice—and, if a specialty, which one? Test

data are potentially valuable tools for assisting students toward making such decisions, but only if the tools are themselves sound and enough is known about them to use them effectively. The Association is in a strong position to study the tools and to guide individual medical schools in their use.

(D) A study of the interrelationships of test scores to select from among them a much smaller number of measures that can be used in later follow-up studies is in progress. Seventy-nine test scores are available for tested 1956 freshmen. The actual number of variables needed to discriminate effectively among various groups of students (e.g., high vs. low achievement in school, the potential teacher-researcher vs. the general practitioner vs. the practicing specialist in each of a variety of fields, etc.) is not known, but it can be determined by statistical analysis. Furthermore, study of the interrelationships of these measures of interest, personality and intellectual characteristics will in itself constitute a potentially significant contribution to the science of measurement of human behavior, quite independent of its practical importance to problems of selection and guidance of medical students.

(E) The Edwards Personal Preference Schedule was administered to students taking the MCAT in 1957. These data will contribute to the study of current selection processes and their implications for the future of medicine as it is affected by the characteristics of those who enter the profession. In addition, by special handling of test administrations, any effects on scores on these tests occasioned by pressure to appear in a favorable light for selection for admission can be determined. These data, like the 1956 freshman data, can be used in analysis through extended follow-up studies of progress through selection, training and professional practice.

2. *Planned and proposed studies.* (a) A study of the use of various methods of scoring personality tests. This study is important for developing techniques of using test data in counseling medical students and also for the investigation of methods of predicting achievement both in school and in various types of careers within the profession of medicine.

(b) In the spring of 1958, the freshmen tested in the fall of 1956 will complete their second year in medical school. An intensive investigation of intermediate criteria of student performance

should be made at that time. It would be desirable, for example, if all freshmen in the test sample were to take the National Board Examinations in 1958 so that the same objective data on achievement for all students could be analyzed. Other kinds of information, such as student ratings of fellow students and faculty ratings of students, as well as grades, would also be desirable. If the studies that have been launched are to have real value, careful follow-up observations of student performance both in school and beyond are essential.

The current program of research on student characteristics is being financed primarily by a grant from the Commonwealth Fund. A grant from the Markle Foundation, made to the Association in 1953, is also contributing to the support of the research program during the present year. To carry the program forward, however, will require new and long-term financing. *GEORGE PACKER BERRY, M.D., chairman, Committee on Educational Research and Services; HELEN HOFER GEE, Ph.D., Director of Research.*

REPORT OF THE COMMITTEE ON AUDIO-VISUAL EDUCATION AND MEDICAL AUDIO-VISUAL INSTITUTE

The Committee held its regular annual meeting at the time of the Annual Meeting of the Association of American Medical Colleges. The Committee concerns itself with the provision of audio-visual services and professional assistance as executed by the Medical Audio-Visual Institute. During 1956-57 the activities of the Institute were as follows:

Film Library Activities. In keeping with policy only those films were acquired which are suitable for undergraduate medical education and which are difficult or impossible for the medical schools to procure elsewhere. Twenty-nine new titles and 365 new prints were added to the library, making a total of 97 titles now in the library. These titles are all available for rental and some are available for purchase.

During the year 307 prints were sold. These are films that are available only from MAVI.

Total film purchases cost \$7,457 and total income from sales and rentals amounted to \$8,128. By and large the finished films that were purchased only for rental purposes were provided by the Pfizer Laboratories grant. Films which MAVI has helped to produce, finish or finance were paid for from the Film Publications Revolving Fund.

The Pfizer Laboratories grant balance at the end of the fiscal year was \$4,776. The balance in the revolving fund was \$2,776. The total film assets at the end of the fiscal year were \$7,552 plus 269 prints of films in inventory worth about an equal amount.

Film Production. The Institute is completing the production of the teaching films on Living Human Cells in Culture made possible by the three-year total grant of \$30,000 from Abbott Laboratories, and the assistance of Dr. C. M. Pomerat of the Tissue Culture Laboratory at the University of Texas-Medical Branch and Dr. I. Costero of Mexico City. Five films have been completed bearing the following titles:

THE HELA CELL STRAIN
MICROGLIA
OLIGODENDROGLIA
NORMAL ASTROCYTES
ABNORMAL ASTROCYTES'

By the end of the last fiscal year 200 prints of the first three titles had been sold.

Prototype Teaching Area. Progress has been made on the Prototype Teaching Suite intended for installation at the University of Kansas Medical Center. Details of the Suite have been drawn and an architectural model completed through the courtesy of Darell Boyd Harmon and Associates, architectural consultants of Austin, Texas.

Dr. Harmon has committed materials on behalf of his clients for the construction of the suite. Illness has forced Dr. Harmon to withdraw from his business with a resultant loss of his clients. While some manufacturers still stand ready to supply materials some are justifiably unwilling to subsidize the cost of meeting specifications. Between \$30,000 to \$50,000 would be required to realize actual construction. This estimated figure excludes the cost of deconstruction of present interior and the value of the space as would be borne by the University of Kansas School of Medicine.

As a research study into the problems of medical education this project is a worthy one. Some foundation or organization interested in medical education should be given the opportunity to support it.

Audiovisual News. *Journal of MEDICAL EDUCATION.* The AV news section in the *Journal* has been maintained. It contains news items, film reviews, and articles selected to stimulate better and wider use of audio-visual materials.

Cooperative Audio-Visual Activities. The

director of MAVI has represented the Association of American Medical Colleges in the following national activities:

Chairman: Audio-Visual Conference of Medical and Allied Sciences

Judge: Motion Picture Program of the Clinical Congress, American College of Surgeons

Instructor: First Medical Motion Picture Workshop, Veterans Administration and the Calvin Company

Panel Member: Special Section on Communications, Annual Meeting, American Medical Association

Chairman, Medical Category: American Film Assembly and Golden Reel Film Festival

Member: Committee on Physical and Mental Health Film

Speaker: International Photographic Exposition

Chairman: Cooperative Medical Film Agencies (Supplying data to Library of Congress on medical films)

The Future of MAVI. The Medical Audio-Visual Institute has played a unique and positive role, both within the Association and as an influence on related organizations. It has been a stimulant to medical schools and medical teachers and has provided ideological security to other associations concerned with the special problems surrounding the use of audio-visual materials and equipment.

The Medical Audio-Visual Institute is a national voice representing the production and utilization of medical undergraduate AV teaching materials. Medical schools are developing techniques and administrative units for better and more economical use of these materials. Some schools have made spectacular progress—a development which has been stimulated not only by a general increase in concern with the problems of teaching and learning, but also by specific encouragement and aid from the Medical Audio-Visual Institute.

If the Institute is to show continued progress, it is our opinion that additional support, preferably on a long-term basis, is essential. As an alternative, serious consideration must be given to a program leading to drastic reorganization of the Institute and the services which it is to render. **WALTER A. BLOEDORN, chairman of committee; J. EDWIN FOSTER, Director of MAVI.**

Following the report of the Director of the Audio-Visual Institute, Dr. Youmans announced that Dr. Foster was leaving the Association to join the staff of the American Heart Association. A motion was unanimously passed, expressing deep appreciation to Dr. Foster for his many years of effective service and wishing him well in his new position.

REPORT ON HUNGARIAN REFUGEES

(Report of the Emergency Program for the Placement of Escapee Hungarian Medical Students in American Medical Schools by the Association of American Medical Colleges, Institute for International Education, World University Service, National Committee for Resettlement of Foreign Physicians, Inc.)

Hungarian college students entered this country in large numbers during and after the Revolution in October 1956. To enable those who were qualified to continue their education in this country, the World University Service and the Institute of International Education established a placement program. Through their efforts most of the undergraduate students have been placed in American universities. The graduate students, and most particularly the medical students, posed a much greater problem. In order to aid the medical students, the Association of American Medical Colleges and the National Committee for the Resettlement of Foreign Physicians, Inc., joined with the World University Service and the Institute of International Education in starting an emergency placement program.

With very little available information on the academic background of the students it was decided that it would be necessary to give screening examinations before any placement program could be effective. Screening Boards were established at Cornell Medical College, Northwestern University Medical School, and the University of California School of Medicine in San Francisco. Each student was assigned, on a geographical basis, to one of the Screening Boards. The examinations were held in June 1957, and were conducted by experienced examiners in the basic sciences and clinical fields. Dossiers, including transcripts in most cases, were made available to the examiners.

Thirty-seven students took the examinations. Twenty-six passed with both academic achievement and English proficiency, and were considered suitable for acceptance in one of the first three years

in an American medical school. Many of the failures, which numbered eleven, were not passed because of poor English.

Thirty-six member schools of the Association of American Medical Colleges had indicated that they would consider one or more students for admission. The students were then assigned by lot, on a geographical basis, to one of these schools. The student's dossier and transcripts were forwarded to the schools, along with a report of the Screening Board. In each case a tentative class assignment was suggested. However, neither the reports of the Screening Board nor the class assignments were considered as any commitment on the part of the schools, because it was felt that these were more properly the prerogatives of the schools themselves.

At the date of this report, 19 of the students who passed the screening examinations have been admitted to medical school; 10 of these were accepted in the first year class, six in the second year class, and three in the third year class. One student who passed the examinations was accepted as an audit student. One student who failed the screening examinations because of lack of facility in English was finally admitted to second year standing; another who failed for the same reason was admitted as an audit student in the first year. In both these cases, if the student's record is satisfactory they will be accepted in 1958 as regular students.

Of the six students who passed the screening examinations, but failed to be admitted, one possibly may be admitted in February 1958. Two are employed in medical laboratories and are being considered for admission in 1958. One is undergoing extensive plastic surgery for wounds received during the Revolution, and he expects to enter premedical studies in February 1958, and probably will be admitted to medical school in the fall of 1958. The two remaining students were refused admission and we have been unable to communicate with them since. One additional student was admitted to medical school without reference to the screening examination. There might possibly be others in this category. (See Tables I and II for details.)

Each of the students, except one, has received an allotment of funds varying in amounts from \$200 to \$2,000 for maintenance and/or tuition. The funds will be disbursed by the school authorities.

Each student has been judged on his

merits and although there are humanitarian and political overtones in the program, in the final analysis it is the professional community of this country that will stand to gain by its implementation.

Many problems still remain to be solved. One, how to finance the students, who were admitted this year, during the rest of their years in school. Also, a number of those who failed to be admitted will probably be accepted in 1958, and will need support. Another 400 Hungarian students in Yugoslavia still await admission to the United States. Possibly 15 to 20 medical students will enter with this group. What we will be faced with if other Middle European countries defect from Communism cannot be determined. All of these problems will have to be met by the independent agencies, or possibly by the government itself. In a great measure the possibility of any future projects for refugee medical students will depend on the record of the students admitted this year.

Funds for scholarships, hospitality and administration have been provided by the following:

- Commonwealth Fund
- First Aid for Hungary
- Free Europe Committee
- Inland Steel
- International Rescue Committee
- International Telephone & Telegraph
- Kellogg Foundation
- Milbank Foundation

- Moses Foundation
- Alfred P. Sloan Foundation
- Miscellaneous

Funds for the language training program have been provided by the following:

- Ford Foundation
- Rockefeller Brothers Fund
- Rockefeller Foundation

Special mention should be made of the contributions made by the following individuals:

- Association of American Medical Colleges
 - Dr. Dean F. Smiley
 - Institute of International Education
 - Mr. Richard Raymond
 - Miss Ann Bollman
 - World University Service
 - Mr. Wilmer J. Kitchen
 - Dr. Richard Carlton
 - The National Committee for Resettlement of Foreign Physicians
 - Mrs. Laura Rubin
 - Chairmen or Screening Boards
 - University of California School of Medicine
 - Dr. Malcolm Watts
 - Cornell University Medical College
 - Dr. Dayton Edwards
 - Northwestern University Medical School
 - Dr. John Cooper
- ROBERT BOGGS, chairman*

SUMMARY

TABLE I

Students examined by Screening Boards	37
Passed	26
Failed	11
Passed—Accepted	19
First Year	10
Second Year	6
Third Year	3
Passed—Accepted (First year Audit)	1
Passed—Not accepted 1957	6
Failed—Accepted (Second year)	1
Failed—Accepted (First year Audit)	1

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TABLE II
ACCEPTANCES BY SCHOOL AND YEAR

Medical School	First Year	Second Year	Third Year	Total
Albany	—	1	—	1
California	—	—	1	1
Cornell	1	1	—	2
Creighton	2	—	—	2
George Washington	1	1	—	2
Maryland	—	1	—	1
Michigan	—	—	1	1
New York State—Syracuse	—	1	—	1
New York University	2	—	—	2
Northwestern	—	—	1	1
Pennsylvania	1	—	—	1
Pittsburgh	—	1	—	1
Rochester	1	—	—	1
Stanford	1	—	—	1
St. Louis	1	—	—	1
Vermont	2 (Audit)	—	—	2
Virginia, Univ. of	—	1	—	1
	—	—	—	—
	12	7	3	22

REPORT OF NOMINATING COMMITTEE

The Committee placed in nomination the following individuals for the offices corresponding:

President-elect: Dr. John McK. Mitchell, Pennsylvania;

Vice President: Dr. Joseph Wearn, Western Reserve;

Treasurer: Dr. Stockton Kimball, Buffalo;

Secretary: Dr. Richard Young, Northwestern

Executive Council:

Term expiring in 1960: Dr. Stanley Olson, Baylor; Dr. Thomas Hunter, U. of Virginia

Term expiring in 1959: Dr. Mark Everett, Oklahoma; Dr. Gordon Scott, Wayne State

J. MURRAY KINSMAN, chairman

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

REPORT OF THE COMMITTEE ON CONTINUATION EDUCATION

During the past year the Council on Medical Education and Hospitals of the American Medical Association published with the approval of the House of Delegates a "Guide Regarding Objectives and Basic Principles of Postgraduate Medical Education Programs." The guide is an important beginning in bringing order to a most complex area.

The Committee is impressed with the massiveness of the problems in continuation education. Although the need for increasing activity of this field is unanimously agreed upon, the direction of activity is uncertain, the desire of the physician is only imperfectly appraised, the responsibility of schools of medicine is not universally admitted and the effectiveness of any particular educational mechanism is totally unknown.

The Committee continues to expect that the factor of major significance is the establishment of that environment in the daily activity of the physician which

will support the physician's freedom in the increasing development of his intellectual self-discipline. The role of full-time clinicians as a nucleus for educational leadership within the hospitals is still considered as a critical contribution to this support.

The present environment of the practitioner is so imperfectly known that the Committee urges the Executive Council of the Association to consider an intensive and extended study of the ecology of American medical practice. JAMES W. COLBERT, JR., *chairman*.

REPORT OF THE CHAIRMAN OF THE EDITORIAL BOARD

The resignation of Dean Smiley, M.D. recalls the valuable contribution that he made as Editor of this *Journal*. He was devoted to all aspects of the program and the growing importance of the *Journal* is a tribute to his work.

On October 20, the Editorial Board will convene to review past achievements and chart a course for future accomplishments. The Chairman of the Editorial Board will also serve as Editor of the *Journal* until decisions are made regarding the most desirable organization of the program.

Under this new arrangement the *Editorial Offices* will be located at "*Journal of Medical Education*," *University Hospitals, Madison, Wisconsin*. All communications regarding manuscripts and medical school news should be transmitted to this address. The *Publications Office* will continue to operate at the headquarters of the Association.

Manuscripts. The manuscripts have continued to be the main point of focus for the Editorial Board. Many of the manuscripts have been solicited from medical educators in the United States and other countries. There is a continuing need for manuscripts describing developments in medical education in the United States. Articles describing educational experiments in progress would be valuable in keeping the readers of the *Journal* informed on current developments.

The first series of papers on the *History of Medical Education* has been published. Professor Frederick Norwood has agreed to supervise the development of a second series of profiles of distinguished individuals in the growth of medical education in the United States.

The special numbers of the *Journal* during the past year have included the

study by Osler Peterson on medical practice in North Carolina, the Applicant Study for 1955-56, and the Report of the Teaching Institute on The Appraisal of Applicants to Medical Schools. A special supplement in Spanish for medical educators in Latin America is in press.

The financial support of the China Medical Board has made possible the distribution of the *Journal* to medical schools in other countries.

A generous grant from the Josiah Macy Foundation has supported the publication of a number of significant articles on medical education in other countries. This grant has also financed the preparation of the special number for Latin American medical educators and Spanish abstracts of all articles in the *Journal*.

News and Announcements.

The desirability of communicating news of developments in our member institutions is recognized by all readers of the *Journal*. Deans, their public relations officers and faculty members are urged to transmit more information of this nature. An effort will be made to keep our readers more fully informed on programs of Federal agencies and philanthropic foundations as they are of interest to medical educators.

A full report of the meeting of the Editorial Board will be published in an early number of the *Journal*.

Finally, the Chairman would like to express his deep gratitude to the members of the Editorial Board for their work with the *Journal*. A number of other medical educators have been helpful in reviewing manuscripts submitted for publication. JOHN Z. BOWERS, *chairman*.

SUPPLEMENTAL REPORT OF THE EDITORIAL BOARD

The Editorial Board of the *Journal of Medical Education* met at the Hotel Chalfonte in Atlantic City on Sunday, October 20, 1957. All members of the Board except Dr. Julius Comroe were present. Dr. Ward Darley, Executive Director of the A.A.M.C. and Dr. Frederick Norwood, Consultant on the History of Medical Education, attended the meeting.

Book Reviews. Dr. Kenneth Penrod agreed to serve as Book Review Editor. The Board adopted a program in which only books dealing directly with problems of medical education will be critically reviewed. Publications which would

be useful as teaching instruments will be commented upon. Other books will be listed.

Membership of the Board. A system of rotation whereby members of the Board would serve for designated periods was recommended.

Format. The front cover will list titles, authors and pages of papers. Other sections—News from the Medical Schools, Items of Current Interest, Book Reviews, Personnel Exchange and Editorials would be listed on the front cover with page references. Other indexing will be discontinued.

The section entitled "With our Authors" will be discontinued. The faculty affiliation of the author will be carried as a footnote with the article.

Information on the organization of the Association, the organization of the Journal and instructions for authors will be carried on a single page in a standard location in the Journal.

Bibliography will be standardized in line with the Quarterly Cumulative Index.

Manuscripts, editorials and book reviews will be paginated with Arabic numbers. All other material will be designated by Roman numerals. Supplements will be paginated consecutively with the related numbers of the Journal.

A section will be established as "News from the Medical Schools." Another section will be established as "Items of Current Interest."

"Audio-visual News" will be discontinued as a separate section and carried under one of the above sections. Dr. Penrod proposed an annual number emphasizing developments in audio-visual education.

Abstracts of Papers for Annual Meeting. Dr. Hale Ham proposed that a call for abstracts of experiments in medical education should be issued at the time of the Annual Meeting. The abstracts would be published and indexed in the Journal. The Board was enthusiastic about this proposal. Dr. Ham will discuss it's development with Dr. Lowell Coggeshall, President of the A.A.M.C.

Supplements. Dr. Vernon Lippard agreed to assume the responsibility for this aspect of the program. Topics suggested included Medical Care, Architecture of Medical Buildings, Development and Operation of an Animal Colony, Ad-

ministration of Teaching Hospitals, Patient Contacts by Freshmen Students, Research by Medical Students, Free Time, Examination Systems and Changing Patterns of Premedical Education.

History of Medical Education. Dr. Norwood reported on progress in this department. The first series is nearly complete and the second series will document the lives of individuals who are outstanding in the development of U. S. medical education. Dr. Norwood proposed an anthology of the history of medical education and this was promptly adopted by the Board.

Subscriptions. The Board suggested that medical faculty members should be canvassed regarding subscriptions to the Journal. It was felt that a subscription to the Journal with membership in the A.A.M.C. might be more attractive than to emphasize membership in the A.A.M.C.

The Board will meet in Chicago at the time of the Annual Congress on Medical Education and Licensure. JOHN Z. BOWERS, *Editor-in-Chief*.

REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

August 20, 1957

The Committee is composed of Doctors Donald G. Anderson, Walter A. Bloedorn, L. T. Coggeshall, Harold S. Diehl, Stanley E. Dorst, Vernon W. Lippard, Robert A. Moore, Norman Topping, John B. Youmans and Joseph C. Hinsey, *Chairman*. Dr. Ward Darley and Dr. Dean F. Smiley have been considered ex-officio members of this committee.

The Committee met on February 9, 1957 in Chicago and the chairman has been in touch with the members of the Committee regarding problems that have arisen during the year. Because of the fact that it is necessary for this report to be prepared so far in advance of the meetings, it will not be possible for it to be up to date. The Committee will meet just before the meetings in Atlantic City and will be prepared to submit any additional information developed at that time to the open hearings in Atlantic City.

The work with the National Fund has progressed satisfactorily and the National Medical Education Week has been thought to be quite successful this past year. Each school has been kept informed regarding the activities of the National Fund for Medical Education and for that reason we shall not incorporate any of

the details in this report. Needless to say, the chairman of this Committee has been called on many times during the year to work with the staff of the National Fund.

During the year, discussions have been held with the officers and administration of the National Foundation for Infantile Paralysis, the American Heart Association, and the American Cancer Society regarding the possibility of the voluntary foundations contributing to the basic support of the work of the medical schools. These discussions have been carried on in a satisfactory manner. Although no definite decision has been arrived at, a real understanding of our problem has been brought to the attention of these organizations.

Your Committee has made every effort to get the percentage available for indirect costs from Federal grants raised from 15 per cent to 25 per cent. Doctors Coggeshall and Hinsey appeared before Senator Hill's committee on May 6, 1957. Dr. Coggeshall presented a prepared statement before the Senate Appropriations Committee, copies of which have been made available to the deans. I quote from the report I made to the COMMITTEE ON FINANCING MEDICAL EDUCATION on July 1, 1957, regarding the action taken and what the present status of this report is:

(The following quotation is from *Gross's Washington Report* on the Medical Sciences of July 1, 1957)

"Senate conferees, headed by Alabama's Lister Hill, were unable to talk House conferees into dropping a clause which forbids NIH from allowing grantees more than 15 per cent toward helping defray overhead expenses. In the short run, this may be rather a serious blow to institutions which go deeper into the red with every research project they undertake; but the Congressional and General Accounting Office inquiries into research costs soon to be launched could easily lead to more substantial financial assistance to training and research institutions.

"The House conferees, whose leader and spokesman is Rep. John E. Fogarty (D., RI), are not so much opposed to increasing the 15 per cent allowance as they are determined to turn a strong light on the expense items that go into that overhead. They don't want indirect costs, such as sidewalk repairs, charged against research.

"The Senate conferees, in contrast, are more tolerant to inclusion of indirect costs. The study which they have requested General Accounting Office to perform is to be completed by end of this year. House is planning to conduct its own separate investigation."

Every dean should have a copy of the NATIONAL SCIENCE FOUNDATION BULLETIN, entitled: "Reviews of Data on Research and Development, No. 2, March, 1957." This presents the findings under a title "Funds for Research and Development in Colleges and Universities, 1953-54." This should be read by every dean of a medical school and studied very thoroughly because it shows what the research we do costs us for the indirect expenses.

The legislation which has been introduced at this session may be summarized briefly as follows:

- (1) H.R. 6602, which is a bill introduced on April 3, 1957, by Mr. Dorn, of New York, to provide for the establishment of a commission to study the shortage of doctors of medicine in the United States.
- (2) Bill S. 1922, introduced by Senator Hill, and Senators Kennedy, Neely, Humphrey, and Smathers, on April 18, 1957, to authorize a five year program of grants for construction of medical and dental educational and research facilities and for other purposes. The companion bill in the House of Representatives is number H.R. 7841 and it was introduced by Mr. Fogarty on May 29, 1957. This is the bill which Senator Hill introduced in the previous session of Congress.
- (3) Bill S. 1917, introduced on April 17, 1957 by Senator Smith of New Jersey for himself and for Senator Purtell of Connecticut.

The bill is the administration bill to amend the provisions of the Public Health Service Act relating to grants for construction of research facilities so as to increase their duration from three to five years and to authorize grants for medical and dental teaching facilities.

There is no question but what the spirit of economy has dominated a great deal of the thinking in our present Congress. It seems to me that our position

should be not to take sides on any of the present legislation but to continue to present our great needs. We are most fortunate that the Committee on Interstate and Foreign Commerce released the staff report on March 14, 1957, which contains the background information relating to schools of medicine, dentistry, osteopathy, and public health. We are deeply indebted to Mr. Kurt Borchardt who is the legal counsel for this committee for the tremendous amount of most careful work and thought that he gave to this whole problem. This report is a veritable storehouse of important information and should be in the hands of every dean and his staff.

We are grateful for the work that has been done by the members of the staff of our medical schools in response to the letter of April 15, 1957, addressed to the deans of the medical schools over the signature of Dr. Ward Darley. In this he has pled for contacting the members of Congress from the areas where our medical schools are located and to inform them of the needs and to elicit their support for legislation for medical school construction. The members of the staff of the Association, as well as the members of our Committee have done a great deal of work in establishing contacts and presenting the needs to the members of Congress. This should be continued during the coming year. In presenting the needs, it seems important to make a plea for multiple support of our medical schools. If the corporations of this country would up the amount they contribute to the National Fund, a great good could come. If the states that now do not support medical education would start to provide funds, as well as if greater support could come from a number of our states, our medical schools would be greatly benefited. We need to accelerate and intensify the presentation of our problems to the various foundations over the country. Certainly, the members of the state legislatures must realize the importance of health education and its costs and, of course, many private individuals of means could do a great deal of good by contributing to various medical schools. All of us should strive to emphasize a continued need today and our future needs, and that we hope to keep the support of medical education on as broad a base from as many sources as it is possible to do. The Federal government is not the only source of this support and we should not lose sight of our other benefactors. Certainly during

this past year a great deal has come to the medical schools of this country through grants like those to the private medical schools from the Ford Foundation, the ones made by the Commonwealth Fund to certain of our schools and, of course, various states have upped the support that they have given to medical schools.

Your chairman has just returned from Washington where he discussed the present status of legislation with Mr. John R. McKenzie of the staff of Secretary Folsom, with Senator Hill and to a brief extent with Senators Ives, Purtell, Thurmond and Murray, and with Mr. Kurt Borchardt, who is the legal counsel for the staff of the Committee on Interstate and Foreign Commerce of the House of Representatives. We are most fortunate to have the support of all of these friends in government to whom we go for help and guidance. Special tribute should be paid to Secretary Marion Folsom and Dr. Aims McGuinness and their staff in the Department of Health, Education and Welfare. Mr. Oren Harris, Mr. John Bell Williams and the others in their Committee on Interstate and Foreign Commerce and their legal counsel, Mr. Kurt Borchardt, have shown great interest in understanding our problems. Over the years, Senator Lister Hill and the senators from both parties on his Committee on Labor and Public Welfare have helped us immeasurably and have had real insight into our problems. Our support has been bi-partisan. In the next session of Congress, if the House of Representatives will take the initiative in developing legislation for the support of the needs of medical education, for rehabilitation and new teaching facilities, we should meet with success. In all of our work on this legislation, it has been particularly gratifying to have the support of the American Medical Association, and the members of their staff have been helpful to us.

I want to strongly recommend to the committee for its consideration at its meeting in Atlantic City that we send letters of invitation to both Chairman Oren Harris, of the full Committee on Interstate and Foreign Commerce and to Representative John Bell Williams who is chairman of the Health Subcommittee of this committee, to have the members of the committee make visits to a number of our institutions so that they can see first hand the needs for new facilities. I think it would be desirable to have this committee visit some of the

new institutions to see what modern facilities are like and then go to some of the institutions to see where the facilities are inadequate and out-dated in order that comparisons can be made. I believe that these visits should be arranged for some time during the fall and early winter and that every effort should be exerted to see that they are made. Certainly, if we invite the members of the committee we will have taken the initiative in this matter. The other members in addition to Representative Williams on the Health Sub-committee of the House Interstate and Foreign Commerce Committee are Democrats—Dies of Texas; Rhodes, of Pennsylvania; O'Brien of New York; Dingell, of Michigan; Loser, of Tennessee; and Republicans Heselton, of Massachusetts; Bush of Pennsylvania; Schenck, of Ohio; Carrigg, of Pennsylvania; and Neal of West Virginia. Representative Neal is a physician who was elected last fall after serving one previous term.

It will be important for some members in the respective states to contact Representatives John Tabor, of New York, and Clarence Cannon, of Missouri. The information which I received leads me to believe that it is very essential that these two men be talked to and convinced of the importance of our needs. Without their understanding, we will have great difficulty getting appropriations that we would like to see made through the House.

The senators that are largely concerned with legislation for health in the Committee on Labor and Public Welfare, are Senators Hill, of Alabama, McNamara, of Michigan; Murray of Montana; Purtell, of Connecticut and Cooper, of Kentucky.

We have been laboring under difficulties that have been brought forth by the economy wave in Congress, the concern of Federal aid to education and its impact upon our problems, and by the whole Civil Rights discussion. It is to be hoped that in the next session of Congress that it will be possible for us to gain consideration of our medical school construction legislation. We should hammer away at our needs and what the future will bring to the health of the nation if these needs are not met. At present, it doesn't seem advisable to get involved in any one of specific legislative proposals which have been made.

I want to express to the members of the Committee and to the members of the Association, as well as to the staff of the

Central Headquarters, my sincere appreciation for the help which I have received in the work on Financing Medical Education during this past year. JOSEPH C. HINSEY, *chairman*.

P.S.—August 20, 1957

Yesterday, Secretary Marion B. Folsom, of Health, Education and Welfare announced the appointment of a group of consultants to make a study of medical research and education and their needs. They are being asked to investigate the relationship between governmental and private research, influence of increased research upon medical education, supply of teaching personnel, and other matters (Washington Report on the Medical Sciences, No. 531, August 19, 1957). Secretary Folsom has suggested that an interim report be presented within a year and a final report some six months later. The members of the group are as follows:

Chairman, Stanhope Bayne-Jones, who at the time of his retirement in 1953, was *President of the Joint Administrative Board of The New York Hospital-Cornell Medical Center*.

George P. Berry, *Dean, Harvard Medical School*.

Lowell T. Coggeshall, *Dean, University of Chicago School of Medicine*.

Stafford L. Warren, *Dean, University of California at Los Angeles Medical School*.

Fred C. Cole, *Vice-President, Tulane University*.

Irvine H. Page, *Director, Research Division, Cleveland Clinic Foundation*.

Thomas P. Carney, *Vice President, Eli Lilly Company*.

Samuel Lenher, *Vice President, E. I. du Pont de Nemours & Co*.

Robert C. Swain, *Chief of Research and Development, American Cyanamid Co*.

James E. Webb, *President, Republic Supply Co*.

It is to be hoped that medical educators will cooperate fully in the furnishing of information needed by this group of consultants. Certainly, it will not be a new experience in the light of the various surveys and studies that have been conducted in the past few years such as the Deitrick-Berson study, (1953), the report of the Magnuson Commission (1952), and the material assembled by the Ford Foundation about private med-

ical schools in 1956-57. I enclose a copy of a statement prepared for Secretary Folsom in 1955. There is a basic philosophy expressed here that is vital to the future of the nation's medical schools. *Statement prepared by Dr. Joseph C. Hinsey at the request of Dr. Palmer Dearing. This is an elaboration of certain points of view expressed at a conference held by Secretary Marion B. Folsom, of Health, Education and Welfare, with the Committee on Financing Medical Education of the Association of American Medical Colleges on Friday, November 18, 1955, in the Secretary's Office in Washington, D.C.*

Each of the nation's 85 medical schools has responsibilities in three areas: medical (might be more appropriately called health) 1) education, 2) research and 3) service. In the majority of instances, it is extremely difficult to delineate absolutely these three activities. Many times, a clinical teacher carries on educational and research functions at the same time he renders patient care, i.e., to a patient with hypertension or with tuberculosis. It is fair to say that the quality of patient care is better because it is done in the presence of teaching and research. In a like manner the teaching under these circumstances is much more stimulating and the research profits much in such an environment. While generalizations should be made with care, many believe that teaching environments such as are present in our medical schools provide the most effective milieu for scientific advancement. Nobel prize winners such as Dr. Enders and his co-workers and Dr. du Vigneaud and his staff, work and teach in medical schools. Dr. Jonas Salk likewise is a member of a medical school faculty. A pathologist teaches students at the same time he does an autopsy. A teacher of anatomy who is interested in variations and anomalies, which are so important to the surgeon, may do research at the same time he supervises a student's dissection of a cadaver. These examples, which could be enlarged many fold, will illustrate how arbitrary one must be to separate one individual staff member's time in order to allocate it accurately to teaching, research and to patient care or medical service.

Just as such a separation is quite complicated on the functional side, so is it as far as the designation of the physical facilities. In most of our medical schools, the student laboratories are used for medical and other health science courses for several months of the year and, in the remaining months, they are used for research projects of the staff. Sometimes, these two activities are carried on simultaneously in the same quarters. Dr. Stanley Dorst, Dean of Medicine at the University of Cincinnati, described just this sort of utilization of their space in their department of pharmacology, and the same is true for the facilities in pharmacology at Cornell. Modern medical schools are so arranged that research laboratories and student laboratories occupy adjacent positions in the departments. Such is the case in the Physiology

Building at Cornell where research facilities developed for special problems in fluid balance, neurophysiology and metabolism are used for student group teaching when the course is going full force and for graduate student teaching at other times in the year. Students become familiar and work with special apparatus that would be most difficult to provide out of medical school budgets, they are stimulated in the most modern methodology, and in some instances use these facilities for research of their own.

Most medical school staff members are researchers as well as teachers and demand proper research laboratories and facilities right in the medical schools. Dr. Lowell Coggeshall, Dean of Medicine at the University of Chicago, related the problems in his institution where a survey had shown the difficulties encountered in holding and attracting able young medical men into academic careers. These difficulties were not so much involved with salaries, which had been increased to better levels, but with the lack of adequate facilities to properly provide for their research needs.

It can be said unequivocally that a large volume of the medical research conducted in this country is being done in medical schools by staff members who teach and take care of patients as well. The rehabilitation of present plant and the enlargement thereto in the nation's medical schools constitutes the primary need that must be met before more physicians can be graduated and the nation's research can be upgraded and amplified. Such improvement would also contribute to an increase in the preparation of allied para-medical personnel and in graduate training for the basic medical sciences so essential to the teaching of our schools and to the advancement of research in medicine.

The medical schools are the "factories" that prepare all of our physicians and most of our graduate students in the basic medical sciences; they contribute to the education of dentists, nurses, and many allied medical personnel; they conduct the largest portion of the medical research; and they are responsible for a large volume of medical care and the maintenance of the quality thereof. Any program for the betterment of the nation's health must make provision for adequate plant and facilities to our 85 medical schools.

Joseph C. Hinsey, Director
The New York Hospital-Cornell Medical Center
Chairman, Committee on Financing Medical Education, Association of American Medical Colleges

Following the report of the Committee, Dr. Youmans presented the following resolution, which was adopted unanimously.

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

Whereas, several members of the pres-

ent Congress are sponsoring legislation designed to aid these medical schools in their needs and

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

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

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

REPORT OF COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

The Committee exists to orient members of the Association to the responsibilities and opportunities involved in international relations in the field of medical education and to bring about understanding and exchange of ideas across national boundaries. The Committee, also, functions in an advisory capacity to the Executive Committee and the Executive Secretary of the Association. The Committee is concerned with (1) keeping under continuous scrutiny the problems involved in the exchange of students and faculty between the United States and other countries, (2) keeping in close touch with and to encourage exchange relationships between selected foreign medical schools and sister institutions of the United States and (3) giving special assistance to foreign students or teachers who are studying in the United States in preparation for returning to teaching at home. The principle concern, however, has been limited largely to the exchange of medical personnel at the advanced scholar level (research scholars, medical faculty members and lecturers) and to contractual programs between American and foreign medical schools.

I quote from the Committee report in 1956:

"There are three principle government-sponsored exchanges, the International Cooperation Administration of State Department, administered by the Division of International Health of 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, Carnegie Foundation, Guggenheim Foundation, the China Medical Board and the 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'."

For medical educators interested in the problem of exchange of medical schools and/or contractual agreements the following publications are easily obtainable:

"I.C.A Fact Sheet" (International Cooperation Administration)
Office of Public Reports, I.C.A.
Washington 25, D.C.

Information concerning the new system of I.C.A. contract procedures, which allows for "responsible stewardship of public funds in the achievement of a public purpose" and "permits sufficient delegation of authority to contractors to assure achievement of the educational

objectives of the program," can be obtained through:

Office on Institutional Projects
American Council on Education
1785 Massachusetts Avenue, N.W.
Washington 6, D.C.

Other aspects of contract relations between American medical schools and foreign medical schools are covered in:

University of California Medical Science Teaching in Indonesia, J. Med. Educ., 32:344-349, May 1957.

A new contract program initiated since last year has been made between the University of Indiana School of Medicine and Pakistan to establish a basic science institute at Karachi (Dean John D. Van Nuys, General Program Director).

The University of Iowa has, also, made a contract with I.C.A. to work with the University of Quito, Ecuador in making a survey of the teaching of basic sciences.

Publications concerning programs for foreign students at both the undergraduate and graduate levels have been mailed to all medical schools and can be had on request from the various agencies:

(1) "United States Medical Training for Foreign Students and Physicians"
Committee on Educational Interchange Policy

Institute of International Education
One East 67th Street
New York 21, New York

(2) "Open Doors 1957—A Report on International Exchange"

Institute of International Education
One East 67th Street
New York 21, New York

(3) Committee on International Exchange of Persons

Conference Board of Associated Research Councils
2101 Constitution Avenue, N.W.
Washington 25, D.C.

Mailed under date of December 31, 1956:

(a) Information for American universities wishing to invite a foreign scholar through the United States government's Educational Exchange Program.

(b) "Annual List of Visiting Scholars"—providing information regarding the nationality, field of study and location in the United States of scholars receiving United States government grants (1956-57 over 600).

(c) "Information for Visiting Scholars"—awarded grants under the Fulbright and Smith-Mundt Acts.

(4) "Quarterly Reports of Medical

Education Information Center" (MEIC)

Pan American Sanitary Bureau
1501 New Hampshire Avenue, N.W.
Washington, D.C.

These reports cover activities of agencies in the field of medical education in the Pan American countries and list fellowship awards giving names, nationality, professional positions held, country of study, purpose and sponsoring agency (P.A.S.B., W.H.O., Kellogg, I.C.A., U.S.P.H.S., etc.).

(5) The new revised second edition of "Handbook on International Study" prepared by

The Institute of International Education

One East 67th Street
New York 21, New York

is to be released October 3, 1957 (price \$3.00). This handbook will contain comprehensive information of interest to Americans going abroad to study and to nationals of other countries coming to the United States.

Progress of the joint efforts of the Federation of State Medical Boards of the United States, the American Hospital Association, the American Medical Association and the Association of American Medical Colleges to evolve a plan to evaluate individual foreign graduates can be followed in:

(1) Foreign Medical Schools and Students, *J.A.M.A.*, 161:1661-1664, August 25, 1957.

(2) Kinsman, J. Murray: Educational Council for Foreign Medical Graduates, *Fed. Bull.*, 44:217-220, August 1957.

The group was incorporated under the laws of the State of Illinois on May 14, 1956. Dr. Dean F. Smiley will become full-time Director on or about October 1, 1957. The headquarters are to be established in Evanston, Illinois. The Educational Council function "is to evaluate individual foreign graduates and to supply information concerning this evaluation to state boards, hospitals or other agencies upon legitimate request."

The Association cooperated with the National Committee for Resettlement of Foreign Physicians, Inc. in screening of Hungarian medical student refugees. In New York Dayton Edwards, Secretary of the Faculty of Cornell Medical School, in Chicago John A. D. Cooper, Assistant Dean of Northwestern Medical School, and in San Francisco Malcolm

Watts, Assistant Dean of the University of California Medical School, did the actual evaluation of individual candidates.

The new series of articles in MEDICAL EDUCATION on medical education in foreign countries is very informative.

- (1) Bargmann, W.: Medical Education in Germany, *J. Med. Educ.*, 32:422-426, June 1957.
- (2) Smyth, Francis Scott: University of California Medical Science Teaching in Indonesia, *J. Med. Educ.*, 32:344-349, May 1957.
- (3) Bonetti, Eugenio: Medical Teaching in Italian Universities, *J. Med. Educ.*, 32:547-551, August 1957.
- (4) Sinclair, David C.: Medical Education at Oxford, *J. Med. Educ.*, 32:467-475, July 1957.
- (5) Leake, Chauncey: Medical Education in the U.S.S.R., *J. Med. Educ.*, 32:269-277, April 1957.
- (6) Wahi, P. N.: Medical Education in India, *J. Med. Educ.*, 31:249-254, April 1956.
- (7) Kusama, Yoshio: Medical Education in Japan, *J. Med. Educ.*, 31:393-398, June 1956.

The Association was a participating organization in the Second National Conference on Exchange of Persons, Education for International Responsibilities, December 5-7, 1956 in Chicago. Your chairman attended, and Dr. Howard M. Kline, a consultant to this committee, was a panel discussant.

The Association co-sponsored with The China Medical Board of New York, Inc. and the Conference Board of Associated Research Councils, a Conference on Medical Education for Foreign Scholars in the Medical Sciences, held at the University of Wisconsin, June 24-26, 1957. This is reported in *J. Med Educ.*, 32:590-591, August 1957, by John Z. Bowers, Dean, University of Wisconsin, who acted as moderator and host. The meeting was eminently successful, well planned and beautifully conducted. Several members of this committee participated.

A survey team, consisting of John Z. Bowers, Dean of the University of Wisconsin Medical School, Dean F. Smiley, Secretary of the Association of American Medical Colleges, and Richard H. Young, Dean of Northwestern Medical School, visited the American University of Beirut Faculty of Medicine, Beirut, Lebanon, May 6-9, 1957. The American University of Beirut was chartered on April 24, 1860 by the State of New York; the medical school opened in 1867. There is an Amer-

ican Board of Trustees and American plan of instruction, with key personnel being American, and American financial support. The proclaimed objectives of the medical school are: "To offer medical education of the American type and quality to the people of the Near East where many countries as yet have no facilities of their own; to set a high standard for existing state schools to emulate; and to turn out medical educators who may assist other schools in their development." A report and recommendations were submitted to the Executive Council of the Association.

Dean Bowers and your chairman had the pleasure of individually contacting Dr. E. Grzeoorzewski, Director of Medical Education, World Health Organization, Geneva, Switzerland. RICHARD H. YOUNG, chairman.

Following this report Dr. Young presented the following resolutions, which were referred to the Executive Council for study and recommendation.

(1) *It is the opinion of the Committee on International Relations in Medical Education that the faculties of medicine and their respective universities should recognize that programs of education in the foreign field, whether by private or Federal subsidy, need the consultation and cooperation of our educational institutions, that such participation is both a university responsibility and an opportunity and that such service enriches the experience of both the individual participant and his institution and hence should be encouraged by proper recognition and appreciation in terms of university service and academic status.*

Be it resolved that copies of the foregoing statement be sent the respective constituent institutions of the Association of American Medical Colleges.

(2) *Because of the almost insurmountable difficulties and frustrations confronting foreign students who seek pre-medical or undergraduate medical education in this country, and*

Because of the usual inappropriateness of undergraduate education in this country for foreign students who intend to return to medical practice in their own country,

Be it resolved that, the Association of American Medical Colleges recommends to the State Department and other government and non-government agencies that they do not encourage foreign students to seek premedical and undergraduate medical education in this country, and that their recommendations be

limited to those graduates of foreign medical schools who are seeking post-graduate or graduate experience.

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

During the year 1957 this Committee has been concerned largely with two matters:

- (1) activities to remove the restrictions on types of internships which may be approved by the Council on Medical Education and Hospitals of the American Medical Association, and
- (2) A study of the internship in our university teaching hospitals.

(A) It will be recalled that in 1955 the Council on Medical Education and Hospitals was instructed by the House of Delegates of the American Medical Association to approve for internship training only those programs in which the service was of the rotating type. Further instructions were given urging that action be taken to encourage the elimination of the straight internship in services then offering such programs. This action to restrict form and type of the internship was protested by many different groups and organizations, including our Association. On the recommendation of this Committee the Association Council adopted a forceful position on this matter at the last Colorado meeting. It is gratifying to report that at the June 1957 meeting, the House of Delegates of the American Medical Association, on the recommendation of the Council on Medical Education and Hospitals and with the approval of the Reference Committee, rescinded its action prohibiting approval by the Council of straight internships. The House again expressed their preference for the rotating internship experience but authorized the Council to consider for approval straight internship of superior educational content in medicine, surgery, pediatrics and, in special instances, in obstetrics.

(B) At the meeting of the Executive Council of the Association of American Medical Colleges during the last Annual Meeting action was taken approving the recommendation of this Committee that a study of the internship be initiated by the Association. Two meetings of the Committee were held in Chicago on February 9 and 11, 1957, at which

tentative plans were submitted to the Executive Council and approved on May 25, 1957. The Committee is now working on final plans for the study which should be submitted to the Executive Council at the Atlantic City meeting for final approval. E. HUGH LUCKEY, *chairman*.

Following this report, a proposal for "A Survey of the Internship in University Teaching Hospitals" was referred to the Executive Council for study and action.

Annual Meeting:

A meeting of the Committee was held in Atlantic City on Sunday, October 20 from 10 a.m. to 12:30 p.m. Present were: Doctors Deitrick, Lawrason, Luckey, Manlove, Stowe, Wolf, and by invitation Dr. Charles Kiely (representing Dr. Vilter) and Dr. Edward Turner. Doctors Aagaard, Armstrong and Pruitt were not able to be present.

1. The activities of the Committee during the past year were reviewed. Attention was called to the gratifying action of the House of Delegates in June 1957 removing restrictions on the approval of straight internships by the Council on Medical Education and Hospitals.

2. The current status of the Berry Plan and influence of military medical personnel requirements on the residency programs in our university hospitals was discussed. All information now available indicates that in the academic year 1958-59 the needs for physicians in military service will be exceeded by volunteers. This introduces problems of a new sort in our university hospitals: the provision of an adequate number of high quality residency experiences for those men who in recent years would have been called to military service at the end of their internships. Although this is not an unwelcome prospect, considerable reorganization of our internship and residency programs is necessary to accommodate this sudden change in military requirements. Further, it seems to our Committee that this current period provides our governmental agencies the opportunity to plan for future medical personnel requirements in a more satisfactory manner. The following recommendations are made:

- A. That physicians be called to active military service only after completion of their period of residency training.

- B. That consideration be given to a reduction in the amount of

time an individual physician is required to spend in military service.

C. Not least important, that proper recognition be given to the importance of research and the larger contributions to the overall defense efforts afforded by retention on medical school staffs of selected individuals with unusual research and teaching responsibilities and potentialities. Some provision should be made for the exemption of these individuals from military service in order to prevent the interruption of their scientific and educational productivity.

D. The chairman referred to a letter to the Association from Dean Marsh of the University of Miami requesting approval of a survey in medical schools and selected hospitals concerning their policies regarding the compensation and perquisites to resident physicians from extramural sources. The Committee recognized the importance and extent of this problem but considered that the survey requested would produce no generally useful information and suggested that this was a matter for local policy determination. However, the Committee was in agreement that the compensation for internships, fellowships and traineeships should be approximately the same at any given period after graduation from medical school.

E. Finally, the Committee discussed at length the plans for a study of the internship in our university hospitals. The proposal for this study is attached as an addendum to this report for the consideration of the Executive Council.

REPORT OF THE COMMITTEE ON LICENSURE PROBLEMS

Your Committee has held no formal meeting within the past year, although its chairman and other members attended the Annual Session of the Federation as a part of the Congress on Medical Education in Chicago in February 1957.

At that meeting the general theme was "A Reevaluation of Examination Techniques," and the first of a proposed series of Institutes was held, this one covering Obstetrics and Gynecology. This interest of the Federation in experimenting with methods of examination represents a healthy forward step.

At its meeting in February 1956, the Federation had approved a model Medical Practice Act which had been proposed by a special committee, and it recommended that the various states adopt legislation in line with the principles laid down in this model Act.

In creating the Committee on Licensure Problems, the Association was motivated by its concern over the great difference in licensing practices between the various State Boards, and it is hoped that it might be possible to develop greater uniformity in this respect, throughout the country. The two developments referred to above constitute heartening evidence that progress is being made in this direction. Much still remains to be accomplished; e.g., it is still hoped that some way can be found whereby a senior student will not have to take his medical school final examinations and then, immediately following his graduation, take another set of examinations for licensure. Acceptance by all of the State Boards, of the National Board certification would solve this problem to a large extent, and therefore your Committee repeats the statements which it has made in previous reports, to the effect that every effort should be made to encourage the widespread acceptance of the National Board.

In the earlier years of its existence, your Committee was greatly concerned over the problem of the foreign medical graduate. With the organization and activities of the Educational Council for Foreign Medical Graduates, one phase of this problem no longer remained a major responsibility of your Committee. However, the Educational Council is not directly concerned with licensure of these foreign graduates; this will continue to be a major problem for some time yet, and hence it is likely to remain a matter of pertinent concern to the Association and therefore to your Committee. J. MURRAY KINSMAN, *chairman*.

REPORT OF THE COMMITTEE ON MEDICAL CARE PLANS

In its report at the Annual Meeting in 1956, the Committee on Medical Care Plans made note of the fact that the rapid expansion of medical care plans had led to increasing use of private patients in teaching at both the undergraduate and graduate levels. Major difficulties had arisen, particularly in the later stages of residency training in surgery when full responsibility for the definitive care of patients is necessary. Several possible

solutions were presented to the membership, but no recommendation was made.

Two developments since the report of 1956 indicate the need for further consideration of the use of private patients in residency programs: In a recent issue of the *Journal of Medical Education*, the Society of University Surgeons is quoted as stating that "a properly trained and licensed surgical resident is fully capable of performing surgery, with consent of the patient, and that charges for this service should be recognized by insurance, governmental and other agencies." On the other hand, at the June 1957 Annual Meeting of the American Medical Association, the House of Delegates condemned Medicare payments by the Government to residents.

The Committee on Medical Care Plans has formulated a tentative plan to be discussed at the meetings of the Committee at the time of the Annual Meeting next October. Two propositions are included in the plan:

1. That the geographical full-time physicians in university and other hospitals integrated with medical schools be so organized that private practice by them in these hospitals would constitute group practice of a type already approved by organized medicine.

2. That properly trained and licensed residents in these hospitals be incorporated as bona fide members in the groups designated above, with the right to fees for limited private practice from the patients served or from third parties responsible for the fees.

It is obvious that many objections may be raised. The Committee hopes to be able to meet these objections and to draw up a final plan acceptable to the Association of American Medical Colleges, the American Medical Association, hospitals, and specialty boards. JOHN F. SHEEHAN, chairman.

Prior to the 1957 Annual Meeting the Committee formulated a tentative plan for the use in teaching and research of private patients by full-time members of clinical facilities. The basic provisions of the plan were outlined in a preliminary annual report which has been distributed to the membership. At a closed meeting of the Committee on October 20, 1957 modifications and additions were made. The revised plan was presented at an open hearing on October 21, 1957. As a result of the discussions at

this session additional changes have been made. The final draft follows:

Institutional Group Practice by Clinical Faculties of Medical Schools—A Statement of Principles.

1. The rendering of medical service by full-time members of clinical faculties of medical schools is necessary for the fulfillment of the teaching and research obligations of the clinical departments. The amount of medical service and the number of physicians providing such service should be proportionate to the teaching load and volume of research.

2. The association of some or all of the full-time members of a clinical faculty in groups designed for collaborative private medical practice is ethical provided.

- a. That fees are set by the participating physicians.

- b. That the income from fees is deposited in a separate fund or funds in the business office of the university or medical school and

- c. That disbursements are made in accordance with a plan prearranged by the university or medical school, and acceptable to the physicians involved. Control of disbursements may be delegated to a committee or other agency approved by the participating physicians.

A single fund for all of the clinical departments is recommended since controlled expenditures from a common fund can best insure the balanced development of the teaching and research programs of the individual clinical departments.

3. The economic and sociological problems resulting from the long period of education and training necessary for the practice of medicine have impeded the recruitment of qualified candidates for medicine and fostered the abandonment of many graduates of medical schools of plans for continued education in institutions best adapted to provide such opportunities. To offset, at least in part, these unfavorable trends, expedients may have to be adopted to insure some degree of economic security, particularly in the later stages of preparation for practice. Hence, despite apparent violation of the traditional concept of resident-training, residents may have to be permitted to engage in limited medical service for fees. Those permitted this privilege should be members of a group of full-time members of a clinical faculty, organized for collaborative private medi-

cal practice. Such participation by residents is not unethical provided:

a. That, in the judgment of the physicians directing their education and training, they have reached a stage of competency adequate for the assumption of appropriate responsibility.

b. That they have secured a license to practice medicine in the state or states in which are located the institutions in which they serve as residents.

c. That they have obtained the consent of the patients for whose care they assume responsibility.

All fees received by these residents should be deposited in the fund or funds designated by the plan which governs the terms of medical service by the group of which the residents are members.

The Committee on Medical Care Plans is well aware that the adoption of these proposals may tend to weaken the bond between a university or medical school and its faculty and may portend retrogression toward a proprietary type of school. Nevertheless, the financial plight of many of our medical schools is serious enough to warrant the risk. JOHN F. SHEEHAN, *chairman*.

The recommendations regarding institutional group practices by clinical faculties of medical schools—a statement of principles—was referred to the Executive Council for study and action.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

At its October meeting, the Executive Council of the Association of American Medical Colleges indicated its wish that the Committee on Planning for National Emergency expand its activities on behalf of the Association. It added the following members to the Committee:

Melvin A. Casberg, M.D., *Vice President, University of Texas*

George Armstrong, M.D., *Vice Chancellor for Medical Affairs, New York University*

Daniel T. Rolfe, M.D., *Dean, Meharry Medical College*

William S. Stone, M.D., *Dean, University of Maryland School of Medicine*

At its meeting in February, it voted to rename and redefine the Committee as follows:

a) "The Joint Committee on Medical Education in Time of National Emergency is to be abol-

ished (subject to similar action by the Council on Medical Education and Hospitals).

b) The Association's present Committee on Planning for National Emergency is to be renamed 'The Committee on Medical Education for National Defense.'

c) The present Subcommittee on Medical Education for National Defense of the Joint Committee will be made a subcommittee of the new Association's 'Committee on MEND' and entitled 'The Subcommittee for the MEND Program.'

d) If joint action of the AAMC and the Council on Medical Education and Hospitals is required, the Liaison Committee on Medical Education will appoint a subcommittee for the purpose."

The newly re-organized Committee on Medical Education for National Defense prepared the following statement of objectives which was approved by the Executive Council by mail vote.

In spite of the widely held view that a war involving nuclear weapons would be a short war, it appears safer and more realistic to assume that such a conflict would last, as have other major wars, for at least four years before a decision or stalemate is reached. The need for health services will increase progressively throughout the combat period. Considering the devastation that weapons of mass destruction now available can create, adequate support by a superior health service with sufficient professional personnel may well be a major factor in victory or its lack a critical factor in defeat.

Medical education and medical research are essential resources of our nation which should be protected in time of national emergency because even temporary interruption has immediate and lasting effects which we can ill afford. Orderly procedures to preserve the quality of professional education and the conduct of important research should be developed in advance of such emergency by defining for the several degrees of military commitment the extent to which educational and research personnel and students shall be assigned to this vital task.

Colleges of medicine and teaching hospitals should develop proposals for alternate sites of operation and for mutual cooperative assistance in the event attack

occurs or appears imminent. Colleges of medicine should insure that their students and graduates are fully prepared to meet their unusual responsibilities as physicians in time of national emergency.

In furtherance of these objectives, the Committee on Medical Education for National Defense recommends to the Executive Council of the Association of American Medical Colleges:

1. That strong efforts be made by the Association of American Medical Colleges in cooperation with such organizations, persons, and governmental agencies as it deems appropriate, to define as soon as possible mechanisms whereby students, salaried and voluntary faculty, interns and residents may be permitted to carry on essential medical education and research activities in the event of national emergency. There may be many ways to define the essentiality of the groups mentioned above, but we believe it could be effectively accomplished by the following:

a. Continue the function of the National Advisory Committee to Selective Service as a permanent activity.

b. Divide the registrants for which this committee is now responsible into two main categories:

(1) Professional persons in practice

(2) Those engaged in teaching and research

c. Continue to delegate to the state and local advisory groups, as now constituted, responsibility for advising with respect to professional persons in practice.

d. Develop new regional advisory committees, composed of representatives from medical education and research, to advise with respect to medical students, teachers and investigators, interns and residents. These regional committees would function under the National Advisory Committee as do the state and local advisory committees.

2. That the MEND Program be continued and expanded to include as many schools as wish to participate. Serious inquiry should be made into the possibility of further expanding this activity in time of emergency to include, under direction of the faculty, those additional responsibilities of medical students that are essential during national emergency. This might include military orientation and training and such other courses and activities as would best fit them to serve their country. It is believed that this

mechanism would be superior to those used in other emergencies.

3. That medical schools be requested and encouraged (perhaps required) to develop an "emergency plan" with local and national support. This would require that each school survey the surrounding area to locate possible alternate sites of operation if enemy attack should occur or appear imminent and have a plan for evacuation of this location. Regional plans should be developed for the continued education of students and the utilization of faculty displaced by destruction of medical schools. Consideration should be given to the possibility of forming "affiliated medical care units" composed of faculty and students to go to the aid of devastated areas for a period limited to the acute emergency. All schools should be familiar with the setting up and operation of emergency hospital equipment in public buildings such as schools and churches.

4. That continuing study and revision be made of these plans to keep them current with changing concepts of war and defense. There should be continuing efforts to maintain close liaison with responsible officers and officials of the military services and other Federal agencies concerned with medical aspects of defense. The program of the convention of the Association of American Medical Colleges should be planned with this as one of its objectives.

If the Executive Council approves of this approach to planning for national emergency, the Committee will proceed in cooperation with the Executive Director of the Association of American Medical Colleges to implement the plan as expeditiously as possible and will keep the Council informed of its activities.

On May 4 the Committee met in special session in Washington to consider the following matters:

1. It reviewed in detail the proposed amendment to selective service authorizing physicians, dentists, and allied specialists to be selectively called up to age 35, irrespective of the age grouping employed by selective service for other registrants. Recommendation was made with reference to a prepared statement to be presented to the House Armed Services Committee at its hearings on the bill (Subsequently the Chairman presented the attached statement when the House Committee met on May 8.)

2. Information was obtained regarding the appointment of a special study committee under the chairmanship of Dr. Harvey Stone to report to the Director

of the Office of Defense Mobilization regarding plans for the continuation of medical education during time of emergency. It seemed advisable that our group should work as closely as possible with this newly formed committee.

3. Considerable discussion took place about how to proceed in the matter of persuading the schools to develop an "emergency plan" for evacuation or for the reception of "bombed out" students and faculties.

The Committee approved two steps at this time:

(1) To contact Dr. Middleton to see if a national policy can be formulated authorizing managers of V.A. hospitals located in smaller communities to cooperate with officials of medical schools in their area who consider their hospital a suitable potential alternate site for the continuance of medical education in the event an alternate site is required. This might not be feasible for all schools but might be for a large percentage. It has the further merit that these hospitals might become extremely important resources for civilian medical care under emergency circumstances and in that case would have excellent clinical material.

(2) It was further suggested that the Office of the AAMC send a copy of the Committee's objectives (as approved by the Executive Council) to each school with a request for copies of such plans as have already been formulated. We expect few schools have such plans, but even those few should be studied before suggestions are made to the schools as to how to proceed in the development of a plan. If the Veterans' Hospital approach has been cleared, they could be given this information and requested to explore the merits of the plan for their area.

4. There was inquiry into the problem of the Armed Forces granting graduate degrees. The Committee requested that Dr. Colin MacLeod, Chairman of the Research Advisory Board of the Walter Reed Army Institute of Medical Research be contacted for information as to how academic work at the Institute was organized and the relationship of his committee to educational activities.

5. Colonel Fitts, who was in charge of the ASTP program in the office of the Surgeon General of the Army during World War II met with us for an hour and provided information about the history of the ASTP. Apparently the thinking of the Army was influenced greatly

by the experience of World War I when it was found that large numbers of medical students volunteered for active duty even though they were deferred by the draft boards. As a result, the graduating class in 1922 was only 2,250 as compared with 4,500 in 1917.

The subcommittee on the MEND program has met on three occasions—in October at Colorado Springs, in February at Chicago, and in June at New York City. It has reviewed the operation of the programs at the 35 schools. It has planned symposia and orientation tours and has tentatively selected additional schools for inclusion in the program as funds become available. Dr. Schofield and Mr. Don Smith have done outstanding work in implementing the MEND program and finding new ways to tie the medical schools and the Armed Forces together more closely. STANLEY W. OLSON, *chairman*.

Following this report, Dr. Olson presented the following additional report which was referred to the Executive Council for study and action.

REPORT OF MEND COMMITTEE

1. This group notes with satisfaction the steps taken by our government to strengthen the Health Section of the Office of Defense Mobilization as evidenced by the following appointments:

a. That of Dr. Palmer Dearing to the position of Assistant Director for Health.

b. That of the Task Force For Health Manpower under the chairmanship of Dr. Harvey Stone and the staff direction of Dr. Leslie Knott.

The report presented by Dr. Knott at the conference on Saturday, October 19 gives good evidence that this task force is approaching the problems of Medical Education in Time of National Emergency with sound objectives in mind. Further, this governmental inter-agency committee apparently is willing to seek consultation from responsible educational groups and to be guided by their suggestions.

In view of the great significance that this Task Force's recommendations can have for the entire field of medical education, we urge in the strongest terms possible that the AAMC continue its efforts to guide their decisions to the end that they may be supportive of rather than destructive of sound educational programs in medicine.

Further, it is quite clear that the problems of medical manpower in time of na-

tional emergency impinge almost immediately upon educational policies and programs. Every effort should be made (probably in cooperation with the Council on Medical Education and Hospitals of the AMA) to insure that policies regarding educational manpower requirements not be formulated solely by groups and individuals primarily concerned with the allocation of medical manpower between the military and the general population.

2. We request that the President of the AAMC write to Dr. William Middleton, Chief Medical Director of the Veteran's Administration, stating that the AAMC officially endorses the proposal that medical schools individually consider the use of Veteran's Administration Hospitals in other than their other immediate areas as potential sites for clinical teaching in the event of destruction of normal clinical facilities by enemy action. Dr. Middleton has indicated his desire to receive such an official request before entering into further discussions of the possibilities of such a plan.

3. The Committee believes the time has come for the AAMC to put itself on record as having officially requested each school to proceed with the development of emergency plans for the continuation of education in the event its physical plant is destroyed or severely damaged by enemy action. We believe it may be appropriate to direct such a letter to the president of the university (when feasible) with a copy to the dean.

It appears important to study manpower requirements as an integral part of such an emergency plan, and the Committee requests that the deans be advised with respect to whatever plans the AAMC may have in this regard so they not begin a study which would be superseded by a later request for different information.

When emergency plans have been developed by the schools some mechanism would be devised for informing the AAMC or its appropriate committee of their nature. Information regarding particularly appropriate plans should be circulated to the other schools for their consideration.

REPORT OF THE COMMITTEE ON PUBLIC INFORMATION

The Committee met in Cleveland on March 20-21, 1957, with Dr. Ward Darley, to discuss long range plans for an AAMC public relations program. Representing the Committee: Doctors Caughey

(Western Reserve) and Van Nuys (Indiana), Milton Murray (College of Medical Evangelists) and Ray Torr (National Fund for Medical Education). Absent were Doctors Cameron (Hahnemann) and Forster (Georgetown) and Ralph Rohweder (National Society for Medical Research). This report summarized the discussion at that meeting.

Opening the first session, Dr. Darley stated that public relations has top priority among AAMC organization problems. He expressed the hope that the Committee would provide guidance to him in working toward an effective solution.

Considerable question was raised about the importance to medical education of newspaper publicity. It was emphasized that good PR begin at home, in dealings with students, staff, employees, relatives, volunteer workers and others participating in medical center activities. Each of these groups must feel they are a part of a high quality operation if they are to make their best possible contribution to medical school PR in the community.

Dr. Caughey expressed the feeling that one AAMC PR objective should be to have every informed citizen know that medical schools locally and the AAMC nationally are sources of medical leadership, just as are county medical societies the AMA. Dr. Van Nuys emphasized that these two sources of medical leadership are not necessarily in conflict, since all practitioners are former students and could be helped to develop through understanding of medical schools' objectives and problems.

Dr. Darley stressed the need of AAMC for competent PR staff if it is to plan ahead to meet recognized problems. He pointed out that the AAMC is frequently put in a defensive position because issues arise in areas where AAMC has no clearly defined policy. He cited private practice by geographical full time teachers, internships in teaching hospitals, residency programs, and postgraduate education as examples of problems needing effective long-range planning by AAMC. Dr. Darley also spoke of the need of AAMC for "operational research" to provide data on which to base its overall policy-making. Under this heading he discussed:

- (1) cost accounting in medical education,
- (2) university - medical school relationships,
- (3) the proper scope of private practice by medical school teachers,

- (4) the reasons for, and effects of, geographical limitations on medical school admissions,
- (5) the predictable need for new medical schools, including possible 2-year schools,
- (6) the means for decreasing the drop-out rate among medical students,
- (7) the potential "pool" from which additional faculty personnel can be drawn, and
- (8) the most effective way of preparing and using an "Annual Report" of AAMC activities.

Dr. Darley pointed out that the addition to AAMC of divisions concerned with PR and with Operational Research headed by persons capable of working at the policy and planning levels would make it possible to have very effective staff conferences in the central office.

There was considerable discussion of the relations of medical schools with the universities. It was emphasized that many presidents are ill-informed about medical education, and that faculties in liberal arts and other divisions are often antagonistic because of the medical schools' higher salary scales, and greater ability to attract research funds. It was stressed that effective PR are needed to deal successfully with these and other groups, including students and alumni.

The Committee discussed in detail the organization of a PR program for AAMC. It was agreed that PR should be a recognized department of AAMC, and should be headed by a Director capable of participating with the Executive Director and other department heads in the development of Association policies and long-range plans. From an organizational point of view, the PR department would correspond to other units of the Association such as the Journal of Medical Education, Educational Research and Services, and the projected Operational Research.

There was extensive consideration of the qualifications an AAMC PR director should have. It was agreed that ability to understand the broad significance of medical education and the problems of the Association and member schools, and to give professional level assistance to the Executive Director would be more important than any specialized training or experience in techniques of communication. The consensus was that knowledge and experience in the field of education should be considered essential, while previous direct contacts with

health and with public relations should be classed as desirable.

The following suggestions were made about functions of an AAMC PR director:

- (A) Professional level assistance to the Executive Director in planning and policy functions.
- (B) Development of personal relations with individual medical schools to understand their problems and assist them in local PR programs.
- (C) Formulation of a national PR program to serve and support the objectives of the AAMC.
- (D) Cooperation with the Committee on Public Information, for which he would serve as secretary, *ex officio*.

The Committee discussed the staff needed for an AAMC PR program. It was agreed that the additional personnel should include at least one person with specific communication skills and experience who would be capable of presenting effectively the information the various "publics" should have about the AAMC and its functions. It was recognized that such a person should be selected to complement the abilities and experience of the PR Director, and that this second person might also have functions in connection with the Journal of Medical Education.

The Committee recommended to Dr. Darley a detailed budget of \$23,000, \$33,700, and \$35,000 for the three years in which the build-up of a PR program would be made.

The Committee discussed its own role after the AAMC establishes a PR department. It was agreed that in accordance with usual AAMC procedure, the Committee should have an advisory function only, with normal channels of communication to the Association at the Annual Meeting, and to the Central Office and member schools through the Director of the PR Department. It was felt that the Committee could provide him with valuable suggestions, especially in regard to the reactions of medical schools to PR problems and plans. It was agreed that the Committee might well be enlarged by the addition of three or four more deans to assure adequate representation of medical administrative opinion.

Mr. Murray reviewed the present status of his proposals for a traineeship program in medical public relations. He suggested that the scope of National Institute of Health traineeship programs

is so wide that medical PR persons might be included even under present regulation. It was agreed that more needs to be done to define the qualifications such trainees should have, to determine what demand there may be for this training, and also to be sure that there are adequate places where they can be trained and appropriate jobs for them to fill when their training is completed. It was suggested that the AAMC PR Department might be an excellent training resource at some later date.

In addition, the Committee discussed a number of public relations problems with which medical education is faced—that is, questions on which there is admitted to be considerable misunderstanding, both within the medical profession and among the general public: medical school admissions policies, the so-called “doctor shortage;” geographic full time arrangements; the reasons for and extent of financial needs; geographic restrictions on enrollments; the wide range of medical school activities and responsibilities (that is, what the schools do besides turn out new doctors): the role of medical education in the promotion of national health, productivity and security, and others.

Any long range program to clarify these issues, it was agreed, can best be forwarded through the cooperation and joint efforts of

- (1) the individual schools,
- (2) the Association of American Medical Colleges and
- (3) the Association's natural allies, such as the American Hospital Association, the AMA, the National Fund for Medical Education, the U.S. Department of Health, Education and Welfare, the volunteer health agencies and other groups that disseminate information in the health field.

The primary impetus and leadership for such a program, the Committee agreed, should come from the AAMC Executive Council, through a public relations department which, it was hoped, may be set up in the near future.

It was agreed, however, that the individual medical schools can do a great deal in the way of public relations without waiting for impetus and guidance from the national office. The Committee emphasized that medical schools—like all institutions, like all people, in fact—have public relations all the time, whether they are aware of it or not. The question is: Are these public relations good or bad? How do the various publics

look upon us? It was pointed out, during the Committee's discussion, that the practicing physicians who make up the county medical societies were once our students. Do the schools do all they should to help students understand the geographic full time problem? Good public relations with this important “public” might help us in establishing understanding and close working relationships in the future with county medical societies.

It is clear from the above summary that, as it has each year for the past ten, the Committee on Public Information advocates a vigorous Public Relations Program in the central office of the Association. We believe this is absolutely necessary if the Association is to meet fully its obligations for national leadership in all matters affecting medical education, JOHN L. CAUGHEY, *chairman*.

REPORT OF THE COMMITTEE ON VETERANS ADMINISTRATION—MEDICAL SCHOOL RELATIONSHIPS

No specific problems relating to the relations of Deans' Committees, or Medical Schools, to the Veterans Administration requiring a meeting of your Committee has been brought to our attention during the past year.

It seems proper however to report briefly on the problems which confront the Veterans Administration and many affiliated medical schools in both the educational and research programs.

There are 90 VA hospitals affiliated through Dean's Committees with 72 medical schools. In 81 of these hospitals there are approved resident training programs.

The VA Hospitals, like many others, are not filling the number of residencies offered. This is in part due to the fact that there are many more residencies offered throughout the country than there are applicants. Another factor in some programs has been the difficulty of the VA in meeting the requirements of the specialty boards because of the lack of female and pediatric patients. This has been met in some places by integration of the resident program at the VA hospital with that at the university hospital, and in others by various forms of affiliated services.

It seems to this Committee that if Deans' Committees are to assume responsibility for residency training programs in VA hospitals they should make every effort to see that these programs are of high standards and meet all re-

quirements of the boards, or else recommend that they be discontinued. If resident programs are discontinued, there would be less need for Consultants and Attendings, and the suitability of VA facilities for undergraduate teaching would vanish. Aside from any patriotic motives, it would seem that it is proper, after some ten years of Deans' Committees-VA relationships, for the medical schools to decide whether the association has been worth the cost to the school, and whether it is sufficiently desirable to actively support the VA residency programs.

For the year 1956-1957, 61 medical schools assigned students to 60 VA Hospitals. Thirty-one schools sent all of either third or fourth year classes to VA Hospitals for clerkships. About one-third of all third and fourth year students had clerkships in VA hospitals.

One of the most interesting and important developments has been the establishment of the Clinical Investigator Program. This is designed to provide one to three years training for men who desire training in clinical investigative techniques, with a view of either a career in the VA or university setting. At present 23 have been selected by a special committee from among some 50 applicants. This program does not compete with existing USPHH or Markle awards. It is designed to provide training for investigators who have completed their formal years of residency training, but who are not yet capable of fully independent research. It is a distinct contribution to increasing the pool of trained medical investigators.

The research programs in VA hospitals have shown commendable growth. Research in the VA is essentially for improvement in care of VA patients, and is under the aegis of VA physicians. There are now some 170 laboratories in VA hospitals. The larger ones naturally, are in hospitals closely associated with medical schools. The unique position of the VA hospital system in conducting coop-

erative studies is being more fully exploited. In addition to the original cooperative studies on the chemotherapy of tuberculosis, cooperative studies among a group of hospitals are now in progress on a number of problems, including coccidiomycosis, histoplasmosis, sarcoidosis, tranquilizers, antihypertensive agents, pulmonary function testing, multiple sclerosis, esophageal varices, staphylococcal resistance, and chemotherapy of cancer. All of these are coordinated by the Hospital Education and Research Committee which includes representatives of the medical schools as well as VA physicians.

The most serious threat to the VA medical program is the failure of Congress to provide any increase in salary for VA physicians. This will make recruitment more difficult, and poses a real threat to the continued service of many of the best men now in the VA roles.

As Dr. Berry has pointed out, while the affiliation between the medical schools and the VA was not established for the primary purpose of aiding the medical schools per se, the objectives are best attained when the relationship is mutually beneficial to both the VA and the medical schools. It would therefore seem incumbent on the schools to make every effort to preserve the high quality of patient care and personnel which exists in VA hospitals JOSEPH M. HAYMAN, *chairman*

This Committee recommends to the Association that the Council be requested to consider the desirability of a study to determine whether the Veterans Administration-Medical School relationships have been mutually beneficial and should be continued, and if to be continued how the mutual advantages of the relationships might be enhanced.

The question of the study of Veterans Administration-Medical School Relationships was referred to the Executive Council for study and appropriate action.