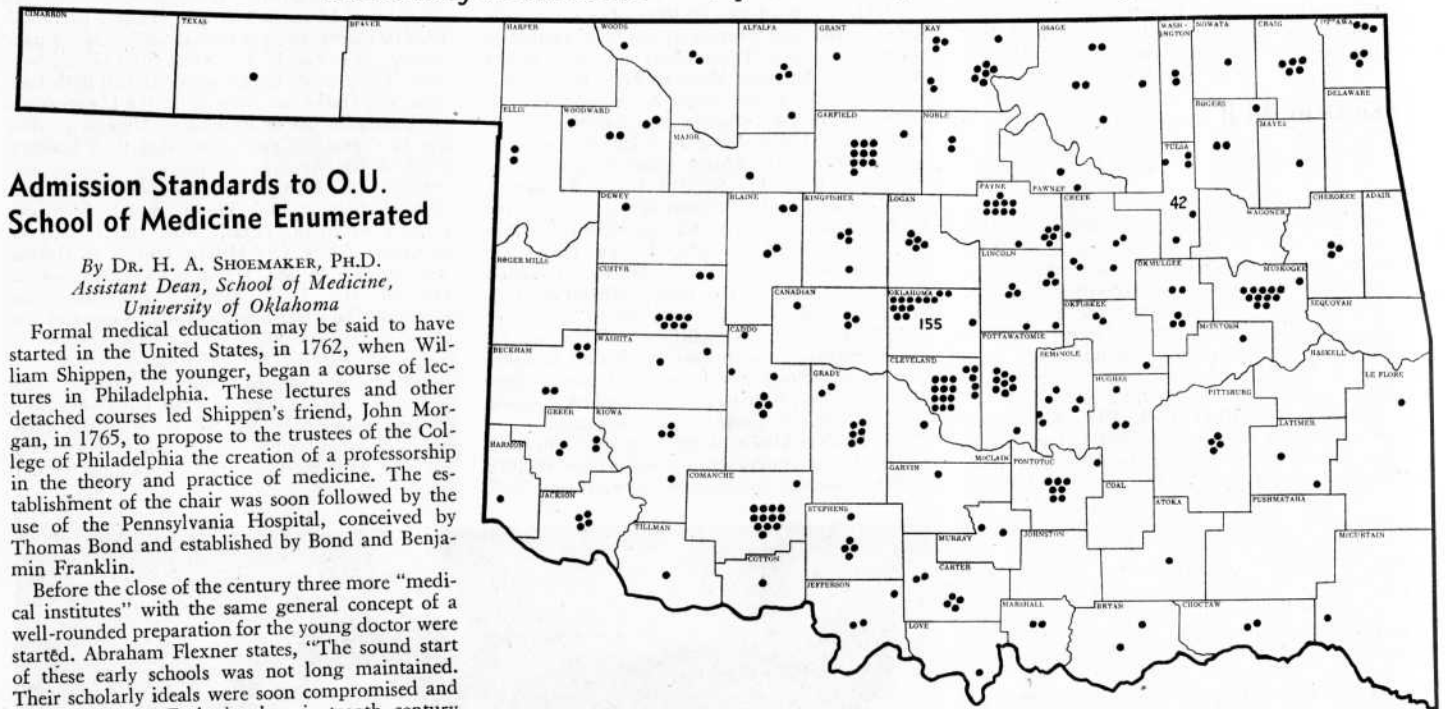


THE UNIVERSITY OF OKLAHOMA SCHOOL OF MEDICINE IT'S SERVICE TO THE STATE

— University of Oklahoma School of Medicine Graduates
Practicing in Oklahoma — September 1, 1946. — Total 491.



Admission Standards to O.U. School of Medicine Enumerated

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Formal medical education may be said to have started in the United States, in 1762, when William Shippen, the younger, began a course of lectures in Philadelphia. These lectures and other detached courses led Shippen's friend, John Morgan, in 1765, to propose to the trustees of the College of Philadelphia the creation of a professorship in the theory and practice of medicine. The establishment of the chair was soon followed by the use of the Pennsylvania Hospital, conceived by Thomas Bond and established by Bond and Benjamin Franklin.

Before the close of the century three more "medical institutes" with the same general concept of a well-rounded preparation for the young doctor were started. Abraham Flexner states, "The sound start of these early schools was not long maintained. Their scholarly ideals were soon compromised and then forgotten." Early in the nineteenth century the first proprietary school was established. As a result of the rapid expansion of the country, the decay of the apprentice system, and the establishment of this type of school, medical colleges multiplied without restraint. "The United States and Canada have in little more than a century produced 457 medical schools." When Flexner made his report on Medical Education in the United States and Canada in 1910, 150 survived. Today there are 69 in the United States and nine in Canada, a total of 78, giving all four years of medicine and approved by the Council on Medical Education and Hospitals of the American Medical Association. In addition, there are nine schools of the basic sciences giving only two years of medicine. One of these has recently expanded its program to four years and one or two others are in the process of doing so. One completely new school was started in 1946.

In 1908 there were no requirements for admission as we think of them today. By 1914, the standard for admission to medicine was raised to 14 units of high school study. This requirement was raised to one year of college in 1916, and to two years in 1918.

The requirements of the Council on Medical Education and Hospitals and the Association of American Medical Colleges are still at the two year level. The individual schools, however, have raised the requirements to a considerable degree. For 1947 only 13 of the four-year schools and one of the schools of Basic Sciences in the United States have a published requirement of two years. All others require three years or more premedical preparation.

The increase in requirements, in 1918, to two years of college work before admission to medicine together with the effects of World War I resulted in the 1918 entering class's being the smallest on record. Since that time there has been an increase in the number of applicants. For many years immediately preceding World War II, the numbers of applicants throughout the United States were approximately twice the number that could be admitted. The numbers that will apply in 1947 are still matters for conjecture but the indications are that there will be three or four times as many as can be admitted. Many will not have met the minimum qualifications. On the other hand, there will be many who have the required college credit who will not be selected by committees on admission.

What are the criteria for admission? The criteria differ in different schools. As yet, no one has developed an infallible formula for the selection of students. In the bulletin of the School of Medicine of the University of Oklahoma we find these statements:

"Applicants for admission to the School of Medicine must be of good moral character and at least 19 years of age.

"The scholarship requirements include high-school and college work as follows:

"(1) Graduation from an accredited high school offering twelve units of senior highschool work. . .

"(2) A degree of bachelor of arts or bachelor of science or the completion of three years of college work with at least ninety semester hours (exclusive of physical education and military science) in an accredited college or university. . . .

"To be eligible for consideration by the Committee on Admission, students must present evidence that they have attained an average of 1.5 in the prescribed subjects with not less than a C in any prescribed subject, nor less than 1.5 in the total college work in order to be eligible for consideration by the Committee on Admission."

The prescribed subjects include English, chemistry, physics, and biology. In addition to these the prospective applicant should have a program which meets the requirements for a baccalaureate degree so that his fundamental education is as broad as possible.

It is found quite frequently that students have not met the minimum requirements as to quality of scholarship. In each instance the records are examined to find whether or not the applicant has shown improvement in his scholastic abilities as measured by the grades received. If he has done work giving his approximately B average in the last four consecutive semesters, consideration by the committee is given on that basis.

Each applicant is required to have taken a special psychometric test. Previously a test known as the Medical Aptitude Test was administered by the Association of American Medical Colleges. This test was discontinued in 1946. In 1947, an adaptation of the Graduate Record Examination will be used. This test will furnish certain information as to the individual's abilities and attitudes which cannot be obtained in any other way.

Recommendations used in the selection of those to be given the privilege of studying medicine are secured from instructors and others who know the applicant, who can give specific information, not evident in grades, as to the applicant's scholastic abilities and as to other attributes which can only be obtained by frequent contact with the student. Other references are highly desirable as they can furnish a great deal of valuable information, but letters of recommendation are of value only when mailed directly to the Committee on Admissions at the School of Medicine or to the premedical advisory committee at the respective colleges for transmissal to the Committee on Admissions. Such letters are confidential and they merit great care in preparation since they are respected as confidential accurate information concerning moral character, personality, and other attributes of importance in the physician.

There has been some discussion as to the admission on a quota basis. There is no quota except that under a ruling of the Board of Regents not more than twenty per cent of an entering class may come from any one county. Obviously this affects but one county.

The admission of nonresident students also is limited. Very few nonresident students are admitted and these few only after all applications from residents of Oklahoma have been considered. Many problems have presented themselves and whenever there is a question as to residency the matter is referred to a committee on the Norman campus of the University. The committee's report is accepted as final.

Selection is a difficult task. Alumni of the University can be very helpful if they consider the whole problem rather than only with respect to the one individual of particular interest. Careful weighing of all of the facts will require consideration of the following:

1. Two to three times as many persons (residents of Oklahoma) apply as can possibly be admitted.
2. Not all who apply have met all the qualifications as to scholarship, required courses, number of hours, etc.
3. There may be factors of which they have no information but which may be in the confidential files of the committee.
4. A letter to the Committee on Admissions or

the Dean of the School of Medicine, or a visit to the School of Medicine for a conference with proper officials can help the person in whom they are interested more than by any other means.

5. The Committee on Admissions wants facts which will help them select the person most likely to succeed in medicine since "not all students in medicine will become ideal doctors and that certainly a smaller percentage of premedical students will become ideal medical students."

The Medical School And Commencement

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The Medical School's obligation to the students does not end with the conferring of a degree and the completion of the graduation festivities. In the eyes of the school authorities the word commencement should take on its true meaning. Webster says it is the act of commencing. The Medical School, supported by the taxpayer's money, should develop ways and means of participating in the graduate's plans in order to see that he makes the most of his education and repays, as far as possible, his community for its support of the medical school. The graduates, after completing their intern service, should be urged to enter general practice, at least for three to five years valuable experience, not to be had in any other field. As valuable as a hospital service is, it can never take the place of general practice, which presents a cross section of medical problems in the general population. The graduate after completing his intern service should be encouraged to return to his own community for this experience even though he anticipates entering a specialty later. This course would enable him to discharge his obligation to the taxpayers who helped make available his educational opportunity.

In this connection the Medical School should endeavor to make general practice in rural communities more attractive to the young physician. The school should carefully survey its obligation to the physicians and the people of the State and make sure that it fully discharges its duty. It should become the educational center for the general practitioner and keep scientific openhouse all the year round. It should plan periodic refresher courses specially designed for the general practitioner. In order to make such courses more readily available to physicians practicing in rural areas the school should consider the feasibility of sending young staff members to take charge of his practice temporarily, an important phase of the school's educational service, while the physician of the rural area comes to the school to learn and perhaps to teach.

In co-operation with the State Medical Association the University might consider an advisory council with representatives, both lay and professional, from counties and districts throughout the State. Through the aid of such a Council the University might develop a comprehensive program which would inspire an intellectual response resulting in an elevation of cultural and educational advantages, thus encouraging young graduates of medicine to locate in rural communities and to rear their families there. With the advice and aid of the Council the University with the Medical School as its chief agent should survey local medical needs throughout the State to consider the organization of clinics, community hospitals, and laboratories and to supply through the medical school faculty, diagnostic and surgical services and other highly specialized skills not locally available. In addition the University should devise ways and means of engaging the interest of influential lay people in the respective communities and should encourage the investment of local wealth, individual or otherwise, in the provision of adequate facilities for the practice of modern medicine in order to attract and hold qualified generalists in medicine. The provision of such facilities with merited credits toward certification by an American Board on General Practice, which may be expected to follow the establishment of a section on General Practice by the American Medical As-

sociation, would go far toward the solution of the present paucity of general practitioners for rural communities. While this play would require an increase in medical school personnel with additional costs, the obvious benefits to the taxpayers would justify more liberal appropriations for the support of the program. The American people love service and pay generously when anticipated values warrant.

The Medical School is not doing its full duty until its unselfish antenae penetrate every community in the State, seeking opportunities to serve both the physicians and their patients.

Considering local expediency through national policy, the medical organization should contemplate the advocacy of several years in general practice as a requirement for certification by the various specialty boards. Such a ruling would put more physicians in rural communities and ultimately more well rounded men in highly specialized fields.

Obviously, the rural community, to be attractive to the young graduate in medicine, must provide the facilities needed to practice modern medicine, in the form of physical plan and equipment and they then should be provided on a community basis. Something more, however, is needed in the form of community activities which will make living pleasant as well as the practice of medicine attractive. Educational, social, and recreational values are as of great importance to the community's physician, as to other members of the group, and to attract a qualified physician these needs must be respected and met.

The solution of the problem is far from simple, far from easy and far from inexpensive. But the community that wants service and is willing to provide an attractive setting and to pay for the services, can attract the qualified physician and have good medical care.

Medical School Notes

Dr. Homer F. Marsh, of the bacteriology department, attended the International Hematology and R. H. Conference at Dallas, Texas, on November 15 and 16 and the Second Mexican Blood Transfusion Congress at Mexico City from November 23 to 28.

The meetings were interesting in that for the first time since the R. H. blood antigens were discovered in 1939, practically all the men from the United States, Canada, England, and Mexico who have pioneered in these investigations were able to meet to discuss their problems. Although the men at the meetings constituted no official body, the meetings were concluded by drawing up several resolutions concerning the R. H. antigens. Among these was a proposal to establish at least two centers in the United States in which serum for R. H. testing would be processed and standardized. A resolution to consider the adoption of the Fisher-Race system of nomenclature of the R. H. antigens was also set out. Discussion as to the type of antiserum to use in R. H. testing and the extent of such testing in routine hospital work clarified several points at issue so that definite plans could be formulated.

Among other highlights of the meetings was a demonstration of the technics for R. H. testing conducted by the men themselves who had devised these tests.

Dr. and Mrs. Robert Dennis announce the arrival of a baby boy, David Harland, December 21. Dr. Dennis is serving a Residency at Wesley Hospital.

John Gilsmann, '45med, was a recent visitor at this school. Dr. Gilsmann has accepted a position as medical missionary to China under the sponsorship of the Christian Church upon completion of his internship.

Alumni present at the University Hospital Staff meeting, January 10, were John Carson, '36med, Shawnee; Frank Keen, '32med, Shawnee; C. E. Cooke, Jr., '42med, Weleetka; Carl Bailey, '33med, and Fitten Hohl, '44med, Stroud.

Dr. Kemp H. Dowdy, '40med, has recently been released from military duty and has returned to Everett, Washington.

Dr. Paul Williamson, '46med, who is interning

at Denver, Colorado, was a visitor at the Medical School recently. Dr. and Mrs. Williamson are the parents of a daughter, Paula Lee, born last November 29 in Oklahoma City.

Dr. Richard B. Ford, '28med, died recently following a heart attack at his home in Corpus Christi, Texas. Dr. Ford practiced in Holdenville and Tulsa for several years before moving to Corpus Christi.

Dr. William Waldrop, '38ba, '40bs, and '42med, Oklahoma City, has been highly praised by the Red Cross for inventing a "walker" for men in leg casts. The "walker," constructed by Dr., then Captain, Waldrop for a Tokyo Army Hospital, enables patients to get out of bed much sooner.

Dr. Gordon D. Williams, '25bs, '27med, has moved into newly-remodeled offices in Weatherford.

Dr. A. W. Stickle, Jr., '44med, has announced the opening of his office for general practice in Stillwater.

Dr. Malcolm Mollison, '46med, a recent visitor at the Medical School, is serving his internship at St. Joseph's Hospital in St. Paul, Minnesota.

Dr. Wilma Craft Stafford, '33med, is in medical practice with her husband, Dr. Wilfred P. Stafford, at Mattoon, Illinois.

The library has received a facsimile copy of the first medical document printed in the American colonies, "Brief Rule to Guide the Common People of New England how to order themselves and theirs in the Small Pocks or Measles," by Reverend Thomas Thacker, a gift of Dr. Mumey of Denver, Colorado.

Maj. Francis Crane, '33med, of Wilburton, has been admitted to the Medical Corps of the regular Army. Major Crane served during World War II in the Pacific theater where he attained the temporary rank of lieutenant colonel.

Roy Raub, '46med, who is interning at Jefferson Davis Hospital at Houston, Texas, was a visitor to the School in January.

James A. Dugger, '46med, reported for active duty with the U. S. Navy Medical Corps, February 1, 1947.

Dr. W. Carl Lindstrom, '34med, is now practicing in Tulsa.

Dr. Homer F. Marsh, associate professor of Bacteriology, was the principal speaker at the meeting of the Osage County Medical Society at Pawhuska, on January 20, 1947. Dr. Marsh's topic was "The Rh Factor."

Dr. John F. Hackler, '33med, professor of Preventive Medicine and Public Health, was the principle speaker at the Second Annual State-wide Party for ex-tuberculous patients, held at the Mayo Hotel in Tulsa on February 1, 1947. All persons interested in tuberculosis control were invited to attend. The party is held annually as a "birthday" celebration in honor of Dr. Forrest P. Baker, Superintendent of the State Tuberculosis Sanitarium at Talihina, and a leader in tuberculosis work in the state for the past 30 years.

Dr. Wendell McLean Long, '22ba, gynecologist and surgeon in Oklahoma City, died December 27 after a long illness. Dr. Long formerly served on the University medical school faculty.

Lt. Col. Clifford Bassett, '28bs, '30med, has returned to Cushing where he was a practicing physician and surgeon before serving fifty months with the Army in the European theatre.

Dr. R. O. Ryan, '30ba, '35med, '37md, has moved from Fairview to Stillwater where he is associated with the infirmary at Oklahoma A. and M. college.

Dr. W. W. Cotton, '35med, was recently appointed to fill a vacancy on the Atoka City Commission.

DRAKE-RITCHIE: Mary Annette Drake, St. Louis, Missouri, was married recently to Dr. James Riggs Ritchie, '42, Oklahoma City, in St. Louis. Dr. Ritchie recently completed his dental education at the St. Louis University and has been assigned as oral surgeon at Port-of-Spain, Trinidad, where the couple has established a home.

The twenty-second Annual Gas Measurement Short Course will be held at the University on May 6, 7 and 8.