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Uncle Same, M. D.?, No. 5

Hospitals Tap Internes Before Graduation To Fill Depleted Ranks

Only 5543 Sprout New M. D. in 1948;
Low Teachers' Salaries Also Pose Problem

By CHARLES T. LUCEY, Scripps-Howard Staff Writer

WASHINGTON, Apr. 7.—In America seriously shy of doctors thousands of young men are being turned away each year from the medical schools.

Last year only 5543 sprouted a brand new M.D. That was a scrubby 1000 more than were graduated in 1940 when there were but \$3 million instead of 148 million Americans to try to keep healthy.

So desperate are hospitals to grab young internes they're tapping them, like fraternity pledges, long before they've finished medical school. Some hospitals aren't getting them and this can mean a slackening in the long night hours of vigil on the critically ill or injured.

Teachers Needed

Adoption of a pay-in-advance medical care system, government or voluntary, would increase the work load on today's 190,000 physicians. Yet doctors don't flow from boot camp like rookie infantrymen. Even if medical schools had enough buildings, classrooms and laboratories they wouldn't know where to turn for sufficient teachers.

Actually the medical schools are in no condition to expand. Dr. Dean Smiley of the Association of American Medical Colleges points out they are caught between climbing costs and smaller gifts and proceeds from endowments. The country's 71 four-year and seven two-year medical schools are running about \$16 million a year in the hole.

Budgets of U. S. medical schools total about \$51 million—yet tuitions bring in less than \$13 million. Average tuition is \$315 but each boy's average cost to the school is \$2200. Jump the tuition? That would limit medical education to the rich.

\$200 Million Cost

Dr. Smiley estimates it would cost some \$200 million to enlarge U. S. medical schools for the training of more students. Years ago the universities could tap rich alumni for needed funds—but that was before Uncle Sam's tax grab was what it is today. Medical school people dislike the idea of federal subsidy but they're wondering how else the problem can be met.

Federal Security Administrator Oscar R. Ewing says he should have 227,000 physicians by 1960. Dr. Smiley says that even stepping the ratio up to one doctor per 700 persons—it's one to 710 now—we would need only 219,000 physicians. He says Mr. Ewing's call for an average annual increase in medical school output by 5 per cent is fantastic.

Only two medical schools, Johns Hopkins and University of Rochester, have made special efforts to train medical school teachers. The output of Ph. D.'s in the basic medical sciences—physiology, anatomy, biochemistry—was reduced in the war years. It takes 7 to 10 years to train such men. Today there are many 60-year and 70-year-old teachers in medical schools.

Low Salaries Cited

Inadequate teaching salaries also are a problem. Qualified men make much less teaching than they could in private practice. Yet they stay on because teaching often provides opportunity for research.

In the fall of 1947, nearly 20,000 students scrambled for 6173 first-year places in medical schools. Altogether they filed 56,000 applications, some applying to several schools because they knew entry would be difficult. All schools seek the best students, of course—in 1875 instances a boy was accepted by more than one medical college.

Are medical schools too severe in scholastic demands? It has been argued they are—this has been a means of holding down the number of doctors.

On In Four Fall

Well, says Dr. Smiley, only a few rejected were "A" students; many were "B" and "C" men. Some "C" students got into schools limiting registration to their own states. About 30 per cent of "C" students fall. Overall, one in four or five who start fall to finish.

In better medical schools, requirements probably could be relaxed without serious impairment of the quality of young doctors produced. But this wouldn't hold for poorer medical schools.

It isn't merely a shortage of doctors that's hurting—statistically we're more proportionately than any country in the world. But poor distribution also is a problem. Increasingly young men have been reluctant to hang out their shingle in remote or rural areas.

The problem of getting enough Negro doctors to care for the Negro population, acutely in need of more medical attention in many areas, is great. There are only about 4000 Negro physicians.

Only 165 Accepted

Yet only about 165 Negroes were accepted in U. S. medical schools this year—75 at Howard University here and 60 at Meharry in Nashville, the so-called Negro schools, and 30 in other colleges. Among universities with Negro medical students are Columbia, Cornell, Harvard, Yale, Ohio State, Michigan, Illinois and Pittsburgh.

At Howard, Dean Joseph L. Johnson of the Medical School has done everything but perform miracles with inadequate facilities. But even his miracles can be stretched only so far. Poor Negro school facilities at grade and high school levels is often a handicap to Negroes undertaking later to get medical education.

Building a more adequate U. S. hospital plant is vital to building an America better cared for medically. The so-called Hill-Burton federal aid bill set out to do this in 1946. It provided funds, first of all, for surveys of hospital

they were 10 miles away 50 years ago.

But the smaller community may well need a health clinic or diagnostic center, and the aim is to integrate such centers into a system of larger hospitals within an area.

Has 1,425,000 Beds

Today the United States has 1,425,000 hospital beds—half of them for general care, half for long-term chronic diseases and mental illnesses. Almost all the long-term and perhaps half the general hospital beds are even now run by government.

There will be new attempts in Congress to increase the \$75 million annual grant to \$150 million, and to liberalize the local matching provisions.

Any way you figure it, the government is in the health business. Almost inevitably it will have to do more about hospitals and medical schools. Today's big argument is over whether it is to go further—whether it is to establish a system of pay-in-advance medical care. That's the real battle ahead.

Tomorrow: Summary—Private medicine vs. government planners.

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Teachers' Group to Submit Salary Proposal to Board

Federation to Outline Spending Plan For Increased State Aid to Schools

A proposal for expenditure of an increased School Board income will be submitted to school commissioners by the Indianapolis Teachers' Federation Tuesday at the regular meeting of the board.

The increase in funds, amounting to \$731,593, is to be received from the state under the increased state aid to school law, adopted by the 1949 General Assembly. The federation will outline a plan for its expenditure as salary increases for Indianapolis teachers.

poses or reducing the tax levy.

Another resolution of the federation will seek an increase of \$600 under the proposal, with a beginning minimum of \$2700 for instructors holding AB degrees, and \$2900 for those with MA degrees. The current scales are \$2600 and \$2800.

Time Discussions Set

Last year the organization requested an increase to \$15,000 for the office, but the board granted a raise to the present \$12,000.

The School Commissioners will also take under consideration the contracts of the board's executive secretary, the business manager and the superintendent, all subject to renewal.

The increases outlined by the federation would cost \$652,300 of the \$731,593.

However, the board could use the money for construction purposes.

Top Not Enough

Clayton Hughes, executive secretary of the federation, said the top pay for Indianapolis teachers is \$4400, and falls short of teacher salaries in several other Indiana cities.

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