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AMERICAN MEDICAL ASSOCIATION

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AMERICAN MEDICAL ASSOCIATION

dual memberships were sufficiently definite in their provisions and that strict observance of these provisions should be insisted upon, May 1932:7, 25, 34.

Transfer: The Judicial Council defined the term "eligible" as applied to applicants for membership and clarified the significance of "transfer cards," May 1932:25.

Veterans Bureau: The House of Delegates disapproved a resolution from New Hampshire which provided that "physicians who are employed by the United States government as full time physicians in service other than commissioned officers of the United States Army, United States Navy, and U.S. Public Health Service shall be Fellows while so employed by the government, provided such physicians subscribe to The Journal," June 1933:87.

Education Requirements: The House of Delegates adopted the following resolution from the Judicial Council, June 1934:56, 58:

Resolved, That the Bylaws, chapter XI, section 2, be amended by adding at the end of the section: "In exceptional cases a member holding a degree equal in requirement to that of M.D., but not graduated at a recognized school, who formerly was a Fellow or who has established a high standard of professional attainment, may be admitted as a Fellow by the Judical Council if in its judgment such action is desirable.

Component Society Membership Required: The House of Delegates adopted the following resolution, June 1935:29, 41, 60, 62.

Resolved, That in order to equalize the privileges and duties of all members of the American Medical Association and in order to attain a fair distribution of delegates in this House based on the number of members of component societies forming each constituent association, the first sentence of section 1, chapter XI of the Bylaws be amended to read: "Membership in this Association shall continue only so long as the individual is a member of a component society of the constituent association through which he holds membership."

Residents Near State Lines: The House of Delegates endorsed and recommended for earnest consideration by constituent state societies, suggestion of the Secretary "that physicians residing near state lines may be given the privilege of affiliating themselves with the component societies of immediately adjacent counties in other states," May 1936:7, 63.

Members Convicted of Felony: The Judical Council recommended that the Bylaws be amended to provide that "conviction of a felony shall automatically remove a member's name from the membership roll for a period of not less than one year after the termination of punishment for the offense," May 1936:44, 56, 66, 67; June 1937:53.

Negro Physicians: The House of Delegates adopted reports of the Board of Trustees stating (1) that on request of the National Medical Association, the

Board was working out a method for listing Negro physicians in the American Medical Directory in a manner which would not be objectionable to them; (2) "that every component county medical society has the right of self-government in local matters, including membership, by which arrangement many Negro physicians now hold membership in the American Medical Association"; (3) that respecting governmentally directed health projects, the Board of Trustees emphatically depreciated discrimination against any competent and qualified physician because of race, color, creed, or sex, which interfered with his right as a physician to serve those who desire to consult him."

The House disapproved a resolution from New York urging the House to declare its belief that membership in component societies of this Association should not be denied to any person on the basis of race, creed or color, as "the resolution implies that the county medical society should not, in effect, have the right of selection of its own members," May 1939:74, 82; 80, 81, 86, 87, 90.

Education Requirements: The House of Delegates approved an amendment to the *Constitution* to provide that members of the American Medical Association must hold the title of doctor of medicine or bachelor of medicine, May 1939:87; June 1940:8, 53.

Uniform Membership Regulations: On report of Judicial Council, the House of Delegates recommended that the Council, "as a guide to the state association, draw up recommendations as to the proper basis of membership and define the status of the various classes of membership in such associations."

The House recommended "that the representation in this body be based on the number of active members in each society," June 1941:42, 62.

Lay Executive Secretaries of Constituent Societies: The House of Delegates disapproved a resolution from Colorado which recommended election of lay secretaries and executive secretaries of constituent associations and component societies to Associate Fellowship, June 1942:65, 69–70, 70.

Veterans Administration: The House of Delegates approved recommendations (1) that the Veterans Administration be given representation in the House of Delegates; (2) that members of the permanent medical corps of the Veterans Administration receive the same consideration as that given to medical officers of the Army, the Navy, and the Public Health Service, with the provision that Fellowship will continue only as long as they remain members of the permanent corps; (3) that such Fellows shall not receive The Journal or other publications of the American Medical Association except by personal subscription, June 1944:58, 70, 75; Dec. 1945:8, 39-40, 82; Dec. 1946:25-26, 42, 43, 48.

Honorary Members: The House of Delegates approved an amendment to chapter XII, section 7 of the *Bylaws* to provide for conferring of Honorary Fellowship on certain distinguished foreign guests, June 1947:43–44, 65.

Negro Physicians: On a resolution from the National Physicians Association, the House of Delegates adopted the following report, June 1944:49, 82-83, 83-84:

It feels that the Negro physicians of this country should be offered every possible opportunity to improve their medical qualifications. It would urge component societies to extend all aid that is practical to the Negro physicians in their communities to the end that the quality of service rendered by them to their people may be steadily improved. It is recognized, however, that the decision as to membership in the component county medical societies or on hospital staffs is outside the jurisdiction of the American Medical Association and is a matter of local concern.

Drive for New Membership: The House of Delegates requested the Board of Trustees to initiate a drive for new members extending through the constituent associations to the component societies, June 1948:43, 95.

Active Membership: The House of Delegates approved an amendment to Constitution so that article 5, section 1, paragraph (A) reads as follows, June 1948: 71, 81:

A. Active Members. Active membership shall be limited to those members of constituent associations who (1) hold the degree of doctor of medicine or bachelor of medicine and (2) are entitled to exercise the rights of Active membership in their constituent associations, including the right to vote and hold office, as determined by their constituent associations, subject to the provisions of the Bylaws. No 2 Seems Specifically to keep

Race or Religion Restrictions: The House of Delegates disapproved a resolution from New York which recommended a change in the Constitution of the American Medical Association to provide that no component society "shall exclude any qualified physician from its membership by reason of race, creed, or color," as "the component society is the sole judge as to whom it elects to membership, provided the applicant shall meet the medical requirements for membership," June 1948:72, 93, 94; June 1949:29, 42

Transfer: The House of Delegates amended the *Bylaws* to provide that when a member has moved to another jurisdiction, "unless he has transferred his membership within six months after such change of practice, the Secretary shall remove his name from the roster of members," June 1949:31, 48, 49.

U. S. Air Force: The House of Delegates adopted an amendment to the *Constitution and Bylaws* to provide Service Fellow status for medical officers of the U. S. Air Force, June 1949:38, 48–49, 49, 50; Dec. 1949:21, 69, 70.

Race or Religion Restrictions: The House of Delegates adopted a resolution from Virginia which recommended "that constituent and component societies having restrictive membership provisions based on race, study this question . . . with a

view to taking such steps as they may elect to eliminate such restrictive provisions," June 1950:41, 55, 56.

The House of Delegates disapproved a resolution from New York which recommended collection and organization of "all pertinent information and experiences bearing on possible restrictions to membership based on race or religion," June 1951:22, 39.

Fellowship Abolished: The House of Delegates adopted changes in the Constitution and Bylaws to establish a single membership classification, June 1951:26, 27–28, 29, 33, 35; Dec. 1951:8, 85; 58–60, 81; June 1952:25–28, 40–47, 48–49.

Retired and Emeritus Members: The House of Delegates disapproved a resolution from Illinois which recommended "classes of membership for both retired and emeritus members with relief from payment of dues in the American Medical Association," as the present *Constitution and Bylaws* already provides for categories similar to emeritus and retired membership, June 1951:27, 33, 35; Dec. 1951:62, 82, 83–84.

Active and Associate Members: The House of Delegates approved rewording of division one, chapter 1 of the Bylaws to read as follows:

Members in good standing of the constituent associations of the American Medical Association are eligible for either Active membership or Associate membership in the American Medical Association, provided they possess the qualifications set forth in article 5 of the *Constitution* and after they have been certified officially for enrolment by the secretaries of their constituent associations to the Secretary of the American Medical Association.

The House approved deletion of the last sentence of this chapter which pertained to the revision of the Constitution and Bylaws in 1947 and was now obsolete, June 1951:29–30, 34, 36.

Reactivation of Fellowship: The House of Delegates disapproved reactivation of the Fellowship status in recognition of those doctors who annually contribute to the American Medical Education Foundation, Dec. 1951:85, 86; June 1952: 10, 41.

Restrictions Based on Race or Religion: The House of Delegates adopted a resolution from New York which recommended that the House reiterate the resolutions adopted in June 1950 and send a copy of this resolution to each constituent association, June 1952:35, 54.

Negro Physicions: The House of Delegates rejected a resolution from North Carolina which recommended recognition of the Old North State Medical Society as an affiliate of the Medical Society of the State of North Carolina and also of the American Medical Association, June 1952:34, 54; Dec. 1952;11–12, 102, 103.

The House approved an amendment to the *Bylaws* to provide that an Active or Associate member does not necessarily lose his American Medical Association membership when he is precluded by the laws of a constituent association from transferring his membership within six months. The words six months were substituted by the words two years so that the second sentence in chapter II, section 2 reads as follows:

Unless he has transferred his membership within two years after such change of practice, the Secretary of the American Medical Association shall remove his name from the roster of members, June 1954:29, 54, 55.

Discontinuation of Free Service Membership: On resolution no. 3 from Colorado which recommended that the Board of Trustees consider discontinuation of free service membership to physicians in the armed forces and the Veterans Administration, the House of Delegates adopted a report which reads in part as follows, June 1954:35, 54; Nov.-Dec. 1954:51, 99, 100:

. . . It is the belief of the Board, after studying the results of the surveys, that the present system should not be changed since it would immediately result in a large loss of membership due to the inability of many physicians in the armed forces and the Veterans Administration to qualify for one reason or another for membership in a county medical society. Furthermore, the surveys indicate that the vast majority of the present service members desire that the system be retained without change. For these reasons the Board of Trustees recommends that the resolution be not adopted.

Security Risk Cases: The House of Delegates concurred in recommendation of the Board of Trustees that resolution no. 9 from Mississippi, which recommended withholding of membership in this Association from physicians discharged from the armed forces for security reasons, be disposed of in accordance with the following provisions of chapter VIII, section 1 of the *Principles of Medical Ethics*, June 1954:37, 56, 57; Nov.—Dec. 1954:51, 99, 100:

Physicians as good citizens, possessed of special training, should advise concerning the health of the community wherein they dwell. They should bear their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity.

Interns, Residents, and Fellows: The House of Delegates adopted resolution no. 42 from Illinois which recommended that the House "go on record as endorsing a type of membership, either with no membership fee or a nominal fee, for physicians who are graduates of approved schools and who are serving internships, residencies, or fellowships in approved hospitals," June 1954:42, 54; Nov.–Dec. 1954:9.

Negro Physicians: The House of Delegates disapproved resolution no. 44 from North Carolina which requested that the Old North State Medical Society be recognized as an "affiliate constituent" of the North Carolina Medical Society and also of the American Medical Association, as there is no provision in our Constitution for an affiliate constituent, June 1954 43, 54.