In 1916, the entrance requirements of medical schools were further extended from one to two years of college work in addition to a high school education; by order of the House of Delegates, the latter standard was made an essential for the Class A rating, beginning Jan. 1, 1918. This was not a drastic ruling, since forty-six medical colleges and seventeen state licensing boards already had put that standard into effect....

Medical education has been greatly improved, and educational standards have been placed on a par with those of other leading nations. In place of a large oversupply of medical schools, there are now eighty-one—a more normal supply—seventy-four of which are requiring for admission two or more years of college work. Besides the advance in the requirements for admission, many other improvements have been made. Endowments have been increased; new and larger medical buildings have been erected or entire teaching plants constructed; more and better equipped laboratories have been established; better hospital relations have been secured—several colleges having built hospitals of their own—and better teaching methods have been adopted. The number of students since 1904 was reduced from 28,142 to 16,140; at the same time, the proportion of medical students in well equipped medical colleges has been increased from 3.9 per cent. to 96.1 per cent. Of medical graduates, likewise, although the total has been reduced by 40 per cent., the number coming from high grade, well equipped medical colleges has been increased from 5.6 per cent. to 94.4 per cent. The number of graduates this year—2,529—is the smallest number reported since the publishing of these statistics began. It is the war class and is made up of those matriculating in 1918, who were not subject to the draft or who did not enlist. Indications are that next year there will be approximately 3,500 graduates.

The progress made in the campaign for the improvement of medical education was more rapid, and fewer difficulties were experienced than were anticipated at the beginning of the campaign. This was due largely to the cordial and ready cooperation by the officers of medical colleges and state licensing boards, both individually and in their national organizations. The publicity secured by the report of the Carnegie Foundation for the Advancement of Teaching aided generally in the campaign, and particularly in calling the attention of philanthropists to the financial needs of medical schools. The object sought has been attained, and medical education in the United States is now equal to, if it does not surpass, that in any other country.