

Directory of Approved Internships and Residencies

1967-68

Includes:

Information on the National Intern Matching Program for 1968
Essentials of an approved Internship
Essentials of Approved Residencies
Requirements for Certification by American Specialty Boards

Annual Report on Graduate Medical Education in the United States

(Reprinted from the Education Number of **The Journal** of the American Medical Association, Vol. 202: No.8, November 20, 1967)

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Medical Association, Vol. 202, No. 8, November 20, 1967)

Directory of Approved Internships and Residencies

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The information published in this **DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES** as pp. 1-29 appears in the November 20, 1967 (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers in the Index Number of JAMA dated

For assistance in preparing material for publication, the Department of Graduate Medical Education is especially indebted to Miss Valeda Carbonneau, Miss Yolanda Dioguardi, Miss Rita Hammes, Miss Marilyn Krenek, and Miss Kathleen McCaffrey.

December 25, 1967.

The other material published in this Directory does not appear in the November 20, 1967, issue of JAMA but will be indexed in the December 25 issue of JAMA with the reference abbreviation of "Dir." The **DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES** can thus be bound as a part of the November 20 issue, along with the regular copies of JAMA that make up Volume 202.

Annual Report on Graduate Medical Education in the United States

This is the 41st annual report on Graduate Medical Education in the United States. It consists of an analysis of the distribution and performance of approved internship and residency programs for the academic year 1966-1967. Except where otherwise specified, the data reported here were obtained from hospitals as of September 1, 1966, and therefore provide performance data one year old. Most tables contain a column listing the projected positions being offered for the academic year 1968-1969.

The material in the Annual Report, plus the Special Reports, Announcements, and Notices, as well as the section on Special Studies, is also published in the Education Number of *The Journal* for November 20, 1967. Thus, the Education Number of *The Journal* contains only the above three portions of the complete Directory of Approved Internships and Residencies, as the Directory itself is too large to be included in *The Journal*. The Directory, a complete manual of information pertaining to internships and residencies, includes a consolidated list of hospitals and other institutions approved for graduate training, a detailed list of approved internship programs, detailed lists of approved residency programs by specialty, the Essentials of an Approved Internship, the Essentials of Approved Residencies, the requirements of the American specialty boards, full details of the National Intern Matching Program (NIMP), and an extract on medical licensure requirements taken from the annual State Board Number of *The Journal* for June 19, 1967.

The Directory of Approved Internships and Residencies also serves as the Directory of the National Intern Matching Program, and is accordingly distributed to all fourth-year medical students in the United States for use by them in the NIMP. It is distributed also to all third-year students, as the manual on programs and policies pertaining to graduate medical education with which the third-year student must become familiar by the time he enters the fourth year of undergraduate medical education. Approximately 50,000 copies of the Directory are published and distributed to all institutions, organizations, and agencies in the United States having need for it. Copies are sent to the United States Department of State for use in its Information Centers in many overseas locations, and copies are sent to each of the recognized foreign medical schools listed by the World Health Organization. It is intended that at least one copy of the Directory be available to each medical school library throughout the world for binding with its own copies of the JAMA. The Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service for the Council on Medical Education in distributing "tearsheets" of lists of the approved internships and residencies to interested foreign physicians upon inquiry. Copies of the Directory, as well as of the separate Essentials and Board requirements, are available on request.

A new section on Special Studies immediately follows this Annual Report, and precedes the section on Special Reports, Announcements, and Notices. These studies are related to items in the Annual Report, and include a study of the distribution of rotating internships according to NIMP data, a study of the comparative success of states in securing interns, information on the inter-specialty migration of residents, data on the origin and distribution of foreign medical graduates as well as their visa status, and replies to questions in the annual questionnaire pertaining to home care programs and to osteopaths on hospital staffs.

The A.M.A.'s responsibility for compiling information on graduate training is limited to the United States, Puerto Rico,

and the Canal Zone. For that reason, information is not available regarding graduate training opportunities in other countries. In the Directory, at the end of the list of approved internships in the United States, as a courtesy and service to our Canadian neighbors, there is published a list of junior rotating internships in Canada. Canadian internships are approved by the Canadian Medical Association and their acceptability for purposes of United States licensure is a matter for individual determination by each of the state medical boards and not by the Council on Medical Education.

Internship Programs

The policy of the Council on Medical Education on approval of internship programs was published in detail in *The Journal* on October 10, 1959, pp. 846-847. Final responsibility for approval of internship programs rests with the Council, but it is assisted in the review of individual programs by the Internship Review Committee. This Committee has representation from the Council, the Association of American Medical Colleges, the American Hospital Association, the Federation of State Medical Boards, and the field of general practice. The Committee meets at least three times annually and makes recommendations to the Council after review of the detailed reports of the Council field representatives who perform the surveys of the individual programs. Programs approved too late for inclusion in the Directory are published in January of each year by the NIMP in a supplementary list which is distributed to each fourth-year medical student in the United States well in advance of the beginning of the operation of the Matching Program.

Table 9 indicates that fewer internships were reviewed for the year ending June 30, 1967, as compared to the previous years; this resulted from the suspension of surveys in connection with the redefinition of the rotating internship. In the section following this Annual Report, part of a memorandum is reproduced on "Present Status of Internship Programs and Future Activities of the Internship Review Committee," which was sent under date of July 17, 1967, to all hospitals with approved internships.

Table 1.—Number of Internships, 1957-1966

	No. of Hospitals	No. of Internship Positions Offered	No. of Internship Positions Filled	Percentage of Positions Filled
1957-1958	867	12,325	10,198	83
1958-1959	853	12,469	10,352	83
1959-1960	865	12,580	10,253	82
1960-1961	864	12,547	9,115	73
1961-1962	816	12,074	8,173	68
1962-1963	789	12,024	8,805	73
1963-1964	765	12,229	9,636	79
1964-1965	757	12,728	10,097	79
1965-1966	772	12,954	9,670	75
1966-1967	816	13,569	10,366	76

Table 1 indicates the ten-year trend of internship supply and demand. The 44 additional hospitals represented an increase of 6% over the number participating for 1965-1966. The new grand total of 13,569 positions offered was an increase of 615 or 5% over the previous year, and the 10,366 positions filled was an increase of 696, or 7%, more filled positions than the previous year, for a new percentage of positions filled of 76%.

In past years, an estimate of the number of U.S. medical school graduates not serving internships was calculated by subtracting the number of positions filled by foreign medical graduates from the total of filled positions. In 1966-19

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Table 2.—Number of Internships by Type of Service

Type of Internship	Affiliated Status	No. of Approved Programs	Number of Internships					Percentage Positions Filled	Total Positions Offered 1966-1969
			Total Positions Offered Sept. 1, 1966	Positions Filled Sept. 1, 1966	Positions Filled Foreign Grads., Sept. 1, 1966	Positions Filled Non-Foreign Grads., Sept. 1, 1966	Positions Vacant, Sept. 1, 1966		
ROTATING—									
NO MAJOR EMPHASIS.....	Affiliated	201	2,681	2,263	478	1,785	418	84	2,484
	Non-Affiliated	367	3,868	2,614	1,357	1,257	1,254	67	3,343
	Total	568	6,549	4,877	1,835	3,042	1,672	74	5,827
ROTATING—									
MAJOR EMPHASIS ON:									
Internal Medicine.....	Affiliated	130	685	552	51	501	133	80	693
	Non-Affiliated	166	481	333	135	198	148	69	644
	Total	296	1,166	885	186	699	281	75	1,337
Surgery.....	Affiliated	138	633	487	84	403	146	76	847
	Non-Affiliated	218	971	742	338	404	229	77	1,199
	Total	356	1,604	1,229	422	807	375	77	2,046
Obstetrics and Gynecology.....	Affiliated	78	153	94	30	64	59	61	221
	Non-Affiliated	92	103	59	24	35	44	57	189
	Total	170	256	153	54	99	103	59	410
Pediatrics.....	Affiliated	88	203	140	19	121	63	68	248
	Non-Affiliated	84	86	52	18	34	34	60	185
	Total	172	289	192	37	155	97	66	433
Pathology.....	Affiliated	49	61	30	3	27	31	49	85
	Non-Affiliated	47	37	15	5	10	22	40	86
	Total	96	98	45	8	37	53	45	153
Psychiatry.....	Affiliated	33	35	22	4	18	13	62	73
	Non-Affiliated	21	14	3	1	2	11	21	32
	Total	54	49	25	5	20	24	51	105
Radiology.....	Affiliated	23	16	10	1	9	6	62	31
	Non-Affiliated	12	8	1	...	1	7	12	14
	Total	35	24	11	1	10	13	45	45
Anesthesiology.....	Affiliated	21	15	7	1	6	8	46	28
	Non-Affiliated	11	9	3	1	2	6	33	13
	Total	32	24	10	2	8	14	41	41
Total Rotating (Major Emphasis).....	Affiliated	560	1,801	1,342	193	1,149	459	74	2,226
	Non-Affiliated	651	1,709	1,208	522	686	501	70	2,344
	Total	1,211	3,510	2,550	715	1,835	960	72	4,570
STRAIGHT									
Internal Medicine.....	Affiliated	146	1,450	1,362	56	1,306	88	93	1,674
	Non-Affiliated	41	166	133	31	102	33	80	225
	Total	187	1,616	1,495	87	1,408	121	92	1,899
Surgery.....	Affiliated	118	863	749	75	674	114	86	997
	Non-Affiliated	31	98	73	23	50	25	74	147
	Total	149	961	822	98	724	139	85	1,144
Pediatrics.....	Affiliated	110	545	430	35	395	115	78	634
	Non-Affiliated	14	37	20	5	15	17	54	51
	Total	124	582	450	40	410	132	77	685
Pathology.....	Affiliated	87	205	116	9	107	89	56	244
	Non-Affiliated	23	32	9	3	6	23	28	39
	Total	110	237	125	12	113	112	52	283
Obstetrics and Gynecology.....	Affiliated	10	26	10	...	10	16	38	28
	Non-Affiliated	2	3	1	1	...	2	33	3
	Total	12	29	11	1	10	18	37	31
Total Straight.....	Affiliated	471	3,089	2,667	175	2,492	422	86	3,577
	Non-Affiliated	111	336	236	63	173	100	70	465
	Total	582	3,425	2,903	238	2,665	522	84	4,042
FAMILY PRACTICE AND GENERAL PRACTICE PROGRAMS.....									
	Affiliated	10	44	21	1	20	23	96	42
	Non-Affiliated	7	41	15	4	11	26	62	28
	Total	17	85	36	5	31	49	89	70
GRAND TOTALS.....	Affiliated	1,242	7,615	6,293	847	5,446	1,322	82	8,329
	Non-Affiliated	1,136	5,954	4,073	1,946	2,127	1,881	68	6,180
	Total	2,378	13,569	10,366	2,793	7,573	3,203	76	14,509

2,793 foreign medical graduates were serving internships. There were 7,574 U.S. medical school graduates for the year ending June 30, 1966. Subtracting the total of foreign graduates from the 10,366 positions filled would seem to indicate that all but one of the U.S. graduates were serving internships during that period. Actually, this figure is inaccurate, as some of the filled internship positions represent graduates of Canadian medical schools who are not classified as foreign graduates.

Internships by Type of Service

Table 2 is a refinement of the format used for the past two years, as it indicates the types of internships in hospitals affiliated with medical schools and in those not affiliated, and, in addition, includes the number of positions filled in each group by foreign medical graduates as of September 1, 1966.

As a result of the redefinition and the readjustment last year for rotating internship programs, which included the elimination of mixed internships as a separate entity, there was a striking increase in the number of individual rotating internships specifying areas of major emphasis, as contrasted with those following the traditional rotating pattern of four major services without special identification. While there was only a 6% increase in hospitals, and a 5% increase in positions offered, there was an increase of individually-identified programs of 938, or 65%. While the rotating internships without specified major areas of emphasis declined 11% in total number of programs, rotating internships with a major area of emphasis increased by 960, or almost 400% over the number approved the previous year at which time they had been identified as mixed internships. The straight internships increased by a total of 51, or 10%, the increase having occurred exclusively in affiliated hospitals. There was a decrease of six in the number of straight internship programs approved in non-affiliated hospitals.

Table 3.—Types of Internship Programs Offered, 1957-1966

	Rotating—No Major Emphasis		Rotating with Emphasis on a Specialty*		Straight		Family and General Practice		Totals
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	
1957-58...	842	77	34	3	217	20	...	...	1,093
1958-59...	822	75	38	3	239	22	...	...	1,099
1959-60...	816	75	33	3	246	22	...	...	1,097
1960-61...	817	70	69	6	276	24	5	...	1,167
1961-62...	737	61	107	9	359	30	9	...	1,212
1962-63...	697	56	133	11	391	32	14	1	1,235
1963-64...	661	52	153	12	432	34	17	1	1,263
1964-65...	658	50	189	14	467	35	14	1	1,328
1965-66...	641	45	251	17	531	37	17	1	1,440
1966-67...	568	24	1,211	51	582	24	17	.5	2,378

*Listed in tables previous to this edition as "mixed" internships.

Table 3 indicates that rotating internships added together comprised 75% of the approved programs, while straight internships comprised 24%, and family practice programs less than 1% of all the approved programs. The proportion of rotating internship programs to straight internship programs thus resembled the proportion last observed in 1960-1961, and may represent an arrest in the steady increase of straight internships observed in the five years since that time.

Of the total positions filled as of September 1, 1966, 47% were in rotating internships without major emphasis, 25% were in rotating internships with major emphasis in specific fields, and 28% were in straight internships. Further analysis of the distribution of interns in these three categories of internships indicates that for the category Rotating without Major Emphasis, 54% of the interns were in non-affiliated hospitals; in the category of Rotating with Major Emphasis, 47% of the interns were in non-affiliated hospitals; but in the category of Straight internships, only 8% of the interns were serving in non-affiliated hospitals. Of the total positions filled, 2,793, or 27%, were foreign graduates, while 7,573, or 73%,

were U.S. or Canadian graduates. The distribution of these two groups between affiliated and non-affiliated hospitals is interesting in that the non-affiliated hospitals recruited 70% of the foreign medical graduates as interns, and only 28% of the total available U.S. and Canadian graduates. On the other hand, the affiliated hospitals attracted only 30% of the available foreign medical graduates as interns, but attracted 72% of the available U.S. and Canadian graduates. While the over-all total of 10,366 filled positions represented 76% of the total of 13,569 positions available, the 3,203, or 24%, unfilled positions were distributed so that 41% were in affiliated hospitals and 59% in non-affiliated hospitals.

The two types of internships approved by the Council are (1) Rotating, which includes training for 12 to 24 months on two or more clinical services, of which one must consist of not less than four months on the internal medicine service; in a 12-month internship, the remaining time may be divided between the surgical, pediatric, and obstetrics-gynecology services, or a specific service may be identified for four to eight months of major emphasis and listed in the Directory with an appropriate footnote; (2) Straight, providing training on a single medical, surgical, pediatric, obstetric-gynecology, or pathology service in a hospital holding full approval for a residency program in that specialty.

For 1966-1967, the average number of intern positions available per hospital was 16.6, with an average of 12.7 actually on duty per hospital. Because of the large number of available programs, the average positions available per program was 5.7, with the theoretical average number of interns on duty per program of 4.4.

The final column in Table 2 indicates that the 14,509 positions to be offered for 1968-1969, show an increase of 940, or 2%, over those available for September 1, 1966. There seems to be no end to the continued search for more interns.

Family Practice and General Practice Programs

These programs, conducted on a pilot basis, are continuing under study by the Council, and although 20 pilot programs have been identified, only 17 have been activated.

These pilot programs are organized to afford two unified years of education representing the equivalent of a one-year internship and a subsequent one-year residency. If the trainee changes his mind and wishes to discontinue the program at the end of one year, it is the Council's policy that he can be given a certificate of satisfactory performance of a one-year internship. These programs were listed with the NIMP as if they were internships because they do represent the initial year of graduate training. The index of internships by type of service, which follows the list of approved internships in the Directory, identifies the pilot programs.

With the acceptance by the House of Delegates at the 1966 Clinical Session of the report of the Ad Hoc Committee on Education for Family Practice, the Council was requested to proceed with implementation of the report. The Council has appointed a committee to carry out this instruction, and any change in status of the pilot programs is being deferred until the report of the above committee.

Two-Year Internships

In accord with the sentiment of the House of Delegates, the Council staff has continued to emphasize the possibility of establishing two-year internships in those hospitals having fully approved one-year internships, particularly hospitals interested in preparing young physicians for general practice, and yet not designated for pilot programs in family practice or general practice. The number of hospitals approved on this basis is 23.

These hospitals are identified in the list of approved internships by a special footnote indicating that the hospital may offer some appointments of longer than 12 months' duration. Thus, the hospitals are not bound to offer a specific number

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Table 4.—Number of Internships, By Type of Hospital Control

Control	No. of Hospitals	No. of Approved Programs	Number of Internships				Foreign Graduates		Total Internship Positions Offered 1966-1969
			Total Positions Offered Sept. 1, 1966	Total Positions Filled Sept. 1, 1966	Positions Vacant Sept. 1, 1966	Percentage Filled	Number on Duty Sept. 1, 1966	Percentage in Filled Positions	
Combined Hospitals	18	68	477	347	130	73	69	20	607
Totals	18	68	477	347	130	73	69	20	607
Federal									
U. S. Air Force	6	34	121	109	12	90	...	...	104
U. S. Army	7	7	202	202	...	...	...	...	198
U. S. Navy	13	13	186	186	...	...	...	...	184
U. S. Public Health Service	7	16	121	121	...	...	2	2	130
Veterans Administration	20	16	75	73	2	97	...	...	183
Other Federal	3	9	60	45	15	75	8	18	60
Totals	56	95	765	736	29	96	10	1	859
Governmental Non-Federal									
State	36	204	1,044	849	195	81	23	3	1,116
County	43	129	1,386	1,155	231	83	125	11	1,428
City	37	128	1,051	807	244	77	207	26	1,140
City-County	11	20	279	193	86	69	6	3	277
Hospital District	6	25	178	162	16	91	7	4	198
Totals	133	506	3,938	3,166	772	80	388	12	4,159
Non-Governmental Non-Profit									
Church Related	235	697	2,968	1,904	1,064	64	884	46	3,209
Non-Profit Corporation	368	993	5,168	3,975	1,193	77	1,448	36	5,417
Totals	603	1,690	8,136	5,879	2,257	72	2,332	40	8,626
Proprietary									
Individual Partnership	...	...	...	...	...	...	...	...	...
Corporation	2	4	41	38	3	93	8	3	41
Miscellaneous	4	15	212	200	12	94	6	6	217
Totals	6	19	253	238	15	94	14	6	258
Grand Totals	816	2,378	13,569	10,366	3,203	78	2,793	27	14,509

of two-year internships, nor are they bound to offer a full additional 12-month appointment after the initial 12-month internship, if the trainee desires a shorter appointment. All hospitals approved in this manner are listed by the NIMP as offering a 12-month rotating internship, as the NIMP is not concerned with appointments beyond the initial 12-month period.

Internships by Type of Hospital Control

Table 4 includes the term "Combined Hospitals" to account for a total of 18 entities with 68 approved programs that could not be categorized under the four other headings, because the programs used the resources of hospitals in two or more categories. The table also includes data for foreign graduates as a refinement of previous similar tables. While there was an increase overall of 44 hospitals, this was primarily an increase of 12 federal hospitals and 20 non-government, non-profit hospitals, while there was a decrease of five of the governmental (non-federal) hospitals. The largest group of hospitals—the non-governmental, non-profit—comprised 74% of all hospitals and offered 71% of all approved internship programs. These hospitals being generally smaller, offered only 60% of the total positions and recruited only 57% of the available interns. Of the 5,879 interns recruited, 60% were non-foreign and 40% were foreign graduates; however, the 2,332 foreign graduates represented 83% of the total foreign graduate pool serving as interns. The 2,257 vacancies were 28% of all the positions offered by this group of hospitals, but 70% of all vacancies for all hospitals.

The governmental (non-federal) group of hospitals comprised only 15% of the total, offered 21% of the approved programs with 29% of the available positions, and secured 31% of the available interns. With 80% of the positions in this group filled, the 772 vacant positions were 24% of all vacancies. The 2,798 non-foreign interns were 88% of the total number secured, indicating that only 12% of the filled positions in this group of hospitals were foreign graduates. This group of hospitals secured 37% of all the available non-

foreign interns, and accepted only 13% of the available foreign medical graduates.

The federal group of hospitals, comprising 7% of the total, offered 4% of the approved programs, 6% of the available positions, and secured 7% of the available interns. With the Army, Navy, and Public Health Service filling 100% of their positions, the over-all percentage for the group of federal hospitals was 96% filled. The 726 non-foreign interns appointed comprised 10% of all the available non-foreign interns, but the Federal Government took less than 1% of the available foreign graduates. Although the Veterans Administration hospitals offering internship programs increased to 20, the total positions offered decreased from 111 to 75, with 97% of the available positions filled.

Internships by Medical School Affiliation and Bed Capacity

Table 5 showed the continued shift of hospitals into the category of those affiliated with medical schools. The 354 affiliated hospitals represented an increase of 51 over the previous year and 43% of the total of hospitals. The 462 non-affiliated hospitals represented a reduction of seven from the previous year, but still comprised 57% of all hospitals with approved internship programs.

The overall percentage of filled positions of 76% was a gain of 1% over the previous year, but the non-affiliated group filled only 68% of available positions, while the affiliated hospitals filled 83%, for a gain of 3% over the previous year.

This table again revealed the difference in bed-size of the two groups of hospitals, since 73% of the non-affiliated hospitals had between 200 and 500 beds. Of the affiliated group, 75% of the hospitals had over 300 beds, and 39% had over 500 beds. In the non-affiliated group, only 16% of the hospitals had over 500 beds.

The non-affiliated hospitals offered 48% of the approved programs, offered 44% of the total positions, and secured 39% of the available interns. The non-affiliated group secured only 28% of the available non-foreign interns, while accepting 70%

Table 5.—Number of Internships, By Medical School Affiliation and Bed Capacity

Classification	No. of Hospitals	No. of Approved Programs	Number of Internships				Foreign Graduates		Total Internship Positions Offered 1968-1969
			Total Positions Offered Sept. 1, 1966	Total Positions Filled Sept. 1, 1966	Positions Vacant Sept. 1, 1966	Percentage Filled	Number on Duty Sept. 1, 1966	Percentage in Filled Positions	
Nonaffiliated									
Combined Hospitals	15	55	269	169	100	63	76	45	287
Less than 200 beds	37	43	253	164	89	65	134	82	280
200-299	129	260	1,226	802	424	65	542	68	1,263
300-499	208	556	2,592	1,660	932	64	887	52	2,669
500-over	73	222	1,614	1,278	336	79	327	26	1,681
Totals	462	1,136	5,954	4,073	1,881	68	1,946	48	6,180
Affiliated									
Combined Hospitals	13	53	508	442	66	87	12	3	640
Less than 200 beds	19	45	139	88	51	63	11	9	147
200-299	57	117	663	463	200	70	107	23	718
300-499	127	452	2,189	1,767	422	81	403	23	2,329
500-over	138	575	4,116	3,533	583	86	314	9	4,495
Totals	354	1,242	7,615	6,293	1,322	83	647	13	8,329
Grand Totals	816	2,378	13,569	10,366	3,203	76	2,793	27	14,509

of the available foreign interns. Almost exactly the reverse was true for the affiliated hospitals, which secured 72% of the available non-foreign interns and accepted 30% of the available foreign medical graduates as interns.

Of the 816 hospitals with approved internship programs, the 462 non-affiliated hospitals secured 1,946, or 70%, of the available foreign graduates as interns. This is 48% of the total of filled positions in those hospitals, and represents a ratio of U.S.-Canadian to foreign-trained interns of 1.09:1.00. In the 354 affiliated hospitals, the 847 foreign-trained interns represented 30% of all those available, but 13% of all of those filled in that group of hospitals. This increased proportion of foreign graduates in the affiliated hospitals produced a ratio of U.S. and Canadian to foreign-trained interns of 6.4:1.0; in contrast to a ratio of 7.4:1.0 for the previous year.

Internships by Census Region and State

Table 6 shows that the five states of Alaska, Idaho, Montana, Nevada, and Wyoming, again did not offer approved internship programs. The overall percentage of total positions filled rose to 76%, for a gain of 1% over the year before. In the individual regions, the percentage of positions filled was 6% higher for the East South Central region and 5% higher for New England; while in the remaining regions the fluctuation was 2% or less, as compared to the previous year.

This table again affords a comparison of the locations of foreign medical graduates by census region and state. Whereas positions filled by foreign graduates increased by 6% in the East North Central and the West North Central areas, there was a decrease in the Mountain and Pacific areas and a very striking decrease in Puerto Rico, where the percentage of foreign medical graduates in filled positions was reduced from 61% the previous year to 25% last year. The actual numbers on duty in Puerto Rico were reduced from 28 to 12.

Whereas nine states the previous year appointed no foreign medical graduates as interns, the seven states having no such appointees for 1966 were New Hampshire, South Carolina, North Dakota, South Dakota, Arkansas, New Mexico, and Utah.

As before, over 90% of the foreign medical graduates serving as interns were in the four regions of New England, Middle Atlantic, South Atlantic, and East North Central. As before, the three Middle Atlantic states of New Jersey, New York, and Pennsylvania led with 1,197, or 43%, of all the available foreign graduate interns in the United States. By coincidence, 43% was also the proportion which foreign medical graduates represented of all the interns serving in those three states. The East North Central region secured 28% of all foreign graduates, but New York state with 666, or 24%, was the individual leader. Of the available foreign graduates,

10% were serving internships in New Jersey, 9% in Pennsylvania, 12% in Illinois, and 8% in Ohio. Again, the highest proportion of foreign graduates serving as interns was in New Jersey, where 80% of all the interns were foreign graduates. For the regions with relatively small numbers of foreign graduates on duty, the percentage figures are misleading, since in the East South Central area an increase of 13 over the previous year to 28 last year represents an increase of more than 100%. On the other hand, in the East North Central region the increase of 179 over the number on duty the previous year represents a 30% increase of foreign graduates for the past year.

Only the Canal Zone and New Hampshire filled 100% of their relatively few positions. California filled 1,119, or 92%, of all its internship positions. Of the other states filling over 90% of their positions, Vermont and Hawaii together offered only slightly more than 100 positions. The nine states filling less than 60% of their available internships ranged from North Dakota with 17% filled, West Virginia with 41%, through Nebraska, South Carolina, Delaware, Alabama, Kansas, New Mexico, to Arizona with 59%.

The 10,366 internships filled was the largest total number ever reported, and was 14 more than the next highest total, for the year 1958-1959. There were 696 more positions filled than for the previous year, and 432 more foreign medical graduates, thus bringing the total of foreign graduates on duty as interns to 2,793, only 28 less than the highest number ever reported, in 1964-1965.

National Intern Matching Program

The Directory of Approved Internships and Residencies serves also as the Directory for the National Intern Matching Program, and carries a full description of the operation of the program, copies of the hospital and student agreements, and the dates for operation of the Matching Program for 1968.

Matching Program XVI, for 1967-1968, as concluded in March of 1967, offered 14,178 internships of the 14,314 listed in the 1966 Directory, as available July 1, 1967. There were 8,000 participants, of whom 7,753, or 90%, were matched and 247, or 3%, unmatched. The number of foreign medical graduates participating increased slightly from 406 the previous year to 428 last year, and, of these, 386, or 90%, were matched.

Of the 730 participating hospitals, 102 received 100% of their complement, 191 received 99-50%, 88 received 49-25%, 132 received 24-1%, and 217, or 30%, of the participating hospitals received no interns through the Matching Program. As for the previous year, 81% of the students received their first or second choice, and 71% of the hospitals received their first or second choice. Of the 7,753 students matched, 65.4%

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Table 6.—Number of Internships, by Census Region and State

Census Region and State	No. of Approved Programs	No. of Hospitals	Number of Internships				Foreign Graduates		Total Internship Positions Offered 1968-1969
			Total Positions Offered Sept. 1, 1966	Total Positions Filled Sept. 1, 1966	Positions Vacant Sept. 1, 1966	Per Cent Filled	Number on Duty Sept. 1, 1966	Per Cent In Filled Positions	
New England									
Connecticut	51	21	276	212	64	77	109	51	290
Maine	2	2	18	12	6	67	1	8	18
Massachusetts	81	31	426	362	64	85	96	27	467
New Hampshire	3	1	15	15	..	100	..	..	18
Rhode Island	15	7	81	62	19	77	35	56	79
Vermont	8	2	30	28	2	93	2	7	30
Totals	160	64	846	691	155	82	243	35	902
Middle Atlantic									
New Jersey	94	40	540	354	186	66	282	80	599
New York	351	106	1,986	1,635	351	82	666	41	2,298
Pennsylvania	231	74	1,019	791	228	78	249	31	1,070
Totals	676	220	3,545	2,780	765	78	1,197	43	3,967
South Atlantic									
Delaware	5	1	16	8	8	50	1	13	18
District of Columbia	42	11	275	228	47	83	64	28	278
Florida	54	21	329	222	107	67	64	29	350
Georgia	52	14	268	178	90	66	10	6	265
Maryland	69	22	377	325	52	86	118	36	402
North Carolina	32	11	225	164	61	73	9	5	230
South Carolina	18	6	104	46	58	44	..	..	104
Virginia	32	13	258	201	57	78	35	17	279
West Virginia	35	7	103	42	61	41	10	24	100
Totals	339	106	1,955	1,414	541	72	311	22	2,026
East North Central									
Illinois	128	39	834	715	119	86	333	47	871
Indiana	19	11	165	107	58	65	1	1	180
Michigan	88	38	626	474	152	76	164	35	637
Ohio	193	53	822	563	259	68	225	40	890
Wisconsin	53	14	234	154	80	66	48	31	234
Totals	481	155	2,681	2,013	668	75	771	38	2,812
East South Central									
Alabama	20	8	128	67	61	52	..	..	127
Kentucky	26	8	132	92	40	70	10	11	138
Mississippi	14	3	53	41	12	77	2	5	53
Tennessee	59	12	265	205	60	77	16	8	276
Totals	119	31	578	405	173	70	28	7	594
West North Central									
Iowa	16	7	109	83	26	76	19	23	119
Kansas	29	5	80	43	37	54	5	12	80
Minnesota	26	15	242	167	75	69	26	16	270
Missouri	67	19	291	257	134	66	53	21	364
Nebraska	26	9	115	50	65	43	1	2	115
North Dakota	1	1	12	2	10	17	..	..	12
South Dakota	2	2	12	10	2	83	..	..	12
Totals	167	58	961	612	349	64	104	17	972
West South Central									
Arkansas	12	3	60	43	17	72	..	..	61
Louisiana	40	9	247	178	69	72	7	4	246
Oklahoma	19	9	96	65	31	68	1	2	123
Texas	86	29	476	399	77	84	32	8	544
Totals	157	50	879	685	194	78	40	6	974
Mountain									
Arizona	16	6	78	46	32	59	16	35	81
Colorado	20	12	192	156	36	81	7	4	195
New Mexico	5	1	22	12	10	55	..	..	24
Utah	18	7	98	67	31	68	..	..	104
Totals	59	26	390	281	109	72	23	8	404
Pacific									
California	138	57	1,218	1,119	99	92	36	3	1,284
Hawaii	6	5	77	72	5	94	13	18	78
Oregon	22	7	98	69	29	70	7	10	110
Washington	32	12	202	161	41	80	7	4	210
Totals	198	81	1,595	1,421	174	89	63	4	1,682
Territories & Possessions									
Canal Zone	1	1	16	16	..	100	1	6	16
Puerto Rico	21	6	123	48	75	39	12	25	160
Totals	22	7	139	64	75	46	13	20	176
Non-Inpatient Institutions*		18	..	..	..	..	..	..	..
Grand Totals	2,378	816	13,569	10,366	3,203	76	2,793	27	14,509

*In these cases, the approved program is in the name of an activity other than a hospital, although the facilities of one or more hospitals are used in the training of interns.

were matched with hospitals affiliated with medical schools, 24.4% matched with hospitals not having such affiliations, and 7.1% matched with the federal services.

Of the 193 participating hospitals having major medical school affiliations, 149, or 77.2%, received over 50% of their interns through the Matching Program. Of the 459 participating non-affiliated hospitals, only 100, or 24%, received over 50% of their interns through the program. A Datagram, Vol. 8, No. 12, June, 1967, published by the Association of American Medical Colleges, gives further analysis of the results of the Intern Matching Program since 1953, and reveals both graphically and in tabular fashion, the progressively greater success of hospitals affiliated with medical schools, as compared to those not having an affiliation.

Internship Salaries

The average annual salaries paid interns as published in the Directory represent the averages of the salaries reported as being currently offered by each hospital to its interns. No attempt is made to calculate the value of board and room or laundry, and information is not sought as to extra-curricular activities that produce income. These averages are therefore approximations, but they do allow an annual comparison of the overall change.

In comparison with the previous year, the overall average of \$4,322 is an increase of \$525 annually. The average salary in affiliated hospitals was \$4,139, an increase of \$561, while the average in non-affiliated hospitals was \$4,521, an increase of \$450 per year.

Table 7 lists the annual internship salaries for affiliated and non-affiliated hospitals by increments of \$500 per year. Because data were not available on 140 programs, the calculations relate to a total of 2,238 programs, rather than the 2,378 shown in the table.

For the programs in affiliated hospitals, out of the 1,167 reporting, 1,113 or 87%, were in the range of \$3,501 to \$6,000 annually. For the non-affiliated hospitals, of 1,071 with reportable data, 981, or 92%, were in this range. For the affiliated hospitals, 127, or 11%, offered less than \$3,500 per year, while only 14, or 1.3%, of the non-affiliated hospitals were in these

Table 7.—Annual Internship Salaries

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not available	74	65	139
Not Applicable	1	0	1
0-500	0	0	0
501-1,000	0	0	0
1,001-1,500	0	0	0
1,501-2,000	3	0	3
2,001-2,500	1	0	1
2,501-3,000	64	9	73
3,001-3,500	63	5	68
3,501-4,000	342	244	586
4,001-4,500	297	206	503
4,501-5,000	122	249	371
5,001-5,500	120	145	265
5,501-6,000	132	137	269
6,001-6,500	4	18	22
6,501-7,000	0	32	32
7,001-7,500	14	20	34
7,501-8,000	1	1	2
8,001-8,500	4	5	9
8,501-9,000	0	0	0
9,001-9,500	0	0	0
9,501-10,000	0	0	0
Over 10,000	0	0	0
Totals	1,242	1,136	2,378
Mean — Annual Salary	\$4,139	\$4,521	\$4,322
Median — Annual Salary	\$4,001-4,500	\$5,001-5,500	\$4,001-4,500
Mode — Annual Salary	\$3,501-4,000	\$4,501-5,000	\$3,501-4,000

low ranges. At the other end of the scale, only 23 hospitals in the affiliated group, or 2%, paid salaries in the range of \$6,001 to \$8,500, while non-affiliated hospitals, or 7%, paid salaries in these high ranges.

Residency Programs

Since 1962, and based on the continued interest of the House of Delegates of the American Medical Association, these Annual Reports have included considerable additional material regarding the evaluation and approval process for residency programs. The Annual Report for 1962 carried a detailed description of the process by which these programs are evaluated.

Table 8 lists the 27 specialties in which residency programs are evaluated through the mechanism of a Residency Review Committee. During the past year, a Residency Review Com-

Table 8.—Activity of Residency Review Committees—July 1, 1966, to June 30, 1967

Specialty	No. of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Granted Increased or Decreased Approval	Programs on which Further Data were Required	Programs with Progress Reports for Review	Programs Placed or Continued on Probation	Programs on which Approval was Withdrawn	Programs on which Approval was Withheld	Total Programs Reviewed
Anesthesiology	2	7	54	23	21	10	9	21	1	146
Aerospace Medicine**	2	1	3	0	0	1	0	0	0	5
Colon and Rectal Surgery	1	2	4	0	0	2	0	1	0	9
Child Psychiatry**	2	5	14	9	1	10	3	3	2	47
Dermatology	1	3	20	1	5	3	1	0	1	34
General Practice	2	12	31	2	1	14	3	12	3	78
General Preventive Medicine**	2	2	3	0	1	8	0	0	0	14
Internal Medicine	3	17	121	0	19	112	35	19	15	338
Neurological Surgery	2	1	25	0	6	2	1	0	4	39
Neurology**	2	3	24	5	4	18	3	5	0	62
Obstetrics-Gynecology	3	10	96	9	30	52	7	6	2	212
Occupational Medicine (Academic)**	2	0	2	0	0	0	0	0	0	2
Occupational Medicine (In Plant)**	2	0	4	0	0	2	0	0	1	7
Ophthalmology	2	2	52	1	2	4	2	2	1	66
Orthopedic Surgery	2	10	105	4	31	22	8	7	4	191
Otolaryngology	2	2	26	0	11	18	9	2	1	69
Pediatric Allergy**	2	10	8	0	1	5	0	2	1	27
Pediatric Cardiology**	2	4	10	0	8	2	0	0	1	25
Pediatrics**	2	8	80	3	20	23	25	15	4	178
Physical Medicine and Rehabilitation	2	3	23	4	5	5	4	4	2	50
Plastic Surgery	2	5	14	0	14	7	3	1	0	44
Psychiatry*	2	6	71	10	2	21	14	2	7	133
Public Health**	2	0	2	0	0	6	1	0	0	9
Radiology	2	7	33	9	14	15	18	14	5	115
Surgery	3	4	128	12	24	37	16	7	6	234
Thoracic Surgery	1	3	9	0	4	0	0	1	0	17
Urology	2	2	53	1	6	36	7	4	0	109
Totals*	38	129	1,015	93	230	435	169	128	61	2,260

*Residencies in Pathology are approved in collaboration with the American Board of Pathology, without a review committee.

**Residency Review Committee for Preventive Medicine evaluates residencies in Aerospace Medicine, General Preventive Medicine, Occupational Medicine, Public Health at its meetings; Residency Review Committee for Psychiatry and Neurology evaluates residencies in Child Psychiatry, Neurology, Psychiatry at its meetings; Residency Review Committee for Pediatrics evaluate residencies in Pediatric Allergy, Pediatric Cardiology, and Pediatrics at its meetings.

mittee for Thoracic Surgery was organized with representation from the Council on Medical Education, the Board of Thoracic Surgery, and the American College of Surgeons. The specialty of pathology is the only field in which the specialty board concerned has not chosen to request the Council to collaborate in the organization of a committee for the joint review of residency programs. Between July 1, 1966, and June 30, 1967, the 19 Residency Review Committees held 38 meetings.

The only public expression of the work of these Residency Review Committees is the annual publication of the list of approved programs. By comparing the annual list with that published in previous years, one can determine additions and deletions in the lists. Otherwise, no public announcement is made of the critical and constructive review efforts of the Committees, which are communicated directly to program directors and hospital administrators by the Committees' Secretaries.

A total of 2,260 individual residency programs was reviewed, or 5% more than the previous year. Approval was withheld on 61 applications, approval was withdrawn from 128 programs, 169 were placed on or continued on confidential probation, increases or decreases in length of approval were granted to 93 programs, 129 new programs were added to the approved list, and 1,015 programs were granted continued approval.

Table 9.—Survey Activities of the Field Staff

Year Ending June 30	1962	1963	1964	1965	1966	1967
Hospitals Visited.....	845	922	1,115	1,152	1,020	953
Internships Reviewed.....	328	329	364	290	278	77
Residencies Reviewed.....	2,121	1,967	2,008	2,068	1,827	1,829
Total Programs Reviewed.....	2,449	2,296	2,372	2,358	2,105	1,906

Table 9 indicates the survey activities of the nine field representatives employed on a full and part-time basis by the Department of Graduate Medical Education, including one full-time physician who retired in late 1966 after ten years of service. Over the past six years there have been moderate fluctuations in the numbers of programs surveyed and hospitals visited, in relation to the total manpower available for the survey function, as well as the varying requirements of the review committees. For 1967, there was a very marked curtailment in the review of internships, as announced previously. The 1,829 residency programs comprised 38% of all residency programs approved, for a gain of 1% greater review activity in this field than for the previous year.

Table 10, enumerating the number of residencies by specialties, contains, along with Table 27, data on the additional 85 programs approved in the fields of preventive medicine and forensic pathology, which are not primarily based in hospitals. Except for these two tables, the others in this report pertain to residencies conducted within hospitals, and therefore omit the additional 489 positions in the 85 approved programs outside of hospitals.

The total of 4,849 approved programs is a decrease of 163 over the previous year, and a decrease of 591 over the previous two years. This decrease has not been reflected in the summary of Residency Review Committee actions, and therefore represents largely the increasing trend for independently approved programs to combine into single, integrated programs.

Residencies by Specialty

Table 10 lists the 29 specialty fields in which training is offered, including the 23 conducted primarily in hospitals. The 10 major specialties offering more than 1,000 residency

Table 10.—Number of Residencies, by Specialty

Specialty	Number of Approved Programs	Total Appointments (All Years)					Percentage of Positions Filled	Percentage of Foreign Graduates in Filled Positions	Total Positions Offered 1968-1969
		Total Offered Sept. 1, 1966	Filled by Non-Foreign Graduates Sept. 1, 1966	Filled by Foreign Graduates Sept. 1, 1966	Total Filled Sept. 1, 1966	Positions Vacant Sept. 1, 1966			
Anesthesiology.....	200	1,652	575	585	1,160	492	70	50	1,810
Colon and Rectal Surgery.....	12	23	6	12	18	5	78	67	25
Dermatology.....	85	501	411	49	460	41	92	11	536
General Practice.....	146	824	132	263	395	429	48	67	835
Internal Medicine.....	450	6,549	3,860	1,671	5,531	1,018	85	30	8,105
Neurological Surgery.....	93	528	408	81	489	39	93	17	542
Neurology.....	98	702	395	146	541	161	77	27	749
Obstetrics and Gynecology.....	391	2,829	1,758	749	2,507	322	89	30	2,938
Ophthalmology.....	168	1,179	1,029	106	1,135	44	96	9	1,243
Orthopedic Surgery.....	267	1,725	1,395	215	1,610	115	93	13	1,849
Otolaryngology.....	106	812	645	85	730	82	90	12	880
Pathology.....	673	3,431	1,206	864	2,070	1,361	60	42	3,640
Pediatrics.....	289	2,430	1,255	815	2,070	360	85	39	2,689
Pediatric Allergy.....	38	60	25	11	36	24	60	31	71
Pediatric Cardiology.....	49	107	34	37	71	36	66	52	141
Physical Medicine.....	76	399	121	93	214	185	54	44	451
Plastic Surgery.....	70	207	158	31	189	18	91	16	232
Psychiatry.....	258	4,493	2,593	954	3,547	946	79	27	4,937
Psychiatry-Child.....	111	553	292	83	375	178	68	22	627
Radiology.....	266	2,155	1,406	311	1,717	438	80	18	2,408
Surgery.....	621	6,521	3,816	2,026	5,842	679	90	35	6,943
Thoracic Surgery.....	95	281	162	100	262	19	93	38	284
Urology.....	202	934	627	196	823	111	88	24	954
Totals.....	4,764	38,895	22,308	9,463	31,792	7,103	82	30	42,889
Other than hospitals:									
Aerospace Medicine.....	4	95	79	2	81	14	85	1	101
General Preventive Medicine.....	14	106	59	7	66	40	82	11	136
Occupational Medicine (Academic).....	8	79	23	7	30	49	38	23	76
Occupational Medicine (In-Plant).....	19	27	12	0	12	15	44	..	27
Public Health.....	25	158	59	1	60	98	38	..	161
Forensic Pathology.....	15	24	7	2	9	15	38	2	23
Totals.....	85	489	239	19	258	231	53	7	524
Grand Totals.....	4,849	39,384	22,548	9,502	32,050	7,334	81	30	43,413

Table 11.—Number of Residencies, by Specialty, in Affiliated and Nonaffiliated Hospitals

Specialty	† Number of Approved Programs	Total Appointments (All Years)					Positions Vacant Sept. 1, 1966	Percentage of Positions Filled	Percentage Foreign Graduates in Filled Positions	Total Positions Offered 1966-1969
		‡ Total Offered Sept. 1, 1966	§ Filled by Non-Foreign Graduates Sept. 1, 1966	¶ Filled by Foreign Graduates Sept. 1, 1966	‖ Total Filled Sept. 1, 1966	‗ Total Filled Sept. 1, 1966				
Affiliated										
Anesthesiology.....	132	1,235	455	415	870	365	70	48	1,323	
Colon and Rectal Surgery.....	5	10	3	6	9	1	90	67	9	
Dermatology.....	69	400	322	40	362	38	90	11	428	
General Practice.....	25	117	31	8	39	78	33	21	123	
Internal Medicine.....	255	4,324	2,900	880	3,780	544	87	23	4,953	
Neurological Surgery.....	69	369	302	51	353	16	96	14	368	
Neurology.....	77	543	315	109	424	119	78	26	572	
Obstetrics and Gynecology.....	205	1,829	1,246	382	1,628	201	89	24	1,908	
Ophthalmology.....	116	852	760	61	821	31	96	7	892	
Orthopedic Surgery.....	166	1,109	924	116	1,040	69	94	11	1,192	
Otolaryngology.....	78	549	446	49	497	52	91	10	607	
Pathology.....	307	2,016	891	462	1,353	663	67	34	2,170	
Pediatrics.....	162	1,750	1,007	498	1,505	245	86	33	1,963	
Pediatric Allergy.....	33	53	21	9	30	23	57	30	64	
Pediatric Cardiology.....	45	95	27	33	60	35	63	55	131	
Physical Medicine.....	59	318	100	81	181	137	57	45	360	
Plastic Surgery.....	43	140	117	17	134	6	96	13	156	
Psychiatry.....	141	2,596	1,787	380	2,167	429	84	18	2,904	
Psychiatry-Child.....	65	350	206	46	252	98	72	18	405	
Radiology.....	161	1,527	1,057	211	1,268	259	83	17	1,711	
Surgery.....	290	3,840	2,622	880	3,502	338	91	25	4,122	
Thoracic Surgery.....	65	182	101	66	167	15	92	40	184	
Urology.....	132	650	461	111	572	78	88	19	663	
Totals.....	2,700	24,854	16,103	4,911	21,014	3,840	85	23	27,208	
Non-Affiliated										
Anesthesiology.....	68	417	120	170	290	127	70	59	487	
Colon and Rectal Surgery.....	7	13	3	6	9	4	69	67	16	
Dermatology.....	16	101	89	9	98	3	97	9	108	
General Practice.....	121	707	101	255	356	351	50	72	712	
Internal Medicine.....	195	2,225	960	791	1,751	474	79	45	3,152	
Neurological Surgery.....	24	159	106	30	136	23	86	22	174	
Neurology.....	21	159	80	37	117	42	74	32	177	
Obstetrics and Gynecology.....	186	1,000	512	367	879	121	88	42	1,030	
Ophthalmology.....	52	327	269	45	314	13	96	14	351	
Orthopedic Surgery.....	101	616	471	99	570	46	93	17	657	
Otolaryngology.....	28	263	197	36	233	30	89	16	273	
Pathology.....	366	1,415	315	402	717	698	51	56	1,470	
Pediatrics.....	127	680	248	317	565	115	83	56	726	
Pediatric Allergy.....	5	7	4	2	6	1	86	33	7	
Pediatric Cardiology.....	4	12	7	4	11	1	92	36	10	
Physical Medicine.....	17	81	21	12	33	48	41	36	91	
Plastic Surgery.....	27	67	41	14	55	12	82	26	76	
Psychiatry.....	117	1,897	806	574	1,380	517	73	42	2,033	
Psychiatry-Child.....	46	203	86	37	123	80	61	30	222	
Radiology.....	105	628	349	100	449	179	72	22	697	
Surgery.....	331	2,681	1,194	1,146	2,340	341	87	49	2,821	
Thoracic Surgery.....	30	99	61	34	95	4	96	36	100	
Urology.....	70	284	106	85	251	33	88	34	291	
Totals.....	2,084	14,041	6,206	4,572	10,778	3,263	77	42	15,681	
Grand Totals.....	4,784	38,895	22,309	9,483	31,792	7,103	82	30	42,689	

positions comprised 85% of all positions offered, as was true for the previous two years. In order of decreasing size these specialties were: internal medicine, 6,549; surgery, 6,521; psychiatry, 4,493; pathology, 3,431; obstetrics and gynecology, 2,829; pediatrics, 2,430; radiology, 2,135; orthopedic surgery, 1,725; anesthesiology, 1,652; and ophthalmology, 1,179. Eight specialties had 90% or more of the positions filled, with dermatology the only non-surgical specialty included.

The specialties with 70% or less of the positions filled ranged from general practice with 48% filled, through physical medicine, pathology, pediatric allergy, pediatric cardiology, child psychiatry, to anesthesiology. In general, the specialties with the lowest percentage of filled positions tended to have the higher percentage of foreign graduates.

The field of general practice continued to decline in terms of new trainees, since the proportion of filled positions fell to 48%, a decline of 11% from the previous year. Foreign graduates held 67% of the positions filled in general practice. There were only 132 U.S. and Canadian graduates serving as resi-

dents in this field, for a total of 0.6% of all U.S. and Canadian graduates in all fields.

There was a reduction of 166, or 3.4% in the total number of residency programs approved in hospitals, compared to the previous year. Among the long-established specialties, only in the fields of plastic surgery and urology were there modest increases in the number of approved programs, although there were slight increases in pediatric allergy, pediatric cardiology, and child psychiatry. In all other fields, the number of approved programs for the past year was less than for the previous year. This represents not only the more critical evaluation activities of the Review Committees, but also the continuing trend toward integration of the resources of two or more institutions into one approved program. This is borne out by the fact that the total numbers of positions offered did not decrease along with the decrease in programs approved, but actually increased by 337 positions.

Table 11 permits analysis of programs in the various specialties in relation to medical school affiliation. While the

total number of approved programs decreased by 166, as compared with the previous year, this resulted from an increase of 90 programs in affiliated hospitals and a decrease of 256 programs in non-affiliated hospitals. This bears out the observation in last year's report that the increased reclassification of non-affiliated to affiliated hospitals has led to a reapportionment in favor of the affiliated hospitals. For last year, 57% of the total approved programs were in affiliated hospitals, offering 64% of the total residency positions, and obtaining 66% of the available residents. These were gains of about 5% over the previous year. In the affiliated hospitals, the U.S. and Canadian graduates appointed were 72% of those available, while 52% of the available foreign graduates were appointed to such hospitals.

While the 82% of total positions filled was the same as for the previous year, the percentage of positions filled remained at 85% in affiliated hospitals, but fell in non-affiliated hospitals from 79% to 77%. The overall figure for foreign graduates in filled positions was 30%, but in affiliated hospitals it remained at 24%, while in the non-affiliated it rose from 36% to 42%.

The total number of positions projected to be offered for 1968-1969 is 42,889, an increase of 2,249 over the figure projected for last year. Of these, 63% will be in affiliated hospitals.

Non-affiliated hospitals offered more approved programs in the fields of surgery, pathology, general practice, and colon and rectal surgery than did the affiliated hospitals, although the number of positions available in the larger affiliated hospitals was higher, with the exception of those in general practice. In the field of general practice, the non-affiliated hospitals had 83% of the approved programs, offered 86% of the positions, and secured 90% of the available residents. There were 50% of the available positions filled, but 72% of the filled positions were held by foreign graduates. In the non-affiliated hospitals, only the field of physical medicine filled a smaller proportion of the available positions than did general practice.

Residencies by Type of Hospital Control

Table 12 contains a group of 159 hospitals, representing 15% of the approved programs, identified under the title

"Combined Hospitals," rather than the term used last year of "Special Group," to denote training programs supported through a combination of the resources of several hospitals. It was not possible to apportion these programs to individual hospitals, and therefore this group of combined hospitals was separated from the federal, governmental (non-federal), non-governmental, non-profit, and proprietary hospitals.

The "Combined Hospitals" group, which was 11% of the total, offered 25% of the positions, of which 89% were filled. This was the best record of any of the groups of hospitals in this table. The federal hospitals filled 83% of their positions, with 18% of the positions filled by foreign graduates. There were 9% of the total hospitals in this category, 10% of the approved programs, 10% of the available positions, and these hospitals secured 10% of the available residents. The governmental (non-federal) hospitals comprised 22% of the total, had 21% of the programs, offered 24% of the positions and obtained 24% of the residents. The 2,340 foreign medical graduates in this group of hospitals occupied 31% of the filled positions, and constituted 25% of all available foreign graduates serving as residents.

The non-governmental, non-profit group of 799 hospitals was 55% of the total, offered 52% of the approved programs and 40% of the available positions, but secured 38% of the available residents. Of the available positions, 78% were filled, and the 4,834 foreign medical graduates in this group of hospitals occupied 40% of the filled positions. They also constituted 51% of all the foreign graduates on duty as residents.

Within the federal services, the 89 Veterans Administration hospitals comprised 65% of the federal hospitals, offered 55% of the residencies, and obtained 51% of the available residents. The 1,590 V.A. residents constituted only 5% of all residents available, and 76% of those sought by the V.A. This number included 496 foreign medical graduates, occupying 31% of the filled V.A. positions, and constituting 89% of the foreign graduates appointed in the federal hospitals.

Of all the available foreign graduates 76% were serving in the governmental (non-federal) hospitals and the non-government, non-profit group. Of positions in city hospitals, 53%

Table 12.—Number of Residencies, by Type of Hospital Control

Control	No. of Hospitals	No. of Approved Programs	Number of Residencies				Foreign Graduates		Total Positions Offered 1968-1969
			Total Offered Sept. 1, 1966	Filled Sept. 1, 1966	Vacant Sept. 1, 1966	Percentage Filled	No. on Duty	Percentage in Filled Positions	
Combined Hospitals	159	732	9,610	8,551	1,059	89	1,670	20	10,521
Totals	159	732	9,610	8,551	1,059	89	1,670	20	10,521
Federal									
U.S. Air Force	5	25	143	123	20	86	..	..	176
U.S. Army	16	85	708	672	36	95	23	3	728
U.S. Navy	10	75	464	442	22	95	..	..	1,300
U.S. Public Health Service	12	37	220	194	26	88	3	2	234
Veterans Administration	89	228	2,084	1,590	494	76	496	31	2,210
Other Federal	4	21	173	117	56	68	35	30	173
Totals	136	471	3,792	3,136	654	83	557	18	4,821
Governmental (nonfederal)									
State	181	486	4,695	3,753	942	80	1,019	27	5,124
County	65	247	2,352	1,966	386	84	500	25	2,846
City	47	189	1,795	1,399	396	78	746	53	1,820
City-County	14	43	251	194	57	77	34	18	240
Hospital District	11	27	224	199	25	89	41	21	243
Totals	318	992	9,317	7,511	1,806	81	2,340	31	10,273
Nongovernmental nonprofit									
Church Related	266	738	3,929	2,735	1,194	70	1,363	50	4,101
Non-profit Corporation	533	1,742	11,505	9,274	2,231	81	3,471	37	12,377
Totals	799	2,480	15,434	12,009	3,425	78	4,834	40	16,478
Proprietary									
Individual	1	..	..	..	..	..	..	..	..
Partnership	..	..	..	..	..	..	..	..	..
Corporation	13	32	350	309	41	88	40	13	354
Miscellaneous	29	57	392	274	118	70	42	15	442
Totals	43	89	742	583	159	79	82	14	796
Grand Totals	1,455	4,764	38,895	31,792	7,103	82	9,483	30	42,889

were occupied by foreign graduates, while 50% of positions in church-related hospitals were so occupied.

First-Year Position

Although tables on first-year appointments by specialty in affiliated and non-affiliated hospitals are not included in this report, the data are available. In all hospitals there were 15,493 first-year positions offered, of which 12,855, or 83%, were filled. Foreign medical graduates were in 34%, or 4,428, of the available first-year positions.

The affiliated hospitals offered 9,145, or 59%, first-year positions, and filled 7,772, or 62%. Thus, 1,373, or 52%, of the vacancies were in affiliated hospitals. Of the 7,772 filled positions in affiliated hospitals, 78% were held by U.S. and Canadian graduates, and 22% by foreign. Calculated another way, the 6,050 U.S. and Canadian graduates in affiliated hospitals were 72% of the total available, while the 1,722 foreign graduates in affiliated hospitals were 39% of all available for filling first-year positions in both affiliated and non-affiliated hospitals.

When distribution is studied according to specialty, it is clear that only in the specialties of general practice, pathology, and surgery was the number of programs in non-affiliated hospitals greater than the number in affiliated. Of available positions, only in general practice did the number offered in non-affiliated hospitals exceed those offered in the affiliated group.

In the non-affiliated hospitals, the specialty with the highest proportion of foreign medical graduates in first-year positions was internal medicine with 74%, followed by general practice, 71%; pathology, 68%; pediatrics, 53%; and anesthesiology, 52%.

In the affiliated hospitals, the specialty of physical medicine had 57% foreign graduates in first-year positions, pediatric cardiology had 48%; pathology, 41%; pediatrics, 31%; general practice, 24%; and internal medicine, 18%.

In the specialty of internal medicine, 1,142, or 26%, of all first-year positions were filled by foreign graduates in non-affiliated hospitals. In this same group of hospitals, first-year psychiatry positions were filled by 221, or 5%, and surgery by 482, or 11%, of the foreign graduates. Of the total foreign medical graduates in first-year positions, 289, or 7%, were in affiliated hospitals in the specialty of internal medicine, while 287, or 6%, were in surgery; and 217, or 5%, were in pediatrics.

Of the total of 22,309 positions filled by U.S. and Canadian graduates, 8,427, or 38%, were first-year positions. Of the total of 9,483 foreign medical graduates filling positions in all years, 4,428, or 47%, were in the first year.

Residencies by Medical School Affiliation and Bed Capacity

Table 13 indicates that success in recruitment of residents did not seem to be related to the bed-size of hospitals, for

either the affiliated group or the non-affiliated.

For the non-affiliated hospitals, the number of hospitals with approved programs decreased in each classification by bed size except for those with 500 or more beds, for a net decrease of 23 hospitals; for the affiliated hospitals, in each classification, the number of hospitals increased except in the classification of 200-299 beds, for a net increase of 49 hospitals.

For the non-affiliated group, hospitals in all classifications, except those hospitals with 500 beds or more, filled a lower proportion this year of the residencies offered. For the affiliated hospitals, the proportion of filled positions increased slightly in the combined group of hospitals and in those with less than 200 beds, but the overall percentage of residencies filled remained constant.

Residencies by Census Region and State

Table 14 contains the same category of "non-inpatient institutions" as is contained in Table 6, to identify those programs in which approval is in the name of a group or other activity, even though hospital facilities are used in the training program.

As has been true for many years, the Middle Atlantic states of New Jersey, New York, and Pennsylvania offered 27% of the approved programs, 27% of the available positions, and secured 27% of the available residents.

Maryland and Hawaii both filled over 90% of their positions, while the number of states filling less than 70% of their positions was reduced to five states as compared to 12 the year before. These were West Virginia, 55%; Maine 56%; Delaware, 59%; Puerto Rico, 65%; and Alabama, 65%. While New Jersey and Kentucky each filled 70% of their available positions, New Jersey again led the list with the highest proportion of foreign graduates, 71%, in filled positions. The other states with more than 50% of filled positions held by foreign graduates were Rhode Island, 62%; Delaware, 58%; North Dakota, 58%; and West Virginia, 55%.

Of the 9,483 foreign graduates on duty as residents, 3,748, or 40%, were in the Middle Atlantic states of New Jersey, New York, and Pennsylvania.

Residency Salaries

The annual questionnaire asks for the range of salaries paid for each residency, but in this report only the average beginning salary is reported for affiliated and non-affiliated hospitals. No attempt is made to calculate the value of partial or full maintenance or of other fringe benefits.

The average of all beginning salaries was \$4,295, an increase of \$364 over the previous year. For affiliated hospitals the average of \$4,095 was an increase of \$277, and for the non-affiliated hospitals the average beginning salary of \$4,557 was an increase of \$498 annually.

Table 15 lists the salaries in both categories of hospitals, tabulated by \$500 increments. Data were not reported by

Table 13.—Number of Residencies, by Medical School Affiliation and Bed Capacity

Classification	No. of Hospitals	No. of Approved Programs	Number of Residencies				Foreign Graduates		Total Positions Offered 1968-1969
			Total Offered Sept. 1, 1966	Total Filled Sept. 1, 1966	Vacant Sept. 1, 1966	Percentage Filled	Number on Duty Sept. 1, 1966	Percentage in Filled Positions	
Nonaffiliated									
Combined Hospitals	129	342	3,818	3,151	667	83	839	27	4,213
Less Than 200 Beds	144	134	694	552	142	80	284	51	742
200-299	156	262	1,223	820	403	67	519	62	1,287
300-499	247	736	3,504	2,427	1,077	69	1,436	59	3,655
500-Over	174	590	4,802	3,828	974	80	1,494	39	5,784
Totals	850	2,064	14,041	10,778	3,263	77	4,572	42	15,681
Affiliated									
Combined Hospitals	100	522	6,546	5,905	641	90	925	16	7,137
Less Than 200 Beds	84	91	609	508	101	83	75	15	661
200-299	76	189	1,048	811	237	77	307	38	1,178
300-499	154	687	4,619	3,688	931	80	1,246	34	5,119
500-Over	191	1,211	12,032	10,102	1,930	84	2,358	23	13,113
Totals	605	2,700	24,854	21,014	3,840	85	4,911	23	27,208
Grand Totals	1,455	4,764	38,895	31,792	7,103	82	9,483	30	42,889

GRADUATE MEDICAL EDUCATION

Table 14.—Number of Residencies, by Census Region and State

Census Region and State	No. of Approved Programs	No. of Hospitals	Number of Residencies				Foreign Graduates		Total Positions Offered 1968-1989
			Total Offered Sept. 1, 1966	Filled Sept. 1, 1966	Vacant Sept. 1, 1966	Per Cent Filled	Number on Duty Sept. 1, 1966	Per Cent in Filled Positions	
New England									
Connecticut.....	101	28	682	586	96	86	246	42	747
Maine.....	10	3	41	23	18	56	1	4	41
Massachusetts.....	195	67	1,739	1,485	254	85	464	31	1,846
New Hampshire.....	11	2	67	55	12	82	12	22	69
Rhode Island.....	25	11	143	117	26	82	72	62	156
Vermont.....	18	6	96	83	13	86	14	17	102
Totals.....	360	117	2,768	2,349	419	85	809	34	2,961
Middle Atlantic									
New Jersey.....	140	58	779	544	235	70	385	71	834
New York.....	740	178	6,863	5,990	873	87	2,722	45	7,304
Pennsylvania.....	389	103	2,737	2,096	641	77	641	31	2,941
Totals.....	1,269	339	10,379	8,630	1,749	83	3,748	43	11,079
South Atlantic									
Delaware.....	28	7	88	52	36	59	30	58	78
District of Columbia.....	104	18	936	795	141	85	254	32	971
Florida.....	96	27	788	654	134	83	226	35	859
Georgia.....	73	21	641	478	163	75	78	16	669
Maryland.....	135	35	1,113	1,019	94	92	386	38	1,225
North Carolina.....	79	18	675	576	99	85	40	7	723
South Carolina.....	39	10	108	78	30	72	8	10	154
Virginia.....	108	33	646	518	128	80	144	28	1,510
West Virginia.....	40	11	201	111	90	55	61	55	226
Totals.....	702	180	5,196	4,281	915	82	1,227	29	6,415
East North Central									
Illinois.....	236	62	2,064	1,771	293	86	737	42	2,210
Indiana.....	45	13	374	279	95	75	15	5	381
Michigan.....	191	51	1,802	1,526	276	85	576	38	1,941
Ohio.....	275	76	2,319	1,855	464	80	776	42	2,680
Wisconsin.....	76	26	683	489	194	72	98	20	680
Totals.....	823	228	7,242	5,920	1,322	82	2,202	37	7,892
East South Central									
Alabama.....	47	11	325	211	114	65	16	8	340
Kentucky.....	58	19	375	263	112	70	77	29	410
Mississippi.....	22	7	134	106	28	79	9	8	173
Tennessee.....	95	24	659	537	122	81	75	14	768
Totals.....	222	61	1,493	1,117	376	75	177	16	1,891
West North Central									
Iowa.....	30	11	314	274	40	87	42	15	341
Kansas.....	38	10	435	329	106	76	88	27	465
Minnesota.....	82	22	1,319	1,126	193	85	196	17	1,414
Missouri.....	132	36	1,173	846	327	72	245	29	1,260
Nebraska.....	28	13	149	113	36	76	13	12	170
North Dakota.....	4	5	15	12	3	80	7	58	14
South Dakota.....	2	2	7	6	1	86	1	17	8
Totals.....	316	99	3,412	2,706	708	79	592	22	3,672
West South Central									
Arkansas.....	24	6	176	130	46	74	3	2	198
Louisiana.....	87	15	739	561	178	76	47	8	741
Oklahoma.....	39	11	284	213	71	75	19	9	282
Texas.....	186	44	1,540	1,289	251	84	217	17	1,650
Totals.....	336	78	2,739	2,193	546	80	286	13	2,871
Mountain									
Arizona.....	23	9	133	110	23	83	59	54	147
Colorado.....	72	16	475	384	91	81	40	10	534
New Mexico.....	17	8	109	66	43	61	14	21	116
Utah.....	32	9	181	124	57	69	12	10	186
Totals.....	144	42	898	684	214	76	125	18	983
Pacific									
Alaska.....	3	1	4	...	4	..	...	..	4
California.....	428	108	3,537	2,922	615	83	130	4	3,917
Hawaii.....	20	9	136	124	12	91	21	17	146
Oregon.....	38	8	295	240	55	81	23	10	311
Washington.....	55	19	462	406	56	88	43	11	516
Totals.....	544	145	4,434	3,692	742	83	217	6	4,894
Territories and Possessions									
Canal Zone.....	8	1	31	22	9	71	9	41	32
Puerto Rico.....	40	10	303	198	105	65	91	46	399
Totals.....	48	11	334	220	114	66	100	45	431
Non-Inpatient Institutions*									
Totals.....	157	...	...	...	...	...	...	...	...
Grand Totals	4,764	1,455	38,895	31,792	7,103	82	9,483	30	42,889

*In these cases, the approved program is in the name of an activity other than a hospital, although the facilities of one or more hospitals are used in the training of residents.

Table 15.—Annual Salaries Offered Residents, 1968-1969

Annual Salary Offered	In Affiliated Hospitals	In Non-Affiliated Hospitals	Totals
Data not Available	229	230	459
Not Applicable	.....	.....	.....
0-500	.....	.....	.....
501-1,000	.....	.....	.....
1,001-1,500	2	1	3
1,501-2,000	1	1	2
2,001-2,500	7	1	8
2,501-3,000	31	3	34
3,001-3,500	54	3	57
3,501-4,000	306	121	427
4,001-4,500	731	245	976
4,501-5,000	957	384	1,341
5,001-5,500	428	382	810
5,501-6,000	285	291	576
6,001-6,500	161	143	304
6,501-7,000	115	116	231
7,001-7,500	86	55	141
7,501-8,000	32	44	76
8,001-8,500	29	48	77
8,501-9,000	13	37	50
9,001-9,500	12	6	18
9,501-10,000	6	8	14
10,001-10,500	5	13	18
10,501-11,000	5	7	12
11,001-11,500	.....	2	2
11,501-12,000	2	3	5
12,001-12,500	.....	.....	.....
12,501-13,000	.....	.....	.....
Over 13,000	2	2	4
Totals	3,499	2,146	5,645
Mean — Annual Salary	\$4,095	\$4,557	\$4,295
Median — Annual Salary	\$4,501-5,000	\$5,001-5,500	\$4,501-5,000
Mode — Annual Salary	\$4,501-5,000	\$4,501-5,000	\$4,501-5,000

459 hospitals, so these ranges apply to 3,270 affiliated hospitals and 1,916 non-affiliated hospitals, for a total of 5,186 reporting.

The salary range between \$3,500 and \$7,000 included 91% of the affiliated hospitals and 88% of the non-affiliated hospitals. In both groups the modal salary figure was in the \$4,501-\$5,000 range. In the range above \$10,000, there were 41 hospitals (14 affiliated and 27 non-affiliated), and two hospitals in each group paid over \$13,000 annual beginning salary.

Table 15A—Trend in average Annual Salaries

	Interns' Annual Salaries	Increase or Decrease	Residents' Average Salaries	Increase or Decrease
1962-63	\$2,796	\$	\$3,300	\$
1963-64	3,039	+243	3,684	+384
1964-65	3,425	+386	4,037	+353
1965-66	3,529	+104	3,889	-148
1966-67	3,797	+268	3,931	-58
1967-68	4,322	+529	4,295	+264

Table 15A is a listing of the average annual salaries for interns and beginning salaries for residents for the past six years. While this indicates a reasonably orderly progression for intern salaries, the progression is much less orderly for the first-year residents' salaries, and for the present year the beginning resident's average salary is actually less than the intern's salary. There are so many factors not analyzable relating to the total compensation of house officers that these averages must not be taken as other than indicative of salary trends.

At the November, 1966, Clinical Session of the AMA House of Delegates, the joint report of the Council on Medical Education and Council on Medical Service on remuneration of house officers was presented and accepted by the House of Delegates. This report was widely distributed, and a summary of its recommendations appears in the Special Reports and Announcements following this Annual Report. The Council on Medical Service submitted a subsequent report at the June, 1967, Annual Convention, relating to disposition of funds by hospital staffs.

Foreign Medical Graduates

In this report the data on foreign medical graduates have been listed along with those for other graduates, under the

various headings.

Graduates of Canadian medical schools are not regarded as foreign medical graduates, as those schools are accredited by the same mechanism used for accreditation of medical schools in the United States and Puerto Rico. Graduates of Canadian or Puerto Rican medical schools are not required to have ECFMG certification.

The American Medical Association has now assumed the responsibility of reporting more definitive data on foreign medical graduates on a basis of the data assembled by the Circulation and Records Department. These data were assembled as of December 31, 1966, and, therefore, may not necessarily match the data reported in this Annual Report which refer to September 1, 1966, the date for reporting data in the annual questionnaire issued by the Department of Graduate Medical Education. The section on Special Studies includes data on foreign medical graduates referring to country of origin, as well as visa status.

Table 16—Foreign Medical Graduates in Training Programs

	1959-60	1960-61	1961-62	1962-63	1963-64	1964-65	1965-66	1966-67
Interns	2,545	1,753	1,273	1,669	2,566	2,821	2,361	2,793
Residents	6,912	8,182	7,723	7,062	7,052	8,153	9,113	9,483
Others	.....	.....	.....	1,024	1,791	1,925	2,355	2,566
Totals	9,457	9,935	8,996	9,755	11,409	12,899	13,829	14,842

Table 16 is an eight-year summary of the distribution of medical graduates by internships, residencies, and other types of traineeships. This latter group was first documented for the year 1962-1963, and the number reported has been increasing steadily each year. The total as of September 1, 1966, for all categories of foreign physicians in training in the United States was 14,842, of which 12,276, or 83% were interns and residents. There was an appreciable increase in each category, and the total increase of 1,013 over the previous year represented a 7% gain.

In April, 1967, hearings were held by the Subcommittee on Immigration and Naturalization of the United States House of Representatives' Committee on the Judiciary, relating to questions on the Exchange-Visitor Program similar to those raised by the same Committee six years earlier. As a result of the hearings, the Immigration and Naturalization Service provided new data on physicians admitted to the United States; these data reveal that, for the period 1965-1966, 2,552 foreign-trained physicians were admitted as immigrants and 4,370 admitted as exchange visitors, or a total of 6,922. Since the graduates of United States medical schools for that year totalled 7,574, it can be seen that the total of foreign medical graduates admitted for that year was equal to 91% of the total graduates of United States medical schools. During the past year, the President's Advisory Commission on Health Manpower and its panel on foreign medical graduates have been preparing a report which will include additional data and recommendations on the Exchange-Visitor Program.

The section on Special Reports, immediately following this Annual Report, contains special studies on foreign graduates as of December 31, 1966, and includes information on 14,735 trainees identified according to citizenship and visa status. Of these, 499 were Canadian citizens and 1,541 were U.S. citizens, of whom 506 were naturalized citizens, 12 derivative citizens, and 1,023 native born.

Educational Council for Foreign Medical Graduates

An excellent summary of the activities of the ECFMG was published in the State Board Number of *The Journal* for June 19, 1967, pp. 1079-1081.

The ECFMG offices have been moved from Evanston, Illinois, to 3930 Chestnut Street, Philadelphia, Pennsylvania 19104. (Tel: Area Code 215, 386-1300)

Official word was received by the ECFMG in May, 1967, that the government of India had prohibited the administration of any further ECFMG examinations in that country.

See the section on "Special Announcements," regarding modification of ECFMG requirements for graduates of foreign medical schools who are United States' citizens.

Table 17—Other Graduate Trainees by Specialty

	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology	73	91	164	56
Colon and Rectal Surgery	00	1	1	100
Dermatology	81	16	97	17
General Practice	47	65	112	58
Internal Medicine	1,487	640	2,127	30
Neurological Surgery	38	13	51	26
Neurology	93	39	132	30
Obstetrics and Gynecology	141	178	319	56
Ophthalmology	60	33	93	36
Orthopedic Surgery	130	41	171	24
Otolaryngology	50	25	75	33
Pathology	234	205	439	47
Pediatrics	255	324	579	56
Pediatric Allergy	13	6	19	32
Pediatric Cardiology	23	24	47	51
Physical Medicine	21	20	41	49
Plastic surgery	7	18	25	72
Psychiatry	353	223	576	39
Psychiatry-Child	58	13	71	18
Radiology	157	68	225	30
Surgery	281	456	737	62
Thoracic Surgery	28	39	67	58
Urology	44	28	72	39
Totals	3,674	2,566	6,240	41

Other Graduate Trainees by Specialty

Table 17 lists the physicians reported as engaged in graduate training activities, other than internships and residencies, such as research, teaching fellowships, clinical traineeships, or other types of activities leading toward specialization and possibly specialty board certification. The total of 6,240 was a gain of 525, or 8%, over the figure reported the previous year. The 2,566 foreign medical graduates represented an increase of 211, or 8% over the previous year's figure and they comprised 41% of all this category of trainees, a proportion identical with that for the previous year. The percentage of foreign graduates exceeded 50% in the fields of general practice, thoracic surgery, physical medicine, anesthesiology, and pediatrics.

Hospital Autopsy Rates

Table 18 indicates the hospitals having 12 or more deaths per year and reporting the highest autopsy rates. These rates are published in three different groups, separating the federal hospitals and the non-federal children's hospitals, so that the other non-federal hospitals can be given the recognition they deserve for this significant measure of hospital performance. The various Review Committees regard the hospital autopsy rate as an important index of the interest of the hospital staff in conducting an educational program with high academic standards.

Director of Medical Education

Tables 19 and 20 report on the geographic and specialty distribution of directors of medical education. The total identified by hospitals has remained surprisingly consistent over the past five years, reaching a total of 999, or 35 more than for the previous year. The distribution was also constant, inasmuch as the 582 full-time, salaried positions represented 58% of the total, while 29% were part-time salaried. Ten per cent were listed on a basis of part-time, non-salaried appointments, while 3%, or a total of 25, were on a basis of full-time but without salary.

As before, the specialty of internal medicine contributed the largest single group of directors of medical education, with 24% of the total and 35% of those on a full-time salaried basis.

Table 18.—Hospitals with Highest Autopsy Rates

Federal Hospitals		%
1. U. S. Air Force Hospital, Wright-Patterson AFB, Dayton, Ohio		92
2. Fitzsimons General Hospital, Denver, Colo.		91
3. Veterans Administration Hospital, White River Junction, Vt.		91
4. U. S. Naval Hospital, Newport, R. I.		91
5. Tripler General Hospital, Honolulu, Hawaii		90
6. William Beaumont General Hospital, El Paso, Texas		90
7. Veterans Administration Hospital, Portland, Ore.		89
8. National Institutes of Health-Clinical Center, Bethesda, Md.		89
9. David Grant USAF Hospital, Travis AFB, Fairfield, Calif.		89
10. U. S. Naval Hospital, Great Lakes, Ill.		88
11. Walston Army Hospital, Fort Dix, N. J.		88
12. Veterans Administration Hospital, Denver, Colo.		86
13. Wilford Hall USAF Hospital, San Antonio, Texas		86
14. Madigan General Hospital, Tacoma, Wash.		86
15. Veterans Administration Hospital, San Francisco, Calif.		85
16. U. S. Naval Hospital, Bethesda, Md.		85
17. Walter Reed General Hospital, Washington, D. C.		84
18. Veterans Administration Hospital, Seattle, Wash.		84
19. Veterans Administration Hospital (West Roxbury), Boston, Mass.		83
20. Brooke General Hospital, San Antonio, Texas		83
Nonfederal Hospitals (Children's Hospitals)		%
1. Crippled Children's Hospital, Phoenix, Ariz.		100
2. Children's Hospital of Buffalo, Buffalo, N. Y.		96
3. Children's Hospital of Los Angeles, Los Angeles, Calif.		92
4. Children's Memorial Hospital, Chicago, Ill.		90
5. St. Christopher's Hospital for Children, Philadelphia, Pa.		90
6. Children's Hospital, Denver, Colo.		88
7. Kapiolani Children's Hospital, Honolulu, Hawaii		87
8. Children's Hospital Medical Center of Northern California, Oakland, Calif.		86
9. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.		86
10. Children's Hospital of Orange County, Orange, Calif.		86
11. Children's Hospital, Washington, D. C.		85
12. Driscoll Foundation Children's Hospital, Corpus Christi, Texas		85
13. Children's Hospital of Philadelphia, Philadelphia, Pa.		84
14. Children's Hospital Medical Center, Boston, Mass.		83
15. Milwaukee Children's Hospital, Milwaukee, Wis.		83
16. Children's Hospital, St. Paul, Minn.		82
17. Children's Mercy Hospital, Kansas City, Mo.		82
18. Texas Children's Hospital, Houston, Texas		81
19. Children's Hospital, Columbus, Ohio		80
20. Children's Hospital, Cincinnati, Ohio		80
Nonfederal Hospitals (Other than Children's Hospitals)		%
1. Roswell Park Memorial Institute, Buffalo, N. Y.		100
2. Kaiser Foundation Hospital and Rehabilitation Center, Vallejo, Calif.		100
3. Psychiatric Center for Training and Research, Rio Piedras, P. R.		98
4. Oak Ridge Institute of Nuclear Studies Medical Division, Oak Ridge, Tenn.		97
5. University District Hospital, Rio Piedras, P.R.		92
6. National Jewish Hospital, Denver, Colo.		91
7. Pacific State Hospital, Pomona, Calif.		89
8. Deborah Hospital, Browns Mills, N. J.		88
9. Orange County Medical Center, Orange, Calif.		87
10. DePaul Hospital, Norfolk, Va.		87
11. Boston Hospital for Women, Boston, Mass.		87
12. University of Minnesota Hospital, Minneapolis, Minn.		86
13. Mary Hitchcock Memorial Hospital, Hanover, N. H.		85
14. Fairview State Hospital, Costa Mesa, Calif.		85
15. Los Alamos Medical Center, Los Alamos, N. M.		85
16. University Hospital, Seattle, Wash.		84
17. Sonoma State Hospital, Eldridge, Calif.		84
18. Atlantic City Hospital, Atlantic City, N. J.		82
19. University of Colorado Medical Center, Denver, Colo.		82
20. University Hospital, Salt Lake City, Utah		82
21. Mendocino State Hospital, Talmage, Calif.		82
22. Suburban Cook County Tuberculosis Sanitarium, Hinsdale, Ill.		82

Hospital Staffing Patterns

Table 21 shows the number of full-time directors of residency programs according to specialty, and divided as to affiliated or non-affiliated hospitals. The annual questionnaire contained the definition of full-time, geographic full-time, part-time, and volunteer, as used by the Residency Review Committee in Internal Medicine. The two principal definitions were:

Table 19.—Directors of Medical Education by State

State	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Alabama	2	5	1	1	9
Arizona	8	1	..	..	9
Arkansas	3	2	..	..	5
California	64	15	1	3	83
Canal Zone	1	..	..	..	1
Colorado	10	5	..	3	18
Connecticut	13	9	..	5	27
Delaware	3	2	..	..	5
District of Columbia	8	5	..	..	13
Florida	20	..	1	..	21
Georgia	9	3	..	1	13
Hawaii	3	4	..	..	7
Illinois	28	14	1	7	50
Indiana	6	4	..	1	11
Iowa	7	4	..	..	11
Kansas	5	3	..	..	8
Kentucky	8	3	1	2	14
Louisiana	7	5	..	2	14
Maine	2	..	..	1	3
Maryland	14	7	2	2	25
Massachusetts	19	25	..	..	44
Michigan	25	14	2	4	45
Minnesota	14	3	..	..	17
Mississippi	5	1	..	..	6
Missouri	16	5	1	..	22
Nebraska	3	6	..	..	9
New Hampshire	1	..	..	..	1
New Jersey	29	20	3	6	58
New Mexico	3	1	..	1	5
New York	71	33	4	14	122
North Carolina	9	1	..	2	12
North Dakota	..	..	..	2	2
Ohio	29	19	2	9	59
Oklahoma	2	5	..	2	9
Oregon	5	2	1	..	8
Pennsylvania	51	23	2	12	88
Puerto Rico	3	2	..	1	6
Rhode Island	6	2	..	..	8
South Carolina	3	..	..	2	5
South Dakota	..	2	..	..	2
Tennessee	12	7	..	..	19
Texas	23	7	1	3	34
Utah	2	3	1	2	8
Vermont	..	2	..	..	2
Virginia	11	4	1	3	19
Washington	7	7	..	1	15
West Virginia	5	2	..	1	8
Wisconsin	7	7	..	5	19
Totals	582	294	25	98	999

“Full time—Receives all of his income as a salaried staff member, either from hospital or university sources, or both; has no clinical office outside the hospital, and/or medical school; and devotes a substantial proportion of his time to personal contact with the house staff.”

By way of contrast, geographic full time was defined as: “Geographic full time—Spends full time at the medical school and its teaching hospital, but devotes part of his time to medical school activities and part to private practice, conducted on the premise, which provide part or all of his income.”

The total of 2,986 full-time directors of residency programs represented an increase of 22 over the previous year. Of these, 1,946, or 65%, were reported from affiliated hospitals, a gain of 10% over the total for the previous year. In non-affiliated hospitals, the 1,040 represented 35% of the total, a 12% loss over the number reported for the previous year.

Of the 4,764 approved residency programs in hospitals, 2,986, or 63%, had full-time directors.

The specialties reporting 80% or more full-time directors were anesthesiology, 87%; pathology, psychiatry, and radiology 84%; urology, 82%; and physical medicine, 80%.

Table 20.—Directors of Medical Education by Specialty

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Anesthesiology	3	1	2	1	7
Colon and Rectal Surgery	1	..	..	..	1
Dermatology	..	1	..	1	2
General Practice	9	8	..	5	22
Internal Medicine	204	108	4	26	342
Neurological Surgery	1	..	..	..	1
Neurology	3	1	..	..	4
Obstetrics-Gynecology	11	11	2	6	30
Ophthalmology	2	..	2	2	6
Orthopedic Surgery	11	17	2	3	33
Otolaryngology	3	..	..	..	3
Pathology	13	11	2	7	33
Pediatrics	39	9	1	2	51
Pediatric Allergy	..	1	..	..	1
Physical Med & Rehab	4	1	..	1	6
Psychiatry	99	21	..	1	121
Psychiatry-Child	12	8	..	1	21
Radiology	1	1	..	1	3
Surgery	60	39	7	22	128
Thoracic Surgery	6	5	..	2	13
Urology	4	3	..	..	7
Miscellaneous	96	48	3	17	164
Totals	592	294	25	98	999

Miscellaneous Data

The Consolidated List in the Directory contains a column listing footnote identification of those hospitals having restrictions on the appointments of interns and residents. The questions on interns were answered only by some 800 hospitals, but of those replying, five, or 0.6%, limited appointments to men only; 82, or 10%, limited appointments to U.S. citizens; and 69, or 8%, stated that foreign medical graduates were not eligible. Over 1,000 hospitals answered the questions on residents, indicating that 12, or 1%, restrict appointments to men only; 123, or 11%, require U.S. citizenships; and 58, or 5%, do not accept foreign medical graduates.

As a service to the American Dental Association, data were also obtained as to the availability of appointments for dental interns and residents. Of the 1,248 hospitals reporting, 262 or 21% offered dental internships, and 194 or 16% offered dental residencies.

Table 21.—Full-Time Directors of Residency Programs

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total
Anesthesiology	121	52	173
Colon and Rectal Surgery	2	3	5
Dermatology	41	7	48
General Practice	9	38	47
Internal Medicine	202	92	294
Neurological Surgery	48	10	58
Neurology	67	13	80
Obstetrics and Gynecology	126	42	168
Ophthalmology	57	20	77
Orthopedic Surgery	88	28	116
Otolaryngology	54	12	66
Pathology	274	290	564
Pediatrics	130	53	183
Pediatric Allergy	10	1	11
Pediatric Cardiology	34	3	37
Physical Medicine	49	12	61
Plastic Surgery	22	9	31
Psychiatry	123	93	216
Psychiatry-Child	44	25	69
Radiology	143	80	223
Surgery	189	113	302
Thoracic Surgery	46	18	64
Urology	67	26	93
Totals	1,946	1,040	2,986

Supply and Demand

Since 1962, this Annual Report on Graduate Medical Education has contained additional information on supply and demand in the specialty fields in the United States, in response to the expressed interest of the House of Delegates. At the June, 1964, Annual Convention, the Reference Committee on Medical Education commented on the difficulty and complexity of attempting to define the terms "supply" and "demand" in an ever-changing field such as medical practice.

For this year, Table 22 follows the same general format as for previous years, but is based on a different source of statistics. In previous years, the table was somewhat artificial, as it used some data derived from the AMA Directory Report Service reports on Quarterly Tables of Distribution of Physicians for October, while the data on interns and residents were derived from an annual questionnaire based on data for September 1 of each year.

For this year, the data have been derived from a report of the AMA Department of Survey Research and based on the statistics maintained for the Department of Circulation and Records entitled, "Distribution of Physicians, Hospitals, and Hospital Beds in the United States, 1966," of which Vol. I pertains to regional, state, and country distribution. Table 22 is derived from data presented in the above Vol. 1, p. 12, Table E, "Distribution of Federal and Non-Federal Physicians by Specialty and by Major Professional Activity, December 31, 1966 (new format)."

It is important that there be one set of data applying to one date used by the many groups concerned nationally with medical manpower. The data referred to above as of December 31, 1966, do not coincide precisely with the data for interns, residents, and other trainees reported in this Annual Report as of September 1, 1966, but it was considered feasible to use them.

Table 22.—Distribution of Physicians in the U.S. and Possessions, December 31, 1966

Field of Practice	All Physicians		All Interns, Residents and Fellows			% of Residencies Filled in This Field
	Number	% of Total Physicians	No. on Duty	% of Total M.D.'s in This Field	% of Total on Duty	
General Practice	70,223	23	672	1	2	48
Internal Medicine	40,314	13	7,536*	19	17	85
Surgery	28,756	10	6,747*	23	15	90
Psychiatry	18,875	6	3,572	19	8	79
Obstetrics-Gynecology	17,444	6	2,629*	15	6	89
Pediatrics	16,417	5	2,924*	18	7	85
Radiology	10,189	3	1,773	17	4	80
Anesthesiology	9,110	3	1,199	13	3	70
Pathology	8,914	3	2,168*	24	5	60
Ophthalmology	8,735	3	1,184	14	3	96
Orthopedic Surgery	7,982	3	1,441	18	3	93
Totals	236,959	79	31,845	13	71	..
Others	63,416	21	13,092	21	29	..
Grand Totals	300,375	100	44,937	15	100	..

*Includes Straight Internships

While Table 22 is based on data collected by a different method and from a different source, it is comparable to the same table in previous reports, as to general overall distribution. The two particular points of difference are that the present table refers all data to the same dateline of December 31, 1966, and that, instead of including data only on residents on duty, this new table combines the data on residents, fellows, and those interns in specialty training in straight internships. For comparison of proportions of physicians in training in various specialties with those in practice, it is important to include interns and fellows along with residents for more accurate analysis of manpower production.

Of the total number of physicians in the United States and its associated areas, 79% were in the 10 largest specialties, plus general practice, which is only 1% greater than the previous year. The total number of interns, residents, and fellows on duty in these 11 fields was 13% of all physicians in these fields, an increase of 1% over the previous year. Trainees in these 11 fields comprised 71% of the total of all trainees on duty as of December 31, 1966.

The category of general practice represented 23% of all physicians, 1% less than the previous year, but the trainees on duty in this field represented less than 1% of all physicians in general practice, and only 1.5% of all trainees on duty. The ten leading specialties fell in the same rank order as before, except that the specialties of pathology and ophthalmology changed places. Physicians in these 11 fields comprised 79% of all physicians reported, or 1% more than the previous year, while the 70,223 in general practice was 23 less than before, or 1%.

The percentage of physicians in each of the other 10 specialties was essentially as before. The table also indicated the relative proportion of trainees on duty in these 11 categories, as well as the percentage which they represented of all physicians in those fields. Other than general practice, mentioned above, trainees in internal medicine comprised 19% of all physicians and 17% of all trainees. Surgical trainees comprised 23% of all surgeons, but 15% of all trainees. On the other hand, pathology trainees comprised 24% of all pathologists, but only 5% of all trainees in all fields. Trainees in anesthesiology represented only 13% of all anesthesiologists reported, and only 3% of all trainees on duty.

The final column in Table 22 lists the percentage of residencies filled in the 11 fields; it once again indicated that the field of general practice was extremely unpopular, as only 48% of the residencies in that field were filled. The low figure of 60% of pathology residencies filled was misleading, as it denoted a large surplus of approved residency programs in comparison to reasonable expectations for recruitment. The proportion of interns, residents, and fellows in training in pathology, in relation to the total number of pathologists reported, was higher than for any of the other groups. Furthermore, while only 3% of all physicians were pathologists, 5% of the trainees were in that field; while 10% of all physicians were surgeons, 15% of the trainees were surgeons; and while 13% of all physicians were internists, 17% of the trainees were internists. In none of these 11 fields was the proportion of trainees on duty less than the proportion of those specialists in relation to the total number of physicians.

Additional data, bearing on the problem of supply and demand, have been provided through the courtesy of the staff of the Physicians' Placement Service of the AMA Department of Health Education. Table 23 is a summary of registrations with the AMA Physicians' Placement Service, in which comparisons have been made between applications of physicians seeking placement and the opportunities to practice medicine as received from communities, institutions, and other organizations and individuals. For 1966, there were 5,946 total registrations with 2,750 applications processed from physicians seeking opportunities, and 3,196 opportunities for practice registered. It should be remembered this was a limited sample, and may not accurately reflect conditions throughout the United States.

Table 23 lists 16 specialty fields, plus general practice, with a miscellaneous group including industrial, institutional, public health, and school health practice, as well as such categories as plastic surgery, aerospace medicine, medical writing, insurance and pharmaceutical medicine, etc.

As for previous years, the most apparent imbalances relating to undersupply were in the areas of general practice, with only 10% inquiries from physicians, but 31% opportunities for practice. In pediatrics and ENT, the difference was much smaller, since 5% of the inquiries were from pediatricians and

Table 23.—Annual Statistical Report, Physicians' Placement Service

Specialty	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
TOTAL	2,750	100%	3,196	100%
General Practice.....	292	10	985	31
Allergy.....	17	1	21	1
Anesthesiology.....	82	3	64	2
Dermatology.....	58	2	39	1
ENT-EENT.....	73	2	143	5
Internal Medicine.....	479	17	479	15
Miscellaneous*.....	215	8	321	10
Neuro-Surgery.....	21	1	21	1
Ob-Gyn.....	264	10	133	4
Ophthalmology.....	113	4	116	4
Orthopedics.....	109	4	111	4
Pathology.....	107	4	35	1
Pathology.....	107	4	35	1
Pediatrics.....	141	5	282	9
Psychiatry & Neurology.....	99	4	108	3
Radiology.....	109	4	103	3
Surgery.....	456	17	159	5
Urology.....	115	4	76	2

*Four principal categories are occupational medicine, pharmaceutical medicine, public health, school health

there were 9% opportunities in this area; 2% of the inquiries were from otolaryngologists, as compared to 5% opportunities.

In the field of surgery, on the other hand, 17% of the registrants were surgeons, but only 5% of the opportunities were in this category. The same was true to a lesser extent for obstetrics-gynecology, where there were 10% registrants and 4% opportunities, and in pathology 4% registrants and 1% opportunity.

The Physicians' Placement Service pointed out that most of the physicians applying were residing in the New England—Middle Atlantic or the midwestern states. They were seeking initial locations, 70% had satisfied their military obligations, were Board eligible, and under 40 years of age. They expressed preference for a group or an association practice in communities of 100,000 to 500,000. Most registrants, 92%, were interested in private practice situations rather than occupational medicine, pharmaceutical medicine, public health, or school health positions.

The Physicians' Placement Service reported that with only a few exceptions, opportunities existed in most specialties in every part of the country. State placement services, and occasionally county medical societies, could almost always offer supplemental information about specific or potential openings. Also, some specialty and professional organizations offered placement assistance with additional information about opportunities.

The Physicians' Placement office maintains liaison coordination with the Sears Roebuck Foundation's Community Medical Assistance Program, and supplies the Foundation with names of family practitioners to contact regarding vacancies in participating communities.

An activity reported for the second year was the coordination of international and overseas requests. Last year there were 370 inquiries from physicians, 250 applications completed, and 14 new opportunities listed. The greatest need for physicians continued to be in the developing countries, and not in Europe. This service compiled and up-dated a list of "group projects" for short-term tours of physicians volunteers to needed overseas areas.

The Physicians' Placement Service in the Department of Health Education of the American Medical Association does not place interns or residents in training sites, but serves only licensed physicians who wish locations for practice.

Hospital Facilities

Tables 24, 24A, and 25 show the relationship of educational programs, medical school affiliation, and hospital beds in

Table 24.—Relation of Hospital Affiliation to U. S. Hospital Beds

	Hospitals		Hospital Beds	
	Number of Hospitals	% of Total	Number of Beds	% of Total
Hospitals with Approved Programs:				
Major Medical School Affiliation.....	339	4	165,550	10
Limited Medical School Affiliation.....	147	2	94,408	6
Graduate Medical School Affiliation.....	121	2	44,526	2
No Medical School Affiliation.....	905	12	474,980	28
Totals	1,512	21	779,464	46
Hospitals without Approved				
Training Programs.....	5,658	79	899,194	54
Grand Totals (A.H.A.)	7,160	100.0	1,678,658	100

United States hospitals. The data for total hospital beds and for total hospitals registered by the American Hospital Association were obtained from the August 1, 1967, Guide Issue of the AHA journal "Hospitals."

For 1966, the American Hospital Association listed 7,160 hospitals, an increase of 37 over the previous year. The grand total of hospital beds was 1,678,658, or a decrease of 24,864, compared with the previous year.

The total of 1,512 hospitals with approved teaching programs is an increase of 145, or 11%, over the number for the previous year. Of this group, 40% have medical school affiliations, while 60% do not. There was an increase of 90 in the affiliated hospitals and 55 in the non-affiliated, but the increase in hospitals having major medical school affiliation was a 23% increase over the number reported for the previous year.

It will be noted, therefore, that 21% of the United States hospitals had approved teaching programs and that these hospitals had 46% of the nation's beds. Thus, 79% of the hospitals (with 54% of the total beds) are hospitals not having approved intern and resident training programs.

Table 24A.—Hospital Affiliation with Medical Schools

	1960-61	1961-62	1962-63	1963-64	1964-65	1965-66	1966-67	1967-68
Hospitals:								
With Major Affiliations.....	226	212	243	245	227	187	275	339
With Limited Affiliations.....	124	142	130	135	118	116	141	147
With Affiliation for.....								
Graduate Programs only.....				60	44	66	101	121
Total Hospitals with Affiliations.....	350	354	373	440	389	369	517	607
Hospitals without Affiliations.....								
	1,088	1,091	1,091	1,110	1,034	1,017	850	905
Hospitals with Approved Programs.....								
	1,438	1,445	1,464	1,550	1,423	1,386	1,367	1,512

Table 24A indicates the trend in hospital affiliation with medical schools over the past eight years. Whereas, during this period, the number of hospitals with approved training programs increased only 5%, the number of hospitals with approved training programs that are affiliated with medical schools increased by 73%. The number of hospitals with approved programs and without medical school affiliation was 17% lower than the number was eight years earlier.

Table 25.—Relation of Training Programs to U. S. Hospital Beds

	Hospitals		Hospital Beds	
	No.	% of Total	No.	% of All Hosp. Beds
Hospitals with:				
Internships Only.....	70	5	19,195	3
Residencies Only.....	706	47	416,352	25
Internships and Residencies.....	736	48	343,917	20
Grand Totals	1,512	100	779,464	46

Table 25 indicates that 5% of the teaching hospitals conducted internships only, used 3% of the teaching hospitals'

beds and 1% of the beds in the country. The major increase in teaching hospitals was in those conducting residencies only, as the additional 110 hospitals increased the total from 43% the year before to 47% of the teaching hospitals last year. Thus, 53% of the teaching hospitals' beds and 25% of the total U.S. beds were in hospitals conducting residencies only. The remaining 736 teaching hospitals, conducting both internships and residencies, comprised 48% of all teaching hospitals, had 44% of all teaching hospital beds and 20% of all the nation's hospital beds.

Table 26.—Distribution of House Officers by Source of Medical Education

	Affiliated Hospitals			Non-Affiliated Hospitals		
	Source of Trainees			Source of Trainees		
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools
Interns.....	5,446	847	6,293	2,127	1,946	4,073
Residents.....	16,103	4,911	21,014	6,206	4,572	10,778
Totals.....	21,549	5,758	27,307	8,333	6,518	14,851

Present Status of Graduate Training Programs

Table 26 indicates the distribution of house officers in hospitals according to the location of the school from which they graduated and the status of hospital affiliation. In the Directory for 1966, the data in Table 25 were incorrect, in that they referred to the September, 1964, report, rather than the September, 1965, report. The data given in the text, however, were correct.

As of September 1, 1966, there were 42,158 interns and residents on duty in all hospitals with approved programs. Of this total, the affiliated hospitals secured 27,307, or 65%, of all interns and residents, a difference over the previous year of 6% in favor of the affiliated hospitals.

Interns comprised 23% of all house officers in affiliated hospitals, and 27% in non-affiliated hospitals. Of the total of 29,882 U.S. and Canadian graduates serving as interns and residents in hospitals with approved programs, 21,549, or 72%, were in affiliated hospitals. Of the 12,276 foreign medical graduates serving as interns or residents in hospitals with approved programs, 5,758, or 47%, were serving in affiliated hospitals. The total number of U.S. and Canadian graduates increased by only nine over the figures for the previous years, while the total number of foreign medical graduates serving as interns or residents in all approved programs increased by 802 over the previous year's figures.

Of all interns and residents from all sources serving in affiliated hospitals, 21,549, or 79%, were graduates of U.S. and Canadian schools. Of all the interns and residents from all sources, serving in non-affiliated hospitals, 8,333, or 56%, were from U.S. and Canadian schools. Thus, although the affiliated

hospitals recruit almost twice as many interns and residents as do the non-affiliated hospitals, over three fourths of the trainees in affiliated hospitals are U.S. and Canadian graduates, and only slightly more than half of those in the non-affiliated hospitals are in this category. Furthermore, foreign medical graduates comprised only 13% of the interns in affiliated hospitals, but constituted 48% of the interns in non-affiliated hospitals. Of all foreign medical graduates serving in affiliated hospitals, the 4,911 residents constituted 85%, while in non-affiliated hospitals the 4,572 foreign graduates serving as residents comprised only 70%, and interns made up the remaining 30%.

Table 27 is a cumulative table showing the status of internships and residencies since World War II. This table and Table 10 are the only tables that indicate the total number of residencies offered and filled both in hospitals and outside of hospitals. The total positions offered, as of September 1, 1966, was 52,953, of which 42,416, or 80%, were filled. Chart I presents in graphic fashion the data recorded in Table 27.

Table 28.—Distribution of Trainees in Hospital Programs, September 1, 1966

	U.S. and Canadian Graduates	Foreign Medical Graduates	Totals
Interns.....	7,573 (23%)	2,793 (19%)	10,366 (21%)
Residents.....	22,309 (66%)	9,483 (64%)	31,792 (66%)
Other Trainees.....	3,674 (11%)	2,566 (17%)	6,240 (13%)
Totals.....	33,556 (100%)	14,842 (100%)	48,398 (100%)

Table 28 is a summary table indicating the totals of hospital trainees in internships, residencies, and other programs divided according to whether they are U.S. and Canadian graduates or foreign graduates. The 33,556 U.S. and Canadian graduates constituted 69% of the 48,398 total trainees on duty. Interns, both U.S. and foreign, comprised 21%, residents made up 66%, and the remaining 13% were made up of U.S. and foreign graduates in various types of clinical training, other than internships or residencies.

Projection for the Future

As in previous years, many of the tables in this report carry a final column of projected positions offered for the year 1968-1969. The new total of 57,398 internship and residency positions projected as available for July 1, 1968, was an increase of 2,939, or 5%, over the previous year's projection. Internships and residencies in affiliated hospitals made up 35,537, or 62%, of the total. This will represent a 5% increase, whereas the decrease of 1,549 projected internship and residency positions in non-affiliated hospitals will represent a loss of 7% over the previous year's projection. This would appear to confirm further the trend so clearly apparent last year, and reflected in Tables 24 and 24A, showing the increase in affiliation arrangements between hospitals and medical schools.

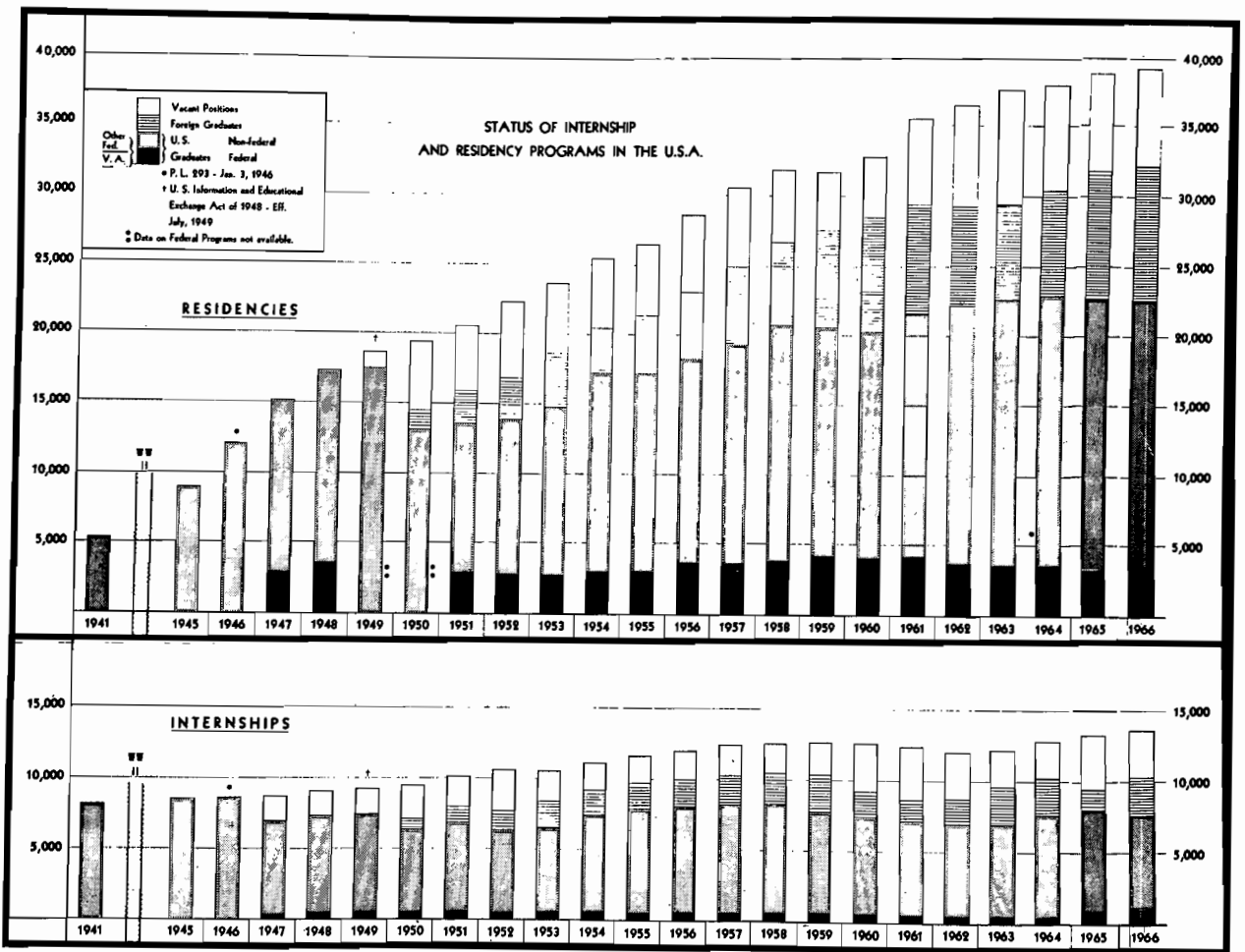


Chart I.—Status of Internship and Residency Programs in the U.S.A.

Table 27.—Status of Internship and Residency Programs in the United States

	Internships						Residencies							
	Total Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal Services*		Total Vacant	Total Offered	Total Filled	Filled by Non-foreign Graduates	Filled by Foreign Graduates	Filled Federal Services*		Total Vacant
					V.A.	Other						V.A.	Other	
1966-1967	13,569	10,366	7,573	2,793	73	663	3,203	39,384	32,050	22,548	9,502	1,500	1,548	7,334
1965-1966	12,954	9,670	7,309	2,361	93	613	3,284	38,979	31,898	22,765	9,133	1,753	1,352	7,074
1964-1965	12,728	10,097	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,749
1963-1964	12,229	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,728
1962-1963	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723	2,602	1,249	5,766
1960-1961	12,547	9,115	7,362	1,753	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,456	4,143
1958-1959	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957-1958	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956-1957	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955-1956	11,616	9,803	7,744	1,859	55	495	2,013	26,516	21,425	17,251	4,174	2,353	624	5,091
1954-1955	11,048	9,066	7,305	1,761	88	470	1,982	25,486	20,494	17,219	3,275	2,252	657	4,992
1953-1954	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952-1953	10,548	7,645	6,292	1,353	67	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951-1952	10,044	7,866	6,750	1,116	71	472	2,178	20,645	15,851	13,618	2,233	2,120	761	4,794
1950-1951	9,370	7,030	6,308	722	..	435	2,340	19,364	14,495	13,145	1,350	..	..	4,869
1949-1950	9,124	7,313	..	..	..	..	1,811	18,669	17,490	..	..	..	..	1,179
1948-1949	9,027	7,248	..	..	..	..	1,779	17,293	..	..	..	..	..	..
1947-1948	8,683	6,902	..	..	..	..	1,781	15,172	..	..	..	..	..	..
1946-1947	8,584	..	..	..	..	..	..	12,003	..	..	..	..	..	..
1945-1946	8,429	..	..	..	..	..	..	8,930	..	..	..	..	..	..
World War II	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1941-42	8,182	..	..	..	..	..	..	5,256	..	..	..	..	..	..

*Figures for filled Federal Services also included in three preceding columns.
 †U.S. Information and Educational Exchange Act of 1946, effective July, 1949.
 ‡—P. L. 293—Jan. 3, 1946—Authorizing Residency Programs in VA.

Special Studies in Graduate Medical Education

1.—Rotating Internships and the National Intern Matching Program

Following the redefinition of the rotating internship in June, 1966, and the issuance of a special Preprint of the Directory of the reorganized internships, the staff of the Department of Graduate Medical Education as well as the staff of the National Intern Matching Program was hard put to accommodate to the continuing large volume of changes in listing requested by program directors.

As was described in the preceding Annual Report, the proportion of rotating to straight internship programs has been restored to that of 1960-1961. The following tables were provided through the courtesy of the staff of the National Intern Matching Program and were produced for the study of the Internship Review Committee and the Council on Medical Education of the present status of internships after redefinition of the rotating internship.

Table 1—Numbers Sought and Matched by Type of Internship

Types of Internships	NUMBERS SOUGHT							
	All Hospitals		Affiliated Hospitals		Non-Affiliated Hospitals		Federal Services	
	Sought	% of Total Sought	Sought	% of Total Sought	Sought	% of Total Sought	Sought	% of Total Sought
Rotating	10,340	73	3,783	52	5,951	95	606	97
Straight	3,838	27	3,499	48	321	5	18	3
Totals	14,178	100	7,282	100	6,272	100	624	100

Types of Internships	NUMBERS MATCHED							
	All Hospitals		Affiliated Hospitals		Non-Affiliated Hospitals		Federal Services	
	Sought	% of Total Sought	Sought	% of Total Sought	Sought	% of Total Sought	Sought	% of Total Sought
Rotating	4,853	63	2,458	47	1,838	94	557	97
Straight	2,900	37	2,774	53	110	6	16	3
Totals	7,753	100	5,232	100	1,948	100	573	100

Tables 1 and 2 contain the basic data on rotating and straight internships in hospitals affiliated with medical schools, those not affiliated with medical schools, and hospitals of the federal services, which have been identified separately. If, for purposes of comparing results with the affiliated hospitals, the federal programs are added to the non-affiliated hospitals, it will be noted that the affiliated hospitals offered slightly more than one half of the available positions (Table 2.), but obtained over two thirds of the available interns. Table 3 shows that the 5,232 interns matched to affiliated hospitals represented 73% of the number sought. On the other hand, the 1,948 interns matched to the non-affiliated hospitals represented only 31% of the total sought by that group of hospitals. Federal programs obtained 92% of the total interns sought. If the non-affiliated hospitals and the federal programs

Table 2—Number Sought and Matched by Type of Hospital

HOSPITALS	TYPES OF INTERNSHIPS SOUGHT						TYPES OF INTERNSHIPS MATCHED					
	Total Sought		Rotating Sought		Straight Sought		Total Matched		Rotating Matched		Straight Matched	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Affiliated	7,282	51	3,783	37	3,499	91	5,232	68	2,958	51	2,774	96
Non-Affiliated	6,272	44	5,951	58	321	8	1,948	25	1,838	38	110	3
Federal Services	624	5	606	5	18	1	573	7	557	11	16	1
Totals	14,178	100	10,340	100	3,838	100	7,753	100	4,853	100	2,900	100

Table 3—Numbers Sought and Matched by Type of Hospital

Types of Internship	ALL HOSPITALS			AFFILIATED HOSPITALS			NONAFFILIATED HOSPITALS			FEDERAL SERVICES		
	Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)
Rotating	10,340	4,853	47%	3,783	2,458	65%	5,951	1,838	31%	606	557	92%
Straight	3,838	2,900	76%	3,499	2,774	79%	321	110	34%	18	16	89%
Totals	14,178	7,753	55%	7,282	5,232	72%	6,272	1,948	31%	624	573	92%

were combined, the data still indicated that only 37% of the total internships they sought were filled.

Table 4—Types of Internships Sought and Matched by Programs

Type of Internship	Major Emphasis	Total Programs—Rotating			
		Number Sought	% of Total Sought	Number Matched	% of Total Matched
Rotating ⁰	None	4,445	43.0	2,084	43.0
Rotating ⁰⁻⁸	Varied	2,841	27.0	1,342	28.0
Rotating ²	Surgery	1,821	18.0	792	16.0
Rotating ¹	Medicine	707	7.0	432	9.0
Rotating ⁴	Pediatrics	174	2.0	101	2.0
Rotating ³	Obstetrics-Gynecology	135	1.0	36	0.7
Rotating ⁶	Psychiatry	54	0.5	33	0.6
General Practice	Pilot Program	37	0.3	7	..
Rotating ⁵	Pathology	35	0.3	10	..
Family Practice	Pilot Program	28	0.2	8	..
Rotating ⁷	Radiology	22	0.1	4	..
Rotating ⁰⁰	2 year program	22	0.1	4	..
Rotating ⁸	Anesthesiology	19	0.1	5	..
Total Rotating		10,340	100.0	4,853	100.0

Tables 4 and 5 present the results of the operation of the Matching Program for nine types of rotating internship categories, plus general practice programs, family practice programs, and two-year internships. As indicated in Table 4, 13 different categories could be tabulated conveniently. The category Rotating⁰⁻⁸, which was listed in the Directory as footnote⁹ if a hospital actually offered all nine programs, was tabulated for any combinations of 0-8 listed under a single NIMP Code Number. The remaining categories were identifiable because they were listed in the Directory with individual Code Numbers. It will be seen that 95% of the available positions and 96% of the available interns were matched against the first four categories in Table 4. Only 5% of the total available positions, or 526 of the total of 10,340, were rotating internships with a major emphasis on pediatrics, obstetrics-gynecology, psychiatry, pathology, radiology, anesthesiology, or general and family practice, or two-year internships. Only 4% of the interns matched chose these categories.

The Council's proposal for a redefinition of the rotating internship did not include identification of a major area in the field of anesthesiology. This was added in the report of the Reference Committee to the House of Delegates on the basis of testimony presented at the Reference Committee hearings by anesthesiologists. This specialty offered the fewest positions of any specialty.

The last six categories in Table 4 showed a total of 38, or only 0.8% of the total matched. More may be actually serving in these categories, since some of the 1,342 interns matched to the categories⁰⁻⁸ may be in programs with major emphasis in areas other than medicine and surgery.

Table 5—Numbers Sought and Matched by Types of Rotating Internships

Types of Rotating Internships	ALL HOSPITALS			AFFILIATED HOSPITALS			NONAFFILIATED HOSPITALS			FEDERAL SERVICES		
	Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)
Rotating ⁰	4,445	2,084	47%	1,694	1,189	70%	2,751	895	28%	—	—	—
Rotating ⁰⁻⁸	2,841	1,342	47%	948	565	60%	1,669	589	35%	224	188	84%
Rotating ²	1,821	792	43%	357	175	49%	1,082	248	23%	382	369	97%
Rotating ¹	707	423	60%	460	353	77%	247	70	28%	—	—	—
Rotating ⁴	174	101	58%	131	93	71%	43	8	19%	—	—	—
Rotating ³	135	36	27%	82	34	41%	53	2	4%	—	—	—
2-Year Programs	87	23	26%	25	10	40%	62	13	21%	—	—	—
Rotating ⁶	54	33	61%	38	22	58%	16	11	69%	—	—	—
Rotating ⁵	35	10	29%	24	9	38%	11	1	9%	—	—	—
Rotating ⁷	22	4	18%	11	3	27%	11	0	0%	—	—	—
Rotating ⁸	19	5	26%	13	5	38%	6	0	0%	—	—	—
Totals	10,340	4,853	47%	3,783	2,458	65%	5,951	1,838	31%	606	558	92%

Types of Rotating: Rotating⁰—4 or 5 months on Medicine; 2 or 3 months on other rotations
 Rotating⁰⁻⁸—More than one type of rotating offered under single NIMP code number
 Rotating²—4 to 6 months on Medicine; at least 4 months on Surgery
 Rotating¹—6 to 8 months on Medicine; elective assignments of at least 2 months' duration
 Rotating⁴—4 to 6 months on Medicine; at least 4 months on Pediatrics
 Rotating³—4 to 6 months on Medicine; at least 4 months on Obstetrics-Gynecology
 Rotating⁶—4 to 6 months on Medicine; at least 4 months on Psychiatry
 Rotating⁵—4 to 6 months on Medicine; at least 4 months on Pathology
 Rotating⁷—4 to 6 months on Medicine; at least 4 months on Radiology
 Rotating⁸—4 to 6 months on Medicine; at least 4 months on Anesthesiology
 2-Year Programs—include 2-year Rotating^{6, 00} and Pilot General Practice and Family Practice Programs

Table 5 is similar to Table 4, although it lists all the pilot programs in family practice and general practice and the two-year internships in one category known as "two-year programs." The comparative performance of affiliated hospitals, non-affiliated hospitals, and federal programs is shown, and there is a footnote explanation of the general nature of the rotating internships with reference to the area of major emphasis, but not indicating their possible elective portions. It will not be until after the 1967 annual questionnaire has been returned and analyzed that the actual distribution of U.S. and Canadian interns will be learned.

2.—Distribution of Interns by State, Based on the NIMP

Concern over the distribution of interns throughout the United States always arises upon release of the results of the National Intern Matching Program (NIMP), when representatives in each state compare the performance in individual communities and in the state as a whole with their own results in previous years and with the results in other states. The staff of the Department of Graduate Medical Education has been asked whether there is a useful measure of the appropriate share of interns a state might expect to receive and whether appropriate yardsticks exist against which each state can determine its status.

This matter will be studied in detail for a special report at a later date, but a preliminary study focused on 13 selected states and the federal programs is presented at this time.

Sources for these data are the numbers of internships offered and filled through the Matching Program, as published in the NIMP Results booklet annually. In addition,

data on the number of physicians graduated in each state and on the number and ownership of the medical schools in each state are available in the annual Education Number of The JAMA.

Table 6 furnishes a comparison for 1965, 1966, and 1967 of the selected states and the federal programs.

One objective of this study was development of a mathematical expression of the degree to which states were "recipient" states if they secured more interns through the NIMP than were graduated from their own medical schools, "donor" states if they received fewer interns through NIMP than were graduated from their medical schools, or "neutral" states if the numbers were about equal. For this purpose, the total of internships offered annually through NIMP was considered to be the "NIMP pool," so that the number of interns matched to hospitals in each state could be converted to a percentage of the total pool. Likewise, with the total number of medical students graduated annually in the United States known, the number of medical students graduated annually from the schools in each state could be converted to a percentage of the total annual M.D. graduate pool. By subtracting the figure for the percentage of M.D.'s graduated in the state from the figure for the percentage of NIMP pool secured, a figure is derived which can be expressed as "positive" or "negative" balance.

For instance, for 1967, in the state of California, 12.60% of the available interns were secured through NIMP, but the state produced only 6.32% of all M.D.'s graduated in that year. There was accordingly a positive balance of 6.28% for California, and it was a "recipient" state. For the state of Massachusetts, while 3.44% of the NIMP pool was secured,

Table 6.—Three-Year Summary of NIMP Results in Selected States

State	1965				1966				1967			
	Internships Filled	% of 1965 NIMP Pool Matched	% of 1965 M.D.'s Graduated in State	Balance	Internships Filled	% of 1966 NIMP Pool Matched	% of 1966 M.D.'s Graduated in State	Balance	Internships Filled	% of 1967 NIMP Pool Matched	% of 1967 M.D.'s Graduated in State	Balance
Alabama	59 (49%)	0.80	0.90	- 0.10	64 (50%)	0.84	0.90	- 0.06	86 (61%)	1.12	0.95	+ 0.17
California	881 (85%)	12.00	6.04	+ 5.96	808 (74%)	10.62	6.11	+ 4.51	964 (82%)	12.60	6.32	+ 6.28
Colorado	102 (59%)	1.39	1.08	+ 0.31	117 (65%)	1.54	0.92	+ 0.62	140 (77%)	1.83	1.07	+ 0.76
Illinois	423 (55%)	5.76	5.82	- 1.06	412 (51%)	5.58	6.81	- 1.23	408 (50%)	5.33	6.80	- 1.47
Indiana	107 (69%)	1.46	2.20	- 0.74	99 (58%)	1.32	2.26	- 0.94	111 (61%)	1.45	2.33	- 0.88
Massachusetts	223 (52%)	3.03	4.09	- 1.06	251 (60%)	3.32	4.24	- 0.92	263 (61%)	3.44	4.11	- 0.67
Michigan	277 (46%)	3.79	3.67	+ 0.12	323 (53%)	4.26	3.47	+ 0.79	294 (47%)	3.90	3.59	+ 0.31
New Jersey	97 (18%)	1.32	0.89	+ 0.43	74 (14%)	0.99	0.92	+ 0.05	78 (14%)	1.02	0.85	+ 0.17
New York	1,036 (52%)	14.14	12.86	+ 1.28	1,068 (52%)	14.07	12.75	+ 1.32	968 (46%)	12.62	12.30	- 0.18
Ohio	380 (46%)	5.18	4.24	+ 0.94	341 (40%)	4.50	4.07	+ 0.43	363 (41%)	4.75	3.92	+ 0.83
Pennsylvania	502 (51%)	6.84	8.48	- 1.64	536 (54%)	7.06	8.54	- 1.48	557 (53%)	7.28	8.19	- 0.91
Texas	273 (73%)	3.71	3.97	- 0.26	250 (64%)	3.06	3.77	- 0.47	267 (64%)	3.50	4.18	- 0.68
Wisconsin	90 (45%)	1.22	2.26	- 1.04	100 (31%)	1.32	2.22	- 0.90	104 (48%)	1.36	2.44	- 1.08
All Federal	597 (93%)	8.12	...	+ 8.12	626 (95%)	8.24	...	+ 8.24	606 (89%)	7.91	...	+ 7.91
Totals	5,047 (57%)	68.72	57.50	+11.22	5,069 (55%)	87.01	58.98	+10.03	5,208 (55%)	68.10	57.55	+10.56

the state produced 4.11% of the nation's graduates, and therefore there was a minus balance of 0.6%, and it was a "donor" state.

Any state was classified as "neutral" if the balance between per cent of M.D.'s produced and per cent of NIMP pool secured was between plus and minus 0.25%.

Table 6 shows these data for each of the 13 states and the federal programs for the three years listed. The federal programs obviously have the most markedly positive balance, as they have no medical schools with which to produce graduates.

Table 7—Summary of 1967 NIMP Results of All States

Classification	% of NIMP Pool Matched in State	% of M.D.'s Graduated in State	Balance	Medical Schools		
				Privately Supported	Tax-Supported	In Development
Recipients (11 States plus Fed. Govt.)....	36.4	18.5	+17.9	6	10	8
Neutrals (16 States)....	28.6	26.5	+ 2.1	9	14	5
Donors (18 States plus Dist. of Columbia and Puerto Rico).....	35.0	55.1	-20.1	27	18	4
Totals.....				42	42	17

Table 7, a summary table for 1967 only, includes the 45 states with internship programs, plus the Federal Government, the District of Columbia, and Puerto Rico. These fall into three groups, of which 11 states and the federal programs are classified as "recipients," in that they produced 18.5% of the physicians, but secured 36.4% of the NIMP pool. There were 16 states classed as "neutrals," since they produced 26.5% of the physicians, and secured 28.6% of the interns through the NIMP. There were 18 states plus the District of Columbia and Puerto Rico comprising the "donor" group, which produced 55.1% of the physicians, but secured only 35% of the available interns through the NIMP. Included in this table are columns enumerating the privately-supported and tax-supported medical schools, and medical schools in development.

Table 7 indicates that the states classified as "recipients" and "neutrals" had a higher proportion of tax-supported medical schools, whereas the states classified as "donors" had a higher proportion of privately-supported medical schools. Furthermore, the highest numbers of medical schools in development are in the states classified as "recipients" and "neutrals."

Table 7 shows that the 13 selected states and the federal programs contained 25, or 60%, of the privately-supported medical schools, and 19, or 45%, of the tax-supported schools. Furthermore, for each of the three years under study, six of the areas studied were in a donor status, six in a recipient status, and two in neutral status.

While it is difficult to be certain about trends in a brief three-year study such as this, the data appear to suggest that states such as Alabama, California, Colorado, and Pennsylvania show a progressively improving "intern balance"; and among those which appear to show an opposite trend are Illinois, Indiana, New York, and Texas.

In summary, it can be said that this preliminary study did not answer the question as to the appropriate share of interns for each state. It did indicate clearly that those states securing a higher proportion of interns through the NIMP, as compared to the proportion of graduates they produce, are those states with the higher proportions of tax-supported schools. Studies directed at performance on a basis limited by state boundaries are unlikely to be conclusive unless all internships in every institution in a state are of essentially identical quality. With wide variations currently between programs within each state as to success of securing interns through the NIMP, there is clearly much room for improve-

ment in the quality of the educational programs in certain institutions in every state. While geography, climate, and economic inducement are variable factors that must be recognized, the quality of the educational experience in the internship is still probably the primary factor that determines successful intern placement through the NIMP.

3.—Patterns of Inter-Specialty Migration

In the Education Number of The JAMA for November 21, 1966, a special study and a detailed table reported changes in the specialty of physicians in residency training. The data published were for the year ending December 31, 1965, although similar data were also available for December 31, 1964. The study has now been completed as of December 31, 1966, but detailed tables are not being published this year, as the figures do not differ significantly from the previous two years, except to reflect over-all increases in the number of U.S., Canadian, and foreign medical graduate physicians in residency training.

This special study relates to December 31 data, and data may differ from those in the Annual Report Section, which relate to September 1 data.

As before, significant numbers of physicians, a total of 6,415, were reported as new additions to residency training other than those entering from a previous internship or from another specialty area. Of this total, the 2,266 foreign medical graduates may represent direct additions to residency training without internship the previous year, as these men may have been accepted on a basis of their previous specialty training in their country of origin. The 3,884 U.S. medical graduates representing new additions to residency training other than those entering residency training from internship or from other specialty fields are presumed to be physicians discharged from military service, returning to formal training from practice, or resuming residency training after deferral for personal reasons, fellowship, traineeship, research, or teaching activities.

This three-year study showed that United States and Canadian graduates, and foreign graduates follow about the same pattern of change from one specialty to another, although the field of general practice continues to be the area with the heaviest turnover.

Foreign Medical Graduates

Origin of Medical Education of Foreign-Trained Physicians in Graduate Training Programs

Last year, the Education Number of The JAMA for November 21, 1966, contained the data available for the first time compiled by the AMA Circulation and Records Department on foreign medical graduates as to the countries in which they received their medical education.

Although data on citizenship are now available, the report will continue to indicate the countries in which the medical education was received, since this has a greater influence on the quality of education and the performance of the foreign physician than does his citizenship per se. The total of 13,709 interns and residents listed in Table 8 was identified as of December 31, 1966, and may include some positions in non-approved training programs, as well as some physicians in fellowship training. Therefore, these figures cannot be compared with those in the Annual Report for September 1. They are, however, sufficiently accurate for analysis of foreign sources producing physicians serving in United States internships and residencies.

The December 31, 1966, records of AMA indicate that 44,937 interns, residents, and fellows were on duty. Accordingly, the 13,709 foreign graduates constituted 31% of the total on duty, a percentage identical with that tabulated as of September 1, 1966, from the annual questionnaire on internships and residencies.

Table 8—Distribution of Foreign Graduate Trainees by Origin of Medical Education

Origin of Medical Training	As of December 31, 1966		Total
	Interns	Residents	
Afghanistan	—	2	2
Argentina	74	372	446
Australia	6	69	75
Austria	12	55	67
Belgium	17	108	125
Bolivia	11	33	44
Brazil	19	73	92
Bulgaria	1	6	7
Burma	7	13	20
Ceylon	—	6	6
Chile	3	33	36
China	10	39	49
Colombia	38	309	347
Cuba	82	380	462
Czechoslovakia	11	28	39
Denmark	8	7	15
Dominican Republic	8	116	124
Ecuador	6	13	19
Egypt	20	97	117
El Salvador	5	12	17
England	15	140	161
Estonia	—	1	1
Finland	—	3	3
Formosa	69	260	329
France	8	64	72
Germany	75	285	360
Greece	15	105	120
Guatemala	11	57	68
Haiti	26	60	86
Honduras	1	7	8
Hong Kong	4	18	22
Hungary	3	27	30
Iceland	4	33	37
India	239	1,229	1,468
Indonesia	3	3	6
Iran	101	511	612
Iraq	21	62	83
Ireland	43	155	198
Israel	7	68	75
Italy	59	286	345
Japan	17	153	170
Korea	291	514	805
Latvia	—	4	4
Lebanon	12	114	126
Lithuania	—	1	1
Manchuria	—	3	3
Mexico	64	321	385
The Netherlands	8	70	78
New Zealand	2	21	23
Nicaragua	1	11	12
Nigeria	3	3	6
Norway	—	2	2
Pakistan	50	238	288
Panama	2	14	16
Paraguay	4	16	20
Peru	41	112	153
Philippines	721	2,796	3,517
Poland	13	64	77
Portugal	2	29	31
Romania	17	74	91
Scotland	20	53	73
Singapore-Malaya	1	4	5
South Africa, Union of	3	83	86
South Vietnam	—	4	4
Spain	61	310	371
Surinam	—	—	—
Sweden	—	4	4
Switzerland	45	252	297
Syria	8	48	56
Thailand	140	391	531
Turkey	8	107	125
Union of Soviet Socialist Republics	—	3	3
Uruguay	2	8	10
Venezuela	5	37	42
Wales	2	5	7
West Indies	1	15	16
Yugoslavia	14	73	87
Totals	2,600	11,109	13,709

Table 9 is similar to Table 3 reported last year, except that, instead of restricting the report to residencies, the total of interns and residents is shown for the 14 foreign countries contributing 75% of the total foreign graduates to those positions. The table for last year contained a typographical error, in that Turkey was listed in rank-order 13, whereas Thailand should have been so listed with the figures given.

Table 9 shows that the 14 countries contributing 10,275 trainees, or 75% of the total trainees, were again headed by the Philippines with 26% of the trainees, followed by India with 11%. Korea moved from 11th to 3rd and Thailand moved from 13th to 5th. The four nations whose trainees increased over the previous year by more than 100 were the

Philippines, with an increase of 480; Korea, with 245; India, with 207; and Thailand, with 138.

Table 9—Foreign Countries with Medical Schools Contributing the Most Graduates to Graduate Programs, Dec. 31, 1966.

Country and Order of Rank	Total Number of Trainees	Percentage of Total Foreign Graduates in U.S. Graduate Training Programs
1. Philippines	3,517	26
2. India	1,468	11
3. Korea	805	6
4. Iran	612	4
5. Thailand	531	4
6. Cuba	462	3
7. Argentina	446	3
8. Mexico	385	3
9. Spain	371	3
10. Germany	360	3
11. Colombia	347	3
12. Italy	345	3
13. Formosa	329	2
14. Switzerland	297	2
Totals	10,275	75

Citizenship and Visa Status of Foreign Medical Graduates

Table 10 is a summary of the December 31, 1966, records of graduates of foreign medical schools according to the principal types of visa status. For this purpose, the computer files of "trainees" (interns, residents, fellows, etc.) and "research" personnel were searched. Because of difficulties in classification, these data do not correspond to those in Tables 8 and 9 preceding. The numbers are large enough so that relative comparisons may be made, especially as to visa status.

Table 10—Visa Status of Foreign Medical Graduates

Visa Status	Categories		
	Trainees	Research	Total
00 None	1,518	492	2,010
02 Permanent Resident	2,791	340	3,131
04 First Preference	15	7	22
06 Student	145	9	154
08 Exchange Visitor	8,783	276	9,059
14 Refugee or D.P.	109	2	111
Miscellaneous Types	46	11	57
Totals	14,735	1,137	15,872

In the trainee category, 2,791, or 19%, had permanent resident visas, while 8,783, or 60%, were on Exchange-Visitor Visas. For the research group, there were 340, or 30%, with Permanent Resident Visas and 276, or 24%, with Exchange-Visitor Visas.

Of the total of 14,735 trainees, 499 or 3% were Canadian citizens; 1,541 or 10% were U.S. citizens; 3,131 or 21% were Philippine citizens; and 1,332 or 9% citizens of India. Of the 1,541 U.S. citizens, 506 or 33% were naturalized citizens. Of the 1,137 foreign graduates in research category, 486 were U.S. citizens and 71 were Canadian citizens.

Other Special Studies Based on Annual Questionnaire

Subjects of Inquiry

The annual questionnaire on which the data in the Directory were based also contained a variety of questions often asked of the Council on Medical Education, but to which answers have not been available. At the time of preparing this report, tabulations were available for only the first two of the following five subjects of inquiry.

1. Home care programs.
2. Appointment of osteopathic physicians to the attending staff.
3. Adequacy of house staff remuneration and participation of the attending staff.
4. Data on emergency department, including classification of visits, location of department, and staffing, and

5. Categories of physicians serving in the hospital on a teaching, non-teaching, full and part time basis.

The additional studies will be reported as the data become available.

Participation of Hospital in Home Care Program

Of the 1,253 hospitals questioned, replies were received from 1,240, of which 489, or 40%, were affiliated hospitals. There were 327, or 26% of the total replying affirmatively; 145, or 44%, were affiliated hospitals, while 182, or 56%, were not affiliated with medical schools.

Of the total responding affirmatively, 189, or 58%, were church-related and non-profit corporation hospitals, 89 were non-federal government hospitals; and 46, or 14%, were federal hospitals, including one Air Force, 8 Army, 2 USPHS, and 35 V.A. hospitals.

It would thus appear that, with the exception of Naval Hospitals, all types of hospitals, including three proprietary hospitals, have home care programs in varying degrees. The fact that 26% of hospitals with approved graduate programs now have home care programs suggests that this total will grow and that there will be increasing opportunity for participation of interns and residents in such programs for educational purposes.

Osteopathic Physicians on Hospital Attending Staffs

Out of 1,216 hospitals answering the question as to eligibility of osteopathic physicians for appointment on the hospital attending staff, 222, or 18%, gave an affirmative response. Of these 222 hospitals, 85 or 38% were affiliated with medical schools, while 137 or 62% were non-affiliated hospitals. Only 275 hospitals responded with a positive or negative statement to the question as to whether osteopaths had actually been appointed to the staffs of any of the hospitals in which they were eligible for appointment. Of these, 58 reported that osteopathic physicians actually were ap-

pointed. Of these 58, 10 or 17% were hospitals affiliated with medical schools, and 48 or 83% were non-affiliated hospitals.

Of the 58 hospitals with osteopaths actually appointed, 36 were non-profit corporation hospitals, 12 church-related hospitals, 7 state hospitals, 1 a county hospital, 1 a USPHS Hospital, and 1 a V.A. Hospital.

The distribution of osteopathic physicians in hospitals with AMA-approved graduate programs were reported in eight states as follows: California, 17 physicians in 5 hospitals; Delaware, 6 physicians in 3 hospitals; Michigan, 17 physicians in 1 hospital; New Jersey, 85 physicians in 33 hospitals; New York, 1 physician in 1 hospital; Pennsylvania, 89 physicians in 12 hospitals; Puerto Rico, an unspecified number of physicians in 1 hospital; and Washington, 2 physicians in 2 hospitals.

Two of the five California hospitals indicated that their osteopathic physicians also had M.D. degrees. Several hospitals indicated that osteopathic physicians were on duty, but did not specify the number. Several hospitals indicated that the appointments were in the outpatient department, to the courtesy staff, for administrative duties only, medical non-operative, and in similarly qualified activities. Of the total of 217 osteopathic physicians, 106 were identified as to departmental appointments. Of these, 56 were in general practice departments, 3 in general practice appointments in mental hospitals; 36 in medical departments; from 1 to 3 each in departments such as surgery, anesthesiology, obstetrics-gynecology, cardiology, psychiatry, otolaryngology, pediatrics, and geriatrics.

This report is limited to hospitals having AMA-approved internship and/or residency programs. Furthermore, 80% of the osteopathic physicians were reported in teaching hospitals in two states—New Jersey and Pennsylvania. Undoubtedly in other states osteopaths have been appointed to the staffs of hospitals not having approved internships and residencies, and therefore are not included in this survey.

Special Reports, Announcements, and Notices

1. INTERNSHIPS

A. Present Status of Internship

In the preceding section on "Special Studies," two studies concern the status of internships after the June, 1966, revision of the definition of a rotating internship. The following is a portion of a memorandum issued July 17, 1967, to clarify the present and future status of internship programs and the activities of the Internship Review Committee:

Following the redefinition of the rotating internship in June, 1966, the Internship Review Committee suspended further formal review activities, including program surveys, in order to permit all programs to readjust to the new standards during 1966-1967. Hospitals with programs on probation were notified that such probationary status would remain unchanged until the programs had been revised, resurveyed, and reconsidered by the Internship Review Committee and the Council.

On a basis of surveys in a number of states throughout the nation, it has been determined that there should be no further change in the definition of the rotating internship for the year 1967-1968. All hospitals were notified of this by memorandum on May 10, 1967, and were given a final opportunity to reconfirm or make additional changes in program listings.

The field representatives of the Department of Graduate Medical Education will resume surveys of internships after July 1, 1967, and the Internship Review Committee will resume its meetings for review of programs and recommendations to the Council on Medical Education.

The Council directed that all future letters of notification to hospitals about Council action on internship programs include information that the Internship Review Committee consists of members nominated not only by the Council on Medical Education of the American Medical Association, but also by the American Hospital Association, the Association of American Medical Colleges, and the Federation of State Medical Boards.

It must be emphasized that changes in the number of interns, or changes in types of programs must be approved by the Council on Medical Education before changes can be made in the National Intern Matching Program. Programs newly approved after publication of the Directory can be listed in the Supplementary List the NIMP will distribute in late 1967 or early 1968.

B. Symbol for Early Starting Date for Internships

In the Directory a symbol (Δ) has been used for the first time to indicate internship programs that routinely begin in advance of the customary July 1 starting date.

Hospitals had been asked to state the starting dates of their internships, and about 90 program directors indicated that their internships routinely begin in June, with starting dates varying from as early as June 18 to only one day earlier, June 30.

As might have been expected, some hospitals along the East and West Coasts use an early starting date to enable an intern to serve a full twelve months and then move in time to begin a residency elsewhere on July 1; however, a number of midwestern hospitals also start their internships routinely in June rather than on July 1.

2. Changes in Specialty Board Policies and Requirements, and Revision of "Essentials"

A. Anesthesiology

The American Board of Anesthesiology has recently announced that:

Three years of practice time credit may be granted at the discretion of the Board for work outside the field of anesthesiology in the following categories, provided that such is achieved within five years of starting a residency in clinical anesthesiology:

1. A year of scientific work, post-baccalaureate;
2. A year of approved residency training in any medical specialty accredited by the Advisory Board for Medical Specialties;
3. A Ph.D. in the field of science.

B. Internal Medicine

A change in policy by the American Board of Internal Medicine now admits candidates to the written examination upon completion of three years of formal training. A memorandum issued July 7, 1967, stated in part:

Beginning with the October, 1968, written examination, there will be admitted candidates who on October 1, 1968, will have completed three years of formal education after the internship as prescribed under Plan A1, A2, and A3. Formerly the minimum interval after the internship was five years. (Plan A3, previously termed B2, is not available to graduates of foreign medical schools.)

This change has been instituted in order that candidates may ascertain their performance on the written examination before they have proceeded so far in their careers that the obtaining of needed additional education is difficult. As in the past, candidates who are successful in the written examination will be eligible for the oral examination five years after completion of the internship.

C. Obstetrics and Gynecology

1. On December 1, 1966, all residency program directors were notified that the Residency Review Committee requires that all official communication concerning residency programs be conducted with a single person designated as the program director "who will be responsible for reporting to, and communicating with, the Committee." That individual must also be directly responsible for the planning and conduct of the entire training program in obstetrics and gynecology, however many services or hospitals were involved, and whether or not a department is operated under a Co-Chairmanship.

2. The AMA House of Delegates in June, 1967, approved a revision of the "Essentials of Approved Residencies" to include the following statement in the section on Special Requirements for Residencies in Obstetrics and Gynecology:

The principle of the "parallel" (or "non-pyramidal") residency assignment is the policy of the Residency Review Committee for Obstetrics and Gynecology in reviewing programs for approval. However, non-parallel programs will not necessarily be disapproved on this basis alone.

3. A new Guide for Residencies in Obstetrics and Gynecology has now been distributed to all program directors, along with new program application forms for use by the hospital at the time of the survey by Field Representatives of the Department of Graduate Medical Education.

D. Radiology

1. Written Examination—The American Board of Radiology announced in January, 1967, that it would, during the latter half of June, 1968, institute a written examination. This will be given in various centers, and residents having completed three years of approved training as of June 2, 1968, will be eligible to take the examination. Passing the written examination will be a prerequisite to taking the oral examination. The fourth year of further training or practice presently required will still be mandatory for all applicants.

2. Revision of Essentials.—At the June, 1967, Annual Convention of the AMA House of Delegates, a revision of "Essentials of Approved Residencies" with reference to a section on Special Requirements in Radiology removed the previous restriction that a hospital could obtain approval for a residency in the special field of either diagnostic or therapeutic radiology only if it held approval for a three-year residency in the field of radiology. In August, 1967, a memorandum was sent to all program directors, stating that approval of programs in these areas could be granted to a relatively small number of very highly qualified and specially organized institutions. Application forms for programs in either diagnostic or therapeutic radiology may be obtained from the Department of Graduate Medical Education.

E. General Surgery

In September, 1967, the following announcement concerning the future status of three-year residencies in general surgery was sent to all hospitals with approved programs:

It has been the long-established policy of the Conference Committee on Graduate Education in Surgery and its three sponsoring bodies—the American Board of Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association—that three-year programs in general surgery shall continue to be recognized until a sufficient number of four-year programs have been developed.

After 15 years of continual observation, it is now the conviction of the Conference Committee that, currently, the Type II (three-year) residency programs are not serving adequately the needs of the graduates of such programs, not only during the three years of formal training, but also during the frequently unsatisfactory subsequent two-year period of preceptorship or additional graduate education. During the past 15 years, the conversion of programs to Type I (four-year) status had progressed to the point at which in 1966 only 526 or 8% of the 6,451 residency positions were in Type II (three-year) programs.

Upon recommendation of the Conference Committee, and with full concurrence of the American Board of Surgery, the American College of Surgeons, and the Council on Medical Education, the future status of Type II (three-year) residency programs in general surgery is as follows:

1. No new applications for Type II (three-year) programs will be accepted after June 30, 1968, and
2. Approval of all Type II (three-year) programs will be discontinued by June 30, 1972.

This action assures that new applications for three-year programs will still be accepted until June 30, 1968, and all currently approved three-year programs have until June 30, 1972, nearly five years, to take all steps necessary to reorganize to meet the requirements for approval as Type I (four-year) programs.

3. TRAINING PROGRAMS IN RESPIRATORY DISEASE

Since discontinuance of the publication of residency programs in pulmonary disease in the Directory of Approved Internships and Residencies after 1960, a list of training opportunities in respiratory disease has not been available. Under the aegis of the American Thoracic Society, such a list was compiled and was published in the American Review of Respiratory Disease, Vol. 94, No. 5, for November, 1966.

This listing carried no implication of approval of a program by the American Thoracic Society, nor by the American Board of Internal Medicine, although, according to its long-established policy, the American Board of Internal Medicine may in individual instances, credit certain portions of training received in institutions on this list. Correspondence regarding the list should be carried on directly with the American Thoracic Society, Division of Medical Education, 1790 Broadway, New York, New York 10019.

4. UNIFORM APPOINTMENT DATES FOR FIRST-YEAR RESIDENCIES

On February 10, 1967, a memorandum was distributed widely by the Chairman of the Council on Medical Education, on the subject of "Uniform Appointment Dates for Residencies." That memorandum included a report and recommendations which the Council on Medical Education had submitted to the AMA House of Delegates at the November, 1966, Clinical Session. It also quoted the report of the Reference Committee, commenting both on the problem of early commitment of medical students to residency positions, and the commendable objectives of uniform appointment dates and residency matching programs. The memorandum concluded with the statement:

The Council on Medical Education will continue to cooperate with the National Intern Matching Program and all interested specialty groups toward the establishment of uniform appointment dates for residencies and the development of methods for implementing such programs.

On July 22, 1967, a memorandum was distributed to all hospitals with approved programs, and all state society secretaries, to publicize the establishment of a uniform date for appointment of first-year residents in internal medicine—a program inaugurated in 1967 under the leadership of the

Association of Professors of Medicine. The memorandum included a copy of a poster that quoted the resolution on which the Association had based its actions:

Members of the Association of Professors of Medicine agree to a uniform date for first-year residents. A residency should not be offered before November 1 of the intern year. The intern is not obligated to accept this appointment before November 15. Members of the Association of Professors of Medicine abide by this dateline on all services over which they have administrative control.

This poster, supplied to all participating hospitals, stated that most non-university affiliated hospitals had also agreed to abide by the resolution.

The purpose of delaying appointments until approximately November 15 is to permit the individual intern to be more deliberate in his decision as to his field of additional graduate medical education, as well as to enable him to demonstrate his qualifications for appointment to a residency.

5. STANDARDS FOR EDUCATION AND TRAINING FOR FAMILY PRACTICE

The Council on Medical Education has not approved new standards in this field. This item will be considered at the appropriate time by the Council's Committee on Family Practice, which was established to consider implementation of the report of the Ad Hoc Committee on Education for Family Practice, as directed by the AMA House of Delegates at the November, 1966, Clinical Session. A statement on the status of the pilot programs in family practice and general practice appears in the 41st Annual Report on Graduate Medical Education, which precedes this section.

In June, 1967, the American Board of Internal Medicine and the American Board of Pediatrics adopted a "Statement on Standards for Education and Training for Family Practice," which has been distributed by both Boards. This statement is:

The American Boards of Internal Medicine and of Pediatrics recognize the importance of defining standards for the education and training of family practitioners. This purpose can be accomplished best by full utilization of the resources and experience of the medical schools and the established boards in addition to those of other qualified and interested parties and agencies. Any attempt at determination of detailed certification requirements would be premature at this time. First needed is further study of: 1) Objectives; 2) Number of newly introduced and contemplated student and house staff programs in family medicine; and 3) Their form, interrelationships with traditional programs and their accomplishment in centers of medical education.

Only thereby can full advantage be taken of the experimental nature of these new programs. To this end a formal mechanism for conducting appropriate survey and study should be established by the relevant boards, medical school representatives, and other interested groups.

6. FOREIGN MEDICAL GRADUATES WHO ARE UNITED STATES CITIZENS

On July 20, 1967, a memorandum was distributed to hospitals with approved graduate programs, state medical society secretaries, and state boards of medical licensure, announcing that as of July 1, 1967, there had been an important modification of the established policy on eligibility for appointment to AMA approved internships and residencies with particular reference to foreign medical school graduates who were United States citizens. This announcement is repeated below:

For purposes of appointment of a foreign medical graduate—United States citizen to an approved internship or residency program, a state board examination will be recognized as equivalent to certification by the Educational Council for Foreign Medical Graduates (ECFMC) under the following specific circumstances:

A. The physicians must have been eligible to take and must have successfully passed the complete state board examination, and

B. Upon completion of an approved internship or residency in the state, the physician must be eligible to receive a full and unrestricted license in that state, without further examination.

This policy applies only to United States citizens who are graduates of foreign medical schools located outside the United States, Puerto Rico, and Canada. It applies, furthermore, only in those states or other licensing jurisdictions that permit such physicians to take the complete licensure examination prior to serving an approved internship or residency in

that state, and that require no further examination on completion of the internship or residency.

Exemption from the ECFMG requirements, based on passing a state board examination under the above conditions is valid only in the state or other jurisdiction in which the examination was passed.

Several states now permit United States citizen graduates of United States medical schools to take the licensure examination prior to internship, but withhold this privilege from the United States citizen who is a foreign medical graduate. At least one state requires foreign medical graduates to pass the licensure examination prior to internship, and then requires an additional examination upon completion of the internship, before the license is granted.

The present American Medical Association policy on eligibility of foreign medical graduates for appointment to approved internships or residencies is now stated as follows:

"Graduates of all medical schools outside the United States, Puerto Rico, and Canada should establish their eligibility for appointment to an approved internship or residency program through:

A. Certification by ECFMG on a basis of satisfying the ECFMG educational requirements, as well as passing the ECFMG examination, or

B. Obtaining a full and unrestricted license to practice medicine, issued by a state or other United States jurisdiction authorized to license physicians, or

C. In the case of United States citizens, successfully passing the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination."

When hospitals prepare lists of the qualifications of their foreign medical graduates in preparation for a survey by a field representative of the Department of Graduate Medical Education, they should be prepared to document the qualifications of those United States citizen-foreign medical graduates who may have been appointed to internships or residencies under alternative C above and who have not yet received ECFMG certificates or full and unrestricted state licenses.

It is urged that all graduates of foreign medical schools continue to seek ECFMG certification because of its relevance to future employment opportunities, eligibility for hospital staff or other appointments, or eligibility for future licensure in other states which make ECFMG certification a requirement for licensure either by examination or endorsement.

7. OSTEOPATHS AND AMA APPROVED PROGRAMS

Because of the increasing numbers of inquiries from directors of AMA approved internship and residency programs as well as from osteopathic medical students and recent graduates of osteopathic schools, the AMA policy statement on this matter is republished at this time. At the June, 1967, Annual Convention of the AMA House of Delegates, the report of the Board of Trustees' Committee on Osteopathy and Medicine contained no recommendations on eligibility of osteopaths for AMA approved internships and residencies, and therefore the House of Delegates made no change in the Essentials with reference to eligibility to appointments as interns or residents.

The following statement is quoted from the Education Number of the JAMA, Vol. 182:799, November 17, 1962:

The policy announced in *The Journal* for September 2, 1961, is reaffirmed, that osteopaths who do not hold the M.D. degree may serve on hospital staffs without jeopardy to the status of approved internships and residencies, as long as they are not appointed to the "teaching staffs" of such hospitals. Furthermore, graduates of schools of osteopathy who do not hold M.D. degrees are not eligible for appointment in internships or residencies approved by the Council on Medical Education of the American Medical Association.

8. REMUNERATION OF HOUSE OFFICERS

A. AMA Policy

On February 3, 1967, a memorandum was distributed jointly by the Chairmen of the Council on Medical Education and the Council on Medical Service to the deans of medical schools, administrators of teaching hospitals, directors of residency programs, and chairmen of internship committees, on the subject, "Graduate Medical Education and Remuneration of House Officers." This memorandum included the text of the joint report submitted by the two Councils and approved with some editorial revision by the AMA House of Delegates at the November, 1966, Clinical Session. Copies of the report are available on request to the Department of Graduate Medical Education. The recommendations of the report are of sufficient importance to warrant repeating, as they established

significant guidelines on utilization of private patients in teaching programs, and clarified the House of Delegates' intent regarding the role of hospital medical staffs in developing additional funds for financial support of interns and residents:

The 1953 report of the Advisory Committee on Internships, as approved by the House of Delegates, contains significant guidelines on utilization of private patients in teaching programs which the Councils wish to modify and restate in the context of today's socioeconomic developments, since private patients have become and will remain an integral part of house officer education programs.

A. It is recommended that the House of Delegates approve the following policy on utilization of private patients in teaching programs: "It makes no difference whatever whether the patients are private or non-private if all of the following provisions are met:

"1. That the patients on private services present the same range of disease as those on public wards and that comparable opportunity exists for responsible participation by the house officer in diagnosis, management, and followup.

"2. That the attending staff value breadth of viewpoint that comes from time spent in teaching and do not treat teaching as an unwelcome burden inherent in staff privileges.

"3. That the teaching attending staff are sufficiently secure in the private doctor-patient relationship to permit house staff responsibility comparable to public wards and understand in practice the distinction between indoctrination and true learning.

"4. That the same critical standards of diagnosis and treatment apply on private and public ward patients."

B. The Councils recommend the following principles to govern the assignment of professional responsibility of house officers for the care of paying patients.

1. Assignment of responsibility to house officers for the care of patients shall be based on their competence to assume this responsibility.

2. The number of patients assigned to house officers shall be limited by the educational needs of the training program.

3. The care of such patients shall continue to be under the supervision of the attending staff physician, and ultimate responsibility for their care shall remain in his hands.

C. It is recommended that the House of Delegates concur with the following interpretations of the intent of the House in making the two 1961 recommendations.

1. The statement, "The graduate physician serving as intern or resident should receive financial support commensurate with his professional responsibilities and with due recognition of his educational opportunities," is taken to mean that the level of remuneration in all hospitals should be sufficient to support house officers adequately.

2. The statement that, "The medical profession must assume an increasing responsibility for the development of appropriate methods of financial support of the intern and resident, so as to accomplish the above objective," is taken to mean that the medical profession should establish basic principles by which hospital attending staffs could be guided in the development of additional funds to supplement, if necessary, those derived from hospital sources.

D. The Councils recommend the following statement to guide medical staffs in the development of additional funds to supplement, if necessary, those from hospital sources:

When it is the desire of a hospital professional staff that a special fund be established for the adequate support of house officer training programs, the fund may be developed from a variety of sources, such as endowment income, grants, voluntary contributions, donations, and fund-raising activities.

E. The published provisions for payment under the Medicare Program for services rendered to beneficiaries by interns and residents and by attending physicians supervising interns and residents are compatible with the organization and administration of programs of graduate medical education according to the standards of the American Medical Association. These same principles should apply to regulations governing other third party medical care plans.

F. It is recommended that sources and amount of compensation for house officers should be determined by local agreement and implemented in accordance with state laws and the ethical principles and policy positions of the American Medical Association.

G. The above principles should be widely publicized so that they may be understood and implemented in good faith by all concerned.

H. The broad and complex nature of the problems in the financial area is recognized, and continued studies and reports thereon by the Council on Medical Service are encouraged. These should include staff compensation, methods of fund collection, control and disposition, and other pertinent and related matters.

B. Outside Employment of Residents

The Council on Medical Education has received many inquiries on the subject of "moonlighting" by residents. It has recently received requests for a policy statement to guide program directors in approving those outside employment

activities of residents that are desirable educational activities. The term "sunlighting" has been used to describe outside activities in which residents engage with the knowledge and consent of the program directors.

Numerous employment opportunities are offered to residents, many of which yield little educational benefits. These activities vary from answering house calls for practicing physicians to teaching physical diagnosis to medical students, or employment in community mental health centers or planned parenthesis clinics. A few of these may be highly educational, and may not be available within the hospital in which the approved educational program is conducted.

The Council on Medical Education shares responsibility for program review and approval jointly with each of the specialty boards, and with certain other specialty organizations, through the mechanism of Review Committees. It would therefore be inappropriate for the Council on Medical Education to make a unilateral statement intended to have uniform application in all specialty fields. It is the position of the Council on Medical Education that it is the responsibility of the individual residency program director in each instance to communicate with the secretary of the appropriate Residency Review Committee, giving full details of the proposed outside activity, so that the Residency Review Committee in that specialty can properly evaluate the proposed activity as to its specific educational benefit to the residents.

9. INDEX TO SIGNIFICANT POLICIES AND ANY OTHER STATEMENTS ON GRADUATE MEDICAL EDUCATION

Introduction.—This index is intended to facilitate identification of the significant policy developments in the field of Graduate Medical Education over the past ten years. Prior to 1961, an issue of *The JAMA* was identified as the Internship and Residency Number of *The Journal*. In 1961, with alteration of the format of the *Directory of Approved Internships and Residencies*, it was no longer possible to include the *Directory* in an issue of *The Journal*. As a result, the first 24 pages comprising the Annual Report for 1960-1961 were not published in *The Journal*, and will only be found in medical libraries if the entire *Directory* was bound or filed with Vol. 177 of *The Journal*.

Since 1962, after discontinuance of the Internship and Residency Number, the Annual Reports have been included in the Education Number of *The Journal*, and are also published in the *Directory*, along with a section on Special Reports, Announcements, and Notices. Many statements in these sections relate to policies of the AMA and other organizations.

Accordingly, the following index to the *JAMA* refers either to the Internship and Residency Numbers prior to 1961, the *Directory of Approved Internships and Residencies* for 1961, or the Education Number of *The Journal* from 1962 through 1967:

1. Affiliation Between Hospitals and Medical Schools.
 - a. Policy on Identifying Hospital Affiliation with Medical Schools. *JAMA* 194:788, Nov. 15, 1965.
2. Clinical Records Forms.
 - a. Utilization of Short Form Clinical Record in Teaching Hospitals. *JAMA* 194:787, Nov. 15, 1965.
3. Director of Medical Education.
 - a. Hospital Director of Medical Education. Editorial. *JAMA* 171:845, Oct. 10, 1959; *JAMA* 177:641, Sept. 2, 1961.
 - b. Functions and Status of Director of Medical Education. *JAMA* 177:614-619, Sept. 2, 1961; *JAMA* 192:1055-1060, June 21, 1965.
4. Economic Factors in Graduate Medical Education.
 - a. Special Report on Stipends, Maintenance, Health, and Malpractice Insurance. *JAMA* 171:671, Oct. 10, 1959; *JAMA* 174:578, Oct. 8, 1960; *JAMA* 177:6,9, Sept. 2, 1961.
 - b. What Price Whistles. Editorial. *JAMA* 174:572, Oct. 8, 1960.
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- g. AMA Policy Statement on Financial Support of Interns and Residents. *JAMA* 177:16, Sept. 2, 1961. (Directory of Approved Internships and Residencies); *JAMA* 190:631, Nov. 16, 1964.
- h. Costs and Financing of Graduate Training Programs. *JAMA* 177:13-14, Sept. 2, 1961. (Directory of Approved Internships and Residencies).
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 - a. Externships for Foreign Medical Students. *JAMA* 194:782-783, Nov. 15, 1965; Memorandum, April 4, 1966. *JAMA* 198:900, Nov. 21, 1966.
 - b. Employment of Medical Students as Externs. (Legal Aspects) *JAMA* 194:789, Nov. 15, 1965; *JAMA* 196: adv. pp. 327-328, April 4, 1966.
6. Family Practice.
 - a. Establishment of Family Practice Programs. *JAMA* 171:582-583, Oct. 10, 1959.
 - b. Report on Preparation for Family Practice. *JAMA* 177:19-22, Sept. 2, 1961 (Directory of Approved Internships and Residencies); *JAMA* 182, 775-777, Nov. 17, 1962.
7. Foreign Medical Graduates.
 - a. Responsibility of Sponsors for Program Transfers and Broken Contracts. *JAMA* 186:687-688, Nov. 16, 1963; *JAMA* 190: 639, Nov. 16, 1964.
 - b. Relation of ECFMG Certification to California Licensure Requirements. *JAMA* 190:638-639, Nov. 16, 1964.
 - c. Discontinuance of Temporary ECFMG Certificate. *JAMA* 190:639, Nov. 16, 1964.
 - d. ECFMG Requirements for Foreign Medical Faculty Members. *JAMA* 194:783, Nov. 15, 1965.
 - e. Modification of Policy on ECFMG for U.S. Citizens who are Graduates of Foreign Medical Schools. *JAMA* 202, Nov. 20, 1967.
8. Graduate Training Outside the United States. *JAMA* 190:639, Nov. 16, 1964.
9. Internship—Policies and Status.
 - a. Policy on Straight Internships in Obstetrics-Gynecology. *JAMA* 165:458, Oct. 5, 1957.
 - b. Future of the Internship. Editorial. *JAMA* 165:604, Oct. 5, 1957.
 - c. No Single Panacea for Internship. Editorial. *JAMA* 168:693, Oct. 4, 1958.
 - d. Policy on Approval of Internships. *JAMA* 171:846-847, Oct. 10, 1959.
 - e. Revision of Essentials: Utilization of Ambulatory Patients. Instruction in Anesthesiology, Part-Time Internships. *JAMA* 194:787, Nov. 15, 1965.
 - f. Revision of Essentials: Agreement Between Intern or Resident and Hospital. *JAMA* 198:893, Nov. 21, 1966.
 - g. Revision of Essentials: Revision of Definition of Rotating Internship. *JAMA* 958:893, Nov. 21, 1966.
 - h. Statement on Internships by the American Board of Pediatrics. *JAMA* 198:897, Nov. 21, 1966.
 - i. Symbol for Early Starting Date on Internships. *JAMA* 202, Nov. 20, 1967.
10. Legal Obligations of Hospital and House Staffs.
 - a. Responsibility of Hospital Staff to House Officers and Service Patients. Editorial. *JAMA* 182:812, Nov. 17, 1962.
 - b. Malpractice Insurance for Interns and Residents. *JAMA* 193:55-60, July 5, 1965.

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 - a. Policy on Participation of Osteopaths in Approved Graduate Training Programs.
JAMA 182:779, Nov. 17, 1962;
JAMA 190:639-640, Nov. 16, 1964;
JAMA 194:783, Nov. 15, 1965.
 - b. Eligibility of Former Osteopaths for Certification.
JAMA 198:898, Nov. 21, 1966.
12. Residencies in Specialties.
 - a. Background and Development of Residency Review and Conference Committees.
JAMA 165:60-64, Sept. 7, 1957.
 - b. Policy of Conference Committee on Graduate Education in Surgery on 3-4 Year Programs in Surgery. Editorial.
JAMA 171:843-844, Oct. 10, 1959.
 - c. Guides for Residency Programs in Specialties.
JAMA 186:687, Nov. 16, 1963.
 - d. Policy on Approval of Thoracic Surgery Residencies.
JAMA 186:689, Nov. 16, 1963;
JAMA 190:642, Nov. 16, 1964.
 - e. Responsibility of Residency Program Director for Statistics.
JAMA 186:689, Nov. 16, 1963.
 - f. Definition of "Responsible Surgeon."
JAMA 190:641, Nov. 16, 1964.
 - g. Internal Medicine Subspecialty Residencies Discontinued.
JAMA 174:817-818, Oct. 8, 1960;
JAMA 177:18, Sept. 2, 1961;
JAMA 182:778, Nov. 17, 1962.
 - h. Standards for Residency Programs in Neurology and Psychiatry.
JAMA 198:895, Nov. 21, 1966.
 - i. Residency Matching Programs.
JAMA 198:898, Nov. 21, 1966.
 - j. General Surgery—Conversion of Type II (3 year) programs to Type I (4 year) programs.
JAMA 202, Nov. 20, 1967.
 - k. Uniform Appointment Dates for First-Year Residencies.
JAMA 202, Nov. 20, 1967.
13. Role of Council on Medical Education.
 - a. Relationship of Hospital Accreditation by Joint Commission on Accreditation to Approval of Graduate Training Programs.
JAMA 190:638, Nov. 16, 1964.
 - b. Activities and Accomplishments of the American Medical Association in the Field of Graduate Medical Education.
J. Med. Educ. 36:1210-1217, Sept., 1961.
 - c. The Role of the Council on Medical Education and Hospitals of the American Medical Association.
J. Med. Educ. 34:819-825, Aug., 1959.
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 - a. Relation of Internship to Selective Service Requirements.
JAMA 182:779, Nov. 17, 1962.
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 - a. Essentials for Approval of Examining Boards in Medical Specialties—Revision.
JAMA 186:688, Nov. 16, 1963;
JAMA 194:784-786, Nov. 15, 1965.
 - b. Approved and Non-Approved Specialty Boards. Editorial.
JAMA 194:823, Nov. 15, 1965.
 - c. Policy of American Board of Surgery on 1-2 Year Programs.
JAMA 186:688-689, Nov. 16, 1963.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to June 30, 1967

Hospitals, 1,512

Internship Programs, 2,378

Residency Programs, 4,849

This consolidated list follows the format used last year and provides general basic information on hospitals with approved internship and residency programs.

All hospitals are listed alphabetically by state and city, and their full names and addresses are included. Medical school affiliation is shown in a special column, and the code to identify the medical schools begins at the end of the Consolidated List.

Participation by the hospital in the clinical clerkship program of a medical school is indicated by M or L preceding the code number for the school. M signifies that the hospital is a major unit in the teaching program of the medical school, while L indicates that the hospital is used to a limited extent in the school's teaching program. G indicates that a hospital is used by the school for graduate training programs only. The information concerning medical school affiliation has been furnished by the deans of the individual medical schools.

Because the conditions under which a hospital and a medical school might be affiliated for purposes of graduate training were not well defined, the Council on Medical Education at its meeting in June, 1965, drew up the following set of requirements for such affiliations. Henceforth the annual inquiry of deans for hospital affiliations will state that the G designation should be used only for hospitals not designated with M or L and in cases in which one or more of the following arrangements is in effect:

1. The house staff is selected by officials of a specific medical school department or by a joint committee of the hospital teaching staff and the medical school faculty.
2. There is some degree of actual exchange of residents between the G hospital and the principal medical school teaching hospital.
3. There is regularly scheduled participation of medical school faculty (other than the hospital's own attending staff) in teaching programs at the G hospital.
4. There is a contractual arrangement (with or without financial commitment) for assistance in the organization and supervision of the graduate program in the G hospital.

The G designation should not be used if the hospital is used for undergraduate clerkship teaching, if faculty participation is as tenuous as an occasional lecture or consultation visit, or if the hospital's interns or residents are permitted to attend medical school teaching conferences only as visitors.

The relationship of the hospital to the medical school is further indicated by two other symbols which follow the code number for the school. The symbol X signifies ownership of the hospital by the medical school or, in some cases, ownership of the hospital and the medical school by the same organization. The symbol # signifies that, while the school does not own the hospital, it has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching.

The administrative control of the hospital is indicated in a separate column, and the abbreviations used are explained at the end of the consolidated list, preceding the list of medical schools.

Footnotes provide additional information about appointment procedures, employment policies, and other matters:

Footnote¹—Appointments are restricted to men only.

Footnote²—U.S. citizenship is a requirement for appointment.

Footnote³—Graduates of foreign medical schools are not eligible for appointment.

Footnote⁴—Dental internships are available.

Footnote⁵—Dental residencies are available.

Footnote⁷—Two-year family practice program.

Footnote⁸—Hospital owned by New York City Department of Hospitals.

Footnote⁹—Two-year pilot general practice program.

The total number of beds is shown in one column, followed by a column listing the average length of stay in days, for each hospital. The autopsy percentage is shown in the following column.

Whenever the information could be shown with reasonable accuracy, the number of graduates of foreign and nonforeign medical schools serving in each hospital as of September 1, 1966, is shown as a separate figure for interns and residents. The information was provided by individual hospitals, on the annual questionnaire completed for this Directory. The numbers published do not include those who were listed as serving in the hospital in capacities other than those of intern or resident.

In some cases, because of the complexity of programs in relationship to other hospitals, numbers have not been published; in a few cases, specific figures were not furnished.

The numbers of internship and residency positions are shown for the academic year beginning July 1, 1968, to provide an indication of the training potential of each hospital, insofar as it is possible to indicate this in a list. Some figures may represent duplications in situations in which several hospitals participate in combined training programs for one or more specialties; others may not reflect the large number of trainees regularly rotating to the institution from other programs.

The numbers of internship and residency positions offered are given in this list for convenience and, because of the time lag in compilation, may vary from those shown in the list following the authorized complement of types and numbers of internships, and in the number and distribution by years of residency positions.

In some specialties, the programs are approved for specific numbers of positions through the appropriate approving agencies, and the publication of figures furnished by the hospitals on the annual questionnaire may not reflect the exact numbers currently approved for the residency program.

Specific details on internship and on residency programs are given in separate lists in this issue. The general details about each approved training program in the internship and residency lists provide a fairly complete figure for study by the candidate for graduate training. Further details about the character of these approved training programs must be obtained directly from the hospitals of the candidate's choice. All candidates should familiarize themselves with the standards contained in the "Essentials of an Approved Internship" and "Essentials of Approved Residencies" when determining their choices of hospitals for training. These two documents are included in this Directory.

Abbreviations used to indicate the specialty or area of training designated in internship and residency programs are listed on page 77, preceding the list of code numbers for medical schools.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1968	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
ALABAMA											
Birmingham											
Birmingham Baptist Hospital 701 Princeton Ave., 35211		Church		312				0	0	24 Int: Rotating; 10 Res: Path., Rad.	
Carraway Methodist Hospital 1815, 25th St., N., 35234		Church		389	8	45	13	4	2	14 Int: Rotating; 29 Res: GP, Med., ObG., Path., Surg., Urol.	
Children's Hospital 1601, 6th Ave., S., 35233	M-10#	NPCorp		128	5	65				Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Neurosurg., Otol., Ped.	
Crippled Children's Clinic and Hospital 620 S. 19th St., 35233	L-10	NPCorp		100	17	20			1	4 Res: Neur., Ortho.	
Eye Foundation Hospital 1720 8th Ave. S., 35233		NPCorp		44	7	31	0	0	0	6 Res: Oph.	
St. Vincent Hospital 2701 9th Court South, 35205		Church		191	8	33	19	4	0	8 Int: Rotating	
University of Alabama Hospitals and Clinics 619 S. 19th St., 35233	M-10X	State		663	10	54	74	22	0	57 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 213 Res: Derm., Med., Neur., Neurosurg., ObG., Oph., Ortho., Otol., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.	
Veterans Administration Hospital 710 S. 19th St., 35233	M-10#	VA		479	24	65				Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.	
Fairfield											
Lloyd Noland Hospital P. O. Box 538, 35064		NPCorp		300	8	42	12	0	0	14 Int: Rotating; 30 Res: Anes., Derm., Med., ObG., Ortho., Path., Ped., Surg.	
Mobile											
Mobile General Hospital 2451 Fillimgm St., 36617	G-10	CyCo		270	7	55	57	9	0	20 Int: Rotating; 38 Res: Med., ObG., Ortho., Path., Ped., Surg.	
Tuscaloosa											
Druid City Hospital 809 Birmingham Rd., 35401		CyCo		410	7	22	40		0	1 Res: Path.	
Tuskegee											
Veterans Administration Hospital, 36083		VA		1,789	233	43			1	2	18 Res: Oph., PMR, Surg.
ALASKA											
Anchorage											
U. S. Public Health Service, Alaska Native Medical Center 3rd and Gambell Sts., Box 7-741, 99501		USPHS		317							Res: GP, Ortho., Surg.
ARIZONA											
Phoenix											
Barrow Neurological Institute St. Joseph's Hospital, 85013		Church							2	3	7 Res: Neurosurg., Neur.
Crippled Children's Hospital 1825 East Garfield St., 85006	G-16	State		84	16	100	0	0	0	4	4 Res: Ortho., Plast.
Good Samaritan Hospital 1033 E. McDowell Rd., 85002		NPCorp		600	7	52	52	41	0	20	21 Int: Rotating; 31 Res: GP, ObG., Path., Ped., PMR, Surg.
Maricopa County General Hospital 3435 W. Durango St., 85009		County		469	11	37	56	9	5	15	24 Int: Rotating; 41 Res: Med., ObG., Path., Ped., Surg.
Memorial Hospital 1200 S. 5th Ave., 85003		NPCorp		115	8	43			5	0	12 Int: Rotating
St. Joseph's Hospital 350 W. Thomas Rd., 85013		Church		448	7	59	37	7	3	8	21 Int: Rotating; 23 Res: Med., ObG., Path., Ped., Surg.
U. S. Public Health Service Indian Hospital 1550 E. Indian School Rd., 85014		USPHS		137	13	82	0	0	0	4	4 Res: Ped., Surg.
Tucson											
Pima County General Hospital 2900 S. 6th Ave., 85713		County		160	11	49	0				Int: Rotating, St. Med., St. Surg.; Res: GP, Med., Surg.
St. Mary's Hospital West St. Mary's Rd., 85703		Church		265	7	54	13	3			Int: Rotating, St. Med., St. Surg.; Res: GP, Med., Surg.
Tucson Hospitals Medical Education Program St. Mary's Hospital, 85703									3	7	24 Int: Rotating, St. Med., St. Surg.; 38 Res: GP, Med., Surg.
Tucson Medical Center Grant Rd. and Beverly Blvd., 85716		NPCorp		478	7	51	22	9			Int: Rotating, St. Med., St. Surg.; Res: GP, Med., Surg.
U. S. Air Force Hospital Davis-Monthan AFB, 85707		USAF		60							Res: Surg.
Veterans Administration Hospital 3601 S. 6th Ave., 85713		VA		381							Res: Surg.
ARKANSAS											
Little Rock											
Arkansas Baptist Medical Center 1700 W. 13th St., 72201	G-11	Church		434	7	32	20	0	0	13	15 Int: Rotating; 12 Res: Oph., Path., Rad., Surg.
Arkansas Children's Hospital 804 Wolfe St., 72202	G-11	NPCorp		52	17	28			0	2	2 Res: Ortho.
Arkansas State Hospital 4313 W. Markham, 72201	L-11	State		2,717	189	20	0	0	0	13	12 Res: Psych.
St. Vincent Infirmary Markham St. and University Ave., 72201		Church		365	7	34	11	0	0	7	14 Int: Rotating
University Hospital 4301 W. Markham St., 72201	M-11X	State		329	10	55	67	62	0	23	33 Int: Rotating, St. Med., St. Ped., St. Path., St. ObG; 157 Res: Anes., Derm., Med., Neur., ObG., Oph., Ortho., Path., Ped., Ped. All., Ped. Card., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Consolidated Hospital, Little Rock Division 300 E. Roosevelt Rd., 72206	M-11#	VA		2,533	28	59	0	0	2	30	49 Res: Derm., Med., Neur., Oph., Ortho., Path., Rad., Surg., Thor., Urol.
North Little Rock											
Veterans Administration Consolidated Hospital, North Little Rock Division 72114		VA			510				0	7	9 Res: Path., Psych.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty Sept. 1, 1966		Positions Offered as of July 1, 1968	Approved Programs
								Foreign	Non-Foreign		
CALIFORNIA											
Bakersfield											
Kern County General Hospital 1830 Flower St., 93305		County		593	10	67	22	21	1	15	19 Int: Rotating, St. Med.; 40 Res: GP, Med., ObG, Oph., Path., Forensic Path., Ped., Surg.
Berkeley											
East Bay Clinic for Child Psychiatry 2045 Dwight Way, 94704		State	2						0	4	4 Res: Child Psych.
Herrick Memorial Hospital 2001 Dwight Way, 94704		NPCorp		205	9	42	13	12	1	7	8 Int: Rotating; 20 Res: GP, Path., Psych.
State of California Dept. of Public Health 2151 Berkeley Way, 94704									0	6	21 Res: Public Health
University of California School of Public Health, 94720		State							0	13	14 Res: Gen. Prev. Med.
Burbank											
St. Joseph Hospital 501 S. Buena Vista St., 91503		Church		368	6	42	14	7	1	1	8 Res: Path.
Camarillo											
Camarillo State Hospital Box A, 93010	L-13	State		4,262	538	68	0	0	1	18	26 Res: Psych.
Camp Pendleton											
U. S. Naval Hospital, 92055		Navy	2-4	848	15	65	17	8	0	11	11 Int: Rotating
Costa Mesa											
Fairview State Hospital 2501 Harbor Blvd., 92626		State		2,622	326	85	0	0			Res: Ortho.
Daly City											
Mary's Help Hospital 1900 Sullivan Ave., 94015		Church		250	8	44	7	3	0	0	8 Int: Rotating; 4 Res: Ortho., Surg.
Davis											
University of California Affiliated Hospitals—See Sacramento County Hospital, Sacramento											
Downey											
Rancho Los Amigos Hospital 7601 E. Imperial Hwy., 90242	L-12,-95, G-14	County		1,505	339	58	0	0			Res: Ortho., Surg., Urol.
Duarte											
City of Hope Medical Center 1500 E. Duarte Rd., 91010	G-12	NPCorp		174	19	77	0	0	0	5	9 Res: Path., Surg., Thor.
Eldridge											
Sonoma State Hospital Arnold Dr., 95431	G-16	State	2	3,655		84	0	0			Res: Ortho., Psych.
Fairfield											
David Grant U.S.A.F. Hospital, Travis AFB, 94535		USAF	2-3-4	385	14	89	19	14	0	12	14 Int: Rotating; 17 Res: Med., ObG, Ped., Rad., Surg.
Fontana											
Kaiser Steel Corporation, 92335									0	0	1 Res: Occup. Med.
Fort Ord											
U.S. Army Hospital, 93941		Army	2-3	500	6	7	14	11	0	0	4 Res: Surg.
U.S. Army, 6th Army Hdqts. Preventive Medicine Division, 93941		Army									Res: Public Health
Fresno											
Fresno General Hospital 445 S. Cedar Ave., 93702		County	5	619	12	61	59	10	0	20	24 Int: Rotating; 37 Res: Med., ObG., Oph., Ped., Surg., Urol.
Glendale											
Glendale Adventist Hospital 1509 E. Wilson Ave., 91206		Church		386	9	38	16	5	1	6	12 Int: Rotating; 13 Res: Med., Neurosurg., ObG, Path., Surg.
Imola											
Napa State Hospital Box A, 94558		State		4,364	897	55	0	0			Res: Ortho., Psych.
La Jolla											
Scripps Memorial Hospital 3770 Miramar Rd., 92037		NPCorp		240	7	49	8	3	0	0	1 Res: Path.
Loma Linda											
Loma Linda University Hospital 11065 Anderson St., 92505	M-12X	Church		186	8	71	12	7	1	2	9 Int: Rotating, St. Med., St. Path., St. Surg.; 63 Res: Anes., Med., ObG., Path., Ped., Psych., Surg.
Long Beach											
Memorial Hospital of Long Beach 2801 Atlantic Ave., 90801	L-95	NPCorp		494	8	46	33	13	0	18	18 Int: Rotating; 26 Res: GP, Med., ObG., Path., Rad., Surg.
St. Mary's Long Beach Hospital 509 E. 10th St., 90813		NPCorp		350	7	40	27	18	1	8	12 Int: Rotating; 4 Res: GP, Path., Rad.
Veterans Administration Hospital 5901 E. 7th St., 90804	M-95	VA	2-4-5	1,581	48	57			21	84	137 Res: Derm., Med., Neurosurg., Oph, Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Los Angeles											
California Babies' and Children's Medical Center 1415 S. Grand Ave., 90015		NPCorp		24	5	100	8	2	1	1	4 Res: Ped.
California Hospital 1414 S. Hope St., 90015		Church		325	7	42	8	2	4	1	8 Int: Rotating; 16 Res: ObG., Path., Surg.
Cedare-Sinai Medical Center (includes Cedars of Lebanon Hospital Division, 4833 Fountain Ave.; Mount Sinai Hospital Division, 8720 Beverly Boulevard)	L-13										
4833 Fountain Avenue, 90029											
Cedars of Lebanon Hospital Division 4833 Fountain Ave., 90029	L-13	NPCorp		511	8	55	27	10	1	23	22 Int: Rotating; 63 Res: Med., ObG, Path., Ped., Psych., Rad., Surg.
Chief Medical Examiner-Coroner County of Los Angeles		County							0	0	3 Res: Forensic Path.
Childrens Hospital of Los Angeles 4614 Sunset Blvd., 90027	M-14#	NPCorp		230	7	92	0	0	0	10	16 Int: Rotating, St. Ped.; 42 Res: Ortho., Path., Ped., Ped. Card.
Hollywood Presbyterian Hospital 1322 N. Vermont Ave., 90027		NPCorp		343	6	25	13	8	0	5	7 Res: ObG, Oph.
Hospital of the Good Samaritan Medical Center 1212 Shatto St., 90017		Church		411	9	49	11	4	1	9	10 Int: Rotating; 12 Res: Med., Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty Sept. 1, 1966		Positions Offered as of July 1, 1966	Approved Programs
								Autopsies on Stillborn	Foreign		
CALIFORNIA, Los Angeles—Continued											
Kaiser Foundation Hospital 4867 Sunset Blvd., 90027		NPCorp	...	357	6	51	33	10	2	18	30 Res: Med., ObG, Path., Urol.
Los Angeles County General Hospital, Unit I 1200 N. State St., 90033	M-14# L-13	County	4-5	2,331	8	38	271	54	0	198	240 Int: Rotating, St. Med., St. Ped.; 400 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Los Angeles County General Hospital, Unit II 1200 N. State St., 90033	M-95#	County	...	520	9	38	69	59	0	28	Int: Rotating; St. Med., St. Ped.; 63 Res: Anes., Med., ObG, Oph., Ortho., Otol., Ped., Rad., Surg., Urol.
Mount Sinai Hospital Division 8720 Beverly Blvd., 90048	L-13	NPCorp	...	235	10	47	0	0	0	7	9 Int: St. Med.; 38 Res: Med., Path., Psych., Child Psych.
Orthopaedic Hospital 2400 S. Flower St., 90007	G-14	NPCorp	3	162	9	76	...	...	1	37	15 Res: Ortho.
Queen of Angels Hospital 2301 Bellevue Ave., 90026		Church	...	384	7	45	24	7	2	3	12 Int: Rotating; 32 Res: Colon-Rectal, GP, ObG., Path., Ped., Rad., Surg.
Reiss-Davis Child Study Center 9760 W. Pico Blvd., 90035		NPCorp	3	...	...	...	...	...	0	5	8 Res: Child Psych.
Santa Fe Coast Lines Hospital 610 S. St. Louis St., 90023	L-14	NPCorp	...	189	10	47	0	0	1	4	9 Int: Rotating; 3 Res: Surg.
Shriners Hospital for Crippled Children 3160 Geneva St., 90005		NPCorp	...	60	75	0	0	0	0	3	3 Res: Ortho.
University of California Hospital The Medical Center, 90024	M-13X	NPCorp	3	818	8	79	38	35	0	33	41 Int: St. Med., St. Surg., St. Ped., St. Path.; 249 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
University of California School of Public Health and School of Medicine, 90024		State	...	...	...	...	...	...	2	10	22 Res: Occup. Med., Gen. Prev. Med.
Veterans Administration Center, General Medical and Surgical Hospital (Wadsworth) Wilshire and Sawtelle Blvds., 90073	M-13	VA	2-4-5	1,302	44	72	...	...	0	30	36 Int: Rotating, St. Med.; 195 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Thor., Urol.
Veterans Administration Center, Brentwood Neuropsychiatric Hospital Wilshire and Sawtelle Blvds., 90073	L-13	VA	2	1,981	623	64	...	...	2	14	36 Res: Psych.
Veterans Administration Hospital (Sepulveda) 18111 Plummer St., 91343		VA	...	970	72	69	0	0	1	12	16 Res: Med., Psych., Surg.
White Memorial Medical Center 1720 Brooklyn Ave., 90033	M-95, L-12	Church	...	279	8	64	31	28	2	10	14 Int: Rotating, St. Ped.; 86 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Urol.
Martinez											
Contra Costa County Medical Services 2500 Alhambra Ave., 94553		County	...	385	10	57	12	2	2	7	10 Res: GP
Veterans Administration Hospital 150 Muir Rd., 94553		VA	4	498	30	69	...	...	4	14	33 Res: Med., Neur., Path., Surg., Urol.
Modesto											
Scenic General Hospital 830 Scenic Dr., 95350		County	2	297	9	42	10	2	0	3	8 Res: GP
Mountain View											
El Camino Hospital 2500 Grant Rd., 94040		District	2-3	325	6	51	26	2	0	1	4 Res: Path.
Norwalk											
Metropolitan State Hospital 11400 S. Norwalk Blvd., 90650		State	2	3,578	458	44	0	0	0	19	24 Res: Psych.
Oakland											
Children's Hospital Medical Center of Northern California 51st and Grove Sts., 94609	L-16	NPCorp	4-5	142	5	86	...	...	0	4	4 Int: St. Ped. 13 Res: Ortho., Path., Ped., Ped. Card.
Highland General Hospital 2701 14th Ave., 94606	G-16	County	4-5	434	7	69	46	30	4	28	40 Int: Rotating; 80 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Kaiser Foundation Hospital 280 W. MacArthur Blvd., 94611		NPCorp	...	275	7	62	37	35	0	0	20 Int: Rotating; 37 Res: Med., ObG, Path., Ped., Surg.
Samuel Merritt Hospital Hawthorne and Webster, 94609	G-16	NPCorp	...	265	8	42	7	4	0	1	1 Res: Ortho., Path.
U. S. Naval Hospital 8750 Mountain Blvd., 94627		Navy	2-4-5	750	19	81	15	11	0	17	17 Int: Rotating; 74 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Western Laboratories 353, 30th St., 94609		...	...	...	...	...	...	...	0	1	1 Res: Forensic Path.
Olive View											
Los Angeles County Olive View Hospital, 91330		County	3	704	141	58	0	0	0	3	4 Res: Thor.
Orange											
Childrens Hospital of Orange County 1109 W. La Veta St., 92666		Church	...	50	5	86	0	0	0	2	4 Res: Ortho., Ped.
Orange County Medical Center 101 Manchester Ave., 92666	M-95	County	4-5	647	9	87	36	36	0	36	40 Int: Rotating; 78 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Palo Alto											
Palo Alto-Stanford Hospital Center 300 Pasteur Dr., 94304	M-15#	NPCorp	3	572	8	63	19	13	0	37	40 Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Rad., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty Sept. 1, 1966		Positions Offered as of July 1, 1968	Approved Programs
								Autopsies on Stillborn	Non-Foreign		
CALIFORNIA, Palo Alto—Continued											
Veterans Administration Hospital, 3801 Junipero Serra Blvd., 94304	L-15	VA	2-4	2,123	192	75	...	...	...	...	Int: St. Med.; Res: Anes., Derm., Med., Neur., Neurosurg., Oph., Otol., Path., PMR, Plast., Psych., Rad., Surg., Urol.
Pasadena											
Huntington Memorial Hospital, 100 Congress St., 91105		NPCorp	...	391	8	43	9	9	0	12	12 Int: Rotating; 19 Res: Neurosurg., Path., Plast., Surg.
Pasadena Child Guidance Clinic, 56 Waverly Dr., 91105		NPCorp	...	...	...	...	...	...	1	1	3 Res: Child Psych.
Patton											
Patton State Hospital, 26802 Highland Ave., 92369	M-12#	State	2	3,717	770	35	...	...	0	10	22 Res: Psych.
Pomona											
Pacific State Hospital, 3530 Pomona Blvd., 91766	L-12	State	...	2,844	2,709	89	0	0	0	1	3 Res: Psych.
Redwood City											
Sequoia Hospital, Whipple and Alameda, 94062		District	...	348	6	47	13	5	0	0	2 Res: Path.
Riverside											
Riverside General Hospital, 9851 Magnolia Ave., 92503	M-12#	County	2	447	11	49	12	4	0	14	16 Int: Rotating; 10 Res: Anes., GP, Med., ObG, Path., Ped., Surg., Urol.
Sacramento											
Mercy Hospital, 4001 J St., 95819		Church	...	361	5	29	17	9	0	1	2 Res: Path.
Sacramento County Hospital, 2315 Stockton Blvd., 95817	G-16	County	...	580	14	48	33	31	3	27	32 Int: Rotating; 34 Res: GP, Path., Surg.
Sutter Community Hospitals of Sacramento, 2820 L Street, 95816		NPCorp	...	541	7	32	26	12	0	1	7 Res: Path., Rad.
Salinas											
General Hospital of Monterey County, P. O. Box 1611, 93901		County	...	334	10	73	16	9	0	3	10 Res: GP
San Bernardino											
San Bernardino County General Hospital, 780 E. Gilbert St., 92404	L-12	County	1-2	489	11	70	27	5	0	21	22 Int: Rotating; 16 Res: Anes., GP, Surg.
San Diego											
Childrens Hospital, 8001 Frost St., 92123		NPCorp	3	90	4	66	0	0	0	1	5 Res: Ortho.
Donald N. Sharp Memorial Community Hospital, 7901 Frost St., 92123		Church	3	295	7	55	30	23	0	0	3 Res: Ortho., Path.
Mercy Hospital, 4077 Fifth Ave., 92103		Church	...	350	6	50	40	23	1	12	16 Int: Rotating; St. Path.; 13 Res: Med., ObG, Ortho., Path., Surg.
San Diego County-University Hospital, 225 W. Dickinson St., 92103		County	...	622	10	57	12	9	0	32	36 Int: Rotating, St. Med., St. Surg.; 51 Res: Anes., Med., ObG, Ortho., Path., Ped., Psych., Surg., Urol.
U. S. Naval Hospital, Park Blvd., 92134		Navy	2-4-5	2,398	22	63	33	26	0	27	26 Int: Rotating; 120 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
San Francisco											
Children's Hospital and Adult Medical Center of San Francisco, 3700 California St., 94119	L-16	NPCorp	...	321	7	62	22	20	5	2	14 Int: Rotating, St. Ped.; 20 Res: Anes., Med., Neur., Ortho., Path., Ped., Child Psych., Rad.
Claire Zellerbach Saroni Memorial Tumor Institute—See Mount Zion Hospital and Medical Center											Res: Rad.
Community Mental Health Services, 101 Grove St., 94102		CyCo	2	116	9	25	0	0	0	3	9 Res: Psych.
Franklin Hospital, 14th and Noe Sts., 94114	G-16	NPCorp	3	248	10	32	0	0	...	...	Res: Neurosurg., Ortho., Plast.
French Hospital, 4131 Geary Blvd., 94118		NPCorp	...	214	8	46	8	3	4	1	8 Int: Rotating; 6 Res: Med., Path., Surg.
H. C. Moffitt-University of California Hospitals, 3rd and Parnassus Aves., 94122	M-16X	State	4-5	567	9	81	27	18	0	37	37 Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Rad., Surg., Thor., Urol.
Kaiser Foundation Hospital, 2425 Geary Blvd., 94115	L-12, -16	NPCorp	...	303	7	58	32	26	0	22	24 Int: Rotating, St. Med., St. Surg., St. Path.; 39 Res: Med., ObG, Path., Ped., Ped. All., Surg.
Langley Porter Neuropsychiatric Institute, 401 Parnassus Ave., 94122	M-16#	State	...	105	51	...	...	...	1	55	57 Res: Psych., Child Psych.
Letterman General Hospital, Presidio, 94129		Army	2-4-5	858	22	81	15	15	0	28	29 Int: Rotating; 115 Res: Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Rad., Surg., Thor., Urol.
Mount Zion Hospital and Medical Center, 1600 Divisadero St., 94115	L-16	NPCorp	4-5	455	9	63	14	12	0	18	24 Int: Rotating; 64 Res: Med., ObG, Path., Ped., Psych., Child Psych., Rad., Surg.
Presbyterian Medical Center, Clay and Webster Sts., 94115	L-16	NPCorp	...	242	9	76	11	7	0	16	20 Int: Rotating; 44 Res: Derm., Med., Neur., ObG, Oph., Ortho. Path., Psych., Urol.
St. Francis Memorial Hospital, 900 Hyde St., 94109		NPCorp	...	328	9	35	9	2	0	6	10 Res: Path., Plast., Psych.
St. Joseph's Hospital, 355 Buena Vista Ave., 94117		Church	...	...	9	43	7	2	2	0	6 Int: Rotating; 4 Res: Ortho., Path., Surg.
St. Luke's Hospital, 1580 Valencia St., 94110		Church	...	243	7	58	16	13	0	1	8 Int: Rotating; 15 Res: Med., ObG, Path., Ped.
St. Mary's Hospital, 2200 Hayes St., 94117		Church	...	428	9	51	15	8	0	15	15 Int: Rotating; 56 Res: Med., Ortho., Path., Ped., Psych., Child Psych., Rad., Surg.
San Francisco General Hospital, 1001 Potrero Ave., 94110	M-16#	CyCo	4-5	963	13	72	29	26	0	60	60 Int: Rotating; 70 Res: Anes., Med., Neurosurg., ObG, Ortho., Otol. Path., Ped., PMR, Plast., Rad., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical/School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty Sept. 1, 1966		Positions Offered as of July 1, 1966	Approved Programs
								Autopsies on Stillborn	Foreign-Non-Foreign		
COLORADO, Denver—Continued											
Porter Memorial Hospital 2525 S. Downing, 80210		Church	...	297	7	59	16	10	0	6	12 Int: Rotating; 4 Res: Path.
Presbyterian Medical Center E. 19th Ave. and Gilpin St., 80218		Church	...	290	8	58	11	4	0	17	22 Int: Rotating; 19 Res: Med., ObG, Path., Rad., Surg.
St. Anthony Hospital W. 18th Ave., and Raleigh St., 80204		Church	...	441	6	49	24	13	0	5	10 Int: Rotating; 4 Res: Path.
St. Joseph Hospital 1835 Franklin St., 80218		Church	...	534	7	57	27	6	2	4	22 Int: Rotating, Family Practice; 34 Res: GP, Med., ObG, Path., Rad., Surg.
St. Luke's Hospital 601 E. 19th Ave., 80203		Church	...	449	8	50	12	3	0	3	10 Int: Rotating; 14 Res: Path., Rad., Surg.
Sisters of Mercy Hospital 1619 Milwaukee St., 80206		Church	...	356	8	54	15	10	2	0	11 Int: Rotating; 13 Res: GP, Path., Surg.
University of Colorado Medical Center 4200 E. Ninth Ave., 80220	M-17X	State	...	346	9	82	14	11	1	42	54 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 281 Res: Anes., Derm., GP, Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Child Psych., Psych., Rad., Surg., Urol.
Veterans Administration Hospital 1055 Clermont, 80220	M-17/	VA	2-3	528	22	86	...	...	...	...	Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Surg., Thor., Urol.
Greeley											
Weld County General Hospital 16th St. at 17th Ave., 80631		County	2	320	7	60	22	...	0	6	6 Int: Rotating
Pueblo											
Colorado State Hospital 1600 W. 24th St., 81003	G-17	State	...	3,000	2,090	48	0	0	1	6	19 Res: Psych., Surg.
St. Mary-Corwin Hospital 1008 Minnequa, 81004		Church	...	467	9	25	17	1	0	0	4 Res: Path.
CONNECTICUT											
Bridgeport											
Bridgeport Hospital 267 Grant St., 06602		NPCorp	...	551	8	44	50	10	0	14	14 Int: Rotating; 32 Res: GP, Med., ObG., Path., Rad., Surg.
St. Vincent's Hospital 2820 Main St., 06606		Church	...	357	7	50	40	11	3	7	12 Int: Rotating, St. Surg.; 20 Res: Med., ObG, Path., Rad., Surg.
Bristol											
Bristol Hospital Newell Rd., 06010		NPCorp	...	200	6	29	7	0	7	0	7 Int: Rotating
Danbury											
Danbury Hospital 95 Locust Ave., 06810		NPCorp	...	247	8	44	28	12	4	0	12 Int: Rotating; 12 Res: GP, Path., Surg.
Derby											
Griffin Hospital Seymour Ave. and Division St., 06418		NPCorp	...	199	8	33	17	8	4	0	9 Int: Rotating; 4 Res: Path.
Greenwich											
Greenwich Hospital Perryridge Rd., 06830		NPCorp	...	304	9	70	16	15	0	12	14 Int: Rotating; 9 Res: Med., Path., Surg.
Hartford											
Hartford Hospital 80 Seymour St., 06115		NPCorp	4	852	8	68	64	18	0	18	30 Int: Rotating, St. Path.; 86 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Institute of Living 400 Washington St., 06102		NPCorp	...	407	226	0	...	...	4	28	40 Res: Psych.
Institute of Living—Children's Clinic 17 Essex St., 06102		NPCorp	...	...	...	...	...	...	0	0	2 Res: Child Psych.
Mount Sinai Hospital 500 Blue Hills Ave., 06112		NPCorp	...	189	7	46	16	0	10	0	11 Int: Rotating
St. Francis Hospital 114 Woodland St., 06105		Church	4-5	654	9	45	53	2	1	6	12 Int: Rotating; 42 Res: Anes., Med., ObG, Path., Ped., Surg.
University of Connecticut Health Center, McCook Hospital 2 Holcomb St., 06112		NPCorp	...	129	...	36	...	...	...	...	8 Int: Rotating
Manchester											
Manchester Memorial Hospital 71 Haynes St., 06040		NPCorp	...	291	7	45	13	2	5	1	6 Int: Rotating; 2 Res: Path.
Meriden											
Meriden Hospital 181 Cook Ave., 06450		NPCorp	...	254	7	37	21	15	8	0	8 Int: Rotating
Middletown											
Connecticut Valley Hospital Silver St., 06457		State	...	2,315	90	39	0	0	15	9	24 Res: Psych.
Middlesex Memorial Hospital 28 Crescent St., 06457		NPCorp	...	254	7	...	15	15	6	0	7 Int: Rotating; 4 Res: Path.
New Britain											
New Britain General Hospital 100 Grand St., 06050		NPCorp	...	350	7	54	22	11	7	2	12 Int: Rotating; 18 Res: Med., ObG, Path., Surg.
New Canaan											
Silver Hill Foundation Valley Rd., 06840		NPCorp	2	60	49	...	...	...	0	1	2 Res: Psych.
New Haven											
Hospital of St. Raphael 1450 Chapel St., 06511		Church	4	477	8	39	28	15	7	2	21 Int: Rotating, St. Med., St. Ped.; 67 Res: Anes., Med., ObG, Ortho., Path., Ped., Rad., Surg., Thor.
Yale-New Haven Hospital 789 Howard Ave., 06504	M-18/	NPCorp	4-5	714	9	65	49	37	2	51	53 Int: St. Med., St. Surg., St. Ped., St. Path.; 232 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Psych., Rad., Surg., Thor., Urol.
Yale University Child Study Center 333 Cedar St., 06510		NPCorp	2	0	0	0	0	0	0	6	6 Res: Child Psych.
Newington											
Newington Hospital for Crippled Children 181 E. Cedar St., 06111		NPCorp	...	167	51	73	...	...	0	1	1 Res: Ortho.
Veterans Administration Hospital 555 Willard Ave., 06111		VA	...	250	28	72	...	...	0	0	2 Res: Med., Path., Surg.
New London											
Lawrence and Memorial Hospitals 365 Montauk Ave., 06320		NPCorp	...	327	7	47	29	18	2	0	8 Int: Rotating; 8 Res: ObG, Surg.

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								Autopsies on Stillborn	Foreign		
CONNECTICUT—Continued											
Newtown											
Fairfield Hills Hospital Box W, 06470		State		3,134		33	0	0	23	2	34 Res: Psych.
Norwalk											
Norwalk Hospital 24 Stevens St., 06852		NPCorp		376	7	44	18	11	16	0	18 Int: Rotating; 22 Res: Med., Path., Ped., Surg.
Norwich											
Norwich Hospital Box 508, 06360		State	4	2,879	29	34	0	0	13	2	21 Res: Psych.
Shelton											
Laurel Heights Hospital, 06484		State		134	165	58	0	0			Res: Med.
Stamford											
St. Joseph's Hospital 128 Strawberry Hill Ave., 06904		Church		204	7	37	6	4	0	0	6 Int: Rotating
Stamford Hospital 190 W. Broad St., 06902		NPCorp		360	10	51	14	12	11	2	13 Int: Rotating; 17 Res: Med., ObG, Path., Surg.
Waterbury											
St. Mary's Hospital 56 Franklin St., 06702		Church	4	398	11	36	19	3	4	0	12 Int: Rotating; 21 Res: Med., Path., Rad., Surg.
Waterbury Hospital 64 Robbins St., 06720		NPCorp	4	408	8	45	26	14	6	1	7 Int: Rotating; 19 Res: Anes., Med., Path., Ped., Surg., Urol.
West Haven											
Veterans Administration Hospital West Spring St., 06516	M-18#	VA	2-4	823	54	72			4	19	36 Res: Med., Neur., Ortho., Path., Psych., Rad., Surg., Urol.
DELAWARE											
Dover											
Delaware State Board of Health Federal St., 19901		State							0	1	2 Res: Public Health
New Castle											
Delaware State Hospital, 19720		State	4-5	1,459	59	32			4	1	9 Res: Psych.
Wilmington											
Alfred I. du Pont Institute of the Nemours Foundation Rockland Rd., 19899		NPCorp		60	35	0	0	0	0	3	4 Res: Ortho., Plast.
Delaware Division, Wilmington Medical Center Box 1668, 19899		NPCorp	4-5						11	13	Int: Rotating, St. Med.; 45 Res: Med., ObG, Path., Ped., Plast., Rad., Surg., Urol.
E. I. du Pont de Nemours and Co., Inc. 19898		Corp							0	2	2 Res: Occup. Med.
Memorial Division, Wilmington Medical Center 1501 N. Van Buren St., 19899		NPCorp	4								Int: Rotating; 11 Res: Med., Path., Surg.
Veterans Administration Hospital, 19805	G-73	VA		300	33	68			6	0	Res: Ortho., Surg.
Wilmington General Division Chestnut at Broom St., 19899		NPCorp	4						5	0	21 Res: GP, ObG, Path., Ped., Plast.
Wilmington Medical Center (includes Delaware Division, Memorial Division, Wilmington General Division) Box 1668, 19801		NPCorp	4-5	1,097	8	47	101	27	1	7	18 Int: Rotating, St. Med. 72 Res: GP, Med., ObG, Path., Ped., Plast., Surg., Urol.
DISTRICT OF COLUMBIA											
Washington											
Area C, Community Mental Health Service 19th and E Streets, S.E., 20003		City		937							18 Res: Psych.
Armed Forces Institute of Pathology, 20305		Fed	2-5						0	0	21 Res: Path., Forensic Path.
Army Medical Center (See Walter Reed General Hospital)											Res: Child Psych.
Catholic University of America 4th and Michigan Ave., N.E., 20017											Res: Child Psych.
Children's Hospital 2125 13th St., N.W., 20009	M-19-20	NPCorp	4-5	216	4	85	0	0	25	29	6 Int: St. Ped.; 49 Res: Neurosurg., Neur., Ortho., Path., Ped., Ped. All., Ped. Card., Child Psych., Surg., Urol.
Columbia Hospital for Women 2425 L St., N.W., 20037		NPCorp		162	5	75	74	61	6	2	9 Res: ObG
District of Columbia General Hospital 19th St. and Massachusetts Ave., S.E., 20003	M-19- 20-21	City	4-5	936	13	60	136	137	10	38	52 Int: Rotating, St. Med., St. Surg., St. Ped.; 102 Res: Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
District of Columbia General Hospital (Crippled Children's Unit) 19th St. and Massachusetts Ave., S.E. 20003		City									Res: Ortho.
Doctors Hospital 1815 Eye St. N.W., 20006		Corp		323	10	60					8 Int: Rotating; 15 Res: Med., Path., Rad.
Eastern Dispensary and Casualty Hospital 708 Massachusetts Ave. N.E., 20002		NPCorp		250	11	32			8	0	12 Res: GP, Surg.
Freedmen's Hospital 6th and Bryant Sts., N.W., 20001	M-21#	NPCorp	4	439	10	50	53	2	6	13	32 Int: Rotating, St. Ped.; 83 Res: Anes., Derm., Med., ObG, Oph., Path., Ped., Psych., Surg., Urol.
Georgetown University Hospital 3800 Reservoir Rd., 20007	M-19X	Church	5	397	9	79	25	16	0	26	29 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 185 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Child Psych., Rad., Surg., Urol.
George Washington University Hospital 901 23rd St. N.W., 20037	M-20X	NPCorp		427	9	60	37	25	0	27	30 Int: St. Med., St. Surg.; St. Path. 135 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Government of the District of Columbia Department of Public Health, 20001									0	1	2 Res: Public Health

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									Foreign	Non-Foreign		
DISTRICT OF COLUMBIA, Washington—Continued												
Providence Hospital 1150 Varnum St. N.E., 20017	G-19	Church	4	365	7	56	40	19	9	2	22 Int: Rotating, St. Med., St. Surg.; 28 Res: Anes., Med., ObG, Path., Ped., Surg.	
St. Elizabeths Hospital 2800 Nichols Ave., S.E., 20032	M-20	Fed	4	6,639	1,471	42	0	0	1	9	12 Int: Rotating; 38 Res: Path., Psych.	
Sibley Memorial Hospital 5255 Loughboro Rd. N.W., 20016	G-19	Church	...	335	7	63	11	5	1	0	6 Res: Oph., Ortho., Path., Surg.	
U. S. Air Force Hospital Andrews A.F.B., 20331	L-20	USAF	2-3-4-5	250	12	80	14	13	0	12	14 Int: Rotating; 6 Res: GP, Surg.	
Veterans Administration Hospital 50 Irving St. N.W., 20422	M-19# -20#, L-21	VA	4-5	702	23	72	...	...	...	...	16 Int: St. Med.; 46 Res: Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Rad., Surg., Urol.
Walter Reed Army Institute of Research Walter Reed Army Medical Center, 20012		Army	...	...	...	...	...	...	0	4	7 Res: Gen. Prev. Med.
Walter Reed General Hospital 6825 16th St. N.W., 20012	M-19, L-20	Army	2-4-5	1,635	39	84	14	14	0	32	32 Int: Rotating; 196 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.	
Washington Hospital Center 110 Irving St., N.W., 20010	M-20#	NPCorp	4-5	808	8	58	68	55	38	3	36 Int: Rotating, St. Med., St. Surg.; 94 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Rad., Surg., Urol.	
FLORIDA												
Bartow												
Polk County Hospital 2010 E. Georgia St., 33830		County	...	167	10	29	25	0	...	...	Int: Rotating; Res: Surg.
Bay Pines												
Veterans Administration Hospital, 33504		VA	2	660	37	52	...	...	...	...	Res: Urol.
Coral Gables												
Veterans Administration Hospital 1200 Anastasia Ave., 33134	M-23#	VA	2	497	27	58	...	...	...	...	Res: Med., Neurosurg., Neur., Otol., Path., PMR, Surg.
Daytona Beach												
Halifax District Hospital Clyde Morris Blvd., 32015		District	...	400	8	31	20	2	0	0	8 Int: Rotating; 10 Res: GP	
Fort Lauderdale												
Broward General Hospital 1600 S. Andrews Ave., 33316		District	...	468	8	34	63	14	8	2	10 Res: ObG, Path., Surg.	
Gainesville												
William A. Shands Teaching Hospital and Clinics, 32601	M-22X	State	...	381	9	77	16	15	0	22	40 Int: St. Med., St. Surg., St. Ped., St. Path.; 198 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.	
Hollywood												
Memorial Hospital 3501 Johnson St., 33021		District	...	350	7	42	35	11	1	1	2 Res: Path.	
Jacksonville												
Baptist Memorial Hospital 800 Miami Rd., 32207		Church	...	416	7	52	31	2	4	0	12 Int: Rotating; Res: Med., ObG, Ortho., Path., Ped., Surg.	
Duval Medical Center 2000 Jefferson St., 32206		County	...	256	8	75	75	23	3	10	26 Int: Rotating, St. Med.; Res: GP, Med., ObG, Oph., Ortho., Path., Ped., Plast., Rad., Surg., Urol.	
Florida State Board of Health P. O. Box 210, 32202		State	...	...	...	...	...	0	1	1	12 Res: Public Health
Hope Haven Children's Hospital 5720 Atlantic Blvd., 32207		NPCorp	2	48	9	62	0	0	...	...	Res: Ortho.
Jacksonville Hospitals Educational Program 2000 Jefferson St., 32206		...	...	...	...	...	...	...	19	29	69 Res: Med., ObG, Ortho., Ped., Plast., Surg.
St. Luke's Hospital 1900 Boulevard, 32206		NPCorp	...	237	8	37	21	7	...	...	Res: Med., ObG, Ped., Surg.
St. Vincent's Hospital Barrs and St. Johns Ave., 32203		Church	...	362	7	37	29	4	5	0	20 Int: Rotating, St. Path.; Res: GP, Med., ObG, Path., Ped., Plast., Surg., Urol.	
U. S. Naval Hospital U. S. Naval Air Station, 32214		Navy	2	486	15	74	7	3	0	9	9 Int: Rotating; 8 Res: GP	
Lake City												
Veterans Administration Hospital S. Marion St., 32055		VA	...	468	31	63	0	0	...	...	Res: Ortho., Surg., Urol.
Lakeland												
Lakeland General Hospital Lakeland Hills Blvd., 33802		NPCorp	...	454	7	34	23	...	6	5	16 Int: Rotating; 6 Res: Surg.	
Miami												
Baptist Hospital of Miami 8900 N. Kendall Dr., 33156		Church	...	306	...	...	...	...	...	...	Res: Path.
Jackson Memorial Hospital 1700 N.W. 10th Ave., 33136	M-23#	County	4-5	1,218	12	35	114	33	9	60	84 Int: Rotating, St. Med., St. Surg., St. Ped.; 236 Res: Anes., Derm., GP, Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.	
Office of the Medical Examiner, Dade County Jackson Memorial Hospital, 33136		County	...	...	...	...	...	...	0	0	1 Res: Forensic Path.
Variety Children's Hospital 6125 S.W. 31st St., 33155	L-23	NPCorp	...	150	8	76	...	...	2	0	6 Int: St. Ped.; 26 Res: Anes., Ortho., Path., Ped.
Miami Beach												
Mount Sinai Hospital of Greater Miami 4300 Alton Rd., 33140		NPCorp	4	480	10	40	31	18	10	7	24 Int: Rotating; 39 Res: Med., ObG, Ortho., Path., Surg., Urol.	
St. Francis Hospital 250 W. 63rd St., 33141		Church	...	250	9	32	6	0	12	0	12 Int: Rotating; 3 Res: Surg.	
Orlando												
Florida Sanitarium and Hospital 601 E. Rollins St., 32803		Church	3	365	9	38	5	2	...	...	6 Int: Rotating; 2 Res: Path.
Orange Memorial Hospital 1416 S. Orange Ave., 32806		NPCorp	...	579	7	42	9	0	18 Int: Rotating; 48 Res: Med., ObG, Ortho., Path., Ped., Plast., Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign Non-Foreign		
FLORIDA—Continued											
Pensacola											
Baptist Hospital 1000 W. Moreno St., 32501		Church		336	6	50	12	4			Int: Rotating; Res: GP, Med., ObG, Path., Surg.
Escambia General Hospital 1200 W. Leonard St., 32501		County		143	6	37	14	0			Int: Rotating; Res: GP, Med., ObG, Surg.
Pensacola Educational Program 1000 W. Moreno St., 32501		NPCorp		727	6	43	31	5	0	2	12 Int: Rotating; 26 Res: GP, Med., ObG., Path., Surg.
Sacred Heart Hospital 5151 N. 9th Ave., 32504		Church		248	7	32	5	1			Int: Rotating; Res: GP, Med., ObG., Surg.
U. S. Naval Hospital, 32512 U. S. Naval Aerospace Medical Institute, U. S. Naval Aviation Medical Center, 32512		Navy	2	225	12	66	10	5	0	7	7 Int: Rotating
		Navy							1	9	10 Res: Aerospace Med.
St. Petersburg											
Mount Park Hospital 701 Sixth St. S., 33701		City		677	9	27	35	5	3	10	16 Int: Rotating; 14 Res: GP, ObG, Path., Surg.
Tampa											
Tampa General Hospital Davis Islands, 33606		County		612	8	45	61	19	0	19	18 Int: Rotating; 57 Res: Anes., Med., ObG, Otol., Path., Ped., Rad., Surg., Urol.
									15	31	
Tarpon Springs											
Anclote Manor P. O. Box 1224, 33563		NPCorp		75		0	0	0			3 Res: Psych.
West Palm Beach											
St. Mary's Hospital 900 49th St., 33407		Church		254	7	38	24	3	1	7	8 Int: Rotating
GEORGIA											
Albany											
Phoebe Putney Memorial Hospital 417 Third Ave., 31705		CyCo		284	7	37	30	2	0	0	6 Int: Rotating; 6 Res: GP
Atlanta											
Crawford W. Long Memorial Hospital 35 Linden Ave. N.E., 30308	G-25	NPCorp		450	7	32	22	12	3	0	12 Int: Rotating; 36 Res: Med., ObG, Path., Rad., Surg.
Emory University Hospital 1364 Clifton Rd. N.E., 30322	M-25X	NPCorp		341	10	60	6	3	0	24	34 Int: St. Med., St. Surg., St. Path.; 99 135 Res: Anes., Med., Neurosurg., Ortho., Otol., Path., PMR, Psych., Child Psych., Rad., Surg., Thor.
Georgia Baptist Hospital 300 Boulevard N.E., 30312		Church		475	6	45	51	5	0	15	17 Int: Rotating, St. Med., St. Surg., St. Ped., St. ObG; 19 22 Res: Med., ObG, Ortho., Ped., Surg.
Georgia Mental Health Institute 1256 Briarcliff Rd., N.E., 30306		NPCorp									Res: Child Psych.
Grady Memorial Hospital 80 Butler St. S.E., 30303	M-25#	County	5	835	10	66	103	0	0	60	72 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 182 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Psych., Rad., Surg., Thor., Urol.
									5	141	Res: Neurosurg., Ortho., Otol., Ped.
Henrietta Eggleston Hospital for Children 1405 Clifton Rd. N.E., 30333	M-25#	NPCorp		100	5	75	0	0			Res: Neurosurg., Ortho., Otol., Ped.
Piedmont Hospital 1968 Peachtree Rd. N.W., 30309		NPCorp		282	7	40	17	8	0	3	10 Int: Rotating; 14 Res: Med., ObG, Path., Surg.
St. Joseph's Infirmary 265 Ivy St. N.E., 30303		Church		311	7	45	18	8	2	1	10 Int: Rotating, St. Med., St. Surg., St. Path.; 21 Res: Med., ObG, Path., Ped., Surg., Urol.
State of Georgia Dept. of Public Health 47 Trinity Ave., 30334		State							0	0	2 Res: Public Health
Veterans Administration Hospital Box 29457, 30329	L-25#	VA	5	320	21	61					Int: St. Med.; Res: Med., Ortho., Path., Rad., Surg., Urol.
Augusta											
Eugene Talmadge Memorial Hospital 1120 15th St., 30902	M-24X	State		500	14	78	23	19	0	15	28 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 131 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
University Hospital University Place, 30902	M-24	County		443	8	30	45	0	0	4	18 Int: Rotating; Res: Derm., Med., Neurosurg., ObG, Ortho., Path., Ped., Surg.
Veterans Administration Hospital Wrightsboro Rd., 30904	M-24#	VA	2	1,744	108	64	0	0			Res: Derm., Med., Neurosurg., Ortho., Psych., Surg., Thor.
Columbus											
Medical Center 710 Center St., 31902		City		500	7	32	39	3	3	8	16 Int: Rotating; 8 Res: GP
Decatur											
Scottish Rite Hospital for Crippled Children 321 W. Hill St., 30030		NPCorp	2-3-5	60	48	100	0	0	0	2	3 Res: Ortho.
Fort Benning											
Martin Army Hospital, 31905		Army	2-4-5	930	10	53	41	14	0	5	6 Res: Surg.
Macon											
Macon Hospital 777 Hemlock St., 31201		CyCo	2-3-9	501	7	25	55	4	0	16	24 Int: Rotating, General Practice Program; 16 Res: ObG, Surg.
Milledgeville											
Milledgeville State Hospital P. O. Box 325, 31062		State		11,582	82	24	0	0	24	5	30 Res: Psych.
Rome											
Batley State Hospital, 30161		State		552	155	52	0	0			Res: Thor.
Floyd Hospital Turner McCall Blvd., 30161		County		250	5	16	37	1	0	9	9 Int: Rotating
Savannah											
Memorial Hospital of Chatham County Waters Ave. and 63rd St., 31405		District		250	8	36	23		2	11	15 Int: Rotating; 18 Res: Med., ObG, Path., Surg., Urol.
Warm Springs											
Georgia Warm Springs Foundation, 31830		NPCorp		120	47		0	0	0	1	12 Res: PMR
HAWAII											
Honolulu											
Kaiser Foundation Hospital 1697 Ala Moana Blvd., 96815		NPCorp		148	6	70	18	17	0	0	1 Res: Path.

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								Autopsies on Stillborn	Foreign		
HAWAII, Honolulu—Continued											
Kapiolani Maternity and Gynecological Hospital 1319 Punahou St., 96814		NPCorp	...	110	4	50	27	9	Res: ObG
Kauikoolani Children's Hospital 226 N. Kaukini St., 96817		NPCorp	...	80	4	87	...	...	...	...	3 Int: Rotating; 8 Res: Ped.
Kuakini Hospital and Home 347 N. Kuakini St., 96817		NPCorp	...	202	8	49	0	0	9	1	12 Int: Rotating; 4 Res: Path., Surg.
Queen's Hospital 1301 Punchbowl, 96813		NPCorp	4	431	8	57	22	12	2	10	15 Int: Rotating; 16 Res: Med., ObG, Path., Psych., Rad., Surg.
St. Francis Hospital 2260 Liliha St., 96817		Church	4	260	7	41	15	5	2	10	12 Int: Rotating; 9 Res: Med., ObG, Path., Surg.
Shriners Hospital for Crippled Children 1310 Punahou St., 96814	G-16	NPCorp	...	30	74	0	0	0	0	2	2 Res: Ortho.
Tripler General Hospital Moanalua Gardens, 96438		Army	7-4-5	1,000	14	90	41	41	0	37	37 Int: Rotating; 68 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Kaneohe											
Hawaii State Hospital Kealahala Rd., 96744		State	...	687	189	80	0	0	...	...	Res: Psych.
IDAHO											
Idaho Falls											
U. S. Atomic Energy Commission, Idaho Operations Office P. O. Box 2108		AEC	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
ILLINOIS											
Belleville											
U. S. Air Force Hospital, Scott AFB, 62225		USAF	7-3-4	300	14	76	7	0	0	12	12 Int: Rotating
Berwyn											
MaeNeal Memorial Hospital 3249 S. Oak Park Ave., 60402		NPCorp	...	423	8	42	24	12	14	0	20 Int: Rotating; 18 Res: GP, ObG, Path., Surg.
Chicago											
American Hospital 850 W. Irving Park Rd., 60613		NPCorp	...	168	8	42	11	9	4	0	6 Res: Path., Surg.
Augustana Hospital 411 W. Dickens Ave., 60614		Church	...	350	9	41	8	7	12	0	12 Int: Rotating; 2 Res: Path.
Charles N. and Rachel M. Schwab Rehabilitation Hospital 1401 S. California Ave., 60608	M-26#	NPCorp	...	88	50	0	0	0	...	...	Res: PMR
Chicago Maternity Center 1336 S. Newberry Ave., 60608	L-27	NPCorp	...	...	...	...	...	...	...	...	Res: ObG
Chicago State Hospital 6500 W. Irving Park Rd., 60634		State	...	4,256	...	16	...	...	...	...	Res: Psych.
Chicago State Tuberculosis Sanitarium 1919 W. Taylor St., 60612		State	...	345	175	47	0	0	0	1	1 Res: Thor.
Chicago Wesley Memorial Hospital 250 E. Superior St., 60611	M-27#	Church	...	655	10	58	40	36	0	33	33 Int: Rotating, St. Med., St. Path.; 85 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital 2300 Children's Plaza, 60614	M-27#	NPCorp	4-5	237	8	90	0	0	0	4	6 Int: St. Ped.; 43 Res: Anes., Neurosurg., Neur., Oph., Ortho., Path., Ped., Ped. Card., Rad., Surg., Urol.
City of Chicago Municipal Tuberculosis Sanitarium 5601 N. Pulaski Rd., 60646	L-28	City	...	1,082	169	40	0	0	1	3	4 Res: Thor.
Columbus Hospital 2520 N. Lakeview Ave., 60614		Church	1	408	11	41	18	12	25	0	24 Int: Rotating; 17 Res: Path., Rad., Surg.
Cook County Hospital 1825 W. Harrison St., 60612	M-26#, 27, 28, 30	County	5	2,747	9	54	321	259	56	85	147 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 291 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Rad., Surg., Thor., Urol.
Edgewater Hospital 5700 N. Ashland Ave., 60626		NPCorp	...	334	9	...	21	21	20	0	24 Int: Rotating; 8 Res: Path., Ped.
Englewood Hospital 6001 S. Green St., 60621		NPCorp	...	169	8	42	9	7	1	0	2 Res: Path.
Frank Cuneo Hospital 750 W. Montrose Ave., 60613		Church	1	174	10	46	24	24	...	...	Int: Rotating; Res: Path., Surg.
Grant Hospital 551 W. Grant Pl., 60614		NPCorp	...	340	10	35	15	12	12	0	14 Int: Rotating; 18 Res: GP, Path., Ped., Surg.
Holy Cross Hospital 2701 W. 68th St., 60629		Church	...	361	...	37	...	...	...	...	18 Int: Rotating
Hospital of St. Anthony de Padua 2875 W. 19th St., 60623		Church	...	208	9	33	10	0	2	0	2 Res: Surg.
Illinois Central Hospital 5800 Stony Island Ave., 60637	L-30	NPCorp	...	298	11	37	5	4	7	2	10 Int: Rotating; 5 Res: Path., Surg.
Illinois Eye and Ear Infirmary 1855 W. Taylor St., 60612		State	...	124	8	56	...	...	...	...	Res: Oph., Otol.
Illinois Masonic Hospital 836 Wellington Ave., 60657		NPCorp	...	544	10	53	23	20	14	16	33 Int: Rotating; 43 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
Illinois State Psychiatric Institute 1601 W. Taylor St., 60612	M-26#, 28, L-27-30	State	...	360	295	0	0	0	33	27	64 Res: Psych.
Institute for Juvenile Research 907 S. Wolcott Ave., 60612	L-30	State	...	...	...	...	...	...	3	3	14 Res: Child Psych.
Jackson Park Hospital 7531 Stony Island Ave., 60649		Corp	...	187	9	56	12	9	1	0	10 Res: GP, Path.
Loretto Hospital 645 S. Central Ave., 60644		Church	...	163	9	47	8	7	...	...	Res: Psych.
Louis A. Weiss Memorial Hospital 4646 Marine Dr., 60640		NPCorp	...	250	10	52	6	6	2	2	12 Int: Rotating; 31 Res: GP, Med., Path.
Mercy Medical Center 2537 S. Prairie Ave., 60616		Church	...	355	11	50	20	18	8	0	17 Int: Rotating, St. Med., St. Surg., St. Path.; 50 Res: Med., Neurosurg., ObG., Path., Ped., Rad., Surg., Urol.

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									Foreign	Non-Foreign			
ILLINOIS, Chicago—Continued													
Michael Reese Hospital and Medical Center 2900 S. Ellis Ave., 60616	M-26, G-27	NPCorp	2-4	991	13	59	69	64	8	35	56 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 174 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Child Psych., Rad., Surg., Urol.		
Mount Sinai Hospital Medical Center 2750 W. 15th St., 60608	M-26#	NPCorp	4	388	12	54	42	36	16	0	20 Int: Rotating, St. Med., St. Surg., St. Path.; 90 Res: Anes., Med., ObG, Path., Ped., PMR, Psych., Surg., Urol.		
Northwestern University Medical Center 303 E. Chicago Ave., 60611		Misc.								68	215	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 378 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.	
Norwegian-American Hospital 1044 N. Francisco Ave., 60622		NPCorp		219	13	30	11		10	0	12 Int: Rotating; 13 Res: GP, Surg.		
Passavant Memorial Hospital 303 E. Superior St., 60611	M-27#	NPCorp		348	10	66	16	14	2	21	24 Int: Rotating, St. Med.; 42 Res: Anes., Med., ObG, Oph., Ortho., Path., Psych., Rad., Surg., Urol.		
Presbyterian-St. Luke's Hospital 1753 W. Congress Pkwy., 60612	M-30#	NPCorp		837	11	76	45	43	0	35	42 Int: St. Med., St. Surg., St. Ped., St. Path.; 158 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.		
Ravenswood Hospital 1931 W. Wilson Ave., 60640		NPCorp		275	8	39	15	7	8	0	8 Int: Rotating; 11 Res: GP, Path., Surg.		
Rehabilitation Institute of Chicago 401 E. Ohio St., 60611	L-27	NPCorp		71	71	0	0	0	0	0	6 Res: PMR		
Resurrection Hospital 7435 W. Talcott Ave., 60631		Church	1	260	8	44	29	15	12	0	12 Int: Rotating		
St. Anne's Hospital 4950 W. Thomas St., 60651	G-27	Church		405	8	29	21	14	12	0	12 Int: Rotating; 10 Res: Ortho., Path., Surg.		
St. Elizabeth's Hospital 1431 N. Claremont St., 60622		Church		319	8	35	20	11	0	0	12 Int: Rotating; 1 Res: GP, Surg.		
St. Frances Xavier Cabrini Hospital 811 S. Lytle St., 60607		Church		198	8	40	9	7			Res: Path.		
St. Joseph Hospital 2900 Lake Shore Dr., 60657		Church		489	9	48	33	22	9	2	16 Int: Rotating; 28 Res: Med., ObG, Path., Surg.		
St. Mary of Nazareth Hospital 1120 N. Leavitt St., 60623		Church		280	10	26	12	8	1	0	2 Res: Path.		
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave., 60635		NPCorp	2	68	64	0	0	0			Res: Ortho.		
South Chicago Community Hospital 2320 E. 93rd St., 60617		NPCorp		300	9	27	23	20	9	0	12 Int: Rotating		
Swedish Covenant Hospital 5145 N. California Ave., 60625		Church		240	10	42	15	15	9	0	12 Int: Rotating; 13 Res: GP, Path.		
University of Chicago Hospitals and Clinics 950 E. 59th St., 60637	M-29X	NPCorp	4-5	661	10	73	42	42	3	45	50 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 193 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Psych., Child Psych., Rad., Surg., Urol.		
University of Illinois Research and Educational Hospitals 840 S. Wood St., 60612	M-30X	State	4-5	602	14	77	34	32	6	29	36 Int: St. Med., St. Surg., St. Ped., St. Path.; 182 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Rad., Surg., Urol.		
Veterans Administration Research Hospital 333 E. Huron St., 60611	M-27	VA	4	505	26	77			20	49	72 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.		
Veterans Administration Hospital (West Side) 820 S. Damen Ave., 60612	M-26, 30	VA	4	545	25	73	0	0	12	36	65 Res: Med., Ortho., Path., PMR, Psych., Surg.		
Decatur Decatur and Macon County Hospital 2300 N. Edward St., 62526		NPCorp	2-3	363	8	43	16	8	0	1	9 Int: Rotating; 2 Res: Path.		
Downey Veterans Administration Hospital, 60064	L-27	VA		2,487	479	74					Res: Psych.		
Evanston Evanston Hospital 2650 Ridge Ave., 60201	M-27#	NPCorp	4	470	9	68	24	23	1	30	36 Int: Rotating, St. Med., St. Path.; 48 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg.		
St. Francis Hospital 355 Ridge Ave., 60202	G-27	Church		461	10	54	10	2	8	8	20 Int: Rotating; 24 Res: Med., ObG, Ortho., Path., Ped., Plast., Surg.		
Evergreen Park Little Company of Mary Hospital 2800 W. 95th St., 60642	L-28	Church		552	9	41	67	18	13	1	24 Int: Rotating; 3 Res: ObG, Ped., Rad., Surg.		
Galesburg Galesburg State Research Hospital 1801 North Seminary St., 61401		State		1,839	210	19	0	0	3	0	8 Res: Psych.		
Great Lakes U. S. Naval Hospital, 60088		Navy	2-4-5	1,013	17	88	7	7	0	12	12 Int: Rotating; 17 Res: Med., ObG, Surg.		
Hines Veterans Administration Hospital 5th Ave. and Roosevelt Rd., 60141	M-28, L-30, G-27	VA	2-4	2,079	46	53	0	0	55	79	154 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.		
Hinsdale Hinsdale Sanitarium and Hospital 120 N. Oak St., 60521		NPCorp		360	8	50	18	11	2	4	14 Int: Rotating		
Suburban Cook County Tuberculosis Sanitarium 55th and County Line Rd., 60521		District		206	112	82	0	0	1	0	1 Res: Thor.		
Joliet St. Joseph Hospital 333 N. Madison St., 60435		Church		432	8	21	15	8	2	3	6 Res: Anes.		

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								Autopsies on Stillborn	Foreign Non-Foreign		
ILLINOIS—Continued											
Oak Lawn											
Christ Community Hospital 4440 W. 95th St., 60453		Church	*	404	9	37	35	28	17	0	24 Int: Rotating
Oak Park											
West Suburban Hospital 518 N. Austin Blvd., 60302		NPCorp	...	386	9	46	27	6	20	13	24 Int: Rotating; 29 Res: GP, ObG, Ortho., Path., Rad.
Park Ridge											
Lutheran General Hospital 1775 Dempster St., 60068		NPCorp	...	354	8	53	28	21	2	0	4 Res: Ortho., Path.
Peoria											
Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave., 61603		NPCorp	...	142	39	...	...	...	1	1	3 Res: PMR
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave., 61603		Church	...	481	10	38	21	8	8	0	15 Res: GP, Path., Surg.
St. Francis Hospital 530 N. E. Glen Oak Ave., 61603		Church	...	613	9	45	33	12	0	9	28 Int: Rotating; 37 Res: GP, Med., ObG, Ortho., Path., Ped., Rad., Surg.
Rockford											
Rockford Memorial Hospital 2400 N. Rockton Ave., 61103		NPCorp	...	264	7	58	29	22	1	4	13 Int: Rotating, St. Path.;
St. Anthony Hospital 6666 E. State St., 61108		Church	...	252	8	57	8	5	0	0	2 Res: Path. 4 Res: Path.
Springfield											
Illinois State Department of Health, 62706		State	...	...	...	...	...	...	0	0	10 Res: Public Health
Urbana											
Carle Memorial Hospital 602 W. University Ave., 61801		NPCorp	5	161	7	32	6	5	0	0	1 Res: Path.
INDIANA											
Elkhart											
Elkhart General Hospital 600 East Blvd., 46518		NPCorp	...	248	7	28	20	4	...	...	Res: Path.
Evansville											
St. Mary's Hospital 3700 Washington Ave., 47715		Church	...	402	9	27	18	5	0	2	6 Int: Rotating; 7 Res: GP, Path.
Fort Wayne											
Lutheran Hospital of Fort Wayne 3024 Fairfield, 46807		Church	2-3	464	9	36	29	18	0	0	6 Int: Rotating; 5 Res: Ortho., Surg.
St. Joseph's Hospital of Fort Wayne 700 Broadway, 46802		Church	...	349	8	39	13	3	0	0	5 Res: Path.
Gary											
Methodist Hospital 1800 W. 6th Ave., 46402		Church	...	370	6	42	68	6	0	0	8 Int: Rotating; 4 Res: Path.
Indianapolis											
Indiana University Hospitals 1100 W. Michigan St., 46207	M-31X	State	4-5	491	10	74	25	14	0	40	46 Int: St. Med., St. Surg., St. Ped., St. Path.;
Larue D. Carter Memorial Hospital 1315 W. 10th St., 46207	L-31#	State	...	235	190	...	...	...	...	...	259 Res: Anes., DERM., GP, Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Card., Plast., Psych., Child Psych., Rad., Surg., Urol.
Marion County General Hospital 960 Locke St., 46207	M-31#	CyCo	4-5	594	10	60	52	18	1	15	Res: Psych., Child Psych.
Methodist Hospital of Indiana 1604 N. Capitol Ave., 46207		Church	...	858	10	51	39	9	0	26	35 Int: Rotating; 26 Res: Anes., DERM., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
St. Vincent's Hospital 120 W. Fall Creek Pkwy., 46207		Church	2-3	360	8	51	29	13	0	3	30 Int: Rotating, St. Med., St. Surg., St. Path.;
Veterans Administration Hospital 1481 W. 10th St., 46207	M-31#	VA	2-3-4	671	29	68	0	0	0	7	59 Res: GP, Med., Neurosurg., ObG, Ortho., Otol., Path., Ped., Rad., Surg., Urol.
Lafayette											
St. Elizabeth Hospital 1501 Hartford St., 47902		Church	...	341	8	26	7	3	1	0	11 Int: Rotating, St. Path.;
Mishawaka											
St. Joseph Hospital 215 W. 4th St., 46544		Church	...	100	6	24	6	0	...	...	17 Res: ObG, Ortho., Path., Rad., Surg.
Muncie											
Ball Memorial Hospital 2401 University Ave., 47303		NPCorp	...	450	9	39	33	14	0	5	11 Int: Rotating, St. Path.;
South Bend											
Memorial Hospital of South Bend 615 N. Michigan St., 46601		NPCorp	3	374	9	34	19	4	0	12	12 Int: Rotating; Res: Path.
St. Joseph's Hospital 811 E. Madison St., 46622		Church	2-3	341	13	31	...	...	0	2	10 Int: Rotating; Res: Path.
South Bend Medical Foundation Hospitals 531 N. Main St., 46601		NPCorp	...	1,066	8	29	67	9	0	1	2 Int: St. Path.;
IOWA											
Cedar Rapids											
Mercy Hospital 835, 6th Ave., S. E. 52403	L-32	Church	...	305	7	48	19	12	...	...	Int: Rotating
St. Luke's Methodist Hospital 1026 A Ave., N. E., 52402	L-32	Church	...	400	7	49	21	13	...	4	Int: Rotating; 4 Res: Path.
Cherokee											
Mental Health Institute 1200 W. Cedar, 51012		State	...	605	...	76	0	0	1	10	18 Res: Psych.
Des Moines											
Broadlawn Polk County Hospital 18th and Hickman Rd., 50314	L-32	County	...	178	7	42	10	5	0	12	12 Int: Rotating, General Practice Program; 4 Res: GP, Surg.
Des Moines Child Guidance Center 1206 Pleasant St., 50309		NPCorp	...	0	180	0	0	0	0	0	2 Res: Child Psych.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign		
IOWA, Des Moines—Continued											
Iowa Lutheran Hospital 716 Parnell Ave., 50316	L-32	Church	...	340	10	34	10	7	4	7	14 Int: Rotating
Iowa Methodist Hospital 1200 Pleasant St., 50308	L-32	Church	...	555	9	50	19	11	0	6	10 Int: Rotating; 23 Res: Path., Ped., Rad., Surg.
Mercy Hospital 6th and University, 50314	L-32	Church	...	300	7	44	22	12	13	1	16 Int: Rotating, St. Path.; 5 Res: Path.
Veterans Administration Hospital 30th St. and Euclid Ave., 50308	G-32	VA	...	386	24	52	0	0	8	5	17 Res: Path., Surg., Urol.
Independence											
Mental Health Institute Box 111, 50644		State	...	564	99	41	0	0	3	4	18 Res: Psych.
Iowa City											
State Psychopathic Hospital 500 Newton Rd., 52240	M-32X	State	...	80	35	0	0	0	2	16	20 Res: Psych., Child Psych.
University Hospitals Newton Rd., 52240	M-32X	State	...	1,192	10	68	35	30	1	29	44 Int: Rotating, St. Med., St. Ped., St. Path.; 245 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
Veterans Administration Hospital Highway 6 West, 52240	M-32#	VA	4-5	475	23	77	0	0	...	...	Res: Anes., Med., Neurosurg., Neur., Otol., Path., Surg.
KANSAS											
Kansas City											
Bethany Hospital 51 N. 12th St., 66102		Church	3	205	7	43	20	5	0	4	8 Int: Rotating
University of Kansas Medical Center 39th and Rainbow Blvd., 66103	M-33X	State	...	526	9	75	29	29	0	23	30 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 200 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Topeka											
C. F. Menninger Memorial Hospital 3617 W. Sixth St., 66601		NPCorp	...	150	239	0	0	0	33	76	170 Res: Psych., Child Psych.
Topeka State Hospital 2700 W. Sixth St., 66606		State	...	1,147	7	81	0	0	...	...	Res: Psych.
Veterans Administration Hospital 2200 Gage Blvd., 66622		VA	...	1,011	157	68	0	0	...	...	Res: Psych.
Wadsworth											
Veterans Administration Hospital, 66089		VA	4-5	737	75	70	0	0	2	5	8 Res: Surg., Urol.
Wichita											
St. Francis Hospital 929 N. St. Francis Ave., 67214	G-33	Church	...	850	8	57	28	9	4	3	22 Int: Rotating, St. Med., St. Surg.; 49 Res: Anes., GP, Med., ObG, Ortho., Path., Rad. Surg., Urol.
St. Joseph Hospital and Rehabilitation Center 3400 Grand Ave., 67218		Church	...	349	8	22	14	0	0	0	10 Int: Rotating; 8 Res: GP, Path.
Sedgwick County Hospital and Clinic 1001 N. Minneapolis St., 67214		County	...	145	86	21	8	0	...	...	Res: ObG, Urol.
Veterans Administration Center 5500 E. Kellogg, 67218	G-33	VA	...	252	32	55	0	0	...	...	Res: Med., Ortho., Path., Surg., Urol.
Wesley Medical Center 550 N. Hillside Ave., 67214	G-33	Church	...	543	8	36	33	26	1	10	20 Int: Rotating; 14 Res: GP, Med., Ortho., Path., Surg.
KENTUCKY											
Anchorage											
Central Hospital (See Louisville)											
Covington											
St. Elizabeth Hospital 21st St. and Eastern Ave., 41014		Church	8	368	8	31	24	1	1	0	12 Int: Rotating; 2 Res: Path.
Fort Campbell											
U. S. Army Hospital, 42223		Army	2	300	10	73	10	1	1	3	4 Res: Surg.
Fort Knox											
Ireland Army Hospital, 40121		Army	4-5	650	11	70	13	8	0	3	4 Res: Surg.
Harlan											
Harlan Appalachian Regional Hospital Martins Fork Rd., 40831		NPCorp	...	179	8	22	12	0	11	2	41 Res: Path., Surg.
Lexington											
Good Samaritan Hospital 310 S. Limestone St., 40508		Church	...	234	7	24	14	0	0	1	7 Int: Rotating; Res: Ortho., Urol.
St. Joseph Hospital 1400 Harrodsburg Rd., 40504		Church	...	285	7	59	12	4	...	...	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Ortho., Path., Ped., Surg., Urol.
Shriners Hospital for Crippled Children 1900 Richmond Rd., 40502	G-27	NPCorp	...	50	50	0	0	0	0	2	2 Res: Ortho.
U. S. Public Health Service Hospital Leestown Pike, 40501		USPHS	2-4-5	1,086	...	...	...	...	...	...	Res: Psych.
University Hospital 800 W. Rose St., 40506	M-34X	State	4-5	304	10	60	25	14	1	44	50 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 120 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
University of Kentucky College of Medicine, Department of Community Medicine, 40506											
Veterans Administration Hospital Leestown Pike, 40507	L-34#	VA	...	1,171	277	55	0	0	...	...	16 Res: Gen. Prev. Med. Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Med., Ortho., Psych., Surg., Urol.
Louisville											
Central Hospital, 40223		State	...	1,287	154	54	...	...	...	...	Res: Psych.
Children's Hospital 226 E. Chestnut St., 40202	M-35	NPCorp	...	120	6	73	...	...	0	1	8 Int: St. Ped.; Res: Anes., Neurosurg., Oph., Path., Ped., Ped. Card., Surg., Thor., Urol.
Jewish Hospital 217 E. Chestnut St., 40202	L-35	NPCorp	...	260	7	34	18	4	...	...	Res: Med., Thor.
John N. Norton Memorial Infirmary 231 W. Oak St., 40203	G-35	NPCorp	...	310	9	33	14	2	6	0	6 Int: Rotating; Res: Neurosurg., Psych., Surg.
Kosair Crippled Children Hospital 982 Eastern Pkwy., 40217	G-35	NPCorp	...	100	39	0	0	0	Res: Ortho.

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								Autopsies on Stillborn	Foreign		
KENTUCKY, Louisville—Continued											
Louisville Area Mental Health Center 231 W. Oak St., 40203		NPCorp									Res: Psych.
Louisville Child Guidance Clinic 206 E. Chestnut St., 40202		NPCorp	2								Res: Psych., Child Psych.
Louisville General Hospital 323 E. Chestnut St., 40202	M-35#	CyCo	4-5	405	9	67	44	18	1	25	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 198 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Rehabilitation Center 220 E. Madison St., 40202		NPCorp		30	35				0	0	2 Res: PMR
St. Joseph Infirmary 735 Eastern Pkwy., 40217		Church		487	7	39	19	2	1	12	24 Int: Rotating; 25 Res: Med., ObG, Ped., Rad., Surg.
Veterans Administration Hospital Mellwood and Zorn Aves., 40202	L-35#	VA	4-5	496	28	64	0	0			Res: Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
LOUISIANA											
Alexandria											
Veterans Administration Hospital, 71301	G-37	VA	2	578	36	50	0	0			Res: Urol.
Independence											
Lallie Kemp Charity Hospital Hwy. 51, Box 7, 70443	M-37#	State		132							Res: Surg.
Jackson											
East Louisiana State Hospital, 70748		State	2	3,185	738	9			0	0	4 Res: Psych.
Lafayette											
Lafayette Charity Hospital 311 W. St. Mary Blvd., 70501	G-36	State		358	7	72	87	5			Int: General Practice Program; Res: GP, Surg.
Lake Charles											
Lake Charles Charity Hospital 1000 Walters St., 70602	G-36#	State		166	10	45	26	0			Int: General Practice Program
Mandeville											
Southeast Louisiana Hospital, 70448	G-37#	State		498	60	100			0	8	11 Res: Psych.
Monroe											
E. A. Conway Memorial Hospital 4801 South Grand St., 71201		State	6	212	7	24	72	0			Res: GP, Ortho., Surg., Thor.
New Orleans											
Charity Hospital of Louisiana 1532 Tulane Ave., 70140	M-36#- M-37#	State	4-5	2,297	13	62	186	162	4	101	126 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path., General Practice Program; 370 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.
Eye, Ear, Nose and Throat Hospital 145 Elk Pl., 70112	G-37	NPCorp	1	108	4	25			0	14	15 Res: Oph., Otol.
Ochsner Foundation Hospital 1516 Jefferson Hwy., 70121	L-37	NPCorp	4-5	348	10	73	5	4	0	4	10 Int: Rotating, St. Med.; 73 Res: Anes., Colon-Rectal, Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Southern Baptist Hospital 2700 Napoleon Ave., 70115	L-37	Church		440	7	37	29	6	2	3	24 Int: Rotating; 17 Res: ObG, Path., Plast., Surg.
Touro Infirmary 1400 Foucher St., 70115	L-37	NPCorp	2-3	530	8	48	19	5	0	2	25 Int: Rotating, St. Med., St. Surg., St. ObG; Res: Med., ObG, Ortho., Path., Rad., Surg., Urol.
Tulane University School of Medicine 1430 Tulane Ave., 70112		Misc.							0	8	18 Res: Child Psych., Gen. Prev. Med.
U. S. Public Health Service Hospital 210 State St., 70118	L-37	USPHS	2-4	403	19	78	13	12	0	18	20 Int: Rotating; 38 Res: Med., ObG, Oph., Ortho., Path., Rad., Surg.
Veterans Administration Hospital 1601 Perdido St., 70140	L-37#	VA	4	591	28	61	0	0	11	19	45 Res: Anes., Med., Neurosurg., Oph., Ortho., Path., Plast., Psych., Surg., Urol.
Pineville											
Huey P. Long Charity Hospital Hospital Blvd., 71360	M-37#	State	2	288	7	30	54	4			6 Int: General Practice Program; Res: Ortho., Surg.
Shreveport											
Confederate Memorial Medical Center 1541 Kingshighway, 71101	G-37	State	2-4-5	830	7	42	82		0	40	40 Int: Rotating; 82 Res: Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Shriners Hospital for Crippled Children Kingshighway and Samford Ave., 71103	G-37	NPCorp	2-3	60	83	0	0	0	0	2	2 Res: Ortho.
MAINE											
Bangor											
Eastern Maine General Hospital 489 State St., 04401		NPCorp		330	119	45	11	2	0	0	3 Res: Path., Urol.
Lewiston											
Central Maine General Hospital 300 Main St., 04240	G-42	NPCorp		215	8	51	9	1	0	0	6 Int: Rotating; 2 Res: Path., Surg.
Portland											
Maine Medical Center 22 Bramhall St., 04102	L-42	NPCorp		339	9	53	20	2	1	11	12 Int: Rotating; 36 Res: Anes., GP, Med., Path., Ped., Rad., Surg.
MARYLAND											
Army Chemical Center											
U. S. Army Environmental Hygiene Agency (see Edgewood Arsenal, Md.)											
Baltimore											
Baltimore City Hospitals 4940 Eastern Ave., 21224	M-38-39	City	7	1,363		49	60	56	6	23	35 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path., Family Practice; 78 Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., Surg.
Baltimore Eye, Ear and Throat Charity Hospital 1214 Eutaw Pl., 21217	G-39	NPCorp	3	60	3	0	0	0	1	3	3 Res: Oph., Otol.
Bon Secours Hospital 2025 W. Fayette St., 21223		Church		260	7	37	12	5	12	0	14 Int: Rotating; 13 Res: ObG, Surg.
Children's Hospital 3825 Greenspring Ave., 21211		NPCorp	4-5	135	14	50					Res: Ortho.

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									Foreign	Non-Foreign		
MARYLAND, Baltimore—Continued												
Church Home and Hospital 100 N. Broadway, 21231		Church	...	286	10	43	10	2	17	0	18 Int: Rotating, St. Med., St. Surg.;	
Franklin Square Hospital 110 N. Calhoun St., 21223		NPCorp	...	171	9	38	14	8	8	0	21 Res: Med., ObG, Surg.	
Greater Baltimore Medical Center 6701 N. Charles Street, 21204 (New facilities for Hospital for Women of Maryland and Presbyterian Eye, Ear & Throat Charity Hospital)	G-38	NPCorp	...	345	7	44	27	18	15	0	8 Int: Rotating;	
James Lawrence Kernan Hospital Windsor Mill Rd., 21207	G-39	Corp	...	119	33	0	0	0	1	3	10 Res: ObG, Surg.	
Johns Hopkins Community Pediatrics Program			...						0	9	20 Int: Rotating, St. Med.;	
Johns Hopkins Hospital 601 N. Broadway, 21205	M-38f	NPCorp	4-5	1,121	11	64	58		3	11	28 Res: Med., ObG, Oph., Otol., Ped., Surg.	
Johns Hopkins University School of Hygiene and Public Health, 21205			...						0	9	4 Res: Ortho.	
Lutheran Hospital of Maryland 730 Ashburton St., 21216		Church	4	211	8	39	33	4	6	0	12 Int: St. Ped.;	
Maryland General Hospital 827 Linden Ave., 21201	L-39	NPCorp	...	386	10	50	19	9	0	3	25 Res: Ped.	
Mercy Hospital 301 St. Paul Pl., 21202	M-39	Church	4	333	9	54	22	1	2	16	60 Int: Pvt. Med., St. Med., St. Surg., St. Ped., St. Path., St. ObG.	
Office of the Chief Medical Examiner, Maryland State Dept. of Post Mortem Examiners 700 Fleet St., 21202		State	...						0	2	243 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Urol.	
Provident Hospital 1514 Division St., 21217		NPCorp	4	135	8	31	27	8	5	0	15 Res: Gen. Prev. Med.	
St. Agnes Hospital 1000 Caton Ave., 21229		Church	...	400	7	28	11	8	2	2	10 Int: Rotating;	
St. Joseph Hospital (see Towson, Md.) 6420 Reisterstown Rd., 21215		Church	...	300	423	18			4	6	13 Res: ObG, Surg.	
Seton Psychiatric Institute Belvedere Ave. at Greenspring, 21215	L-38	NPCorp	4	480	8	55	80	58	6	17	17 Int: Rotating;	
Sinai Hospital of Baltimore			...						34	31	14 Res: Med., Surg.	
South Baltimore General Hospital 1213 Light St., 21230		NPCorp	...	184	9	43	9	2	3	9	12 Int: Rotating;	
Spring Grove State Hospital Wade Ave., 21228		State	4	2,681	300	22			10	0	14 Res: Med., Surg.	
State of Maryland Dept. of Health 301 W. Preston St., 21201		State	...						0	3	16 Res: Psych.	
Union Memorial Hospital 33rd and Calvert Sts., 21218	G-38	NPCorp	...	414	10	45	17	14	10	9	3 Res: Public Health	
U. S. Public Health Service Hospital Wyman Park Dr. and 31st St., 21211		USPHS	2-4-5	300	20	74			0	16	24 Int: Rotating, St. Med., St. Surg.;	
University Hospital Redwood and Greene Sts., 21201	M-39X	State	4-5	669	11	63	61	4	1	24	33 Res: Med., ObG, Path., Ped., Surg.	
University of Maryland School of Medicine, 21201			...						0	1	23 Res: Med., Oph., Path., Rad., Surg.	
Veterans Administration Hospital 3900 Loch Raven Blvd., 21218	G-38	VA	4	291	86	61	0	0	0	0	35 Int: St. Med., St. Surg., St. Path., St. ObG; Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.	
Bethesda												
National Institutes of Health-Clinical Center 9000 Wisconsin Ave., 20014	L-20	USPHS	2-5	516	32	89	0	0	0	17	213 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.	
Suburban Hospital 8600 Old Georgetown Rd., 20014		NPCorp	...	245	6	56	26	18	5	0	15 Res: Derm., Neur., Path., Psych.	
U. S. Naval Hospital Rockville Pike, 20014	M-19, L-20-21	Navy	2	725	19	85	16	16	0	17	6 Int: Rotating;	
Camp Springs												
U. S. Air Force Hospital, Andrews AFB (see Washington, D. C.)			...						0	2	9 Res: GP, Path., Surg.	
Cheverly												
Prince George's General Hospital, 20785		County	...	361	7	49	57	5	7	0	17 Int: Rotating;	
Crownsville												
Crownsville State Hospital, 21032		State	...	1,985	250	23			6	3	18 Res: Med., ObG, Path., Surg.	
Edgewood Arsenal												
U. S. Army Environmental Hygiene Agency, 21010		Army	...						0	2	15 Res: Psych.	
Fort Howard												
Veterans Administration Hospital, 21052	G-38	VA	...	377	39	55	0	0	17	0	2 Res: Occup. Med.	
Hagerstown												
Washington County Hospital King and Antietam Sts., 21740		NPCorp	...	305	8	32	24	1	2	1	24 Res: Med., Surg., Urol.	
Perry Point												
Veterans Administration Hospital, 21902		VA	...	1,340	313	78	0	0	5	3	3 Res: Rad.	
Rockville												
Chestnut Lodge 500 W. Montgomery Ave., 20850		Corp	...	90	244	0	0	0	0	2	6 Res: Psych.	
Sykesville												
Springfield State Hospital, 21784		State	...	3,150		37			13	2	4 Res: Psych.	

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								Autopsies on Stillborn	Foreign Non-Foreign		
MARYLAND—Continued											
Takoma Park											
Washington Sanitarium and Hospital 7600 Carroll Ave., 20012		Church	...	287	8	56	13	4	1	10	16 Int: Rotating
Towson											
St. Joseph Hospital 7820 York Rd., 21204		Church	...	322	9	49	18	5	12	0	14 Int: Rotating;
Sheppard and Enoch Pratt Hospital York Road, 21204		NPCorp	...	258	225	50	...	...	21	2	27 Res: Med., ObG, Path., Surg.
									2	20	27 Res: Psych.
MASSACHUSETTS											
Bedford											
Veterans Administration Hospital 200 Springs Rd., 01730	M-42	VA	...	1,325	829	54	...	...	0	0	3 Res: Psych.
Belmont											
Beaverbrook Guidance Center 1075 Pleasant Street, 02179		State	...	...	...	...	...	...	...	...	Res: Child Psych.
McLean Hospital 115 Mill St., 02178	M-41#	NPCorp	...	278	200	25	...	...	2	17	28 Res: Psych.
Beverly											
Beverly Hospital Heather and Herrick Sts., 01915		NPCorp	...	254	7	50	17	3	3	1	10 Int: Rotating;
									2	1	7 Res: Path., Surg.
Boston											
Beth Israel Hospital 330 Brookline Ave., 02215	M-41	NPCorp	4	368	9	52	...	5	0	17	23 Int: St. Med., St. Surg., St. Path.;
									20	42	80 Res: Med., ObG, Path., Psych., Child Psych., Rad., Surg.
Boston City Hospital 818 Harrison Ave., 02118	M-40#-41-42#	City	4-5	1,180	10	51	71	13	0	78	78 Int: St. Med., St. Surg., St. Ped., St. Path.;
									53	208	286 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Boston Dispensary and Rehabilitation Institute (see New England Medical Center Hospitals)											
Boston Floating Hospital (see New England Medical Center Hospitals)											
Boston Hospital for Women (Formerly Boston Lying-In Hospital) 221 Longwood Ave., 02115	M-41#	NPCorp	...	264	6	87	66	57	4	17	35 Res: ObG, Path.
Boston Sanatorium 249 River St., Mattapan 02126	L-40	City	...	...	...	...	...	...	...	...	Res: Thor.
Boston State Hospital 591 Morton St., 02124	M-42, L-40	State	...	1,862	...	...	...	...	...	...	Res: Psych.
Boston University-Boston City Hospital Guidance Center 80 E. Concord St., 02118	M-40	City	...	...	...	...	...	...	...	...	Res: Child Psych.
Carney Hospital 2100 Dorchester Ave., 02124	L-40	Church	...	334	9	49	0	0	12	0	12 Int: Rotating;
Children's Hospital Medical Center 300 Longwood Ave., 02115	M-41#	NPCorp	4-5	343	9	83	...	...	28	1	34 Res: Med., ObG, Ortho., Path., Surg.
									0	10	8 Int: St. Ped., St. Path.;
									25	54	95 Res: Neurosurg., Neur., Ortho., Path., Ped., Ped. All., Ped. Card., Plast., Child Psych., Rad., Surg.
Commonwealth of Massachusetts—											
Department of Public Health State House, 02133		State	...	...	...	...	...	...	0	3	6 Res: Public Health
Douglas A. Thom Clinic for Children 315 Dartmouth St., 02116		NPCorp	...	...	...	...	...	...	0	3	4 Res: Child Psych.
Faulkner Hospital 1153 Centre St., Jamaica Plain 02130		NPCorp	...	152	9	51	8	4	0	1	3 Res: Med., Path.
Harvard University School of Public Health 685 Huntington Ave., 02115		NPCorp	...	...	...	...	...	...	3	8	16 Res: Occup. Med., Gen. Prev. Med.
James Jackson Putnam Children's Center 244 Townsend St., 02121		NPCorp	...	...	...	0	0	0	0	1	4 Res: Child Psych.
Joseph P. Kennedy Jr. Memorial Hospital 30 Warren St. (Brighton), 02135		Church	...	125	41	100	0	0	0	2	3 Res: Ortho.
Judge Baker Guidance Center 295 Longwood Ave., 02115		NPCorp	...	26	270	0	0	0	4	7	6 Res: Child Psych.
Labey Clinic 605 Commonwealth Ave., 02215		NPCorp	...	...	...	...	...	...	39	25	77 Res: Anes., Colon-Rectal, Med., Neurosurg., Ortho., Otol., Rad., Surg., Urol.
Lemuel Shattuck Hospital 170 Morton St., 02130	M-42, L-40-41	State	...	400	59	59	...	...	15	6	27 Res: Med., Path., Rad.
Massachusetts Eye and Ear Infirmary 243 Charles St., 02114	M-41#, L-42	NPCorp	...	178	...	...	...	...	...	...	Res: Oph., Otol.
Massachusetts General Hospital Fruit St., 02114	M-41#	NPCorp	4-5	1,066	13	78	0	0	0	36	38 Int: St. Med., St. Surg., St. Ped., St. Path.;
									28	164	217 Res: Anes., Derm., Med., Neurosurg., Neur., Ortho., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals (see University Hospital)											
Massachusetts Mental Health Center 74 Fenwood Rd., 02115	M-41	State	...	186	78	0	0	0	3	67	74 Res: Psych., Child Psych.
New England Deaconess Hospital 185 Pilgrim Rd., 02215	L-41, G-42	NPCorp	...	368	11	64	...	...	...	...	8 Int: Rotating, Child Med.;
New England Medical Center Hospitals (Includes Boston Dispensary and Rehabilitation Institute, Boston Floating Hospital, New England Center Hospital)	M-42#, L-41	NPCorp	4-5	376	11	74	0	0	0	23	25 Int: St. Med., St. Surg., St. Ped., St. Path.;
									16	75	110 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Peter Bent Brigham Hospital 721 Huntington Ave., 02115	M-41#	NPCorp	4	321	12	78	0	0	0	20	21 Int: St. Med., St. Surg., St. Path.;
									7	73	89 Res: Anes., Med., Neurosurg., Neur., Ortho., Path., Plast., Psych., Rad., Surg., Urol.
St. Elizabeth's Hospital 736 Cambridge St. (Brighton), 02135	M-42#	Church	...	420	9	48	28	9	0	16	18 Int: Rotating;
St. Margaret's Hospital 90 Cushing Ave., 02125	M-42#	Church	...	122	5	50	61	21	8	32	54 Res: Anes., Med., Neur., ObG, Path., Ped., Surg.
Tufts-New England Medical Center (Includes Boston Floating Hospital and New England Center Hospital) 20 Ash St., 02111	M-42	NPCorp	Res: Child Psych.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign Non-Foreign		
MASSACHUSETTS, Boston—Continued											
U. S. Public Health Service Hospital 77 Warren St. (Brighton), 02135	L-40	USPHS	2-4	211	16	69		0	10	12 Int: Rotating; 7 Res: Med. Surg.	
University Hospital 750 Harrison Ave., 02116	M-40	NPCorp	4	242	11	62	11	10	17	18 Int: St. Med., St. Surg., St. Path.; 79 Res: Anes., Derm., Med., Oph., Otol., Path., PMR, Psych., Rad., Surg., Urol.	
Veterans Administration Hospital (Jamaica Plain) 150 S. Huntington Ave., 02130	M-40-42	VA	4-5	920	28	59		18	69	20 Int: St. Med.; 120 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.	
Veterans Administration Hospital (West Roxbury) 1400 Veterans of Foreign Wars Pkwy., 02132	L-41	VA		300	34	83				Res: Med., Ortho., Path., Surg., Urol.	
Brockton											
Brockton Hospital 680 Centre St., 02402		NPCorp		250	8	30	16	1	1	0	9 Res: Path.
Veterans Administration Hospital Belmont St., 02401		VA	2-4	988	182	63	0	0	0	2	6 Res: Psych.
Brookline											
Free Hospital for Women (see Boston Hospital for Women, Boston)											
Cambridge											
Cambridge City Hospital 1493 Cambridge St., 02139	L-41	City		171	10	67	13	5	6	2	13 Int: Rotating, St. Path.; 11 Res: Anes., ObG, Path., Surg. 3 Res: Child Psych.
Cambridge Mental Health Center 5 Sacramento St., 02138		State									
Harvard University Health Center, Division of Environmental Health 75 Mount Auburn St., 02138									1	0	8 Res: Occup. Med.
Mount Auburn Hospital 330 Mount Auburn St., 02138	L-41	NPCorp		314	10	55	12	6	0	8	10 Int: Rotating, St. Path.; 6 Res: Path., Rad.
Canton											
Massachusetts Hospital School Randolph St., 02021		State		177		0	0	0	1	1	3 Res: Ortho.
Chelsea											
Lawrence F. Quigley Memorial Hospital 100 Summit Ave., 02150		State	4	300	19	48			2	2	7 Res: Med., Surg., Urol.
U. S. Naval Hospital 1 Broadway, 02150	L-40	Navy	2-4-5	560	19	75	11	10	0	12	12 Int: Rotating; 29 Res: Anes., Med., ObG, Ortho., Otol., Ped., Surg.
Fall River											
Truesdale Hospital 1820 Highland Ave., 02720		NPCorp		174	9	40	6	0	3	0	5 Res: Path., Surg.
Union Hospital Highland Ave. at New Boston Rd., 02720		NPCorp		304	10	35	14	3	6	0	9 Int: Rotating
Fitchburg											
Burbank Hospital Nichols Rd., 01420		City		243	8	39	16	7	0	3	5 Res: Path., Surg.
Frammingham											
Frammingham Union Hospital Evergreen St., 01701	L-40	NPCorp	3	223	6	48	12	4	2	5	9 Int: Rotating, St. Path.; 3 Res: Path.
Harding											
Medfield State Hospital Hospital Road, 02042		State		1,049		57			11	0	16 Res: Psych.
Hathorne											
Danvers State Hospital Box 50, 09137		State		2,300		28			2	1	7 Res: Psych.
Holyoke											
Holyoke Hospital 575 Beech St., 01040		NPCorp	4	220	9	28	7	3	0	0	1 Res: Path.
Lakeville											
Lakeville Hospital Main St., 02346		State		180	161	12	0	0			Res: Ortho.
Lawrence											
Lawrence General Hospital 1 Garden St., 01842		NPCorp		303	9	36	23	2	8	0	6 Int: Rotating; 2 Res: Path.
Lowell											
Lowell General Hospital 295 Varnum Ave., 01854		NPCorp		252	7	32	12	1	4	0	4 Res: GP
Lynn											
Lynn Hospital 212 Boston St., 01904	G-42	NPCorp		350	9	47	23	1	0	0	6 Int: Rotating; 6 Res: Path.
Malden											
Malden Hospital Hospital Rd., 02148	L-40	NPCorp		277	8	41	28	20	5	0	6 Int: Rotating; 15 Res: Med., Path., Surg.
New Bedford											
St. Luke's Hospital 101 Page St., 02740		NPCorp		346	7	22	37	8			Res: Urol.
Newton Lower Falls											
Newton-Wellesley Hospital 2014 Washington St., 02162	G-42	NPCorp		250	8	44	23	2	1	1	8 Int: Rotating; 13 Res: Med., Path.
Norfolk											
Pondville Hospital Box 111, 02081	L-40-41	State		110	23	66			4	2	4 Res: Path., Surg.
Pittsfield											
Pittsfield Affiliated Hospitals Medical Education Program 725 North St., 01202		Misc		412	8	52	18	9	9	2	14 Int: Rotating; 29 Res: Anes., Med., ObG, Path., Surg. (See Pittsfield Affiliated Hospitals Medical Education Program.)
Pittsfield General Hospital 741 North St., 01201											(See Pittsfield Affiliated Hospitals Medical Education Program.)
St. Luke's Hospital 379 East St., 01202											(See Pittsfield Affiliated Hospitals Medical Education Program.)

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								Autopsies on Stillborn	Foreign Non-Foreign		
MASSACHUSETTS—Continued											
Quincy											
Quincy City Hospital 114 Whitwell St., 02169		City	...	367	8	29	31	8	1	0	9 Res: Path., Surg.
South Shore Mental Health Center 1120 Hancock St., 02169		NPCorp	...	0	0	0	0	0	...	...	4 Res: Child Psych.
Salem											
Salem Hospital 81 Highland Ave., 01970		NPCorp	...	261	9	35	17	6	2	0	8 Int: Rotating; 4 Res: Path.
Springfield											
Shriners Hospital for Crippled Children 516 Carew St., 01104		NPCorp	...	60	62	100	0	0	...	...	Res: Ortho.
Springfield Hospital 759 Chestnut St., 01107		NPCorp	...	475	11	44	0	0	12	0	12 Int: Rotating; 41 Res: Anes., Med., ObG, Path., Ped., Surg.
Wesson Maternity Hospital 735 Chestnut St., 01107		NPCorp	...	90	5	74	34	20	...	...	Res: ObG
Stockbridge											
Austen Riggs Center Main St., 01262		NPCorp	...	42	295	0	0	0	0	4	7 Res: Psych.
Taunton											
Taunton State Hospital Hodges Ave. Extension, 02780		State	...	1,718	...	46	...	...	8	0	8 Res: Psych.
Waltham											
Metropolitan State Hospital 475 Trapelo Rd., 02154	M-42	State	...	1,912	60	26	0	0	5	2	17 Res: Psych., Child Psych.
Middlesex County Sanatorium 775 Trapelo Rd., 02154	L-41	County	...	220	106	61	0	0	...	...	Res: Med.
Walter E. Fernald State School 200 Trapelo Rd., 02154		State	...	2,451	365	68	0	0	0	1	1 Res: Psych.
Waltham Hospital Hope Ave., 02154	L-40	NPCorp	...	237	8	47	9	3	6	0	7 Int: Rotating
Westfield											
Western Massachusetts Hospital 91 E. Mountain Rd., 01085		State	...	63	19	38	...	...	2	1	3 Res: Surg.
West Roxbury											
Veterans Administration Hospital—See Boston											
Worcester											
Memorial Hospital 119 Belmont St., 01605		NPCorp	...	350	9	57	16	5	11	0	12 Int: Rotating; 18 Res: Med., Ortho., Path., Surg.
St. Vincent Hospital 25 Winthrop St., 01604	G-19	Church	...	521	10	49	11	1	0	7	21 Int: Rotating, St. Med., St. Surg.; 28 Res: Med., Ortho., Ped., Surg.
Worcester City Hospital 26 Queen St., 01610		City	...	448	10	40	7	7	13	1	20 Int: Rotating, St. Surg.; 37 Res: GP, Med., Ortho., Path., Ped., Surg.
Worcester State Hospital 305 Belmont St., 01604		State	...	1,308	...	27	1	0	8	3	19 Res: Psych.
Worcester Youth Guidance Center 275 Belmont St., 01604		NPCorp	...	...	...	...	...	...	1	3	8 Res: Child Psych.
MICHIGAN											
Ann Arbor											
St. Joseph Mercy Hospital 326 N. Ingalls St., 48104	M-43	Church	...	522	9	54	30	14	1	19	20 Int: Rotating; 36 Res: Med., ObG, Ortho., Path., Plast., Surg.
University Hospital 1405 E. Ann St., 48104	M-43X	State	...	947	14	73	18	14	...	...	Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
University of Michigan Affiliated Hospitals (includes positions at University Hospital; Veterans Administration Hospital; Wayne County General Hospital, Eloise)	M-43	...	...	...	...	...	...	...	6	71	77 Int: Rotating, St. Med., St. Surg., St. Path., St. ObG; 417 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
University of Michigan, Institute of Industrial Health, Medical Center		State	...	...	...	...	...	...	0	4	12 Res: Occup. Med.
Veterans Administration Hospital 2215 Fuller Rd., 48105	M-43#	VA	...	486	26	82	...	...	...	...	Int: St. Surg.; Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Path., Plast., Psych., Rad., Surg., Urol.
Dearborn											
Ford Motor Co. Medical Dept., 48127		Corp	...	...	...	...	...	...	0	1	1 Res: Occup. Med.
Oakwood Hospital 18101 Oakwood Blvd., 48124		NPCorp	...	421	8	42	47	23	6	3	18 Int: Rotating; 19 Res: GP, ObG, Path., Surg.
Veterans Administration Hospital Southfield Rd. and Outer Dr., 48121	M-44#	VA	...	846	41	62	0	0	...	...	Res: Derm., Med., Neur., Oph., Ortho., Otol., Path., Rad., Surg., Thor., Urol.
Detroit											
Alexander Blain Hospital 2201 Jefferson Ave. E., 48207		NPCorp	...	111	10	27	0	0	3	0	5 Res: Surg.
Children's Center of Wayne County 5475 Woodward Ave., 48202		...	...	...	...	...	...	...	0	0	4 Res: Child Psych.
Children's Hospital 5224 St. Antoine St., 48202	M-44#	NPCorp	...	215	7	72	...	...	0	3	8 Int: St. Ped.; Res: Ortho., Otol., Path., Ped., Ped. All., Surg.
Crittenton Hospital 1554 Tuxedo Ave., 48206		NPCorp	...	179	7	25	34	1	5	1	8 Res: ObG
Detroit General Hospital 1326 St. Antoine St., 48226	M-44#	City	...	705	12	41	24	0	3	38	50 Int: Rotating, St. Med., St. Surg.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Detroit Memorial Hospital 1420 St. Antoine St., 48226		NPCorp	...	539	8	48	49	13	20	0	22 Int: Rotating, St. Path.; Res: Med., Neurosurg., Neur., ObG, Path., Rad., Surg.
Detroit Psychiatric Institute 1151 Taylor Ave., 48202	M-44	City	9	11	20 Res: Psych.

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								Autopsies on Stillborn	Foreign		
MICHIGAN, Detroit—Continued											
Evangelical Deaconess Hospital 3245 E. Jefferson Ave., 48207		Church		198	8	28	19	3	8	0	8 Int: Rotating; 10 Res: GP, Surg.
General Motors Corporation 3044 W. Grand Blvd., 48202		Corp						0	2	2 Res: Occup. Med.	
Grace Hospital 4160 John R. St., 48201	M-44#	NPCorp		871	9	47	40	15	22	1	30 Int: Rotating; Res: Med., Neurosurg., ObG, Oph., Ortho., Path., Rad., Surg., Urol.
Harper Hospital 3825 Brush St., 48201	M-44#	NPCorp		710	9	48	36	9	3	10	26 Int: Rotating; Res: Anes., Med., Neur., ObG, Oph., Ortho., Otol., Path., Rad., Surg., Urol.
Henry Ford Hospital 2799 W. Grand Blvd., 48202		NPCorp		1,043	12	59	35	5	0	26	26 Int: Rotating; 307 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Herman Kiefer Hospital 1151 Taylor St., 48202		City		631		48	0	0			Res: Path., Rad., Thor.
Hutzel Hospital 432 E. Hancock Ave., 48201	M-44#	NPCorp		367	8	40	76	18	5	1	14 Int: Rotating, St. ObG; Res: Med., ObG, Path., Surg.
Lafayette Clinic 651 E. Lafayette, 48207	M-44#	State		138	84				6	32	50 Res: Neur., Psych., Child Psych.
Metropolitan Hospital 1800 Tuxedo Ave., 48206		NPCorp		166	7	57	25	5	3	0	5 Res: Surg.
Mount Carmel Mercy Hospital 6071 W. Outer Dr., 48235		Church		536	9	40	48	14	7	1	24 Int: Rotating; 36 Res: Med., ObG, Path., Surg.
Receiving Hospital (see Detroit General Hospital) Rehabilitation Institute 261 Mack Blvd., 48201	L-44#	NPCorp		96	48	33	0	0	1	1	6 Res: PMR
St. John Hospital 22101 Moross Rd., 48236		NPCorp		441	6	43	64	30	13	1	18 Int: Rotating; 25 Res: Med., ObG, Surg.
St. Joseph Mercy Hospital 2200 E. Grand Blvd., 48211		Church		274	9	32	16	2	4	0	9 Int: Rotating; 7 Res: ObG, Surg.
Sinai Hospital of Detroit 6767 W. Outer Dr., 48235	M-44#	NPCorp		390	9	58	33	30	0	16	16 Int: Rotating; 54 Res: Anes., Med., ObG, Oph., Path., Psych., Rad., Surg.
U. S. Public Health Service Hospital 14700 Riverside Dr., 48215		USPHS		147							Res: GP
Wayne County Medical Examiner's Office 400 E. Lafayette Ave., 48226		County							0	2	1 Res: Forensic Path.
Woman's Hospital (see Hutzel Hospital)											
El Paso											
Wayne County General Hospital and Infirmary, 48132	M-43#	County		466	12	38	24	18			Int: Rotating; Res: Med., Neurosurg., ObG, Ortho., Path., Psych., Rad., Surg., Urol.
Flint											
Hurley Hospital 6th Ave. and Begole St., 48502		City		716	10	44	63	9	6	16	25 Int: Rotating; 46 Res: GP, Med., ObG, Path., Ped., Rad., Surg.
McLaren General Hospital 401 Ballenger Hwy., 48502		NPCorp		318	8	47	31	10	8	0	12 Int: Rotating; 21 Res: GP, Med., Path., Rad., Surg.
St. Joseph Hospital 302 Kensington Ave., 48502		Church		408	8	44	30	11	6	0	14 Int: Rotating; 19 Res: GP, Path.
Grand Rapids											
Blodgett Memorial Hospital 1840 Wealthy St. S.E., 49506		NPCorp		420	7	72	23	17	1	16	17 Int: Rotating, St. Path.; 28 Res: Med., ObG, Ortho., Path., Rad., Surg.
Butterworth Hospital 100 Michigan St. N.E., 49503		NPCorp		467	8	57	37	16	0	20	20 Int: Rotating, St. Surg.; 34 Res: Med., ObG, Path., Ped., Plast., Rad., Surg.
Ferguson-Droste-Ferguson Hospital 72 Sheldon Ave. S.E., 49502		NPCorp		92	9	59	0	0	1	2	2 Res: Colon-Rectal
St. Mary's Hospital 201 Lafayette Ave. S.E., 49503		Church		391	7	41	30	7	3	2	14 Int: Rotating; 12 Res: ObG, Ortho., Path., Surg.
Grosse Pointe											
Bon Secours Hospital 468 Cadieux Rd., 48230		Church		160	7	42	15	3	7	2	10 Int: Rotating; 6 Res: Surg.
Highland Park											
Highland Park General Hospital 369 Glendale Ave., 48203		City		283	9	43	16	5	14	1	15 Int: Rotating; 17 Res: Med., ObG, Surg.
Kalamazoo											
Borgess Hospital 1521 Gull Rd., 49001		NPCorp		320	7	42	20	5	4	2	10 Int: Rotating; Res: Ortho., Path., Ped., Surg.
Bronson Methodist Hospital 252 E. Lovell St., 49008		Church		337	8	55	21	0	0	11	15 Int: Rotating; 6 Res: Ortho., Ped., Surg.
Lansing											
Edward W. Sparrow Hospital 1215 E. Michigan Ave., 48912	L-98#	NPCorp		361	7	40	38	10	4	0	10 Int: Rotating; 6 Res: Path., Surg.
Ingham Medical Hospital 401 W. Greenlawn Ave., 48910		County		175	6	35	11	5	2	0	2 Res: Thor.
Michigan Dept. of Health Hwy. M-174, 48914		State							0	1	6 Res: Public Health
St. Lawrence Hospital 1210 W. Saginaw St., 48914		Church		325	7	42	15	3	1	1	2 Res: Path.
Midland											
Midland Hospital 4005 Orchard Dr., 48640		NPCorp		224	7	59	13	7	0	6	10 Int: Rotating
Muskegon											
Hackley Hospital 1700 Clinton St., 49443		NPCorp		297	9	40	0	0	0	0	10 Int: Rotating
Northville											
Hawthorn Center 18471 Haggerty Rd., 48167		State		150	350	0	0	0	3	7	14 Res: Child Psych.
Northville State Hospital 41001 Seven Mile Rd., 48167		State		2,219		37			16	4	24 Res: Psych.
Pontiac											
Pontiac General Hospital Seminole at West Huron St., 48053		City		400	7	51	50	25	4	8	20 Int: Rotating; 26 Res: Med., ObG, Path., Ped., Surg.

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								Autopsies on Stillborn	Foreign Non-Foreign		
MICHIGAN, Pontiac—Continued											
Pontiac State Hospital 140 Elizabeth Lake Rd., 48053		State		2,636	...	42	0	0	10	4	18 Res: Psych.
St. Joseph Mercy Hospital 900 Woodward Ave., 48053		Church	4-5	315	7	51	30	9	0	6	12 Int: Rotating; 29 Res: Med., ObG, Path., Ped., Rad., Surg.
River Rouge											
Sidney A. Sumbly Memorial Hospital 234 Visger Rd., 48218		NPCorp		81	9	42	3	...	5	0	5 Res: GP
Royal Oak											
William Beaumont Hospital 3601 W. 13 Mile Rd., 48072		NPCorp		568	7	55	38	30	0	2	12 Int: Rotating; 62 Res: Med., ObG, Path., Ped., Rad., Surg., Urol.
Saginaw											
Saginaw General Hospital 1447 N. Harrison St., 48605		NPCorp		300	8	41	18	8	1	2	6 Int: Rotating; 11 Res: GP, Med., ObG, Ped., Surg.
St. Luke's Hospital 705 Cooper St., 48602		Church		259	8	59	18	5	3	7	10 Int: Rotating; Res: GP
St. Mary's Hospital 830 S. Jefferson Ave., 48601		Church		241	8	41	10	2	5	0	9 Int: Rotating; Res: GP
Southfield											
Providence Hospital 16001 Nine Mile Rd., 48075		Church		401	9	56	29	13	1	11	12 Int: Rotating; 28 Res: Anes., Med., ObG, Path., Surg.
Traverse City											
James Decker Munson Hospital 6th and Madison Sts., 49684		NPCorp	2-3	250	8	44	8	1	0	4	8 Int: Rotating
Traverse City State Hospital Elmwood and 11th, 49684		State		2,696	...	37	0	0	7	7	20 Res: Psych.
Warren											
South Macomb Hospital 11800 E. 12 Mile Rd., 48093		NPCorp		...	...	...	...	...	...	...	Res: Med., Surg.
Ypsilanti											
Ypsilanti State Hospital 3501 Willis Rd., 48197		State		3,750	93	42	0	0	9	10	24 Res: Psych.
MINNESOTA											
Duluth											
St. Luke's Hospital 915 E. First St., 55805		NPCorp		489	9	63	19	17	2	7	15 Int: Rotating; 4 Res: Path.
St. Mary's Hospital 407 E. Third St., 55805		Church		425	11	63	12	12	1	11	12 Int: Rotating; 4 Res: Path.
Minneapolis											
Fairview Hospital 2312 South 6th St., 55406		Church		470	9	34	17	5	6	0	8 Res: GP
Hennepin County General Hospital 619 S. 5th St., 55415	M-45	County	6	382	10	70	30	10	1	41	48 Int: Rotating; Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Surg., Urol.
Kenny Rehabilitation Institute 1800 Chicago Ave., 55404	G-45	NPCorp		80	40	50	0	0	...	...	Res: PMR
Mount Sinai Hospital 737 E. 22nd St., 55404	L-45	NPCorp		279	8	59	8	7	4	0	14 Int: Rotating; 19 Res: Med., Path., Surg.
Northwestern Hospital 810 E. 27th St., 55407	L-45	NPCorp		400	9	61	14	10	0	5	12 Int: Rotating, St. Med.; 26 Res: Med., Path., Surg.
St. Barnabas Hospital 714 9th Ave. S., 55415		Church		310	7	65	16	11	...	...	Int: Rotating; Res: Path., Surg.
St. Mary's Hospital 2414 S. 7th St., 55406		Church		505	7	66	43	27	2	7	14 Int: Rotating; 2 Res: Path.
Shriners Hospital for Crippled Children 2025 E. River Rd., 55414		NPCorp		60	54	...	...	...	0	2	2 Res: Ortho.
State of Minnesota Dept. of Health University Campus, 55455		State		...	...	...	...	...	0	0	4 Res: Public Health
Swedish Hospital 914 S. 8th St., 55404		NPCorp		465	7	53	26	22	...	...	Int: Rotating; Res: Path., Rad., Surg.
University of Minnesota Hospitals 412 S. E. Union St., 55455	M-45X	State	5	778	15	86	16	16	0	41	42 Int: St. Med., St. Ped., St. Surg.; 49 221 374 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 48th Ave. and 54th St. S., 55417	M-45#	VA	2-4-6	1,014	32	80	...	...	...	...	12 Int: St. Med.; Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Rochester											
Mayo Graduate School of Medicine 200 First St. S.W., 55901	G-93			...	...	...	...	...	95	526	707 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Rochester Methodist Hospital 1 First Ave. N. W., 55901		Church		473	8	73	0	0	...	...	(See Mayo Graduate School of Medicine)
St. Mary's Hospital 1216 Second St. S. W., 55901		Church		900	11	76	24	20	...	...	(See Mayo Graduate School of Medicine)
St. Paul											
Amherst H. Wilder Child Guidance Clinic 670 Marshall Ave., 55104		Misc.		...	...	...	...	...	0	3	3 Res: Child Psych.
Ancker Hospital (See St. Paul-Ramsey Hospital) Bethesda Lutheran Hospital 559 Capitol Blvd., 55101		Church		277	8	49	15	5	0	5	10 Int: Rotating
Charles T. Miller Hospital 125 W. College Ave., 55102	G-45	NPCorp		386	9	53	18	4	0	2	12 Int: Rotating; Res: Med., ObG, Oph., Path., Rad., Surg., Urol.
Children's Hospital 311 Pleasant Ave., 55102	L-45	NPCorp		99	7	82	...	...	0	1	4 Res: Ped.
Gillette State Hospital for Crippled Children 1003 E. Ivy Ave., 55106	G-45	State		156	40	100	0	0	...	...	Res: Anes., Ortho.
St. Joseph's Hospital 69 W. Exchange St., 55102	G-45	Church		408	8	42	31	5	0	0	14 Int: Rotating; 4 Res: ObG, Path., Surg.

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								Autopsies on Stillborn	Foreign		
MISSOURI, St. Louis—Continued											
Missouri Baptist Hospital 3015 N. Ballas Rd., 63131	G-47#	Church	...	237	10	51	15	1	7	0	9 Int: Rotating; 14 Res: Path., Surg.
Missouri Institute of Psychiatry- St. Louis State Hospital 5400 Arsenal St., 63139	M-48	State	...	2,755	330	52	...	22	4	24 Res: Psych.	
St. John's Mercy Hospital 615 S. New Ballas Rd., 63141	L-48	Church	...	533	8	55	52	13	0	4	18 Int: Rotating; 32 Res: Anes., Med., ObG, Path., Surg.
St. Louis Children's Hospital 500 S. Kingshighway Blvd., 63110	M-49#	NPCorp	...	163	8	77	...	3	0	2	5 Int: St. Ped.; 30 Res: Ped., Fed. Card.
St. Louis City Hospital 1515 Lafayette Ave., 63104	M-48-49#	City	...	679	11	64	55	33	9	13	45 Int: Rotating, St. Med., St. Surg., St. Ped.; 91 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.
St. Louis County Hospital 601 S. Brentwood Blvd., 63105	...	County	...	355	23	38	9	3	0	1	10 Int: Rotating; 24 Res: Med., ObG, Surg.
St. Louis-Little Rock Hospitals 1755 S. Grand Blvd., 63123	...	NPCorp	1	375	12	45	...	8	0	0	10 Res: Surg.
St. Louis State Hospital (see Missouri Institute of Psychiatry-St. Louis State Hospital)	...	...	...	...	...	...	...	...	...	...	...
St. Louis University Group of Hospitals 1402 S. Grand Blvd., 63104	M-48#	Church	...	1,002	10	62	43	24	0	26	52 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 135 Res: Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Urol.
St. Luke's Hospital 5535 Delmar Blvd., 63112	L-49, G-47	Church	...	380	9	45	28	6	0	13	16 Int: Rotating, St. Med., St. Surg.; 22 Res: Med., Neurosurg., ObG, Path., Surg.
St. Mary's Hospital 6420 Clayton Rd., 63117	M-48	Church	...	511	10	48	30	12	1	3	24 Int: Rotating, St. Med. 18 Res: Med., Path.
Shriners Hospital for Crippled Children 2001 S. Lindbergh Blvd., 63131	...	NPCorp	...	100	37	100	...	...	0	4	4 Res: Ortho.
Veterans Administration Hospital 915 N. Grand Blvd., 63106	M-48, M-49#, G-47	VA	...	513	27	72	...	...	...	...	Res: Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.
William Greenleaf Eliot Division of Child Psychiatry-Washington University 369 N. Taylor Ave., 63108	M-49	NPCorp	...	...	...	...	...	6	3	8	8 Res: Child Psych.
Springfield											
St. John's Hospital 1235 E. Cherokee, 65804	...	Church	1-3	450	7	25	11	0	0	0	4 Res: Anes.
NEBRASKA											
Lincoln											
Bryan Memorial Hospital 4848 Sumner St., 68506	...	Church	...	249	7	52	9	3	0	8	10 Int: Rotating
Lincoln General Hospital 2315 S. 17th St., 68502	...	NPCorp	...	155	7	45	5	2	0	4	6 Int: Rotating; 1 Res: Path.
Nebraska Orthopedic Hospital 1047 South St., 68502	...	State	2-3	90	28	50	...	1	1	1	2 Res: Ortho.
St. Elizabeth Hospital 1145 South St., 68502	...	Church	...	257	7	35	9	7	0	4	6 Int: Rotating; 6 Res: Path., Surg.
Veterans Administration Hospital 600 S. 70th St., 68501	...	VA	...	219	33	65	...	1	4	4	6 Res: Surg.
Omaha											
Bishop Clark Memorial Hospital Dewey Ave. at 44th St., 68105	M-51	Church	...	293	6	56	25	18	0	2	12 Int: Rotating; 4 Res: Med., Path.
Children's Memorial Hospital 44th and Dewey Ave., 68105	M-50-51	NPCorp	2-3	136	4	...	0	0	0	0	2 Int: St. Ped.; 7 Res: Ped.
Creighton Memorial St. Joseph's Hospital 2305 S. 10th St., 68108	M-50#	Church	2	598	11	37	29	11	0	12	34 Int: Rotating, St. Ped.; 56 Res: Med., ObG, Path., Ped., Rad., Surg.
Douglas County Hospital 4201 Woolworth Ave., 68105	M-50#-51#	County	...	255	15	51	...	...	...	...	Res: Med., Oph., Surg.
Immanuel Hospital 36th and Meredith Ave., 68111	M-51	Church	...	176	6	36	9	4	0	8	10 Int: Rotating
Nebraska Methodist Church 3612 Cumming St., 68131	M-51	Church	3	268	7	65	18	9	1	2	14 Int: Rotating, St. Path.; 4 Res: Path.
Nebraska Psychiatric Institute 602 S. 44th Ave., 68105	M-51X	State	...	21	122	...	...	0	12	30	30 Res: Psych., Child Psych.
University of Nebraska Hospital 42nd and Dewey Ave., 68105	M-51X	State	9	172	9	67	16	2	0	9	22 Int: Rotating, St. Med., St. Surg., St. Path., General Practice Program; Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg.
Veterans Administration Hospital 4101 Woolworth Ave., 68105	M-50#-51#	VA	2-4	486	31	58	0	0	...	...	Res: Med., Oph., Psych., Rad., Surg.
NEW HAMPSHIRE											
Hanover											
Mary Hitchcock Memorial Hospital 2 Maynard St., 03755	M-52#	NPCorp	...	263	10	85	4	4	0	15	18 Int: Rotating, St. Med., St. Surg.; Res: Anes., Derm., Med., Neurosurg., Ortho., Path., Ped., Rad., Surg., Urol.
Manchester											
Veterans Administration Hospital 718 Smyth Rd., 03104	...	VA	2	150	31	50	...	...	...	...	Res: Surg.
NEW JERSEY											
Atlantic City											
Atlantic City Hospital 1925 Pacific Ave., 08401	...	NPCorp	3	352	9	82	27	8	9	0	15 Int: Rotating; 16 Res: Med., Path., Rad., Surg.
Browns Mills											
Deborah Hospital Trenton Rd., 08015	...	NPCorp	...	120	40	88	...	...	...	...	Res: Thor.
Camden											
Cooper Hospital Sixth and Stevens Sts., 08103	M-73	NPCorp	2	607	9	49	32	20	0	15	15 Int: Rotating; 20 Res: Med., ObG, Ortho., Ped., Surg.
Our Lady of Lourdes Hospital 1600 Haddon Ave., 08103	...	Church	...	305	8	60	42	15	3	2	10 Int: Rotating; 2 Res: Path.
West Jersey Hospital Mt. Ephraim and Atlantic Aves., 08104	...	NPCorp	4	360	8	37	17	3	1	4	12 Int: Rotating; 7 Res: Path., Surg.

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								Autopsies on Stillborn	Foreign		
NEW JERSEY—Continued											
Cedar Grove											
Essex County Overbrook Hospital..... 1 Fairview Ave., 07009		County	...	3,348	500	35	0	0	0	1	13 Res: Psych.
East Orange											
East Orange General Hospital..... 300 Central Ave., 07019		NPCorp	...	178	9	40	11	3	6	0	6 Int: Rotating; 1 Res: Path.
Veterans Administration Hospital..... Tremont Ave. and S. Center St., 07019	M-53#	VA	4	950	46	58	0	0	0	0	30 Int: St. Med.; 84 Res: Med., Neur., Ortho., Path., PMR, Plast., Surg., Urol.
Eatontown											
Children's Psychiatric Center..... 59-65 Broad St., 07724		Misc.	...	...	...	...	...	...	2	0	4 Res: Child Psych.
Elizabeth											
Elizabeth General Hospital and Dispensary..... 925 E. Jersey St., 07201		NPCorp	...	313	9	23	27	4	14	0	14 Int: Rotating; 2 Res: Path.
St. Elizabeth Hospital..... 225 Williamson St., 07207	L-53#	Church	...	313	8	44	29	4	20	10	20 Int: Rotating, St. Med.; 12 Res: Med., Path.
Englewood											
Englewood Hospital..... 350 Engle St., 07631		NPCorp	4	376	8	41	27	8	6	1	8 Int: Rotating; 19 Res: Med., Path., Surg.
Flemington											
Hunterdon Medical Center..... Route 69, 08822	L-73, 75	NPCorp	7	132	7	60	0	0	0	5	4 Int: Family Practice; 6 Res: GP, Path.
Fort Dix											
First Army Headquarters, Fort Dix Health Center, 08640		Army	4-5	750	6	88	14	10	0	3	2 Res: Public Health 12 Res: GP, Surg.
Walson Army Hospital, 08640		Army	4-5	750	6	88	14	10	0	3	2 Res: Public Health 12 Res: GP, Surg.
Greystone Park											
New Jersey State Hospital, 07950		State	...	5,000	667	27	0	0	3	0	12 Res: Psych.
Hackensack											
Hackensack Hospital..... 22 Hospital Pl., 07601		NPCorp	4	413	8	36	31	2	10	3	16 Int: Rotating; 17 Res: Anes., Med., Path., Surg.
Hammonton											
New Jersey State Hospital at Ancora, 08037		State	4	2,436	...	37	...	...	1	1	15 Res: Psych.
Hoboken											
St. Mary Hospital..... 303 Willow Ave., 07030		Church	...	358	9	33	13	6	4	1	15 Int: Rotating; 2 Res: GP, Path.
Jersey City											
Berthold S. Pollak Hospital for Chest Diseases..... 100 Clifton Pl., 07304		County	...	616	77	33	0	0	0	2	2 Res: Thor.
Christ Hospital..... 176 Palisade Ave., 07306		Church	...	347	10	31	19	5	2	0	12 Int: Rotating; 3 Res: Path.
Jersey City Medical Center..... 50 Baldwin Ave., 07304		City	4-5	975	17	28	...	...	7	0	39 Int: Rotating; St. Med., St. Surg., St. Ped.; 73 Res: Med., Oph., Ortho., Path., Ped., Plast., Surg., Urol.
Margaret Hague Maternity Hospital..... 88 Clifton Pl., 07304		County	...	249	5	62	127	39	11	4	20 Res: ObG
St. Francis Hospital..... 25 E. Hamilton Pl., 07302		Church	...	250	11	...	0	0	8	0	12 Int: Rotating
Livingston											
St. Barnabas Medical Center..... 94 Old Short Hills Rd., 07039		NPCorp	...	561	9	35	28	15	15	0	16 Int: Rotating; 19 Res: Anes., Path., Plast., Surg.
Long Branch											
Monmouth Medical Center..... 3rd and Pavilion Aves., 07740		NPCorp	4	460	9	51	17	13	9	3	17 Int: Rotating, St. Surg; 21 Res: Med., Ortho., Path., Ped., Surg.
Lyons											
Veterans Administration Hospital, 07939	L-59	VA	2	1,961	816	57	...	...	2	0	12 Res: Psych.
Marlboro											
New Jersey State Hospital, 07746		State	...	2,150	37	38	0	0	3	3	9 Res: Psych.
Montclair											
Mountainside Hospital..... Bay and Highland Aves., 07042		NPCorp	4	374	9	38	17	12	1	1	15 Int: Rotating; 19 Res: GP, Med., Path., Surg.
Morristown											
Morristown Memorial Hospital..... 100 Madison Ave., 07960		NPCorp	...	377	8	53	13	12	5	1	12 Int: Rotating; 11 Res: GP, Path., Surg.
Mount Holly											
Burlington County Memorial Hospital..... 175 Madison Ave., 08060		NPCorp	...	252	9	42	21	8	3	0	8 Int: Rotating; 5 Res: ObG, Path.
Neptune											
Jersey Shore Medical Center-Fitkin Hospital..... 195 Corlies Ave., 07753		NPCorp	...	344	7	56	34	18	4	5	14 Int: Rotating; 14 Res: ObG, Path., Ped., Surg.
Newark											
Babies' Hospital..... 15 Roseville Ave., 07107		NPCorp	...	84	7	78	18	9	14	3	17 Res: Ped., Surg.
Eye and Ear Infirmary..... 77 Central Ave., 07102		NPCorp	...	65	5	50	...	...	5	5	10 Res: Oph., Otol.
Hospital for Crippled Children..... 89 Park Ave., 07104		NPCorp	...	101	14	29	0	0	3	3	6 Res: Ortho.
Newark Beth Israel Hospital..... 201 Lyons Ave., 07112		NPCorp	4	416	8	37	47	44	4	8	15 Int: Rotating; 26 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
Newark City Hospital..... 65 Bergen St., 07107	M-53#	City	4	770	9	41	162	...	15	3	36 Int: Rotating, St. Med., St. Surg., St. Ped., St. ObG; ... Res: Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.
Presbyterian Hospital..... 27 S. Ninth St., 07107		NPCorp	...	293	10	37	18	9	1	0	10 Int: Rotating; 6 Res: Path., Surg.
St. Barnabas Medical Center..... (See Livingston, N. J.)											
St. Michael Hospital..... 306 High St., 07102		Church	...	408	8	58	29	10	3	15	20 Int: Rotating, St. Med.; 35 Res: Med., ObG, Path., Ped., Surg.

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								Autopsies on Stillborn	Foreign		
NEW YORK—Continued											
Helmuth Gowanda State Hospital, 14079		State	...	2,984	365	12	...	0	1	6 Res: Psych.	
Huntington Huntington Hospital 270 Park Ave., 11743		NPCorp	...	303	6	31	22	10	1	0	4 Res: Path.
Jamaica—See New York City											
Johnson City Charles S. Wilson Memorial Hospital 33-57 Harrison St., 13790		NPCorp	...	444	8	43	14	2	5	4	14 Int: Rotating; 24 Res: ObG, Med., Path., Rad., Surg.
Kenmore Kenmore Mercy Hospital 2950 Elmwood Ave., 14217	G-19	Church	...	267	9	44	18	5	8	0	12 Int: Rotating
Kings Park Kings Park State Hospital, 11754	L-59	State	...	8,284	...	21	0	0	23	7	30 Res: Psych.
Kingston Benedictine Hospital, 12401 Kingston Hospital, 12401 Kingston Laboratory Hospitals 400 Broadway, 12401		Church NPCorp NPCorp	...	177 200 ...	7 7 ...	25 30 ...	15 10 ...	1 1 ...	...	...	Res: Path. Res: Path. 2 Res: Path.
Lewiston Mount St. Mary's Hospital 5300 Military Rd., 14092		Church	...	220	9	40	9	5	8	0	8 Int: Rotating; 1 Res: Path.
Manhasset North Shore Hospital Valley Rd., 11030		NPCorp	...	302	8	60	27	12	...	7	Int: Rotating, St. Med., St. Path.; 28 Res: Med., ObG, Path., Ped.
Marcy Marcy State Hospital, Box 100, 13403		State	...	3,310	...	33	0	0	7	2	10 Res: Psych.
Middletown Middletown State Hospital Monhagen Ave., Box 1453, 10940		State	...	3,435	...	30	0	0	13	1	15 Res: Psych.
Mineola Nassau Hospital First St., 11501	G-59	NPCorp	...	416	7	60	30	7	4	5	18 Int: Rotating; 29 Res: Med., ObG, Ortho., Path., Rad., Surg.
Montrose Veterans Administration Hospital, 10548		VA	...	1,900	480	62	...	...	0	0	9 Res: Psych.
Mount Kisco Northern Westchester Hospital E. Main St., 10549		NPCorp	...	212	7	53	19	8	6	0	6 Int: Rotating; 4 Res: Path.
Mount Vernon Mount Vernon Hospital 12 N. 7th Ave., 10550		NPCorp	...	309	9	42	22	5	8	0	12 Int: Rotating; 11 Res: Med., ObG, Path., Surg.
Newburgh St. Luke's Hospital 70 Dubois St., 12550		NPCorp	...	251	8	47	17	9	3	0	8 Int: Rotating; 5 Res: Path., Surg.
New Hyde Park Long Island Jewish Hospital 270-05 70th Ave., 11043	L-61	NPCorp	...	268	8	65	25	19	0	16	24 Int: Rotating; Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg., Thor., Urol.
New Rochelle New Rochelle Hospital 16 Guion Pl., 10802	G-59	NPCorp	...	343	9	38	17	10	14	1	15 Int: Rotating; 8 Res: Path., Surg.
New York City—includes all hospitals located within the five boroughs:											
Bronx-Bronx County (Mailing address: New York)											
Brooklyn-Kings County (Mailing address: Brooklyn)											
Manhattan-New York County (Mailing address: New York)											
Queens-Queens County (Mailing addresses: Far Rockaway, Flushing, Glen Oaks, Jamaica, Long Island City)											
Richmond-Richmond County (Mailing address: Staten Island)											
American Telephone and Telegraph Company and subsidiaries 195 Broadway, 10007											
Beekman-Downtown Hospital 170 William St., 10038		NPCorp	...	200	14	50	0	0	6	1	8 Int: Rotating, St. Med., St. Surg.; 20 Res: Med., Path., Surg.
Bellevue Hospital Center First Ave. and 27th St., 10016	M-57# 58#-60#	City	...	2,412	18	45	66	24	...	...	Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Urol.
Beth Israel Hospital 10 Nathan D. Perlman Pl., 10003		NPCorp	...	530	11	48	33	26	0	28	30 Int: Rotating, St. Med., St. Surg.; 80 Res: Anes., Med., ObG, Path., Ped., Plast., Surg., Urol.
Bird S. Coler Memorial Hospital and Home Welfare Island, 10017	M-59#	City	...	1,668	823	35	0	0	...	...	Res: Med., Neur., Oph., PMR, Surg.
Booth Memorial Hospital (See Salvation Army Booth Memorial Hospital)											
Bronx Eye and Ear Infirmary 321 E. Tremont Ave., 10457		NPCorp	...	50	3	...	...	...	2	6	9 Res: Oph.
Bronx-Lebanon Hospital Center 1276 Fulton Ave., 10456		NPCorp	...	567	107	40	50	49	19	5	27 Int: Rotating, St. Med., St. Ped., St. Surg.; 82 Res: Med., ObG, Path., Ped., Rad., Surg.
Bronx Municipal Hospital Center Pelham Pkwy. and Eastchester Rd. 10461	M-56#	City	...	1,282	15	53	167	45	3	63	67 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 376 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Bronx State Hospital 1500 Waters Pl., 10461		State	...	1,365	65	23	...	...	...	...	Res: Psych.
Brookdale Hospital Center Linden Blvd. and Rockaway Pkwy., Brooklyn, 11212	G-57	NPCorp	...	405	10	48	31	14	9	18	30 Int: Rotating, St. Med.; 57 Res: Anes., Med., ObG, Ortho., Path., Ped., Surg.

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								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK, New York City—Continued											
Brooklyn Eye and Ear Hospital 29 Greene Ave., Brooklyn, 11238		NPCorp	...	142	3	10	0	0	11	4	18 Res: Oph., Otol.
Brooklyn Hospital 121 De Kalb Ave., Brooklyn, 11201	M-61#	NPCorp	4-5	368	10	44	17	1	...	...	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path. Res: Med., ObG, Path., Ped., Surg., Urol.
Brooklyn Psychiatric Centers 129 Montague St., 11201		NPCorp	2	...	...	...	...	...	...	...	Res: Child Psych.
Brooklyn State Hospital 681 Clarkson Ave., Brooklyn, 11203	L-61	State	...	3,072	736	14	0	0	6	5	17 Res: Psych.
Brooklyn Womens Hospital 1395 Eastern Pkwy., Brooklyn, 11233		NPCorp	...	71	5	68	26	12	6	0	6 Res: ObG
City Hospital Center at Elmhurst 79-01 Broadway, Elmhurst, 11373		City	4-5-6	941	16	44	50	10	22	3	50 Int: Rotating, St. Med., St. Surg.; Res: Anes., Derm., Med., Neur., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Columbus Hospital 227 E. 19th St., 10003		NPCorp	4	288	12	37	14	5	12	0	14 Int: Rotating; 17 Res: Med., ObG, Path., Ped., Surg.
Coney Island Hospital Ocean and Shore Pkwy., Brooklyn, 11235		City	4-5-6	568	15	40	36	4	2	0	25 Int: Rotating, St. Med., St. Surg.; Res: Med., ObG, Ortho., Path., Ped., Surg.
Creedmoor State Hospital 80-45 Winchester Blvd., Queens Village, 11427		State	...	7,352	90	26	...	...	24	9	33 Res: Psych.
Cumberland Hospital 39 Auburn Pl., Brooklyn, 11205	M-61#	City	4-5-6	347	8	49	243	12	...	...	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Med., ObG, Path., Ped., Surg., Urol.
Doctors Hospital 170 E. End Ave., 10028		NPCorp	...	274	10	42	17	11	1	0	2 Res: Path.
Flushing Hospital and Medical Center 44-14 Parsons Blvd., Flushing, 11355	G-59	NPCorp	4	330	8	44	23	5	16	0	16 Int: Rotating; 34 Res: Anes., Med., ObG, Path., Ped., Surg.
Fordham Hospital Southern Blvd. and Crotona Ave., 10458		City	4-5-6	416	12	50	31	12	11	0	24 Int: Rotating; Res: Anes., Med., ObG, Path., Ped., Surg., Urol.
Francis Delafield Hospital 99 Ft. Washington Ave., 10032	M-57#	City	8	259	28	43	...	...	...	...	Res: Med., Path., Surg., Thor., Urol.
French Hospital 330 W. 30th St., 10001	G-59	NPCorp	...	238	10	49	6	4	7	5	12 Int: Rotating, St. Surg.; 10 Res: ObG, Surg.
Goldwater Memorial Hospital Welfare Island, 10017	M-57#, L-60	City	4-6	1,226	685	35	0	0	6	0	6 Res: PMR
Greenpoint Hospital 300 Skillman Ave., Brooklyn, 11211		City	4-5-6	178	10	43	52	21	...	...	Int: Rotating; Res: Med., ObG, Path., Ped., Surg.
Harlem Eye and Ear Hospital 2099 Lexington Ave., 10035		NPCorp	...	45	2	0	0	0	2	1	3 Res: Oph.
Harlem Hospital Center 532 Lenox Ave., 10037	G-57	City	4-5-6	873	15	35	186	28	7	7	63 Int: Rotating, St. Med., St. Surg., St. Ped.; 117 Res: Anes., Med., ObG, Ortho., Path., Ped., Psych., Surg., Thor.
Hillside Hospital 75-59 263rd St., Glen Oaks, 11004		NPCorp	...	201	181	0	0	0	4	36	44 Res: Psych., Child Psych.
Hospital for Joint Diseases and Medical Center 1919 Madison Ave., 10035		NPCorp	4-5	330	16	40	0	0	0	6	6 Int: Rotating; 43 Res: Anes., Med., Ortho., Path., Surg.
Hospital for Special Surgery 535 E. 70th St., 10021	L-58#	NPCorp	2-3	204	21	47	...	...	0	22	24 Res: Ortho., Rad.
Hospital of the Albert Einstein College of Medicine 1825 Eastchester Rd., 10461	L-56	...	...	160	...	...	...	...	...	...	Res: Anes., Med., Neurosurg., Neur., Oph., Otol., Ped., PMR, Psych., Rad., Thor., Urol.
House of St. Giles the Cripple 1346 President St., Brooklyn, 11213		NPCorp	...	44	...	0	0	0	1	2	3 Res: Ortho.
Jamaica Hospital 89th Ave. and Van Wyck Expsy., Jamaica, 11418	G-59	NPCorp	...	298	9	58	42	16	...	21	6 Int: Rotating; 25 Res: Med., ObG, Path., Surg.
Jewish Chronic Disease Hospital 86 E. 49th St., Brooklyn, 11203	L-61	NPCorp	4-5	762	117	33	...	...	...	...	6 Int: Rotating; Res: Med., Ortho., Path., PMR, Surg.
Jewish Hospital and Medical Center of Brooklyn 555 Prospect Pl., Brooklyn, 11238	M-61#	NPCorp	4	608	11	44	50	9	16	17	39 Int: Rotating, St. Med., St. Surg., St. Ped.; 82 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Ped. All., Surg., Thor., Urol.
Jewish Memorial Hospital Broadway and 196th St., 10040		NPCorp	4	169	8	47	30	20	8	0	8 Int: Rotating; 27 Res: Med., ObG, Path., Ped., Surg.
Kings County Hospital Center 451 Clarkson Ave., Brooklyn, 11203	M-61#	City	4-5-6	2,713	16	39	761	22	...	...	Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Knickerbocker Hospital 70 Convent Ave., 10027		NPCorp	...	219	17	54	...	...	13	0	13 Int: Rotating, St. Med., St. Surg.; 20 Res: Med., ObG, Path., Surg.
Lenox Hill Hospital 100 E. 77th St., 10021		NPCorp	4	559	11	51	23	14	8	14	28 Int: Rotating; 54 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Lincoln Hospital 320 Concord Ave., 10454	G-56	City	4-5-6	345	9	54	97	8	0	16	17 Int: St. Med., St. Ped.; 70 Res: Anes., Med., ObG, Otol., Path., Ped., Ped. Card., PMR, Psych., Surg., Urol.
Long Island College Hospital 340 Henry St., Brooklyn, 11201	M-61#	NPCorp	4	557	11	31	34	11	13	19	34 Int: Rotating, St. Med., St. Ped.; 47 Res: Med., Neurosurg., ObG, Oph., Path., Ped., Rad., Surg., Urol.
Lutheran Medical Center 4520 Fourth Ave., Brooklyn, 11220	G-59	Church	...	290	10	37	7	3	7	0	11 Int: Rotating; 32 Res: Med., ObG, Path., Ped., Surg.
Madeleine Borg Child Guidance Institute 120 W. 57th St., 10019		NPCorp	...	...	...	...	...	...	2	4	9 Res: Child Psych.
Maimonides Medical Center 4802 10th Ave., Brooklyn, 11219	M-61#	NPCorp	...	658	11	36	56	22	4	50	42 Int: Rotating, St. Med., St. Surg., St. Ped.; 108 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Surg., Thor., Urol.
Manhattan Eye, Ear and Throat Hospital 210 E. 64th St., 10021		NPCorp	...	176	5	50	0	0	9	24	33 Res: Oph., Otol., Plast.

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								Antepartals on Stillborn	Foreign		
NEW YORK, New York City—Continued											
Manhattan State Hospital Ward's Island, 10035		State		3,280	27	0	0	9	9	18 Res: Psych.	
Mary Immaculate Hospital 152-11 89th Ave., Jamaica, 11432		Church	4	283	8	41	19	9	10	12 Int: Rotating; 10 Res: Path., Ped., Surg.	
Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital 444 E. 68th St., 10021	L-58# G-21	NPCorp	4-5	513	17	52			49	56	Int: St. Med.; 94 Res: Med., Neur., Path., Rad., Surg.
Methodist Hospital of Brooklyn 506 Sixth St., Brooklyn, 11215	L-61	Church		481	10	36	28	6	16	0	16 Int: Rotating, St. Med., St. Surg., St. Ped.; 68 Res: Anes., Med., ObG, Path., Ped., Surg.
Metropolitan Hospital 1901 First Ave., 10029	M-59#	NPCorp	4-5-8	999	17	47			39	4	Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Surg., Thor., Urol.
Misericordia Hospital 600 E. 233rd St., 10466		Church	4-5	332	10	44	32	13	13	3	18 Int: Rotating; Res: Anes., Med., ObG, Path., Ped., Surg., Urol.
Montefiore Hospital and Medical Center 111 E. 210th St., 10467	M-56	NPCorp	4-5	656	18	47	0	0	1	51	57 Int: Rotating, St. Ped.; 228 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Morrisania City Hospital 168th St. and Gerard Ave., 10452		City	4-8	402							Int: Rotating, St. Ped.; Res: Anes., Med., ObG, Ortho., Path., Ped., PMR, Plast., Rad., Surg., Urol.
Mount Sinai Hospital 11 E. 100th St., 10029		NPCorp	3-4-5	1,233	13	52	80	57	0	33	37 Int: St. Med., St. Surg., St. Ped.; 119 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
New York City Dept. of Health 125 Worth St., 10013		State							0	10	12 Res: Public Health
New York Eye and Ear Infirmary 218 2nd Ave., 10003		NPCorp		175	6	17	0	0	9	22	36 Res: Oph., Otol.
New York Hospital 525 E. 68th St., 10021	M-58#	NPCorp	4-5	1,104	12	69	42	40	1	25	30 Int: St. Med., St. Surg., St. Ped., St. Path.; 216 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Urol.
New York Infirmary Stuyvesant Sq. E. and 15th St., 10003		NPCorp		250	10	36	14	6	13	0	13 Int: Rotating; 23 Res: Med., ObG, Surg.
New York Medical College-Flower and Fifth Ave. Hospitals 5th Ave. at 106th St., 10029	M-59X	NPCorp		400	11	44	18	18			Int: St. Med., St. Ped., St. Path.; Res: Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Surg., Thor., Urol.
New York Polyclinic Medical School and Hospital 345 W. 50th St., 10019		NPCorp	4	329	10	52	6	6	10	0	16 Int: Rotating, St. Med., St. ObG; 46 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Surg., Urol.
New York State Psychiatric Institute 722 W. 168th St., 10032	M-57#	State		182			0	0			Res: Psych., Child Psych.
New York University Medical Center-University Hospital (see University Hospital)		City							0	0	2 Res: Forensic Pathology
Office of the Chief Medical Examiner 520 First Avenue, 10016											Res: Psych.
Payne Whitney Psychiatric Clinic (See New York Hospital)											Res: Psych.
Postgraduate Center for Mental Health, Clinic for Children and Adolescents 124 E. 28th St., 10016		NPCorp	2						2	1	3 Res: Child Psych.
Presbyterian Hospital 622 W. 168th St., 10032	M-57#	Corp	4	1,542	12	60	492	87	1	26	33 Int: St. Med., St. Surg., St. Ped., St. Path.; 303 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Queens Hospital Center 82-68 164th St., Jamaica, 11432		City	4-5-8	1,320					32	4	36 Int: Rotating; Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Roosevelt Hospital 428 W. 59th St., 10019	M-57	NPCorp	4	558	12	47	10	7	2	20	27 Int: Rotating, St. Med., St. Surg., St. Ped.; 82 Res: Derm., Med., ObG, Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
St. Charles Hospital 277 Hicks St., Brooklyn, 11201		Church		45	18	0	0	0	3	1	4 Res: Ortho.
St. Clare's Hospital 415 W. 51st St., 10019		Church		409	13	37	12	5	21	0	23 Int: Rotating, St. Med., St. Surg.; 27 Res: Med., ObG, Path., Ped., Surg.
St. John's Episcopal Hospital 480 Herkimer St., Brooklyn, 11213	G-59-61	Church		282	10	53	32	17	16	0	14 Int: Rotating, St. ObG; 33 Res: Anes., Med., ObG, Path., Ped., Surg.
St. John's Queens Hospital 90-02 Queens Blvd., Elmhurst, 11373		Church		313	9	37	20	9	8	0	16 Int: Rotating
St. Luke's Hospital Center Amsterdam Ave. at 114th St., 10025	M-57	NPCorp	2-3-4-5	718	12	57	42	28	0	23	24 Int: St. Med., St. Surg., St. Ped.; 117 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Urol.
St. Mary's Hospital 1298 St. Marks Ave., Brooklyn, 11213		Church		235	10	51	41	1	5	2	12 Int: Rotating; 4 Res: ObG, Path.
St. Vincent's Hospital and Medical Center of New York 153 W. 11th St., 10011	L-60	Church		825	14	40	28	9	1	41	45 Int: Rotating, St. Med., St. Surg.; 114 Res: Anes., Med., Neur., ObG, Oph., Path., Ped., Ped. All., PMR, Psych., Rad., Surg.
St. Vincent's Hospital of the Borough of Richmond 355 Bard Ave., Staten Island, 10310	G-59	Church		310	9	42	11	3	13	0	14 Int: Rotating; 31 Res: Med., ObG, Ortho., Path., Ped., Child Psych., Rad., Surg.
Salvation Army Booth Memorial Hospital 56-45 Main St., Flushing, 11355		Church		254	7	51	34	20	13	1	16 Int: Rotating; 25 Res: Med., ObG, Path., Surg.
State University Hospital of the Downstate Medical Center 445 Lenox Rd., Brooklyn, 11203	M-61X	State									Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Derm., Med., Neurosurg., ObG, Oph., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Surg., Thor., Urol.

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								Autopsies on Stillborn	Foreign		
NEW YORK, New York City—Continued											
Staten Island Hospital 101 Castleton Ave., Staten Island, 10301		NPCorp	...	274	8	48	30	4	10	4	14 Int: Rotating; 12 Res: ObG, Path., Surg.
Staten Island Mental Health Center 657 Castleton Ave., Staten Island, 10301		...	...	...	...	...	...	...	...	...	Res: Child Psych.
Sydenham Hospital 565 Manhattan Ave., 10027		City	4-8	218	9	30	51	5	1	0	9 Int: Rotating; 7 Res: ObG, Surg.
U. S. Naval Hospital (See St. Albans, N. Y.)		...	...	...	...	...	...	...	...	...	...
U. S. Public Health Service Hospital Bay and Vanderbilt Sts., Staten Island, 10304	G-21	USPHS	2-4-5	708	22	60	7	7	1	23	34 Int: Rotating, St. Med., St. Surg. 76 Res: Anes., Derm., Med., Oph., Ortho., Path., Rad., Surg., Urol.
Unity Hospital 1545 St. Johns Pl., Brooklyn, 11213		NPCorp	...	220	8	41	25	16	10	0	10 Int: Rotating; 10 Res: Med., ObG, Surg.
University Hospital 560 First Ave., 10016	M-60X	NPCorp	4-3	625	11	36	10	9	...	...	Int: St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital (Bronx) 130 W. Kingsbridge Rd., Bronx, 10468	L-56	VA	5	1,213	37	49	0	0	57	65	158 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital (Brooklyn) 800 Poly Place, Brooklyn 11209	L-61	VA	2-3-4	1,000	43	44	...	...	0	16	28 Int: St. Med., St. Surg.; 82 Res: Derm., Med., Neur., Oph., Ortho., Path., Surg., Thor., Urol.
Veterans Administration Hospital (Manhattan) 1st Ave., at E. 24th St., 10010	L-60	VA	2-4-8	1,218	43	45	...	...	44	39	119 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Urol.
Wyckoff Heights Hospital 374 Stockholm St., Brooklyn, 11237	G-59	NPCorp	...	431	13	48	27	18	8	0	12 Int: Rotating; 49 Res: Med., ObG, Path., Ped., Surg.
Niagara Falls Niagara Falls Memorial Hospital 621 Tenth St., 14302		NPCorp	...	374	9	37	27	11	12	0	13 Int: Rotating; 1 Res: Path.
Northport Veterans Administration Hospital, 11768		VA	...	2,178	945	43	...	...	1	0	6 Res: Psych.
Oceanside South Nassau Communities Hospital 2445 Oceanside Road, 11572		NPCorp	...	321	8	34	16	5	0	0	2 Res: Path.
Ogdensburg St. Lawrence State Hospital Station A, 13669		State	...	1,690	...	34	0	0	2	1	3 Res: Psych.
Orangeburg Rockland State Hospital, 10962		State	5	6,379	...	27	0	0	29	8	26 Res: Psych.
Port Chester High Point Hospital Upper King St., 10573		Corp	...	45	202	0	0	0	5	0	5 Res: Psych.
United Hospital 406 Boston Post Rd., 10574		NPCorp	...	228	9	30	8	0	2	0	8 Int: Rotating; 3 Res: Path., Surg.
Port Jefferson St. Charles Hospital 200 Belle Terre Rd., 11777		Church	...	164	7	24	11	0	2	2	4 Res: Ortho.
Poughkeepsie Hudson River State Hospital Branch B, 12601		State	5	4,610	...	22	0	0	11	11	22 Res: Psych.
St. Francis Hospital North Rd., 12601		Church	...	240	9	36	6	4	5	0	10 Int: Rotating; 1 Res: Path.
Vassar Brothers Hospital Reade Place, 12601		NPCorp	...	252	7	35	26	15	0	9	12 Int: Rotating; 4 Res: Path.
Queens Village—See New York City											
Rhinebeck Astor Home for Children 36 Mill St., 12572		Church	...	52	820	...	...	...	2	0	4 Res: Child Psych.
Rochester Eastman Kodak Company 343 State St., 14608		Corp	...	...	...	...	...	...	0	0	2 Res: Occup. Med.
Genesee Hospital 224 Alexander St., 14607	M-62#	NPCorp	4	330	7	74	26	26	0	18	21 Int: Rotating, St. Med., St. Surg.; 32 Res: Anes., Med., ObG, Path., Ped., Surg.
Highland Hospital of Rochester South Ave. at Bellevue Dr., 14620	M-62#	NPCorp	...	264	7	52	31	12	2	7	12 Int: Rotating, St. Med.; 17 Res: Med., ObG, Path., Surg.
Rochester General Hospital 1425 Portland Ave., 14621	M-62#	NPCorp	4	414	7	61	26	16	4	10	22 Int: Rotating, St. Med., St. Surg., St. Ped.; 40 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg.
Rochester Mental Health Center 1425 Portland Ave., 14621		NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.
Rochester State Hospital 1600 South Ave., 14620	L-62	State	5	3,523	...	28	...	...	7	1	10 Res: Psych.
St. Mary's Hospital 89 Genesee St., 14611		Church	2-4	294	8	42	25	3	6	4	15 Int: Rotating; 23 Res: Anes., GP, Med., ObG, Oph., Surg.
Strong Memorial Hospital of the University of Rochester 260 Crittenden Blvd., 14620	M-62X	NPCorp	4-5	631	10	69	34	34	0	51	58 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path., St. ObG; Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Surg., Urol.
University of Rochester School of Medicine and Dentistry, Dept. of Preventive Medicine and Community Health, 14620		NPCorp	...	...	...	...	...	...	0	2	8 Res: Occup. Med.
Rockville Centre Mercy Hospital 1000 N. Village Ave., 11570		Church	...	250	7	40	32	10	...	...	Res: ObG
Roslyn St. Francis Hospital Port Washington Blvd., 11576		Church	...	140	17	58	0	0	Res: Thor.

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								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK—Continued											
St. Albans—See also New York City											
U. S. Naval Hospital 179th St. and Linden Blvd., 11425		Navy	2-4-5	1,322	30	76	8	4	0	17	17 Int: Rotating; 38 Res: Anes., Med., ObG, Path., Rad., Surg., Thor., Urol.
Schenectady											
Ellis Hospital 1101 Nott St., 12308	G-54	NPCorp	...	464	...	57	27	23	11	2	22 Int: Rotating; 19 Res: ObG, Ortho., Path., Surg.
St. Clare's Hospital 600 McClellan St., 12304		Church	...	243	8	34	6	3	6	0	12 Int: Rotating; ... Res: ObG
Schenectady County Child Guidance Center 821 Union St., 12308		NPCorp	3	...	...	...	...	...	1	0	4 Res: Child Psych.
Sunnyview Rehabilitation Center 1270 Belmont Ave., 12308		NPCorp	3	76	43	100	0	0	0	2	2 Res: Ortho.
Staten Island—See New York City											
Syracuse											
St. Joseph's Hospital 301 Prospect Ave., 13203	M-63	Church	7	329	7	40	33	6	1	15	16 Int: Rotating, Family Practice Program; 15 Res: Anes., ObG, Path., Surg.
State University Hospital, Upstate Medical Center 750 E. Adams St., 13210	M-63	State	...	248	...	...	...	...	...	...	... Res: Ortho.
State University of New York Upstate Medical Center 766 Irving Ave., 13210	M-63X	NPCorp	4-7	2,015	9	45	87	23	6	39	57 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path., Family Practice Program; 209 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Urol.
Syracuse Memorial Hospital 736 Irving Ave., 13210	M-63	NPCorp	...	284	8	38	25	9	...	...	... Res: Ortho., Ped. Card.
Syracuse Psychiatric Hospital 708 Irving Ave., 13210	M-63	State	...	72	43	0	0	0	1	4	4 Res: Psych.
Veterans Administration Hospital Irving Ave. and University Pl., 13210	M-63#	VA	2	488	27	64	...	...	0	1	4 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.
Thiells											
Letchworth Village, 10984		State	...	4,453	...	51	0	0	0	0	1 Res: Psych.
Troy											
Samaritan Hospital Peoples and Burdett Aves., 12180		NPCorp	...	227	10	30	17	10	15	0	16 Int: Rotating; 2 Res: Path.
Utica											
Children's Hospital and Rehabilitation Center 1675 Bennett St., 13502	G-63	NPCorp	...	54	18	0	0	0	0	2	2 Res: Ortho.
Utica State Hospital 1213 Court St., 13502		State	...	2,106	...	44	...	...	6	1	11 Res: Path., Psych.
Valhalla											
Blythedale Children's Hospital Bradburst Ave., 10595		NPCorp	...	72	...	...	...	...	...	...	... Res: PMR
Grasslands Hospital, 10595	L-60	County	4-5	502	21	50	11	9	8	5	18 Int: Rotating, St. Surg.; 63 Res: Anes., Med., Oph., Path., Ped., PMR, Psych., Surg.
West Brentwood											
Pilgrim State Hospital Box A, 11717		State	6	12,431	...	25	0	0	19	2	30 Res: Psych.
West Haverstraw											
New York State Rehabilitation Hospital Route 9W, 10993	G-60	State	3	170	115	50	0	0	...	...	... Res: Ortho., PMR
West Islip											
Good Samaritan Hospital 1000 Montauk Hgwy., 11795		Church	...	187	5	22	34	5	4	0	12 Int: Rotating
White Plains											
New York Hospital-Cornell Medical Center (Westchester Division) 21 Bloomingdale Rd., 10605		NPCorp	...	350	259	16	0	0	3	8	16 Res: Psych.
White Plains Hospital 41 E. Post Rd., 10601		NPCorp	...	212	...	...	...	...	0	0	8 Int: Rotating; ... Res: Surg.
Willard											
Willard State Hospital, 14588		State	...	3,219	90	22	0	0	0	0	9 Res: Psych.
Wingdale											
Harlem Valley State Hospital, 12594		State	...	4,603	...	29	0	0	0	0	12 Res: Psych.
Yonkers											
St. John's Riverside Hospital 967 N. Broadway, 10701	G-59	NPCorp	...	285	9	29	25	7	14	0	14 Int: Rotating; 3 Res: Path.
St. Joseph's Hospital 127 S. Broadway, 10701		Church	...	175	9	28	11	4	8	0	12 Int: Rotating
Yonkers General Hospital 127 Ashburton Ave., 10701		NPCorp	...	188	9	41	9	8	6	1	8 Int: Rotating; 3 Res: GP
NORTH CAROLINA											
Asheville											
Memorial Mission Hospital 509 Biltmore Ave., 28801		NPCorp	3	342	7	25	24	0	0	0	8 Int: Rotating
Butner											
John Umstead Hospital, 27509	L-64	State	...	1,900	36	24	0	0	0	7	10 Res: Psych.
Camp Lejeune											
U. S. Naval Hospital, 28542		Navy	...	893	15	47	22	12	...	...	... Res: Surg.
Chapel Hill											
North Carolina Memorial Hospital Pittsboro Rd., 27514	M-64X	State	...	423	11	63	18	10	0	41	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 191 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Charlotte											
Charlotte Memorial Hospital 1000 Blythe Ave., 28203	L-64	NPCorp	2-3-4	689	9	51	35	13	0	12	14 Int: Rotating; 37 Res: GP, Med., ObG, Ortho., Path., Ped., Surg., Thor., Urol.

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									Foreign	Non-Foreign		
NORTH CAROLINA—Continued												
Durham												
Duke Hospital, 27706	M-65X	NPCorp	4-5	626	10	57	43	11	0	62	65 Int: St. Med., St. Surg., St. Ped., St. Path.; 271 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.	
Durham Child Guidance Clinic	M-65	NPCorp	2	45	180	0	0	0	0	8	8 Res: Child Psych.	
Duke University Medical Center, 27706												
Lincoln Hospital 1301 Fayetteville St., 27707		NPCorp		103							Res: Urol.	
McPherson Hospital 1110 W. Main St., 27701	G-64, 65	Indiv		28	4	0	0	0	0	3	3 Res: Oph.	
Veterans Administration Hospital Fulton St. and Erwin Rd., 27705	M-65#	VA	5	489	22	63					Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.	
Watts Hospital Broad St. and Club Blvd., 27705	L-64, G-65	NPCorp		315	8	62	15	9	4	0	22 Int: Rotating, St. Med., St. Surg., St. Ped.; 10 Res: Path., Ped., Surg., Urol.	
Fort Bragg												
U. S. Army, 3rd Army Hdqts. Preventive Medicine Division, 28307		Army							0	0	1 Res: Public Health	
Womack Army Hospital, 28307		Army	2-4-5	450	9	74	23	16	0	5	5 Res: Surg.	
Gastonia												
North Carolina Orthopedic Hospital New Hope Rd., 28052	G-65	State	1-3	140	158	0			0	2	2 Res: Ortho.	
Greensboro												
Moses H. Cone Memorial Hospital 1200 N. Elm St., 27420	L-64#	NPCorp		415	8	56	14	3	0	0	12 Int: Rotating; 4 Res: Path.	
Oteen												
Veterans Administration Hospital, 28805		VA		794	51	66	0	0	1	3	4 Res: Thor.	
Raleigh												
Dorothea Dix Hospital Station B, Box 7597, 27602	L-64	State		2,855	6	42	0	0	1	17	18 Res: Psych.	
Memorial Hospital of Wake County 3000 New Bern Ave., 27603	L-64	County		380	7	31	33	7	0	3	5 Res: ObG, Ped.	
North Carolina State Board of Health, 27603		State							0	3	3 Res: Public Health	
Wilmington												
Babies' Hospital 7225 Wrightsville Ave., 28401		NPCorp		70	5	27	0	0	0	0	1 Res: Ped.	
New Hanover Memorial Hospital (Formerly James Walker Memorial Hospital) 2431 S. 17th St., 28401		NPCorp		275	7	27	31	11	5	2	12 Int: Rotating; 6 Res: Path., Surg.	
Winston-Salem												
Forsyth Memorial Hospital 3333 Silas Creek Pkwy., 27103	G-66	County	2-7	507	8	32	24	2	0	0	6 Int: Family Practice Program; 11 Res: Surg.	
Kate Bitting Reynolds Memorial Hospital 1101 E. 7th St., 27101		City		168	8	18	29	0	0	0	8 Int: Rotating	
North Carolina Baptist Hospitals 300 S. Hawthorne Rd., 27103	M-66#	Church	4	531	8	63	38	30	0	23	32 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 121 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.	
NORTH DAKOTA												
Bismarck												
Bismarck Hospital 323 - 6th St., 58501		Church		192	9	33	12	1			Res: Rad., Surg.	
St. Alexius Hospital 9th and Thayer Sts., 58501		Church		240	7	42	22	6			Res: Rad.	
Fargo												
St. Luke's Hospital 5th St. North at Mills Ave., 58102	G-45	NPCorp	3	242	7	39	8	1	0	2	12 Int: Rotating; Res: ObG, Surg.	
Grand Forks												
Grand Forks Deaconess Hospital 212 S. 4th St., 58201	L-97	Church		150	8	45	9				Res: Path.	
St. Michael's Hospital 501 Columbia Rd., 58201	L-97	Church		150	7	46	9	0			Res: Path.	
OHIO												
Akron												
Akron City Hospital 525 E. Market St., 44309		NPCorp	9	585	11	60	28	11	0	23	26 Int: Rotating, St. Med., St. Surg., General Practice Program 9 40 54 Res: GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.	
Akron General Hospital 400 Wabash Ave., 44307		NPCorp	9	452	11	54	38	10	0	12	21 Int: Rotating, General Practice Program; 53 Res: GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.	
Children's Hospital of Akron Buchtel Ave. at Bowery St., 44308		NPCorp		247	5	76			0	2	4 Int: St. Ped.; 24 Res: Ortho., Path., Ped.	
St. Thomas Hospital 444 N. Main St., 44310		Church		326	9	50	26	13	17	0	16 Int: Rotating; 37 Res: GP, Med., ObG, Path., Surg.	
Barberton												
Barberton Citizens Hospital Tuscara Park, 44203		NPCorp		310	8	37	22	9	12	0	15 Int: Rotating; 8 Res: GP, Path.	
Canton												
Aultman Hospital 625 Clarendon Ave., S.W., 44710		NPCorp		502	8	41	24	8	1	0	8 Int: Rotating; 20 Res: ObG, Path., Surg.	
Mercy Hospital 723 Market Ave., N., 44702		Church		438	8	40	37	11	0	0	7 Int: Rotating; 16 0 18 Res: ObG, Surg.	
Cincinnati												
Bethesda Hospital Oak St. and Reading Rd., 45206		Church		356	9	27	53	7	0	4	12 Int: Rotating; 10 Res: ObG, Path.	
Central Psychiatric Clinic Cincinnati General Hospital, 45229	M-67X	City									Res: Child Psych.	
Child Guidance Home of the Jewish Hospital 3140 Harvey Ave., 45229	L-67	NPCorp		16	730	0	0	0			Res: Child Psych.	
Children's Hospital Elland and Bethesda Aves., 45229	M-67#	Church	4-5	215	6	80					Res: Neurosurg., Ortho., Path., Ped., Ped. All., Ped. Card., Rad., Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign	Non-Foreign		
OHIO, Cleveland—Continued												
University Hospitals of Cleveland 2065 Adelbert Rd., 44106	M-68#	NPCorp	*	942	9	64	58	30	0	43	61 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 36 178 254 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.	
Veterans Administration Hospital 10701 East Blvd., 44106	M-68#	VA	*	795	42	59	0	0	...	...	Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Plast., Rad., Surg., Thor., Urol.	
Cleveland Heights												
Doctors Hospital 12345 Cedar Rd., 44106		NPCorp	...	199	11	36	0	0	7	0	16 Res: GP	
Columbus												
Children's Hospital 17th St. at Livingston Park, 43205	M-69	NPCorp	4-5	304	6	80	0	0	5	23	40 Res: Neurosurg., Ortho., Otol., Path., Ped., Ped. Card., Surg.	
Columbus State Hospital 1960 W. Broad St., 43223		State	...	2,200	70	44	...	...	7	13	24 Res: Psych.	
Grant Hospital 309 E. State St., 43215	M-69	NPCorp	...	430	8	45	45	20	2	8	16 Int: Rotating; 1 1 4 Res: Path.	
Mount Carmel Hospital 793 W. State St., 43222	M-69	Church	...	410	10	53	31	15	0	18	18 Int: Rotating; 6 15 21 Res: GP, Med., ObG, Ortho., Surg.	
Ohio State University Department of Preventive Medicine, 43210		State	...	...	...	...	...	...	2	10	19 Res: Aerospace Med., Occup. Med.	
Ohio State University Hospitals 410 W. 10th Ave., 43210	M-69X	State	4-5	767	11	70	49	46	0	30	40 Int: St. Med., St. Surg., St. Ped., St. Path.; 25 141 198 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Forensic Path., PMR, Psych., Rad., Surg., Thor., Urol.	
Ohio Tuberculosis Hospital 466 W. 10th Ave., 43210		State	*	172	165	75	0	0	...	...	Res: Thor.	
Riverside Methodist Hospital 3535 Olentangy River Rd., 43214	M-69	Church	...	500	9	50	34	10	3	10	24 Int: Rotating; 1 21 27 Res: GP, Med., Neurosurg., ObG, Ortho., Path., Surg.	
St. Ann's Hospital for Women 1555 Bryden Rd., 43205	L-69	Church	...	85	4	6	31	7	...	...	Res: ObG	
Dayton												
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County 141 Firwood Dr., 45419		Misc.	...	84	137	...	...	...	0	1	4 Res: Child Psych.	
Good Samaritan Hospital 1425 W. Fairview Ave., 45406		NPCorp	...	455	8	50	35	12	0	4	13 Int: Rotating; 3 0 14 Res: GP, Med., ObG, Surg.	
Miami Valley Hospital 1 Wyoming St., 45409		NPCorp	4-7	689	9	42	45	6	2	6	16 Int: Rotating, Family Practice Program;	
St. Elizabeth Hospital 49 Hopeland St., 45408		Church	...	448	9	36	37	12	2	4	12 Int: Rotating 7 11 29 Res: GP, ObG, Path, Rad., Surg.	
U. S. Air Force Headquarters, Air Force Logistics Command, 45433 Wright-Patterson Air Force Base		USAF	...	350	14	92	...	...	0	2	2 Res: Occup. Med.	
U. S. Air Force Hospital, Wright-Patterson Air Force Base, 45433		USAF	2-3-4-5	350	14	92	0	0	0	12	12 Int: Rotating; 0 2 2 Res: Surg.	
Veterans Administration Hospital 4100 W. Third St., 45428		VA	*	766	47	82	0	0	23	6	47 Res: Med., Path., Rad., Surg., Urol.	
Elyria												
Elyria Memorial Hospital 630 E. River St., 44035		NPCorp	...	340	7	40	17	1	12	0	12 Int: Rotating; 10 0 22 Res: GP, Ortho., Path., Rad., Surg.	
Euclid												
Euclid-Glenville Hospital E. 185th St. and Lake Erie, 44119		NPCorp	...	287	10	33	28	9	11	0	14 Int: Rotating; 7 0 12 Res: GP	
Kettering												
Charles F. Kettering Memorial Hospital 3535 Southern Blvd., 45429		Church	...	400	8	44	15	4	1	8	12 Int: Rotating; 0 0 4 Res: Path.	
Lakewood												
Lakewood Hospital 14519 Detroit Ave., 44107		City	...	301	9	49	17	3	7	0	10 Int: Rotating; 16 0 19 Res: Med., Surg.	
Lima												
St. Rita's Hospital 801 W. High St., 45801		Church	*	290	7	38	33	1	0	0	12 Int: Rotating; 1 0 4 Res: Path.	
Lorain												
St. Joseph Hospital 205 W. 20th St., 44052		Church	...	209	9	36	38	5	2	0	12 Int: Rotating; 2 0 9 Res: GP, Path., Rad.	
Mansfield												
Mansfield General Hospital 335 Glessner Ave., 44903		NPCorp	...	366	8	31	31	11	2	0	6 Res: Surg.	
Ravenna												
Robinson Memorial Portage County Hospital 449 S. Meridian St., 44266		County	...	235	6	36	21	8	10	0	12 Res: GP, Surg.	
Springfield												
Community Hospital of Springfield and Clark County 2615 E. High St., 45501		NPCorp	2-3	275	8	32	11	2	0	0	10 Int: Rotating	
Mercy Hospital 1343 N. Fountain Blvd., 45501		Church	...	371	8	47	26	10	0	5	10 Int: Rotating	
Steubenville												
Ohio Valley Hospital 380 Summit Ave., 43952		NPCorp	...	248	8	25	18	2	10	0	10 Int: Rotating	
Toledo												
Flower Hospital 3350 Collingwood Blvd., 43610		Church	...	189	8	29	13	11	7	0	9 Int: Rotating; 1 0 1 Res: Surg.	
Maumee Valley Hospital 2025 Arlington Ave., 43609		County	...	234	12	59	12	11	0	0	12 Int: Rotating; Res: Med., ObG, Path., Ped., Surg., Urol.	

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								Autopsies on Stillborn	Foreign		
OHIO, Toledo—Continued											
Mercy Hospital 2221 Madison Ave., 43624		Church		350	8	39	16	3	4	0	18 Int: Rotating; 12 Res: Path.
Riverside Hospital 1609 Summit St., 43604		NPCorp		186	6	37	10	1	8	0	13 Int: Rotating
St. Charles Hospital 2600 Navarre Ave., 43616		Church		235	8	28	20	10	3	0	9 Int: Rotating; 4 Res: GP
St. Vincent Hospital and Medical Center 2213 Cherry St., 43608		Church		456	9	49	38	13	3	0	12 Int: Rotating; 13 Res: ObG, Path., Surg., Urol.
Toledo Hospital 2142 N. Cove Blvd., 43606		NPCorp		447	8	49	39	33	10	5	16 Int: Rotating; 22 Res: Anes., GP, ObG, Path., Ped.
Warren											
St. Joseph's Riverside Hospital 1400 Tod Ave., N.W., 44485		Church		156	7	28	16	0	6	0	7 Res: GP
Trumbull Memorial Hospital 1350 E. Market St., 44482		NPCorp		350	7	39	31	11	2	0	12 Int: Rotating; 18 Res: ObG, Path., Ped., Surg.
Worthington											
Harding Hospital 445 E. Granville Rd., 43085		Corp		125	59	0	0	0	0	5	9 Res: Psych.
Youngstown											
St. Elizabeth Hospital 1044 Belmont Ave., 44505		Church	4	537	9	43	44	9	13	3	21 Int: Rotating; 48 Res: Anes., GP, Med., ObG, Path., Rad., Surg.
Youngstown Hospital South Unit, Oak Hill and Francis St., 44501		NPCorp	4	814	10	41	28	7	17	0	30 Int: Rotating, St. Med., St. Surg.; 52 Res: Anes., Med., Ortho., Path., Rad., Surg.
North Unit, Gypsy Lane and Goleta Ave., 44501											
OKLAHOMA											
Fort Sill											
Reynolds Army Hospital, 73503		Army	2-4	335	8	68	129	0	0	3	1 Res: Surg.
Norman											
Central State Griffin Memorial Hospital Reed and Main Sts., P. O. Box 151, 73069	G-70#	State		1,000	29	10	0	0	3	9	15 Res: Psych.
Oklahoma City											
Baptist Memorial Hospital 5800 N.W. Grand Blvd., 73112	L-70#	Church		315	7	36	20	5	0	7	10 Int: Rotating; 10 Res: Med., Path.
Bone and Joint Hospital 605 N.W. 10th St., 73103	G-70#	Corp	1-2-3								Res: Ortho.
Mercy Hospital Oklahoma City General 501 N.W. 12th St., 73103	L-70#	Church	2	225	7	54	22	1	0	8	12 Int: Rotating; 4 Res: Path.
Presbyterian Hospital 300 N.W. 12th St., 73103	L-70#	Church	2	193	6	37	5	1	0	8	12 Int: Rotating; 4 Res: Rad., Surg.
St. Anthony Hospital 601 N.W. 9th St., 73102	L-70#	Church	2-4	520	8	42	45	10	0	10	14 Int: Rotating; 22 Res: Med., Neurosurg., ObG, Ortho., Path., Ped., Rad. Surg.
State of Oklahoma Dept. of Health 800 N.E. 13th St., 73104		State								0	2 Res: Public Health
University of Oklahoma Hospitals 800 N.E. 13th St., 73104	M-70X	State	4-5	455	12	50	19	2	2	28	39 Int: Rotating, St. Med., St. Surg., St. Ped.; 171 Res: Anes., Derm., GP, Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
University of Oklahoma School of Medicine 800 N.E. 13th St., 73104		State								3	24 Res: Aerospace Med., Child Psych., Gen. Prev. Med., Occup. Med., Public Health
Veterans Administration Hospital 921 N.E. 13th St., 73104	M-70#	VA	5	488	24	65					Int: Rotating, St. Med., St. Surg.; Res: Anes., Derm., Med., Oph., Ortho., Otol., Path., Psych., Rad., Surg., Thor., Urol.
Tulsa											
Children's Medical Center 4818 South Lewis, 74105	G-70#	NPCorp	3	40	64	0	0	0	2	2	6 Res: Child Psych.
Hillcrest Medical Center Utica on the Park, 74104		NPCorp	2-3	510	8	33	18	8	0	2	12 Int: Rotating; 13 Res: ObG, Path., Ped., Surg.
St. Francis Hospital 6161 S. Yale Ave., 74135		Church	2-3	275	8	34	19	4	0	0	12 Int: Rotating
St. John's Hospital 1923 S. Utica St., 74104		Church	2	610	8	27	12	4	0	9	12 Int: Rotating; 13 Res: ObG, Path., Ped., Surg.
OREGON											
Portland											
Emanuel Hospital 2801 N. Gantenbein Ave., 97227	G-71	Church		471	7	46	46	34	1	7	16 Int: Rotating; 21 Res: Med., ObG, Ortho., Path., Surg.
Good Samaritan Hospital and Medical Center 1015 N.W. 22nd Ave., 97210		Church		458	7	57	20	14	1	9	17 Int: Rotating, St. Med., St. Surg., St. Path.; 31 Res: Med., Neurosurg., Neur., Oph., Path., Surg.
Portland Sanitarium and Hospital 6040 S.E. Belmont St., 97215		Church		270	7	42	15	14	1	4	10 Int: Rotating
Providence Hospital 700 N.E. 47th Ave., 97213		Church		304	8	50			3	4	12 Int: Rotating; 12 Res: Med., Path., Surg.
St. Vincent Hospital 2447 N.W. Westover Rd., 97210	G-71	Church		361	7	45	14	6	1	0	10 Int: Rotating; 28 Res: GP, Med., Path., Surg.
Shriners Hospital for Crippled Children N.E. 82nd and Sandy Blvd., 97220	G-71	NPCorp		80	66		0	0			Res: Ortho.
State of Oregon Dept. of Health 1400 S.W. 5th Ave., 97201		State								0	10 Res: Public Health
University of Oregon Medical School Hospitals and Clinics 3181 S.W. Sam Jackson Park Rd., 97201	M-71X	State		697	15	61	56	5	0	36	45 Int: Rotating, St. Med., St. Path.; 173 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital Sam Jackson Park, 97207	M-71#	VA	4	563	28	89	0	0		3	Int: St. Med.; 33 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR., Surg., Thor., Urol.
Salem											
Oregon State Hospital Station A, 97310		State		2,309	620	58	1	0	0	14	14 Res: Psych.

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								Autopsies on Stillborn	Foreign Non-Foreign		
PENNSYLVANIA											
Abington Abington Memorial Hospital 1200 York Rd., 19001		NPCorp	4-5	423	8	51	38	10	0	15	15 Int: Rotating; 29 Res: GP, Med., ObG, Path., Rad., Surg.
Allentown Allentown Hospital 17th and Chew Sts., 18102	G-73	NPCorp		539	9	43	38	14	0	15	16 Int: Rotating; 17 Res: Colon-Rectal, ObG, Path., Plast., Surg. 8 Res: Psych.
Allentown State Hospital Hanover Ave. and Quebec St., 18103		State		1,633	1,652	41	0	0	0	1	
Sacred Heart Hospital 4th and Chew Sts., 18102		Church		435	11	36	24	7	0	2	10 Int: Rotating; 6 Res: Rad., Surg.
Altoona Altoona Hospital 700 Howard Ave., 16603		NPCorp		439	9	33	19	5	6	4	12 Int: Rotating; 15 Res: GP, ObG, Path., Surg.
Bethlehem St. Luke's Hospital 801 Ostrum St., 18015		NPCorp		449	12	51	22	11	0	3	14 Int: Rotating; 18 Res: Med., ObG, Path., Surg.
Bristol Lower Bucks County Hospital Bath Rd. and Orchard Ave., 19007		NPCorp	2-3	222	7	33	35	4	0	1	8 Int: Rotating; 6 Res: GP
Bryn Mawr Bryn Mawr Hospital Bryn Mawr Ave., 19010		NPCorp		358	9	45	19	2	0	12	14 Int: Rotating; 30 Res: Med., Path., Rad., Surg.
Chester Crozer-Chester Medical Center 15th St. and Upland Ave., 19013	G-72	NPCorp		378	9	30	38	3	2	0	8 Int: Rotating; 10 Res: GP, Path.
Coatesville Veterans Administration Hospital, 19320	L-73	VA	2	1,602	683	78			1	3	14 Res: Neur., Psych.
Danville Danville State Hospital, 17821		State		2,472	68	14	0	0	0	1	10 Res: Psych.
Geisinger Medical Center, 17821		NPCorp	4-5	357	8	63	12	7	0	15	15 Int: Rotating; 54 Res: Derm., Med., ObG, Oph., Ortho., Otol., Path. Ped., Rad., Surg.
Darby Thomas M. Fitzgerald Mercy Hospital Lansdowne Ave. and Baily Rd., 19023	M-72#	Church		350	8	45	39	8	7	6	14 Int: Rotating; 16 Res: Med., ObG, Path., Rad.
Drexel Hill Delaware County Memorial Hospital 501 N. Lansdowne Ave., 19026		NPCorp		242	9	38	18	4	7	1	8 Int: Rotating; 4 Res: GP
Easton Easton Hospital 21st and Lehigh Sts., 10842		NPCorp		287	9	45	23	9	10	0	10 Int: Rotating; 6 Res: Path., Surg.
Elizabethtown State Hospital for Crippled Children, 17022	G-73	State		181	208	0	0	0	0	3	3 Res: Ortho.
Erle Hamot Hospital 4 E. 2nd St., 16512		NPCorp		428	8	40	17	4	5	1	12 Int: Rotating; 14 Res: ObG, Ortho., Path., Surg., Urol.
St. Vincent Hospital 232 W. 25th St., 16512		NPCorp		493	8	32	34	4	1	3	10 Int: Rotating; 18 Res: ObG, Path., Surg., Urol.
Greensburg Westmoreland Hospital 532 W. Pittsburgh St., 15601		NPCorp		263	8	31	17	0	6	0	8 Int: Rotating; Res: Surg.
Harrisburg Harrisburg Hospital Front and Mulberry Sts., 17101	M-72	NPCorp	4-5	635	10	58	29	5	0	15	20 Int: Rotating; 36 Res: Med., ObG, Path., Ped., Surg.
Harrisburg Polyclinic Hospital Third and Radnor Sts., 17105		NPCorp		687	11	46	22	4	0	4	23 Int: Rotating; 12 Res: Med., Ped., Surg.
Harrisburg State Hospital Cameron and Maclay Sts., 17105		State		2,200	90	32	0	0	0	0	6 Res: Psych.
Pennsylvania Dept. of Health P. O. Box 90, 17108		State							0	10	13 Res: Occup. Med., Public Health
Hazleton Hazleton State General Hospital E. Broad St., 18201		State		173	11	22	2	0	3	0	4 Res: Surg.
St. Joseph Hospital 687 N. Church St., 18201		Church		200	8	28	10	1	0	0	4 Res: Surg.
Johnstown Conemaugh Valley Memorial Hospital 1086 Franklin St., 15905	G-73	NPCorp		466	9	47	15	4	0	12	12 Int: Rotating; 11 Res: Anes., Path., Surg.
Mercy Hospital of Johnstown 1020 Franklin St., 15905		Church		242	8	40	9	1	0	0	6 Int: Rotating
Lancaster Lancaster General Hospital 525 N. Duke St., 17604	G-75	NPCorp		515	8	36	20	11	0	10	12 Int: Rotating; 6 Res: GP, Path.
McKeesport McKeesport Hospital 1500 Fifth Ave., 15132		NPCorp		542	10	26	41	0	12	0	12 Int: Rotating; 4 Res: Surg.
Norristown Montgomery County Mental Health Clinics 1122 Powell St., 19401		NPCorp		0	0	0	0	0	0	1	4 Res: Child Psych.
Montgomery Hospital Powell and Fornance Sts., 19401		NPCorp		313	7	39	26	8	4	0	6 Int: Rotating; 10 Res: GP, Path.
Norristown State Hospital Stanbridge and Sterigere Sts., 19401		State		3,790		33	0	0	5	14	30 Res: Psych.
Sacred Heart Hospital 1430 DeKalb St., 19401		Church		208	8	42	17	4	3	1	10 Res: GP, Surg.
Philadelphia Albert Einstein Medical Center York and Tabor Rds., 19141 (Includes Northern Division and Southern Division)	M-74#	NPCorp	4-5	944	11	41	84	23	24	12	46 Int: Rotating, St. Med., St. Surg.; 126 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.

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								Autopsies on Stillborn	Foreign		
PENNSYLVANIA, Philadelphia—Continued											
Chestnut Hill Hospital 8835 Germantown Ave., 19118	L-73	NPCorp	...	225	8	53	12	3	0	6	9 Int: Rotating, St. Path.; 2 Res: Path., Surg.
Child Study Center of Philadelphia 110 N. 48th St., 19139		Misc	...	...	...	...	...	...	0	3	6 Res: Child Psych.
Children's Hospital of Philadelphia 1740 Bainbridge St., 19146	M-75#, G-73	NPCorp	4	164	6	84	0	0	0	8	12 Int: St. Ped.; 34 Res: Anes., Neurosurg., Neur., Oph., Ortho., Path., Ped., Ped. All., Ped. Card., Surg.
Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbottsford Rd., 19129	M-72-73- 76#, L-74, -75	State	...	233	97	0	0	0	6	13	30 Res: Psych., Child Psych.
Episcopal Hospital Front St. and Lehigh Ave., 19125	M-74#, L-76	NPCorp	5	344	11	39	40	8	10	1	12 Int: Rotating, St. Med., St. Surg.; 29 Res: Med., Neurosurg., ObG, Path., Rad., Surg., Urol.
Frankford Hospital 4940 Frankford Ave., 19124		NPCorp	...	221	8	36	21	16	9	0	9 Int: Rotating; 5 Res: Path., Surg.
Germantown Dispensary and Hospital E. Penn and E. Wister Sts., 19144	L-74#-76	NPCorp	...	320	11	51	24	5	2	6	13 Int: Rotating; 20 Res: Med., ObG, Path., Ped., Rad., Surg.
Graduate Hospital of the University of Pennsylvania 19th and Lombard Sts., 19146	M-75X	NPCorp	...	350	12	54	0	0	0	12	15 Int: Rotating; 66 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Path., Plast., Rad., Surg., Urol.
Hahnemann Medical College and Hospital 230 N. Broad St., 19102	M-72X	NPCorp	4-5	536	12	44	52	25	1	14	21 Int: St. Med., St. Surg., St. Path.; 125 Res: Anes., Derm., Med., Neurosurg., ObG, Ortho., Path., Ped., Psych., Child Psych., Rad., Surg., Thor., Urol.
Hospital of the University of Pennsylvania 3400 Spruce St., 19104	M-75X	NPCorp	4-5	919	12	61	45	4	0	40	50 Int: St. Med., St. Surg., St. Path.; 299 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Urol.
Hospital of the Woman's Medical College of Pennsylvania 3300 Henry Ave., 19129	M-76X	NPCorp	...	203	8	60	37	34	2	8	19 Int: Rotating, St. Med., St. Surg., St. Path., St. Ped.; 60 Res: Med., ObG, Path., Ped., Psych., Surg.
Institute of the Pennsylvania Hospital 111 N. 49th St., 19139		NPCorp	...	260	76	33	0	0	0	24	24 Res: Psych.
Irving Schwartz Institute for Children and Youth of the Philadelphia Psychiatric Center Ford Rd. and Monument Ave., 19131	L-75	NPCorp	...	...	...	...	...	...	0	0	9 Res: Child Psych.
Jeanes Hospital Hartel and Hasbrook Aves., 19111	G-75	Church	...	159	10	40	1	...	1	2	4 Res: Surg.
Jefferson Medical College Hospital 11th and Walnut Sts., 19107	M-73X	NPCorp	4-5	764	11	55	49	14	0	30	30 Int: Rotating, St. Med., St. Surg.; 195 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Gen. Prev. Med., Psych., Rad., Surg., Urol.
Lankenau Hospital Lancaster and City Line Aves., 19151	M-73#	NPCorp	...	432	9	54	31	6	0	12	12 Int: Rotating; 13 Res: Med., ObG, Ortho., Path., Surg.
Magee Memorial Hospital 1513 Race St., 19102	G-73	NPCorp	2	66	53	0	0	0	0	2	3 Res: PMR
Memorial Hospital 5800 Ridge Ave., 19128		NPCorp	...	184	9	35	8	4	3	0	6 Int: Rotating; 1 Res: Path.
Mercy-Douglass Hospital 5000 Woodland Ave., 19143	L-75	NPCorp	4	286	9	45	8	0	3	0	8 Int: Rotating; 10 Res: Med., Psych., Surg.
Methodist Hospital 2301 S. Broad Street, 19148	M-73	Church	...	249	9	26	20	2	0	6	8 Int: Rotating; 3 Res: ObG, Surg.
Misericordia Hospital 54th St. and Cedar Ave., 19143	L-72, -73, -75	Church	4	404	10	47	35	9	8	7	15 Int: Rotating, St. Med.; 21 Res: Med., ObG, Path., Rad., Surg.
Moss Rehabilitation Hospital 12th St. and Tabor Rd., 19141	L-74#	NPCorp	...	120	30	33	0	0	...	...	Res: Med., PMR
Nazareth Hospital 2601 Holme Ave., 19152		Church	...	292	9	33	12	1	2	5	18 Int: Rotating; 21 Res: Med., Path., Rad., Surg.
Northeastern Hospital of Philadelphia 2301 E. Allegheny Ave., 19134		NPCorp	...	160	9	37	12	4	3	3	8 Int: Rotating
Office of the Medical Examiner Department of Public Health 13th and Wood Sts., 19107			...	...	...	...	...	...	0	0	2 Res: Forensic Path.
Pennsylvania Hospital 8th and Spruce Sts., 19107	M-75#	NPCorp	5	424	10	37	28	23	0	18	18 Int: Rotating; 62 Res: Anes., Med., Neur., ObG, Ortho., Path., Plast., Rad., Surg., Urol.
Philadelphia Child Guidance Clinic 1700 Bainbridge St., 19146		Misc	...	...	...	...	...	...	1	1	8 Res: Child Psych.
Philadelphia General Hospital 34th and Curie Ave., 19104	M-72#, M-73#, M-74#, M-75#	City	4-5	1,634	16	48	122	19	4	69	90 Int: Rotating, St. Med., St. Ped.; 155 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Philadelphia Psychiatric Center Ford Rd. and Monument Ave., 19131	L-75	NPCorp	...	154	42	75	...	...	1	16	25 Res: Psych., Child Psych.
Philadelphia State Hospital Roosevelt Blvd., 19114		State	...	6,538	90	11	...	...	8	3	30 Res: Psych.
Presbyterian-University of Pennsylvania Medical Center 51 N. 39th St., 19104	M-75#	Church	5	331	10	49	30	6	5	10	17 Int: Rotating, St. Med., St. Surg., St. Path.; 40 Res: Anes., Med., ObG, Path., Rad., Surg., Thor.
St. Agnes Hospital 1900 S. Broad St., 19145		Church	...	247	9	25	24	4	8	0	10 Int: Rotating; 4 Res: GP
St. Christopher's Hospital for Children 2600 N. Lawrence St., 19133	M-74#	NPCorp	4-5	150	8	90	0	0	0	4	4 Int: St. Ped.; 38 Res: Neur., Ortho., Path., Ped., Ped. All., Ped. Card., Child Psych., Surg., Thor.
St. Joseph's Hospital 16th St. and Girard Ave., 19130		Church	...	200	10	37	16	2	6	0	6 Int: Rotating; 3 Res: Surg.
St. Luke's and Children's Medical Center Girard Ave. and 8th St., 19122		NPCorp	...	354	9	30	14	3	8	0	10 Int: Rotating

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								Autopsies on Stillborn	Foreign		
PENNSYLVANIA, Philadelphia—Continued											
St. Mary's Franciscan Hospital 1567 E. Palmer St., 19125		Church		226	9	27	10	2	6	0	8 Int: Rotating; 2 Res: Surg.
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd., 19152	G-74	NPCorp		100	121	0	0	0	2	3	4 Res: Ortho.
Temple University Hospital 3401 N. Broad St., 19140	M-74X	NPCorp	4	781	11	65	98	97	0	12	22 Int: Rotating, St. Med.; 223 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
U. S. Naval Hospital 17th St. and Pattison Ave., 19145	M-73	Navy	2-4-5	1,100	26	73	20	12	0	18	18 Int: Rotating; 77 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Administration Hospital University and Woodland Aves., 19104	M-76#, L-75	VA	2-4	488	25	61					Int: Rotating, St. Med.; Res: Med., Oph., Ortho., Path., PMR, Rad., Surg., Urol.
Wills Eye Hospital and Research Institute 1601 Spring Garden St., 19130	L-74,-76, G73	City		213	8				0	23	26 Res: Oph.
Pittsburgh											
Allegheny General Hospital 320 E. North Ave., 15212	G-77	NPCorp	5	611	10	46	35	17	0	2	16 Int: Rotating; 57 Res: Anes., Med., Oph., Ortho., Path., Plast., Rad., Surg., Thor., Urol.
Children's Hospital of Pittsburgh 125 De Soto St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	5	280	9	77	0	0	0	9	12 Int: St. Ped.; Res: Anes., Neurosurg., Oph., Ortho., Path., Ped., Ped. All., Ped. Card., Plast., Rad., Surg., Thor.
Eye and Ear Hospital of Pittsburgh 230 Lothrop St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp		162	5	29			0	12	15 Res: Anes., Oph., Otol.
Health Center Hospitals of the University of Pittsburgh School of Medicine 3550 Terrace St., 15213 (includes: Children's Hospital of Pittsburgh, Eye and Ear Hospital of Pittsburgh, Magee-Womens Hospital, Presbyterian-University Hospital, Veterans Administration Hospital, Western Psychiatric Institute and Clinic)	M-77#		4-5						0	46	53 Int: St. Med., St. Surg., St. Ped., St. Path.; 284 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Jones and Laughlin Steel Corporation (Pittsburgh Works Division) 3 Gateway Center, 15230		Corp							0	0	1 Res: Occup. Med.
Magee-Womens Hospital Forbes Ave. and Halket St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	5	420	8	56	115	62		1	4 Int: Rotating; 15 Res: Anes., Med., ObG, Rad.
Mercy Hospital 1400-30 Locust St., 15219	G-77	Church		591	11	53	32	1	11	10	23 Int: Rotating, St. Med.; 50 Res: Anes., Med., Neurosurg., ObG, Oph., Otol., Path., Rad., Surg., Urol.
Montefiore Hospital 3459 Fifth Ave., 15213	L-77	NPCorp	4-5	417	10	50	0	0	0	5	19 Int: Rotating, St. Med.; 31 Res: Anes., Med., Oph., Path., Surg.
Pittsburgh Hospital 6655 Frankstown Ave., 15206		NPCorp		245	9	27	32	3	6	0	6 Int: Rotating; 3 Res: ObG
Presbyterian-University Hospital 230 Lothrop St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77#	NPCorp	5	461	13	66	0	0			Int: St. Med., St. Surg., St. Path.; Res: Anes., Med., Neurosurg., Ortho., Path., Plast., Rad., Surg., Thor., Urol.
St. Francis General Hospital 408 45th St., 15201	G-77	NPCorp	5	783	13	34	21	3	6	14	22 Int: Rotating; 42 Res: Med., ObG, Ortho., Path., PMR, Rad., Surg., Thor.
St. Joseph's Hospital and Dispensary 2117 Carson St., 15203		Church		170	9	29	10	1	6	0	6 Int: Rotating
St. Margaret Memorial Hospital 265 46th St., 15201		Church		215	11	44	8	2	2	6	8 Int: Rotating; 2 Res: Path., Surg.
Shadyside Hospital 5230 Centre Ave., 15232		NPCorp	5	373	11	38	19	2	9	1	10 Int: Rotating; 10 Res: Med., Path., Thor.
South Side Hospital S. 20th and Jane Sts., 15203		NPCorp	4	364	10	40	22	3	7	2	9 Int: Rotating; 4 Res: Path.
University of Pittsburgh Graduate School of Public Health, Dept. of Occupational Health, 15213		NPCorp							0	3	8 Res: Occup. Med.
Veterans Administration Hospital University Dr., 15240 (See Health Center Hospitals of the University of Pittsburgh)	M-77	VA	4-5	1,188	54	61	0	0			Res: Anes., Derm., Med., Neurosurg., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Urol.
Western Pennsylvania Hospital 4800 Friendship Ave., 15224		NPCorp	5	615	10	51	44	40	13	3	24 Int: Rotating, St. Med., St. Surg., St. Path.; 40 Res: Med., ObG, Path., Plast., Rad., Surg., Urol.
Western Psychiatric Institute and Clinic 3811 O'Hara St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77	NPCorp		150	56				1	34	50 Res: Psych., Child Psych.
Pottsville											
A. C. Milliken Hospital E. Norwegian and Tremont Sts., 17901		Church	1	222	9	31	18	3	6	0	6 Res: GP
Pottsville Hospital and Warne Clinic Mauch Chunk and Jackson Sts., 17901		NPCorp		321	10	38	22	2	5	0	6 Int: Rotating; 4 Res: GP
Reading											
Community General Hospital 145 N. Sixth St., 19601		NPCorp		219	10	38	15	3	6	0	8 Res: GP
Reading Hospital 8th and Spruce Sts., 19602	G-75	NPCorp	4	609	11	52	33	30	1	6	16 Int: Rotating, St. Med., St. Surg.; 28 Res: Med., ObG, Ortho., Path., Rad., Surg.
St. Joseph's Hospital 215 N. 12th St., 19603		NPCorp	4	298	10	40	21	3	4	1	10 Res: GP, Path.
Sayre											
Robert Packer Hospital 200 S. Wilbur Ave., 18840		NPCorp		301	8	53	12	3	0	12	12 Int: Rotating; 31 Res: Anes., Med., Oph., Path., Ped., Rad., Surg.

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								Autopsies on Stillborn	Foreign Non-Foreign		
PENNSYLVANIA—Continued											
Sharon Sharon General Hospital, 740 E. State St., 16146		NPCorp	...	300	8	27	22	3	4	0	4 Res: GP
Uniontown Uniontown Hospital, 500 W. Berkeley St., 15401		NPCorp	...	260	9	27	21	...	4	1	7 Int: Rotating; 2 Res: Surg.
Warren Warren State Hospital, Box 240, 16365		State	4	2,400	102	32	0	0	4	8	27 Res: Psych.
Washington Washington Hospital, 155 Wilson Ave., 15301		NPCorp	...	467	9	37	32	12	2	7	10 Int: Rotating
West Chester Chester County Hospital, 500 E. Marshall St., 19380		NPCorp	3-4	186	7	29	17	3	2	0	6 Int: Rotating
West Reading Reading Hospital, (See Reading, Pa.)											
Wilkes-Barre Childrens Service Center of Wyoming Valley, 335 South Franklin St., 18702		Misc	...	20	365	0	0	0	0	0	4 Res: Child Psych.
Mercy Hospital, 196 Hanover St., 18703		NPCorp	...	284	10	...	10	0	4	0	6 Int: Rotating
Veterans Administration Hospital, 111 East End Blvd., 18703	G-72-74	VA	...	500	56	55	0	0	...	...	Res: Surg.
Wilkes-Barre General Hospital, N. River and Auburn Sts., 18702		NPCorp	...	361	11	36	21	9	2	1	10 Int: Rotating; 9 Res: Path., Surg., Urol.
Wilkesburg Columbia Hospital, 312 Penn Ave., 15221		NPCorp	...	278	10	28	24	5	4	0	6 Int: Rotating; 3 Res: ObG, Surg.
Williamsport Williamsport Hospital, 777 Rural Ave., 17701		NPCorp	...	311	9	28	15	5	0	1	8 Int: Rotating; 3 Res: Surg.
York York Hospital, 1001 S. George St., 17403	L-39	NPCorp	...	520	8	45	51	17	0	16	18 Int: Rotating; 24 Res: Med., ObG, Path., Surg.
PUERTO RICO											
Bayamon Puerto Rico Institute of Psychiatry, P. O. Box 127, 00619		NPCorp	...	275	...	...	...	...	...	...	Res: Psych.
Hato Rey Hospital Auxilio Mutuo, Ave. Ponce de Leon, 00918		NPCorp	9	151	7	21	14	4	3	0	16 Int: Rotating, General Practice Program
I. Gonzalez Martinez Oncologic Hospital, Box 1811, 00919	G-78	NPCorp	...	100	19	69	0	0	3	0	8 Res: Path., Rad., Surg.
Ponce Hospital de Damas, Concordia St., 00731		Church	...	153	7	19	13	0	1	0	5 Int: Rotating; 6 Res: Anes., Surg.
Ponce District General Hospital, Bo Machuelo, 00732		State	...	412	...	38	...	...	2	2	20 Int: Rotating; 43 Res: Med., ObG, Path., Ped., Surg.
Rio Piedras Industrial Hospital, Medical Center			...	100	14	0	0	0	...	...	Res: Anes., Rad.
Institute of Legal Medicine, University of Puerto Rico, Caparra Heights Branch, 00935			...	...	...	...	...	...	1	0	1 Res: Forensic Path.
Municipal Hospital Dr. Rafael Lopez Nussa, P. O. Box BR, 00935		City	...	352	8	46	93	...	2	18	46 Int: Rot., St. Surg., St. Ped.; 98 Res: Anes., Med., ObG, Oph., Otol., Path., Ped., Rad., Surg., Urol.
University District Hospital, 00920	M-78#	State	5	317	10	92	138	...	0	16	41 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 191 Res: Anes., Derm., Med., Neur., ObG, Oph., Path., Ped., PMR, Rad., Surg., Urol.
University of Puerto Rico School of Medicine, Dept. of Psychiatry, Box 61, Roosevelt Station, 00928	M-78#	State	...	1,100	123	98	0	0	11	6	28 Res: Psych., Child Psych.
San Juan Presbyterian Hospital, 1451 Ashford Ave., 00907		NPCorp	...	200	6	16	39	4	4	0	8 Int: Rotating; 2 Res: Ped.
Veterans Administration Hospital, 520 Ponce de Leon Ave., 00901	M-78#	VA	3-4	200	19	80	0	0	14	6	36 Res: Med., Oph., Path., PMR, Rad., Surg.
RHODE ISLAND											
Howard State of Rhode Island Medical Center— Institute of Mental Health, Box 5, 02834		State	...	3,000	...	36	0	0	12	0	16 Res: Psych.
Newport Newport Hospital, Friendship St., 02840		NPCorp	...	237	10	36	6	2	8	0	8 Int: Rotating; 1 Res: Path.
U. S. Naval Hospital, 3rd and Cypress Sts., 02840		Navy	2	332	13	91	21	15	0	7	7 Int: Rotating
North Providence Our Lady of Fatima Hospital, 200 High Service Ave., 02904		Church	...	275	12	25	0	0	...	...	Res: Path.
Pawtucket Memorial Hospital, Prospect St., 02860		NPCorp	...	279	10	32	20	2	2	0	8 Int: Rotating; 10 Res: GP, Med., Patb.
Providence Miriam Hospital, 164 Summit Ave., 02906		NPCorp	...	160	10	43	0	0	7	0	12 Int: Rotating; 1 Res: Med.
Providence Lying-in Hospital, 50 Maude St., 02908	M-42	NPCorp	...	208	8	59	79	44	Res: ObG

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								Autopsies on Stillborn	Non-Foreign		
RHODE ISLAND, Providence—Continued											
Rhode Island Hospital 593 Eddy St., 02902		NPCorp	*	680	10	39	0	0	2	20	26 Int: Rotating, St. Med.; 95 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Rad., Surg., Urol.
Roger Williams General Hospital 825 Chalkstone Ave., 02908		NPCorp		227	9	51	10	1	4	0	12 Int: Rotating; 3 Res: Ped.
St. Joseph's Hospital 21 Peace St., 02907		Church		276	9	38	14	8	12	0	14 Int: Rotating; 4 Res: Path.
Veterans Administration Hospital Davis Park, 02908	G-40	VA		393	36	42	0	0	8	7	22 Res: Med., Surg.
Riverside											
Emma Pendleton Bradley Hospital 1011 Veterans Memorial Pkwy., 02915		NPCorp		65	1,050		0	0	4	0	4 Res: Child Psych.
SOUTH CAROLINA											
Charleston											
Charleston County Hospital 325 Calhoun St., 29401	M-79#	County		172	24	20					Res: Med., Oph., Surg.
Medical College Hospital 55 Doughty St., 29401	M-79X	State		463		58	40	6	0	24	42 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 96 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
U. S. Naval Hospital Naval Base, 29408		Navy	2	565	15	46	35	4	0	8	8 Int: Rotating
Veterans Administration Hospital 109 Bee St., 29403	M-79#	VA		308	22	51					Res: Anes., Oph., Psych., Surg.
Columbia											
Columbia Hospital of Richland County 2020 Hampton St., 29204		County		513	9	19	69	3	0	3	15 Int: Rotating; 13 Res: ObG, Ortho., Ped., Surg.
South Carolina State Hospital Columbia Unit 2100 Bull St., 29202		State		3,717	153	46	0	0	1	3	12 Res: Psych.
Florence											
McLeod Infirmary 121 W. Cheves St., 29501		NPCorp	1-2-3	333	8	19	21	1	0	0	6 Int: Rotating
Greenville											
Greenville General Hospital 100 Mallard St., 29601		NPCorp		625	9	34	39	3	0	11	18 Int: Rotating; 24 Res: GP, ObG, Ortho., Path., Ped., Surg.
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr., 29609	G-65	NPCorp		60	52		0	0	0	3	3 Res: Ortho.
Spartanburg											
Spartanburg General Hospital 855 N. Church St., 29303		County		479	8	29	52		0	0	15 Int: Rotating; 6 Res: Surg.
SOUTH DAKOTA											
Sioux Falls											
McKenna Hospital 800 E. 21st St., 57101	M-80	Church	2-3	279	8	31	19	8	0	4	6 Int: Rotating
Sioux Valley Hospital 1123 S. Euclid Ave., 57105	M-80	NPCorp		287	7	47	12	9	0	6	6 Int: Rotating; 4 Res: Path.
Yankton											
Sacred Heart Hospital West 4th St., 57078	M-80	Church		202	6	40	4	2	0	3	4 Res: Surg.
TENNESSEE											
Chattanooga											
Baroness Erlanger Hospital 261 Wiehl St., 37403		CyCo		751	7	35	47	21	1	12	14 Int: Rotating; 54 Res: Anes., Med., ObG, Oph., Ortho., Path., Plast., Surg.
Newell Clinic Hospital 707 Walnut St., 37402		Corp	1	58	6	18	0	0	1	0	3 Res: Surg.
T. C. Thompson Children's Hospital 1001 Glenwood Dr., 37406		CyCo		100	6	55			5	1	6 Res: Ortho., Ped.
Tennessee Valley Authority Division of Health and Safety 715 Edney Building		TVA							0	1	1 Res: Occup. Med.
Knoxville											
East Tennessee Children's Hospital 1912 Laurel Ave., 37916		NPCorp		52	5	48	0	0			Res: Ortho., Path., Ped.
Fort Sanders Presbyterian Hospital 1909 Clinch Ave. S. W., 37916		Church							0	0	1 Res: Path.
St. Mary's Memorial Hospital Oakhill Ave., 37917		State		400	8	20	24		0	0	1 Res: Ortho.
University of Tennessee Memorial Research Center and Hospital 1924 Alcoa Highway, 37920		State	4-5	336	8	42	31	8	0	18	20 Int: Rotating; Res: Anes., GP, Med., ObG, Ortho., Path., Ped., Rad., Surg.
Memphis											
Baptist Memorial Hospital 899 Madison Ave., 38103	M-81	Church		1,087	8	42	45	18	0	22	37 Int: Rotating, St. Med., St. Surg., St. Path.; 47 Res: Med., Neurosurg., ObG, Path., Ped., Rad., Surg.
Campbell Clinic and Hospital 869 Madison Ave., 38104		Corp	1-3	80	10	13			3	20	24 Res: Ortho.
City of Memphis Hospitals 860 Madison Ave., 38103	M-81#	City	4-5	615	10	55	191	96	6	54	62 Int: Rotating, St. Med., St. Surg., St. Ped.; 244 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.
Le Bonheur Children's Hospital 848 Adams Ave., 38103	M-81#	NPCorp		79		77					Res: Ped., Ped. Card.
Memphis and Shelby County Mental Health Center 3628 Sumner Ave., 38122		Misc							0	0	2 Res: Child Psych.
Methodist Hospital 1265 Union Ave., 38104		Church		695	8	42	32	7	1	15	17 Int: Rotating, St. Path.; 38 Res: Med., Neurosurg., ObG, Oph., Otol., Path., Rad., Surg.

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								Autopsies on Stillborn	Foreign		
TENNESSEE, Memphis—Continued											
St. Joseph Hospital 220 Overton Ave., 38101		Church		400	8	43	17	4	0	3	16 Int: Rotating; 11 Res: ObG, Path., Surg.
Tennessee Psychiatric Hospital and Research Institute 865 Poplar Ave., 38105	M-81#	State		173	50				0	13	21 Res: Psych.
University of Tennessee Institute of Pathology 858 Madison Ave., 38102		State							0	0	2 Res: Forensic Path.
Veterans Administration Hospital Park Ave. and Getwell St., 38115	M-81	VA	2-4-5	1,154	39	73	0	0			Res: Derm., Med., Neurosurg., Neur., Oph., Otol., Path., Psych., Rad., Surg., Thor., Urol.
West Tennessee Tuberculosis Hospital 842 Jefferson Ave., 38103	L-81#	State		320	120	54	0	0			Res: Med., Thor.
Nashville											
Baptist Hospital 2000 Church St., 37203		Church		365	7	41	29	4	0	7	16 Int: Rotating; 34 Res: Med., ObG, Path., Ped., Surg.
George W. Hubbard Hospital of the Meharry Medical College 1005 18th Ave., N., 37208	M-82X	Church	4	224	11	50	41	35	0	12	18 Int: Rotating; 41 Res: Med., ObG, Path., Ped., Psych., Rad., Surg., Urol.
Nashville Metropolitan General Hospital 72 Hermitage Ave., 37210	M-83#	City		235	8	51	17				Int: St. Med., St. Surg., St. Ped., St. ObG, St. Path.; Res: Med., Neurosurg., ObG, Otol., Path., Ped., Rad., Surg., Urol.
St. Thomas Hospital 2000 Hayes St., 37203		Church		329	7	41	18		0	2	15 Int: Rotating; 24 Res: Med., ObG, Path., Surg.
State of Tennessee Dept. of Health Cordell Hull Bldg., 37219		State							0	4	8 Res: Public Health
Vanderbilt University Hospital 1161 21st Ave. S., 37203	M-83X	NPCorp		501	9	56	17		0	55	58 Int: St. Med., St. Surg., St. Ped., St. ObG, St. Path.; 193 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 1310 24th Ave. S., 37203	M-83#	VA		498	31	61					Res: Med., Neurosurg., Otol., Path., Rad., Surg., Urol.
Oak Ridge											
Oak Ridge Institute of Nuclear Studies Medical Division E. Vance Rd., P. O. Box 117, 37830		NPCorp		34	9	97	0	0	0	0	1 Res: Path.
TEXAS											
Austin											
Austin State Hospital 4110 Guadalupe St., 78751		State		3,340	223	70	0	0	13	16	34 Res: Psych.
Brackenridge Hospital 15th St. and East Ave., 78701	G-85	City		244	8	36	34	19	0	10	14 Int: Rotating; 7 Res: Path., Surg.
State of Texas Dept. of Health, 78701		State							0	0	2 Res: Public Health
Brooks Air Force Base											
U. S. A. F. School of Aerospace Medicine, 78235		USAF								62	72 Res: Aerospace Med.
Corpus Christi											
Driscoll Foundation Children's Hospital 3533 S. Alameda, P. O. Box 6038, 78411		NPCorp	5	103	24	85	0	0	7	0	12 Res: Ped.
Memorial Medical Center 2606 Hospital Blvd., 78405		CyCo		359	7	35	46	2	0	2	10 Int: Rotating
Dallas											
Baylor University Medical Center 3500 Gaston Ave., 75246	L-84	NPCorp	4-5	791	7	46	58	10	0	18	23 Int: Rotating, St. Med., St. Surg., St. Path.; 56 Res: Colon-Rectal, Med., ObG, Ortho., Path., PMR, Rad., Surg., Thor., Urol.
Children's Medical Center 2306 Welborn St., 75219	M-84#	NPCorp	4-5	220	11	59	132	2	0	4	6 Int: St. Ped.; Res: Neurosurg., Neur., Ped., Ped. All., Ped. Card., Rad., Thor.
Dallas Child Guidance Clinic 2101 Welborn St., 75219		NPCorp							0	0	2 Res: Child Psych.
Gaston Episcopal Hospital 3506 Gaston Ave., 75246		NPCorp		106	8	40	0	0	0	2	3 Res: Surg.
Methodist Hospital of Dallas 301 W. Colorado Blvd., 75208	L-84	Church		460	6	35	41	30	0	17	19 Int: Rotating, St. Path.; 33 Res: Med., ObG, Path., Ped., Rad., Surg.
Parkland Memorial Hospital 5201 Harry Hines Blvd., 75235	M-84#	District	2-4-5	825	10	52	104	8	0	54	54 Int: Rotating, St. Med., St. Surg., St. Path. 129 Res: Anes., Med., Neur., Neurosurg., ObG, Oph., Ortho., Otol., Patb., PMR, Psych., Rad., Surg., Thor., Urol.
Presbyterian Hospital of Dallas 8200 Walnut Hill Lane, 75231	L-84#	Church		223	7	52	2	0			9 Int: Rotating; 2 Res: Colon-Rectal
St. Paul Hospital 5909 Harry Hines Blvd., 75235	L-84	Church		484	7	46	33	12	0	7	15 Int: Rotating, St. Path.; 24 Res: Med., Neurosurg., ObG, Path., Rad., Surg.
Texas Scottish Rite Hospital for Crippled Children 2201 Welborn, 75219	L-84	NPCorp		70	24	50	0	0			Res: Ortho.
Timberlawn Sanitarium 4600 Samuell Blvd., 75223	G-84	Corp	2	140	74	0	0	0			Res: Psych.
University of Texas Southwestern Medical School 5323 Harry Hines Blvd., 75235	M-84	State							0	2	4 Res: Child Psych.
Veterans Administration Hospital 4500 S. Lancaster Rd., 75216	M-84#	VA	2-4-5	778	30	52			0	12	12 Int: St. Med.; Res: Med., Neur., Oph., Ortho., Otol., Path., Psych. Rad., Surg., Thor., Urol.
El Paso											
R. E. Thomason General Hospital 4815 Alameda Ave., 79905		CyCo	9	335	10	47	32	3	4	4	9 Int: General Practice Program; Res: ObG
William Beaumont General Hospital Hayes St., 79920		Army	2-4-5	750	12	90	25	25	0	24	24 Int: Rotating; 52 Res: Med., ObG, Ortho., Path., Ped., Surg.
Fort Hood											
Darnall Army Hospital, 76544		Army	1-3	285	7	40	16	5	0	6	6 Res: Surg.
Fort Worth											
Fort Worth Children's Hospital- Fort Worth Medical Center 1400 Cooper St., 76104		NPCorp		102	5	0	0	0	0	1	2 Res: Ortho.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty Sept. 1, 1966		Positions Offered as of July 1, 1966	Approved Programs
								Autopsies on Stillborn	Foreign		
TEXAS, Fort Worth—Continued											
Harris Hospital-Fort Worth Medical Center 1300 W. Cannon St., 76104		Church		505	7	41	30	5	0	0	3 Int: St. Path.; 8 Res: Anes., Path.
John Peter Smith Hospital 1500 S. Main St., 76104	G-84	District	2-3-4-5	208	7	40	54	7	0	18	24 Int: Rotating, General Practice Program
St. Joseph Hospital 1401 S. Main St., 76104		Church		274	7	31	10	0	0	0	8 Int: Rotating; 4 Res: Path., Surg.
U. S. Public Health Service Hospital 3150 Horton Rd., 76119	G-84	USPHS	2-4	775	174	68					Res: Psych.
Galveston											
University of Texas Medical Branch Hospitals 8th and Mechanic Sts., 77550	M-85X	State	4-5	1,024	18	55	33	7	2	26	42 Int: Rotating, St. Med., St. Surg., St. Ped.; 200 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Houston											
Baylor University Affiliated Hospitals, 77025	M-86										Res: Derm.
Ben Tau General Hospital 1502 Taub Loop, 77025	M-86#	District	4-5	622	10	49	157	3	0	52	71 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path. Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Hermann Hospital 1203 Ross Sterling Ave., 77025		NPCorp	6	687	7	47	54	24	1	10	18 Int: Rotating; 56 Res: Anes., Colon-Rectal, Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.
Houston State Psychiatric Institute for Research and Training 1300 Moursund Ave., 77025	L-86#	State		39	67	0	0	0	0	4	8 Res: Psych., Child Psych.
Jefferson Davis Hospital 1502 Taub Loop, 77019		CyCo									Res: ObG, Path., Ped.
Memorial Baptist Hospital 1100 Louisiana, 77002	L-85	Church		984	7	27	48	14	1	7	10 Int: Rotating; 6 Res: GP
Methodist Hospital 6516 Bertner Ave., 77025	M-86#	Church	6	843	10	62	31	15			Int: St. Med., St. Surg.; Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor.
St. Joseph's Hospital 1919 La Branch, 77002		Church		750	7	44	44	18	2	2	9 Int: Rotating; Res: Anes., Med., ObG, Path., Rad., Surg.
St. Luke's Episcopal Hospital 6720 Bertner Ave., 77025	M-86#	Church		297	8	56	26	8			Res: Anes., Med., ObG, Path., Surg., Thor., Urol.
Southern Pacific Hospital 2015 Thomas St., 77009		NPCorp		125	11	13	0	0	1	2	3 Res: Surg.
Texas Children's Hospital 6621 Fannin St., 77025	M-86#	NPCorp		106	6	81	0	0			Int: St. Ped., St. Path.; Res: Anes., Path., Ped., Ped. All., Ped. Card., Plast., Surg., Thor., Urol.
Texas Institute for Rehabilitation and Research 1333 Moursund Ave., 77025	M-86#	NPCorp		55	30	67					Res: PMR
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave., 77025	G-85-86	State	6	280	14	70			14	12	35 Res: Anes., Med., Path., Rad., Surg.
Veterans Administration Hospital 2002 Holcombe Blvd., 77031	M-86#	VA	4-5	1,266	40	66					Int: St. Med., St. Surg.; Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Lubbock											
Methodist Hospital 3615 19th St., 79410		Church	8	314	7	43	15	3	0	0	1 Res: Path.
San Antonio											
Baptist Memorial Hospital 111 Dallas St., 78205		Church		486	6	38	47	34	8	2	12 Int: Rotating; 13 Res: GP, Path., Rad.
Brooke General Hospital Fort Sam Houston, 78234		Army	2-3-6	1,150	21	83	14	7	0	33	33 Int: Rotating; 136 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
Robert R. Green Memorial Hospital 527 N. Leona St., 78207		District	4-5	306	7	56	74	8	5	18	30 Int: Rotating, St. Med., St. Surg., St. Ped.; 60 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Plast., Rad., Surg.
Santa Rosa Medical Center 745 W. Houston St., 78207		Church		811	7	41	70	43	10	0	15 Int: Rotating; Res: Ortho., Path., Ped., Plast., Rad.
Wilford Hall U. S. A. F. Hospital Lackland Air Force Base, 78236		USAF	2-3-4-5	1,000	15	86	18	11	0	49	44 Int: Rotating, St. Med., St. Ped.; 137 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Rad., Surg., Thor., Urol.
Temple											
Scott and White Memorial Hospital 2401 S. 31st St., 76501		NPCorp							1	2	8 Int: Rotating; 19 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Veterans Administration Hospital South First Street, 76501		VA		800	85	45					Res: Surg.
Terrell											
Terrell State Hospital Box 70, 75160	G-84	State		2,700							Res: Psych.
UTAH											
Ogden											
St. Benedict's Hospital 3000 Polk Ave., 84403		Church		188	6	44	8	7	0	0	10 Int: Rotating
Thomas D. Dee Memorial Hospital 2440 Harrison Blvd., 84401	L-87	Church		275	6	46	22	14	0	5	14 Int: Rotating; 14 Res: GP, ObG, Path., Surg.
Provo											
Utah State Hospital 1500 E. Center St., 84601	L-87	State		690	267	11	0	0			Res: Psych.
Salt Lake City											
Holy Cross Hospital 1045 E. 1st South St., 84102	L-87	Church		300	6	50	19	7	0	6	8 Int: Rotating; 7 Res: Anes., ObG, Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Non-Foreign		
UTAH, Salt Lake City—Continued											
Latter-day Saints Hospital. 325 8th Ave., 84103	L-87	Church	...	436	7	50	46	12	0	24	24 Int: Rotating; 46 Res: GP, Med., ObG, Ortho., Path., Ped., Plast., Rad, Surg., Thor.
Primary Children's Hospital. 320 12th Ave., 84103	L-87	Church	*	125	5	63	...	...	0	2	2 Res: Anes., Ortho., Ped., Plast., Rad.
St. Mark's Hospital. 803 N. 2nd St., W., 84103	L-87	Church	...	260	7	54	10	0	0	2	8 Int: Rotating; ... Res: Anes., Ortho., Surg.
Shriners Hospital for Crippled Children. Fairfax Ave. at Virginia St., 84103	L-87	NPCorp	*-*	60	49	0	0	0	...	...	... Res: Anes., Ortho., Ped.
University Hospital. 60 N. Medical Drive, 84112	M-87#	State	...	261	10	82	9	7	0	36	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 116 Res: Anes., Med., Neur., ObG, Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital. 500 Foothill Dr., 84113	M-87#	VA	...	537	62	70	...	...	...	...	... Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; ... Res: Anes., Med., Neur., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.
VERMONT											
Bonnington											
Henry W. Putnam Memorial Hospital. Dewey St., 05201	...	NPCorp	...	110	8	39	10	8	1	1	4 Res: GP
Burlington											
DeGoesbriand Unit. S. Prospect St., 05401	M-88#	Church	*	269	8	68	13	6	1	10	13 Int: Rotating, St. Path.; ... Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
Mary Fletcher Unit. Colchester Ave., 05401	M-88#	NPCorp	*	319	9	81	16	13	0	16	20 Int: Rotating, St. Path.; ... Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
Medical Center Hospital of Vermont (includes DeGoesbriand Unit and Mary Fletcher Unit).	M-88#	Misc.	...	...	...	...	...	...	...	...	... Int: Rotating, St. Path.; 106 Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
Vermont Rehabilitation Center. 25 Colchester Ave., 05401	...	State	...	...	...	...	...	...	...	...	... Res: PMR.
White River Junction											
Veterans Administration Hospital. N. Hartland Rd., 05001	M-52#	VA	...	200	22	91	0	0	...	...	... Res: Med., Neurosurg., Ortho., Surg., Urol.
VIRGINIA											
Alexandria											
Alexandria Hospital. 4320 Seminary Rd., 22314	...	NPCorp	...	323	10	42	57	27	2	0	6 Res: Path., Ped., Surg.
Arlington											
Arlington Hospital. 5129 N. 16th St., 22205	...	NPCorp	...	247	...	...	...	...	...	...	... Res: Ortho.
National Orthopaedic and Rehabilitation Hospital. 2465 Army-Navy Dr., 22206	...	NPCorp	...	110	12	28	0	0	0	3	4 Res: Ortho.
Charlottesville											
University of Virginia Hospital. Jefferson Park Avenue, 22903	M-89X	State	...	551	10	48	33	22	0	36	38 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 163 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Psych., Rad., Surg., Thor., Urol.
Clifton Forge											
Chesapeake and Ohio Railway Employees' Hospital. Ridgeway St., 24422	G-89	NPCorp	...	205	8	34	5	0	...	...	... Res: Surg.
Danville											
Memorial Hospital. 142 S. Main St., 24541	...	NPCorp	...	333	7	36	25	0	2	4	7 Res: Path., Urol.
Falls Church											
Fairfax Hospital. 3300 Gallows Rd., 22046	M-20#	NPCorp	...	282	7	47	47	17	1	5	12 Int: Rotating; ... Res: ObG
Fort Belvoir											
DeWitt Army Hospital. Building 808, 22060	...	Army	*	240	9	66	3	20	0	6	6 Res: Surg.
Lynchburg											
Lynchburg General Hospital. Tate Springs Rd., 24504	...	NPCorp	...	250	6	24	45	4	...	...	... Res: Surg.
Newport News											
Riverside Hospital. J. Clyde Morris Blvd., 23606	...	NPCorp	...	450	8	49	31	6	16	2	12 Int: Rotating; 12 Res: GP, ObG, Rad., Surg.
Norfolk											
DePaul Hospital. Kingsley Lane and Granby St., 23505	L-90	Church	...	300	7	87	27	23	12	0	12 Int: Rotating; 18 4 26 Res: GP, Med., ObG, Path., Rad., Surg.
King's Daughters Children's Hospital. 609 Colley Ave., 23507	...	Church	...	92	5	72	...	...	2	0	6 Res: Ped.
Norfolk Community Hospital. 2539 Corpew Ave., 23504	G-21	NPCorp	...	114	...	...	...	...	1	1	2 Res: GP
Norfolk General Hospital. 600 Gresham Dr., 23507	...	NPCorp	*	506	9	35	42	11	1	14	16 Int: Rotating; 37 Res: GP, Med., ObG, Path., Plast., Rad., Surg., Urol.
Norfolk Naval Shipyards. U. S. Public Health Service Hospital. 6500 Hampton Blvd., 23508	...	Navy USPHS	*-*	210	16	63	...	...	0	8	2 Res: Occup. Med. 8 Int: Rotating; 6 Res: GP
Petersburg											
Central State Hospital. Box 271, 23830	...	State	...	5,399	967	6	0	0	12	1	15 Res: Psych.
Portsmouth											
Maryview Hospital. 3636 High St., 23707	...	Church	...	210	8	41	8	1	0	0	4 Res: GP, Path.
Portsmouth General Hospital. 900 Leckie St., 23704	...	NPCorp	...	252	6	34	34	3	8	0	8 Res: GP
U. S. Naval Hospital, 23708.	...	Navy	*-*	1,512	19	72	56	31	0	24	23 Int: Rotating; 48 Res: Med., ObG, Ortho., Ped., Surg.

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								Autopsies on Stillborn	Foreign		
VIRGINIA—Continued											
Richmond											
Crippled Children's Hospital 2924 Brook Rd., 23220		NPCorp	2	100	58	33	0	0	0	1	1 Res: Ortho.
Johnston-Willis Hospital 2908 Kensington Ave., 23221		Corp		265	10	43	17	3	7	4	14 Int: Rotating; 6 Res: Surg.
Medical College of Virginia— Hospital Division 1200 E. Broad St., 23219	M-90X	State	4-5	1,181	10	51	109	5	3	65	88 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 268 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Psych., Rad., Surg., Urol.
Office of the Chief Medical Examiner 404-06 N. 12th St., 23219									0	0	2 Res: Forensic Path.
Richmond Memorial Hospital 1300 Westwood Ave., 23227		NPCorp		430	10	35	40	7	1	0	12 Int: Rotating; 14 Res: Path., Surg.
St. Elizabeth's Hospital 617 W. Grace St., 23220		Corp		70	11	42	0	0	1	0	6 Res: Surg.
State of Virginia Dept. of Public Health, 23219		State							0	0	2 Res: Public Health
Veterans Administration Hospital 1201 Broad Rock Rd., 23225	M-90	VA	4	941	39	62	0	0	8	9	29 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Rad., Surg., Thor., Urol.
Virginia Treatment Center for Children 515 N. 10th St., 23219	L-90		2	40					1	1	6 Res: Child Psych.
Roanoke											
Community Hospital of Roanoke Valley (formerly Jefferson Hospital and Lewis- Gale Hospital) 101 Elm Ave., S.E., 24008											12 Int: Rotating; Res: Surg.
Jefferson Hospital (to be included in Com- munity Hospital of Roanoke Valley), 1313 Franklin Rd., S.W., 24016		Corp									Int: Rotating
Lewis-Gale Hospital (to be included in Community Hospital of Roanoke Val- ley), 3rd St. and Luck Ave. S.W., 24007		Corp									Int: Rotating;
Roanoke Memorial Hospitals Bellevue and Lake Aves., 24014		NPCorp		475	10	35	28	2	0	12	20 Int: Rotating; 11 Res: Path., Surg.
Suffolk											
Louise Obici Memorial Hospital P. O. Box 1100, 23434		NPCorp		178	7	34	21	1	6	0	6 Res: GP
Williamsburg											
Eastern State Hospital, 23185		State		2,227	240	13	0	0	2	1	12 Res: Psych.
WASHINGTON											
Fort Steilacoom											
Western State Hospital (see Tacoma, Wash.)											
Olympia											
State of Washington Dept. of Health, Public Health Bldg.		State							0	6	8 Res: Public Health
Richland											
Hanford Occupational Health Foundation, 99352		NPCorp							0	0	1 Res: Occup. Med.
Seattle											
Boeing Company P. O. Box 3707, 98111		Corp							0	0	2 Res: Occup. Med.
Children's Orthopedic Hospital and Medical Center 4800 Sand Point Way N.E., 98105	M-91	NPCorp	4-5	218	5	86	0	0	0	10	10 Int: St. Ped.; Res: Anes., Oph., Ortho., Otol., Path., Ped., Ped. All.
Doctors Hospital 909 University St., 98101		NPCorp		183	5	41	9	7	4	4	8 Int: Rotating; 3 Res: Path., Surg.
Group Health Hospital 201-16th Ave., East, 98102		NPCorp	9	155	6	58	11	9	0	0	2 Int: General Practice Program; 2 Res: Path.
King County Hospital 325 9th Ave., 98104	M-91	County		556		58	10	10			Int: Rotating, St. Med., St. Surg.; Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Fed. All., PMR, Psych., Rad., Surg., Urol.
Providence Hospital 17th and E. Jefferson St., 98122	G-91	Church		287	6	51	15	5	0	0	21 Int: Rotating, St. Med.; 23 Res: Anes., GP, Med., Path., Surg.
St. Frances Xavier Cabrini Hospital 929 Terry Ave., 98104		Church		228	6	52	7	3	0	1	2 Res: Path.
Swedish Hospital Medical Center 1212 Columbia St., 98104	L-91	NPCorp		389	7	53	30	5	1	6	12 Int: Rotating; 32 Res: Anes., ObG, Ortho., Path., Rad., Surg.
U. S. Public Health Service Hospital 1131 14th Ave. S., 98114	M-91	USPHS	2-4-5	290	15	82	0	0	0	18	20 Int: Rotating; Res: Med., Oph., Ortho., Otol., Path., Surg.
University Hospital 1959 N. E. Pacific Ave., 98105	M-91X	State	4-5	272	8	84	23	17			Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Psych., Child Psych., Rad., Surg., Urol.
University of Washington Affiliated Hos- pitals (includes positions at the Child- ren's Orthopedic Hospital and Medical Center, King County Hospital, Univer- sity Hospital, Veterans Administration Hospital)									21	227	41 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 317 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
University of Washington School of Medicine, 98105									3	3	18 Res: Gen. Prev. Med. Int: St. Med.
Veterans Administration Hospital 4435 Beacon Ave. S., 98108	M-91	VA	2-4	320	24	84	0	0			Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Path., PMR, Psych., Rad., Surg., Urol.
Virginia Mason Hospital 1111 Terry Ave., 98101	L-91	NPCorp		228	6	68	12	10	0	13	14 Int: Rotating, St. Med.; 35 Res: Anes., Med., Path., Rad., Surg.

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								Autopsies on Stillborn	Foreign		
WASHINGTON, Seattle—Continued											
Sedro-Woolley											
Northern State Hospital Box 309, 98284		State		1,085		46	0	0	5	8	9 Res: Psych.
Spokane											
Deaconess Hospital 800 W. 5th Ave., 99210		Church		294	5	41	14	8	0	12	12 Int: Rotating; 2 Res: Path.
Saered Heart Hospital 101 W. 8th Ave., 99204		Church		478	6	37	22	12	1	0	14 Int: Rotating; 16 Res: GP, ObG, Path., Rad., Surg.
Shriners Hospital for Crippled Children 820 N. Summit Blvd., 99201	G-91	NPCorp	2-3	40	60		0	0			Res: Ortho.
Tacoma											
Madigan General Hospital Fort Lewis, 98431	L-91	Army	2-4-5	560	10	86	26	23	0	24	24 Int: Rotating; 44 Res: Med., ObG, Path., Ped., Surg.
Pierce County Hospital 215 S. 36th St., 98408		County	4	205	9	34	7	2			Res: Path.
Tacoma General Hospital 315 South K St., 98405	G-91	NPCorp			6	31	18	7	2	1	4 Res: Anes., Path., Forensic Path.
Western State Hospital Fort Steilacoom, 98494		State		1,987	58	43	0	0	3	6	12 Res: Psych.
WEST VIRGINIA											
Beckley											
Beckley Appalachian Regional Hospital Stanaford Rd., P. O. Box 1149, 25801		NPCorp		215	8	53	7	0	11	1	22 Res: Med., Path., Ped., Surg.
Charleston											
Charleston General Hospital Brooks St. and Elmwood Ave., 25325		NPCorp		285	9	65	7	5	0	0	8 Int: Rotating; 28 Res: GP, Med., Path., Plast., Surg., Urol.
Memorial Hospital 3200 Noyes Ave., S.E., 25304		NPCorp		292	7	50	35	29	1	3	19 Int: Rotating, St. Med.; 21 Res: Med., ObG, Path., Ped., Plast., Surg., Urol.
Huntington											
Cabell Huntington Hospital 1340 16th St., 25701		NPCorp	2-3-4	280	7	37	28	9	0	4	8 Int: Rotating; 2 Res: Path.
Chesapeake and Ohio Hospital 1801 6th Ave., 25703		NPCorp		177	10	26					Res: Surg.
St. Mary's Hospital 2900 1st Ave., 25702		Church		380	7	25	26	4	2	1	14 Int: Rotating; 4 Res: Path.
Martinsburg											
Veterans Administration Center, 25401	L-20	VA	2	765	59	50	0	0	0	0	4 Res: Path.
Morgantown											
West Virginia University Medical Center Medical Center, 26506	M-92X	State	4-5	407	12	63	11	11	0	15	26 Int: St. Med., St. Surg., St. Ped., St. Path.; 118 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Ped. All., Rad., Surg., Urol.
Phillippi											
Broaddus Hospital College Hill, 26416		NPCorp		102	8	44	2	2	2	1	3 Res: Surg.
Wheeling											
Ohio Valley General Hospital 2000 Eoff St., 26003		NPCorp	6	425	10	39	24	4	0	3	15 Int: Rotating; 20 Res: Anes., ObG, Path., Rad., Surg.
Wheeling Hospital 109 Main St., 26003		Church	6	236	9	37	15	3	7	0	10 Int: Rotating; 4 Res: GP
WISCONSIN											
Eau Claire											
Luther Hospital 310 Chestnut St., 54701		NPCorp		315	8	45	8	3	0	0	3 Res: Path.
La Crosse											
Lutheran Hospital, Gunderson Clinic 1836 South Ave., 54601		Church		350	7	37	4	2	0	3	8 Int: Rotating; 4 Res: Ped., Surg.
Madison											
Children's Treatment Center 3814 Harper Road, 53700	M-93X	NPCorp									Res: Child Psych.
Madison General Hospital 925 Mound St., 53715	L-93	NPCorp		456	9	58	17	9	0	4	6 Int: Rotating; 10 Res: Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.
Mendota State Hospital 301 Troy Dr., 53704	L-93X	State		818	110	52	0	0			Res: Psych.
St. Mary's Hospital 720 S. Brooks St., 53715	M-93	Church		282	7	53	15	7			Res: ObG, Ortho., Ped.
State of Wisconsin Board of Health, 53702		State							0	1	1 Res: Public Health
University Hospitals 1300 University Ave., 53706	M-93X	State		770	13	77	14	14	2	37	45 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 218 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 2500 Overlook Terrace, 53705	M-93#	VA		475	25	79	0	0	1	1	4 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Surg., Urol.
Wisconsin Diagnostic Center 1552 University Ave., 53705	L-93	NPCorp		58	42						Res: Child Psych.
Marshfield											
Marshfield Clinic 650 S. Central Ave., 54449	G-93	NPCorp									Res: Derm.
St. Joseph's Hospital 611 St. Joseph's Ave., 54449		Church		358	9	42	14	2	0	0	8 Int: Rotating; 6 Res: Path., Surg.
Milwaukee											
Columbia Hospital 3321 N. Maryland Ave., 53211	G-94	NPCorp		259	10	74	13	12	1	4	13 Int: Rotating; 7 Res: Med., Ortho., Path., Rad., Surg.
Evangelical Deaconess Hospital 620 N. 19th St., 53233		Church		302	9	44	11	7	18	0	18 Int: Rotating; 19 Res: GP, Path., Rad., Surg.
Lutheran Hospital of Milwaukee 2200 W. Kilbourn Ave., 53233	G-94	Church		343	9	48	17	10	0	5	13 Int: Rotating, St. Path.; 13 Res: ObG, Oph., Path., Rad., Surg.
Milwaukee Children's Hospital 1700 W. Wisconsin Ave., 53233	M-94	NPCorp	6	200	6	83	0	0	0	0	5 Int: St. Ped.; 33 Res: Neur., Oph., Ortho., Path., Ped., Ped. All., Ped. Card., Psych., Child Psych., Surg., Thor.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty Sept. 1, 1966		Positions Offered as of July 1, 1968	Approved Programs
									Foreign	Non-Foreign		
WISCONSIN, Milwaukee—Continued												
Milwaukee County General Hospital..... 8700 W. Wisconsin Ave., 53226	M-94	County	4	1,142	8	50	36	27	0	43	54 Int: Rotating, St..Med., St. Surg., St. Path.; 223 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., Ped. All., PMR, Surg., Thor., Urol.	
Milwaukee County Mental Health Center—North Division..... 8844 Watertown Plank Rd., 53226	L-94	County	...	848	102	0	0	0	1	10	28 Res: Psych., Child Psych.	
Milwaukee Hospital (See Lutheran Hospital of Milwaukee)												
Mount Sinai Hospital..... 948 N. 12th St., 53233		NPCorp	...	358	8	44	34	24	7	3	17 Int: Rotating; 19 Res: Med., ObG, Path., Surg.	
St. Francis Hospital..... 3237 S. 16th St., 53215		Church	2	267	8	29	12	8	0	0	12 Res: GP, Path.	
St. Joseph's Hospital..... 5000 W. Chambers St., 53210	L-94	Church	...	359	7	54	37	7	0	7	15 Int: Rotating; 24 Res: ObG, Path., Rad., Surg.	
St. Luke's Hospital..... 2900 W. Oklahoma Ave., 53215		NPCorp	...	526	8	49	20	17	9	0	12 Int: Rotating; 9 Res: GP, Path., Rad., Surg.	
St. Mary's Hospital..... 2320 N. Lake Dr., 53211		Church	...	311	9	42	21	10	1	0	10 Int: Rotating; 2 Res: Path.	
St. Michael Hospital..... 2400 W. Villard Ave., 53209		Church	...	306	8	45	17	3	10	0	12 Int: Rotating; 12 Res: GP	
Veterans Administration Hospital..... S. 54th and National Ave. (Wood), 53193	M-94	VA	4-5	966	41	75	0	0	...	...	... Res: Anes., Derm. Med., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Surg., Thor., Urol.	
Wauwatosa												
Milwaukee Psychiatric Hospital..... 1220 Dewey Ave., 53213		NPCorp	...	136	94	80	0	0	...	...	... Res: Psych.	
West Allis												
Allis-Chalmers Mfg. Co., 53214.....		Corp	...	...	...	...	...	...	0	0	1 Res: Occup. Med.	
Winnebago												
Winnebago State Hospital..... Box H. 54985		State	2	887	107	34	...	...	...	...	... Res: Psych.	

ABBREVIATIONS AND NOTES

1. Appointments restricted to men only.
 2. U. S. citizenship required for appointment.
 3. Foreign medical graduates not eligible for appointment.
 4. Dental internships available.
 5. Dental residencies available.
 7. Two-year family practice program.
 8. Hospital operated by the New York City Department of Hospitals.
 9. Two-year pilot general practice program.
- X Hospital owned by medical school.
- # Medical school has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching.
- ‡ Discharges (instead of admissions) in internship and residency lists.
- | | |
|--------|---------------------------------------|
| CyCo | City and County |
| Corp | Corporation unrestricted as to profit |
| Dist | Hospital District |
| NPCorp | Nonprofit corporation |
| Part | Partnership |
| St. | Straight (internship) |
| TVA | Tennessee Valley Authority |

- Abbreviations for Specialties:
- | | |
|-----------------|--------------------------------------|
| Anes. | Anesthesiology |
| Aerospace Med. | Aerospace Medicine |
| Child Psych. | Child Psychiatry |
| Colon-Rectal | Colon and Rectal Surgery |
| Derm. | Dermatology |
| Forensic Path. | Forensic Pathology |
| GP | General Practice |
| Gen. Prev. Med. | General Preventive Medicine |
| Med. | Internal Medicine |
| Neurosurg. | Neurological Surgery |
| Neur. | Neurology |
| ObG | Obstetrics-Gynecology |
| Occup. Med. | Occupational Medicine |
| Oph. | Ophthalmology |
| Ortho. | Orthopedic Surgery |
| Otol. | Otolaryngology |
| Path. | Pathology |
| Ped. All. | Pediatric Allergy |
| Ped. | Pediatrics |
| Ped. Card. | Pediatric Cardiology |
| PMR | Physical Medicine and Rehabilitation |
| Plast. | Plastic Surgery |
| Prev. Med. | Preventive Medicine |
| Psych. | Psychiatry |
| Rad. | Radiology |
| Surg. | Surgery |
| Thor. | Thoracic Surgery |
| Urol. | Urology |

Medical School Affiliations

Footnotes 10 to 99 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

Hospitals have been identified with the symbol **M** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **L** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. **G** indicates a hospital used by the school for graduate training programs only.

- | | |
|---|---|
| 10. Medical College of Alabama, Birmingham, Ala. | 18. Yale University School of Medicine, New Haven |
| 11. University of Arkansas School of Medicine, Little Rock, Ark. | 19. Georgetown University School of Medicine, Washington, D. C. |
| 12. Loma Linda University School of Medicine, Loma Linda, California | 20. George Washington University School of Medicine, Washington, D. C. |
| 13. University of California School of Medicine, Los Angeles | 21. Howard University College of Medicine, Washington, D. C. |
| 14. University of Southern California School of Medicine, Los Angeles | 22. University of Florida College of Medicine, Gainesville, Fla. |
| 15. Stanford University School of Medicine, Palo Alto, Calif. | 23. University of Miami School of Medicine, Coral Gables, Fla. |
| 16. University of California School of Medicine, San Francisco | 24. Medical College of Georgia, Augusta, Georgia |
| 17. University of Colorado School of Medicine, Denver | 25. Emory University School of Medicine, Emory University, Atlanta, Georgia |

26. Chicago Medical School, Chicago
27. Northwestern University Medical School, Chicago
28. Loyola University Stritch School of Medicine, Chicago
29. University of Chicago School of Medicine, Chicago
30. University of Illinois College of Medicine, Chicago
31. Indiana University School of Medicine, Indianapolis
32. State University of Iowa College of Medicine, Iowa City
33. University of Kansas School of Medicine, Kansas City, Kansas
34. University of Kentucky School of Medicine, Lexington
35. University of Louisville School of Medicine, Louisville
36. Louisiana State University School of Medicine, New Orleans
37. Tulane University School of Medicine, New Orleans
38. Johns Hopkins University School of Medicine, Baltimore
39. University of Maryland School of Medicine, Baltimore
40. Boston University School of Medicine, Boston
41. Harvard Medical School, Boston
42. Tufts University School of Medicine, Boston
43. University of Michigan Medical School, Ann Arbor, Mich.
44. Wayne State University College of Medicine, Detroit
45. University of Minnesota Medical School, Minneapolis
46. University of Mississippi School of Medicine, Jackson, Miss.
47. University of Missouri School of Medicine, Columbia, Mo.
48. St. Louis University School of Medicine, St. Louis, Mo.
49. Washington University School of Medicine, St. Louis, Mo.
50. Creighton University School of Medicine, Omaha, Neb.
51. University of Nebraska College of Medicine, Omaha, Neb.
52. Dartmouth Medical School, Hanover, N. H.
53. New Jersey College of Medicine and Dentistry, Jersey City, N. J.
54. Albany Medical College of Union University, Albany, N. Y.
55. State University of New York at Buffalo School of Medicine, Buffalo, N. Y.
56. Albert Einstein College of Medicine of Yeshiva University, New York City
57. Columbia University College of Physicians and Surgeons, New York City
58. Cornell University Medical College, New York City
59. New York Medical College, Flower and Fifth Avenue Hospitals, New York City
60. New York University College of Medicine, New York City
61. State University of New York Downstate Medical Center (Brooklyn), New York City
62. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
63. State University of New York, Upstate Medical Center, Syracuse, N. Y.
64. University of North Carolina School of Medicine, Chapel Hill
65. Duke University School of Medicine, Durham, N. C.
66. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
67. University of Cincinnati College of Medicine, Cincinnati
68. Western Reserve University School of Medicine, Cleveland, Ohio
69. Ohio State University College of Medicine, Columbus
70. University of Oklahoma School of Medicine, Oklahoma City
71. University of Oregon Medical School, Portland
72. Hahnemann Medical College and Hospital of Philadelphia
73. Jefferson Medical College of Philadelphia
74. Temple University School of Medicine, Philadelphia
75. University of Pennsylvania School of Medicine, Philadelphia
76. Woman's Medical College of Pennsylvania, Philadelphia
77. University of Pittsburgh School of Medicine, Pittsburgh
78. University of Puerto Rico School of Medicine, San Juan
79. Medical College of South Carolina, Charleston
80. University of South Dakota School of Medicine, Vermillion, S. D.
81. University of Tennessee College of Medicine, Memphis
82. Meharry Medical College, Nashville, Tenn.
83. Vanderbilt University School of Medicine, Nashville, Tenn.
84. University of Texas Southwestern Medical School, Dallas
85. University of Texas Medical Branch, Galveston, Texas
86. Baylor University College of Medicine, Houston
87. University of Utah College of Medicine, Salt Lake City
88. University of Vermont College of Medicine, Burlington, Vt.
89. University of Virginia School of Medicine, Charlottesville
90. Medical College of Virginia, Richmond
91. University of Washington School of Medicine, Seattle
92. West Virginia University School of Medicine, Morgantown
93. University of Wisconsin Medical School, Madison
94. Marquette University School of Medicine, Milwaukee
95. University of California—California College of Medicine, Los Angeles
96. University of New Mexico School of Medicine, Albuquerque
97. University of North Dakota School of Medicine, Grand Forks
98. Michigan State University College of Medicine, East Lansing
99. Rutgers—The State University, New Brunswick

The National Intern Matching Program

The Directory of Approved Internships lists all of the hospitals approved by the Council on Medical Education and Hospitals of the AMA for the conduct of intern-training programs. Over 98% of these hospitals participate in the matching program for internship appointment. The matching program is limited to those hospitals which have signed an agreement to participate in the matching program for the coming year and to abide by the rules and regulations. The NIMP does not approve hospitals for internship training nor does it limit the number of interns a hospital may seek through the program except that the number sought may not exceed the number authorized by the AMA. Hospitals that participate in the program, however, are required to list all of their first year internship programs and approved complements with NIMP. The only conditions under which a hospital may secure a portion of its intern complement outside of NIMP is with the appointment of second year interns, foreign medical school graduates who do not participate in the program or if the starting date of the internship is not within the scope of the matching program dates. To allow for these conditions the Directory contains one column showing the authorized complement of interns and another column indicating the number sought through the matching program. Those hospitals not participating in the matching program will be identified by footnote reference and also by the fact that they have no assigned NIMP code number.

In this Directory the federal services, except for the Veterans Administration, are listed first. Please note that in applying for internship training in the Air Force, the Army, the Navy, or the Public Health Service, the student applies, insofar as the matching is concerned, directly to the service involved and not to a specific hospital. The student, however, may be requested by the government service involved to designate several service hospitals in order of choice. If matched, the service will attempt to meet the student's first choice. In cases in which this is not possible, the student may be assigned another of his choices within that service. Each service is completely separate, and this assignment to a particular hospital is performed entirely by the service involved. In the matching program, the student is matched only to the service itself, and not to a particular hospital within it. The government services do not issue internship contracts. Following the listing of the federal services all participating hospitals are listed alphabetically by state, within each state by city, and within the city by the name of the hospital. In writing

to a hospital the student should address the Chairman of the Intern Committee except where otherwise noted.

The Directory of Approved Internships includes additional information of a statistical nature and also lists the name of the program director in most instances. Note that the address of the hospital is not included in this list but will be found along with certain other basic data in the consolidated list of hospitals with approved graduate training programs preceding this portion of the Directory.

The code number designates one specific type of internship at one particular hospital. It is to be used by the student on the confidential preference blank he fills out to indicate his choice among the internships for which he has applied. The code is a device to increase the accuracy of identification.

If a student is applying to a hospital which offers several different types of internships, he must indicate on his confidential preference blank his preference for the specific type of internship in that hospital for which he has applied. For example, if a student applies for an internship in straight surgery and also a general rotating internship at the same hospital, he must rank these just as if they were separate hospitals.

In a few of the larger hospitals the situation is complex. At Boston City Hospital, for example, there are several different services offering internships in straight surgery. The student must be sure to indicate in his order of choice the service or services for which he has applied.

Because of the intense desire of some hospitals to secure interns and because of an equally strong desire of some students to intern at a particular hospital, pressure may be brought by either party on the other to force an early commitment. Such demands are contrary to the regulations agreed to by both student and hospital. Moreover, in the matching plan only the confidential rating blanks of hospital and of the student are official and what is given there and confirmed is final.

The matching plan does not penalize either group from taking "flyers." Should a student apply to a hospital in which he thinks his chances of acceptance are poor, his chances at his second choice hospital are just as good as if he had rated it first. Similarly, if a hospital rates as its first choice a man it believes it has little chance of securing, and does not secure him, this hospital will have just as good a chance to get its second-choice man as if it had rated him first.

WHAT THE PARTICIPATING STUDENT DOES

The student participating in the matching program for internship appointment this year should complete in turn each of the following steps:

1. He registers with the plan by signing an agreement to abide by the regulations and paying a fee of \$2.00. The dean of each medical school has full information and the agreement forms. The student retains a copy of the agreement on the reverse side of which is a schedule of dates.

2. He corresponds with, visits, and learns about the hospitals in which he is interested. Students participating in the matching program may apply to any NIMP member hospital listed in this directory. The hospitals listed here have agreed not to offer internship appointments to anyone not in the plan until March 11, 1968.

3. He applies for internship to any hospital listed in this directory by filing an application, taking tests, being interviewed, etc., according to the requirements of the hospital.

In his relations with the hospital the participating student has agreed that he will not request or demand that the hospital state how it will rank him, and he has indicated that he understands that both he and the hospital have the right to change their minds at any time prior to the submission of the official confidential rating blank.

4. He requests his dean to supply credentials and letters of recommendation to the hospital where he has applied. This material will be sent by the dean between Oct. 1 and January 10, 1968.

5. The student submits, on a form sent to him, the confidential rank order list of his preference among the internships for which he has applied. This list is to be mailed so as to arrive at the NIMP office in Evanston on or before Jan. 22, 1968. The confidential lists should be submitted as early as the senior has definitely decided about the rank order of his hospitals.

6. The student will receive before Feb. 9, 1968, a confirmation of his rank order list. Any errors in this list should be reported immediately to the NIMP. Corrections cannot be made after Feb. 15, 1968, when the matching process takes place.

7. The student will receive on Mar. 11, the name of the hospital with which he has been matched. This information will be given to the student by his dean.

8. The student will receive from the hospital confirmation of the fact that he is to intern there and will complete arrangements with the hospital.

Fundamental to the plan is the freedom of both the student and the hospital to establish contact with each other and independently to arrive at a judgment of relative merit. Neither student nor hospital is handicapped by listing as first choice an individual or a hospital which does not reciprocate that feeling. The program matches the student with his highest choice hospital which is available to him and gives the hospital the students it wants most who wish to go there in preference to other hospitals available to them.

The NIMP is a central clearing agency.

GETTING THE MOST FROM THE MATCHING PLAN

By BILL DICKERSON

The University of Oklahoma School of Medicine
Oklahoma City

Every year many students unknowingly sacrifice their privileges and accept an internship inferior to that which they deserve and could obtain. This occurs despite their access to a careful and detailed explanation of the correct use of the Matching Plan by the students.

Failure to avail yourself of every advantage offered is to run the risk of missing the very best internship of your choice. The information presented here is offered that you might avoid the costly errors of past applicants. This is intended merely for orientation, however, and will not substitute for a detailed reading of the Plan. Briefly, the plan will serve you as follows:

After carefully reading and signing a contract with the National Intern Matching Program, you are then at liberty to make application. After selection of the several most promising internships, you then request applications and brochures from those hospitals. Upon careful study and evaluation of this material you then return the completed applications to the hospitals of your choice.

The next step is to submit to the NIMP, in preferential order, your confidential list of the hospitals applied to. Check carefully for error the confirmation returned to you. Matching then takes place. You are matched with the hospital highest on your list which has offered you a position, and contracts are concluded. If unmatched you will receive a list of all internships not filled and will be free to seek appointment at any of these hospitals.

Advantages and Common Fallacies—

The chief advantages of such an organized system to you, as students, are: (1) Freedom from undue pressure while exercising your right of selection, (2) Assurance that no position will be filled prior to your application, (3) Appointment to the hospital highest on your list which will accept you, (4) Assurance that your preferential rating list will remain confidential.

Because available internships now number almost twice the applicants for the coming year, no applicant need be denied appointment to an internship somewhere. Because this is true, the Misinformed Student may stoutly espouse the fallacy that by remaining unmatched (*e. g.*, making no applications, "X"-ing all hospitals, *etc.*) to receive the list of vacancies, he can then select an internship with little competition for appointment.

Being better informed you can immediately realize that our Misinformed Student has voluntarily sacrificed all possibility of his being selected to the 6,000 internships thought most desirable by other applicants. You should list correctly the several internships most desirable to you. By so doing you will either be matched with a hospital of your choice (which may fill up and be lost to the Misinformed Student) or you will remain unmatched. The latter will occur only if all the hospitals you listed have either refused you or are filled with students they have rated above you. Your rating list remains confidential, so even at the worst, you share exactly the position of the Misinformed Student.

Even more commonly, however, the Misinformed Student errs by reasoning thusly, "Desirable Hospital has the very best internship for me, but I'll put Likely Hospital first on my preferential list because my chance of selection is better there."

Being wiser, you have based the order of hospitals in your confidential preferential list solely on the criteria of desirability and have disregarded completely all order of expectancy. Your position offered by Likely will be lost only if you are matched with Desirable which you have rated ahead of Likely. Thus, you may take a chance on selection by placing Desirable first on the list without jeopardizing your position at Likely.

The Misinformed Student again errs when he fails to express his true preference because he has previously agreed, under some duress, to rank Improper Hospital first. After a careful reading of the NIMP contract, you know, as does Improper Hospital, that such statements impose no obligation. Remember, Improper Hospital will never see your confidential rating list (important only if you are subsequently matched with Improper which you have rated below first).

This Misinformed Student may also fail to "X" a hospital on his preferential list to which he has applied but decided is undesirable. He has probably also failed to join SAMA and thus deprived himself of much material on the selection and evaluation of internships. Every student should be careful to read the contract and instructions, observe the necessary dates, and check for errors the confirmation of his preferential rating.

Dr. Dickerson, in addition to being an SAMA member and representative of the Board of Directors of the National Intern Matching Plan, was the member-at-large student director of NIMP. Dr. Dickerson was also a member of SAMA's Graduate Training Committee.

(Reprinted from the Journal of the Student American Medical Association, June 1955)

THE STUDENT AND THE MECHANICS OF MATCHING

(This section was prepared by N. C. Webb, Jr., in 1953 when a student member of the Board of NIMP.)

This is an explanation of how the National Internship Matching Program acts as your agent in trying to get you the internship you want most.

First you consider the possibilities. You probably know now in a general way which hospitals interest you. Your dean and faculty members probably know about others, as do your friends. By writing to the hospitals directly you get their application forms, etc. You may want to visit various hospitals, talk with the interns there, and confer with their staff. After you have gathered all the information you need, you make up your mind how you rank the various hospitals you have applied to. The hospitals do the same with their applicants. Your rank must be sent to Chicago to arrive by January 22.

Your confidential ranking list tells the central clearing house how to act on the offers made to you by the hospitals you have applied to. The list made out by the hospital tells the same clearing house its preference among its applicants. If you are offered your first choice hospital at any time, it is immediately accepted, and all your other applications are withdrawn. If the first internship you are offered is not your first choice, it is accepted tentatively, pending further offers. Applications to hospitals you ranked lower on your list are then withdrawn (to give other students a chance at these hospitals). If several hospitals offer you jobs, the one you ranked highest is held for you, and your applications to the others are withdrawn. The clearing house holds this tentative internship for you until you get a new offer. A new offer must be from a hospital you rate higher and therefore it will be held for you. It must be higher than the one you have held because all your applications to the hospitals which you ranked lower have been withdrawn.

Following the instructions sent in by the hospital the clearing house re-offers an internship previously held for you whenever the clearing house finds that you are offered another internship. The internship you no longer want is offered to the next applicant on the hospital's list. Thus the hospitals use the National Internship Matching Program as their agent in offering internships in the same way you do in accepting them. That is, they state the order in which they prefer students, and the office works down the list made by the hospital until either the hospital runs out of applicants it will accept or gets all the interns it needs.

If you have not been matched by the steps described so far, your first choice hospital ranked you below the men it wanted most. But if enough of the men above you on the hospital's list get jobs they prefer at other hospitals, the internship you want most will eventually be offered to you. The same applies to your second choice and to all the other hospitals which you ranked above the job that is being held for you tentatively.

What may stop you from moving up step by step until you get to your first choice is this: A hospital may fill its jobs with men who want to go to that hospital and who were higher in the hospital's rank list than you were. If this happens to your first choice hospital and you are holding a tentative acceptance from your second choice hospital, this is as high as you can go, and you are permanently matched with your second choice hospital. It may be that you applied to twelve hospitals which have many other applicants, and all twelve filled before getting down to your application. If the thirteenth hospital on your list wanted you, you would be matched there, because it was the highest you could get. You cannot lose the place offered you by the thirteenth hospital while your application waits for what you think is a better hospital. In short, whenever the clearing house is faced with a choice between two hospitals, it gives the student the one highest on his rank list.

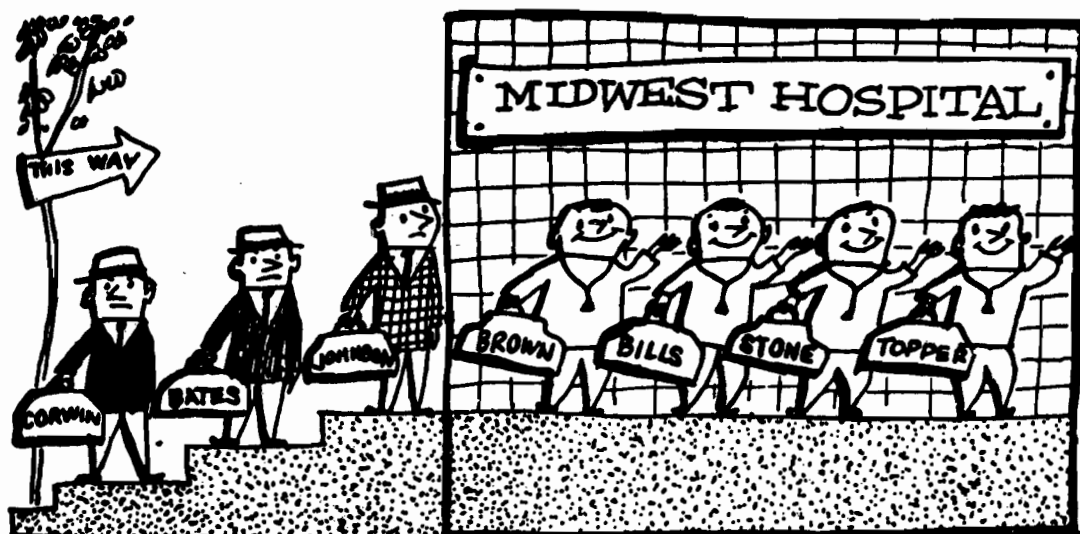
Defined simply, the principles of matching from your standpoint are these:

1. **You get the highest internship on your list that has an opening for you.**
2. **Whether or not an internship is "open to you" is determined by whether or not the internship can be filled with men the hospital ranked higher than it ranked you. If it cannot, and they will accept you, you are "in."**

Thus, there are only two possible reasons for your not receiving your first choice internship. They are that the internship is filled by men preferable to the hospital, or that the hospital marked you X (meaning it did not want you in any case). The only way a hospital can be matched to any given man on its list is that the man rates it his first choice or he is unable to receive any other internship he prefers.

The principle and process of the matching can perhaps best be explained by a pictorial ladder or set of steps.

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Here Midwest Hospital has ranked its 7 applicants in the order in which they are shown on the ladder. They offer four internships. Topper, Stone, Bills and Brown are ranked highest by the hospital. If all of these four men have ranked Midwest their first choice, they are immediately "matched" to Midwest, and Midwest is filled. Johnson, Bates and Corwin must seek elsewhere, since the hospital was filled with men it preferred.

Suppose, however, that Stone has ranked Midwest "second." Stone cannot be by-passed on the ladder, but if he can get his first choice hospital which is on another "ladder," he is removed from this ladder. If Stone is within, or *moves* within the quota in his first choice hospital, he jumps off the Midwest ladder, since he can definitely get into a hospital he prefers to Midwest. Bills and Brown move up a notch and make room for another man (Johnson) in the quota part of this ladder.

This type of movement is occurring on some 1,000 different internship ladders in the matching program. As soon as a man gets within a quota at a hospital of his choice, his lower choices are removed from the ladders on which they are holding rungs, permitting movement upwards of lower men on those ladders. No choice is removed unless the man is definitely "in quota" at a choice he prefers, or unless the hospital is filled by men it prefers.

Consider an example showing the full matching of three hospitals and three students.

Example		
Student Confidential Preference Lists		
<i>Green</i>	<i>Smith</i>	<i>Jones</i>
1. Mt. Sinai	1. Mt. Sinai	1. Internia
2. Internia	2. Internia	2. St. Joseph
		3. Mt. Sinai
Hospital Preference Lists		
<i>Mt. Sinai (2)</i>	<i>Internia (1)</i>	<i>St. Joseph (1)</i>
1. Jones	1. Smith	1. Jones
2. Smith	2. Jones	
3. Green	3. Green	

The number in parentheses shows the number of interns being sought by each hospital.

Consider Green, whose first choice is Mt. Sinai, which offers two internships, and which has ranked him third. Unless either Jones or Smith get matched elsewhere, he cannot get in. He is also waiting at Internia, since it, offering but one internship, has shown preference for Smith and Jones, and, unless both Smith and Jones get matched elsewhere, Green is not in here yet either.

Consider Smith. He ranked Mt. Sinai first, and it ranked him second. Since Mt. Sinai offers two internships, Smith can be permanently "matched." Since Smith is now matched at his first choice hospital, his name is removed from Internia, his second choice, and Jones and Green slide up.

Now the situation looks like this (* indicates a permanent match):

Student Lists

Green

1. Mt. Sinai
2. Internia

Smith

- *1. Mt. Sinai
2. Internia (Not chosen)

Jones

1. Internia
2. St. Joseph
3. Mt. Sinai

Hospital Lists

Mt. Sinai (2)

1. Jones
- *2. Smith
3. Green

Internia (1)

1. Smith (Not chosen)
2. Jones
3. Green

St. Joseph (1)

1. Jones

Consider Jones. Since the removal of Smith from Internia's list, Jones has moved up to top position. This is a permanent match, since it is Jones' first choice. Jones' name is removed from the Mt. Sinai list and from the St. Joseph list, since he is matched at a hospital he prefers to either of these.

Now the situation looks like this (** denotes filled hospital):

Student Lists

Green

1. Mt. Sinai
2. Internia

Smith

- *1. Mt. Sinai
2. Internia (Not chosen)

Jones

- *1. Internia
2. St. Joseph (Not chosen)
3. Mt. Sinai (Not chosen)

Hospital Lists

Mt. Sinai (2)

1. Jones (Not chosen)
- *2. Smith
3. Green

**Internia (1)

1. Smith (Not chosen)
- *2. Jones
3. Green

St. Joseph (1)

1. Jones (Not chosen)

The removal of Jones' name from Mt. Sinai allows Green to slide up into second place. Since two internships are offered at Mt. Sinai, Green is a permanent match. Final results:

Mt. Sinai – Smith and Green
 Internia – Jones
 St. Joseph – None

The three students all were matched with their first choice hospital. In this example, we have seen how men "slide up" on hospital lists, as men above them are matched to hospitals more desired by those men. You will note that each man holds his positions on the lists of the various hospitals until he becomes a permanent match. No one can "by-pass" a student on a hospital list. A student is removed from a hospital list only when he is matched with a hospital he prefers more. St. Joseph got no intern because its one applicant preferred Internia and was matched there.

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

Some conclusions can be drawn about how you get an internship by using the Matching Program as your agent.

1. Which internship you finally get is determined by the decisions you, the other students, and the hospitals will make in January when you make up your rank lists. The Evanston office is a clearing house which does nothing but follow the instructions you have sent it in the form of a rank list.

2. You can (and do) hold on to any offer from the hospitals to which you applied until you get a better one. Before the Matching Program was set up, hospitals found out whether you would take their offers by telegraphing you on a certain day. You were obliged to give them an answer within hours so they could offer the job to someone else if you did not want it. So in many cases you had to try to guess whether you were going to get a better offer later on. If you guessed that you would, and were wrong, you ran the chance that the hospital that *had* offered you a job, was now filled with other students. If you guessed that you would *not* get an offer from a hospital you wanted more, but guessed wrong and *got one* after you had accepted the hospital that asked you first, you could not take the hospital you preferred. On the contrary, by using the Matching Program you hold any offer until you get a better one.

3. Therefore it is distinctly to your advantage to get your internship through the Matching Program if you are applying to either

a. More than one hospital, or

b. A hospital which is likely to fill its internships with applicants who are using the matching program.

4. You can take as many "flyers" (i.e. ranking at the top of your list hospitals you think are very likely to fill up before they make an offer to you) as you wish without losing a single offer that you would have otherwise gotten. However you should be realistic as well, and apply to hospitals which are likely to want you. If you don't, you may end up unmatched (see #8 below).

5. There are many more internships offered than there are students to take them (14,000 vs. 7,800). Therefore many internships are going to be left over after all of the students are placed. Some of these hospitals, which might not fill all their jobs, may try to get you to agree to rate them higher than you want to, in return for their agreeing to "rate you high." You cannot gain anything by doing this, and you can *lose* a chance to get an internship at a hospital you prefer. Where you rank a hospital has nothing to do with when the hospital offers you a job. If they want you, you will be matched with that hospital even if you rank that hospital the last on your list, providing you cannot get into any of the hospitals you have ranked higher.

6. Some hospitals have decided, for example, that they will only take men from certain schools or, again for example, only take men in the top 1/20th of their class. Such hospitals tell the matching program to offer jobs only to the men whom the hospital has interviewed and has decided to fill its requirements. If these men are few, and if they want and get other internships, even a very good teaching hospital in a large university may not fill all its jobs through the matching program.

Some hospitals would like to know who some of their interns are going to be before making up their mind about who else they want. In ranking the applicants for the remaining places such hospitals would like to get people with different backgrounds and interests. A very few of these hospitals may try to find out how you rate them so they can know whether they can be sure of getting you if they want you (i. e. whether you will put them at the top of your list.)

This is obviously unfair, for example, to the students who would rate such a hospital second and who are not sure of getting into their first choice hospital. Therefore when this plan was set up the students required that it be made illegal for a hospital to demand to know where you rate them. Hospital knowledge of a student ranking may imply a threat: if you do not rate their hospital first, they will drop you down their list in favor of students whom the hospital can be sure to get (because they know the student rates the hospital his first choice).

There is absolutely no way for a hospital to find out how you rated it before the results of the matching are announced. Even after the announcement the hospital can find out only if you end up matched to another hospital and they either did not fill or get a man who was lower on their list than you were. Therefore the hospital that did not get you can reason that you ranked the hospital at which you are interning higher. They cannot find out if you are unable to get your higher choices. They cannot find out how many other hospitals, if any, you ranked higher. The hospital is never told how its applicants ranked it. The clearing house holds your list of instructions in the strictest confidence.

7. There is absolutely no reason for a student to want to change his instructions about which hospitals he prefers because of the way a hospital ranked him. Therefore it is all right if a hospital wishes to tell you how it may plan to rate you. However, the hospital does not have to do so and you have no right to demand such information from them. In many cases the hospital will not know, or may make only a general statement because it has not yet looked over all its applicants, or it may not want to tell you at all.

8. If it is impossible to match you with any of the hospitals to which you have applied obviously you will not be matched by the program. There are only three things that can prevent you from being matched with any hospital to which you apply.

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the 6,000 internships left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 23. The Evanston office simply withdraws its records of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

Thus you will not be matched if one of the following happens for each of the hospitals to which you applied:

- a. You "X" the hospital,
- b. The hospital "X's" you, or
- c. The hospital fills with applicants it prefers and who want to intern there more than at other hospitals which want them.

Last year this happened to less than 4% (247) of the students in the program. They were very quickly taken by the 628 (out of 730) hospital units which sought, but failed to get, 6,425 interns through the Matching Program.*

There were some very desirable internships indeed among these unfilled places—which has led some people to the illogical conclusion that you can do better if you are unmatched than you could be getting an internship through the Matching Program. Of course this is true if you only apply to hospitals you do not like very well. But it is certainly not true if you are wise in choosing the hospitals you apply to. You can be *sure* of getting any internship through the program which you *might* get by being unmatched. Furthermore if you are in the program you can apply to, and have a chance of getting into, hospitals that will fill up with applicants from the program. Last year over a third of the applicants matched got internships in hospitals which filled up. These hospitals were closed to the students who ended up unmatched.

9. Once the students and the hospitals have made up their minds, the process of working out which internship you will get proceeds according to the rules set out above. No other decisions are made by anyone. Therefore it becomes a mechanical problem. The National Internship Matching Program, Inc., has worked out with the International Business Machines (IBM) ways of doing most of the work by machine. Before the results are sent out the people in the Matching Program office go through and check by hand to make sure there is no slip up by looking to see that:

- a. No student is matched with a hospital unless all the hospitals he would have preferred to go to either were filled with applicants they preferred or the hospitals asked not to be matched with the applicant (ranked him "X").
- b. No hospital is matched with a student unless all the students who were more desirable to the hospital got offers from other hospitals they preferred, or the higher students had marked that hospital "X".

No mechanical mistakes have ever been found in the operation of the program.

10. Because the plan does away with all the telegrams that hospitals used to have to send to get their interns, the hospitals pay a fee for each man who is matched to them. Because of the advantages this program offers you over the old system (see #2, above) you have been asked to pay \$2.00 toward the cost of operating the Evanston office of the National Internship Matching Program, Inc., (which is a non-profit corporation). Two students sit on the Board of Directors of the corporation—one representing the Student AMA and the others—students-at-large. Also represented are the hospital associations, the Association of American Medical Colleges, and the American Medical Association.

*Figures apply to the 16th matching program in 1967.

NATIONAL INTERN MATCHING PROGRAM

2530 Ridge Avenue, Evanston, Illinois

STUDENT AGREEMENT

Please return with fee to your Dean or N.I.M.P. Office by June 16, 1967

Be sure that you use this same order of names and initials upon all hospital applications and correspondence that concern the matching program.

I, _____, a student at

LAST NAME (PLEASE PRINT)

FIRST NAME

MIDDLE

_____ Medical School, plan to apply for an internship to start between April 1 and December 31, 1968. I agree to participate in and abide by the results of the matching plan for internship appointment. In particular, I understand that I am agreeing:

1. To apply for internship appointment only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official directory listing the cooperating hospitals and federal services will be available in September, 1967.

2. To accept appointment to the hospital or federal service with which I am officially matched, that hospital being the highest one on my preference list having a place available for me. I understand that I cannot avoid accepting an internship to which I have been matched without a written release from the hospital concerned — also that another hospital that is a member of N.I.M.P. cannot accept me as an intern unless I have this release.

3. To abide by the official schedule, including ranking the internships for which I have applied and returning my confidential ranking form before January 23, 1968.

4. For service fee requirement, contact National Intern Matching Program, Inc.

It is my understanding that I am free, under the matching plan, to make personal contacts with any participating hospital in which I am interested and to apply to as many of these hospitals as I wish and to rank them according to my judgment.

I understand further that although I may freely discuss any matter I choose with the hospital, no participating hospital has the right, under the matching plan, to demand or to require that I state how I shall rank that hospital on my confidential rating blank. I understand also that I have no right to request or to demand that that hospital inform me how it plans to rate me.

Furthermore, any statement or other expression concerning how I intend to rank a hospital or how that hospital intends to rank me, which may be made during the free discussion between the hospital and myself, is subject to change based on further considerations. I understand that both the hospital and I have the right to change our minds at any time prior to the submission of the official confidential rating blanks.

My confirmed confidential rating blank, giving my order of preference, is to be the sole determinant of the order of my preference among the internships for which I have applied.

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 15, 1967.

I agree to conduct myself in conformity with the high ethical standards expected of members of the medical profession.

DATE

SIGNATURE

The Matching Program is the official cooperative plan for Internship Appointment of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the Catholic Hospital Association, the American Medical Association, the Student American Medical Association, and the medical services of the federal agencies offering internships.

Please return the Student Agreement and fee to your Dean or the N.I.M.P. Office by June 16, 1967.

NATIONAL INTERN MATCHING PROGRAM, INC.

2530 Ridge Avenue, Evanston, Illinois

**Special Arrangement for Married or Engaged Couples Wishing
to Intern Together**

It is the aim of the Matching Program to match all students according to their expressed preferences insofar as these preferences are available to them. Matching of couples who wish to intern together entails special handling; therefore, we ask you to check the situation which applies in your case.

- _____ 1. We wish to be matched to the same internship at the same hospital (e. g., straight medicine at the same hospital).
- _____ 2. We wish to be matched to the same hospital but not necessarily to the same internship (e. g., one might wish rotating and the other, straight medicine at the same hospital).
- _____ 3. We wish to be matched to hospitals in the same city, even if we both cannot get the same hospital.
- _____ 4. Although married, we wish to be matched completely independently.

(Medical School)

(Signature of one)

(Date)

(Signature of other)

If alternative 1 is selected, both husband and wife should rank the internships in exactly the same order and should inform the hospitals that they wish to intern together and would appreciate having the hospital rank them at approximately the same level. If alternative 2 is selected, both should rank the hospitals in the same order and again, the hospital should be informed of the desire of the partners to intern together. It should be understood that if the hospitals are ranked in the order A, B, and C, and only one partner is matched with hospital A, then that matching will be cancelled and both partners matched with hospital B, providing hospital B has a place for both of them.

HOSPITAL AGREEMENT

FOR FIRST-YEAR INTERNSHIPS FOR THE YEAR 1968-69
(Starting between April 1, and December 31, 1968)

Name of Hospital _____

Location of Hospital _____

Street

City

Zone

State

On behalf of the hospital named above, I agree to abide by the regulations of the National Intern Matching Program for appointment of interns for first-year Internships for 1968-1969 (starting service from April 1 through December 31, 1968).

In particular, it is understood that this hospital is agreeing to:

1. Offer all of its approved internship programs through N.I.M.P. No internship programs may be withheld to which interns may be appointed outside the framework of N.I.M.P.
2. Offer internship appointment to all applicants matched with this hospital by the matching program, the matched students being the highest ranked students on this hospital's confidential ranking form who wish to intern here more than at any other hospital available to them.
3. Restrict internship appointment of United States and Canadian trained applicants to participants designated for this hospital through the matching program until after notification of the selections made through the matching program.
4. Make or require no commitments or contracts with United States or Canadian trained applicants prior to the notification of the selections made through the matching program.
5. Abide by the official schedule including accepting no application from participants in the matching plan after January 21, 1968; rating applicants and returning rating form by January 22, 1968; offering formal appointment promptly to individuals matched by the plan with this hospital, and not later than March 31, 1968.
6. Not accept an intern who was matched elsewhere and subsequently not released.
7. For service fee requirement, contact National Intern Matching Program, Inc.

We understand further that although we may freely discuss any matter we choose with the student, no participating hospital has the right, under the plan, to demand or to require that the student state how he will rank this hospital on his confidential rating blank. We also understand that the student has no right to request or to demand that this hospital inform him how it plans to rate him.

Furthermore, any statement or other expression concerning how this hospital intends to rank an applicant or how that applicant intends to rank this hospital, which may be made during the free discussion between the hospital and the student, is subject to change based on further considerations. We understand that we, as well as the student, have the right to change our minds at any time prior to the submission of the official confidential rating blanks.

The confidential rating blank submitted by this hospital, and confirmed, is to be the sole determinant of the order of our preference among our applicants.

Signed _____

Official Position _____

Date _____

The Matching Program is the official cooperative plan for Internship Appointment of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the Catholic Hospital Association, the Council on Medical Education of the American Medical Association, the Student American Medical Association, and the medical services of the federal agencies offering internships.

NATIONAL INTERN MATCHING PROGRAM

SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR INTERNSHIP APPOINTMENTS

FOR FIRST YEAR INTERNSHIPS FOR 1968-1969

1. SEPTEMBER, 1967. Hospital directory published, containing the number of internships offered, and the description, at each participating hospital.
2. OCTOBER, 1967. Student directory published containing name and medical school for each participating student.
3. OCTOBER 1, 1967—JANUARY 10, 1968. Period for students to make application for internship to hospitals. The student should file a copy of his application with the dean's office, as well as one directly with the hospital. The office of the dean will send this copy of the student application to the hospital at the time he submits the student's credentials and the recommendations. Students are urged wherever possible to apply before December 20, 1967. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1967.
4. OCTOBER 1, 1967—JANUARY 10, 1968. The deans may send letters of recommendation to the hospitals at any time after October 1, 1967, but in so far as possible letters should be sent by December 10, 1967, so that the hospitals may have this information when the students are interviewed.
5. JANUARY 23, 1968. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as early as the senior has definitely decided about the exact rank order of the hospitals.
6. FEBRUARY 10, 1968. Confidential student list is confirmed to student. Confidential hospital list is confirmed to hospital.
7. FEBRUARY 16, 1968. Closing date for accepting (in Evanston) corrections to student or hospital confidential rank order lists.
8. FEBRUARY 20, 1968. Matching operation begins.
9. MARCH 9, 1968. Results of the matching plan are mailed from Evanston to students and to hospitals.
10. MARCH 13, 1968. Results are given to students by Deans. Hospitals receive results.
11. MARCH 13—31, 1968. Hospitals send contracts to matched students and students sign and return the contracts.

April, 1967

NOTE: For the plan to follow this schedule, all participating individuals and hospitals must adhere to dates given above.

Directory of Approved Internships

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to July 30, 1967

Hospitals 795*

Internships 14,608*

Intern training programs in the following hospitals, reviewed by the Internship Review Committee and approved by the Council on Medical Education, are considered to furnish acceptable intern training in accord with the standards adopted by the House of Delegates of the American Medical Association and published in the Essentials of an Approved Internship immediately following this list. Two types of internships are approved by the Council—rotating, and straight—and their descriptions are contained in the "Essentials."

This issue follows the format established with the 1960 issue, in that some of the data formerly listed only for hospitals with approved internships now appear in the Consolidated List of all hospitals with approved graduate training programs on pages 31-75, which precede the description of the National Intern Matching Program. This arrangement permits inclusion of specific data regarding each individual program. The word "Hospital" has been omitted as a part of the name of the hospital to save space, whenever it is the terminal word of the title. The full name and address of the hospital as well as information on the medical school affiliation, type of hospital control, total beds, and autopsy percentage appear in the Consolidated List.

The symbol Δ following the name of a hospital indicates that its internship appointments begin in June rather than on July 1. The exact date should be obtained from the program director and should be specified in the intern's contract.

If the name of the program director is not listed, inquiries should be directed to the Chairman of the Intern Committee.

The average daily census permits a calculation of the occupancy in relation to the total beds.

The total number of deaths, which is shown in the internship information, and the autopsy percentage, which is shown in the Consolidated List, permit an actual measure of the mortality rate in the hospital in relation to the total admissions. This mortality rate provides an interesting measure of the nature of the illnesses admitted to the hospital.

The outpatient clinic visits are shown separately from the emergency room visits and referred visits, to give a more accurate picture of the outpatient activity.

The affiliated services are indicated by footnotes and the hospitals involved are identified by name beginning on page 117.

The beginning salary per year is not listed for the majority of federal hospitals, since salaries in the uniformed services are determined in relation to military rank or grade, rather than to intern status. For non-federal hospitals, the beginning salary is stated and the initial F signifies full maintenance, while P signifies partial maintenance. If neither initials appear, no degree of maintenance is provided except the salary. An asterisk (*) signifies that for the married intern, the hospital provides a different salary and/or other forms of full or partial maintenance.

The authorized complement of interns indicates the number requested by the hospital and approved by the Council.

The total interns sought through the NIMP may be equal to or less than the total complement authorized, but may not exceed it.

The types of rotating internships are identified by footnotes, which identify the major component or components available in the internship programs offered.

Footnotes for rotating internships (major component) are: ⁰Rotating without major, ¹medicine, ²surgery, ³obstetrics, ⁴pediatrics, ⁵pathology, ⁶psychiatry, ⁷radiology, ⁸anesthesiology. See the description of the rotating internship in the "Essentials."

All internships in the approved list are of 12 months' duration unless they are listed with footnote⁰⁰. Footnote⁰⁰ indicates the hospital may offer some intern appointments longer than 12 months in duration.

Footnote¹⁰ indicates the internship equivalent is included in the two-year Family Practice Program.

Footnote¹² indicates that internship is first year of an approved 2-year program in general practice.

Footnote¹⁸ indicates that the internship equivalent is included in the 2-year approved pilot program in general practice.

Footnote¹⁴ indicates that the program includes positions creditable as the first year of a 2-year approved pilot program in general practice, of which the internship is the first year.

Footnote¹⁶ indicates the hospital does not participate in NIMP. Hospitals not participating in the Matching Program can be identified in three ways—by footnote number, by a blank in the column for interns sought through NIMP, and by a blank in the column showing the NIMP code. All other hospitals participate in the Matching Program.

Other symbols used in the lists of approved internships are explained at the end of the list of programs.

In this issue, following the explanation of the numbers used to designate affiliated services, a reference list of internships by type of service has been provided.

For internships in Air Force, Army, Navy, or Public Health Service hospitals, applications should be directed to the Medical Departments of the appropriate service and not the individual hospitals. Although applications are made to the service rather than to the individual hospitals, all of the services ask students to list three hospitals in order of preference. Every possible effort is made to place successful candidates in accordance with their desires, but it should be understood that students may, in some instances, be assigned to other hospitals than those for which they have indicated a preference, if the needs of the service should so dictate.

The number and types of internships as listed represent appointments offered for the intern year 1968-1969, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1966.

*The figures given for the number of hospitals and of internships vary from those given in the Annual Report on Graduate Training, as the statistics used in compiling the tables are those that apply to programs as of September 1, 1966.

APPROVED INTERNSHIPS

		FEDERAL										Total Sought Through NIMP	NIMP Code	
Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type			
UNITED STATES ARMY—Hospitals, 7, Internships, 203														
CALIFORNIA														
San Francisco														
Letterman General		587	10,104	257	241,885	35,840				29	Rot. ²			
COLORADO														
Denver														
Fitzsimons General		629	9,786	180						24	Rot. ²		198 Rotating ² 00413	
DISTRICT OF COLUMBIA														
Washington														
Walter Reed General		1,746	16,250	478	331,768	74,254		125		32	Rot. ²		Office of the Surgeon General Department of the Army, Washington, D.C., 20315 Attn: Director Personnel and Training	
HAWAII														
Honolulu														
Tripler General		654	16,834	216	298,295					37	Rot. ²			
TEXAS														
El Paso														
William Beaumont General		469	14,304	198	229,786	43,298	133,437			24	Rot. ²			
San Antonio														
Brooke General		782	15,086	457	378,062	58,332				33	Rot. ²			
WASHINGTON														
Tacoma														
Madigan General		372	13,127	136	212,722	54,767	45,865			24	Rot. ²			
UNITED STATES AIR FORCE—Hospitals, 6; Internships, 110														
CALIFORNIA														
Fairfield														
David Grant U. S. Air Force, Travis AFB		310	8,431	87	323,249					14	Rot. ^{0,1,2,3,4}			
DISTRICT OF COLUMBIA														
Washington														
U. S. Air Force, Andrews AFB		237	7,475	40	301,276	73,246				14	Rot. ^{0,1,2,3,4}		94 Rotating ^{0,1,2,3,4} 00320 6 Rotating ^{5,6,7,8} 00340 6 St. Medicine 00332 4 St. Surgery 00333	
ILLINOIS														
Belleville														
U. S. Air Force, Scott AFB		246	6,463	58	236,163	24,463		133		12	Rot. ^{0,1,2,3,4}		U. S. Air Force, Office of Assistant Surgeon General for Staffing and Education, Randolph AFB, San Antonio, Texas 78148	
MISSISSIPPI														
Biloxi														
U. S. Air Force, Keesler AFB		286	8,908	80	329,565	61,529				14	Rot. ^{0,1,2,3,4}			
OHIO														
Dayton														
U. S. Air Force, Wright-Patterson AFB		289	7,592	51	291,103	32,376	11,063			12	Rot. ^{0,1,2,3,4}			
TEXAS														
San Antonio														
Wilford Hall U. S. Air Force, Lackland AFB		887	20,423	261	674,954	26,655				28 6 6 4	Rot. ^{0,1,2,3,4} Rot. ^{5,6,7,8} St. Med. St. Surg.			
UNITED STATES NAVY—Hospitals, 13; Internships, 184														
CALIFORNIA														
Camp Pendleton														
U. S. Naval		498	11,996	85	252,925	44,976				11	Rot. ²			
Oakland														
U. S. Naval		650	13,376	175	238,373	34,680				17	Rot. ²			
San Diego														
U. S. Naval		1,720	28,967	691	484,500	82,845				26	Rot. ²			
FLORIDA														
Jacksonville														
U. S. Naval		367	8,554	140	167,468	16,204	680			9	Rot. ²			
Pensacola														
U. S. Naval		212	6,250	104	129,119	6,310				7	Rot. ²		184 Rotating ² 00213	
ILLINOIS														
Great Lakes														
U. S. Naval		627	11,764	93	135,229	5,591				12	Rot. ²		Bureau of Medicine and Surgery Department of the Navy, Washington, D.C., 20390	
MARYLAND														
Bethesda														
U. S. Naval		606	11,740	234	265,795	16,122				17	Rot. ²			
MASSACHUSETTS														
Chelsea														
U. S. Naval		449	7,365	134	106,470	10,225				12	Rot. ²			
NEW YORK														
St. Albans														
U. S. Naval		941	11,607	167	79,141	48,019	57,289	204		17	Rot. ²			
PENNSYLVANIA														
Philadelphia														
U. S. Naval		982	13,028	393	162,001	38,955				18	Rot. ²			

FEDERAL

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
RHODE ISLAND													
Newport													
U. S. Naval.....		226	6,294	34	80,931	15,573	...	...	...	7	Rot. ²	..	
SOUTH CAROLINA													
Charleston													
U. S. Naval.....		392	9,463	116	166,738	31,850	...	...	...	8	Rot. ²	..	
VIRGINIA													
Portsmouth													
U. S. Naval.....		1,094	20,860	254	211,158	36,182	104,670	...	...	23	Rot. ²	..	
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 132													
CALIFORNIA													
San Francisco													
U. S. Public Health Service.....		275	5,012	120	116,342	...	...	115	...	14	Rot. ^{0,2}	..	
										4	St. Med.	..	
										2	St. Surg.	..	
LOUISIANA													
New Orleans													
U. S. Public Health Service.....		322	6,073	135	137,751	4,240	...	148	...	20	Rot. ^{0,2}	..	114 Rotating ^{0,2} 00120
MARYLAND													
Baltimore													
U. S. Public Health Service.....		261	4,733	175	...	...	...	150	...	16	Rot. ^{0,2}	..	12 St. Medicine 00132
										2	St. Med.	..	6 St. Surgery 00133
MASSACHUSETTS													
Boston													
U. S. Public Health Service.....		146	3,425	102	...	...	...	159	...	12	Rot. ^{0,2}	..	U.S. Public Health Service, H.E.W., Bureau of Medical Services, 7915 Eastern Avenue, Silver Spring, Md.
NEW YORK													
New York City (Staten Island)													
U. S. Public Health Service.....		610	10,255	177	...	...	...	205	...	24	Rot. ^{0,2}	..	20910; Attn.; Chairman, Committee on Medical Residencies and Internships
										6	St. Med.	..	
										4	St. Surg.	..	
VIRGINIA													
Norfolk													
U. S. Public Health Service.....		158	3,269	86	76,453	...	...	245	...	8	Rot. ^{0,2}	..	
WASHINGTON													
Seattle													
U. S. Public Health Service.....		235	5,723	130	92,732	4,880	...	275	...	20	Rot. ^{0,2}	..	
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 1; Internships, 12													
DISTRICT OF COLUMBIA													
Washington													
St. Elizabeth's.....	W. H. Witmore.....	5,929	2,162	486	16,281	0	...	...	5594 O	12	Rot. ²	12	80413
OTHER FEDERAL—Hospitals, 1; Internships, 16													
CANAL ZONE													
Balboa Heights													
Gorgas.....	L. M. Jackson.....	240	8,173	166	159,399	14,456	...	...	7,574 O	16	Rot. ²	16	80613
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA—Hospitals, 8; Internships, 137													
Birmingham													
Birmingham Baptist△.....	T. B. Patton.....	244	9,567	300	...	9,088	...	281	5200 F	24	Rot. ²	24	90313
Carroway Methodist.....	C. M. Tyndal.....	262	12,185	262	187,852	12,677	...	...	5100 P	10	Rot. ⁰	10	00611
										2	Rot. ¹	2	00612
										2	Rot. ²	2	00613
										8	Rot. ^{0,1,2,3}	8	85120
St. Vincent.....	E. B. Glenn.....	173	8,230	192	3,530	3,197	487	...	7200 F	8	Rot. ²	8	00713
University of Alabama Medical Center△.....	K. W. Berry, Jr.....	...	...	...	...	...	...	...	4620 P	4	Rot. ³	4	00715
										8	Rot. ⁴	8	00714
										3	Rot. ⁵	3	00786
										1	Rot. ⁶	1	00776
										1	Rot. ⁸	1	00777
										16	St. Med.	16	00732
										6	St. Surg.	6	00733
										6	St. Ped.	6	00734
										4	St. Path.	4	00736
University of Alabama Hospitals and Clinics.....		619	18,430	273	53,930	32,327	11,016	...	4620 P	...	...	...	...
Veterans Admin.....		436	6,554	356	54,349	...	...	...	...	...	...	...	...
Children's.....		90	7,142	68	14,215	9,096	...	...	...	...	...	...	...
Fairfield													
Lloyd Noland.....	R. W. Grady.....	204	9,214	315	114,592	34,590	...	...	4200 FP*	14	Rot. ⁰	14	00811
Mobile													
Mobile General.....	C. W. Daniels.....	196	9,340	443	38,703	31,124	...	...	4920 P	20	Rot. ²	20	85213
ARIZONA—Hospitals, 7; Internships, 100													
Phoenix													
Good Samaritan.....	J. Lett.....	558	21,289	510	5,070	31,432	26,690	102	6600 F	21	Rot. ⁰	21	01111
Maricopa County General.....	L. E. Anderson.....	371	11,504	835	101,504	48,152	...	...	5700 P	24	Rot. ^{0,00}	24	89820
Memorial.....	J. M. Leis.....	100	3,693	127	38,477	12,582	18,343	105	6300 F*	10	Rot. ^{2,00}	10	01320
St. Joseph's.....	R. E. T. Stark.....	392	19,247	391	17,463	17,460	26,431	102	4800 F	18	Rot. ^{0,1,2,3,4}	18	01220
										1	Rot. ⁵	1	01286
										1	Rot. ⁶	1	01276
										1	Rot. ⁷	1	01242

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
ARIZONA—Continued													
Tucson													
Tucson Hospitals Medical Education Program	E. G. Ramsay	...	...	...	...	...	...	...	4200 FP*	20	Rot. ^{0,1,2,4}	20	01420
										2	St. Med.	2	01432
										2	St. Surg.	2	01433
Pima County General		127	3,999	273	19,037	17,683	34,948	...	...	...	...	...	...
St. Mary's		190	10,089	252	10,012	5,849	2,417	...	...	...	...	...	...
Tucson Medical Center		363	18,655	458	9,052	9,160	12,587	...	...	...	...	...	...
ARKANSAS—Hospitals, 3; Internships, 62													
Little Rock													
Arkansas Baptist Medical Center	W. G. Cooper, Jr.	358	18,410	460	1,807	17,022	18,659	103	6300 F	13	Rot. ⁰	13	01611
										1	Rot. ⁵	1	01686
										1	Rot. ⁷	1	01642
St. Vincent Infirmary	G. M. Thorn	309	16,655	326	1,012	16,843	...	103	6300 FP	14	Rot. ^{0,1,2}	14	01720
University	J. T. Riggan, Jr.	259	9,289	455	71,012	23,393	...	...	3600 O*	6	Rot. ⁰	6	01811
										6	Rot. ²	6	01813
										6	Rot. ⁴	6	01814
										5	St. Med.	5	01832
										4	St. ObG.	4	01835
										4	St. Ped.	4	01834
										2	St. Path.	2	01836
CALIFORNIA—Hospitals, 51; Internships, 1,179													
Bakersfield													
Kern County General	J. C. Reavis	353	7,842	527	60,222	43,168	...	...	6300 P	16	Rot. ⁰	16	92111
										3	St. Med.	3	92132
Berkeley													
Herrick Memorial	E. B. McLean	169	6,590	215	14,416	14,132	26,298	...	4200 P	4	Rot. ^{1,2}	4	02020
										4	Rot. ⁶	4	02076
Daly City													
Mary's Help	R. A. Bilafer	162	7,637	230	3,859	11,436	10,232	...	6000 P*	3	Rot. ⁰	3	05311
										5	Rot. ¹	5	05312
Fresno													
Fresno General△	F. M. Hebert	385	10,776	568	76,819	48,089	...	...	6540 P	24	Rot. ⁰	24	02211
Glendale													
Glendale Adventist	P. O. Shearer	333	13,587	377	17,099	10,857	17,136	...	5600 P	12	Rot. ⁰	12	02311
Loma Linda													
Loma Linda University	V. J. Johns	166	7,455	145	750	7,838	32,851	...	5100 O	2	Rot. ¹	2	02412
	W. G. Slate									1	Rot. ³	1	02415
	B. D. Briggs									1	Rot. ⁵	1	02477
	V. J. Johns									1	St. Med.	1	02432
	D. B. Hinshaw									2	St. Surg.	2	02433
	W. P. Thompson									2	St. Path.	2	02436
Long Beach													
Memorial Hospital of Long Beach	S. Ede	398	19,289	517	11,245	17,761	...	...	5100 P	18	Rot. ⁰	18	02711
St. Mary's Long Beach	S. Butler	288	17,857	390	1,389	14,331	33,720	...	5100 F	12	Rot. ⁰	12	02511
Los Angeles													
California		249	12,472	409	39,397	7,483	22,291	283	5100 F	8	Rot. ⁰	8	02911
Cedars-Sinai Medical Center													
Cedars of Lebanon Hospital Division△	P. Rubenstein	393	17,849	561	98,362	2,923	36,088	101	5700 P	15	Rot. ⁰	15	03011
										4	Rot. ¹	4	03012
										2	Rot. ²	2	03013
										2	Rot. ⁴	2	03014
Mount Sinai Hospital Division△	C. Kleeman	215	8,222	271	45,504	1,287	11,313	...	5700 P	9	St. Med.	9	95232
Children's Hospital of Los Angeles	R. Ward	179	9,815	285	68,286	40,525	8,692	...	3900 P*	16	St. Ped.	16	03134
Hospital of the Good Samaritan													
Medical Center	P. H. L. Sargent	335	12,693	471	13,214	472	42,897	110	5100 FP	10	Rot. ^{0,1,2,3}	10	03220
Los Angeles County General△	W. E. Nerlich	...	...	...	...	...	...	...	5700 P	168	Rot. ⁰	168	03311
										24	Rot. ²	24	03313
										18	Rot. ⁴	18	03314
										24	St. Med.	24	03332
										6	St. Ped.	6	03334
Unit I		1,867	89,998	4,926	630,695	210,303	...	...	...	...	...	...	...
Unit II		397	14,057	778	144,471	44,760	...	...	...	...	...	...	...
Queen of Angels	J. W. Bisenius	276	14,856	448	15,002	...	2,220	...	6000 F	12	Rot. ^{0,1,2,3,4}	12	03620
Santa Fe Memorial Hospital-Childrens													
Hospital of Los Angeles	R. Tyler							109	...	9	Rot. ^{0,1,2}	9	03820
Sante Fe Memorial		138	5,007	174	34,031	...	...	...	5100 P	...	...	...	...
Childrens Hospital of Los Angeles		179	9,815	285	68,286	40,525	8,692	...	3900 P*	...	...	...	...
University of California Affiliated Hospitals	G. M. Kalmanson									24	Rot. ⁰	24	98311
University of California		255	12,294	379	106,057	32,541	...	...	3744 O	...	...	...	...
Veterans Admin. Center-Wadsworth	G. M. Kalmanson	1,233	12,126	1,097	71,416	...	...	104	4570 P	...	...	...	...
Los Angeles County Harbor General (Torrance)		520	19,142	1,304	148,404	54,345	...	...	5700 P	...	...	...	...
University of California	W. N. Valentine	255	12,294	379	106,057	32,541	...	...	3744 O	14	St. Med.	14	95632
	W. P. Longmire, Jr.									12	St. Surg.	12	95633
	A. J. Moss									8	St. Ped.	8	95634
	S. C. Madden									7	St. Path.	7	95636
Veterans Admin. Center-Wadsworth	G. M. Kalmanson	1,233	12,126	1,097	71,416	...	...	104	4570 P	12	St. Med.	12	03932
White Memorial Medical Center	W. E. Macpherson	227	10,416	351	...	17,422	...	...	5700 P	12	Rot. ⁰	12	04011
	W. Taylor									2	St. Ped.	2	04034
Oakland													
Children's Hospital Medical Center of Northern California△	J. A. Knowles	98	7,255	107	28,759	14,033	...	...	3900 FP	4	St. Ped.	4	93934
Highland General	W. Mandel	323	16,109	586	122,699	40,853	...	100	5900 FP	40	Rot. ⁰	40	04111
Kaiser Foundation	M. A. Shearn	250	13,920	413	453,109	40,849	109,147	...	5200 P*	20	Rot. ⁰	20	04211
Orange													
Orange County Medical Center	W. J. Berger	450	15,650	575	75,635	69,210	...	121	4618	40	Rot. ⁰	40	04311
Palo Alto													
Palo Alto-Stanford Hospital Center△	R. Chase	452	21,040	579	86,935	17,468	...	...	4300 O	12	St. Surg.	12	82033
	N. Kretchmer									7	St. Ped.	7	82034
	M. Berthrong									4	St. Path.	4	82036
Stanford University Affiliated Hospitals△	H. R. Holman								4300 O	17	St. Med.	17	89932
Palo Alto-Stanford Hospital Center		452	21,040	579	86,935	17,468	4300 O
Veterans Admin.		1,983	4,172	381	40,854	4210 O

APPROVED INTERNSHIPS

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CALIFORNIA—Continued													
Pasadena													
Huntington Memorial△	R. Shelton	321	14,521	525	25,314	15,054	60,847	110	4800 FP	12	Rot. ^{0,1,2,3,4,5}	12	04420
Riverside													
Riverside General△	J. E. Gorrell	291	9,252	514	26,065	35,505			4500 F	16	Rot. ⁰	16	85011
Sacramento													
Sacramento County	G. G. Snively	558	14,127	1,127	75,751	60,084			7740 P	32	Rot. ⁰	32	04611
San Bernardino													
San Bernardino County General	J. E. Cunningham	362	9,867	639	47,190	52,542			4200 F	22	Rot. ⁰	22	04711
San Diego													
Mercy△	W. Perkins	256	14,929	419	35,133	9,906	15,346		4500 F	15	Rot. ^{0,1,2,5}	15	04820
										1	St. Path.	1	04836
University of California Affiliated Hospitals													
San Diego County-University△	W. Tappen	420	13,207	721	60,357	28,970			4404P	14	Rot. ⁰	14	04911
	E. Braunwald									10	St. Med.	10	04932
	M. J. Orloff									12	St. Surg.	12	04933
San Francisco													
Children's Hospital and Adult Medical Center	F. A. Spicer	214	11,133	210	46,851	10,668	56,593		7200 P	12	Rot. ⁹	12	05020
	J. J. Piel									2	St. Ped.	2	05034
French	A. D. Matzger	185	7,335	289	31,645	1,009		112	7200 P	2	Rot. ⁰	2	05211
										3	Rot. ¹	3	05212
										3	Rot. ²	3	05213
H. C. Moffitt-University of California Hospitals△	L. H. Smith, Jr.	431	16,730	370	136,585	16,357			3744 O	12	St. Med.	12	06232
	J. E. Dunphy									12	St. Surg.	12	06233
	M. M. Grumbach									10	St. Ped.	10	06234
	H. D. Moon									3	St. Path.	3	06236
Kaiser Foundation	A. H. Lieberman	236	12,757	377	600,036	23,311	732,627		4950 P*	18	Rot. ⁰	18	95911
										2	St. Med.	2	95932
										2	St. Surg.	2	95933
										2	St. Path.	2	95936
Mount Zion Hospital and Medical Center△	H. Weinstein	411	14,043	487	64,905	17,020	32,249	115	3980 P*	24	Rot. ⁹	24	05420
Presbyterian Medical Center	J. J. Kelly	200	8,757	213	39,170	10,103			4200 P	14	Rot. ⁰	14	06111
										6	Rot. ¹	6	06112
St. Joseph's	C. C. Raisbeck	157	6,397	232	3,640	3,855	6,471	114	4800 FP*	6	Rot. ⁰	6	05511
St. Luke's	P. L. Pillsbury	196	9,768	278	26,837	6,852	17,448		3600 FP*	8	Rot. ^{0,1,2,3,4}	8	05620
St. Mary's	C. B. Favour	333	12,929	281	33,370	6,950	37,683		3000 F	5	Rot. ⁰	5	05711
	J. Elliott									5	Rot. ¹	5	05712
	L. Milburn									5	Rot. ²	5	05713
San Francisco General△	T. K. Hunt	748	19,814	858	112,934	45,038			4056 P	32	Rot. ⁰	32	05811
										12	Rot. ¹	12	05812
										12	Rot. ²	12	05813
										2	Rot. ⁴	2	05814
										2	Rot. ⁶	2	05876
Southern Pacific Memorial△	B. Kaufman	294	8,903	269	42,919			111	4800 F	25	Rot. ^{1,2}	25	06020
	V. L. Cull									1	St. Path.	1	06036
San Jose													
O'Connor	L. R. Grams	208	13,307	255	0	13,740			4000 O	1	St. Path.	1	04536
Santa Clara Valley Medical Center△	R. M. Manson	415	11,209	599	122,246	47,827			6000 F	30	Rot. ⁰	30	06311
Santa Barbara													
Santa Barbara General-Cottage Hospitals	S. B. Chirman							107	3900 F	10	Rot. ⁰	10	06411
										4	Rot. ¹	4	06412
										3	Rot. ²	3	06413
Santa Barbara Cottage		225	12,128	242	0	14,000							
Santa Barbara General		156	3,041	154	12,611	9,782							
Santa Monica													
Santa Monica	A. U. Rivin	206	12,486	294	11,906	23,859	54,397	116	4500 F	12	Rot. ⁰	12	06611
Stockton													
San Joaquin General△	J. D. Bernard	208	7,434	496	80,626	50,968			4848 F	18	Rot. ⁰	18	02111
Torrance													
Los Angeles County Harbor General△	W. Swanson	520	19,142	1,304	148,404	54,345			5700 P	33	Rot. ^{0,1,2,3,4}	33	06720
										8	St. Med.	8	06732
										8	St. Surg.	8	06733
										1	St. Path.	1	06736
COLORADO—Hospitals, 11; Internships, 188													
Denver													
Children's	F. J. Cozzetto	159	11,296	127	11,008	9,103	1,000	118	4300 P	4	St. Ped.	4	88934
Denver General△	D. L. Cowen	245	8,456	541	151,148	43,558			3588 P	30	Rot. ²	30	07713
	D. L. Cowen									3	Rot. ⁶	3	07776
General Rose Memorial△	J. Amer	364	15,054	325	5,615	10,047	24,297	118	6000 P	10	Rot. ⁰	10	06911
Porter Memorial	R. S. Brittain	197	9,924	169	2,631	6,493	13,860	113	4500 P	12	Rot. ²	12	07113
Presbyterian Medical Center	M. A. Lubchenco	249	11,651	331	4,972	8,963	25,314	120	4200 P	22	Rot. ⁰	22	07211
St. Anthony	R. E. Boyle	347	23,014	333	2,180	14,931	15,998		7200 P	10	Rot. ⁰	10	07311
St. Joseph△	M. E. McDowell	451	22,113	420	11,001	8,403	11,343	119	4200 P	16	Rot. ^{0,1,2}	16	07420
										6	Family Practice ¹⁰	6	07418
St. Luke's△	R. S. Liggett	374	16,582	447	1,895	11,973	5,987	120	6000 P	10	Rot. ¹	10	07513
Sisters of Mercy	H. H. Goldstein	281	13,216	236	4,367	9,464	12,774		7020 P	11	Rot. ²	11	92213
University of Colorado Medical Center△	E. S. Taylor	289	11,056	399	125,441	38,487			3000 P	6	Rot. ³	6	07615
	R. Virtue									3	Rot. ⁸	3	07677
	G. Meiklejohn									12	St. Med.	12	07632
	W. R. Waddell									11	St. Surg.	11	07633
	C. H. Kempe									12	St. Ped.	12	07634
	D. W. King									10	St. Path.	10	07636
Greeley													
Weld County General	W. K. Mangum	224	12,279	298	7,987	8,395			4800 F	6	Rot. ²	6	85313
CONNECTICUT—Hospitals, 22; Internships, 300													
Bridgeport													
Bridgeport	N. P. R. Spinelli	416	18,229	695	14,959	20,305	31,283		4800 F*	14	Rot. ⁹	14	07920
St. Vincent's	W. H. Curley	334	18,457	566	7,657	19,662	10,459		5400 P	10	Rot. ⁰	10	08011
										2	St. Surg.	2	08033
Bristol													
Bristol	M. J. Seide	160	9,260	258	3,363	12,234	7,519		5146 O	7	Rot. ⁰	7	92311

Numerical and other references are listed on pages 117 and 118.

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CONNECTICUT—Continued													
Danbury													
Danbury	J. L. Belsky	202	9,815	388	5,065	19,256	26,547	...	3000 F	4 Rot. ⁰ 6 Rot. ¹ 2 Rot. ²		4 6 2	08111 08112 08113
Derby													
Griffin	V. A. DeLuca, Jr.	162	7,650	307	5,020	16,264	175	...	3900 P	9 Rot. ^{0,1,2}		9	97720
Greenwich													
Greenwich	F. J. Christie	235	9,255	310	8,752	16,920	16,752	...	5000 FP	3 Rot. ¹ 11 Rot. ²		3 11	08212 08213
Hartford													
Hartford	R. P. Kaufman	812	35,782	1,109	38,392	46,288	...	254	4200 P	12 Rot. ⁰ 6 Rot. ¹ 6 Rot. ² 4 Rot. ³ 2 St. Path.		12 6 6 4 2	08311 08312 08313 08314 08336
	R. F. Reinfank												
	J. H. Foster												
	F. J. Flynn												
	R. Tennant												
Mount Sinai	M. Josel	166	7,896	162	1,501	11,129	1,335	122	3900F*	2 Rot. ¹ 7 Rot. ² 2 Rot. ³ 12 Rot. ⁰		2 7 2 12	85412 85413 85415 08511
St. Francis	W. J. Lahey	614	23,589	667	34,121	29,387	73,315	...	3900 F				
University of Connecticut Health Center, McCook	J. W. Patterson	87	3,708	118	17,687	13,921	...	...	6000 O	4 Rot. ¹ 4 Rot. ²		4 4	09412 09413
Manchester													
Manchester Memorial	M. Duke	265	12,708	309	1,709	17,907	28,797	...	4500 F	6 Rot. ⁰		6	85511
Meriden													
Meriden	M. J. Seide	206	9,784	363	2,874	11,477	6,676	...	5146 P	8 Rot. ⁰		8	08611
Middletown													
Middlesex Memorial	M. J. Seide	203	10,415	307	1,215	15,045	...	...	5146 P	7 Rot. ⁰		7	08711
New Britain													
New Britain General	H. Levine	332	14,910	457	6,269	23,795	23,742	...	5580 P	12 Rot. ²		12	08813
New Haven													
Hospital of St. Raphael	P. D'Elia	352	15,157	643	13,416	26,318	14,926	...	4700 P*	17 Rot. ² 2 St. Med. 2 St. Ped.		17 2 2	09020 09032 09034
	D. S. Dock												
	J. C. Dower												
Yale-New Haven Medical Center	P. K. Bondy	608	25,139	927	111,856	53,566	11,033	...	3500 P	17 St. Med. 16 St. Surg. 11 St. Ped. 9 St. Path.		17 16 11 9	08932 08933 08934 08936
Yale-New Haven	J. W. Cole												
	C. D. Cook												
	A. A. Liebow, D. Seligson												
New London													
Lawrence and Memorial Hospitals	E. Gipstein	246	13,368	372	2,446	24,678	49,492	...	4800 F	8 Rot. ⁰		8	09211
Norwalk													
Norwalk	A. Margold	315	14,290	522	18,375	24,293	42,894	...	3600 F	12 Rot. ⁰ 2 Rot. ² 2 Rot. ³ 2 Rot. ⁴		12 2 2 2	09311 09313 09315 09314
Stamford													
St. Joseph's	G. Allard	157	8,028	190	3,471	10,083	8,439	...	3600 FP	6 Rot. ⁰		6	09111
Stamford	L. M. Smith	268	10,672	334	16,689	19,199	15,745	...	5200 P	7 Rot. ⁰ 2 Rot. ¹ 2 Rot. ² 1 Rot. ³ 1 Rot. ⁴		7 2 2 1 1	09511 09512 09513 09515 09577
	M. Magida												
	J. B. Ogilvie												
	J. Farrell												
	A. Mastrangelo												
Waterbury													
St. Mary's	W. Finkelstein	371	12,105	415	18,222	20,301	11,327	...	3600 F	8 Rot. ⁰ 2 Rot. ¹ 2 Rot. ² 7 Rot. ⁰		8 2 2 7	09611 09612 09613 09711
Waterbury	J. E. Daly												
	O. J. Bizzozero												
DELAWARE—Hospitals, 1; Internships, 18													
Wilmington													
Wilmington Medical Center	R. O. Y. Warren	803	36,186	1,276	63,119	81,872	115,345	...	5400 P	14 Rot. ^{0,1,2,4} 4 St. Med.		14 4	09920 09932
	R. B. Flinn												
DISTRICT OF COLUMBIA—Hospitals, 9; Internships, 231													
Washington													
Children's	D. W. Delaney	164	13,141	144	60,414	31,794	14,198	284	3300 P*	6 St. Ped.		6	07034
District of Columbia General		943	20,723	1,401	161,582	55,752	...	...	4000 P*				
Program I—Georgetown University	C. Martin									10 St. Med.		10	79932
Program II—Georgetown University	C. Martin									4 Rot. ¹		4	79912
Program III—See Georgetown University—District of Columbia General													
Program IV—George Washington Univ.	M. J. Romansky									8 St. Med.		8	79957
Program V—George Washington Univ.	M. J. Romansky									6 Rot. ¹		6	79929
Program VI—See George Washington University—District of Columbia General													
Program VII—Howard University	W. L. Henry									4 St. Med.		4	79925
Program VIII—Howard University	W. L. Henry									10 Rot. ¹		10	79926
Program IX—Howard University	B. Syphax									2 St. Surg.		2	79927
Program X—Howard University	B. Syphax									4 Rot. ²		4	79913
Program XI—District of Columbia General	T. E. Reichelderfer									4 St. Ped.		4	79934
Doctors	G. P. Blundell	268	9,705	312	1,373	21	...	...	6000 O	8 Rot. ²		8	79413
Freedmen's	C. S. Ireland	398	11,687	593	56,867	48,602	...	...	5594 O	16 Rot. ⁰ 4 Rot. ¹ 4 Rot. ² 3 Rot. ³ 2 Rot. ⁴ 1 Rot. ⁵ 2 St. Ped.		16 4 4 3 2 1 2	79811 79812 79813 79815 79814 79876 79834
Georgetown University△	L. H. Kyle	335	14,291	338	93,050	13,682	...	123	3624 P	12 St. Med. 2 St. Ped. 3 St. Path. 2 Rot. ⁴		12 2 3 2	80132 80134 80136 80114
	P. L. Calcagno												
	A. Golden												
	L. H. Kyle												
Georgetown University-D. C. General	R. H. Coffey									10 St. Surg.		10	81733
Georgetown University		335	14,291	338	93,050	13,682	...	123	3624 P				
District of Columbia General		943	20,723	1,401	161,582	55,752	4000 P*				

Numerical and other references are listed on pages 117 and 118.

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Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
DISTRICT OF COLUMBIA, Washington—Continued													
George Washington University.....	J. M. Evans.....	380	15,396	435	34,437	21,556	1,645	...	4000 P	16	St. Med.	16	80232
	T. M. Peery.....									2	St. Path	2	80236
George Washington University-D. C. Gen..	B. B. Blades.....									12	St. Surg.	12	81833
George Washington University.....		380	15,396	435	34,437	21,556	1,645	...	4000 P				
District of Columbia General.....		943	20,723	1,401	161,582	55,752		...	4000 P				
Providence.....	T. E. Curtin.....	310	15,784	383	30,120	23,997	33,142	...	3600 FP*	16	Rot. ^{0,1,2,3,4}	16	80320
										4	St. Med.	4	80332
										2	St. Surg.	2	80333
Veteran's Admin.....		586	6,404	468	99,075			...	4210 P				
Georgetown Service.....	S. Katz.....							...		6	St. Med.	6	79532
George Washington Service.....	S. Katz.....							...		5	St. Med.	5	79632
Howard University Service.....	S. Katz.....							...		5	St. Med.	5	79732
Washington Hospital Center.....	K. G. Barry.....	661	30,261	742	56,767	40,856	39,819	126	4500 P*	18	Rot. ^{0,1,2,3}	18	80020
										12	St. Med.	12	80032
										6	St. Surg.	6	80033
FLORIDA—Hospitals, 19; Internships, 325													
Bartow													
Polk County—See Lakeland General Hospital-Polk County, Lakeland, Fla.													
Daytona Beach													
Halifax District.....		344	15,450	713	4,920	24,417		...	4000 P	8	Rot. ⁰	8	62911
Gainesville													
William A. Shands Teaching Hospital and Clinics.....	W. C. Thomas, Jr.....	290	10,751	401	79,260	13,395	79,260	...	3200 O	24	St. Med.	24	82432
	G. H. Miller.....							...		9	St. Surg.	9	82433
	G. L. Schiebler.....							...		5	St. Ped.	5	82434
	V. M. Areal.....							...		2	St. Path.	2	82436
Jacksonville													
Baptist Memorial.....	N. Jones.....	370	18,610	362	3,443	17,442	16,652	...	5400 P*	12	Rot. ⁰	12	97011
Duval Medical Center.....	S. D. Doff.....	227	10,354	513	131,537	76,335	1,095	...	5400 P*	10	Rot. ⁰	10	10111
								...		3	Rot. ¹	3	10112
								...		3	Rot. ²	3	10113
								...		3	Rot. ³	3	10115
								...		3	Rot. ⁴	3	10114
								...		4	St. Med.	4	10132
St. Vincent's.....	S. M. Day.....	358	17,530	399	10,522	20,839	69,854	...	5400 P*	4	Rot. ⁰	4	10311
	D. Moomaw.....							...		3	Rot. ¹	3	10312
	J. Canipelli.....							...		3	Rot. ²	3	10313
	J. Coudon.....							...		3	Rot. ³	3	10315
	E. Frans.....							...		3	Rot. ⁴	3	10314
	C. M. Whorton.....							...		1	Rot. ⁵	1	10386
	M. McClow.....							...		1	Rot. ⁷	1	10342
	L. Costanza.....							...		1	Rot. ⁸	1	10377
	C. M. Whorton.....							...		1	St. Path.	1	10336
Lakeland													
Lakeland General Hospital-Polk County...	J. F. Dominick.....							...	5400 F	16	Rot. ^{0,1}	16	83320
Lakeland General.....		380	15,894	451	15,402	24,478	12,240	...					
Polk County (Bartow, Fla.).....		133	4,580	302	40,554			...					
Miami													
Jackson Memorial.....	W. J. Harrington.....	1,105	30,358	1,874	194,704	124,625		128	3900 P*	6	Rot. ⁰	6	10411
	W. Little.....							...		9	Rot. ³	9	10415
	L. L. Nyhan.....							...		3	Rot. ⁴	3	10414
	J. Caldwell.....							...		8	Rot. ⁶	8	10476
	W. J. Harrington.....							...		32	St. Med.	32	10432
	W. D. Warren.....							...		18	St. Surg.	18	10433
	W. L. Nyhan.....							...		7	St. Ped.	7	10434
Variety Children's.....	D. G. Traggis.....	125	5,761	76	17,419	24,723		279	3900 O*	6	St. Ped.	6	11034
Miami Beach													
Mount Sinai Hospital of Greater Miami...	J. Ketzky.....	465	15,177	768	35,823	24,000	13,988	...	4000 P	4	Rot. ⁰	4	10511
								...		10	Rot. ¹	10	10512
								...		10	Rot. ²	10	10513
St. Francis.....	D. G. Stannus.....	180	7,468	313	3,086	8,013	24,663	257	3600 P*	12	Rot. ²	12	10613
Orlando													
Florida Sanitarium and Hospital.....	G. G. Miles.....	302	12,621	428		24,328		...	5700 P	6	Rot. ⁰	6	10211
Orange Memorial.....	F. H. Cary.....	506	23,582	749	32,560	20,395		...	4800 P	18	Rot. ^{1,2,3,4}	18	10720
Pensacola													
Pensacola Educational Program.....	W. White.....	535						...	5400 P	4	Rot. ¹	4	82612
								...		4	Rot. ²	4	82613
								...		2	Rot. ³	2	82615
								...		2	Rot. ⁴	2	82614
Baptist.....		267	15,508	254		19,510	29,012	...					
Escambia General.....		118	7,010	222	28,154	15,120	112	...					
Sacred Heart.....		150	8,139	161		11,957	24,901	...					
St. Petersburg													
Mound Park.....	K. E. McIntyre.....	554	21,006	1,319	11,929	30,831	3,976	...	5700 P	16	Rot. ⁰	16	91111
Tampa													
Tampa General.....	R. B. Smith.....	617	31,062	858	37,745	35,546	2,302	...	4200 FP*	18	Rot. ^{0,1,2,3,4}	18	10920
West Palm Beach													
St. Mary's.....	D. W. Martin.....	176	9,398	426	6,030	17,076	16,688	...	4200 F	8	Rot. ^{0,00}	8	91420
GEORGIA—Hospitals, 14; Internships, 271													
Albany													
Phoebe Putney Memorial.....	L. T. Crimmins.....	233	2,966	202	10,648	12,320		...	6000 P	6	Rot. ⁰	6	83420
Atlanta													
Crawford W. Long.....	H. S. Ramos.....	363	17,630	468	8,129	8,547	1,912	127	4320 O	6	Rot. ⁰	6	11111
								...		3	Rot. ¹	3	11112
								...		3	Rot. ²	3	11113
Emory University.....	J. D. Martin.....	306	11,161	329	0	7,224	0	129	3900 P	8	St. Surg.	8	11933
	J. Ellis.....							...		4	St. Path.	4	11936
Emory University Affiliated Hospitals....								...		22	St. Med.	22	11732
Emory University.....	J. W. Hurst.....	306	11,161	329	0	7,224	0	129	3900 P				
Veterans Admin.....	J. C. Crutcher.....	277	4,563	302	50,112			...	4210 O				
Georgia Baptist.....	J. G. Barrow.....	395	23,254	398	10,549	10,770		...	4500 P	12	Rot. ^{0,1,2,3,4}	12	11220
	L. B. Peacock.....							...		1	St. Med.	1	11232
	J. P. Wilson.....							...		1	St. Surg.	1	11233
	H. R. Foster.....							...		2	St. Ped.	2	11234
	E. D. Colvin.....							...		1	St.ObG.	1	11235

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Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
GEORGIA, Atlanta—Continued													
Grady Memorial△	J. D. Martin, Jr.	631	24,304	979	321,710	187,818	...	132	4200 P	7	Rot. ²	7	11813
	J. D. Thompson									12	Rot. ³	12	11315
	R. W. Blumberg									9	Rot. ⁴	9	11314
	J. T. Ellis									2	Rot. ⁵	2	11386
	H. S. Weens									2	Rot. ⁷	2	11342
	J. E. Steinhaus									2	Rot. ⁸	2	11377
	J. W. Hurst									18	St. Med.	18	11332
	J. D. Martin, Jr.									12	St. Surg.	12	11333
	R. W. Blumberg									6	St. Ped.	6	11334
	J. T. Ellis									2	St. Path.	2	11336
Piedmont	W. L. Bloom	265	13,325	280	5,206	13,142	15,130	...	4800 P	2	Rot. ⁰	2	11411
										3	Rot. ¹	3	11412
										3	Rot. ²	3	11413
St. Joseph's Infirmary	P. C. Shea, Jr.	256	12,367	309	7,619	6,295	1,935	...	5400 P*	1	Rot. ³	1	11415
										2	Rot. ⁰	2	11511
										2	Rot. ²	2	11513
										1	Rot. ³	1	11515
										1	Rot. ⁴	1	11514
										1	St. Med.	1	11532
										2	St. Surg.	2	11533
1	St. Path.	1	11536										
Augusta													
Eugene Talmadge Memorial	W. H. Chew	400	8,572	331	42,059	...	...	...	3000 P	4	Rot. ²	4	98515
										6	Rot. ⁹	6	98520
										8	St. Med.	8	98532
										4	St. Surg.	4	98533
										2	St. Ped.	2	98534
										4	St. Path.	4	98536
University	E. F. Daniel	375	18,084	552	29,604	31,097	...	...	6300 P	18	Rot. ⁰	18	11611
Columbus Medical Center	W. P. Jordan	335	15,929	590	30,150	44,706	...	...	5400 F	16	Rot. ⁰	16	11811
Macon													
Macon		448	23,281	616	46,057	28,272	...	...	7200 F	20	Rot. ^{0,15}	...	...
										4	Gen. Prac. Prog. ^{13,15}	...	...
Rome													
Floyd	W. M. Gilbert	238	16,061	317	9,324	33,287	8,366	...	8400 P	9	Rot. ⁰	9	99211
Savannah													
Memorial Hospital of Chatham County	D. B. Cox	218	9,888	428	39,784	21,878	12,759	...	4500 F	15	Rot. ⁰	15	97111
HAWAII—Hospitals, 4; Internships, 42													
Honolulu													
Kauikoolani Children's	R. V. Platou	48	3,893	41	7,975	4,875	...	...	6000 O	3	Rot. ⁴	3	72414
Kuakini	E. Y. Yamada	170	8,224	287	18,500	11,290	26,874	...	6000 P	12	Rot. ²	12	80713
Queen's△	D. R. Bassett	364	17,728	534	48,250	21,942	...	...	6000 O	7	Rot. ¹	7	80812
	V. C. Waite									8	Rot. ²	8	80813
St. Francis	H. Fong	200	10,441	254	26,794	8,340	58,869	131	6000 O	12	Rot. ⁰	12	80911
ILLINOIS—Hospitals, 37; Internships, 882													
Berwyn													
MacNeal Memorial	J. M. Schless	355	17,808	614	7,739	23,983	43,839	...	4800 F	20	Rot. ^{0,1,2,3,6}	20	12120
Chicago													
Augustana	T. B. Longabaugh	294	10,567	406	2,553	5,714	4,916	...	7200 P	12	Rot. ⁰	12	12411
Columbus-Cuneo Medical Center	E. Amaral								5400 FP*	24	Rot. ⁰	24	12611
Columbus		333	11,213	419	15,565	811	23,505	...					
Frank Cuneo		117	5,296	140	2,192	1,695	3,793	...					
Cook County△	S. Waldstein	2,082	759,500	5,345	275,478	486,571	...	...	3900 F*	94	Rot. ^{0,1,2,3,4}	94	12720
										2	Rot. ⁵	2	12786
										2	Rot. ⁶	2	12776
										2	Rot. ⁷	2	12742
										2	Rot. ⁸	2	12777
	S. Waldstein									12	St. Med.	12	12732
	R. Freeark									24	St. Surg.	24	12733
	J. Greengard									6	St. Ped.	6	12734
	P. Szanto									3	St. Path.	3	12736
Edgewater	S. Brownstein	319	12,109	318	4,882	7,600	...	...	4800 FP	2	Rot. ¹	2	12812
										18	Rot. ²	18	12813
										2	Rot. ³	2	12815
										2	Rot. ⁴	2	12814
Grant	L. C. Johnston	296	10,315	340	...	...	...	...	6000 F	14	Rot. ⁰	14	13211
Holy Cross	G. J. Rukstinat	325	14,392	467	2,174	10,506	...	...	4800 F	18	Rot. ⁰	18	13411
Illinois Central	C. C. Guy	224	7,285	254	33,956	3,506	...	134	5587 F	10	Rot. ²	10	13613
Illinois Masonic	N. J. Iglitzen	445	16,056	517	64,288	16,320	21,991	...	6000 FP	33	Rot. ^{0,1,2}	33	13720
Louis A. Weiss Memorial	H. Bessinger	235	8,332	320	4,200	9,249	40,987	135	6600 P	12	Rot. ^{0,1,2,3,4,5,7,8}	12	84620
Mercy Medical Center	W. R. Thompson	291	9,681	345	44,820	9,493	11,188	...	4100 P	11	Rot. ^{0,1,2,3,4,5,7}	11	14120
										2	St. Med.	2	14132
										2	St. Surg.	2	14133
										2	St. Path.	2	14136
Michael Reese Hospital and Medical Center	E. Reiss	877	24,141	893	123,104	50,949	...	...	3900 P*	18	Rot. ¹	18	14212
	H. Richter									8	Rot. ²	8	14213
	J. Metcoff									4	Rot. ⁴	4	14214
	E. Reiss									18	St. Med.	18	14232
	H. Richter									2	St. Surg.	2	14233
	J. Metcoff									4	St. Ped.	4	14234
	C. L. Pirani									2	St. Path.	2	14236
Mount Sinai Hospital Medical Center of Chicago△	J. L. Whitehill	337	13,253	415	55,609	15,809	1,782	...	4200 P*	11	Rot. ⁰	11	14411
	A. I. Rubenstone									1	Rot. ⁵	1	14486
	P. Freedman									4	St. Med.	4	14482
	J. L. Whitehill									3	St. Surg.	3	14433
	A. I. Rubenstone									1	St. Path.	1	14436

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ILLINOIS, Chicago—Continued													
Northwestern University Medical Center... Chicago Wesley Memorial△	J. R. Saker	595	18,982	489	1,986	22,084	21,097	135	5000 P	24	Rot. ⁰	24	16211
										4	Rot. ³	4	16213
										4	St. Med.	4	16232
										1	St. Path.	1	16236
Children's Memorial	R. B. Lawson	187	8,776	203	62,364	17,468	4,020	255	5000 P	6	St. Ped.	6	84234
Evanston (Evanston)	J. A. McLaren	421	15,520	405	15,120	22,487	27,003	138	5000 P	16	Rot. ⁰	16	16711
										4	Rot. ³	4	16713
										2	St. Med.	2	16732
										2	St. Path.	2	16736
Passavant Memorial△	M. C. Anderson	313	10,194	192	20,915	8,446	...	138	5000 P	19	Rot. ^{1,2,3,5}	19	14620
										5	St. Med.	5	14632
Norwegian-American Hospital	R. B. Robins	169	6,471	240	1,670	2,810	...	...	6000 O	12	Rot. ⁰	12	14511
Presbyterian-St. Luke's	J. S. Graettinger	735	23,902	880	90,544	20,115	...	...	4000 P*	20	St. Med.	20	14732
	O. C. Julian									16	St. Surg.	16	14733
	J. R. Christian									4	St. Ped.	4	14734
	G. M. Hass									2	St. Path.	2	14736
Ravenswood	H. L. Browns	234	10,110	315	3,766	8,587	4,703	...	7000 P	8	Rot. ^{0,1,2,3}	8	14920
Resurrection	F. S. Healey	222	9,709	345	...	11,118	44,899	130	6000 F*	12	Rot. ^{0,1,2}	12	93720
St. Anne's	A. Francona	341	12,788	559	8,266	13,199	28,451	...	6000 O	12	Rot. ³	12	15213
St. Elizabeth's	L. G. Khedroo	273	10,658	404	3,775	12,048	45,314	...	6000 F	12	Rot. ⁰	12	15311
St. Joseph	R. W. Zalar	420	14,869	427	7,971	6,538	18,325	...	6000 F*	16	Rot. ^{0,1,2,3}	16	15320
South Chicago Community	L. H. Davis	283	11,648	336	1,460	9,220	16,390	...	6000 F	12	Rot. ⁰	12	15311
Swedish Covenant	J. H. Erickson	199	7,238	328	12,771	11,571	26,412	136	4800 F	12	Rot. ^{0,1,2}	12	15920
University of Chicago Hospitals and Clinics△	C. W. Vermeulen	503	17,653	621	169,129	29,410	...	...	5000 O	2	Rot. ⁷	2	16042
	H. H. Hecht									22	St. Med.	22	16032
	R. Menguy									15	St. Surg.	15	16033
	A. Dorfman									6	St. Ped.	6	16034
	R. W. Wisler									2	St. Path.	2	16036
	F. P. Zuspan									3	St. ObG.	3	16035
University of Illinois Research and Educational Hospitals	D. J. Caseley	439	11,597	369	186,422	29,801	...	...	2820 FP*	14	St. Med.	14	15032
										14	St. Surg.	14	15033
										6	St. Ped.	6	15034
										2	St. Path.	2	15036
Decatur													
Decatur and Macon County	R. B. Olstad	285	13,542	366	3,112	17,747	41,805	137	5400 P	9	Rot. ⁰	9	85711
Evanston													
Evanston—See Northwestern University Medical Center, Chicago													
St. Francis	J. H. Mason	297	13,817	459	32,492	15,387	47,776	...	6000 F*	14	Rot. ⁰	14	16811
										3	Rot. ¹	3	16812
										3	Rot. ²	3	16813
Evergreen Park													
Little Company of Mary	D. M. Posner	493	20,193	610	4,955	27,206	128,044	...	6000 P	18	Rot. ⁰	18	16911
										2	Rot. ³	2	16913
										2	Rot. ⁵	2	16986
										2	Rot. ⁷	2	16942
Hinsdale													
Hinsdale Sanitarium and Hospital	C. L. Dale	274	11,808	314	1,574	11,918	46,431	...	4,140 P	14	Rot. ^{0,2,4}	14	99320
Oak Lawn													
Christ Community	M. M. Wasick	347	14,935	433	3,976	24,639	45,091	...	6000 F	24	Rot. ^{3,00}	24	13120
Oak Park													
West Suburban	R. C. Muehrcke	319	13,654	482	3,033	11,450	63,227	...	6600 O*	16	Rot. ^{0,1,2}	16	17320
										2	Rot. ³	2	17315
										1	Rot. ⁴	2	17314
										2	Rot. ⁷	2	17342
										1	Rot. ⁸	1	17377
Peoria													
St. Francis	N. K. Furlong	...	20,872	610	11,625	19,433	34,938	...	4800 F*	24	Rot. ^{0,1,2,3,4}	24	17520
										1	Rot. ⁵	1	17586
										1	Rot. ⁶	1	17576
										1	Rot. ⁷	1	17542
										1	Rot. ⁸	1	17577
Rockford													
Rockford Memorial	M. O. Alexander	223	12,463	338	3,780	24,809	53,981	...	3600 F	12	Rot. ^{0,1,2,3,4}	12	17720
										1	St. Path.	1	17736
INDIANA—Hospitals, 11; Internships, 178													
Evansville													
St. Mary's	D. Hare	314	13,910	355	1,219	14,097	11,779	139	5400 P	6	Rot. ⁰	6	94111
Fort Wayne													
Lutheran Hospital of Fort Wayne	W. Griest	402	15,007	528	1,594	14,923	34,624	...	4800 FP*	6	Rot. ⁰	6	18311
Gary													
Methodist	H. L. Cohen	324	15,974	576	...	17,301	108,512	...	4800 F	8	Rot. ⁰	8	17411
Indianapolis													
Indiana University Hospitals	J. Hickam	415	13,252	540	77,248	16,728	...	140	3250 P	20	St. Med.	20	18732
	H. Shumacker									16	St. Surg.	16	18733
	L. Meiks									6	St. Ped.	6	18734
	F. Vellios									4	St. Path.	4	18736
Marion County General	J. W. Hickman	580	12,468	850	135,897	46,978	...	...	4906 P	35	Rot. ^{0,00}	35	18620
Methodist Hospital of Indiana	J. H. Hall	724	27,142	962	30,950	41,837	35,900	...	5400 P*	20	Rot. ⁰	20	18811
										4	Rot. ⁰⁰	4	18816
										2	St. Med.	2	18832
										2	St. Surg.	2	18833
										2	St. Path.	2	18836
St. Vincent's	E. Steinmetz	287	12,861	327	3,689	10,702	24,662	...	5220 P	10	Rot. ⁰	10	18911
	L. N. Foster									1	St. Path.	1	18936
Muncie													
Ball Memorial	L. J. Lawson	430	16,871	562	...	17,286	49,863	...	5400 P	12	Rot. ⁰	12	19211
South Bend													
Memorial Hospital of South Bend	D. T. Olson	324	13,607	536	793	22,494	40,866	...	4800 F	12	Rot. ⁰	12	19311
St. Joseph's	R. L. Devetski	285	13,020	451	1,801	21,541	36,561	...	6600 P	10	Rot. ⁰	10	19411
South Bend Medical Foundation Hospitals	J. R. Bennett	893	39,871	1,482	2,722	65,830	95,056	...	6600 O	2	St. Path.	2	17136
IOWA—Hospitals, 7; Internships, 116													
Cedar Rapids													
Cedar Rapids Internship Program	F. R. Peterson	230	12,282	274	3,736	37,543	...	124	6000 F	20	Rot. ⁰	20	19611
Mercy		333	16,299	355	8,274	19,807	28,813	...	...	...	...	...	...
St. Luke's Methodist													
Des Moines													
Broadlawn Polk County	E. R. Posner	114	5,982	262	21,879	34,653	4200 F	8	Rot. ⁰	8	19911
										4	Gen. Pract. Prog. ¹³	4	19917

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IOWA, Des Moines—Continued													
Iowa Lutheran	C. H. Johnston	293	10,388	266	17,772	10,094	1,663	141	6000 P	14	Rot. ⁰	14	20011
Iowa Methodist	L. F. Staples	453	18,935	481	...	22,560	3,739	142	6000 P	10	Rot. ^{0,1,2}	10	20120
Mercy	H. C. Ellis	308	14,849	316	18,574	10,354	...	...	5400 F	14	Rot. ^{0,1,2,3,4,5,7,8}	14	20220
										2	St. Path.	2	20236
Iowa City													
University Hospitals△	W. B. Bean	906	33,086	795	225,368	...	...	...	4000 P	8	Rot. ¹	8	20312
	R. T. Tidrick									12	Rot. ²	12	20313
	W. C. Keettel									6	Rot. ³	6	20315
	D. Dunphy									2	Rot. ⁴	2	20314
	W. B. Bean									10	St. Med.	10	20332
	D. Dunphy									4	St. Ped.	4	20334
	E. D. Warner									2	St. Path.	2	20336
KANSAS—Hospitals, 5; Internships, 90													
Kansas City													
Bethany	R. R. Morff	191	9,518	275	220	13,611	11,163	...	6300 P	8	Rot. ^{0,2}	8	20520
University of Kansas Medical Center△	J. Walker	407	16,566	522	167,046	15,251	12,530	...	3000 P	12	Rot. ³	12	20820
	M. Deip									9	St. Med.	9	20832
	F. Albritten									4	St. Surg.	4	20833
	H. Miller									3	St. Ped.	3	20834
	D. Scarpelli									2	St. Path.	2	20836
Wichita													
St. Francis	J. H. Holt	668	26,542	628	2,871	24,455	35,891	143	5720 F	20	Rot. ⁰	20	20920
	T. J. Luellen									1	St. Med.	1	20932
	J. H. Holt									1	St. Surg.	1	20933
St. Joseph Hospital and Rehabilitation Center	L. W. Purinton	301	15,099	241	937	21,854	...	143	5700 P	10	Rot. ⁰	10	21111
Wesley Medical Center	W. C. Goodpasture	490	23,247	383	5,796	26,282	41,365	259	5700 F	20	Rot. ⁰	20	21020
KENTUCKY—Hospitals, 8; Internships, 139													
Covington													
St. Elizabeth	R. J. Menke	323	12,261	495	1,354	17,802	13,061	...	6000 P	12	Rot. ⁰	12	21311
Lexington													
Good Samaritan	I. F. Kanner	182	9,777	337	120	19,010	18,241	...	4200 F	7	Rot. ²	7	21413
University of Kentucky Medical Center	W. W. Winternitz	...	...	...	...	...	...	...	3960 P	22	Rot. ^{1,2,3,4,5}	22	84820
	W. W. Winternitz									10	St. Med.	10	84852
	W. Griffin									14	St. Surg.	14	84853
	W. Wheeler									2	St. Ped.	2	84854
	W. B. Stewart									2	St. Path.	2	84856
University		226	7,822	302	41,943	14,277	14,712	144	...	...	...	...	...
St. Joseph		230	13,804	257	18,610	32,756	...	...	...	...	...	...	...
Veterans Admin.		1,033	2,934	172	13,155	...	...	...	...	...	...	...	...
Louisville													
John N. Norton Memorial Infirmary	H. S. Collier	281	11,729	249	754	6,830	15,846	145	5400 FP*	6	Rot. ⁰	6	21811
Louisville General	S. H. Cheng	303	12,598	682	92,093	80,708	0	151	4200 P	14	Rot. ⁰	14	21711
										8	St. Med.	8	21732
										8	St. Surg.	8	21733
										2	St. Path.	2	21736
St. Joseph Infirmary	R. D. Wolfe	381	19,841	47	11,232	22,865	9,021	...	4860 P	18	Rot. ⁰	18	22011
										1	Rot. ¹	1	22012
										2	Rot. ²	2	22013
										1	Rot. ³	1	22015
										1	Rot. ⁷	1	22014
										8	St. Ped.	8	21634
University of Louisville Affiliated Hospitals	W. M. Edwards	...	...	...	...	...	...	...	4200 P	...	...	...	...
Children's		107	663	126	14,236	13,418	2,045	...	...	...	...	...	...
Louisville General		303	12,598	682	92,093	80,708	0	151	4200 P	...	...	...	...
LOUISIANA—Hospitals, 8; Internships, 231													
Lafayette													
Charity Hospital of Louisiana General Practice Program													
Lafayette Charity Hospital (Louisiana State Univ. Unit)—See New Orleans, La.													
Lake Charles													
Charity Hospital of Louisiana General Practice Program													
Lake Charles Charity Hospital (Louisiana State Univ. Unit)—See New Orleans, La.													
New Orleans													
Charity Hospital of Louisiana	L. Burroughs	1,830	43,137	2,259	513,475	67,812	225,417	...	4200 F	...	...	...	...
Louisiana State University Div.	N. S. Gilbert									36	Rot. ⁰	36	22441
Charity Hospitals of Louisiana General Practice Programs at Lafayette Charity Hospital and Lake Charles Charity Hospital, are 2-year general practice programs with 22 first-year positions included in rotating internships under NIMP Code 22441.										6	Rot. ¹	6	22452
										4	Rot. ²	4	22453
										2	Rot. ⁴	2	22454
										2	Rot. ⁵	2	22456
										2	St. Med.	2	22442
										4	St. Surg.	4	22445
										6	St. Ped.	6	22443
										1	St. Path.	1	22436
Charity Hospital of Louisiana	L. Burroughs	1,830	43,137	2,259	513,475	67,812	225,417	...	4200 F	...	...	...	...
Tulane University Division	R. D. Sparks									22	Rot. ⁰	22	22411
										8	Rot. ¹	8	22412
										6	Rot. ²	6	22413
										4	Rot. ³	4	22415
										6	Rot. ⁴	6	22414
										1	Rot. ⁵	1	22456
										4	St. Med.	4	22486
										4	St. Surg.	4	22482
										10	St. Ped.	10	22483
										2	St. Path.	2	22434
Ochsner Foundation	K. K. Meyer	316	11,956	298	356,481	20,639	540	...	3480 P	6	Rot. ^{0,1,2,4,5,8}	6	86620
										4	St. Med.	4	86632
Southern Baptist	J. H. Collins	407	20,207	568	5,524	17,941	...	146	4920 P	8	Rot. ⁰	8	22811
										4	Rot. ¹	4	22812
										4	Rot. ²	4	22813
										4	Rot. ³	4	22814
										4	Rot. ⁴	4	22815

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LOUISIANA, New Orleans—Continued													
Touro Infirmary	B. S. Gallaher	328	14,397	535	30,654	23,902	23,320	...	4500 P	6	Rot. ⁰	6	22911
										3	Rot. ¹	3	22912
										2	Rot. ²	2	22913
										2	Rot. ³	2	22914
										2	Rot. ⁴	2	22915
										2	Rot. ⁵	2	22916
										2	Rot. ⁶	2	22917
										2	Rot. ⁷	2	22918
										2	St. Med.	2	22919
										2	St. Surg.	2	22920
										2	St. ObG.	2	22921
Pineville													
Charity Hospital of Louisiana General Practice Program:													
Huey P. Long Charity Hospital (Tulane Univ. Unit)	R. D. Sparks	131	6,683	223	86,807	2,227	...	...	...	6	Gen. Prac. Prog. ¹³	6	22317
Shreveport													
Confederate Memorial Medical Center	R. F. Brabham	572	23,067	848	135,262	9,479	...	...	4200 F	40	Rot. ⁰	40	23211
MAINE—Hospitals, 2; Internships, 18													
Lewiston													
Central Maine General	W. A. Clapp	170	7,502	270	4,041	10,848	27,024	...	4500 FP	6	Rot. ⁰	6	23411
Portland													
Maine Medical Center	M. S. Bacastow	335	14,219	562	32,588	31,253	40,235	...	3480 FP*	12	Rot. ⁰	12	23611
MARYLAND—Hospitals, 19; Internships, 379													
Baltimore													
Baltimore City Hospitals	J. Krevans	312	11,880	1,026	111,810	38,960	...	...	4300	3	Rot. ¹	3	23712
	H. Harrison									2	Rot. ⁴	2	23714
	J. Krevans									16	St. Med.	16	23732
	R. Steenburg									7	St. Surg.	7	23733
	H. Harrison									4	St. Path.	4	23734
	A. Pollack									1	St. Path.	1	23735
	H. Harrison									2	Family Practice ¹⁰	2	23718
Bon Secours Hospital	J. F. Hartman	218	9,435	258	12,981	22,085	4,679	...	6000	14	Rot. ^{0,1,2,3,4}	14	23820
Church Home and Hospital	J. M. Zimmerman	243	9,148	280	14,894	14,941	51	150	5500 P	12	Rot. ⁰	12	23911
	S. D. Goldberg									4	St. Med.	4	23932
	J. M. Zimmerman									2	St. Surg.	2	23933
Franklin Square	J. Sindelar	126	5,055	152	8,364	8,319	249	...	4900 FP*	8	Rot. ²	8	24013
Greater Baltimore Medical Center	T. E. Prout	216	11,348	199	23,786	...	324	...	6000 P	8	Rot. ²	8	24113
										8	Rot. ³	8	24115
										4	St. Med.	4	24132
Johns Hopkins Hospital	A. M. Harvey	878	27,646	997	356,419	73,331	...	...	3200 P	18	St. Med.	18	24232
	A. M. Harvey									9	St. Med. (Pvt.)	9	24233
	G. D. Zuidema									13	St. Surg.	13	24234
	R. E. Cooke									13	St. Surg.	13	24234
	R. H. Heptinstall									4	St. Path.	4	24236
	A. C. Barnes									3	St. ObG.	3	24235
Johns Hopkins Community Pediatric Program (includes Baltimore City Hospitals, Greater Baltimore Medical Center, Johns Hopkins Hospital, Sinai Hospital of Baltimore, Union Memorial Hospital)	M. Debuskey	...	...	...	...	...	...	...	3200 P*	12	St. Ped.	12	22734
Lutheran Hospital of Maryland	I. Freeman	177	8,399	267	11,336	23,221	293	150	6000 P	10	Rot. ⁰	10	24311
Maryland General	J. W. Barnaby	306	11,510	462	4,979	8,099	4,949	150	6000 P	4	Rot. ⁰	4	24411
										7	Rot. ¹	7	24412
										4	Rot. ²	4	24413
										2	Rot. ³	2	24415
Mercy	J. A. Mead, Jr.	285	11,784	334	25,804	21,070	52,907	...	6000 F	16	Rot. ^{1,2}	16	24520
	V. M. Smith									2	St. Med.	2	24532
Provident	J. D. Carr	96	4,271	249	11,621	17,730	1,862	...	4800 F	6	Rot. ⁰	6	24611
St. Agnes	J. H. Tuohy	344	14,415	415	8,244	37,427	2,560	...	6000 F	12	Rot. ⁰	12	24711
Sinai Hospital of Baltimore	A. I. Mendeloff	412	17,784	472	100,464	52,683	10,898	...	4900 P	3	Rot. ⁰	3	24911
										11	Rot. ¹	11	24912
										2	Rot. ²	2	24913
										2	Rot. ⁴	2	24914
										3	St. Med.	3	24932
										1	St. Surg.	1	24933
										2	St. Ped.	2	24934
South Baltimore General	W. W. Wurzbacher	141	4,954	258	12,627	17,944	1,134	150	5700 F	12	Rot. ⁰	12	25011
Union Memorial	J. E. Howard	357	12,569	670	29,300	38,655	5,989	...	6000 P	10	Rot. ^{1,2,3}	10	25120
	J. N. Classen									8	St. Med.	8	25032
	R. Hepner									6	St. Surg.	6	25033
University Hospital	R. Monroe	514	15,318	704	153,187	42,325	...	...	3900 P	1	Rot. ⁴	1	25214
	T. Woodward									1	Rot. ⁶	1	25276
	R. Buxton									13	St. Med.	13	25232
	R. Hepner									10	St. Surg.	10	25233
	H. Firminger									6	St. Ped.	6	25234
	E. B. Middleton									2	St. Path.	2	25236
										2	St. ObG.	2	25235
Bethesda													
Suburban	W. Teichmann	202	12,233	302	3,218	22,419	26,126	...	5520 O	6	Rot. ²	6	25313
Cheverly													
Prince George's General	E. J. Jensen	345	17,249	466	15,467	47,664	54,399	...	4500 F*	18	Rot. ^{0,1,2,3,4}	18	90520
Takoma Park													
Washington Sanitarium and Hospital	K. Cruze	245	10,822	236	7,542	20,238	30,610	260	4500 ..	16	Rot. ⁰	16	25411
Towson													
St. Joseph	A. E. Cocco	246	10,019	323	11,625	24,639	780	150	6000 P	10	Rot. ⁰	10	24811
										1	Rot. ¹	1	24812
										1	Rot. ²	1	24813
										1	Rot. ³	1	24815
										1	Rot. ⁴	1	24814
MASSACHUSETTS—Hospitals, 28; Internships, 440													
Beverly													
Beverly	F. G. Soule	170	7,178	258	5,567	3,933	9,572	...	3600 F	10	Rot. ^{0,15}

Numerical and other references are listed on pages 117 and 118.

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MASSACHUSETTS—Continued													
Boston													
Beth Israel	H. Hiatt	295	12,058	363	60,133	19,955	15,660	...	3600 O	14	St. Med.	14	25632
	W. Silen									8	St. Surg.	8	25633
	D. Freiman									1	St. Path.	1	25636
Boston City	I and III Medical Tufts	847	27,936	1,175	346,904	130,020	...	...	3600 O	16	St. Med.	16	25793
	II and IV Medical Harvard									16	St. Med.	16	25794
	V and VI Medical Boston Univ.									16	St. Med.	16	25795
	I Surgical Tufts									8	St. Surg.	8	25796
	III Surgical Boston Univ.									8	St. Surg.	8	25798
	V Surgical Harvard									8	St. Surg.	8	25703
	Straight Specialties, Boston University									4	St. Ped.	4	25704
	Pathology									2	St. Path.	2	25736
Carney	J. P. Mahoney	307	11,809	437	19,701	31,394	42,344	155	4620 F	12	Rot. ^{0,1,2}	12	25820
Children's Hospital Medical Center	C. Janeway	304	12,008	338	100,129	48,969	...	280	3600 P	6	St. Ped.	6	25934
	S. Farber									2	St. Path.	2	25936
Massachusetts General	A. Leaf	980	28,078	1,504	212,607	57,776	...	147	3600 P	18	St. Med.	18	26132
	P. S. Russell									12	St. Surg.	12	26133
	N. B. Talbot									7	St. Ped.	7	26134
	B. Castleman									1	St. Path.	1	26136
New England Deaconess	J. L. Tullis	329	10,707	384	455	239	10,229	...	3600 O	4	Rot. ¹	4	26412
										4	St. Med.	4	26432
New England Medical Center Hospitals	S. Proger	307	10,244	277	70,095	2,236	21,958	158	3600 O	10	St. Med.	10	26332
	R. A. Deterling									6	St. Surg.	6	26333
	M. B. Kreidberg									7	St. Ped.	7	26334
	H. E. MacMahon									2	St. Path.	2	26336
Peter Bent Brigham	G. W. Thorn	274	8,027	410	55,429	16,501	5,000	...	3600 P	13	St. Med.	13	26532
	F. D. Moore									7	St. Surg.	7	26533
	G. J. Dammin									1	St. Path.	1	26536
St. Elizabeth's	W. H. Garvin, Jr.	311	12,042	390	19,832	18,548	10,555	...	3600 FP	9	Rot. ⁰	9	26611
										9	Rot. ¹	9	26612
University	R. W. Wilkins	195	6,463	260	52,312	...	16,221	149	3600 O	10	St. Med.	10	26232
	R. H. Egdahl									7	St. Surg.	7	26233
	I. Gore									1	St. Path.	1	26236
Veterans Admin. (Jamaica Plain)		809	10,467	744	29,391	21,520	...	...	...	20	St. Med.	20	27132
Cambridge													
Cambridge City		130	4,617	270	24,101	20,368	...	...	3850 F	12	Rot. ^{0,1,2,3,4,5}	12	26820
										1	St. Path.	1	26836
Mount Auburn Hospital	D. Hurwitz	255	9,378	384	6,955	21,171	15,672	...	3600 P	9	Rot. ¹	9	26912
	D. Hurwitz									1	St. Path.	1	26936
Fall River													
Union	J. C. Corrigan	251	9,098	327	4,401	11,770	17,536	...	4800 F	9	Rot. ⁰	9	86411
Framingham													
Framingham Union	C. G. Tedeschi	177	10,594	270	1,007	19,231	29,388	...	...	8	Rot. ⁰	8	81211
	C. G. Tedeschi									1	St. Path.	1	81236
Lawrence													
Lawrence General	J. H. Nicholson	230	9,931	385	8,504	19,896	9,787	...	4200 F*	6	Rot. ⁰	6	27411
Lynn													
Lynn	B. Appel	244	10,222	419	10,927	25,198	30,549	...	3420 F	6	Rot. ^{0,1,2,3,4,5,7}	6	27820
Malden													
Malden	N. Stearns	230	10,455	294	2,492	17,789	8,941	...	3600 F	6	Rot. ²	6	82713
Newton													
Newton-Wellesley	N. Stearns	203	8,801	323	6,185	18,049	29,122	...	3600 P	8	Rot. ²	8	28013
Pittsfield													
Pittsfield Affiliated Hospitals	G. L. Haidak	321	14,330	387	13,297	19,268	...	160	4000 FP	14	Rot. ^{0,1,2,3,4,5}	14	28120
Pittsfield													
St. Luke's													
Salem													
Salem	D. Dove	219	8,843	392	5,374	16,736	13,058	...	3600 F	8	Rot. ^{0,1,2,3}	8	28420
Springfield													
Springfield	V. Grover	421	14,110	525	11,131	21,924	11,670	161	3600 FP	12	Rot. ²	12	28613
Waltham													
Waltham	N. S. Stearns	172	8,169	235	1,991	19,233	22,249	285	4500 P	7	Rot. ⁰	7	28811
Worcester													
Memorial	J. G. Pittman	279	12,992	345	9,516	21,373	2,123	...	4200 F	12	Rot. ⁰	12	28911
St. Vincent		472	16,548	504	4,865	20,352	38,957	...	3600 P	10	Rot. ^{1,2,4}	10	29020
										8	St. Med.	8	29032
										3	St. Surg.	3	29033
Worcester City		366	12,901	630	11,632	33,487	24,265	...	4383 FP	16	Rot. ^{0,1,2,4,5}	16	29120
										4	St. Surg.	4	29133
MICHIGAN—Hospitals, 38; Internships, 637													
Ann Arbor													
St. Joseph Mercy	R. G. Lovell	497	22,776	512	6,031	28,912	81,256	170	6000 O	20	Rot. ^{0,1,2,3}	20	29220
University of Michigan Affiliated Hospitals	W. D. Robinson	770	20,070	647	260,532	23,270	...	...	3600 O	16	St. Med.	16	29332
University	J. L. Wilson									7	St. Ped.	7	29334
	A. J. French									2	St. Path.	2	29336
University Hospital-Veterans Admin.													
Hospital-Wayne County General													
Hospital (Eloise)	C. G. Child, III	770	20,070	647	260,532	23,270	...	...	3600 O	22	St. Surg.	22	29333
University													
Veterans Admin.		393	5,352	339	17,243	...							
Wayne County General (Eloise)		368	11,354	1,000	42,681	32,849	...						
University Hospital-Wayne County General (Eloise)	J. R. Willson	770	20,070	647	260,532	23,270	...	...	3600 O	3	St. ObG.	3	29335
University		368	11,354	1,000	42,681	32,849	...						
Wayne County General (Eloise)		368	11,354	1,000	42,681	32,849	...	170	5852 F	27	Rot. ⁰	27	30611
Wayne County General (Eloise)	B. A. Bercu												
Dearborn													
Oakwood	E. W. Durham	384	17,947	471	1,593	26,740	17,922	168	4200 F	18	Rot. ⁰	18	94611
Detroit													
Children's	P.-J. Woolley	195	10,324	200	72,556	28,461	...	164	5280 O	8	St. Ped.	8	84334

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MICHIGAN, Detroit—Continued													
Detroit General	E. E. Kobold	606	18,742	1,093	240,898	129,390	6,822	165	5250 P	30	Rot. ⁰	30	29511
	E. E. Kobold									6	Rot. ¹	6	29512
	R. J. Bing									8	St. Med.	8	29532
	R. F. Wilson									8	St. Surg.	8	29533
Detroit Memorial	C. J. France	389	13,370	404	21,657	18,957	6,686	167	6000 P	20	Rot. ⁰	20	29611
										2	St. Path.	2	29636
										8	Rot. ⁰	8	29711
Evangelical Deaconess	W. P. Curtiss	158	7,320	263	2,783	8,967	9,841	286	6000 P	30	Rot. ^{0,1,2,3,4,5,7}	30	29820
Grace	G. S. Wilson, T. B. Coles	736	27,370	986	28,036	11,651	11,909	166	5160 P	26	Rot. ^{0,1,2,3,4,5,7}	26	29920
Harper Δ	K. L. Krabbenhoff	590	22,342	675	47,863	17,364	1,729	166	6300 FP*	26	Rot. ⁰	26	30011
Henry Ford	W. S. Haubrich	969	29,428	1,258	805,930	54,968	277	4620 P	26	Rot. ⁰	26	30511	
Hutzel	Y. Morita	283	12,546	351	9,814	5,637	167	5400 P*	12	Rot. ⁰	12	30535	
	T. Evans									2	St. ObG.	2	30211
Mount Carmel Mercy	J. W. Moses	488	20,291	611	8,893	28,456	16,599	5100 P*	24	Rot. ⁰	24	01520	
St. John	W. E. Rush	425	20,468	409	8,699	28,531	30,950	5280 FP*	18	Rot. ^{0,1,2,3,5,7,8}	18	30411	
St. Joseph Mercy	H. Shecter	230	9,141	281	5,089	15,085	9,016	167	5460 P	9	Rot. ⁰	9	92611
Sinai Hospital of Detroit	H. A. Ravin	362	14,805	338	47,908	17,208	50,072	166	4800 P	12	Rot. ²	12	92613
										4	Rot. ²	4	92613
Eloise													
Wayne County General—See University of Michigan Affiliated Hospitals, Ann Arbor, Michigan													
Flint													
Hurley	P. E. Schroeder	647	24,503	795	8,457	29,836	18,328	5700 FP	25	Rot. ⁰	25	30711	
McLaren General	J. D. Wheeler	300	14,286	271	2,246	24,563	9,799	5400 P	12	Rot. ⁰	12	86611	
St. Joseph	J. D. McAlindon	353	15,389	378	913	32,000	9,631	6000 F	14	Rot. ⁰	14	30811	
Grand Rapids													
Blodgett Memorial	C. E. Booher	360	16,117	484	6,023	20,260	69,004	4800 F	16	Rot. ^{0,1,2,3,4}	16	30920	
	C. A. Payne									1	St. Path.	1	30936
Butterworth	E. L. Morehead, II	381	17,718	513	7,263	25,621	62,223	4800 F	20	Rot. ^{0,1,2,3,4}	20	31020	
St. Mary's Hospital	J. C. Peirce	320	14,397	328	8,526	25,085	41,947	4800 F	14	Rot. ^{0,1,2,3,4}	14	31120	
Grosse Pointe													
Bon Secours	R. C. Connelly	145	7,727	222	11,482	10,975	33,470	167	4800 FP	10	Rot. ⁰	10	90611
Highland Park													
Highland Park General	I. Young	250	9,943	325	6,204	22,939	167	5158 P	15	Rot. ⁰	15	31211	
Kalamazoo													
Borgess	I. J. Martens	277	12,656	353	4,168	11,724	59	5400 F	10	Rot. ^{0,00}	10	31320	
Bronson Methodist	H. E. DePree	267	11,791	317	13,564	18,570	27,558	5400 F	15	Rot. ⁰	15	31411	
Lansing													
Edward W. Sparrow	R. W. Pomeroy	315	15,551	400	1,809	17,544	7200 P	10	Rot. ⁰	10	31511		
Midland													
Midland	R. E. Bowsler	166	8,891	142	1,531	9,154	22,543	170	4500 F	10	Rot. ⁰⁰	10	96116
Muskegon													
Hackley	H. E. Cornell	260	10,675	372	18,373	39,059	6900 F	10	Rot. ⁰	10	81511		
Pontiac													
Pontiac General	R. L. Tupper	382	18,667	489	3,796	41,762	54,142	6000 FP*	20	Rot. ^{0,1,2,3,4,5}	20	31820	
St. Joseph Mercy	K. W. Teich	287	14,514	410	6,875	26,881	18,987	6600 P	12	Rot. ⁰	12	31920	
Royal Oak													
William Beaumont	I. J. Mader	418	20,792	548	2,408	39,348	454	8400 P	12	Rot. ⁰	12	97811	
Saginaw													
Saginaw General	W. S. Gibbs	275	11,702	281	4,508	13,036	22,351	6000 F	6	Rot. ^{0,00}	6	32020	
St. Luke's	J. R. Young	202	9,435	210	1,820	17,008	6160 FP*	10	Rot. ^{0,00}	10	32120		
St. Mary's	W. S. Gibbs	211	10,031	299	1,863	15,556	17,012	7200 P	6	Rot. ⁰	6	32211	
										3	Rot. ⁰⁰	3	32216
Southfield													
Providence	W. J. Briggs	335	13,470	346	5,687	14,632	27,940	167	5400 P	12	Rot. ^{0,1,2}	12	30320
Traverse City													
James Decker Munson	M. S. Pelto	201	8,878	230	7,311	26,576	4800 P*	8	Rot. ⁰	8	32311		
MINNESOTA—Hospitals, 15; Internships, 273													
Duluth													
St. Luke's Δ	V. G. Goldschmidt	439	12,513	491	2,585	13,147	34,418	169	3900 F	15	Rot. ⁰	15	32411
St. Mary's	D. M. Larson	388	13,392	349	4,568	14,565	12,450	169	4500 F	12	Rot. ⁰	12	32511
Minneapolis													
Hennepin County General Δ	R. B. Raile	296	10,773	601	83,650	69,977	3600 FP*	48	Rot. ⁰	48	32911		
Mount Sinai	F. B. Lewis	223	10,239	211	8,440	3,600	3,612	3600 F	10	Rot. ¹	10	86812	
	A. Kremen									4	Rot. ²	4	86813
Northwestern	F. Lott	327	12,884	269	1,081	7,512	19,849	3600 F	6	Rot. ⁰	6	33011	
	C. J. Watson									6	St. Med.	6	33032
St. Barnabas Hospital—Swedish	L. J. Hay	226	12,046	256	2,389	7,387	19,103	3720 F	24	Rot. ⁰	24	33111	
St. Barnabas													
Swedish		333	15,433	415	1,504	5,591	8,998						
St. Mary's	W. F. Marzitello	420	19,187	426	7,185	14,155	20,021	4200 F	14	Rot. ⁰	14	33211	
University of Minnesota Hospitals Δ	W. W. Spink	621	14,598	701	100,293	19,519	4200 P	14	St. Med.	14	33432		
	E. F. Bernstein									15	St. Surg.	15	33433
	J. A. Anderson									13	St. Ped.	12	33434
Veterans Adm.	W. Hall	949	10,910	669	49,235	10,910	261	4200 O	12	St. Med.	12	33332	
St. Paul													
Bethesda Lutheran	R. W. Anderson	228	11,327	235	15,408	172	4800 F	10	Rot. ⁰	10	33611		
Charles T. Miller Δ	W. R. Miller	324	11,880	295	3,678	3,638	175	3600 F	12	Rot. ^{0,1,2,3,4,5,7}	12	33720	
St. Joseph's	J. Phillips	377	14,714	252	7,199	7,714	3800 FP*	14	Rot. ^{1,3,7}	14	33820		
St. Luke's	C. E. Turbak	264	10,485	242	31,000	11,696	3,677	287	3600 F	12	Rot. ^{0,1,2,4}	12	33920
St. Paul-Ramsey	J. F. Perry	433	10,221	532	110,857	41,953	176	3600 F	24	Rot. ⁰	24	33511	
										8	Rot. ¹	8	33612
MISSISSIPPI—Hospitals, 2; Internships, 41													
Jackson													
Mississippi Baptist	H. K. Stauss	316	14,998	339	326	21,612	11,214	4800 P	12	Rot. ⁰	12	34011	
University	H. Timmis	288	11,891	497	60,699	24,197	173	4000 O	18	Rot. ^{0,1,2,3,4}	18	95720	
	B. B. Johnson									5	St. Med.	5	95732
	J. D. Hardy									2	St. Surg.	2	95733
	B. Batson									3	St. Ped.	3	95734
	J. G. Brunson									1	St. Path.	1	95736
MISSOURI—Hospitals, 19; Internships, 409													
Columbia													
University of Missouri Medical Center	V. Wilson	316	9,394	331	7,221	67,507	3600 O	2	Rot. ^{1,4}	2	99420		
	C. T. Ray									6	St. Med.	6	99432
	M. S. DeWeese									6	St. Surg.	6	99433
	R. L. Jackson									3	St. Ped.	3	99434
	F. V. Lucas									3	St. Path.	3	99436

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Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MISSOURI—Continued													
Kansas City													
Children's Mercy	N. W. Smull	82	3,733	67	79,879	4,025			3000 F*	6	St. Ped.	6	98834
Kansas City General Hospital and Medical Center	R. G. Muth	357	10,861	777				177	5100 FP*	30	Rot. ^{0,1,2,3,4}	30	34320
Menorah Medical Center		302	11,074	277	2,740	5,462	10,458	177	5700 P*	14	Rot. ^{0,1,2,3,4,5,6,7}	14	34520
										2	St. Path.	2	34536
St. Luke's	R. Hall	425	17,039	495	24,840	11,635	7,971	177	5000 P*	20	Rot. ^{0,1,2,3,5}	20	34820
Trinity Lutheran	J. H. Hill	163	6,851	299	0	8,134	4,653	288	5100 P*	8	Rot. ²	8	35013
St. Louis													
Barnes Hospital Group	W. Allen	844	30,879	738	210,952	19,340	5,156		3300 O	12	Rot. ⁰	12	35311
	C. Moore									20	St. Med. (Pvt.)	20	35347
	C. Moore									12	St. Med. (Ward)	12	35332
	W. Ballinger									12	St. Surg.	12	35333
	P. Lacy									6	St. Path.	6	35336
	W. Allen									2	St. ObG	2	35335
Deaconess	J. Woodbridge	337	11,542	441	29,087	15,375	43,223	180	4800 F	4	Rot. ⁰	4	35611
										2	Rot. ¹	2	35612
										10	Rot. ²	10	35613
Homer G. Phillips	A. D. Spencer	430	17,294	976	97,222	87,913			4157 P	20	Rot. ⁰	20	35711
Jewish Hospital of St. Louis	S. Wessler	446	15,839	545	25,188	16,850	66,607		3400 P*	12	St. Med.	12	35832
	L. A. Sachar									6	St. Surg.	6	35833
Lutheran	G. A. Koehler	332	13,893	421	6,118	6,995	11,367	183	5100 F	2	Rot. ⁰	2	35911
										2	Rot. ¹	2	35912
										6	Rot. ²	6	35913
										2	Rot. ³	2	35915
Missouri Baptist	E. R. Lerwick	174	6,024	165	3,055	2,249		183	4200 FP	9	Rot. ²	9	36013
St. John's Mercy	P. C. Higgins	432	19,565	424	10,243	14,894	3,078	182	3600 F	18	Rot. ^{0,1,2}	18	36290
St. Louis Children's	P. R. Dodge	133	5,815	104	34,058	9,285		179	4020 O	5	St. Ped.	5	86934
St. Louis City	L. V. Mulligan	489	16,194	783	89,884	104,060		181	4813 O	20	Rot. ^{0,1,2,3,4,5,8}	20	36320
	G. T. Perkoff									7	St. Med. (Unit I)	7	36332
	R. A. Kinsella									8	St. Med. (Unit II)	8	36394
	W. R. Cole									4	St. Surg. (Unit I)	4	36333
	G. Kaiser									4	St. Surg. (Unit II)	4	36397
	M. Davis									2	St. Ped. (Unit II)	2	36334
St. Louis County	D. M. Green	224	5,745	492	40,173	34,632			3300 F*	10	Rot. ²	10	34213
St. Louis University Group of Hospitals	R. J. Dames	837	31,568	867	112,831	46,210	94,036	184	4440 P	10	Rot. ⁰	10	36511
	T. Frawley									4	Rot. ¹	4	36512
	A. McElfresh									2	Rot. ⁴	2	36514
	T. Frawley									12	St. Med.	12	36532
	C. R. Hanlon									8	St. Surg.	8	36533
	D. Cavanagh									4	St. ObG.	4	36535
	A. Elfresh									8	St. Ped.	8	36534
	F. Germuth									4	St. Path.	4	36536
St. Luke's	R. Payne	314	11,838	448	17,830	16,206		182	3600 F	10	Rot. ^{0,1,2,3}	10	36420
	R. Payne									4	St. Med.	4	36432
	C. Lischer									2	St. Surg.	2	36433
St. Mary's	J. A. Neutzel	470	16,816	450	527	7,589	83,343	183	3600 FP	16	Rot. ⁰	16	90911
	W. Knight, Jr.									8	St. Med.	8	90932
NEBRASKA—Hospitals, 9; Internships, 116													
Lincoln													
Bryan Memorial△	L. R. Lee	211	11,305	263	6,779	6,638	13,066		4800 F	10	Rot. ^{0,1,2}	10	36820
Lincoln General	R. W. Ehrlich	124	6,225	199		5,206	26,967		4800 F	6	Rot. ⁰	6	36911
St. Elizabeth	F. Neumayer	176	9,003	278	800	9,944	13,170		3600 F	6	Rot. ^{0,1}	6	37020
Omaha													
Bishop Clarkson Memorial	H. J. Lehnoff	267	13,662	287		3,972	17,110	187	6000 O	12	Rot. ⁰	12	37111
Childrens Memorial	T. R. Pfundt	64	5,197	23	470	8,666	1,359	188	6000 O	2	St. Ped.	2	81034
Creighton Memorial St. Joseph's	R. C. Doberneck	485	15,914	521		10,504	12,366	185	4500 P	7	Rot. ⁰	7	37211
										12	Rot. ¹	12	37212
										6	Rot. ²	6	37213
										2	Rot. ³	2	37215
										4	Rot. ⁴	4	37214
										1	Rot. ⁵	1	37286
										2	St. Ped.	2	37234
Immanuel	K. C. Hoffman	146	8,463	240	1,111	7,798	10,553	190	6000 P	10	Rot. ⁰	10	37311
Nebraska Methodist△	J. R. Schenken	216	11,167	285	477	7,111		190	6000 P	12	Rot. ²	12	37413
										2	St. Path.	2	37436
University of Nebraska	R. Messer	132	4,000	135	53,315	8,830		185	4000 P	14	Rot. ^{0,1,2,3,4,5}	14	37620
	R. Grissom									2	St. Med.	2	37632
	R. Kugel									2	St. Ped.	2	37634
	C. McWhorter									2	St. Path.	2	37636
	J. C. Davis									2	Gen. Prac. Pro. ¹³	2	37617
NEW HAMPSHIRE—Hospitals, 1; Internships, 18													
Hanover													
Mary Hitchcock Memorial△	R. D. Baughman	237	8,685	259	88,923	7,107			3600 P	14	Rot. ⁰	14	37711
										2	St. Med.	2	37732
										2	St. Surg.	2	37733
NEW JERSEY—Hospitals, 37; Internships, 595													
Atlantic City													
Atlantic City	J. D. Pappas	318	12,357	523	13,834	29,411	9,850	191	4200 F	15	Rot. ^{0,1,2,5,7}	15	37820
Camden													
Cooper△	W. T. Snagg	549	18,004	650	27,763	36,109	47,224		4250 F	15	Rot. ^{0,00}	15	38020
Our Lady of Lourdes	F. W. Floyd, Jr.	283	10,031	277	5,259	13,559	26,804		3900 FP*	10	Rot. ^{0,1,2,3,4,5,7}	10	93320
West Jersey△	J. C. Brame	328	14,322	426	10,472	20,489			5200 P	8	Rot. ⁰	8	38111
										2	Rot. ¹	2	38112
										1	Rot. ²	1	38113
										1	Rot. ³	1	38115
East Orange													
East Orange General	D. Peyser	163	6,541	304	8,459	11,927	8,523		4200 F	6	Rot. ⁰	6	38211
New Jersey College of Medicine													
Affiliated Hospitals	C. M. Leevy									30	St. Med.	30	53132
Veterans Admin.	C. M. Leevy	892	6,830	841	22,274								
Newark City (Newark)	M. Schwartz	620	23,501	1,219	37,500	73,000							

Numerical and other references are listed on pages 117 and 118.

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NEW JERSEY—Continued													
Elizabeth													
Elizabeth General Hospital and Dispensary	R. Sibley	253	10,282	468	10,687	14,458	8,832	4200 F	14	Rot. ²	14	38413	
St. Elizabeth	E. O. MacDonald	292	11,998	364	10,530	19,911	660	5200 P	16	Rot. ⁰	16	38511	
									4	St. Med.	4	38532	
Englewood													
Englewood	C. Wierum	316	13,550	379	12,547	23,425	39,200	194 4660 F*	8	Rot. ²	8	38613	
Flemington													
Hunterdon Medical Center	R. R. Henderson	100	5,368	199	45,249	6,439	3300 F	4	Family Practice ¹⁰	4	83818		
Hackensack													
Hackensack	T. J. Lynch	366	17,775	458	28,280	26,040	15,809	3600 F	16	Rot. ^{0,1,2,3,4,5,7,8}	16	38720	
Hoboken													
St. Mary	M. R. Balsamo	264	9,319	424	13,342	10,564	4,897	4200 F*	15	Rot. ⁰	15	38811	
Jersey City													
Christ	A. Yager	287	10,662	413	4,585	7,838	6,519	6000 F	12	Rot. ⁰	12	38911	
Jersey City Medical Center	A. I. Kahn	701	15,341	1,259	63,184	67,724	5900 O	25	Rot. ^{0,1,2,3,4}	25	39020		
									6	St. Surg.	6	39032	
									4	St. Surg.	4	39033	
									4	St. Ped.	4	39034	
									12	Rot. ⁰	12	39111	
Livingston													
St. Barnabas Medical Center	A. H. Islami	421	16,495	464	7,194	6,664	16,525	194 4800 F	16	Rot. ⁰	16	39611	
Long Branch													
Monmouth Medical Center	W. S. Vaun	395	14,673	602	22,840	22,411	9,231	4000 F*	16	Rot. ⁰	16	39211	
	L. Barnett								1	St. Surg.	1	39233	
Montclair													
Mountainside	E. T. Anderson	304	12,295	545	14,484	16,192	45,475	4200 F	15	Rot. ^{0,1,2}	15	39320	
Morristown													
Morristown Memorial	T. R. Holland	294	13,400	392	24,717	11,385	109,366	5500 F	12	Rot. ¹	12	39412	
Mount Holly													
Burlington County Memorial	J. Stokes, Jr.	189	7,440	346	10,770	23,858	23,631	3600 F*	8	Rot. ⁰	8	38311	
Neptune													
Jersey Shore Medical Center—Fitkin	A. F. Verga	299	13,510	641	16,053	19,607	17,510	3600 F	14	Rot. ⁰	14	39511	
Newark													
Newark Beth Israel	S. Parent	356	13,476	523	26,839	19,255	13,878	4200 F	15	Rot. ²	15	39713	
Newark City (see also New Jersey College of Medicine Affiliated Hospitals, East Orange)	A. Maron	620	23,501	1,219	37,500	73,000	4320 P*	18	Rot. ⁰	18	39811		
	I. Rollins								8	St. Surg.	8	39833	
	F. Behrle								6	St. Ped.	6	39834	
	J. Breen								4	St. ObG.	4	39835	
St. Michael	L. G. Smith	353	12,276	413	21,464	17,465	2,445	3600 FP*	16	Rot. ⁰	16	39920	
									4	St. Med.	4	39932	
									10	Rot. ⁰	10	87211	
United Hospitals of Newark—Presbyterian	J. J. McGuire	265	8,556	408	9,044	5,580	1,227	4500 P	10	Rot. ⁰	10	87211	
New Brunswick													
Middlesex General	S. E. Moolten	220	10,222	365	10,517	15,878	21,612	4800 P*	9	Rot. ²	9	97913	
St. Peter's General	G. J. Aitken, Jr.	297	15,191	453	14,403	20,086	6,345	4260 F	8	Rot. ⁰	8	40011	
	P. B. Jennings								2	Rot. ¹	2	40012	
	R. W. Powers								2	Rot. ²	2	40013	
	A. J. Barbano								2	Rot. ³	2	40015	
	L. Krafchik								2	Rot. ⁴	2	40014	
Orange													
Orange Memorial	D. B. Swerdlow	234	8,582	421	9,942	16,580	28,000	4200 FP*	6	Rot. ⁰	6	40111	
									2	Rot. ¹	2	40112	
									2	Rot. ²	2	40113	
Paramus													
Bergen Pines County	G. G. Grodberg	692	5,864	815	43,395	2,413	195	4800 P*	16	Rot. ²	16	90813	
Passaic													
Passaic General	S. Siegendorf	236	10,610	442	6,518	13,001	18,500	4200 F	8	Rot. ²	8	40213	
St. Mary's	J. V. Iraggi	176	7,992	298	4,913	6,328	3,056	3600 F*	8	Rot. ⁰	8	40311	
Paterson													
Paterson General	H. D. Shapiro	240	9,872	477	21,674	18,001	6,076	5100 P	12	Rot. ⁰	12	40511	
St. Joseph's	K. P. Lance	377	16,729	644	17,302	14,812	7020 O	12	Rot. ⁰	12	40611		
									6	Gen. Prac. Pro. ¹³	6	40617	
Perth Amboy													
Perth Amboy General	J. M. Klufft	477	18,550	559	10,325	29,680	4200 F	24	Rot. ⁰	24	87311		
Plainfield													
Muhlenberg	P. K. Johnson	412	18,428	700	8,336	25,175	4200 F*	18	Rot. ^{0,1,2,4,5}	18	40720		
Princeton													
Princeton	E. O. Hirsch	168	7,594	220	2,763	10,203	57,116	4356 P	6	Rot. ^{1,2}	6	36620	
Somerville													
Somerset	L. D. Troum	214	12,057	372	4,849	16,747	23,873	4200 F	12	Rot. ⁰	12	93411	
Summit													
Overlook	W. B. Nestler	342	14,478	445	2,962	13,357	2,114	4500 FP*	14	Rot. ^{1,2,4}	14	40820	
Trenton													
Helene Fuld	H. L. Levenson	225	8,546	349	7,999	14,729	11,176	4800 F*	9	Rot. ⁰	9	41211	
Mercer	A. J. Heisen	267	11,923	426	9,010	24,996	14,026	3600 F*	12	Rot. ⁰	12	41011	
St. Francis	J. J. Fitzpatrick	378	16,466	584	14,785	26,782	9,703	4200 F*	8	Rot. ⁰	8	41111	
									4	Rot. ¹	4	41112	
NEW MEXICO—Hospitals, 1; Internships, 24													
Albuquerque													
University of New Mexico Affiliated Hospitals	R. H. Fitz	167	8,976	291	39,027	28,460	262	5400 P	12	Rot. ⁰	12	96211	
Bernalillo County-Indian	J. S. Clarke								3	Rot. ²	3	96213	
	E. A. Mortimer, Jr.								3	Rot. ⁴	3	96214	
	S. Papper								4	St. Med.	4	96232	
	R. S. Stone								2	St. Path.	2	96236	
NEW YORK—Hospitals, 102; Internships, 2,289													
Albany													
Albany Medical Center	W. V. Kinnard	679	24,004	938	49,480	33,856	193	4200 P*	10	Rot. ⁰	10	41411	
									8	Rot. ¹	8	41412	
									6	Rot. ⁶	6	41476	
									9	St. Med.	9	41432	
									11	St. Surg.	11	41433	
									3	St. Ped.	3	41434	
									2	St. Path.	2	41436	

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NEW YORK, Albany—Continued													
Memorial	D. Romanucci	215	8,444	355	6,883	19,770	8,556	263	5400 FP*	12	Rot. ⁰	12	41511
St. Peter's	W. O'Brien	313	10,279	339	3,855	20,687	18,488	...	5280 P*	12	Rot. ⁰	12	41611
										8	Rot. ²	8	41613
Bronxville													
Lawrence	R. C. Swingle	212	8,014	283	3,042	7,614	25,184	...	6000 F*	12	Rot. ⁰	12	91611
Buffalo													
Deaconess Hospital of Buffalo	P. L. Burkes	363	12,503	473	6,932	21,423	3,010	...	4000 FP*	16	Rot. ^{0,1,2,3}	16	43720
Mercy	J. J. O'Brien	335	13,796	517	8,653	19,034	43,934	...	5000 FP*	21	Rot. ^{0,1,2,3,4}	21	43920
Millard Fillmore	J. F. Painton	477	17,428	605	14,943	20,745	44,569	196	5000 P	9	Rot. ¹	9	44011
										9	Rot. ²	9	44013
Sisters of Charity	C. P. Voltz	395	14,870	617	9,013	12,815	32,896	256	5000 FP*	4	Rot. ⁰	4	44111
										6	Rot. ¹	6	44112
										4	Rot. ²	4	44113
										4	Rot. ³	4	44115
State University of New York at Buffalo Affiliated Hospitals													
Buffalo General	J. R. Paine	636	19,191	758	42,556	23,493	47,991	197	5000 O	6	Rot. ²	6	43613
										5	St. Surg.	5	43633
Buffalo General Hospital-E. J. Meyer Memorial	E. Calkins	...	...	...	...	...	...	...	...	15	Rot. ¹	15	43612
										24	St. Med.	24	43632
Buffalo General	E. Calkins	636	19,191	758	42,556	23,493	47,991	...	5000 O	...	...	...	...
Edward J. Meyer Memorial	E. Calkins	663	13,983	848	125,411	23,168	...	...	5180 P	...	...	...	...
Children's Hospital of Buffalo	M. I. Rubin	233	16,916	176	66,891	4,885	...	...	3800 P	10	St. Ped.	10	96534
Edward J. Meyer Memorial	W. G. Schenk, Jr.	663	13,983	848	125,411	23,168	...	258	5180 P	3	Rot. ²	3	43813
	W. G. Schenk, Jr.									7	St. Surg.	7	43833
	T. S. Bumbalo									2	St. Ped.	2	43834
Cooperstown													
Mary Imogene Bassett	D. S. Damrosch	78	2,900	152	47,022	7,088	...	...	4200 P	6	Rot. ⁰	6	44211
										2	St. Med.	2	44232
										2	St. Surg.	2	44233
East Meadow													
Meadowbrook	L. Meiselas	438	17,077	931	80,988	46,368	...	...	4870 F*	10	Rot. ⁰	10	44811
	L. Meiselas									6	Rot. ¹	6	44812
	A. DiBenedetto									5	Rot. ²	5	44813
	R. Knapp									3	Rot. ³	3	44815
	J. Semer									8	Rot. ⁶	8	44876
	H. Zatzkin									2	Rot. ⁷	2	44842
	L. Meiselas									6	St. Med.	6	44832
	A. DiBenedetto									5	St. Surg.	5	44833
	P. Colipp									2	St. Ped.	2	44834
Glen Cove													
Community Hospital at Glen Cove	F. X. Moore	171	7,972	319	9,619	17,016	56,628	...	5040 P*	8	Rot. ^{0,1,2,3,4}	8	44620
Johnson City													
Charles S. Wilson Memorial	E. M. Wyso	352	13,759	451	10,980	9,470	52,232	...	4800 F	14	Rot. ^{0,1,2,3}	14	45220
Kenmore													
Kenmore Mercy	M. A. Sullivan	231	9,375	278	633	23,046	56,696	197	4200 FP*	12	Rot. ²	12	82913
Lewiston													
Mount St. Mary's	J. V. Cordaro	177	7,572	147	...	7,990	29,249	...	4800 P	8	Rot. ^{0,1,2,3,4}	8	50320
Manhasset													
North Shore	L. Scherr	251	11,910	261	18,061	13,123	10,951	...	5800 P	6	Rot. ¹	6	46712
										2	St. Med.	2	46732
										1	St. Path.	1	46736
North Shore Hospital—Memorial Hospital For Cancer and Allied Diseases	R. C. Karl	251	11,910	261	10,061	13,123	10,951	...	5800 P	12	Rot. ²	12	46713
Memorial Hospital for Cancer and Allied Diseases—James Ewing (New York City)		426	8,223	900	60,985	...	...	...	...	...	...	...	...
Mineola													
Nassau	W. C. Hollis	391	15,912	580	17,965	17,304	3,545	...	4500 P*	18	Rot. ^{0,1,2,3,4}	18	45520
Mount Kisco													
Northern Westchester	H. D. Zeifer	147	7,455	222	1,426	10,274	50,889	...	4800 F	6	Rot. ^{1,2}	6	45620
Mount Vernon													
Mount Vernon	I. D. Stein	262	10,424	425	16,176	16,987	3,325	...	4200 FP	12	Rot. ⁰	12	45711
Newburgh													
St. Luke's	G. Flaum	180	7,930	317	8,072	24,410	21,204	...	4200 F	8	Rot. ²	8	45813
New Hyde Park													
Long Island Jewish Hospital Training Program													
Long Island Jewish	P. E. Lear	253	11,467	366	27,528	19,303	6,000	...	4510 O	24	Rot. ⁰	24	96311
Queens Hospital Center (New York City)	G. M. Saypol	1,038	16,661	1,645	207,309	84,503	...	...	4260 F	36	Rot. ⁰	36	45111
New Rochelle													
New Rochelle	A. J. Mannix	302	11,356	499	10,624	33,274	7,094	...	4500 F	7	Rot. ⁰	7	45911
										3	Rot. ¹	3	45912
										2	Rot. ²	2	45913
										1	Rot. ³	1	45915
										1	Rot. ⁴	1	45914
										1	Rot. ⁸	1	45977
New York City													
Albert Einstein College of Medicine Affiliated Hospitals													
Bronx Municipal Hospital Center	I. M. London	920	21,825	1,278	288,139	132,197	...	265	4500 F	4	Rot. ¹	4	93112
	I. M. London									16	St. Med.	16	93132
	D. State									25	St. Surg.	25	93133
	H. L. Barnett									18	St. Ped.	18	93134
	A. A. Angrist									4	St. Path.	4	93136
Lincoln	S. Pollack	298	11,748	346	194,913	188,457	...	...	4260 F	13	St. Med.	13	48432
	A. Einhorn									4	St. Ped.	4	48434
Beekman-Downtown	J. T. Flynn	174	4,521	221	17,836	18,191	22,700	...	5000 P	2	Rot. ¹	2	89012
	R. B. Nolan									2	Rot. ²	2	89013
										2	St. Med.	2	89032
										2	St. Surg.	2	89033

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NEW YORK, New York City—Continued													
Bellevue Hospital-New York University Medical Center	S. J. Farber									22	St. Med.	22	46432
	F. C. Spencer									16	St. Surg.	16	46433
	S. Krugman									12	St. Ped.	12	46434
	M. Kuschner, R. McCluskey									3	St. Path.	3	46436
Bellevue Hospital Center		1,966	39,389	1,381	395,939	86,358			4500 F				
University Hospital		540	16,013	498	47,190	7,324	240		6210 P				
Beth Israel		401	13,149	399	68,222	20,557			4650 P	24	Rot. ⁰	24	47011
										4	St. Med.	4	47032
Bronx-Lebanon Hospital Center	M. J. Goodfriend	497	16,927	676	113,531	40,663		4500 P		17	Rot. ^{0,1,2,3,4,5,7}	17	47120
	E. E. Fischel									4	St. Med.	4	47132
	P. H. Gerst									4	St. Surg.	4	47133
	M. Davidson									2	St. Ped.	2	47134
Brookdale Hospital Center	F. Wroblewski	350	13,334	420	41,431	47,022	285		4500 P	14	Rot. ⁰	14	41911
										10	Rot. ¹	10	41912
										6	St. Med.	6	41932
Brooklyn-Cumberland Medical Center	S. S. Bergen								5160 P	5	Rot. ⁰	5	42011
										12	Rot. ¹	12	42012
										4	Rot. ²	4	42013
										3	Rot. ⁴	3	42014
										2	Rot. ⁵	2	42086
										6	St. Med.	6	42032
										3	St. Surg.	3	42033
										4	St. Ped.	4	42034
										2	St. Path.	2	42036
Brooklyn		308	11,204	464	23,059	25,313			5160 P				
Cumberland		276	12,490	334	196,762	98,201							
Cornell University Hospitals	A. Bearn, T. P. Almy	901	26,805	795	235,406	31,710			5959 O	36	St. Med.	36	46632
New York													
Bellevue Hospital, Second Medical Division		1,966	39,389	1,391	395,939	86,358							
Memorial Hospital for Cancer and Allied Diseases—James Ewing		426	8,223	900	60,985								
Columbus	M. Bazzini	285	8,043	396	17,739	9,469	532	289	4800 F	14	Rot. ²	14	47213
Flushing Hospital and Medical Center	L. J. Delli-Pizzi	292	10,638	398	12,198	23,088	18,091		5300 P*	6	Rot. ⁰	6	44511
										3	Rot. ¹	3	44512
										3	Rot. ²	3	44513
										2	Rot. ³	2	44515
										2	Rot. ⁴	2	44514
Fordham (Misericordia Hospital Training Program)		326	9,986	560	109,644	84,052			5430	8	Rot. ⁰	8	47411
	R. F. Gomprecht									4	Rot. ¹	4	47412
	B. M. Reynolds									4	Rot. ²	4	47413
	S. G. Burgess									3	Rot. ³	3	47415
	W. Stankewick									2	Rot. ⁴	2	47414
	D. Hayt									1	Rot. ⁵	1	47486
	A. L. Mauro									1	Rot. ⁷	1	47442
French	M. B. Myles	175	6,227	198	17,411	16,453	1,574		4200 FP*	4	Rot. ⁰	4	47511
										2	Rot. ¹	2	47512
										2	Rot. ²	2	47513
										2	Rot. ³	2	47515
										2	St. Surg.	2	47533
Harlem Hospital Center	S. K. Fineberg	719	18,031	1,000	279,458	120,106			4500 F	27	Rot. ⁰	27	47820
	A. White									16	St. Med.	16	47832
	J. M. Ferrer, Jr.									16	St. Surg.	16	47833
	E. J. Kahn									4	St. Ped.	4	47834
Hospital For Joint Diseases and Medical Center	S. Reichman	287	6,355	139	53,210	12,178			4500 P	6	Rot. ²	6	47913
Jamaica		248	12,024	464	15,899	29,391			4500 F	8	Rot. ⁰	8	44911
Jewish Chronic Disease	E. E. Mandel	703	2,185	620	19,156	807			3600 F	6	Rot. ¹	6	47612
Jewish Hospital of Brooklyn	M. Goldner	533	17,690	773	76,690	28,149	308		4500 O	3	Rot. ⁰	3	42511
	M. Goldner									9	Rot. ¹	9	42512
	B. Levowitz									5	Rot. ²	5	42513
	M. Schiffer									1	Rot. ³	1	42515
	C. Pryles									5	Rot. ⁴	5	42514
	M. Goldner									10	St. Med.	10	42532
	B. Levowitz									3	St. Surg.	3	42533
	C. Pryles									3	St. Ped.	3	42534
Greenpoint Division		144	5,374	247	180,419	65,390			4500 F				
Jewish Memorial	J. Cohen	160	7,058	308	25,581	12,187	262		4200 F	8	Rot. ⁰	8	48011
Knickerbocker		185	3,853	348	25,241	25,932	25,205		4500 FP	6	Rot. ⁰	6	48111
										1	Rot. ¹	1	48112
										3	St. Med.	3	48132
										3	St. Surg.	3	48133
Lenox Hill	W. D. Sicher	494	15,966	589	56,461	19,872			4700 P	14	Rot. ⁰	14	48311
										8	Rot. ¹	8	48312
										4	Rot. ²	4	48313
										2	Rot. ⁴	2	48314
Long Island College	W. G. Mullin	496	17,060	758	41,765	26,632	17,242		4500 F	19	Rot. ⁰	19	42711
										12	St. Med.	12	42732
										3	St. Ped.	3	42734
Lutheran Medical Center	G. F. Cucolo	237	8,774	331	23,860	19,230	1,738		4500 P	11	Rot. ⁰	11	43011
Maimonides Medical Center Training Program													
Maimonides Medical Center	D. Grob	525	17,691	1,015	70,377	30,439			4500 P	16	Rot. ¹	16	42812
	D. Grob									16	St. Med.	16	42832
	A. Kantrowitz									6	St. Surg.	6	42833
	H. Joos									4	St. Ped.	4	42834
Coney Island	D. Grob, J. L. Sherman, Jr.	471	8,873	990	117,282	75,356			4500 FP	17	Rot. ^{0,1}	17	42220
	H. Krieger									4	St. Med.	4	42232
										4	St. Surg.	4	42233
Mary Immaculate	V. G. Tosti	235	9,026	292	15,961	25,778	16,884		3900 FP	12	Rot. ^{0,1}	12	45020
Methodist Hospital of Brooklyn	V. Larkin	398	13,471	490	41,434	30,724			4500 P	11	Rot. ^{0,1}	11	42920
	H. Tobey									2	St. Med.	2	42932
	I. Enquist									1	St. Surg.	1	42933
	V. Larkin									2	St. Ped.	2	42934

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NEW YORK, New York City—Continued													
Misericordia	T. Lawyer	290	9,716	405	18,469	16,320			5430 F	18	Rot. ^{0,1,2,3,4,5,7,8}	18	48620
Montefiore Hospital Training Program	L. Finberg								5120 P	48	Rot. ⁰	48	48711
Montefiore Hospital and Medical Center		623	12,986	1,017	62,607	22,533				9	St. Ped.	9	48734
Morrisania City		309	10,339	647	159,104	115,885							
Mount Sinai Hospital Training Program	A. B. Gutman	1,104	29,466	1,032	186,720	95,287			4500 P	24	St. Med.	24	49032
Mount Sinai	A. E. Kark									9	St. Surg.	9	49033
	H. L. Hodess									4	St. Ped.	4	49034
City Hospital Center at Elmhurst	S. G. Seckler	845	16,407	1,460	212,823	82,932			5200 FP	32	Rot. ⁰	32	49111
										12	St. Med.	12	49132
										6	St. Surg.	6	49133
New York (See also Cornell University Hospitals)	F. Glenn	901	26,805	795	235,406	31,710			4500 P	19	St. Surg.	19	49233
	W. McCrory									8	St. Ped.	8	49234
	A. W. Braunwood									3	St. Path.	3	49236
	H. Taube	212	7,252	199	22,696	4,250	1,944	203	4200 F	13	Rot. ⁰	13	87511
New York Infirmary													
New York Medical College-Metropolitan Hospital Center	E. Wasserman									24	Rot. ²	24	47313
	E. Wasserman									4	Rot. ³	4	47315
	R. Levine									42	St. Med.	42	47332
	E. Wasserman									19	St. Ped.	19	47334
	M. M. Black									5	St. Path.	5	47336
Unit 1—Flower and Fifth Avenue Hospitals		335	11,786	342	15,185	16,738							
Unit 2—Metropolitan Hospital Center		798	16,593	901	474,840	127,262							
New York Polyclinic Medical School and Hospital	L. Wertheimer	259	9,855	307	38,595	18,067	2,124		4500 P	8	Rot. ⁰	8	49411
	R. Wallace									1	Rot. ¹	1	49412
	W. H. Cassebaum									1	Rot. ²	1	49413
	L. J. Caruso									1	Rot. ³	1	49415
	E. M. DiTolla									1	Rot. ⁴	1	49414
	L. Wertheimer									2	St. Med.	2	49432
	L. J. Caruso									2	St. ObG.	2	49435
Presbyterian	S. E. Bradley	1,258	39,206	931	354,752	40,384			4800 O	12	St. Med.	12	49532
	G. H. Humphreys									12	St. Surg.	12	49533
	E. C. Curnen, Jr.									6	St. Ped.	6	49534
	D. G. McKay									3	St. Path.	3	49536
Queens Hospital Center—See Long Island Jewish Hospital, New Hyde Park, N. Y.													
Roosevelt	R. W. Gause	457	13,136	498	82,485	50,820	3,246		4500 P	2	Rot. ³	2	49615
	H. C. Shands									2	Rot. ⁵	2	49676
	N. P. Christy									10	St. Med.	10	49632
	H. A. Patterson									10	St. Surg.	10	49633
	E. N. Joyner									3	St. Ped.	3	49634
St. Clare's		337	9,499	380	27,336	19,857	3,086		5100 F	17	Rot. ⁰	17	49711
										2	St. Med.	2	49732
										4	St. Surg.	4	49733
St. John's Episcopal	J. E. Mulé	245	8,860	227	39,963	19,111			4500 F*	12	Rot. ⁰	12	43211
	C. W. Mueller									2	St. ObG.	2	43235
St. John's Queens	E. F. Kalina	248	9,989	453	4,554	18,674	2,893		7200 F	16	Rot. ⁰	16	52211
St. Luke's Hospital Center	T. B. VanTallie	503	17,835	471	142,816	72,419	11,766		4500 P	11	St. Med.	11	49932
	H. A. Zintel									9	St. Surg.	9	49933
	S. Stevenson									4	St. Ped.	4	49934
St. Mary's			6,142	175	36,341	21,698	268			3	Rot. ¹	3	43312
										3	Rot. ²	3	43313
										2	Rot. ³	2	43315
										3	Rot. ⁴	3	43314
										1	Rot. ⁵	1	43386
St. Vincent's Hospital and Medical Center of New York	R. J. Boller	796	18,715	1,123	99,374	48,430	23,019		5000 P	25	Rot. ⁰	25	50020
										10	St. Med.	10	50032
										10	St. Surg.	10	50033
St. Vincent's Hospital of the Borough of Richmond	A. A. Claps	267	10,368	422	10,993	15,762	14,795		6480 F*	14	Rot. ⁰	14	51420
Salvation Army Booth Memorial Hospital	I. R. Cohen	219	10,173	317	12,565	10,662	14,465		5700 O	16	Rot. ^{0,1,2,3,5}	16	82220
Staten Island	T. G. McGinn	226	9,774	336	13,572	12,383	10,447		6000 F*	12	Rot. ⁰	12	51511
										2	Rot. ¹	2	51512
State University-Kings County Medical Center	M. Mets								4500 FP	48	Rot. ^{1,2,3,4,5}	48	42620
	L. Eichna									40	St. Med.	40	42632
	C. Dennis									25	St. Surg.	25	42633
	J. T. Lanman									16	St. Ped.	16	42634
	P. J. Fitzgerald									3	St. Path.	3	42636
Kings County Hospital Center		2,124	49,875	2,936	487,651	314,683							
State University													
Sydenham	A. Distenfeld	133	5,087	139	32,127	52,303			4500 F	9	Rot. ⁰	9	50111
Unity	V. Ginsberg	175	7,623	176	16,952	28,397			4200 F	10	Rot. ²	10	43413
University—See Bellevue Hospital-New York University Medical Center													
Veterans Admin. (Brooklyn)	W. Dock	930	7,764	803	19,060	360	200		5400 O	16	St. Med.	16	50232
	H. H. LeVeen									12	St. Surg.	12	50233
Wyckoff Heights	A. Kaufman	407	14,669	634	13,750	38,686	972		3900 F	12	Rot. ⁰	12	43511
Niagara Falls													
Niagara Falls Memorial	L. B. Kramer	281	11,761	427	329	20,595	18,032		4800 P*	13	Rot. ⁰	13	93511
Port Chester													
United	D. A. W. Wilson	213	7,899	298	8,851	17,662	16,458		4200 FP*	8	Rot. ⁰	8	50411
Poughkeepsie													
St. Francis	R. D. H. Flaherty	206	8,845	214	4,071	12,509	58,652		4200 F	5	Rot. ⁰	5	50511
										5	Rot. ²	5	50513
Vassar Brothers	A. E. Apfel	262	11,441	368	5,842	24,528	37,191		4200 F	12	Rot. ^{0,1,2,3,8}	12	50620
Rochester													
Genesee	R. S. Meltzer	278	14,026	470	17,957	30,649	31,082		4400 P*	2	Rot. ⁰	2	50711
										8	Rot. ¹	8	50712
										4	Rot. ²	4	50713
										1	Rot. ⁴	1	50714
										4	St. Med.	4	50732
										2	St. Surg.	2	50733
Highland Hospital of Rochester	J. W. Holler	218	11,033	349	4,293	10,456	34,380	206	5600 P	10	Rot. ^{0,1,2}	10	50820
										2	St. Med.	2	50832

Numerical and other references are listed on pages 117 and 118.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code	
NEW YORK, Rochester—Continued														
Rochester General	P. F. Griner	381	17,147	676	12,280	34,732	22,558	3850	F	12	Rot. ^{0,1,2,4}	12	50920	
										7	St. Med.	7	50932	
										2	St. Surg.	2	50933	
										1	St. Ped.	1	50934	
St. Mary's	R. J. Napodano	246	11,575	424	8,579	24,853	11,152	208	P	15	Rot. ⁰	15	51020	
Strong Memorial Hospital of the University of Rochester	L. E. Young	560	18,400	785	103,264	55,039			O	2	Rot. ³	2	51113	
										2	Rot. ³	2	51115	
										2	Rot. ⁴	2	51114	
	L. E. Young									17	St. Med.	17	51132	
	C. G. Rob.									14	St. Surg.	14	51133	
	C. J. Lund									6	St. ObG.	6	51135	
	R. J. Haggerty									11	St. Ped.	11	51134	
	J. L. Orbison									4	St. Path.	4	51136	
Schenectady														
Ellis	G. D. Vlahides	404	15,324	562	7,676	21,070			6000	FP*	22	Rot. ⁰	22	51220
St. Clare's	P. Parillo	203	8,885	345	4,056	11,871	15,237		4800	FP*	12	Rot. ^{0,1,2}	12	51320
Syracuse														
St. Joseph's	F. S. Caliva	316	14,369	380	18,775	20,594	13,998		4700	F	12	Rot. ⁰	12	51811
St. Joseph's Hospital-State University of New York Upstate Medical Center	F. S. Caliva, W. A. Harris								4700	O	4	Family Practice ⁰	4	51718
St. Joseph's		316	14,369	380	18,775	20,594	13,998							
State University of New York Upstate Medical Center		1,654	58,278	1,952	100,239	67,139	37,856							
State University of New York Upstate Medical Center	W. A. Harris	1,654	58,278	1,952	100,239	67,139	37,856		4700	O	10	Rot. ²	10	51613
										4	Rot. ⁴	4	51614	
										6	Rot. ⁰	6	51676	
										15	St. Med.	15	51632	
										9	St. Surg.	9	51633	
										7	St. Ped.	7	51634	
										2	St. Path.	2	51636	
Troy														
Samaritan	E. A. Reed	213	8,646	329	2,540	13,836	23,125		5400	F*	16	Rot. ^{0,1,2,3,4,7}	16	52020
Valhalla														
Grasslands	W. R. Dalziel	397	6,941	501	70,998	17,211	240		5100	P	14	Rot. ⁰	14	52111
	F. Graig										2	Rot. ¹	2	52112
	M. Rohman										2	St. Surg.	2	52133
West Islip														
Good Samaritan	W. J. O'Connor	165	11,113	269		20,906	94		4800	FP*	12	Rot. ⁰	12	49311
White Plains														
White Plains											4	Rot. ^{0,00}	4	52320
											4	Rot. ²	4	52313
Yonkers														
St. John's Riverside	A. E. Roberto	257	9,295	326	8,417	8,660	20,660		4800	F*	14	Rot. ⁰	14	52411
St. Joseph's		137	5,315	189	22,726	13,102	17,573	289	7200	P	12	Rot. ^{0,2}	12	52520
Yonkers General	M. J. Eisen	163	5,904	239	12,257	9,960	23,100		3900	FP*	8	Rot. ⁰	8	52611
NORTH CAROLINA—Hospitals, 10; Internships, 214														
Asheville														
Memorial Mission		290	14,970	493	9,748	20,487	16,182		4800	P	8	Rot. ⁰	8	94911
Chapel Hill														
North Carolina Memorial	L. G. Welt	316	11,525	457	118,100	12,029			3000	O	9	Rot. ¹	9	90012
	L. G. Welt										12	St. Med.	12	90032
	C. G. Thomas										10	St. Surg.	10	90033
	F. W. Denny										5	St. Ped.	5	90034
	K. M. Brinkhous										4	St. Path.	4	90036
Charlotte														
Charlotte Memorial	B. L. Galusba	610	24,905	610	50,833	37,783	8,957		4560	P	14	Rot. ⁰	14	52711
Durham														
Duke	J. Harris	550	19,307	692	115,887	18,775	102,950	210	2880	P	2	Rot. ⁴	2	52914
	E. A. Stead, Jr.										27	St. Med.	27	52932
	D. C. Sabiston										18	St. Surg.	18	52933
	J. Harris										12	St. Ped.	12	52934
	T. Kinney										6	St. Path.	6	52936
Watts	H. A. Royster, Jr.	262	11,486	320	7,509	20,554	4,914		4800	F	2	Rot. ⁰	2	87711
											6	Rot. ¹	6	87712
											4	Rot. ²	4	87713
											2	Rot. ⁴	2	87714
											4	St. Med.	4	87732
											3	St. Surg.	3	87733
											1	St. Ped.	1	87734
Greensboro														
Moses H. Cone Memorial		328	14,194	472		17,171	29,753		4200	O	12	Rot. ¹	12	94312
Wilmington														
New Hanover Memorial	L. B. Mason	220	11,793	329	5,307	21,488	15,569	207	4800	FP*	12	Rot. ^{0,00,1,3,4}	12	53420
Winston-Salem														
Forsyth Memorial	W. A. Lambeth	336	15,194	535	7,818	19,925	32,383		4800	P	6	Family Practice ¹⁰	6	53518
Kate Biting Reynolds Memorial	J. Gordon	155	6,105	214	7,875	20,017	11,196		4800	F	8	Rot. ⁰	8	53611
North Carolina Baptist Hospitals	R. Burt	395	16,993	558	55,868	15,460	12,828		4000	P	2	Rot. ³	2	53715
	E. Yount, W. Kelsey										4	Rot. ⁴	4	53714
	E. Yount										8	St. Med.	8	53732
	H. Bradshaw										10	St. Surg.	10	53733
	W. Kelsey										3	St. Ped.	3	53734
	R. Morehead										5	St. Path.	5	53736
NORTH DAKOTA—Hospitals, 1; Internships, 12														
Fargo														
St. Luke's	M. J. Ehlen	180	8,759	225		9,763			4500	F	12	Rot. ⁰	12	53911
OHIO—Hospitals, 51; Internships, 895														
Akron														
Akron City	T. R. Kelly	567	18,002	818	16,436	25,640	96,872	212	4200	P	22	Rot. ^{0,1,2,3}	22	54120
											2	St. Med.	2	54132
											2	St. Surg.	2	54133
Akron General	K. F. Hausfeld, D. W. McCoy	419	13,488	622	13,560	21,885	49,372	212	4200	F*	21	Rot. ^{0,1,2,3,14}	21	54220

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OHIO, Akron—Continued													
Children's Hospital of Akron	S. Spector	214	14,501	115	12,243	32,694	11,285	213	4200 FP*	4	St. Ped.	4	89584
St. Thomas	E. A. Simendinger	319	11,126	434	13,334	14,787	22,204	212	4200 F	16	Rot. 0,1,2,3,5	16	54320
Barberton													
Barberton Citizens	M. E. Griffin	266	12,392	338	4,311	18,983	29,856	...	4200 F	15	Rot. 0,2,3	15	96420
Canton													
Aultman	J. I. Newman	436	19,157	592	7,011	20,913	50,028	...	4200 P*	8	Rot. 0	8	54411
Mercy	A. Raftery	424	17,637	524	4,596	25,255	44,382	...	3900 FP*	7	Rot. 0	7	54511
Cincinnati													
Bethesda	J. Lindner, Jr.	318	13,655	391	8,159	11,629	3,183	...	6000 P	12	Rot. 0	12	54611
Christ	C. Vilter, D. Earley	551	13,343	515	3,190	13,277	26,471	214	4200 F	18	Rot. 0,1,2	18	54720
										3	St. Surg.	3	54733
Good Samaritan	J. Cranley	662	25,634	732	12,539	13,847	44,415	...	5100 P*	17	Rot. 0	17	55020
	J. Cranley									4	St. Med.	4	55032
	D. Frank									3	St. Surg.	3	55033
	E. G. Margolin									2	St. Ped.	2	55034
Jewish		446	18,046	593	13,249	24,055	66,522	...	5100 P	12	Rot. 0,1,2	12	55120
										5	St. Med.	5	55132
University of Cincinnati Hospital Group	J. Lindner, Jr.	495	14,652	1,013	144,448	93,026	...	278	3600 F	36	Rot. 0	36	54811
Cincinnati General	R. W. Vilter									12	St. Med.	12	54832
	W. A. Altemeier									8	St. Surg.	8	54833
	E. L. Pratt									8	St. Ped.	8	54834
	E. A. Gall									2	St. Path.	2	54836
Cleveland													
Cleveland Clinic	H. S. VanOrdstrand	474	18,202	583	304,563	19,943	304,563	211	3600 P	11	Rot. 1	11	96812
	G. Crile, Jr.									8	Rot. 2	8	96813
	H. S. VanOrdstrand									8	St. Med.	8	96832
	J. B. Hazard									1	St. Path.	1	96836
Cleveland Metropolitan General	C. H. Rammelkamp	398	11,017	548	190,828	31,800	...	...	3800 P*	6	Rot. 1,2,3,4	6	55320
	C. H. Rammelkamp									16	St. Med.	16	55332
	J. H. Davis									8	St. Surg.	8	55333
	R. Schwartz									8	St. Ped.	8	55334
	W. Morgan									4	St. Path.	4	55336
Evangelical Deaconess	B. Albainy	234	8,866	321	2,642	15,351	427	...	4800 F	8	Rot. 0	8	90911
Fairview General	J. A. Grauel	307	13,890	422	15,999	23,682	683	...	4800 F	18	Rot. 0	18	55411
Huron Road	E. M. Goyette	334	11,920	412	13,990	22,937	10,479	215	3900 F*	12	Rot. 0,1,2,3,5	12	57120
Lutheran	D. W. Schultz	279	9,905	381	341	15,764	43,534	216	4800 F	12	Rot. 2	12	55613
Marymount	N. G. DePiero	197	8,170	233	417	16,378	6,402	217	4800 F	12	Rot. 0	12	57211
Mount Sinai Hospital of Cleveland	S. Wolpaw	485	17,710	561	43,471	28,805	27,285	...	4000 P*	20	Rot. 0	20	55720
	V. Vertes									4	St. Med.	4	55732
St. Alexis	J. R. Paradise	294	10,454	477	5,915	14,340	11,127	...	3600 F*	8	Rot. 2	8	55813
St. John's	R. T. Holzbach	246	9,213	377	4,125	14,914	24,793	...	4700 FP*	6	Rot. 0,1,2	6	55920
St. Luke's	J. C. Jones	401	16,189	525	43,343	25,597	17,174	...	5040 P	8	Rot. 0	8	56011
										4	Rot. 2	4	56013
										2	Rot. 4	2	56014
										1	Rot. 5	1	56086
	R. G. Wieland									4	St. Med.	4	56032
	R. O. Walton									1	St. Ped.	1	56094
St. Vincent Charity	P. H. Mully	373	10,263	435	34,080	19,943	25,661	219	3600 P*	12	Rot. 0	12	56120
University Hospitals of Cleveland	K. J. Ryan	684	24,972	841	180,596	41,652	28,969	220	4000 P	4	Rot. 0	4	56211
	H. L. Friedell									4	Rot. 3	4	56215
	A. S. Weisberger									4	Rot. 7	4	56242
	W. D. Holden									16	St. Med.	16	56232
	W. M. Wallace									14	St. Surg.	14	56233
	J. R. Carter									11	St. Ped.	11	56234
										8	St. Path.	8	56236
Columbus													
Grant	J. P. Stevens	390	16,148	536	10,610	22,169	3,872	217	5400 P	16	Rot. 0	16	56420
Mount Carmel	M. A. Anthony	383	15,080	364	14,740	16,741	25,028	217	5100 P	18	Rot. 0	18	56520
Ohio State University Hospitals	J. V. Warren	714	22,089	835	99,982	27,600	...	217	3300 P	18	St. Med.	18	56632
	R. Zollinger									8	St. Surg.	8	56633
	B. Graham									10	St. Ped.	10	56634
	D. VonHaam									4	St. Path.	4	56636
Riverside Methodist	F. P. Kintz	461	18,557	513	4,174	23,703	18,089	217	5100 P	24	Rot. 0,1,2,3	24	56720
Dayton													
Good Samaritan	M. Block	442	19,744	569	4,418	22,978	7,054	...	4200 F	13	Rot. 0	13	56811
Miami Valley	R. K. Bartholomew	684	22,354	851	20,378	36,539	16,551	...	5700 P	12	Rot. 0	12	56920
	J. Worthman									4	Family Practice ^{1,2}	4	56918
St. Elizabeth	J. S. Surdyk	415	16,016	464	4,240	25,247	4,854	...	3600 F	12	Rot. 0	12	57011
Elyria													
Elyria Memorial	R. J. Schork	277	13,305	333	14,829	20,912	101,548	...	4800 F	12	Rot. 2	12	90113
Euclid													
Euclid-Glenville	T. S. Kelly	261	9,771	356	1,532	20,051	46,187	...	4200 F	6	Rot. 0	6	55511
										2	Rot. 1	2	55512
										6	Rot. 2	6	55513
Kettering													
Charles F. Kettering Memorial	E. Hedrick	331	11,414	311	5,760	14,964	7,000	...	4500 P	12	Rot. 0,1,2,5,8	12	57620
Lakewood													
Lakewood	R. W. Reynolds	270	10,997	374	3,979	18,439	19,168	...	4800 F	2	Rot. 1	2	57412
										8	Rot. 2	8	57413
Lima													
St. Rita's	C. L. Blumstein	264	12,910	384	34	8,670	22,428	...	3300 P*	12	Rot. 0	12	57511
Lorain													
St. Joseph	C. Chesner	232	10,217	366	3,202	22,896	34,255	...	4800 F*	12	Rot. 0	12	97311
Springfield													
Community Hospital of Springfield and Clark County	H. B. Elliott	204	9,556	302	3,010	18,154	51,913	...	7200 P	10	Rot. 0	10	57711
Mercy	G. P. Anderson	297	12,191	449	1,068	17,858	37,007	...	5400 F	10	Rot. 0	10	87811
Steubenville													
Ohio Valley	J. Y. Bevan	229	10,950	388	797	15,561	1,418	...	4800 F*	10	Rot. 0	10	92711
Toledo													
Flower	R. Sheon	173	8,269	271	2,124	13,546	11,263	217	4200 F	4	Rot. 0	4	57811
										1	Rot. 1	1	57812
										4	Rot. 2	4	57813
Maumee Valley	C. R. Tittle, Jr.	192	6,035	350	23,183	16,418	3,567	...	4800 F	12	Rot. 1,2,3,4,5	12	57920
Mercy	J. F. Brunner	346	15,214	401	4,886	14,355	9,498	...	6180 F	18	Rot. 0,1,2,3,4,5,7,8	18	58020
Riverside	D. Steinberg	166	7,697	177	950	10,518	10,089	...	6300 P	9	Rot. 0	9	58111
										2	Rot. 1	2	58112
										2	Rot. 5	2	58186

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OHIO, Toledo—Continued													
St. Charles	F. C. Clifford	176	8,935	254	2,730	14,345	19,674	5600 F	9	9	Rot. ^{0,1,2,3,6}	9	95120
St. Vincent Hospital and Medical Center	H. S. Madigan	448	17,019	641	17,209	26,451	22,050	6000 P	12	12	Rot. ²	12	58213
Toledo	L. Sataline	412	18,458	464	8,254	29,046	7,778	6000 F	11	11	Rot. ^{0,1}	11	58320
												2	58313
												1	58315
												1	58314
												1	58386
Warren													
Trumbull Memorial	R. W. Juvancic	312	14,673	431	4,122	19,475	33,457	4800 F	12	12	Rot. ⁰	12	98011
Youngstown													
St. Elizabeth	S. Squicquero	489	20,839	668	11,262	23,724	37,759	4800 F*	21	21	Rot. ^{0,1,2,3,4}	21	58420
Youngstown	B. Decker	728	25,390	869	12,228	37,840	75,384	4800 FP*	24	24	Rot. ^{1,2,3,4,5,7,8}	24	58520
	F. S. Coombs											4	58532
	F. K. Inui											2	58533
OKLAHOMA—Hospitals, 9; Internships, 111													
Oklahoma City													
Baptist Memorial	R. C. Brown	223	12,541	216	3,640	13,425	11	8100 P	10	10	Rot. ⁰	10	83011
Mercy Hospital-Oklahoma City General	M. B. Shook	203	9,624	326	7,208	14,787	5,997	7200 P	12	12	Rot. ⁰	12	58611
St. Anthony	W. S. Hendren	421	19,966	584	23,331	23,184		5700 O	14	14	Rot. ⁰	14	58711
University of Oklahoma Medical Center													
University of Oklahoma Hospitals	T. N. Lynn	343	10,074	386	110,202	8,951		3600 P	3	3	Rot. ³	3	58815
									4	4	St. Ped.	4	58834
University of Oklahoma Hospitals—Presbyterian	T. N. Lynn							4800 P	12	12	Rot. ^{1,2,3,4,5,7,8}	12	59020
University of Oklahoma Hospitals—Presbyterian		343	10,074	386	110,202	8,951							
University of Oklahoma Hospitals—Veterans Admin.	T. N. Lynn	164	9,062	192	2,756	4,786							
								3600 P	12	12	St. Med.	12	58932
									8	8	St. Surg.	8	58933
University of Oklahoma Hospitals—Veterans Admin.		343	10,074	386	110,202	8,951							
		409	6,376	398				4210 O					
Tulsa													
Hillcrest Medical Center	J. M. Hill, Jr.	326	15,567	502	17,248	18,052		8100 P	12	12	Rot. ^{0,00}	12	59120
St. Francis	E. Moore	234	11,358	218		8,775	8,425	8100 O	12	12	Rot. ⁰	12	59311
St. John's	J. G. Moore	538	23,778	627	12,770	19,424		8100 P	12	12	Rot. ^{0,2}	12	59220
OREGON—Hospitals, 7; Internships, 110													
Portland													
Emanuel	W. J. Kuhl, Jr.	407	19,262	437	11,713	15,529	27,664	5100 P	16	16	Rot. ^{0,1,2,3,4,5,7,8}	16	59420
Good Samaritan Hospital and Medical Center	S. S. Meighan	335	16,926	363	9,424	11,449	12,584	3600 P	14	14	Rot. ^{0,1,2,5}	14	59520
	O. Page											1	59532
	M. McKirdie											1	59533
	M. Heinemann											1	59536
Portland Sanitarium and Hospital	C. E. Syphers	178	9,827	266	1,959	16,484		4500 P	10	10	Rot. ⁰	10	59611
Providence	J. F. Lane	263	12,246	384	2,302	13,089	2,501	5100 P	12	12	Rot. ^{0,1}	12	59720
St. Vincent	D. B. Miller	288	13,620	431	1,416	7,393	10,490	5100 P	10	10	Rot. ⁰	10	59811
University of Oregon Medical School Hospitals and Clinics	C. N. Holman	557	13,933	758	128,736	24,866		3600 F*	36	36	Rot. ⁰	36	59911
	S. R. Wellings								1	1	St. Path.	1	59936
University of Oregon Medical School Hospitals and Clinics—Veterans Admin.	H. P. Lewis							3600 F*	8	8	St. Med.	8	59932
University of Oregon Medical School Hospitals and Clinics—Veterans Admin.		557	13,933	758	128,736	24,866							
		509	7,046	470	27,163	1,383							
PENNSYLVANIA—Hospitals, 75; Internships, 1,068													
Abington													
Abington Memorial	P. M. Roediger	368	14,337	458	12,079	19,459	171,297	230	3600 F	15	Rot. ²	15	60013
Allentown													
Allentown	F. D. Fister	461	17,498	662	14,654	17,620	53,426	5200 P	16	16	Rot. ^{0,1,2}	16	60120
Sacred Heart	E. K. Sipes	354	11,542	427	6,080	23,048	43,711	3600 F*	10	10	Rot. ⁰	10	60211
Altoona													
Altoona	J. M. Stowell	360	13,273	527	13,808	7,297	8,384	6000 F	12	12	Rot. ⁰	12	60311
Bethlehem													
St. Luke's	M. L. Sheppeck	390	12,949	630	7,880	18,184	56,349	3900 FP	14	14	Rot. ^{0,1,2}	14	60520
Bristol													
Lower Bucks County	S. Vine	228	12,753	266	10,469	32,071	90,807	6000 FP*	8	8	Rot. ⁰	8	97411
Bryn Mawr													
Bryn Mawr	J. T. Magee	301	12,586	438	9,864	20,081	153,639	3900 F	14	14	Rot. ^{0,1,2,3,4,5,8}	14	60620
Chester													
Crozer-Chester Medical Center	A. H. Silvers	331	14,249	475	11,211	18,915	65,395	4800 F	8	8	Rot. ^{0,2,3,4}	8	60720
Danville													
Geisinger Medical Center	W. I. Buchert	311	13,569	431	134,628	12,670		3300 P	15	15	Rot. ^{0,1,2}	15	60820
Darby													
Thomas M. Fitzgerald Mercy	A. R. Hervada	315	11,984	333	14,574	21,816	29,038	3600 F	14	14	Rot. ^{0,1,2,3,4}	14	60920
Drexel Hill													
Delaware County Memorial	E. D. Arsh	201	7,778	368	5,607	17,092	21,723	6000 FP*	8	8	Rot. ²	8	85813
Easton													
Easton	W. K. Harlan	262	9,183	468	17,015	17,251	27,895	4200 F	10	10	Rot. ⁰	10	61011
Hamot	G. J. D'Angelo	354	15,780	513	43,583	20,816	75,370	3600 F	12	12	Rot. ^{0,1,2,3,4}	12	61120
St. Vincent	J. F. Hartman	450	17,788	502	20,536	22,867	113,351	3600 FP	10	10	Rot. ⁰	10	61211
Greensburg													
Westmoreland	J. Fong	238	10,668	339	1,667	13,235	50,216	6000 P*	8	8	Rot. ²	8	61313
Harrisburg													
Harrisburg	G. L. Jackson	592	19,175	777	46,120	24,628	13,784	6000 F	20	20	Rot. ^{0,1,2,3,4,5,7,8}	20	61420
Harrisburg Polyclinic	L. H. Warbasse, Jr.	558	16,874	681	14,310	12,820	44,261	5400 F	23	23	Rot. ^{0,1,2,3,4}	23	61520
Johnstown													
Conemaugh Valley Memorial	S. Goldblatt	387	14,928	517	9,601	40,328	18,205	6000 F	12	12	Rot. ^{0,1}	12	61620
Mercy Hospital of Johnstown	D. C. Borecky	202	8,362	203	498	13,176	11,096	4800 F	6	6	Rot. ²	6	81613
Lancaster													
Lancaster General	H. W. Miller	392	17,049	567	12,603	15,111	78,332	3800 F	12	12	Rot. ⁰	12	61811
McKeesport													
McKeesport	J. E. McClenahan	492	15,608	800	15,413	35,732	38,726	233	5400 FP*	8	Rot. ⁰	8	62011
									4	4	Rot. ²	4	62013
Norristown													
Montgomery	R. E. Carlson	203	11,010	323	23,592	29,892	30,672	4200 F	6	6	Rot. ⁰	6	62111

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code	
PENNSYLVANIA—Continued														
Philadelphia														
Albert Einstein Medical Center△	N. H. Moss	856	28,771	1,239	74,028	44,127	48,167	3600	FP	31	Rot. ⁹	31	63120	
										10	St. Med.	10	63132	
										6	St. Surg.	6	63133	
Chestnut Hill△	C. R. Brown, Jr.	175	7,798	253	5,422	9,366	69,649	4200	F	8	Rot. ^{9,1,2}	8	91020	
	Z. P. Woo									1	St. Path.	1	91036	
Children's Hospital of Philadelphia	R. Kaye	122	7,081	177	78,860	4,767	17,547	2100	F*	12	St. Ped.	12	86334	
Episcopal△	H. A. Hanno	271	8,636	434	33,085	24,992	19,610			2	Rot. ^{9,1,2,3,5,7}	2	62320	
										2	St. Med.	2	62332	
										2	St. Surg.	2	62333	
Frankford	E. Micek	185	8,458	399	11,939	21,304	18,749	4800	FP*	2	Rot. ⁹	2	62411	
Germanatown Dispensary and Hospital	J. Stiffel	276	9,510	493	22,379	22,563	9,728	4500	FP*	13	Rot. ^{9,1,2,3,4,5,7,8}	13	62520	
Graduate Hospital of The University of Pennsylvania△	D. J. Daley	276	7,952	384	44,427	44,065	9,445	3600	FP*	15	Rot. ⁹	15	62611	
Hahnemann Medical College and Hospital	W. Oaks	435	13,517	614	61,077	25,809		3000	P	10	St. Med.	10	62732	
	R. Bower									6	St. Surg.	6	62733	
	M. Baren									3	St. Ped.	3	62734	
	J. Imbriglia									2	St. Path.	2	62736	
Hospital of the University of Pennsylvania△		736	22,161	695	97,768	26,390		1800	FP*	28	St. Med.	28	62832	
										20	St. Surg.	20	62833	
										2	St. Path.	2	62836	
Hospital of the Woman's Medical College of Pennsylvania	D. A. Howell	172	6,494	181	27,847	14,499		4210	P	2	Rot. ⁴	2	84914	
	D. R. Cooper									4	St. Surg.	4	84933	
	D. A. Howell									1	St. Ped.	1	84934	
	I. N. Dubin									2	St. Path.	2	84936	
Hospital of the Woman's Medical College of Pennsylvania-Veterans Admin.	H. P. Potter, Jr.							4210	P	4	Rot. ¹	4	84912	
										6	St. Med.	6	84932	
Hospital of the Woman's Medical College of Pennsylvania Veterans Admin.		172	6,494	181	27,847	14,499								
Jefferson Medical College△	J. M. Hunter	451	6,842	531	28,230	2,039								
		601	19,315	548	132,000	20,000	26,000	3500	O	12	Rot. ⁹	12	63020	
										12	St. Med.	12	63032	
										6	St. Surg.	6	63033	
Lankenau△	A. P. Angelides	330	12,806	436	24,025	16,348		3900	FP*	12	Rot. ⁹	12	63211	
Memorial	A. Waddington	157	5,837	271	2,603	7,496	28,846	4200	FP	6	Rot. ⁹	6	63311	
Mercy-Douglass	A. R. Thomas	122	5,106	130	14,002	9,909	3,257	5100	F*	8	Rot. ⁹	8	63411	
Methodist△	J. F. McCloskey	206	8,029	296	17,933	14,119	11,755	5400	P	8	Rot. ⁹	8	63511	
Misericordia△	J. A. Hesch	293	10,448	455	20,476	22,704	15,799	6000	P	14	Rot. ⁹	14	63620	
	G. N. French									1	St. Med.	1	63632	
Nazareth	J. D. Casey	257	10,974	349	15,406	21,153	52,503	4800	F	18	Rot. ^{9,1,2,3,4,6}	18	63820	
Northeastern Hospital of Philadelphia	J. R. Minehart	133	5,162	224	14,781	13,207	6,988	230	6000	F	8	Rot. ²	8	97513
Pennsylvania△	S. L. Israel	373	13,724	660	73,142	21,867	54,821	229	4200	O	18	Rot. ²	18	63913
Philadelphia General△	N. H. Einhorn	1,154	22,770	1,627	226,860	86,513								
Dept. of Pediatrics	J. Ritter, S. R. Ziegler									6	St. Ped.	6	64034	
Hahnemann Medical College Division	K. Berkley									4	Rot. ²	4	64013	
	S. R. Ziegler									18	Rot. ⁹	18	64020	
	H. Bennett									6	St. Med.	6	64032	
Jefferson Medical College Division	F. J. Sweeney, Jr.									24	Rot. ⁹	24	64040	
	F. J. Sweeney, Jr.									4	St. Med.	4	64030	
University of Pennsylvania Division	A. T. Schnabel, Jr.									24	Rot. ⁹	24	64060	
	A. T. Schnabel, Jr.									4	St. Med.	4	64050	
Presbyterian-University of Pennsylvania Medical Center△	W. J. Somerville	297	9,124	406	32,179	25,605	26,361	231	3980	P	5	Rot. ²	5	64113
										2	Rot. ⁴	2	64114	
										8	St. Med.	8	64132	
										1	St. Surg.	1	64133	
										1	St. Path.	1	64136	
St. Agnes	J. H. Loucks	181	7,155	251	11,696	10,364	3,724	232	6000	P*	10	Rot. ⁹	10	64211
St. Christopher's Hospital for Children	V. C. Vaughan, III	117	5,610	106	57,757	21,787		225	2700	FP*	4	St. Ped.	4	65334
St. Joseph's	T. J. Maye	159	5,824	202	15,341	11,438			4800	F*	6	Rot. ⁹	6	64311
St. Luke's and Children's Medical Center	J. H. Davidson	192	7,311	257	46,004	16,785	4,431		6000	F*	10	Rot. ^{9,1,2,3,4}	10	64420
St. Mary's Franciscan	A. M. Alberico	173	6,046	258	7,201	9,279	7,240	232	4800	P	8	Rot. ²	8	64513
Temple University	S. Lorber	688	20,346	729	136,476	42,012	41,841		3000	P	6	Rot. ⁹	6	64611
										16	St. Med.	16	64632	
Veterans Admin.—See Hospital of the Woman's Medical College of Pennsylvania-Veterans Admin.														
Pittsburgh														
Allegheny General	J. G. Shively	465	15,939	652	30,914	38,478	53,027		7200	P	10	Rot. ¹	10	64812
	D. D. Davis									6	Rot. ²	6	64813	
Health Center Hospitals of the University of Pittsburgh														
Children's Hospital of Pittsburgh	D. N. Medearis, Jr.	217	8,546	237	52,296	22,071	818	221	4500	O	4	St. Ped.	4	65234
Magee-Women's	D. L. Hutchinson	424	20,718	277	16,870	4,268			4500	P	2	Rot. ⁷	2	65242
Presbyterian-University△	E. C. Lasser	438	11,038	492	56,357	11,616	3,000		4500	O	24	St. Med.	24	65232
	J. Myers							291		10	St. Surg.	10	65233	
	H. Bahnson									5	St. Path.	5	65236	
	H. Fennell									5	Rot. ¹	5	64912	
Mercy	F. J. Luparello	511	17,468	575	32,095	18,996	39,346	233	6000	P	8	Rot. ²	8	64913
										1	Rot. ³	1	64915	
										1	Rot. ⁴	1	64914	
										1	Rot. ⁵	1	64986	
										1	Rot. ⁶	1	64942	
										1	Rot. ⁸	1	64977	
										5	St. Med.	5	64932	
										9	Rot. ^{9,1,2,3,5,7,8}	9	65020	
Montefiore	S. Kaufman	373	13,294	487	24,365	13,946	22,963	224	5500	P	10	St. Med.	10	65032
	P. Troen									6	Rot. ⁹	6	65111	
Pittsburgh	R. N. McGarvey	186	7,449	235	5,962	17,310	33,516		5400	FP*	22	Rot. ^{9,1,2}	22	88120
St. Francis General	E. W. Martz	728	18,446	585	25,523	43,340	60,886	233	8100	F	6	Rot. ⁹	6	65511
St. Joseph's Hospital and Dispensary	L. J. Levy	152	6,308	220	7,673	28,363	15,527	233	7200	F	8	Rot. ⁹	8	65611
St. Margaret Memorial	P. W. Dishart	191	6,398	213	4,651	10,546	15,527	233	7200	F	10	Rot. ⁹	10	65713
Shadyside	K. H. Franz	336	11,604	479	6,541	12,685	21,023		6000	F	9	Rot. ⁹	9	65811
South Side	L. Rosenbach	284	97,037	388	21,517	19,790	36,253		7200	F	12	Rot. ⁹	12	65911
Western Pennsylvania	F. M. Mater	486	17,530	558	18,683	17,989	29,923		5400	FP	5	St. Med.	5	65932
										5	St. Surg.	5	65933	
										2	St. Path.	2	65936	

APPROVED INTERNSHIPS

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TENNESSEE—Continued														
Memphis														
Baptist Memorial.....	J. D. Upshaw, Jr.....	929	40,100	835	9,542	21,475	120,455	4200	F	26	Rot. ⁹	26	69420	
										4	St. Med.	4	69432	
										4	St. Surg.	4	69433	
										3	St. Path.	3	69436	
City of Memphis Hospitals.....	S. Patterson.....	512	19,890	979	160,892	89,279	290	3600	F	36	Rot. ⁰	36	84411	
	L. Wruble.....									8	Rot. ¹	8	84412	
	J. Runyan.....									8	St. Med.	8	84432	
	R. Sherman.....									4	St. Surg.	4	84433	
	R. Summitt.....									6	St. Ped.	6	84434	
Methodist.....	T. V. Stanley, Jr.....	610	27,857	639	21,064	23,277	54,410	235	4500	F	16	Rot. ⁰	16	69611
										1	St. Path.	1	69636	
St. Joseph.....	E. J. Spiotta.....	375	17,210	413	8,467	15,401	20,007	3900	F	16	Rot. ⁰	16	69711	
Nashville														
Baptist.....	H. H. Shoulders, Jr.....	300	15,867	323	6,291	17,667	5400	F		12	Rot. ⁰	12	69911	
										2	Rot. ¹	2	69912	
										1	Rot. ²	1	69913	
										1	Rot. ³	1	69915	
George W. Hubbard Hospital of the Meharry Medical College.....	F. Perry.....	173	6,132	320	39,960	16,273	198	4500	F	4	Rot. ^{0,15}	4	...	
										2	Rot. ^{1,15}	2	...	
										2	Rot. ^{2,15}	2	...	
										2	Rot. ^{3,15}	2	...	
										2	Rot. ^{4,15}	2	...	
										2	Rot. ^{5,15}	2	...	
										2	Rot. ^{6,15}	2	...	
										2	Rot. ^{7,15}	2	...	
St. Thomas.....	R. M. Roy.....	270	13,235	399	5,011	5,516	238	3600	F	4	Rot. ⁰	4	70111	
										2	Rot. ¹	2	70112	
										2	Rot. ²	2	70113	
										2	Rot. ³	2	70115	
										2	Rot. ⁴	2	70114	
										1	Rot. ⁵	1	70186	
										1	Rot. ⁷	1	70142	
										1	Rot. ⁸	1	70177	
Vanderbilt University Hospital Affiliated Programs.....	D. Rogers.....	...	...	...	...	...	...	3000	P	23	St. Med.	23	70232
	W. Scott.....									18	St. Surg.	18	70233	
	A. L. Christie.....									10	St. Ped.	10	70234	
	J. L. Shapiro.....									5	St. Path.	5	70236	
	D. A. Goss.....									2	St. ObG.	2	70235	
Vanderbilt University.....		428	15,291	482	77,926	...	...	...	...	...	...	...	...
Nashville Metropolitan General.....		147	6,135	330	58,932	25,860	...	...	...	...	...	...	...
Veterans Admin.....		465	5,720	366	43,062	...	...	...	...	...	...	...	...
TEXAS—Hospitals. 27; Internships, 430														
Austin														
Brackenridge.....	R. W. Pape.....	233	11,025	466	29,410	24,683	62,100	4800	FP	14	Rot. ⁰	14	70411	
Corpus Christi														
Memorial Medical Center.....	V. C. Calma.....	257	13,025	380	33,845	17,902	239	4800	P	10	Rot. ⁰	10	70511	
Dallas														
Baylor University Medical Center.....	R. Tompsett.....	678	34,068	808	14,973	24,068	53,799	242	5400	O	15	Rot. ^{0,2,5}	15	70620
	R. Tompsett.....									2	St. Med.	2	70632	
	J. W. Duckett.....									4	St. Surg.	4	70633	
	G. Race.....									2	St. Path.	2	70636	
Children's Medical Center.....	H. Eichenwald.....	92	6,063	267	61,801	29,705	240	3840	P	6	St. Ped.	6	95534	
Methodist Hospital of Dallas.....	J. W. Davidson, Jr.....	347	19,470	441	14,755	17,887	15,653	4800	F	18	Rot. ²	18	70713	
	G. Noteboom.....									1	St. Path.	1	70736	
Parkland Memorial.....		606	21,986	1,012	214,045	140,771	4320	P		30	Rot. ⁰	30	70811	
										12	St. Med.	12	70832	
										10	St. Surg.	10	70833	
										2	St. Path.	2	70836	
Presbyterian Hospital of Dallas.....	T. K. Burnap.....	119	5,878	100	5,014	5,014	242	4800	O	9	Rot. ^{0,1,2,5,6,7,8}	9	71920	
St. Paul.....	D. A. Sutherland.....	416	21,940	453	18,248	17,834	5,968	...	...	14	Rot. ²	14	70913
Veterans Admin.....	S. Eisenberg.....	743	9,152	765	...	...	242	4210	P	12	St. Med.	12	88732
El Paso														
R. E. Thomason General.....	M. I. Marks.....	145	5,298	309	28,305	27,092	4800	P		9	Gen. Prac. Pro. ¹⁴	9	71017	
Fort Worth														
Harris Hospital—Fort Worth Medical Center.....	C. B. Mitchell.....	454	20,104	483	11,225	13	4800	P		3	St. Path.	3	71236	
John Peter Smith.....	W. W. Goldman, Jr.....	156	7,998	440	74,049	48,340	5100	FP		18	Rot. ⁰	18	71111	
										6	Gen. Prac. Pro. ¹⁴	6	71117	
St. Joseph.....	W. S. Lorimer, Jr.....	230	12,076	360	116	7,272	1,588	268	4800	FP	8	Rot. ⁰	8	71311
Galveston														
University of Texas Medical Branch Hospitals.....	R. Gregory.....	791	16,312	670	105,546	21,739	3816	P		15	Rot. ^{3,5,6,8}	15	71420	
	R. Williams.....									12	St. Med.	12	71432	
	C. Daeschner.....									8	St. Surg.	8	71433	
										7	St. Ped.	7	71434	
Houston														
Baylor University Affiliated Hospitals.....	G. L. Jordan, Jr.....	482	17,686	1,004	194,292	52,490	3600	P		26	Rot. ⁹	26	71620	
Ben Taub General.....	R. M. O'Neal.....									2	St. Path.	2	71636	
										6	St. Surg.	6	71633	
Ben Taub General Hospital—Methodist, Ben Taub General.....	M. E. DeBakey.....	482	17,686	1,004	194,292	52,490	3600	P		...	...	...
Methodist.....		734	27,284	622	98,053	20,937	4800	P		...	...	...
Ben Taub General Hospital—St. Luke's Episcopal Hospital—Texas Children's Ben Taub General.....	M. E. DeBakey.....	482	17,686	1,004	194,292	52,490	3600	O		6	St. Surg.	6	71698	
St. Luke's Episcopal.....		274	13,226	281	1,195	4,220	6,629	...	...	...	...	...
Texas Children's.....		85	5,594	150	14,714	4,742	5,414	3900	O	...	...	...

Numerical and other references are listed on pages 117 and 118.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
TEXAS, Houston—Continued													
Ben Taub General Hospital-Texas Children's	R. J. Blattner	482	17,686	1,004	194,292	52,490			3600 P	10	St. Ped.	10	71634
Ben Taub General Texas Children's		85	5,594	150	14,714	4,742	5,414		3900P				
Ben Taub General Hospital-Veterans Admin.										15	St. Med.	15	71632
Ben Taub General Veterans Admin.	H. Brown	482	17,686	1,004	194,292	52,490			3600 P	6	St. Surg.	6	71697
Methodist		1,194	10,604	738	67,770								
Hermann	L. J. Crozier	734	27,284	622	97,053	20,937			4800 P	8	St. Med.	8	71732
Memorial Baptist	M. F. Strashun	534	26,226	597	79,160	21,998	4,702		4800 P	18	Rot. ⁰	18	71511
St. Joseph	J. E. Dailey	720	40,789	607	8,635	26,324	55,977	269	6000 P	9	Rot. ⁰	10	98211
Texas Children's	R. J. Blattner	435	23,105	387	16,614	12,715	6,473		4800 P	10	Rot. ^{0,1,2,3,4}	9	71820
San Antonio		85	5,594	150	14,714	4,742	5,414		3900 O	1	St. Path.	1	83136
Baptist Memorial	R. B. Wait	419	23,876	587	6,775	19,529	12,711		4800 P	12	Rot. ⁰	12	72111
Santa Rosa Medical Center	C. F. Shaffer	577	28,600	783	36,458	29,016			4800 FP*	15	Rot. ⁰	15	72311
University of Texas, Medical School at San Antonio Teaching Hospitals Robert B. Green Memorial	B. T. Fein	209	9,937	614	120,679	58,640			4800 P	14	Rot. ⁰	14	72211
	L. Cander									7	St. Med.	7	72232
	J. B. Aust									7	St. Surg.	7	72233
	C. Kohler									2	St. Ped.	2	72234
Temple													
Scott and White Memorial	H. E. LeBus								4000 P	8	Rot. ^{0,1,2,5,6,7,8}	8	72520
UTAH—Hospitals, 7; Internships, 104													
Ogden													
St. Benedict's	W. P. Daines	138	8,970	159	925	7,071	10,074	271	4800 P	10	Rot. ⁰	10	72711
Thomas D. Dee Memorial	F. M. Calton	234	15,012	303	1,243	14,620	30,784		4800 FP	14	Rot. ⁰	14	72811
Salt Lake City													
Holy Cross	H. W. Marshall	243	13,384	217	1,812	10,174	56,359	243	3600 F	8	Rot. ^{0,1,2,3}	8	73020
Latter-day Saints	D. H. Nelson	421	20,835	578	11,686	20,493	42,845	243	4200 P*	24	Rot. ^{0,1}	24	72920
St. Mark's	C. D. Behrens	206	10,072	187	1,011	5,101	14,928	243	6000 P	6	Rot. ⁰	6	73111
University	F. H. Tyler	203	6,367	341	47,477	21,484		272	3800 P	2	Rot. ¹	2	73112
										3	Rot. ⁰	3	73211
										9	Rot. ²	9	73213
										7	Rot. ⁴	7	73214
	M. M. Wintrobe									11	St. Med.	11	73232
	K. Reemtsma									5	St. Surg.	5	73233
	M. E. Lahey									3	St. Ped.	3	73234
	W. H. Carnes									2	St. Path.	2	73236
Veterans Admin.		464	3,544	225	27,425				4210 O				
VERMONT—Hospitals, 1; Internships, 33													
Burlington													
Medical Center Hospital of Vermont													
DeGoesbriand Unit	W. A. Tisdale	186	8,183	223	8,228	15,736	28,897		3600 F	8	Rot. ¹	8	73412
	A. G. Mackay									3	Rot. ²	3	73413
	R. J. MacKay, Jr.									1	Rot. ⁴	1	73414
	R. Coon									1	St. Path.	1	73436
Mary Fletcher-Unit	E. L. Amidon	282	11,985	312	15,027	16,094	30,671		2800 FP*	18	Rot. ^{1,2}	18	73520
	R. W. Coon									2	St. Path.	2	73536
VIRGINIA—Hospitals, 10; Internships, 236													
Charlottesville													
University of Virginia	W. Muller, B. Leavell	439	15,872	563	102,840	23,316	6,000		3900 O	6	Rot. ²	6	73713
	B. Leavell, W. Thurman									6	Rot. ⁴	6	73714
	B. S. Leavell									10	St. Med.	10	73732
	W. H. Muller									10	St. Surg.	10	73733
	W. G. Thurman									4	St. Ped.	4	73734
	D. E. Smith									2	St. Path.	2	73736
Falls Church													
Fairfax	E. H. Hill	264	14,302	307	1,999	29,317	8,026		3600 P	12	Rot. ²	12	73313
Newport News													
Riverside	E. L. Alexander, Jr.	316	15,352	253	5,665	23,160			6000 FP*	12	Rot. ⁰	12	73911
Norfolk													
De Paul	J. D. Lea	267	12,837	294	20,407	23,223	32,553		6000 F	12	Rot. ⁰	12	74011
Norfolk General	D. W. Drew	448	17,548	628	47,153	34,631			6600 F	16	Rot. ⁰	16	74111
Richmond													
Johnston-Willis	T. D. Davis, Jr.	235	8,620	316	1,967	6,672	5,488	273	4800 F	14	Rot. ^{2,00}	14	74220
Medical College of Virginia-Hospital Division	G. Hilkovitz	968	30,028	1,198	108,254	48,617			3900 P	6	Rot. ⁰	6	74311
	W. T. Thompson, Jr.									18	Rot. ¹	18	74312
	B. W. Haynes, Jr.									6	Rot. ²	6	74313
	H. H. Ware, Jr.									5	Rot. ³	5	74315
	W. E. Laupus									6	Rot. ⁴	6	74314
	F. Goodale									2	Rot. ⁵	2	74386
	H. D. Lederer									3	Rot. ⁶	3	74376
	E. R. King									2	Rot. ⁷	2	74342
	W. E. Pemberton									2	Rot. ⁸	2	74377
	W. T. Thompson, Jr.									16	St. Med.	16	74332
	B. W. Haynes, Jr.									12	St. Surg.	12	74333
	W. E. Laupus									8	St. Ped.	8	74334
	F. Goodale									2	St. Path.	2	74336
Richmond Memorial		414	15,722	579	3,903	30,654	398		4200 F	12	Rot. ⁰	12	74511
Roanoke													
Community Hospital of Roanoke Valley	D. Minichan								7200 F	6	Rot. ⁰	6	74611
										6	Rot. ²	6	74613
Jefferson—See Community Hospital of Roanoke Valley													
Lewis-Gale—See Community Hospital of Roanoke Valley													
Roanoke Memorial Hospitals	D. R. Williams	501	17,768	418	29,823	23,955			4800 F*	20	Rot. ⁰	20	74811

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMF	NIMF Code
WASHINGTON—Hospitals, 11; Internships, 156													
Seattle													
Children's Orthopedic Hospital and Medical Center—University Δ	J. M. Docter	110	8,127	103	22,378	7,602	13,907	5000 O	10	10	St. Ped.	10	99034
Children's Orthopedic Hospital and Medical Center		229	8,307	284	89,904	12,351	...	5000 P	...	...	...	...	...
University		131	9,133	209	512	5,687	...	4800 FP*	8	8	Rot. ²	8	75113
Doctors	C. S. Powell	119	7,738	240	...	6,207	...	...	29	29	Gen. Prac. Pro. ¹⁰	29	81117
Group Health	J. Quinn	...	12,527	788	74,077	26,211	...	3300 F	29	29	St. Surg.	29	75211
King County	W. O. Robertson	...	...	...	...	...	...	...	...	...	St. Surg.	...	75233
Providence	J. R. Cantrell	215	12,489	358	4,072	8,054	8,569	3900 F*	5	5	Rot. ⁰	5	75311
	L. E. Morris	...	...	...	...	...	...	...	...	...	Rot. ¹	...	75312
		...	...	...	...	...	...	...	...	...	Rot. ²	...	75313
		...	...	...	...	...	...	...	...	...	Rot. ³	...	75315
		...	...	...	...	...	...	...	...	...	Rot. ⁴	...	75396
		...	...	...	...	...	...	...	...	...	Rot. ⁷	...	75342
		...	...	...	...	...	...	...	...	...	Rot. ⁸	...	75377
		...	...	...	...	...	...	...	...	...	St. Med.	...	75332
		...	...	...	...	...	...	...	...	...	Rot. ⁹	...	75511
Swedish Hospital Medical Center Δ	P. E. Hardy	331	18,802	548	39,461	5,630	5,827	246	4500 FP	12	12	12	91811
University—(See also Children's Orthopedic Hospital and Medical Center) Δ	J. L. Wright	229	8,307	284	89,904	12,351	...	274	5000 P	6	6	6	91833
	R. J. Bulger	...	...	...	...	...	...	...	...	...	St. Path.	...	91836
University of Washington Affiliated Hospitals Δ (See also Children's Orthopedic Hospital and Medical Center, King County Hospital, University Hospital)	R. J. Bulger	229	8,307	284	89,904	12,351	...	...	5000 P	13	13	13	91832
University		...	...	...	...	...	...	...	...	...	...	...	...
King County		...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.		289	4,304	311	37,007	268	...	...	...	...	...	...	...
Virginia Mason Δ	G. H. Lawrence	203	10,868	293	...	6,851	...	246	3600 FP*	12	12	12	75620
		...	...	...	...	...	...	...	...	...	St. Med.	...	75632
Spokane													
Deaconess	J. P. Shields	231	15,825	386	...	15,778	2,403	267	4800 FP*	12	12	12	75713
Sacred Heart	C. F. Baxter	365	22,231	605	2,152	19,114	4,220	...	4800 F*	14	14	14	75820
WEST VIRGINIA—Hospitals, 7; Internships, 100													
Charleston													
Charleston General	W. Pushkin, J. Rogers	242	10,398	290	13,677	11,893	32,226	...	3900 FP	8	8	8	76420
Memorial	D. Hama y	260	12,707	282	16,562	18,526	2,525	244	3900 F	16	16	16	90220
		...	...	...	...	...	...	...	...	...	St. Med.	...	90232
Huntington													
Cabell Huntington	W. S. Sheila	248	12,928	375	4,972	18,462	14,048	...	4800 F	6	6	6	97611
St. Mary's	H. D. Proctor	322	15,861	431	3,937	...	24,907	...	3600 FP*	10	10	10	97612
		...	...	...	...	...	...	...	...	...	Rot. ¹	...	76611
		...	...	...	...	...	...	...	...	...	Rot. ¹	...	76612
Morgantown													
West Virginia University Medical Center Δ	W. G. Klingberg	303	9,562	407	55,844	15,801	...	...	4200 P	15	15	15	83720
	E. B. Flink	...	...	...	...	...	...	...	...	...	St. Med.	...	83732
	B. Zimmermann	...	...	...	...	...	...	...	...	...	St. Surg.	...	83733
	W. G. Klingberg	...	...	...	...	...	...	...	...	...	St. Ped.	...	83734
	W. S. Albrink	...	...	...	...	...	...	...	...	...	St. Path.	...	83736
Wheeling													
Ohio Valley General	R. O. Strauch	373	13,053	485	7,725	15,132	25,167	...	6000 P	15	15	15	76920
Wheeling	G. M. Kellas	181	8,137	225	4,133	7,245	22,072	...	4800 F	10	10	10	77020
WISCONSIN—Hospitals, 14; Internships, 236													
La Crosse													
Lutheran Hospital-Gundersen Clinic	S. E. Sivertson	186	9,425	210	125,620	13,606	...	...	4200 F	8	8	8	77420
Madison													
Madison General Δ	P. G. Piper	348	14,746	345	220	10,443	3,892	...	3600 F	2	2	2	77611
University Hospitals Δ		598	16,939	474	173,227	10,290	35,476	249	3400 P	10	10	10	77612
		...	...	...	...	...	...	...	...	...	Rot. ¹	...	77912
		...	...	...	...	...	...	...	...	...	Rot. ⁴	...	77914
		...	...	...	...	...	...	...	...	...	St. Med.	...	77932
		...	...	...	...	...	...	...	...	...	St. Surg.	...	77933
		...	...	...	...	...	...	...	...	...	St. Ped.	...	77934
		...	...	...	...	...	...	...	...	...	St. Path.	...	77936
Marshfield													
St. Joseph's	J. W. Manier	251	10,230	309	6,485	5,453	...	...	3600 F*	8	8	8	78020
Milwaukee													
Columbia	D. G. Santer	224	7,687	219	1,443	8,741	26,713	250	5520 P	13	13	13	78120
Evangelical Deaconess	W. D. Gardner	249	10,730	284	250	2,325	15,270	250	4800 F	6	6	6	78212
		...	...	...	...	...	...	...	...	...	Rot. ²	...	78213
		...	...	...	...	...	...	...	...	...	Rot. ⁴	...	78214
Lutheran Hospital of Milwaukee	W. L. Deardorff	274	11,322	304	...	48,895	252	5533 F*	12	12	Rot. ^{0,1,2,3}	12	78520
		...	...	...	...	...	...	...	...	...	St. Path.	...	78536
Milwaukee Children's	J. C. Peterson	146	9,120	98	31,111	2,162	11,343	251	3300 P	5	5	5	78334
Milwaukee County General	J. M. Cerletty	705	43,732	1,483	120,813	75,963	...	241	3593 P	32	32	32	78420
	W. M. Engstrom	...	...	...	...	...	...	...	...	...	Rot. ^{0,1,2,3,4}	...	78432
	E. H. Ellison	...	...	...	...	...	...	...	...	...	St. Med.	...	78433
	J. F. Kusma	...	...	...	...	...	...	...	...	...	St. Surg.	...	78436
	J. Chase	...	...	...	...	...	...	...	...	...	St. Path.	...	78436
Mount Sinai		307	13,253	376	15,110	2,124	638	252	4800 F	12	12	12	78711
		...	...	...	...	...	...	...	...	...	Rot. ⁰	...	78712
		...	...	...	...	...	...	...	...	...	Rot. ¹	...	78713
		...	...	...	...	...	...	...	...	...	Rot. ²	...	78715
		...	...	...	...	...	...	...	...	...	Rot. ³	...	78811
St. Joseph's	K. E. Sauter	293	15,399	393	7,281	2,677	19,398	252	6000 P	14	14	14	78811
St. Luke's		301	13,313	415	1,468	6,258	5,766	250	6600 F*	6	6	6	78911
		...	...	...	...	...	...	...	...	...	Rot. ⁰	...	78911
		...	...	...	...	...	...	...	...	...	Rot. ²	...	78913
St. Mary's	M. J. Ciccantelli	258	10,101	374	1,679	2,870	49,441	250	6000 F	10	10	10	79020
	D. P. Davis, D. J. Carlson	289	12,434	211	20,148	17,152	15,899	...	4800 FP*	12	12	12	79111
	F. Berridge	...	...	...	...	...	...	...	...	...	Rot. ⁰	...	79111

Numerical and other references are listed on pages 117 and 118.

HOSPITALS APPROVED FOR JUNIOR ROTATING INTERNSHIPS IN CANADA

The following list of hospitals that conform to the standards of The Canadian Medical Association is published for the information of graduates interested in an internship appointment in a Canadian hospital. Hospitals that are approved as conforming to the standards of The Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals in the United States approved for intern training by the Council on Medical Education of the American Medical Association.

This list was furnished by The Canadian Medical Association on July 4, 1967.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
British Columbia			Ontario		
Royal Columbian Hospital.....	New Westminster	Hamilton General Hospital.....	Hamilton	Hôpital Saint-Luc.....	Montreal
St. Paul's Hospital.....	Vancouver	McMaster University Family Practice Course (1st year).....	Hamilton	Hôtel-Dieu de Montreal.....	Montreal
Vancouver General Hospital.....	Vancouver	St. Joseph's Hospital.....	Hamilton	Jewish General Hospital.....	Montreal
Royal Jubilee Hospital.....	Victoria	Hotel-Dieu Hospital.....	Kingston	Montreal General Hospital.....	Montreal
St. Joseph's Hospital.....	Victoria	Kingston General Hospital.....	Kingston	Queen Elizabeth Hospital.....	Montreal
Alberta			Quebec (Continued)		
Calgary General Hospital.....	Calgary	St. Joseph's Hospital.....	London	Reddy Memorial Hospital.....	Montreal
Foothills Hospital (effective July 1, 1968).....	Calgary	St. Joseph's Hospital.....	London	Royal Victoria Hospital.....	Montreal
Holy Cross Hospital.....	Calgary	Victoria Hospital.....	London	St. Mary's Hospital.....	Montreal
Edmonton General Hospital.....	Edmonton	Ottawa Civic Hospital.....	Ottawa	Hôpital de l'Enfant-Jesus.....	Quebec
Misericordia Hospital.....	Edmonton	Ottawa General Hospital.....	Ottawa	Hôpital du Saint-Sacrement.....	Quebec
Royal Alexandra Hospital.....	Edmonton	Scarborough General Hospital.....	Scarborough	Hôpital St-Francois-d'Assise.....	Quebec
University of Alberta Hospital.....	Edmonton	New Mount Sinai Hospital.....	Toronto	Hôtel-Dieu de Quebec.....	Quebec
Saskatchewan			New Brunswick		
Regina General Hospital.....	Regina	St. Joseph's Hospital.....	Toronto	Victoria Public Hospital.....	Fredericton
Regina Grey Nuns' Hospital.....	Regina	St. Michael's Hospital.....	Toronto	The Moncton Hospital.....	Moncton
St. Paul's Hospital.....	Saskatoon	Toronto East General and Orthopaedic Hospital.....	Toronto	Saint John General Hospital.....	Saint John
Saskatoon City Hospital.....	Saskatoon	Toronto General Hospital.....	Toronto	Nova Scotia	
University Hospital.....	Saskatoon	Toronto Western Hospital.....	Toronto	Halifax Infirmary.....	Halifax
Manitoba			Quebec		
St. Boniface General Hospital.....	St. Boniface	Wellesey Hospital.....	Toronto	Hotel-Dieu St.-Vallier.....	Chicoutimi
Grace Hospital.....	Winnipeg	Women's College Hospital.....	Toronto	Hôpital du Sacre-Coeur.....	Hull
Misericordia General Hospital.....	Winnipeg	Metropolitan General Hospital.....	Windsor	Hôpital Jean-Talon.....	Montreal
Winnipeg General Hospital.....	Winnipeg	Halifax			
			Victoria General Hospital.....		
			Halifax		
			Newfoundland		
			St. John's General Hospital.....		
			St. John's		

ABBREVIATIONS AND NOTES

- △ Internship appointments begin in June rather than on July 1. The exact date should be obtained from the program director and should be specified in the intern's contract
- † Discharges
- F Full maintenance
- P Partial maintenance
- * Variation in salary or maintenance for married intern
- St. Straight
- Rot. Rotating
- Med. Medicine
- Surg. Surgery
- Ped. Pediatrics
- ObG Obstetrics-Gynecology
- Path. Pathology
- Psych. Psychiatry
- Rot.⁰ 4 or 5 months on Internal Medicine; 2 or 3 months on other rotations
- Rot.¹ 6 to 8 months on Internal Medicine; elective assignments of at least 2 months' duration.
- Rot.² 4 to 6 months on Internal Medicine; at least 4 months on Surgery
- Rot.³ 4 to 6 months on Internal Medicine; at least 4 months on Obstetrics-Gynecology
- Rot.⁴ 4 to 6 months on Internal Medicine; at least 4 months on Pediatrics
- Rot.⁵ 4 to 6 months on Internal Medicine; at least 4 months on Pathology
- Rot.⁶ 4 to 6 months on Internal Medicine; at least 4 months on Psychiatry
- Rot.⁷ 4 to 6 months on Internal Medicine; at least 4 months on Radiology
- Rot.⁸ 4 to 6 months on Internal Medicine; at least 4 months on Anesthesiology
- Rot.⁹ Hospital offers all of above rotating internships (Rot. 0,1,2,3,4,5,6,7,8)
- Rot.⁰⁰ Hospital offers some appointments beyond 12 months
- 10. Internship equivalent included in 2-year Family Practice Program
- 12. Rotating internship is first year of approved 2-year program in General Practice
- 13. Internship equivalent is included in the 2-year approved pilot program in General Practice
- 14. Program includes positions creditable as the first year of a 2-year approved pilot program in General Practice, of which the internship is the first year
- 15. Not participating in N.I.M.P.

Affiliations as Referred to in Column Headed: "Affiliated Service"

- 100. Veterans Admin. Hospital, Martinez, Calif.
- 101. John Wesley County Hospital, Los Angeles, Calif.
- 102. Maricopa County Hospital, Phoenix, Ariz.
- 103. Arkansas Children's Hospital, Little Rock, Ark.
- 104. Los Angeles County Harbor General Hospital, Torrance, Calif.
- 105. St. Joseph Hospital, Phoenix, Ariz.
- 107. Childrens Hospital of Los Angeles, Los Angeles, Calif.
- 109. Los Angeles County General Hospital, Los Angeles, Calif.
- 110. Childrens Hospital, John Wesley County General Hospital, Los Angeles, Calif.
- 111. Mary's Help Hospital, Daly City; St. Francis Memorial Hospital, San Francisco, Calif.
- 112. Children's Hospital, San Francisco, Calif.
- 113. Children's Hospital, Denver, Colo.
- 114. Mary's Help Hospital, Daly City, Calif.
- 115. Highland General Hospital, Oakland, Calif.
- 116. California Hospital, Los Angeles, Calif.
- 117. Children's Hospital, Presbyterian Hospital, National Jewish Hospital, Veterans Admin. Hospital, Florence Crittenton Home, Salvation Army Booth Memorial Hospital, Denver; Carrie Tingley Crippled Children's Hospital, Truth or Consequences, N.M.
- 118. Children's Hospital, University of Colorado Medical Center, Denver, Colo.
- 119. Denver General Hospital, Denver, Colo.
- 120. Children's Hospital, Denver General Hospital, Denver, Colo.
- 121. Children's Hospital of Orange County, Orange, Calif.
- 122. J. J. McCook Memorial Hospital, Hebrew Home for Aged, Hartford, Conn.
- 123. Arlington Memorial Hospital, Arlington, Va.; D. C. General Hospital, Washington, D. C.
- 124. University Hospitals, Iowa City, Iowa
- 125. DeWitt Army Hospital, Fort Belvoir, Va.
- 126. Children's Hospital, Washington, D. C.
- 127. Grady Memorial Hospital, Atlanta, Ga.
- 128. Variety Children's Hospital, Veterans Admin. Hospital, Miami, Fla.
- 129. Henrietta Eggleston Hospital for Children, Grady Memorial Hospital, Atlanta, Ga.
- 130. Forest Hospital, Des Plaines, Ill.
- 131. Kauhkeolani Children's Hospital, Honolulu, Hawaii
- 132. Henrietta Eggleston Hospital, Atlanta, Ga.
- 133. St. Louis City Hospital, St. Louis, Mo.
- 134. Cook County Hospital, Chicago; Little Company of Mary Hospital, Evergreen Park, Ill.
- 135. Children's Memorial Hospital, Chicago, Ill.
- 136. Lutheran General Hospital, Park Ridge, Ill.
- 137. Macon County Tuberculosis Sanatorium, Decatur, Ill.
- 138. Children's Memorial Hospital, Veterans Admin. Hospital, Chicago
- 139. Evansville State Hospital, Evansville, Ind.
- 140. Veterans Admin. Hospital, Indianapolis, Ind.
- 141. Broadlawns Polk County Hospital, Iowa Methodist Hospital, Des Moines, Iowa
- 142. Broadlawns Polk County Hospital, Des Moines, Iowa

Affiliations as referred to in Column Headed: "Affiliated Service"—Continued

143. Sedgwick County Hospital, Wichita, Kan.
144. Veterans Admin. Hospital, Ann Arbor, Mich.
145. Children's Hospital, St. Joseph Infirmary, Louisville, Ky.
146. Lallie Kemp Charity Hospital, Independence, La.
147. Boston Hospital for Women, Boston, Mass.
148. Charity Hospital of New Orleans, New Orleans, La.
149. Veterans Admin. Hospital, Providence, R. I.
150. University of Maryland Hospital, Baltimore, Md.
151. Children's Hospital, Jewish Hospital, Louisville, Ky.
155. St. Margaret's Hospital, Boston, Mass.
158. Boston City Hospital, Boston; Lynn Hospital, Lynn, Mass.; Maine Medical Center, Portland, Me.
159. Boston City Hospital, St. Margaret's Hospital, Boston, Mass.
160. Austin Riggs Center, Stockbridge, Mass.
161. Wesson Maternity Hospital, Springfield, Mass.
164. Hutzel Hospital, Detroit, Mich.
165. Harper Hospital, Hutzel Hospital, Detroit, Mich.
166. Detroit General Hospital, Children's Hospital, Detroit, Mich.
167. Children's Hospital, Detroit, Mich.
168. Henry Ford Hospital, Detroit, Mich.
169. Miller Memorial Hospital, Duluth, Minn.
170. University Hospital, Ann Arbor, Mich.
172. Children's Hospital, St. Paul, Minn.
173. Veterans Admin. Hospital, Jackson, Miss.
175. St. Paul-Ramsey Hospital, St. Paul, Children's Hospital, Minneapolis, Minn.
176. Veterans Admin. Hospital, Minneapolis, Minn.
177. Children's Mercy Hospital, Kansas City, Mo.
179. Barnes Hospital Group, St. Louis, Mo.
180. St. Louis City Hospital, St. Louis, Mo.
181. Malcolm Bliss Mental Health Center, St. Louis, Mo.
182. St. Louis Children's Hospital, St. Louis, Mo.
183. Cardinal Glennon Memorial Hospital for Children, St. Louis, Mo.
184. St. Mary's Hospital, Veterans Admin. Hospital, St. Louis, Mo.
185. Douglas County Hospital, Veterans Admin. Hospital, Omaha, Neb.
186. Children's Mercy Hospital, Jackson County Hospital, Kansas City, Mo.
187. Douglas County Hospital, Children's Memorial Hospital, Omaha, Neb.
188. Bishop Clarkson Memorial Hospital, Omaha, Neb.
190. Children's Memorial Hospital, Omaha, Neb.
191. New Jersey State Hospital at Ancora, Hammonton, N. J.
192. Babies Hospital, Newark, N. J.
193. Veterans Admin. Hospital, Albany, N. Y.
194. Newark City Hospital, Newark, N. J.
195. Hackensack Hospital, Hackensack; Passaic General Hospital, Passaic, N. J.
196. Children's Hospital of Buffalo, Buffalo, N. Y.
197. Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
198. Georgetown University Hospital, Washington, D. C.; Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
199. Our Lady of Fatima Hospital, Providence, R. I.
200. Coney Island Hospital, New York City, N. Y.
203. Roosevelt Hospital, New York City, New York
204. Kings County Hospital Center, New York City, N. Y.
205. New York Medical College-Metropolitan Hospital Center, New York City, N. Y.
206. University of Rochester Strong Memorial Hospital, Rochester, N. Y.
207. Babies Hospital, Wilmington, N. C.
208. Rochester General Hospital, Rochester, N. Y.
209. Memorial Hospital for Cancer and Allied Diseases, New York City, N. Y.
210. Veterans Admin. Hospital, Durham, N. C.
211. St. Vincent Charity Hospital, Cleveland, Ohio
212. Children's Hospital, Akron, Ohio
213. Akron City Hospital, Akron, Ohio
214. Children's Hospital, Cincinnati, Ohio
215. Booth Memorial Hospital, Cleveland, Ohio
216. Cleveland Metropolitan General Hospital, Cleveland, Ohio
217. Children's Hospital, Columbus, Ohio
219. St. Ann's Hospital, Cleveland, Ohio
220. Veterans Admin. Hospital, Cleveland, Ohio
221. Magee-Women's Hospital, Pittsburgh, Pa.
223. Children's Memorial Hospital, Oklahoma City, Okla.
224. Magee-Women's Hospital, Children's Hospital, Pittsburgh, Pa.
225. Temple University Hospital, Philadelphia, Pa.
226. Good Samaritan Hospital, Portland, Ore.
227. University of Oregon Medical School and Hospitals, Portland, Ore.
228. Children's Hospital, Pennsylvania Hospital, Philadelphia, Pa.
229. Children's Hospital, Philadelphia, Pa.
230. St. Christopher Hospital, Philadelphia, Pa.
231. Children's Hospital, Hospital of the University of Pennsylvania, Philadelphia, Pa.
232. Hahnemann Medical College Hospital, Philadelphia, Pa.
233. Children's Hospital, Pittsburgh, Pa.
234. Providence Lying-In Hospital, Providence, R. I.
235. City of Memphis Hospitals (Frank Tobey Hospital), Memphis, Tenn.
237. Rhode Island Hospital, Providence Lying-In Hospital, Providence, R. I.
238. Nashville Metropolitan General Hospital, Nashville, Tenn.
239. Driscoll Foundation Children's Hospital, Corpus Christi, Texas
240. Children's Medical Center, Dallas, Texas
241. Veterans Admin. Hospital, Milwaukee, Wis.
242. Parkland Memorial Hospital, Children's Medical Center, Dallas, Texas
243. Primary Children's Hospital, Salt Lake City, Utah
244. Highland Hospital, Charleston, W. Va.
245. U. S. Naval Hospital, Portsmouth, Va.
246. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
249. Madison General Hospital, Methodist Hospital, St. Mary's Hospital, Veterans Admin. Hospital, Madison, Wis.
250. Milwaukee Children's Hospital, Milwaukee, Wis.
251. Milwaukee County General Hospital, Milwaukee, Wis.
252. Milwaukee County General Hospital, Milwaukee Children's Hospital, Milwaukee, Wis.
253. Clinical and laboratory services, and educational program supervised by Mount Sinai Hospital, New York City, N. Y.
254. Newtonington Hospital for Crippled Children, Veterans Admin. Hospital, Newtonington, Conn.
256. Roswell Park Memorial Institute, Buffalo, N. Y.
257. Variety Children's Hospital, Miami; Mount Sinai Hospital, Miami Beach, Fla.
258. Buffalo General Hospital, Buffalo, N. Y.
259. Booth Memorial Hospital, Sedgwick County Hospital, Wichita, Kan.
260. Walter Reed General Hospital, Children's Hospital, Washington, D. C.
261. Hennepin County General Hospital, Minneapolis; St. Paul-Ramsey General Hospital, St. Paul, Minn.
262. Veterans Admin. Hospital, Albuquerque, N. M.
263. Albany Medical Center Hospital, Albany, N. Y.
264. Charleston County Hospital, Veterans Admin. Hospital, Charleston, S. C.
265. Lincoln Hospital, New York City, N. Y.
266. Veterans Admin. Hospital, Nashville, Tenn.
267. U. S. Air Force Hospital, Fairchild AFB, Spokane, Wash.
268. Cook Children's Hospital, Fort Worth, Texas
269. Hermann Hospital, Houston, Texas
271. Shriners Hospital for Crippled Children, Salt Lake City, Utah
272. Veterans Admin. Hospital, Salt Lake City, Utah
273. Medical College of Virginia-Hospital Division, Richmond, Va.
274. Children's Orthopedic Hospital and Medical Center, King County Hospital, Veterans Admin. Hospital, Seattle, Wash.
275. Madigan General Hospital, Fort Lewis, Wash.
277. Oakwood Hospital, Dearborn; William Beaumont Hospital, Royal Oak, Mich.
278. Veterans Admin. Hospital, Cincinnati, Ohio
279. Jackson Memorial Hospital, Miami, Fla.
280. Massachusetts General Hospital, Boston, Mass.
281. University Medical Center, Carraway Methodist Hospital, Birmingham, Ala.
282. Children's Hospital, Birmingham, Ala.
283. Santa Monica Hospital, Santa Monica, Calif.
284. Washington Hospital Center, Washington, D. C.
285. Boston City Hospital, Boston, Mass.
286. Harper Hospital, Detroit, Mich.
287. Children's Hospital, Minneapolis; St. Paul Medical Center, St. Paul-Ramsey Hospital, St. Paul, Minn.
288. Children's Mercy Hospital, Kansas City General Hospital, Kansas City, Mo.
289. St. Vincent's Hospital and Medical Center, New York, N. Y.
290. West Tennessee Tuberculosis Hospital, Memphis, Tenn.
291. Magee-Women's Hospital, Veterans Admin. Hospital, Pittsburgh, Pa.

INDEX OF INTERNSHIPS BY TYPE OF SERVICE

The internships listed in the foregoing pages of the Directory of Approved Internships have been indexed in the following lists according to the types offered: Straight internships in the various specialties, and miscellaneous types. Because of the prevalence of rotating internships, it was deemed unnecessary to index these in a separate listing. The list also includes an index to programs longer than twelve months in duration. Separate lists are provided of Family Practice Programs, and of pilot General Practice Programs; these two types of pilot two-year programs include an equivalent of the internship, and candidates may be matched for the initial appointment through the National Intern Matching Program

STRAIGHT INTERNSHIPS IN INTERNAL MEDICINE

University of Alabama Hospitals and Clinics.....	Birmingham, Ala.	Massachusetts General.....	Boston
Tucson Hospitals Medical Education Program.....	Tucson, Ariz.	New England Deaconess.....	Boston
Pima County General		New England Medical Center Hospitals.....	Boston
St. Mary's		Peter Bent Brigham.....	Boston
Tucson Medical Center		University.....	Boston
University.....	Little Rock, Ark.	Veterans Administration (Jamaica Plain).....	Boston
Kern County General Hospital.....	Bakersfield, Calif.	St. Vincent.....	Worcester, Mass.
Loma Linda University.....	Loma Linda, Calif.	University of Michigan Affiliated Hospitals.....	Ann Arbor, Mich.
Cedars-Sinai Medical Center.....	Los Angeles	Detroit General.....	Detroit
Mount Sinai Hospital Division		Northwestern.....	Minneapolis
Los Angeles County General Unit I, Unit II.....	Los Angeles	University of Minnesota Hospitals.....	Minneapolis
University of California.....	Los Angeles	Veterans Administration.....	Minneapolis
Veterans Administration Center—Wadsworth.....	Los Angeles	University.....	Jackson, Miss.
Stanford University Affiliated Hospitals.....	Palo Alto, Calif.	University of Missouri Medical Center.....	Columbia, Mo.
Palo Alto-Stanford Hospital Center		Barnes Hospital Group.....	St. Louis
Veterans Administration		Jewish Hospital of St. Louis.....	St. Louis
University of California Affiliated Hospitals.....	San Diego, Calif.	St. Louis City Unit I, Unit II.....	St. Louis
San Diego County-University		St. Louis University Group of Hospitals.....	St. Louis
H. C. Moffitt-University of California Hospitals.....	San Francisco	St. Luke's.....	St. Louis
Kaiser Foundation.....	San Francisco	St. Mary's.....	St. Louis
United States Public Health Service.....	San Francisco	University of Nebraska.....	Omaha
Los Angeles County Harbor General.....	Torrance, Calif.	Mary Hitchcock Memorial.....	Hanover, N. H.
University of Colorado Medical Center.....	Denver	New Jersey College of Medicine Affiliated Hospitals.....	East Orange, N. J.
Hospital of St. Raphael.....	New Haven, Conn.	Veterans Administration	
Yale-New Haven Medical Center.....	New Haven, Conn.	Newark City (Newark)	
Wilmington Medical Center.....	Wilmington, Del.	St. Elizabeth.....	Elizabeth, N. J.
District of Columbia General.....	Washington, D. C.	Jersey City Medical Center.....	Jersey City, N. J.
Program I—Georgetown University		Newark City.....	Newark, N. J.
Program IV—George Washington University		St. Michael.....	Newark, N. J.
Program VII—Howard University		University of New Mexico Affiliated Hospitals.....	Albuquerque, N. M.
Georgetown University.....	Washington, D. C.	Bernalillo County-Indian	
George Washington University.....	Washington, D. C.	Albany Medical Center.....	Albany, N. Y.
Providence.....	Washington, D. C.	State University of New York at Buffalo Affiliated Hospitals.....	Buffalo
Veterans Administration.....	Washington, D. C.	Buffalo General	
Georgetown Service		Edward J. Meyer Memorial	
George Washington Service		Mary Imogene Bassett.....	Cooperstown, N. Y.
Howard University Service		Meadowbrook.....	East Meadow, N. Y.
Washington Hospital Center.....	Washington, D. C.	North Shore.....	Manhasset, N. Y.
William A. Shands Teaching Hospital and Clinics.....	Gainesville, Fla.	Albert Einstein College of Medicine Affiliated Hospitals.....	New York City
Duval Medical Center.....	Jacksonville, Fla.	Bronx Municipal Hospital Center	
Jackson Memorial.....	Miami, Fla.	Lincoln	
Emory University Affiliated Hospitals.....	Atlanta, Ga.	Beekman-Downtown.....	New York City
Emory University		Bellevue Hospital-New York University Medical Center.....	New York City
Veterans Administration		Bellevue Hospital Center	
Georgia Baptist.....	Atlanta, Ga.	University	
Grady Memorial.....	Atlanta, Ga.	Beth Israel.....	New York City
St. Joseph's Infirmary.....	Atlanta, Ga.	Bronx-Lebanon Hospital Center.....	New York City
Eugene Talmadge Memorial.....	Augusta, Ga.	Brookdale Hospital Center.....	New York City
Cook County.....	Chicago	Brooklyn-Cumberland Medical Center.....	New York City
Mercy Medical Center.....	Chicago	Cornell University Hospitals.....	New York City
Michael Reese Hospital and Medical Center.....	Chicago	New York	
Mount Sinai Hospital Medical Center of Chicago.....	Chicago	Bellevue Hospital, 2nd Medical Division	
Northwestern University Medical Center.....	Chicago	Memorial Hospital for Cancer & Allied Diseases-James Ewing	
Chicago Wesley Memorial		Harlem Hospital Center.....	New York City
Evanston (Evanston, Ill.)		Jewish Hospital of Brooklyn.....	New York City
Passavant Memorial		Knickerbocker.....	New York City
Presbyterian-St. Luke's.....	Chicago	Long Island College.....	New York City
University of Chicago Hospitals and Clinics.....	Chicago	Maimonides Hospital Training Program.....	New York City
University of Illinois Research and Educational Hospitals.....	Chicago	Maimonides Hospital of Brooklyn	
Indiana University Hospitals.....	Indianapolis	Coney Island	
Methodist Hospital of Indiana.....	Indianapolis	Methodist Hospital of Brooklyn.....	New York City
University Hospitals.....	Iowa City, Iowa	Mount Sinai Hospital Training Program.....	New York City
University of Kansas Medical Center.....	Kansas City, Kan.	Mount Sinai	
St. Francis.....	Wichita, Kan.	City Hospital Center at Elmhurst	
University of Kentucky Medical Center.....	Lexington, Ky.	New York Medical College-Metropolitan Hospital Center.....	New York City
University		Unit I—Flower and Fifth Avenue	
St. Joseph		Unit II—Metropolitan Hospital Center	
Veterans Administration		New York Polyclinic Medical School and Hospital.....	New York City
Louisville General.....	Louisville, Ky.	Presbyterian.....	New York City
Charity Hospital of Louisiana.....	New Orleans	Roosevelt.....	New York City
Louisiana State University Division		St. Clare's.....	New York City
Tulane University Division		St. Luke's Hospital Center.....	New York City
Ochsner Foundation.....	New Orleans	St. Vincent's Hospital and Medical Center of New York.....	New York City
Touro Infirmary.....	New Orleans	State University-Kings County Medical Center.....	New York City
Baltimore City Hospitals.....	Baltimore	U. S. Public Health Service (Staten Island).....	New York City
Church Home and Hospital.....	Baltimore	Veterans Administration Hospital (Brooklyn).....	New York City
Greater Baltimore Medical Center.....	Baltimore	Genesee.....	Rochester, N. Y.
Johns Hopkins.....	Baltimore	Highland Hospital of Rochester.....	Rochester, N. Y.
Mercy.....	Baltimore	Rochester General.....	Rochester, N. Y.
Sinai Hospital of Baltimore.....	Baltimore	Strong Memorial Hospital of the University of Rochester.....	Rochester, N. Y.
Union Memorial.....	Baltimore	State University of New York Upstate Medical Center.....	Syracuse, N. Y.
United States Public Health Service.....	Baltimore	North Carolina Memorial.....	Chapel Hill, N. C.
University.....	Baltimore	Duke.....	Durham, N. C.
Beth Israel.....	Boston	Watts.....	Durham, N. C.
Boston City.....	Boston	North Carolina Baptist.....	Winston-Salem, N. C.
I and III Medical Tufts		Akron City.....	Akron, Ohio
II and IV Medical Harvard		Good Samaritan.....	Cincinnati
V and VI Medical Boston Univ.		Jewish.....	Cincinnati
		University of Cincinnati Hospital Group.....	Cincinnati
		Cincinnati General	

Cleveland Clinic	Cleveland	Presbyterian-St. Luke's	Chicago
Cleveland Metropolitan General	Cleveland	University of Chicago Hospitals and Clinics	Chicago
Mount Sinai Hospital of Cleveland	Cleveland	University of Illinois Research and Educational Hospitals	Chicago
St. Luke's	Cleveland	Indiana University Hospitals	Indianapolis
University Hospitals of Cleveland	Cleveland	Methodist Hospital of Indiana	Indianapolis
Ohio State University Hospitals	Columbus, Ohio	University of Kansas Medical Center	Kansas City, Kan.
Youngstown	Youngstown, Ohio	St. Francis	Wichita, Kan.
University of Oklahoma Medical Center	Oklahoma City, Okla.	University of Kentucky Medical Center	Lexington, Ky.
University		University	
Veterans Administration		St. Joseph	
Good Samaritan Hospital and Medical Center	Portland, Ore.	Veterans Administration	
University of Oregon Medical School Hospitals and Clinics—	Portland, Ore.	Louisville General	Louisville, Ky.
Veterans Administration	Portland, Ore.	Charity Hospital of Louisiana	New Orleans
Albert Einstein Medical Center	Philadelphia	Louisiana State University Division	
Episcopal	Philadelphia	Tulane University Division	
Hahnemann Medical College and Hospital	Philadelphia	Touro Infirmary	New Orleans
Hospital of the University of Pennsylvania	Philadelphia	Baltimore City Hospitals	Baltimore
Hospital of the Woman's Medical College of Pennsylvania—	Philadelphia	Church Home and Hospital	Baltimore
Veterans Administration	Philadelphia	Johns Hopkins	Baltimore
Jefferson Medical College	Philadelphia	Sinai Hospital of Baltimore	Baltimore
Misericordia	Philadelphia	Union Memorial	Baltimore
Philadelphia General	Philadelphia	University	Baltimore
Hahnemann Medical College Division		Beth Israel	Boston
Jefferson Medical College Division		Boston City	Boston
University of Pennsylvania Division		I—Surgical Tufts	
Presbyterian-University of Pennsylvania Medical Center	Philadelphia	III—Surgical Boston Univ.	
Temple University	Philadelphia	V—Surgical Harvard	
Health Center Hospitals of the University of Pittsburgh	Pittsburgh	Massachusetts General	Boston
Presbyterian-University	Pittsburgh	New England Medical Center Hospitals	Boston
Mercy	Pittsburgh	Peter Bent Brigham	Boston
Montefiore	Pittsburgh	University	Boston
Western Pennsylvania	Pittsburgh	St. Vincent	Worcester, Mass.
Reading	Reading, Pa.	Worcester City	Worcester, Mass.
University District	Rio Piedras, P. R.	University Hospital-Veterans Administration—	
Rhode Island	Providence, R. I.	Wayne County General	Ann Arbor, Mich.
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.	Detroit General	Detroit
Baptist Memorial	Memphis, Tenn.	Butterworth	Grand Rapids, Mich.
City of Memphis Hospitals	Memphis, Tenn.	University of Minnesota Hospitals	Minneapolis
Vanderbilt University Hospital Affiliated Programs	Nashville, Tenn.	University of Missouri Medical Center	Jackson, Miss.
Vanderbilt University	Nashville, Tenn.	Barnes Hospital Group	Columbia, Mo.
Nashville Metropolitan General		Jewish Hospital of St. Louis	St. Louis
Veterans Administration		St. Louis City Unit I, Unit II	St. Louis
Baylor University Medical Center	Dallas, Texas	St. Louis University Group of Hospitals	St. Louis
Parkland Memorial	Dallas, Texas	St. Luke's	St. Louis
Veterans Administration	Dallas, Texas	Mary Hitchcock Memorial	Hanover, N. H.
University of Texas Medical Branch Hospitals	Galveston, Texas	Jersey City Medical Center	Jersey City, N. J.
Baylor University Affiliated Hospitals	Houston, Texas	Monmouth Medical Center	Long Branch, N. J.
Ben Taub General Hospital-Veterans Administration		Albany Medical Center	Albany, N. Y.
Methodist		State University of New York at Buffalo Affiliated Hospitals	Buffalo
University of Texas Medical School Hospitals	San Antonio, Texas	Buffalo General	
Robert B. Green Memorial	San Antonio, Texas	Edward J. Meyer Memorial	
Wilford Hall U. S. Air Force, Lackland AFB	San Antonio, Texas	Mary Imogene Bassett	Cooperstown, N. Y.
University	Salt Lake City, Utah	Meadowbrook	East Meadow, N. Y.
Veterans Administration		Albert Einstein College of Medicine Affiliated Hospitals	New York City
University of Virginia	Charlottesville, Va.	Bronx Municipal Hospital Center	
Medical College of Virginia-Hospital Division	Richmond, Va.	Beekman-Downtown	New York City
Providence	Seattle	Bellevue Hospital-New York University Medical Center	New York City
University of Washington Affiliated Hospitals	Seattle	Bellevue Hospital Center	
University		University	
King County		Beth Israel	New York City
Veterans Administration		Bronx-Lebanon Hospital Center	New York City
Virginia Mason	Seattle	Brooklyn-Cumberland Medical Center	New York City
Memorial	Charleston, W. Va.	French	New York City
West Virginia University Medical Center	Morgantown, W. Va.	Harlem Hospital Center	New York City
University Hospitals	Madison, Wis.	Jewish Hospital of Brooklyn	New York City
Milwaukee County General	Milwaukee	Knickerbocker	New York City
		Maimonides Hospital Training Program	New York City
		Maimonides Hospital of Brooklyn	
		Coney Island	
		Methodist Hospital of Brooklyn	New York City
		Mount Sinai Hospital Training Program	New York City
		Mount Sinai	
		City Hospital Center at Elmhurst	
		New York	New York City
		Presbyterian	New York City
		Roosevelt	New York City
		St. Clare's	New York City
		St. Luke's Hospital Center	New York City
		St. Vincent's Hospital and Medical Center of New York	New York City
		State University-Kings County Medical Center	New York City
		U. S. Public Health Service (Staten Island)	New York City
		Veterans Administration (Brooklyn)	New York City
		Genesee	Rochester, N. Y.
		Rochester General	Rochester, N. Y.
		Strong Memorial Hospital of the University of Rochester	Rochester, N. Y.
		State University of New York Upstate Medical Center	Syracuse, N. Y.
		Grasslands	Valhalla, N. Y.
		North Carolina Memorial	Chapel Hill, N. C.
		Duke	Durham, N. C.
		Watts	Durham, N. C.
		North Carolina Baptist Hospitals	Winston-Salem, N. C.
		Akron City	Akron, Ohio
		Chris	Cincinnati
		Good Samaritan	Cincinnati
		University of Cincinnati Hospital Group	Cincinnati
		Cincinnati General	
		Cleveland Metropolitan General	Cleveland
		University Hospitals of Cleveland	Cleveland
		Ohio State University Hospitals	Columbus, Ohio
		Youngstown	Youngstown, Ohio
		University of Oklahoma Medical Center	Oklahoma City, Oklahoma
		University	
		Veterans Administration	
		Good Samaritan Hospital and Medical Center	Portland, Ore.
		Albert Einstein Medical Center	Philadelphia

STRAIGHT INTERNSHIPS IN SURGERY

University of Alabama Hospitals and Clinics	Birmingham, Ala.
Tucson Hospitals Medical Education Program	Tucson, Ariz.
Tucson Hospitals Medical Education Program	Tucson, Ariz.
Pima County General	
St. Mary's	
Tucson Medical Center	
Loma Linda University	Loma Linda, Calif.
University of California	Los Angeles
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.
University of California Affiliated Hospitals	San Diego, Calif.
San Diego County-University	
U. S. Public Health Service	San Francisco
H. C. Moffitt-University of California Hospitals	San Francisco
Kaiser Foundation	San Francisco
U. S. Public Health Service	San Francisco
Los Angeles County Harbor General	Torrance, Calif.
University of Colorado Medical Center	Denver
St. Vincent's	Bridgeport, Conn.
Yale-New Haven Medical Center	New Haven, Conn.
District of Columbia General	Washington, D. C.
Program IX—Howard University	
Georgetown University Hospital-D.C. General	Washington, D. C.
George Washington University Hospital-D. C. General	Washington, D. C.
Providence	Washington, D. C.
Washington Hospital Center	Washington, D. C.
William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.
Jackson Memorial Hospital	Miami, Fla.
Emory University	Atlanta, Ga.
Georgia Baptist	Atlanta, Ga.
Grady Memorial	Atlanta, Ga.
St. Joseph Infirmary	Atlanta, Ga.
Eugene Talmadge Memorial	Augusta, Ga.
Cook County	Chicago
Mercy Medical Center	Chicago
Michael Reese Hospital and Medical Center	Chicago
Mount Sinai Hospital Medical Center of Chicago	Chicago

Episcopal	Philadelphia	University of Louisville Affiliated Hospitals	Louisville, Ky.
Hahnemann Medical College and Hospital	Philadelphia	Children's	
Hospital of the University of Pennsylvania	Philadelphia	Louisville General	
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia	Charity Hospital of Louisiana	New Orleans
Jefferson Medical College	Philadelphia	Louisiana State University Division	
Presbyterian-University of Pennsylvania Medical Center	Philadelphia	Tulane University Division	
Health Center Hospitals of the University of Pittsburgh	Pittsburgh	Baltimore City Hospitals	Baltimore
Presbyterian-University		Johns Hopkins	Baltimore
Western Pennsylvania	Pittsburgh	Johns Hopkins Community Pediatric Program	Baltimore
Reading	Reading, Pa.	Sinai Hospital of Baltimore	Baltimore
Municipal Hospital Dr. Rafael Lopes Nussa	Rio Piedras, P. R.	University	Baltimore
University District	Rio Piedras, P. R.	Boston City (Straight Specialties, Boston Univ.)	Boston
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.	Children's Hospital Medical Center	Boston
Medical College		Massachusetts General	Boston
Baptist Memorial	Memphis, Tenn.	New England Medical Center Hospitals	Boston
City of Memphis Hospitals	Memphis, Tenn.	University of Michigan Affiliated Hospitals	Ann Arbor, Mich.
Vanderbilt University Hospital Affiliated Programs	Nashville, Tenn.	University	
Vanderbilt University		Children's	Detroit
Nashville Metropolitan General		University of Minnesota	Minneapolis
Veterans Administration		University	Jackson, Miss.
Baylor University Medical Center	Dallas, Texas	University of Missouri Medical Center	Columbia, Mo.
Parkland Memorial	Dallas, Texas	Children's Mercy	Kansas City, Mo.
University of Texas Medical Branch Hospitals	Galveston, Texas	St. Louis Children's	St. Louis
Baylor University Affiliated Hospitals	Houston, Texas	St. Louis City (Unit II)	St. Louis
Ben Taub General Hospital-Methodist		St. Louis University Group of Hospitals	St. Louis
Ben Taub General Hospital-St. Luke's Episcopal Hospital-Texas Children's		Children's Memorial	Omaha
Ben Taub General Hospital-Veterans Administration		Creighton Memorial St. Joseph's	Omaha
University of Texas Medical School Hospitals	San Antonio, Texas	University of Nebraska	Omaha
Robert B. Green Memorial		Jersey City Medical Center	Jersey City, N. J.
Wilford Hall U. S. Air Force, Lackland AFB	San Antonio, Texas	Newark City	Newark, N. J.
University	Salt Lake City, Utah	Albany Medical Center	Albany, N. Y.
Veterans Administration		State University of New York at Buffalo Affiliated Hospitals	Buffalo
University of Virginia	Charlottesville, Va.	Children's Hospital of Buffalo	
Medical College of Virginia-Hospital Division	Richmond, Va.	Edward J. Meyer Memorial	
King County	Seattle	Albert Einstein College of Medicine Affiliated Hospitals	New York City
University	Seattle	Bronx Municipal Hospital Center	Lincoln
West Virginia University Medical Center	Morgantown, W. Va.	Bellevue Hospital-New York University Medical Center	New York City
University Hospitals	Madison, Wis.	Bellevue Hospital Center	
Milwaukee County General	Milwaukee	University	

STRAIGHT INTERNSHIPS IN OBSTETRICS-GYNECOLOGY

University	Little Rock, Ark.	Bronx-Lebanon Hospital Center	New York City
Georgia Baptist	Atlanta, Ga.	Brooklyn-Cumberland Medical Center	New York City
University of Chicago Hospitals and Clinics	Chicago	Harlem Hospital Center	New York City
Touro Infirmary	New Orleans	Jewish Hospital of Brooklyn	New York City
Johns Hopkins	Baltimore	Long Island College	New York City
University	Baltimore	Maimonides Hospital Training Program	New York City
University Hospital-Wayne County General	Ann Arbor, Mich.	Maimonides Hospital of Brooklyn	
Hutzel	Detroit	Methodist Hospital of Brooklyn	New York City
Barnes Hospital Group	St. Louis	Montefiore Hospital Training Program	New York City
St. Louis University Group of Hospitals	St. Louis	Montefiore	
Newark City	Newark, N. J.	Morrisania City	
New York Polyclinic Medical School and Hospital	New York City	Mount Sinai Hospital Training Program	New York City
St. John's Episcopal	New York City	Mount Sinai	
Strong Memorial Hospital of the University of Rochester	Rochester, N. Y.	New York	New York City
Vanderbilt University Hospital Affiliated Programs	Nashville, Tenn.	New York Medical College-Metropolitan Hospital Center	New York City
Vanderbilt University		Unit I—Flower and Fifth Avenue	
Nashville Metropolitan General		Unit II—Metropolitan Hospital Center	
Veterans Administration		Presbyterian	New York City

STRAIGHT INTERNSHIPS IN PEDIATRICS

University of Alabama Hospitals and Clinics	Birmingham, Ala.	Roosevelt	New York City
University	Little Rock, Ark.	St. Luke's Hospital Center	New York City
Childrens Hospital of Los Angeles	Los Angeles	State University-Kings County Medical Center	New York City
Los Angeles County General Unit I, Unit II	Los Angeles	Rochester General	Rochester, N. Y.
University of California	Los Angeles	Strong Memorial Hospital of the University of Rochester	Rochester, N. Y.
White Memorial Medical Center	Los Angeles	State University of New York Upstate Medical Center	Syracuse, N. Y.
Children's Hospital Medical Center of Northern California	Oakland, Calif.	North Carolina Memorial	Chapel Hill, N. C.
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.	Duke	Durham, N. C.
Children's Hospital and Adult Medical Center	San Francisco	Watts	Durham, N. C.
H. C. Moffitt-University of California Hospitals	San Francisco	North Carolina Baptist Hospitals	Winston-Salem, N. C.
Children's	Denver	Children's Hospital of Akron	Akron, Ohio
University of Colorado Medical Center	Denver	Good Samaritan	Cincinnati
Hospital of St. Raphael	New Haven, Conn.	University of Cincinnati Hospital Group	Cincinnati
Yale-New Haven Medical Center	New Haven, Conn.	Cincinnati General	
Children's	Washington, D. C.	Cleveland Metropolitan General	Cleveland
District of Columbia General	Washington, D. C.	St. Luke's	Cleveland
Program XI—District of Columbia General		University Hospitals of Cleveland	Cleveland
Freedmen's	Washington, D. C.	Ohio State University Hospitals	Columbus, Ohio
Georgetown University	Washington, D. C.	University of Oklahoma Medical Center	Oklahoma City, Okla.
William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.	University of Oklahoma Hospitals	
Jackson Memorial	Miami, Fla.	Children's Hospital of Philadelphia	Philadelphia
Variety Children's	Miami, Fla.	Hahnemann Medical College and Hospital	Philadelphia
Georgia Baptist	Atlanta, Ga.	Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Grady Memorial	Atlanta, Ga.	Philadelphia General Hospital, Dept. of Pediatrics	Philadelphia
Eugene Talmadge Memorial	Augusta, Ga.	St. Christopher's Hospital for Children	Philadelphia
Cook County	Chicago	Health Center Hospitals of the University of Pittsburgh	Pittsburgh
Michael Reese Hospital and Medical Center	Chicago	Children's Hospital of Pittsburgh	
Northwestern University Medical Center	Chicago	Municipal Hospital Dr. Rafael Lopez Nussa	Rio Piedras, P. R.
Children's Memorial		University District	Rio Piedras, P. R.
Presbyterian-St. Luke's	Chicago	Medical College of South Carolina Teaching Hospitals	Charleston, S. C.
University of Chicago Hospitals and Clinics	Chicago	City of Memphis Hospitals	Memphis, Tenn.
University of Illinois Research and Educational Hospitals	Chicago	Vanderbilt University Hospital Affiliated Programs	Nashville, Tenn.
Indiana University Hospitals	Indianapolis	Vanderbilt University	
University Hospitals	Iowa City, Iowa	Nashville Metropolitan General	
University of Kansas Medical Center	Kansas City, Kan.	Veterans Administration	
University of Kentucky Medical Center	Lexington, Ky.	Children's Medical Center	Dallas, Texas
University		University of Texas Medical Branch Hospitals	Galveston, Texas
St. Joseph		Baylor University Affiliated Hospitals	Houston, Texas
Veterans Administration		Ben Taub General—Texas Children's	
		University of Texas Medical School Hospitals	San Antonio, Texas
		Robert B. Green Memorial	
		University	Salt Lake City, Utah
		Veterans Administration	
		University of Virginia	Charlottesville, Va.
		Medical College of Virginia-Hospital Division	Richmond, Va.
		Children's Orthopedic Hospital and Medical Center	Seattle
		University of Washington	
		West Virginia University Medical Center	Morgantown, W. Va.

University Hospitals..... Madison, Wis.
Milwaukee Children's..... Milwaukee

STRAIGHT INTERNSHIPS IN PATHOLOGY

University of Alabama Hospitals and Clinics..... Birmingham, Ala.
University..... Little Rock, Ark.
Loma Linda University..... Loma Linda, Calif.
University of California..... Los Angeles
Palo Alto-Stanford Hospital Center..... Palo Alto, Calif.
Mercy..... San Diego, Calif.
H. C. Moffitt-University of California Hospitals..... San Francisco
Kaiser Foundation..... San Francisco
Southern Pacific Memorial..... San Francisco
O'Connor..... San Jose, Calif.
Los Angeles County Harbor General..... Torrance, Calif.
University of Colorado Medical Center..... Denver
Hartford..... Hartford, Conn.
Yale-New Haven Medical Center..... New Haven, Conn.
Georgetown University..... Washington, D. C.
George Washington University..... Washington, D. C.
William A. Shands Teaching Hospital and Clinics..... Gainesville, Fla.
St. Vincent's..... Jacksonville, Fla.
Emory University..... Atlanta, Ga.
Grady Memorial..... Atlanta, Ga.
St. Joseph's Infirmary..... Atlanta, Ga.
Eugene Talmadge Memorial..... Augusta, Ga.
Cook County..... Chicago
Mercy Medical Center..... Chicago
Michael Reese Hospital and Medical Center..... Chicago
Mount Sinai Hospital Medical Center of Chicago..... Chicago
Northwestern University Medical Center..... Chicago
Chicago Wesley Memorial
Evanston (Evanston, Illinois)
Presbyterian-St. Luke's..... Chicago
University of Chicago Hospitals and Clinics..... Chicago
University of Illinois Research and Educational Hospitals..... Chicago
Rockford Memorial..... Rockford, Ill.
Indiana University Hospitals..... Indianapolis
Methodist Hospital of Indiana..... Indianapolis
St. Vincent's..... Indianapolis
South Bend Medical Foundation Hospitals..... South Bend, Ind.
Mercy..... Des Moines
University Hospitals..... Iowa City, Iowa
University of Kansas Medical Center..... Kansas City, Kan.
University of Kentucky Medical Center..... Lexington, Ky.
University
St. Joseph
Veterans Administration
Louisville General..... Louisville, Ky.
Charity Hospital of Louisiana..... New Orleans
Louisiana State University Division
Baltimore City Hospitals..... Baltimore
Johns Hopkins..... Baltimore
University..... Baltimore
Beth Israel..... Boston
Boston City..... Boston
Children's Hospital Medical Center..... Boston
Massachusetts General..... Boston
New England Medical Center Hospitals..... Boston
Peter Bent Brigham..... Boston
University..... Boston
Cambridge City..... Cambridge, Mass.
Mount Auburn..... Cambridge, Mass.
Framingham Union..... Framingham, Mass.
University of Michigan Affiliated Hospitals..... Ann Arbor, Mich.
University
Detroit Memorial..... Detroit
Blodgett Memorial..... Grand Rapids, Mich.
University..... Jackson, Miss.
University of Missouri Medical Center..... Columbia, Mo.
Memorah Medical Center..... Kansas City, Mo.
Barnes Hospital Group..... St. Louis
St. Louis University Group of Hospitals..... St. Louis
Creighton Memorial St. Joseph's..... Omaha
Nebraska Methodist..... Omaha
University of Nebraska..... Omaha
University of New Mexico Affiliated Hospitals..... Albuquerque, N. M.
Bernalillo County-Indian
Albany Medical Center..... Albany, N. Y.
North Shore..... Manhasset, N. Y.
Albert Einstein College of Medicine Affiliated Hospitals..... New York City
Bronx Municipal Hospital Center
Bellevue Hospital-New York University Medical Center..... New York City
Bellevue Hospital Center
University
Bronx Municipal Hospital Center..... New York City
Brooklyn-Cumberland Medical Center..... New York City
New York..... New York City
New York Medical College-Metropolitan Hospital Center..... New York City
Unit I—Flower and Fifth Avenue
Unit II—Metropolitan Hospital Center
Presbyterian..... New York City
State University-Kings County Medical Center..... New York City
Strong Memorial Hospital of the University of Rochester..... Rochester, N. Y.
State University of New York Upstate Medical Center..... Syracuse, N. Y.
North Carolina Memorial..... Chapel Hill, N. C.
Duke..... Durham, N. C.
North Carolina Baptist..... Winston-Salem, N. C.
University of Cincinnati Hospital Group..... Cincinnati
Cincinnati General
Cleveland Clinic..... Cleveland

Cleveland Metropolitan General..... Cleveland
University Hospitals of Cleveland..... Cleveland
Ohio State University Hospitals..... Columbus, Ohio
Good Samaritan Hospital and Medical Center..... Portland, Ore.
University of Oregon Medical School Hospitals and Clinics..... Portland, Ore.
Chestnut Hill..... Philadelphia
Hahnemann Medical College and Hospital..... Philadelphia
Hospital of the Woman's Medical College of Pennsylvania..... Philadelphia
Presbyterian-University of Pennsylvania Medical Center..... Philadelphia
Health Center Hospitals of the University of Pittsburgh
School of Medicine..... Pittsburgh
Presbyterian-University
Western Pennsylvania..... Pittsburgh
University District..... Rio Piedras, P. R.
Medical College of South Carolina Teaching Hospitals..... Charleston, S. C.
Vanderbilt University Hospital Affiliated Programs..... Nashville, Tenn.
Vanderbilt University
Nashville Metropolitan General
Veterans Administration
Baylor University Medical Center..... Dallas, Texas
Methodist Hospital of Dallas..... Dallas, Texas
Parkland Memorial..... Dallas, Texas
St. Paul..... Dallas, Texas
Harris Hospital-Fort Worth Medical Center..... Fort Worth, Texas
Baylor University Affiliated Hospitals..... Houston, Texas
Ben Taub General
Texas Children's..... Houston, Texas
University..... Salt Lake City, Utah
Medical Center Hospital of Vermont..... Burlington, Vt.
DeGoesbriand Unit
Mary Fletcher Unit
University of Virginia..... Charlottesville, Va.
Medical College of Virginia-Hospital Division..... Richmond, Va.
University..... Seattle
West Virginia University Medical Center..... Morgantown, W. Va.
University Hospitals..... Madison, Wis.
Lutheran Hospital of Milwaukee..... Milwaukee
Milwaukee County General..... Milwaukee

INTERNSHIPS OFFERED WHICH MAY BE LONGER THAN TWELVE MONTHS

Memorial Hospital..... Phoenix, Ariz.
St. Mary's..... West Palm Beach, Fla.
Marion County General..... Indianapolis
Methodist Hospital of Indiana..... Indianapolis
Cedar Rapids Internship..... Cedar Rapids, Ia.
Borgess..... Kalamazoo, Mich.
Midland..... Midland, Mich.
Saginaw General..... Saginaw, Mich.
St. Luke's..... Saginaw, Mich.
St. Mary's..... Saginaw, Mich.
Cooper..... Camden, N. J.
White Plains Hospital..... White Plains, N. Y.
Moses H. Cone Memorial..... Greensboro, N. C.
Hillcrest Medical Center..... Tulsa, Okla.
James Walker Memorial Hospital..... Wilmington, N. C.
Washington..... Washington, Pa.
Rhode Island..... Providence, R. I.
Columbia Hospital of Richland County..... Columbia, S. C.
Spartanburg General..... Spartanburg, S. C.
Baylor University Medical Center..... Dallas, Tex.
St. Mark's..... Salt Lake City
Johnston-Willis..... Richmond, Va.
Memorial..... Charleston, W. Va.
Mount Sinai..... Milwaukee

PILOT FAMILY PRACTICE PROGRAMS

These programs are of two years' duration and include an equivalent of the internship. Candidates who have had an internship may be eligible to appointment for the second year.

Baltimore City Hospitals..... Baltimore
Hunterdon Medical Center..... Flemington, N. J.
St. Joseph's Hospital—State University of New York
Upstate Medical Center..... Syracuse, N. Y.
Forsyth Memorial..... Winston-Salem, N. C.
Miami Valley..... Dayton, Ohio

PILOT GENERAL PRACTICE PROGRAMS*

These programs are of two years' duration and include an equivalent of the internship. Candidates who have had an internship may be eligible to appointment for the second year.

Macon..... Macon, Ga.
Broadlawns Polk County..... Des Moines, Iowa
Charity Hospitals of Louisiana General
Practice Program (L.S.U. Unit)..... New Orleans
Charity Hospitals of Louisiana General Practice Program (Tulane Unit)
Huey P. Long Hospital..... Pineville, La.
University of Nebraska..... Omaha
St. Joseph's..... Paterson, N. J.
Akron City..... Akron, Ohio
Auxilio Mutuo..... Hato Rey, P. R.
R. E. Thomason General..... El Paso, Texas
John Peter Smith..... Fort Worth, Texas
Group Health Clinic..... Seattle

*These programs are not to be confused with general practice residencies. The latter are listed in the Directory of Approved Residencies.

Essentials of an Approved Internship

PREFACE

The internship, since the turn of the century an integral feature in the education of a physician, has been the subject of much critical discussion and study, particularly in the last few years. The improvement of clinical clerkships on the one hand and the marked expansion of residency training programs on the other have altered the intern's position as a member of the hospital staff.

When the internship became a generally recognized part of the education of a physician some 40 years ago, it was designed to provide the graduate's initial contact with patients, including responsibility for their care. It no longer constitutes such initial contact nor is it any longer the final step in the formal education of most physicians. Rather it is now only one of several graded steps toward the assumption of total responsibility for patient care. As such, it remains an essential part of the education of a physician but should be redesigned to fulfill its present purpose. With this concept in mind, it is evident that the internship can be conducted only in those hospitals in which the educational benefits to the intern are considered of paramount importance, with the service benefits to the hospital of secondary importance.

One aspect of intern education which warrants consideration is the growing discrepancy between the number of internships offered in hospitals approved for intern training and the number of applicants available to fill them. While this disparity, *per se*, is of no great import, its effect on the stability of internship programs throughout the country is of serious consequence. It is obvious that a sound educational program cannot be maintained if the number of interns the hospital is able to appoint varies from none at all one year to a full complement the next. Further, it is unlikely that a hospital can conduct a satisfactory program with substantially less than its normal complement of interns. To attract a full intern staff, many hospitals have begun to offer excessive stipends, bonuses, or other rewards of a non-educational nature. Such practices all too often result in an undue emphasis being placed on the interns' services to the hospital, while the educational aspects of the program are neglected.

In 1951 the Council on Medical Education appointed an Advisory Committee on Internships to consider the internship in its broadest aspects. This committee was composed of medical educators and physicians representing hospital administration and the major clinical divisions. One of the functions of this committee was to review the standards required of hospitals approved for intern training. The 1952 revision of the Essentials of an Approved Internship incorporated the recommendations of the Advisory Committee on Internships, based on the results of its study.

In 1954, the Ad Hoc Committee on Internships was appointed to make a further study of the internship. This committee, consisting of practicing physicians who were members of the House of Delegates, made an intensive study of the problems of the internship and made recommendations concerning them, which were adopted by the House of Delegates in June, 1955. Their recommendations are incorporated in this revision.

Since 1955, selected portions of the Essentials have been revised almost annually. [Section on Special Announcements in *Directory of Approved Internships and Residencies* enumerates the specific portions revised in the intervening twelve years.]

The "Essentials of an Approved Internship" is offered as a guide to the staffs of hospitals conducting intern programs and is the basis on which their training potential will be evaluated. The "Essentials" may also serve as a source of information for students planning their internship education as well as to interns themselves.

I. INTRODUCTION

The internship is a highly important phase in the education of a physician. During this period, the young graduate is given the opportunity to put into practice the principles of preventive medicine, diagnosis, therapy, and management of patients which he learned as a medical student. He is able to observe, usually for the first time, patients on a "round-the-clock" basis and, if his internship is properly organized, can follow his patients from admission to discharge and subsequently in the outpatient department. Under the supervision of the attending staff, he is given progressively increasing responsibility to the end that he acquires confidence in his own clinical judgment.

A well-organized, effective, educational program inevitably results in the improvement of the quality of patient care in a hospital. In no way does it conflict with the hospital's primary function of providing adequate facilities for the scientific care of the sick and injured by a competent medical staff. For such an educational program, it is fundamental that the staff recognize its obligations to permit full utilization for teaching purposes of all patients, whether private or non-private, to whom interns are assigned. If this concept cannot be accepted without reservation, the hospital staff ought not to attempt to conduct an internship program.

In a hospital whose staff is responsible for intern education, services must be organized in such a manner that bedside teaching, rounds, and clinical conferences can be effectively conducted. In some hospitals, particularly those in which private patients predominate, it is not practicable to organize the services on an educational basis. The staffs of such hospitals should not attempt to develop intern programs. Even if they are able to meet other requirements for approval, it is improbable that they will be able to carry out a successful program.

The medical staffs of hospitals conducting intern education assume a serious responsibility to their interns, to the medical profession as a whole, and to the communities in which these physicians will later become established. It is well recognized that techniques and practices acquired by the intern at this stage of his training, as well as the ethics and the philosophic approach to the practice of medicine which he develops during this period, are likely to persist throughout his career. A successful internship program can be carried out only in those hospitals in which the medical staff and hospital administration understand the principles of, and are prepared to accept full responsibility for, proper training.

Throughout the internship program, time and thought should be devoted to the inculcation of the concept of medicine as an art and as a calling, the primary purpose of which is the care and treatment of the patient as an individual in addition to emphasis on scientific and objective studies of disease. To achieve this end, stress should be laid on understanding and evaluating the patient's family relations, his economic and social status, and his position in the community. It is only by understanding the interrelations between the patient and his total environment that the physician can attain the full mastery of his profession. Those charged with the responsibility of training younger physicians must teach them, by precept and example, the human as well as the scientific aspects of the lofty discipline of medicine.

All hospitals offering intern-training programs should be subject to the following guiding principles:

1. While the internship combines two functions—an educational period in the training of young physicians and a position rendering medical care and service to patients in hospitals and assistance to the staffs of hospitals—its educational function is of primary and paramount importance and its service function is secondary and incidental.

2. The service function of the internship should not be permitted to subordinate the educational purpose of the internship.

3. The educational function of the internship should be recognized as possessing a character of its own and should not be regarded as an additional year of medical school, nor as the first year of training for a specialty.

4. The internship should be so organized and administered that it emphasizes the beginning and the progressive increase of the assumption of personal responsibility for the care of the sick, the recognition and the cultivation of the personal aspects of the treatment of patients, including family, social, financial, and morale factors, and the inculcation from first-hand experience of the principles of medical ethics and the code of professional conduct.

5. Hospitals unable or unwilling for any reason to conduct internships meeting the educational standards of the Council on Medical Education in the spirit of the foregoing statements should not attempt to establish internships and such internships will not be approved. These hospitals should seek to meet their service needs by establishing house officer positions with adequate salary provisions.

Approved for intern education is granted by the Council on Medical Education through authority delegated to it by the House of Delegates of the American Medical Association. The approval program of the Council is entirely voluntary; hospitals seeking approval by the Council are expected to meet and maintain the standards outlined in these Essentials.

Affiliation of a hospital with a medical school is not a requirement for internship approval. Such a restriction is neither desirable nor practical, since the national need for internship positions cannot be met by affiliated hospitals alone. There is abundant opportunity for private hospitals that are not affiliated with medical schools to develop outstanding intern training programs, and many non-affiliated community hospitals provide the varieties of educational environments desired by significant numbers of graduates of American medical schools.

The Council representative who visits a hospital for the purpose of surveying the intern-training program will take the opportunity to discuss with the administrative staff, the medical staff, and others, ways and means by which deficiencies may be corrected and the educational program improved.

II. THE INTERNSHIP

The internship is that phase of medical education and training which ordinarily follows immediately upon the completion of the four-year undergraduate medical curriculum. It consists of the supervised practice of medicine among the patients in a hospital and in its outpatient department, with continued instruction in the science and art of medicine by the hospital staff.

Most authorities today are agreed that after graduation from medical school every physician should have at least two years of graduate education and training in a hospital before he undertakes the practice of medicine. Not a few physicians intending to do general practice spend three or more years in such work, while physicians desiring to be certified by an American board are required to take three to five years of graduate work after completing the medical school course.

Graduate education in hospitals is offered in two categories—internships and residencies. The internship as described above is the initial phase. After completion of an internship, a physician may take a residency which provides more advanced education in one of the specialties or in general practice. Formerly, many internships were of 18 to 24 months' duration and provided, in the last 6 to 12 months, education and training comparable to that found in a first-year residency today.

The American boards in the specialties, however, give credit for only 12 months of internship education and re-

quire that the balance of a candidate's graduate education be in the form of a residency. Although a number of American boards will give credit for the second 12 months of a 24-month internship when this period is spent in the specialty concerned, most hospitals now limit their internships to one year and designate training beyond this point as residency training. Apprehension regarding military obligations of interns may have discouraged two-year internships, but the current Selective Service System policy is that no time limit has been expressed by which a registrant must complete an internship for deferment purposes. Still another factor is the understandable reluctance of young graduates taking the longer internships to accept appointments in which they are classified as interns when their colleagues who graduated at the same time and began their specialty training after a one-year internship are classified as residents. For these and other reasons it is rapidly becoming the custom to designate hospital training beyond the first 12 months of internship as residency training.

An approved internship may not be less than 12 months in duration. Longer internships up to 24 months may still be provided to some advantage in some instances, although practical considerations will probably make it desirable to designate the second year as a residency in a specialty or general practice even though the entire 24-month period may be conceived and organized as an integrated educational program.

It should be clear that in recognizing the trend to limit the internship to a 12-month period, the Council does not consider this period sufficiently long to prepare the young physician for practice. Physicians who take only a 12-month internship should supplement this educational experience with at least one additional year spent in a residency preparing for a specialty or general practice.

Approved internships may be "rotating" or "straight." It is the opinion of the Council that the best general, basic education is provided by a well-organized and well-conducted rotating internship. While most states require internship for licensure, it is recognized that at present very few states still specify that the internship must be rotating in nature.

A rotating internship is defined as one which provides supervised practice in internal medicine and at least one of the following: surgery, pediatrics, obstetrics and gynecology, psychiatry, pathology, radiology, or anesthesiology. Interns ordinarily should not be assigned to more than one of the above services at a time. Even though a formal full-time assignment might be offered in the fields of laboratory diagnosis or radiologic interpretation, these disciplines also should be included through integration with the interns' activities on other services.

In rotating internships of 12 months' duration, the time allotted to internal medicine may in no case be less than four months. No assignment may be of less than two months' duration, and in such cases, the two months' assignment must be consecutive. Block assignments of two months each in internal medicine are acceptable, but assignments of four or more months consecutively are preferable. If an intern desires experience in a specialty not included in his rotation schedule, such training may be offered through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments, and hence too short a time on a service, is inconsistent with the conduct of a good internship.

The greater flexibility permitted in these revised standards for a rotating internship permits hospitals to capitalize on their strengths and eliminate weak services from a required rotation. A rotating internship may consist of as few as two services or as many as five. A concurrently approved residency program is not a requirement for approval of a rotating internship.

A straight internship is one which provides experience on a single service, although one or more related subspecialties may be included. Straight internships are approved in internal medicine, surgery, pediatrics, obstetrics-gynecology, and pathology. To offer satisfactory straight internships a hospital must be approved for residency training in the specialties involved.

The approved internship, whether it be rotating or straight, should provide opportunity for experience with psychiatric problems. With the increasing growth of psychiatric inpatient units in general hospitals, it may be possible for interns to be assigned to such units during their internship, enabling them to participate directly and actively in the diagnosis, study, and treatment of various types of psychiatric problems.

The preventive aspects of disease, whether organic or functional in nature, should be stressed continuously in developing the intern's skill in the management of patients. Where physical rehabilitation and counseling with regard to suitable future occupation for the patient are indicated, the intern should participate in these activities.

Some internships are organized especially to prepare the intern for general practice. Such an internship does not differ from other internships in basic principle but may differ with respect to emphasis and allocation of time in one or more medical fields. This type of internship is frequently designed to provide two years of training.

III. SELECTION OF INTERNS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the intern staff. The hospital administration and the medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for internship positions are satisfactory. There should be confidence that the interns appointed have the high standards of integrity, motivation, industry, resourcefulness, health, and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the intern staff should leave no doubt as to their competence to accept this assignment, since the primary obligation to the hospital must be for the patients' welfare. Personality characteristics can usually be evaluated through personal interview or letters of recommendation, or both. For graduates of schools in the United States and Canada, the medical school accreditation program of the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges renders reasonable assurance with regard to medical qualifications. Such candidates for appointment should be graduates of approved medical schools. Further individual knowledge can be obtained through direct communication with the dean's office of the school concerned.

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa. 19104, has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for internship positions acquire reasonable assurance with regard to their medical qualifications through utilization of the program of the Educational Council.

[Beyond July 1, 1961, no hospital should expect to maintain an approved internship or residency program unless its appointees who are graduates of foreign medical schools either:

- (1) have a full and unrestricted state license to practice, or
- (2) have secured a standard certificate from ECFMG.

After July 1, 1961, the Council will recommend to the Internship and Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medical schools who do not satisfy requirement 1 or 2 above].

IV. HOSPITALS ELIGIBLE FOR APPROVAL

In order to provide the intern with a well-rounded experience during the course of his internship, an adequate number of patients in each of the several major clinical divisions is a primary requisite. The experience of the Council indicates that an acceptable rotating internship can be offered only in general hospitals having a capacity of at least 150 beds, exclusive of bassinets, and having a minimum of 5,000 annual admissions, excluding the newborn. Further, three of the four major clinical divisions must be represented in such a hospital. Modern trends in practice emphasize the importance of experience with ambulatory patients. Hospitals not having formally organized outpatient departments may be able to provide this experience by making appropriate provisions as indicated below. Affiliations with other hospitals may provide useful experience with ambulatory patients, but unless continuity of patient care can be provided between the affiliated and parent hospitals, such affiliation will not satisfy completely the objectives for this experience.

The number of patients for which the individual intern is responsible is of primary importance in determining the value of the internship as an educational experience. If an insufficient number of patients are available for teaching purposes, the intern's experience becomes limited in scope. On the other hand, the assignment of an excessive number of patients prevents him from studying them thoroughly and from giving proper attention to all patients for whom he is responsible. In general, a service to which a single intern is assigned should not consist of more than 15 to 25 beds. In determining the number of patients for whom the intern is responsible, consideration must be given to work required of him in the outpatient department, the emergency room, the laboratory, and similar assignments. In determining the proper number of internship positions in an approved hospital, private cases, for which the intern is allowed to assume no responsibility beyond the completion of a history and physical examination, cannot be considered as available for teaching. In the event that the physician in charge does not wish to have his private patients used for teaching on the same basis as non-private cases, he should not expect the intern to assume responsibility for the history and physical examination or for any other routine procedure.

The number of patients for whom the intern should be responsible may vary considerably, depending upon the service and the type of patients on it. Thus, one intern may well be able to assume responsibility for more than 25 chronically ill patients on a medical ward and on the other hand may not be able to give adequate attention to 15 patients on an acute surgical service. It is the responsibility of the chief of each service to which interns are assigned to evaluate at frequent intervals the amount of work being required of the interns to assure that they are not overburdened with routine responsibilities detrimental to their training and, conversely, that they have an opportunity to observe cases of sufficient variety to assure a broad and comprehensive experience.

In applying a ratio of 15 to 25 beds per intern, it is evident that in order to carry out a successful training program, a hospital of 150 beds requires an intern staff of from 6 to 10 interns. It is difficult if not impossible to conduct a satisfactory intern program with less than this minimum number, while an appreciably greater number of interns assigned in a hospital of this size will often result in a work load insufficient to stimulate and hold the intern's interest.

Hospitals which can otherwise qualify for approval but lack adequate clinical material of certain types may augment the education afforded their interns by establishing affiliations with other hospitals able to provide suitable experience in these areas. Such affiliating hospitals need not themselves be approved. Their contribution to the training program is taken into consideration in evaluation of the internship sponsored by the parent institution. Except in unusual circumstances, periods of training on an affiliating basis should not exceed 3 months in a 12-month program or 6 months in a 24-month internship.

Large hospitals affiliated with medical schools might well rotate their interns to smaller hospitals on an affiliating basis in order to provide experience in the practice of medicine in such hospitals.

These relatively short affiliating programs may be advantageously utilized to provide training in contagious diseases, psychiatric disorders, or other special areas. They should not be confused with the type of training plan in which two or more hospitals collaborate in sponsoring a joint program. In such instances, usually involving a university-connected hospital and others associated with it, the participating hospitals are ordinarily all independently approved and contribute more or less equally to the training program. The advantages to the intern of this type of program result from a broader experience with different types of diseases and different groups of patients and from the association of the intern with members of the teaching staffs of the several hospitals involved.

In the opinion of the Council, a fixed formula for determining the number of interns for each hospital is unrealistic and impractical. Any arbitrary scheme designed to allocate interns to hospitals violates the right of each intern to indicate his own choice. The Council will approve the quota of interns requested by a hospital when such a request is based upon the considered ability of the staff to train adequately the number requested.

Hospitals conducting or applying for approved intern or resident training programs should be accredited by the Joint Commission on Accreditation of Hospitals.

V. THE HOSPITAL STAFF

The teaching staff should be composed of physicians who are graduates of medical schools acceptable to the Council. Physicians appointed to the visiting staff must have proper qualifications as to medical education and licensure. The staff must be limited to physicians whose professional and moral integrity are unquestioned, who are proficient in the fields of practice to which they devote themselves, who give personal attention to the patients under their charge, and who are willing to assume responsibility individually and as a group for providing ample instruction to the interns and to assist them in their work.

Depending on the size of the hospital and its staff there should be a part-time or full-time instructor, teacher, or coordinator, with a suitable title, such as Director of Intern Education, whose duty it is to organize, coordinate, and supervise the education program of the hospital in cooperation with and assisted by the intern committee and the hospital staff.

Since instruction of the interns by members of the courtesy staff is usually minimal, this group should be responsible for the medical history, the physical examination, and all other routine procedures connected with the management of their private patients. Adherence to this principle is particularly important when a full complement of interns is not available.

VI. CLINICAL RECORDS

1. *Adequate Records Must Be Maintained.*—(See Section XI, Nature of Intern's Duties.) The attending physician or surgeon is directly responsible for the accuracy and completeness of clinical records concerning all patients under his care, including the record of the work done by the intern.

2. *Endorsement of Records.*—All case records must show by signature the names of the persons who have written them in whole or part. Order for treatment and for most diagnostic studies and all progress notes must indicate the identity of the person responsible for them. The intern's record of his physical examination and diagnostic procedures should be verified by a competent supervising physician, with attention called to errors in observation and supplementary notes added, containing any relevant data which the intern may have omitted. If the intern's record is acceptable, the supervising physician should countersign and thus approve it. A summary, including the diagnosis, should be written by the intern and should be verified by the attending physician when the patient is discharged from the hospital.

3. *Nomenclature and Coding of Diseases and Operations.*—To avoid ambiguity and lack of definiteness, it is recommended that the Standard Nomenclature of Diseases and Operations be used by the medical staff to record the clinical diagnosis on patients. For coding or indexing, either the Standard Nomenclature or the International Classification of Diseases may be used. Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records.

4. *Filing and Indexing Records.*—A competent medical record librarian should be in charge of the filing and indexing of records. All case records should be readily available for study or for reference. When a patient is admitted to the hospital, all previous records, including outpatient records and, if possible, the attending physician's office record, should be available without loss of time. In addition to the usual index of patients by name and number, there should be cross-indexing according to diagnosis and operation (surgical cases).

5. *Annual Report.*—Statistics concerning the professional work of the hospital should be compiled monthly and should be available to the medical staff at all times. An annual report should be prepared to include analysis of statistics for all departments. For each clinical department, at least the following data concerning private and ward services should be included in the report: (a) number of patients admitted or discharged, (b) number of hospital days of care or average daily census, (c) deaths and autopsies, (d) surgical procedures, and (e) number of cases admitted or discharged. A breakdown of discharges by diagnoses should be obtainable.

6. *Medical Audits.*—A medical audit is a periodic review of the medical records of selected cases by an impartial and competent committee composed of members of the professional staff of the hospital. Such a review considers the adequacy and completeness of the diagnostic examination, the quality of judgment used in the number and nature of tests employed, the correctness of the diagnosis, as recorded by the study of the patient and subsequent development and findings, the suitability of the treatment used, and the competence exhibited. Medical audits are helpful in determining the quality of medical practice in a hospital and thus in evaluating the hospital's teaching potential.

VII. PATHOLOGY

1. *The Pathologist.*—The pathologist should hold the degree of doctor of medicine from an acceptable medical school and have qualifications which are acceptable to the Council. The pathologist must devote sufficient time to the hospital to assure adequate supervision of the work done in the pathology laboratories, to examine or supervise the examination of all tissues removed in surgical operations and to furnish reports of the gross and microscopic findings, to perform or supervise the performance of all autopsies and render a full report of the findings, to assist in the teaching of interns, to supervise or arrange for supervision of the interns' work in the laboratory or on the hospital floors, to be available for consultation with the attending and intern

staffs, to attend staff meetings, and to conduct or participate in clinical-pathologic and departmental conferences.

The pathologist should attend ward rounds frequently so that he may participate in the clinical evaluation of patients and confer with the intern and attending staffs regarding the selection and interpretation of clinical laboratory procedures, as well as gain an opportunity to detect any inadequacies in the performance of laboratory work in the hospital.

2. *Personnel.*—There should be adequate laboratories in the hospital for clinical and tissue pathology. These laboratories should be staffed and equipped to perform all procedures commonly used for diagnosis, management, and therapy.

3. *Autopsies.*—The hospital must provide proper facilities for postmortem examinations. The autopsy rate has come to be recognized as an index of the scientific interest of the medical staff. Well-performed postmortem examinations and a study of their findings enable physicians to improve their clinical ability. A hospital which does not maintain an autopsy rate of at least 25% of its deaths, exclusive of stillbirths and cases released to legal authorities, may not be approved.

4. *Records.*—The result of each examination performed in the laboratory should be recorded in the departmental file and on the patient's clinical record. Complete reports on surgical specimens and all autopsy protocols must be attached to the patient's charts, with identical reports retained in the files of the department where they should be indexed by name, number, and diagnosis. The original and all copies of such reports must be signed and legible. Microscopic sections of specimens removed at operation or by autopsy should be filed in the hospital laboratory. The laboratory copy of certain types of routine reports need be retained for a limited period only.

VIII. RADIOLOGY

1. *The Radiologist.*—The radiologist should hold the degree of doctor of medicine from an acceptable medical school and have qualifications in radiology satisfactory to the Council. He shall devote sufficient time to the hospital to supervise adequately the technical work of the department, to perform or supervise fluoroscopic examinations, to interpret films, to consult with staff physicians, and to instruct the interns. He should attend staff meetings and the meetings of his department as well as those clinical conferences in which his participation may be of value to the attending and intern staff.

2. *Equipment.*—The department should be equipped with suitable, safe apparatus. The rooms provided for fluoroscopy and for viewing roentgenograms should be large enough to accommodate both interns and attending physicians during the examination of patients or the interpretation of films.

3. *Records.*—A copy of each examination report should be kept in the department, in addition to the copy filed in the patient's record. These reports and their original films should be filed and indexed by name, number, and diagnosis. Because of storage space problems it may be necessary to limit the time for keeping the original films to a period of 5 to 10 years, except for those films designated for the teaching file.

IX. MEDICAL LIBRARY

It is essential that there be an adequate medical library readily accessible to the house staff. To facilitate its use, the library should be properly supervised. It should contain a useful collection of standard textbooks, monographs, and reference books. In addition, the library must make readily available to the intern staff current issues of representative medical journals covering the major clinical fields. The library need not necessarily contain a large number of textbooks and journals, particularly if other resources are available to it. Such outside facilities, however, should be con-

sidered supplementary to, and not a substitute for, the hospital library.

It is the responsibility of the attending staff to guide the intern in his reading. This may be accomplished by requiring the intern to report current medical opinion concerning types of cases similar to those on his service or by assigning special topics or selected journals for review by the intern at staff conferences or journal club meetings. The success of such activities will depend directly upon the stimulus and interest of the responsible staff member. If the intern is to be expected to carry out his assignment successfully, he must have adequate time for study and preparation. Requiring interns to report on current literature will serve no useful purpose if routine responsibilities are so heavy that reading assignments become onerous.

X. ORGANIZATION AND CONDUCT OF THE INTERNSHIP TEACHING PROGRAM

1. *The Staff and Its Organization.*—The attitude of the staff is of paramount importance to the development of a good intern-training program. Its members must fully appreciate that the internship is an educational experience and must be willing to accept their share of responsibility for its conduct. No program designed primarily for service to the physician or the hospital can be considered as meeting the requirements of an approved internship.

Hospitals conducting intern training should be organized into departments or sections of medicine, surgery, pediatrics, obstetrics, pathology, and radiology. Hospitals lacking any of these services should afford experience in these branches through affiliation. Large hospitals will undoubtedly also have separate services in general practice and in one or more of the various specialties, such as anesthesiology, contagious diseases, neurology, neurosurgery, ophthalmology, otolaryngology, orthopedics, gynecology, physical medicine, psychiatry, and urology. While a highly developed organization of this sort may well be beneficial from the standpoint of patient care, it may prove detrimental to internship training. Any effort to arrange a rotation through all or even a majority of the above-mentioned services during a 12-month period will inevitably result in a kaleidoscopic experience which decreases in instructional value in direct proportion to the increase in the number of services encompassed. Internship-planning committees should study the situation in their hospital and, in arranging the rotation of assignments, place the interest of the intern above that of service to the hospital.

Rotation through other services should be arranged with a view to the future plans of the specific intern and the needs of the hospital. Under this plan the service needs of some of the more highly specialized departments would be supplied in part by rotating interns, in part by straight interns or by residents. If training is needed by a given intern in some specialty to which he is not assigned, it may be provided through work with consultants on his patients, on other services, and at times by outpatient experience.

It is important that the intern have an opportunity to observe and participate in the total care of the patient. In order that this may be accomplished, he should follow as many patients as possible through their full hospital course, including outpatient observation. Rotation which does not provide a minimum of two months of training on a given service fails to meet this objective.

Each department or section should have a chairman who serves for at least one year. He should be well qualified for this position by training and experience in his special field, should be responsible for the general conduct of the clinical work in his department, and should help to formulate and execute the intern training plan. Frequent rotation of attending physicians in charge of the various services should be avoided. Assignments should be made so that the intern has ample opportunity to meet the attending physicians

frequently for the conduct of organized ward rounds or clinics and for the study and care of the patients for whom he is responsible. In order to assure the proper teaching relationship between interns and attending physicians, no intern should be expected to assist an unreasonable number of attending or visiting physicians.

2. *Intern Committee.*—There should be a committee of the staff chosen from the chairmen of the several departments or from among able and interested departmental representatives. This committee should assume responsibility for the organization, supervision, and evaluation of the plan of intern instruction.

3. *Director of Intern Education.*—The appointment of a director of intern education on a full-time or part-time basis may be desirable in many hospitals. The director should be a person who has had experience and training that qualify him to plan and direct a sound program of instruction with the assistance and cooperation of other members of the intern committee and the staff. One of his important responsibilities should be to observe closely the operation of the program. He should be vested with sufficient authority to insure that his recommendations are carried out effectively. In cooperation with the chairmen of the several departments and the administration, he should be responsible for the integration of the various educational activities of the hospital.

The teaching obligations of individual staff members cannot be delegated to the director of intern education, even though it is to be expected that he will take an active part in the teaching program. His function is to organize and supervise a program which will increase the effectiveness of participation of individual staff members.

4. *Orientation.*—It is recommended that there be a period at the beginning of the internship devoted to orienting the intern to the administrative and professional organization of the hospital, to the facilities available in the laboratories, and to such ancillary services as nursing, social service, dietetics, physical therapy, the record room, and the pharmacy. This orientation should be given early in the course of the internship and should be followed by conferences in which personnel from these several services participate.

5. *Classroom Facilities and Teaching Aids.*—The availability of suitable rooms for conferences, seminars, and other educational activities of a well-conducted teaching program is highly desirable, if not essential. Attempting to hold discussions of a formal or informal nature in the hospital's corridors or other areas not intended for the purpose is unsatisfactory. Teaching aids such as projectors, x-ray view boxes, blackboards, and the like should be provided. Teaching films may be successfully employed in presenting certain types of material not otherwise available. It should be stressed, however, that none of these methods of instruction supplants the basic features of a satisfactory internship program—bedside teaching.

6. *Educational Program.*—(a) *Bedside Teaching:* The most important phase of intern instruction consists in regularly organized daily ward rounds, with well-conducted teaching at the bedside. By this is meant systematic instruction of the intern by the attending physician, with an ample discussion of the history, the physical examination, the clinical and laboratory findings, the diagnosis, and the treatment of each patient. The social and psychological aspects of the case should receive proper emphasis. It is the duty of the attending physician in direct charge of the patients assigned to the intern to conduct such teaching. It cannot be delegated to others, though it should be supplemented by supervision of the intern's work by the director of intern education, junior staff members, and residents. Intern assignments which have no educational value should be avoided.

(b) *Conferences:* Clinical conferences are second in importance only to bedside teaching in the formal educational

program. To be effective, they require planning and preparation on the part of both staff and interns and active participation by the latter group. The organization and conduct of clinical conferences of good caliber is a measure of the effectiveness of the teaching program.

All conferences should be scheduled at hours and places convenient to the house staff. Interns should be excused from attending such conferences only for emergency calls or equally cogent reasons. The number and variety of conferences will of necessity vary with the size of the hospital and other factors. They should be of sufficient frequency to become an accepted feature of the intern's schedule but not so frequent that they interfere with the proper care of patients. The following suggestions are offered as a guide.

(1) *Department Conferences.* In smaller hospitals each major department should conduct at least one staff conference monthly, scheduled in such a manner that a conference takes place on the same day each week. In larger hospitals, departments may desire to conduct weekly conferences. In such cases the requirements for the intern's attendance can be modified accordingly. The more highly specialized departments should schedule conferences as often as may be considered necessary by the department staff.

(2) *Clinico-Pathological Conferences.* These important conferences should be conducted by the pathologist in cooperation with several clinical departments. While the frequency of such conferences will vary with local conditions, they should be held at least once each month.

(3) *X-Ray Conferences.* These conferences may be scheduled separately or held conjointly with other departmental meetings. Effective teaching can be carried out by bringing the interns, including those not familiar with the case, into the discussion of the x-ray findings. In addition to formal conferences, the roentgenologist should be available to review films on the intern's patients with him.

(4) *Record and Fatality Conferences.* The treatment and management of all fatal cases should be subjected to critical analysis at departmental meetings attended by the chairman of the department, the attending physician, and other staff and house physicians, including the interns. At the same or similar departmental conferences, the records of all patients whose treatment might be the subject of controversy should be carefully reviewed and discussed.

These conferences may be informal but should not be perfunctory. They should be held soon enough after a patient's death or discharge for the patient's history and findings to be fresh in the minds of all concerned. Few phases of an intern's training can approach these conferences in the opportunity they provide to instill in the intern an attitude of critical examination of his clinical judgment and skill.

(5) *Tissue Committee.* Under some circumstances, it may be desirable to establish a special committee (a) to study and to report to the staff or the Executive Committee of the staff the agreement or disagreement between preoperative diagnosis and reports given by the pathologist on tissues removed at operation and (b) to review the records and materials pertaining to all normal tissues removed by surgical means.

The committee thus lends objective assistance to the pathologist in evaluating the clinical judgment of members of the surgical staff in those instances in which such an evaluation appears to be indicated. Such a committee should comprise at least five senior members of the staff and should include specifically the chiefs of the pathology, surgical, and gynecological services.

(6) *Journal Club Conferences.* An effective method of stimulating the intern staff to read the current literature is presented through informal discussions centering around the more important articles in the various journals, especially articles immediately pertinent to the intern's clinical experience. They may be conducted on a departmental basis,

rotated through departments, or they may be general in nature. In view of the demands on the time of the interns and attending staff, they may be conducted as luncheon conferences if facilities permit.

7. *Special Features in Major Departments.*—(a) *Internal Medicine:* This department should afford each intern adequate instruction and experience in general medicine, including the psychological, social, and somatic aspects of disease, and in such medical procedures as are commonly employed in the practice of internal medicine. Precaution should be taken on large services that medical care is not so divided among the various medical subspecialties that the intern loses sight of the patient as a whole and as a person, or that the time spent on a service is not so fragmented that the intern receives only a superficial orientation to several fields. On such services, there is also particular danger that the intern may be relegated to a minor role in the care of the patient in favor of the resident or research assistant.

(b) *General Surgery:* Surgical training should be planned to emphasize diagnosis and preoperative and postoperative care, and not skill in operative technique. Special attention should be given to problems encountered in the emergency room and to minor surgical procedures as carried out in the outpatient department. In the operating room, the intern's role should be that of an assistant rather than of an operator. He should not be required to spend excessive time in the operating room to the neglect of the other phases of his training in this department. The dressing of surgical wounds should be regarded as an important part of his experience, giving him a particularly valuable opportunity to observe the immediate effects of surgical procedures and treatment.

In large hospitals where the surgical specialties are organized as separate services, the assignment of the intern should be determined by the intern committee and the surgical staff after careful consideration. The precautions noted relative to assignments to the medical subspecialties are equally applicable to the surgical subspecialties.

(c) *Obstetrics:* The intern is expected to assist at the delivery of all patients assigned to him and to deliver a minimum of 10 patients under direct supervision. Limited training in obstetric anesthesia is desirable. Emphasis should be placed on teaching the intern the proper management of normal labor and delivery and on the recognition of the complications of labor which require expert consultation. A most important aspect of intern education in obstetrics is the experience to be gained in the outpatient department with prenatal patients and their problems. Too frequently, the intern is not given this opportunity, with the result that his concept of obstetric care is distorted and his knowledge of the patient's problems, as he will encounter them in his office, is limited. If active prenatal and postnatal care is not carried out at the hospital, arrangements should be made for the intern to obtain this type of experience through affiliation.

(d) *Pediatrics:* Training in pediatrics, in addition to affording the intern an adequate amount of instruction and experience in the medical, surgical, and psychiatric aspects of the diseases of infancy and childhood, should include experience in the care of the newborn and should acquaint him with the normal patterns of growth and development. In view of the importance of care of newborn infants in the work of the general practitioner, obstetrician, and pediatrician, it is incumbent on all hospitals to afford ample experience in this field to at least all interns contemplating the possibility of undertaking general practice.

Well-child care, including immunization procedures, is assuming increasing importance in the work of general practitioner and pediatrician. Wherever possible the hospital should offer training in this field through well-child conferences and well-baby clinics. Straight pediatric intern-

ships should provide training in surgical as well as medical pediatrics, including their subspecialties.

(e) *Pathology:* The intern should receive supervised experience in the performance of all clinical laboratory procedures which are ordinarily employed in the initial study of the patient. In addition, through formal and informal conferences with the pathologist, the intern should become thoroughly familiar with the availability, significance, and limitations of those procedures which are usually performed only in the central hospital laboratory. He should be required to be familiar with the pathological studies of surgical specimens and autopsy material which concern his own patients. Except in emergencies no assignment should be permitted to interfere with his attendance at the post-mortem examination of any case which has been under his care. He should assist in the preparation and presentation of clinico-pathological conferences when cases assigned to him are being reviewed. Interns assigned to the department of pathology should assist in the performance of autopsies and in the examination of surgical specimens. They should also receive instruction in interpretation and techniques of clinical laboratory procedures.

(f) *Psychiatry:* There is a distinction between psychiatry as a basic science and psychiatry as a special medical skill. The former is an indispensable part of all medicine; the latter is the province of graduate training and beyond the internship. Certain basic science aspects of psychiatry, namely, those relating to the psychology of acute and chronic illness, of disability, of surgical intervention, of convalescence, and of the doctor-patient relationship are of common concern to all those who care for the sick. Knowledge of these matters should be shared by all members of the teaching staff, as such knowledge should be applied to the study and care of all patients.

If inpatient psychiatric services are not available in the hospital, the education of the intern in this field should be provided by psychiatrists assigned to the various major clinical services. These physicians should not only assist in the management of acute psychiatric cases but should provide a continuous consultative educational service relating to all types of patients' problems, thus furnishing an additional contribution to the total care of the patients.

The primary goal of such instruction should be a familiarization with methods which may lead to better understanding on the part of the intern of the emotional status of all his patients.

(g) *Radiology:* The intern should be familiar with the interpretation of x-ray films on all patients assigned to him. Whether radiologic training should be offered as a separate service, in addition to its inclusion in the daily care of patients on all services, must be decided on the basis of local conditions and after consideration of factors involved by the chairman of that and other departments.

(h) *Anesthesiology:* The resources of the department of anesthesiology should be utilized in the instruction of all interns in the fundamentals of emergency resuscitation and the treatment of respiratory and circulatory depression. In addition, instruction in the fundamentals of basic anesthesiology, including the preparation of the patient for anesthesia, as well as the supervised management of the anesthetized patient, should be available to all interns since such an experience will contribute significantly to many careers in medicine.

8. *Special Requirements for Teaching with Ambulatory Patients.*—The majority of young physicians no longer enter practice after only one year of graduate medical education. Although experience with ambulatory patients is an essential part of all graduate medical education programs, it need not be scheduled necessarily during the first year if it is provided by the hospital later as part of a total integrated program. Thus, except for those few hospitals whose only approved graduate program is an internship, ambulatory

experience may be scheduled at any time during the program when it is deemed appropriate in terms of the program objectives.

In order to provide a meaningful educational experience, the ambulatory patient population should include:

- a. patients with true emergency conditions,
- b. patients discharged from the hospital for follow-up care, preferably those cared for by the intern in the hospital,
- c. patients received for diagnostic study and continuing care.

Experience with ambulatory patients should be characterized by continuity of patient care which should be on a regularly scheduled basis. An assignment of at least one-half day per week for six to twelve months is preferable to a full-time block assignment. Some patients, selected to illustrate the natural history of certain disease processes, should be followed by the house officer for an extended period of time without regard to his subsequent clinical assignments. This experience should provide the house officer with an opportunity to understand the functions of community health and welfare agencies and their use for the benefit of his patients.

The conditions under which ambulatory patients are managed should simulate those of a private office practice. Adequate nursing, clerical, and ancillary personnel as well as adequate private office space should be provided.

This assignment should be adequately supervised by well qualified physicians on the hospital staff.

If the above conditions cannot be satisfied in a formally organized outpatient department, with or without specialty clinics, the hospital emergency department or office preceptorships may satisfy the requirement for experience with ambulatory patients. However, utilization of the hospital emergency department to meet the above requirements entails a different program organization from one providing only for the care of true emergencies. This includes provision for accepting patients as described above for follow-up of patients discharged from the hospital, diagnostic study, and continuing care on an appointment basis.

(a) Emergency Department: Assignment to an emergency department solely for emergency experience does not satisfy the requirement for ambulatory patient experience. On the other hand, a graduate medical education program should not exclude adequate experience in the initial management and follow-up care of common emergencies.

The assignment of house officers to such an emergency service can be justified as an educational experience only when adequately supervised by well-qualified physicians on the hospital staff.

A full-time assignment to a busy emergency service should not exceed two months. Rotating night and week-end assignments on an emergency service throughout the year are acceptable.

The house officer should not be assigned routinely to accompany the ambulance on emergency calls. This is rarely an educational experience, and hospitals should provide other trained personnel for this duty.

(b) Preceptorships: Although preceptorships in the offices of staff physicians usually do not provide a satisfactory experience with ambulatory patients, under special circumstances and when properly organized and faithfully implemented, they may meet the requirement, at least in part. However, serious questions arise as to the educational value of preceptorships if the house officers must go to the private offices of several members of the hospital staff when such offices are unrelated to each other and are scattered geographically.

Special consideration will be given to each application proposing a preceptorship, particularly to one involving a limited number of physicians whose offices are located together or nearby, or where there is a group or clinic type

of arrangement in which the management of a pool of patients and the participation of the house officer follows the pattern of a well-organized and supervised outpatient department.

The preceptor should arrange his office hours and patient load with the same care that his formal teaching rounds in the hospital are arranged. He should actually reduce his office patient load during the preceptorial periods in order to provide effective supervision and instruction of the house officer. The house officer should be given appropriate responsibility in the study and management of the patient.

Although visits of interns to the offices of selected physicians for purposes of observing methods of private office practice, special techniques, and office management may be an appropriate part of the training program and are encouraged, such observational visits in themselves do not provide the required experience with ambulatory patients described above.

(c) Evaluation of Ambulatory Teaching Experience: In order to assure that interns have appropriate assignments for learning with ambulatory patients, when assigned on a preceptorship or to an emergency department in lieu of an outpatient department, a log should be kept for each intern. This log should show the assignments of the intern, the names and unit numbers of the patients for whom he has assumed responsibility, the diagnosis, the procedures he performed or with which he assisted, and the supervision he received. The form for this log should be developed by the individual hospital, adapting it to the record system of the hospital, but it should be available for each intern at the time the program is surveyed by a representative of the Council on Medical Education.

In addition to its use during the program surveys, such a log should be reviewed periodically by appropriate members of the hospital staff as part of a regular program analysis in order to assure that the educational experience of the intern is of the necessary scope and depth.

9. *Special Requirements for Programs of International Educational Exchange in Medicine.*—In addition to the foregoing requirements for all interns, those programs which accept graduates of foreign medical schools should contain certain *special additional features* which are essential to the effective education and training of such individuals.

(a) In addition to the program described in paragraph 4 of this section, orientation for the foreign medical graduate should include thorough familiarization with patterns of American hospital and clinical practice, organizational responsibilities of hospital personnel, legal as well as moral and ethical concepts of physician-patient relationships, and the varying patterns of graduate medical education which lead to competence in practice.

(b) While the ECFMG resources described in Section III, "Selection of Interns," are intended to provide reasonable assurance regarding the medical qualifications of foreign medical school graduates, many such individuals have deficits in background education and experience not ordinarily found in graduates of United States or Canadian medical schools. Special educational activities should be designed to correct these deficits in the area of professional medical knowledge, and in some cases in the use of the English language.

(1) Effective participation in the medical management of patients is impossible without an appropriate degree of appreciation by the foreign trained physicians of the cultural backgrounds of their patients. Such appreciation is unlikely to develop in the absence of carefully planned and conscientiously conducted programs of contact with a wide cross-section of American family life and of other non-medical activities characteristic of the American way of life.

(c) The countries of origin of foreign medical graduates have widely-varying needs for health and medical care, and the programs for individual foreign physicians should re-

flect an interest in those features of clinical practice most essential to the foreign physician upon return to his own country.

XI. NATURE OF THE INTERN'S DUTIES

Each intern caring for and in charge of patients should obtain and write or dictate the history, perform and record the results of the physical examination, and state his diagnosis on all patients assigned to him. He should perform laboratory work of such nature as will give him familiarity with and competence in the performance of those procedures which the practicing physician is ordinarily or usually called upon to perform. In addition, under adequate supervision he may be given some experience in the hospital laboratories with more complicated and difficult tests. He should be familiar with the proper use of such tests and the interpretation of the results. He should not be burdened by an excessive amount of routine procedures of limited educational value, nor should he be assigned to tasks of a non-professional nature. The non-operative and non-specialized treatment of each patient under his care is his responsibility under the critical guidance and supervision of the attending physician. Such supervision should be greater during the early stages of his internship with increasing responsibility afforded the intern as his training progresses and his capabilities are demonstrated.

He should make ward rounds with the attending and resident staffs at suitable intervals, preferably daily. At such times, he should visit the patients under his care and others, discussing their progress. He should receive instruction, information, criticisms, advice, suggestions, and assistance from his superiors, who thus contribute to his education. When serving on surgical services, he should attend operations to which he may be assigned. He should act in the capacity of an assistant, as directed by his superiors, thus attaining knowledge and experience with respect to operating room procedures and techniques.

The intern should make frequent progress notes on the record describing the patient's clinical course and should record all treatment or special diagnostic procedures or make certain that they are promptly and correctly recorded. When a patient is discharged, the intern should write a concluding note which summarizes the patient's course in the hospital, describes the patient's condition as he leaves, and states the final diagnosis.

He should attend autopsies on his own and other patients, seminars, staff meetings, clinico-pathological and radiologic conferences, and meetings at which there is a discussion of patients' records subsequent to discharge. In those hospitals with emergency and outpatient services, he should be given assignments in which the basic principles of his professional duties are the same as those on the inpatient service. He should meet the family and friends of his patients and judiciously confer with them. He should consult with social service regarding the social, emotional, and environmental aspects of the patient's disease and the community resources available.

In view of the importance of every physician learning to function as a member of a team, the intern should consult freely with the nursing staff, dietitians, and physical and occupational therapists, as well as with social service workers, concerning all problems which lie within their respective fields of interest. Similarly, he should not overlook the valued assistance he can frequently obtain from his patients' religious counselors. He should report all notifiable diseases as required by law to the proper authority.

Not infrequently the intern is given the opportunity to take a part in the instruction of medical students, nurses, social workers, and others who participate with him in teaching and service activities of the hospital. Such opportunities are to be welcomed as providing a stimulus to the intern to add to his own knowledge and understanding of a subject and to organize and clarify his thinking. Such

opportunities also serve admirably to introduce the intern to the role of teacher, a role which in one capacity or another he will be called on to fill at many points in his later career.

An intern's duties and responsibilities are not discharged on a "nine-to-five" basis. While an acceptable internship provides for a reasonable amount of free time, his thought for and contact with his patients should be on a "round-the-clock" basis. He is thus properly subject to call at all times except when specifically off duty, and arrangement must be made to ensure his prompt availability. Such close attendance on his patients is an important factor in the educational experience of the intern.

Since the intern is a full-time student, he should devote his time to his educational program and may not accept outside remunerative positions. Exceptions to this principle should be made only with the approval of the hospital staff and administration.

Although acquisition of the necessary clinical experience is best accomplished when the intern participates in the care of patients on a "round-the-clock" basis, it should be recognized that some flexibility is desirable when a rigid 24-hour per day schedule would prevent a qualified medical graduate from becoming a licensed practitioner. The Council has followed regularly the policy of recommending special internship programming for MD graduates with physical limitations.

A special problem on internship arises in the case of female graduates of medical schools who have obligations, especially those to dependent children, which prevent them from engaging in full-time internship activities. Uncompromising adherence to the traditional internship schedule may prevent these women from ever practicing medicine.

The Council does not wish to discourage the appointment of qualified female physicians to part-time internships, provided the responsible program director is able to arrange a program which meets the educational needs of the trainee and provided its total extent results in the sum of clinical experience and responsibilities acquired by an intern on a normal schedule. Such a part-time plan must be fair to the other interns and fully compatible with the hospital's training program and responsibilities in the care of patients.

If a program director wishes to arrange to accept female physicians for part-time internship duties, he must justify to the Council, as well as to state licensing boards, the manner in which the program will be arranged so as to provide the equivalent of a full year's internship experience, the manner in which the part-time intern's experience and responsibilities will be documented, and the manner in which intern's patient care responsibilities will be discharged during those periods when she will not be on duty.

XII. MISCELLANEOUS

1. *Rules for the Intern Staff.*—A set of rules and regulations setting forth the intern's duties and privileges should be provided by the hospital. In a well-organized, comprehensive program these may be explained in the form of a manual to include floor procedures, general orders, and the like, in addition to defining the intern's responsibilities.

2. *Record of Interns' Assignments and Certificate of Service.*—It is advantageous both to the hospital and to the intern that an adequate record be kept of his activities on each service to which he is assigned. Such information is helpful to the hospital in evaluating its intern-training program and is required by some state licensing boards and other agencies. At the completion of his internship, he should be furnished with a certificate of service, attesting to the satisfactory completion of his training period. The hospital is justified in withholding such a certificate only if the intern fails to complete his internship or if his performance has been such as to indicate that he is unfit for the practice of medicine. Under no circumstances should the hospital arbitrarily refuse to issue such a certificate for relatively minor

reasons. In the event of illness necessitating the intern's withdrawal from training, the hospital may properly issue a certificate to include the period of training completed.

3. *Interns' Stipends.*—Traditionally, the internship has been considered an extension of the physician's education during which he provides the hospital with certain services in return for his experience. The increased costs of a medical education and the additional financial obligations with which many graduates are burdened have made the payment of a reasonable stipend to interns, which may be considered as a scholarship for graduate study, a widely accepted practice. However, when a hospital resorts to the payment of excessive salaries, bonuses, or other forms of remuneration to attract an intern staff, there is reason to question the adequacy of its educational program.

4. *Interns' Living Quarters.*—It is expected that the hospital will provide its intern staff with healthful food as well as adequate living quarters and recreational facilities. The hospital may also provide suitable living accommodations for married interns, preferably within or adjacent to the hospital.

5. *Interns' Health.*—The hospital should be concerned with the intern's health during his period of service. Each intern should be given a thorough physical examination, including a roentgenogram of the chest and routine laboratory studies, at the beginning of and periodically as might be indicated during his internship. A member of the attending staff should be assigned the responsibility of acting as personal physician to the interns, with a readily available consultation service provided by other members of the attending staff. The hospital should be willing to accept a reasonable share of the responsibility for continuing care of long-term illness contracted by the intern directly in the discharge of his duties.

6. *Intern-Resident Relationship.*—In a hospital conducting both intern and residency training, care must be exercised to assure that neither group is neglected in the training program. The duties and responsibilities of both intern and resident should be clearly defined to preclude this possibility. It is obvious that the intern cannot be given the same degree of responsibility as that assumed by the resident. However, the intern should not be relegated to a position of an assistant to the resident performing routine duties of little or no educational value. A well-integrated intern-resident program can enhance the value of the training received by each member of the house staff. Conversely, a program in which either the intern's or the resident's training is stressed to the neglect of the other will result in a lowering of morale and consequent dissatisfaction. It is the responsibility of the chief of each service to assure that every member of the house staff is receiving the attention he requires and is given responsibility commensurate with his ability and stage of training.

7. *Hospital-Intern Agreement.*—A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and when terminated by mutual consent, the hospital should provide a statement of release from the agreement or contract.

The Council urges that all inducements, representations, and agreements made with respect to the offer and acceptance of an internship be embodied in the terms of a written agreement which should specify at a minimum the following:

1. The term of the internship.
2. The salary.
3. The conditions under which living quarters, meals and laundry or their equivalent are to be provided.
4. Whether the hospital will provide professional liability (malpractice) insurance for the intern, or whether he will be expected to provide such insurance at his own cost if he desires this coverage.

5. Whether the hospital will provide hospitalization and health insurance for the intern and his family.
6. Vacation periods.
7. Hours of duty, or the method by which this is to be determined.
8. The content of the educational phase of the internship, including duration and sequence of the specified assignments to clinical, laboratory or ambulatory care facilities.

The internship agreement imposes ethical, moral, and legal obligations upon both the hospital and the intern. No internship should be terminated prior to its expiration date without the opportunity for both parties to discuss freely any differences or grievances that may exist.

Under particular circumstances, the hospital or the intern may be justified in terminating an internship prior to the expiration of its term. If the intern fails to perform the normal and customary services of an internship or fails to comply with the reasonable rules that are necessary in the orderly operation of the hospital, the hospital may be justified in taking such action. Likewise, a physician should be entitled to rely upon representations with respect to opportunity for educational experience, conditions of service, living quarters, agreed vacation periods, etc., that are made to induce him to apply for the internship.

A breach of the agreement by either a hospital or an intern is not condoned by the Council. Whenever complaints of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's record, and are made available upon request to authorized agencies.

XIII. ADMISSION TO THE APPROVED LIST

Application for Approval.—Hospitals that desire to qualify for approval for intern training should apply to the Council on Medical Education of the American Medical Association, 535 N. Dearborn St., Chicago 60610. Appropriate forms for this purpose will be furnished on request. They should be completed with care by the hospital administrator or a member of the staff who is acquainted with the hospital's proposed program, with one copy to be returned to the Council's office. On receipt of the application, arrangements will be made for a member of the Council's staff to visit the hospital for the purpose of reviewing the training program and inspecting facilities.

Evaluation of intern-training programs in hospitals will be made on an individual basis, with all available pertinent data taken into consideration and reasonable flexibility used in the application of requirements.

Approval for intern training, including the number and type of internships, is granted on an annual basis, through publication of the name of the hospital in the list of approved programs in the DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES. This Directory will appear each fall.

XIV. WITHDRAWAL FROM THE APPROVED LIST

Recognition of a hospital for intern training may be withdrawn at any time it is adjudged by the Council that the hospital fails to comply with one or more of the requirements set forth in these "Essentials of an Approved Internship." Except for withdrawal on a basis of inactivity, at the request of the hospital, or for non-compliance with the ECFMG certification requirements for foreign medical graduates, the Council does not withdraw approval of a program unless major deficiencies are still uncorrected after a 12-18 month period of probationary warning.

Among other major deficiencies leading to probationary status are:

- (1) Failure to maintain an autopsy rate of at least 25%.
- (2) Failure to maintain an appropriate ratio of admissions per intern. While Section IV of these "Essentials"

specifies that a hospital eligible for approval should have a minimum complement of six interns and a ratio of 15 to 25 beds per intern, an excessively rapid turnover of patients may result in such a high admission rate that the greatly increased work load will result in deterioration in the educational experience of the interns and unsatisfactory service to the hospital.

(3) Failure to secure a minimal effective complement of interns for two successive years. It is in the direct interest of hospital service requirements that there be uninterrupted service coverage in each of the major clinical departments. This minimal effective complement should also provide for effective coverage during emergency room assignment, affiliated assignments and off-duty periods, for uninterrupted operation of the teaching program, a sufficiently large group of interns to permit the necessary group interaction during teaching activities, and effective stimulus to the staff to provide a real educational program.

Programs unable to secure a sufficient number of interns to provide minimal coverage of the above services for two successive years may remain approved only when no other significant deficiencies in the training program exist, and then only for a limited additional period of time if they continue to secure inadequate numbers of interns.

(4) Failure on the part of those responsible for the program to recognize and discharge their obligations as sponsors of Exchange-Visitor Programs with special attention to the necessary educational and cultural interchange among colleagues of diverse national origins. Internship programs will not be disapproved on the basis of specific proportions of foreign medical graduates. It is nevertheless a useful guide and meritorious objective for hospitals whose internship programs are composed predominantly of foreign-educated physicians, to strive to obtain a reasonable proportion of the total house officer complement (interns and residents) from among graduates of medical schools of the United States or Canada.

Lack of evidence of recognition, planning, and implementation of the special requirements described in Section X, paragraph 8, will be regarded as a deficiency in any program accepting numbers of foreign medical graduates. On the other hand, evidence of exceptional performance in this area, especially for a program composed wholly of such physicians, will warrant commendation by the Council on Medical Education.

The Council believes that all hospitals with approved programs share an equal moral responsibility for participation in educational exchange programs. This responsibility is not limited to physicians from other lands who seek to further their education as house officers in our hospitals; it is also to our native-born house officers so that they may contribute to and receive the benefits of mutual understanding and knowledge resulting from a working relationship with their colleagues from other countries.

Re-applications for approval will not be accepted ordinarily from hospitals whose programs have been disapproved until lapse of a significant period of time for evaluation and reorganization. The Council considers that effective reorganization of disapproved programs will require a minimum

of six months, and frequently longer, before re-application should be accepted.

The Council is concerned with any program which appears to accept numbers of interns which may be in excess of the educational resources and the service requirements of the hospitals involved. The medical staffs of both affiliated and non-affiliated hospitals should be prepared to justify each intern position offered, particularly where there are coexisting undergraduate clerkship programs and residency programs.

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

Hospitals which are unable to qualify for internship approval should give consideration to other means of providing adequate medical service. It should be noted that less than 15% of the hospitals in this country are approved for intern education. Although the immediate availability of physicians on a 24-hour basis and the maintenance of adequate clinical records is a major problem facing many hospitals lacking intern staffs, unquestionably a large proportion of them provide a high level of patient care despite this lack.

The following suggestions for providing adequate medical service on a 24-hour basis are offered to the staffs of hospitals unable to qualify for internship approval:

1. Depending on the size of the hospital, one or more younger physicians who have completed their formal hospital training may be employed to assist the attending staff in the care of their patients by performing certain of the functions ordinarily carried out by the house staff. An adequate salary and living quarters within the hospital or on the hospital property should be provided. These physicians should be employed under terms which conform to accepted ethical practices.

2. If the size of the hospital staff makes it practicable, responsibility for night duty, or 24-hour duty, may be arranged for through rotation of this assignment among the members of the junior attending staff.

3. If the junior staff is too limited in number, these duties may be rotated through the entire attending staff.

4. A junior attending or courtesy staff physician who is just starting the practice of medicine in the community may be employed on a part-time basis to care for emergencies and perform house-staff duties during the night.

5. Nurses, qualified technicians, and other ancillary personnel may be trained to perform many procedures ordinarily assigned to the intern staff.

With respect to the maintenance of adequate records, hospitals not conducting educational programs may give consideration to developing a type of clinical record that will be more economical of time and effort than the type required of hospitals conducting educational programs and still include all essential data. A concise, inclusive clinical summary, along with a brief history and report of physical examination, may frequently suffice for this purpose, particularly if supplemented by copies of records from the physician's office. Except for emergency admissions, the hospital could require that each referring physician supply a copy or summary of the patient's office examination and diagnosis to serve as an admission note.

Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to June 30, 1967

Hospitals, 1,442

Residencies, 43,413

Residency training programs in the following specialties or subspecialties have been approved by the Council on Medical Education as meeting the requirements of the Essentials of Approved Residencies, which are published separately by the Council. For the majority of specialties, special Review Committees exist composed of representatives of the Council, representatives from the specialty boards concerned, and in some cases representatives from a national professional organization in that special field. The sponsoring parent organizations for the Review Committees approve changes in policy, but in general have delegated final authority to the Review Committees for approval or disapproval of training programs and for their listing in this Directory.

This issue follows the format adopted in 1960 for the listing of residencies. General features relating to the hospitals will be found in the Consolidated List which begins on page 31.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1966.

Total admissions include transfers from other services. Average daily census multiplied by 365 gives total inpatient days; this divided by admissions gives average length of stay, a useful measure of comparison.

The total number of deaths and the autopsy percentage are shown for each specialty so that one can calculate the actual number of autopsies performed for the particular service, and can further calculate mortality rates as an index of the severity of illnesses admitted to the particular service.

Outpatient visits may include emergency room visits as well.

The tabulation of residencies offered in successive years includes all positions planned for each of five years. The pyramidal or vertical nature of each program is thus suggested. In some instances, the total of residencies offered may be greater than the sum of those shown for each of the five years, thus indicating that appointments might be made for periods longer than five years. The numbers do *not* indicate vacancies in the various years of the program; they do indicate the maximum number of appointments made for each year of the residency. The absence of numbers does not indicate that positions are not planned for that year but simply indicates that specific numbers were not available at the time of publication or could not be meaningfully interpreted for each column. In some instances the caption heading of a specialty list will describe special identification of those hospitals offering training beyond the period for which approved.

The salary range lists the beginning minimum salary for a single resident and the maximum salary in the final year of the approved program. As in the list of approved internships, F means full maintenance and P means partial maintenance. If full maintenance is provided for single residents, and additional benefits (including additional salary) are paid to married residents, then both F and P will be indicated. F alone means full maintenance for both single and married. No maintenance symbols means a hospital pays salary only.

*indicates number includes appointments made for residents preparing for training in other fields

†indicates special training available beyond the period for which program is approved

‡indicates discharges instead of admissions.

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APPROVED RESIDENCIES

1. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO or for THREE years of training by the Council on Medical Education and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology. If approved for a third year of training, the type of training offered for the added year is indicated by one or more of the following symbols: A—research approved by the program director; B—subspecialty training in clinical anesthesia more advanced than that given in the two-year program; C—study in a basic science or a clinical discipline other than anesthesia. Programs, 197; Residencies, 1,837

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Yrs.	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE												
TEXAS												
Wilford Hall USAF, San Antonio	A. J. DiGiovanni	8,991	175	3A	6	6	0	0	0	12		
UNITED STATES ARMY												
DISTRICT OF COLUMBIA												
Walter Reed General, Washington	H. R. Hansen	9,045	360	3A	4	4	4	0	0	12		
TEXAS												
Brooke General, San Antonio	M. K. Mendenhall	8,761	115	3A	4	4	3	0	0	11		
UNITED STATES NAVY												
CALIFORNIA												
U. S. Naval, Oakland	H. N. Dean	743	63	2	2	2	0	0	0	4		
U. S. Naval, San Diego	D. R. Buechel	8,735	152	3C	4	4	0	0	0	8		
MARYLAND												
U. S. Naval, Bethesda	R. J. VanHouten	4,742	194	3ABC	3	3	0	0	0	6		
MASSACHUSETTS												
U. S. Naval, Chelsea	W. J. Gallagher, Jr.	2,533	98	2	2	2	0	0	0	4†		
NEW YORK												
U. S. Naval, St. Albans ⁵⁸	L. B. Swisher	3,048	50	2	2	2	1	0	0	5		
PENNSYLVANIA												
U. S. Naval, Philadelphia	G. D. Mitchell	3,652	97	2	2	2	0	0	0	4		
UNITED STATES PUBLIC HEALTH SERVICE												
NEW YORK												
U. S. Public Health Service (Staten Island), New York City ²⁴⁷	K. F. Urbach	3,408	107	2	3	3	0	0	0	6†		
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Fairfield												
Lloyd Noland	R. W. Grady	4,847	421	2	2	1	0	0	0	3	5400-6000	FP
ARKANSAS												
Little Rock												
University	F. E. Greifenstein	3,525	43	2	3	3	0	0	0	6	3900-4200	O
CALIFORNIA												
Loma Linda												
Loma Linda University	B. D. Briggs	3,537	111	2	6	6	0	0	0	12	5595-6052	O
Riverside General (Riverside)		2,363										
San Bernardino County General (San Bernardino)		2,255										
Los Angeles												
Los Angeles County General, Unit I	J. S. Denson	13,601	1,264	3AC	14	14	3	0	0	31	7200-8400	P
University of California ⁵⁸	J. B. Dillon	6,700	300	2	9	8	1	0	0	18	4368-4992	O
Veterans Admin. Center-Wadsworth ⁵⁸	F. F. Shroff	5,623	56	2	5	5	5	0	0	15	5920-8080	P
White Memorial Medical Center	F. Leffingwell	5,083	267	3ABC	4	4	4	0	0	12	6060-7260	P
Los Angeles County General, Unit II	J. H. Satnick	3,066	3								7200-8400	F
Oakland												
Highland General	M. Carlton	6,391	260	2	4	4	0	0	0	8	6700-7700	P
Orange												
Orange County Medical Center	C. C. Leydic	3,099	150	2	2	2	0	0	0	4	6200-6900	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals ⁵⁸	J. P. Bunker			2	4	4	2	0	0	10		
Palo Alto-Stanford Hospital Center	J. P. Bunker	10,821	472								4900-5500	O
Veterans Admin.	W. H. Forrest	1,376										
Riverside												
Riverside General—See Loma Linda University, Loma Linda												
San Bernardino												
San Bernardino County General—See Loma Linda University, Loma Linda												
San Diego												
San Diego County-University	G. E. Kinyon	3,319	54	2	2	2	0	0	0	4	5076-5652	P
San Francisco												
Children's Hospital and Adult Medical Center	B. Holman	6,900	137	2						2	7800-8400	P
University of California Program in Anesthesiology	N. P. Guadagni			3ABC	12	10	7	0	0	29		
H. C. Moffitt-University of California Hospitals	N. P. Guadagni	16,780									4368-5616	O
San Francisco General	E. P. Guy	3,801	750								4368-7692	P
San Jose												
Santa Clara Valley Medical Center	P. A. Olsen	3,912	913	2	3	3	0	0	0	6	5232-6072	F
Torrance												
Los Angeles County Harbor General	P. Lorhan	5,902	323	2	5	5	0	0	0	10	7200-7800	P
COLORADO												
Denver												
University of Colorado Affiliated Hospitals	R. Virtue			3AB	8	6	1	0	0	15		
University of Colorado Medical Center	R. Virtue	7,829	235								3500-4500	O
Veterans Admin.	J. VerSteege	2,785	50								4610-12873	O

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
CONNECTICUT												
Hartford												
Hartford	C. B. Hickcox	24,392	126	3ABC	5	5	2	0	0	12	4800-6000	P
St. Francis	S. J. Martin	17,857	1,128	2	5	5	0	0	0	10	4200-4500	FP
New Haven												
Hospital of St. Raphael	M. Garafalo	7,135	100	3B	2	2	2	0	0	6	5280-6500	P
Yale-New Haven Medical Center												
Yale-New Haven	N. M. Greene	15,684	268	3ABC	5	5	5	0	0	15	4500-5500	P
Waterbury												
Waterbury ⁵⁸	J. E. Keet	8,451	...	2	1	1	1	0	0	3†	4200-5400	FP
DISTRICT OF COLUMBIA												
Washington												
Freedmen's ⁵⁸	E. E. Henley	5,641	1,764	2	1	1	1	0	0	3	6941-8702	O
Georgetown University ¹⁵⁰	T. E. MacNamara	11,081	90	3BC	3	2	2	0	0	7	6900-7500	P
George Washington University	C. S. Coakley	12,295	912	3BC	7	8	3	0	0	18	6000-9000	P
Providence	W. H. Devlin	12,249	780	2	1	1	0	0	0	2	5100-5400	FP
Washington Hospital Center	C. Albert	19,500	365	2	6	6	0	0	0	12	5400-8400	O
FLORIDA												
Gainesville												
William A. Shands Teaching Hospital and Clinics	J. S. Gravenstein	4,776	160	3AB	4	4	1	0	0	9	4500-5500	O
Miami												
University of Miami Affiliated Hospitals	F. Moya	...	...	3ABC	6	6	5	0	0	17	...	...
Jackson Memorial		12,679	235	...	...	...	...	...	...	...	4284-12000	O
Variety Children's	A. Freeman	2,262	300	...	...	...	...	...	...	...	4284-5040	O
Tampa												
Tampa General	H. Carron	11,332	675	2	2	2	0	0	0	4	4800-7200	FP
GEORGIA												
Atlanta												
Emory University Affiliated Hospitals	J. E. Steinhaus	...	...	3ABC	...	...	...	...	...	6	...	...
Emory University		6,504	50	...	...	...	...	...	...	...	...	P
Grady Memorial		8,272	300	...	...	...	...	...	...	...	5700-5700	P
Augusta												
Medical College of Georgia Hospitals		...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial ⁵⁸	P. P. Volpitto	3,247	27	2	5	5	2	0	0	12	7200-7800	O
ILLINOIS												
Chicago												
Cook County ⁵⁸	V. J. Collins	16,742	913	2	5	5	5	0	0	16†	5220-6300	F
Illinois Masonic	M. S. Sadove	7,944	40	2	2	2	0	0	0	4	6000-7200	FP
Michael Reese Hospital and Medical Center	J. Bolgia	11,551	200	2	4	4	0	0	0	8	4200-6300	P
Mount Sinai Hospital Medical Center	H. Havdala	5,122	210	2	3	3	0	0	0	6	4600-5300	P
Northwestern University Medical Center	J. Eckenhoff	...	...	3ABC	6	6	3	0	0	15	...	...
Chicago Wesley Memorial	J. Eckenhoff	11,702	449	...	...	...	...	...	...	...	4800-6000	O
Children's Memorial		...	...	...	...	...	...	...	...	...	...	...
Passavant Memorial	J. Eckenhoff	5,093	127	...	...	...	...	...	...	...	3900-4800	P
Veterans Admin. Research	J. A. Valjunas	3,161	1,819	...	...	...	...	...	...	...	4610-8230	O
Evanston (Evanston)	C. A. Baldwin	7,328	129	...	...	...	...	...	...	...	4800-5100	P
Presbyterian-St. Luke's ⁵⁸	R. Balagot	11,338	1,251	2	5	2	1	0	0	8	6300-7800	P
University of Chicago Hospitals and Clinics ⁵⁸	D. A. Holaday	8,875	500	2	4	4	4	0	0	12†	5500-6500	O
University of Illinois Research and Educational Hospitals ¹⁷⁰	M. S. Sadove	10,000	...	2	6	6	0	0	0	12†	5300-5600	P
Evanston												
Evanston—See Northwestern University Medical Center, Chicago												
Hines												
Veterans Admin. ¹⁷⁵	M. S. Sadove	2,964	90	2	4	4	0	0	0	8	4610-5460	O
Joliet												
St. Joseph ¹⁷⁷	A. W. Hoppins	36	...	2	3	3	0	0	0	6	6000-6000	P
INDIANA												
Indianapolis												
Indiana University Medical Center	V. K. Stoelting	...	...	3ABC	8	8	0	0	0	16†	...	...
Indiana University Hospitals		9,794	788	...	...	...	...	...	...	...	3725-4050	P
Veterans Admin.		1,619	123	...	...	...	...	...	...	...	4610-8230	O
Marion County General	G. E. Dryden	4,954	160	2	3	3	0	0	0	6	5220-5533	P
IOWA												
Iowa City												
State University of Iowa Affiliated Hospitals		...	...	3ABC	8	8	3	0	0	19	...	...
University Hospitals	J. Moyers	16,337	547	...	...	...	...	...	...	...	4500-5500	P
Veterans Admin.	F. D. Staab	1,611	59	...	...	...	...	...	...	...	...	...
KANSAS												
Kansas City												
University of Kansas Medical Center	R. Parmley	7,017	482	2	4	4	0	0	0	8	5400-5700	P
Wichita												
St. Francis ⁵⁸	R. H. Robinson	10,924	244	2	4	4	2	0	0	10	6032-6656	FP
KENTUCKY												
Lexington												
University of Kentucky Medical Center	P. P. Bosomworth, L. Rediek	...	...	2	4	4	0	0	0	8	...	...
University	P. P. Bosomworth	4,754	118	...	...	...	...	...	...	...	4560-11040	P
Veterans Admin.	W. G. Malette	1,004	0	...	...	...	...	...	...	...	...	...
Louisville												
University of Louisville Affiliated Hospitals	E. H. Connor	...	...	2	3	3	0	0	0	6	...	...
Children's		2,569	0	...	...	...	...	...	...	...	...	...
Louisville General		2,696	961	...	...	...	...	...	...	...	4300-4500	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA												
New Orleans												
Charity Hospital of Louisiana	J. Adriani	22,609	675	3ABC	..	..	..	..	..	20	5400-6000	F
Veterans Admin.	J. Adriani	3,839	100	..	..	..	..	..	..	..	4610-8230	P
Ochsner Foundation	F. X. LeTard	18,575	392	2	3	3	0	0	0	6	4500-4800	O
MAINE												
Portland												
Maine Medical Center	J. R. Lincoln	8,164	192	3AB	2	2	2	0	0	6	5820-7020	FP
MARYLAND												
Baltimore												
Baltimore City Hospitals	J. Redding	4,809	1,277	3ABC	2	3	3	1	0	9	4838-6300	O
Johns Hopkins	D. W. Benson	16,733	211	3ABC	5	5	2	0	0	12	3600-..	P
Sinai Hospital of Baltimore	S. Rochberg	17,462	342	2	1	1	0	0	0	2	5500-6500	P
University	M. Helrich	10,046	875	3ABC	5	5	3	0	0	13	4900-6400	P
MASSACHUSETTS												
Boston												
Boston City	P. S. Marcus	10,657	224	2	0	2	0	0	0	2	5600-6400	O
Lahey Clinic	J. P. Crehan	6,684	850	2	4	4	0	0	0	8	4200-5400	O
Massachusetts General	H. K. Beecher	16,043	475	3ABC	9	9	7	0	0	25	4200-7500	P
New England Deaconess	F. Audin, L. V. Hand	4,740	210	2	3	3	0	0	0	6	6000-7200	O
New England Medical Center Hospitals	B. E. Etsten	3,455	427	3ABC	3	3	2	0	0	8	4800-6400	O
Peter Bent Brigham	L. D. Vandam	4,816	200	3ABC	3	3	2	0	0	8	5600-6100	P
St. Elizabeth's	E. Fruggiero	11,938	962	2	3	3	0	0	0	6	4200-4800	FP
University	E. A. Sneddon	7,824	10	2	3	3	0	0	0	6	4200-4800	O
Veterans Admin. (Jamaica Plain)	D. L. Mahler	2,678	250	2	2	1	0	0	0	3	4610-6440	O
Cambridge												
Cambridge City	N. P. Schepis	2,973	190	2	2	2	0	0	0	4	5500-6000	P
Pittsfield												
Pittsfield Affiliated Hospitals	J. Bruce	11,128	476	2	2	2	0	0	0	4	4680-6240	F
Pittsfield General	..	..	..	..	..	..	..	..	..	..	..	..
St. Luke's	..	..	..	..	..	..	..	..	..	..	..	..
Springfield												
Springfield	H. L. Strachan	7,333	102	2	2	2	0	0	0	4	3900-4200	FP
MICHIGAN												
Ann Arbor												
University of Michigan Medical Center	R. B. Sweet	..	..	3AB	6	6	2	0	0	14	..	..
University	..	9,062	..	..	..	..	..	..	..	..	4020-4816	O
Veterans Admin.	..	2,250	0	..	..	..	..	..	..	..	4610-8230	O
Detroit												
Henry Ford's	P. R. Dumke	17,730	374	2	7	7	4	0	0	18	4800-5400	P
Sinai Hospital of Detroit	E. M. Brown	10,513	356	3BC	2	2	2	0	0	6	5400-6000	P
Wayne State University Affiliated Hospitals	G. Dal Santo	..	..	3AB	3	4	2	0	0	9	..	..
Detroit General	G. Dal Santo	8,306	250	..	..	..	..	..	..	..	5600-6500	P
Harper	A. B. Stearns	13,418	..	..	..	..	..	..	..	..	4800-6300	P
Southfield												
Providence	N. Bittrich	7,529	..	2	2	2	0	0	0	4	6300-6600	O
MINNESOTA												
Minneapolis												
University of Minnesota Affiliated Hospitals	F. H. VanBergen	..	..	3ABC	8	8	8	2	0	26	4500-8000	O
University of Minnesota Hospitals	F. H. VanBergen	19,539	249	..	..	..	..	..	..	..	..	O
Hennepin County General	E. Marte	2,973	95	..	..	..	..	..	..	..	..	..
Veterans Admin.	F. H. VanBergen	7,254	97	..	..	..	..	..	..	..	..	..
Gillette State Hospital for Crippled Children (St. Paul)	F. H. VanBergen	689	..	..	..	..	..	..	..	..	..	..
St. Paul-Ramsey (St. Paul)	G. T. Wier	1,194	38	..	..	..	..	..	..	..	..	..
Rochester												
Mayo Graduate School of Medicine	A. Faulconer, Jr.	30,540	720	3ABC	5	5	5	0	0	15	4200-4800	P
Rochester Methodist	..	..	..	..	..	..	..	..	..	..	..	..
St. Mary's	..	..	..	..	..	..	..	..	..	..	..	..
St. Paul												
Gillette State Hospital for Crippled Children—See University of Minnesota Affiliated Hospitals, Minneapolis												
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis												
MISSISSIPPI												
Jackson												
University of Mississippi Medical Center's	L. W. Fabian	..	..	2	4	2	1	0	0	7	..	..
University	L. W. Fabian	5,200	50	..	..	..	..	..	..	..	4300-4900	P
Veterans Admin.	H. L. Gee	2,865	20	..	..	..	..	..	..	..	4610-5460	O
MISSOURI												
Columbia												
University of Missouri Medical Center	K. K. Keown	4,152	412	2	3	3	0	0	0	6	4800-5400	O
Kansas City												
Kansas City General Hospital and Medical Center	N. Beatty	3,777	74	2	1	1	0	0	0	2	5700-6300	FP
Children's Mercy	E. S. Brown	1,572	20	..	..	..	..	..	..	..	..	..
St. Louis												
Barnes Hospital Group's	R. Dodd	17,299	240	2	4	4	4	0	0	12	4200-7000	O
Jewish Hospital of St. Louis	I. C. Susman	6,573	280	2	2	2	0	0	0	4	3700-4900	P
St. John's Mercy	S. Brown	12,868	85	2	2	2	0	0	0	4	4200-5400	F
St. Louis City's	A. Kozlowski	4,833	97	2	2	2	0	0	0	4	5305-6141	O
Springfield												
St. John's	O. B. Crawford	9,939	..	2	2	2	0	0	0	4	6000-6000	O
NEBRASKA												
Omaha												
University of Nebraska's	J. R. Jones	1,441	713	2	3	3	1	0	0	7†	4300-4600	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW HAMPSHIRE												
Hanover												
Mary Hitchcock Memorial	R. H. Barrett	6,142	17,744	2	3	3	0	0	0	6	4200-4800	O
NEW JERSEY												
Hackensack												
Hackensack	A. R. Wollack	9,681	200	2	2	1	0	0	0	3	3900-4200	F
Livingston												
St. Barnabas Medical Center	J. A. Cox	10,850	560	2	2	2	0	0	0	4	5400-6000	F
Newark												
Newark Beth Israel	H. Kortis	9,326	27	2	2	1	0	0	0	3	4800-5100	F
Paterson												
St. Joseph's	E. T. Lawless	8,497	72	2	2	2	0	0	0	4	7320-7620	O
NEW YORK												
Albany												
Albany Medical Center	C. M. Landmesser	11,820	104	2	5	5	0	0	0	10	4600-7500	P
Buffalo												
Buffalo General ⁵⁸	R. N. Terry	11,364	266	2	5	5	1	0	0	11	5300-6200	O
Millard Fillmore	K. A. Kelly, Jr.	12,436	125	2	1	1	0	0	0	2	5300-5700	P
State University of New York at Buffalo Affiliated Hospitals												
Edward J. Meyer Memorial	B. D. King	3,352	238	3AC	3	2	2	0	0	7	5550-7260	P
East Meadow												
Meadowbrook	I. Weinberg	4,177	311	2	3	3	0	0	0	6	5453-7081	F
New Hyde Park												
Long Island Jewish	S. N. Surks	7,451	289	3AC	3	3	2	0	0	8	5000-6750	O
New York City												
Albert Einstein College of Medicine Affiliated Hospitals	L. R. Orkin			3ABC	12	12	7	0	0	31		
Bronx Municipal Hospital Center	L. R. Orkin	14,654	549								4980-6000	F
Hospital of the Albert Einstein College of Medicine	H. L. Zauder											
Lincoln	R. L. Bernstein	4,514	275									
Beth Israel ⁵⁸	S. Joffe	7,202	225	2	4	4	1	0	0	9	5150-10000	P
Brookdale Hospital Center	A. C. Goldfeder	9,204	130	2	2	2	0	0	0	4	5000-5500	P
Flushing Hospital and Medical Center	E. Apogi	6,142	22	2	1	1	0	0	0	2	5600-6500	P
Harlem Hospital Center	H. G. Cave	6,253	724	2	2	2	0	0	0	4	4980-6400	P
Hospital For Joint Diseases and Medical Center	A. M. Betcher	3,645	148	2	5	5	0	0	0	11	5500-6000	O
Jewish Hospital and Medical Center of Brooklyn ⁵⁸	L. M. Pailin	11,847	108	2	5	5	1	0	0	11	5000-5500	P
Kings County Hospital Center	M. Harmel	10,805	410	3AC	8	8	10	0	0	26	4980-6400	P
Lenox Hill	G. W. Rich	9,173	150	2	1	1	0	0	0	2	5100-5500	P
Maimonides Medical Center	P. Sechzer	13,389	300	2	2	1	0	0	0	3	5000-6750	P
Methodist Hospital of Brooklyn	G. Wallace	11,242	226	3C	3	3	3	0	0	9	5250-6100	P
Misericordia-Fordham Training Program	A. L. Mauro	7,946	274	2	2	2	0	0	0	4	5910-6930	F
Misericordia												
Fordham												
Montefiore Hospital Training Program	F. Foldes			3AB	8	8	3	0	0	19	5120-6880	P
Montefiore Hospital and Medical Center		5,751	601									
Morrisania City		3,787										
Mount Sinai Hospital Training Program ⁵⁸				2	7	7	2	0	0	16		
Mount Sinai	L. Rendell-Baker	14,965									5000-6000	P
City Hospital Center at Elmhurst	A. Rosenthal	8,023	1,167								5700-6200	FP
New York ⁵⁸	J. Artusio	18,725	500	2	7	7	4	0	0	18	5000-6300	P
New York Polyclinic Medical School and Hospital ⁵⁸	J. Milowsky	5,756	310	2	2	2	3	0	0	7	5100-5700	P
New York University-Bellevue Medical Center	V. D. B. Mazzia			3ABC	10	13	4	1	0	28†		
Bellevue Hospital Center		11,718	365								4980-6400	P
University		7,245	100								6690-7330	P
Veterans Admin. (Manhattan)		4,401	5								6170-7200	O
Presbyterian	E. Papper	22,159	284	3ABC	13	13	1	0	0	27	5200-6500	O
Queens Hospital Center ⁵⁸	E. Lear	4,113	1,416	2	3	3	3	0	0	9	4750-5500	F
St. John's Episcopal	P. Sanchez	4,086	40	2	2	2	0	0	0	4	4680-5280	FP
St. Luke's Hospital Center	L. Blacato	10,570	166	3ABC	3	6	3	0	0	12	6000-9600	P
St. Vincent's Hospital and Medical Center of New York ⁵⁸	R. G. Hicks	9,431	185	2	3	3	1	0	0	7†	6440-7140	P
Veterans Admin. (Bronx)	B. J. Ciliberti	4,083	71	2	3	3	0	0	0	6	6170-6990	O
Rochester												
Genesee	T. W. Morgan	10,799	25	2	1	1	0	0	0	2	4900-6400	P
St. Mary's ⁵⁸	V. J. Tofany	8,846	202	2	1	1	1	0	0	3	5200-6200	P
Strong Memorial Hospital of the University of Rochester ⁵⁸	A. J. Gillies	12,185	450	2	4	3	1	0	0	8	4000-7500	O
Syracuse												
St. Joseph's	C. Geiger	10,547	291	2	2	2	0	0	0	4	5050-5500	F
State University of New York Upstate Medical Center ⁵⁸	A. B. Dobkin	12,973	361	2	6	6	6	0	0	18	5050-5950	O
Veterans Admin.	A. B. Dobkin	2,788	46								4610-5460	O
Valhalla												
Grasslands ⁵⁸	H. Bishop	1,836	233	2	3	3	1	0	0	7	5700-6500	P
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial	K. S. Sugioka	5,966	240	2	2	3	0	0	0	5	5000-6000	O
Durham												
Duke	S. Dent	10,854	262	3ABC	7	7	4	0	0	18	4500-5400	P
Veterans Admin.	E. A. C. Lloyd	4,761	187								4610-8230	O
Winston-Salem												
North Carolina Baptist Hospitals	T. H. Irving	8,032	420	2	2	2	0	0	0	4	4500-6000	P
OHIO												
Cleveland												
Cleveland Clinic	C. E. Wasmuth	10,330	659	2	3	3	0	0	0	6	5400-6600	P
Cleveland Metropolitan General ⁵⁸	H. E. Kretschmer	10,585	22	2	2	2	1	0	0	5†	4300-5760	P
Fairview General ⁵⁸	B. O'Sullivan	9,205	363	2	3	3	3	0	0	9	5400-6600	F
Huron Road	J. K. Potter	7,611	139	2	4	4	0	0	0	8	4200-4500	F
Marymount ⁵⁸⁻²⁸⁴	N. G. DePiero	5,685	350	2	3	3	2	0	0	8†	6300-6900	F
Mount Sinai Hospital of Cleveland	S. Katz	12,760	281	2	2	3	0	0	0	5	5600-6580	P
St. Alexis	L. E. Campbell	5,478	268	2	3	1	0	0	0	4	6000-6600	F

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO, Cleveland—Continued												
St. Luke's	B. B. Sankey	12,337	145	2	2	2	0	0	4	5292-5700	P	
St. Vincent Charity	D. Mendelsohn	4,800	650	2	2	2	0	0	4	4320-4500	O	
University Hospitals of Cleveland	R. A. Hingson	17,277	502	3AB	6	6	4	0	16	4500-6000	O	
Veterans Admin.		2,198	118							4610-8230	P	
Columbus												
Ohio State University Hospitals ⁵⁸	W. Hamelberg	21,184	300	2	4	4	2	0	10	6000-6600	P	
Toledo												
Toledo	D. M. Katchka	11,144	360	2	2	1	0	0	3	6300-6900	FP	
Youngstown												
St. Elizabeth ⁵⁸	A. J. Bayuk	12,554	700	2	4	4	2	0	10	6600-7200	FP	
Youngstown	D. W. Metcalf	16,297	181	2	4	4	0	0	8	5400-5700	FP	
OKLAHOMA												
Oklahoma City												
University of Oklahoma Medical Center	J. A. Cutter			3ABC					13†			
University of Oklahoma Hospitals	J. A. Cutter	7,735	364							6000-7000	P	
Veterans Admin.	C. A. Carmack	3,289	12									
OREGON												
Portland												
University of Oregon Medical School Hospitals and Clinics	F. P. Haugen	8,556	620	2	5	5	0	0	10	4200-6000	FP	
Veterans Admin.	E. J. Landers	1,704	12							5460-6440	P	
PENNSYLVANIA												
Johnstown												
Conemaugh Valley Memorial	P. C. Lund	8,830	918	2	3	2	0	0	5	6000-6000	F	
Philadelphia												
Albert Einstein Medical Center	B. Goldstein	16,354	315	2	6	5	0	0	11	8000-7200	FP	
Graduate Hospital of the University of Pennsylvania ⁵⁸	H. H. Stone	5,104	340	2	2	2	1	0	5	4400-5000	P	
Hahnemann Medical College and Hospital	A. Catenacci	30	150	3ABC	3	3	1	0	7	4800-8400	F	
Hospital of the University of Pennsylvania	R. D. Dripps	11,265	500	3ABC	15	15	12	3	45	5000-8000	FP	
Children's Hospital of Philadelphia	L. Bachman	3,584	580							2400-3600	P	
Jefferson Medical College	J. J. Jacoby	9,268	234	2	6	6	0	0	12	4100-5100	O	
Pennsylvania	M. V. Troncelliti	10,240	86	2	1	1	0	0	2	4500-4800	O	
Philadelphia General	M. Van Deming	6,538	152	2	5	3	0	0	9†	6707-9973	P	
Presbyterian-University of Pennsylvania Medical Center	S. Schotz	4,544	150	2	2	2	0	0	4	4340-4640	P	
Temple University	L. W. Krumperman	9,228	65	3ABC	5	5	3	0	13	3900-4800	P	
Pittsburgh												
Allegheny General	R. L. Patterson	10,950	290	3C	2	2	2	0	6	7200-7800	P	
Health Center Hospitals of the University of Pittsburgh	P. Safar	30,482	2,000	3ABC	4	4	6	2	17	5500-12500	P	
Presbyterian-University	P. Safar											
Children's Hospital of Pittsburgh	J. Marcy											
Eye and Ear Hospital of Pittsburgh	J. Quinn											
Magee-Womens	O. C. Phillips											
Veterans Admin.	B. Kirimli										O	
Mercy	E. S. Siker	10,595	559	2	4	4	0	0	8	6300-7200	P	
Montefiore	S. Finestone	6,472	206	2	2	2	0	0	4	6000-7000	P	
Sayre												
Robert Packer	E. Kuzucu	5,512	101	2	1	1	0	0	3†	3600-5400	FP	
PUERTO RICO												
Ponce												
Hospital de Damas ⁵⁸	E. Colón-Yordán	2,672	890	2	1	1	1	0	3	4200-4800	F	
Río Piedras												
University of Puerto Rico Affiliated Hospitals ⁵⁸	N. de Jesús			2	12	12	2	0	26			
Industrial												
Municipal Hospital Dr. Rafael López Nussa											P	
University District	N. de Jesús	5,406	77							5700-6900	P	
RHODE ISLAND												
Providence												
Rhode Island ⁵⁸	E. Saklad	14,725	225	2	3	3	3	0	9	5600-6400	P	
SOUTH CAROLINA												
Charleston												
Medical Center Hospitals	J. Mahaffey	7,466	1,373	3ABC	2	0	0	0	2	6000-6000	O	
Medical College												
Veterans Admin.												
TENNESSEE												
Chattanooga												
Baroness Erlanger	R. Stappenbeck	11,787	1,825	2	3	3	0	0	6	6300-8600	F	
Knoxville												
University of Tennessee Memorial Research Center and Hospital		4,902	54	2						6000-7200	F	
Memphis												
City of Memphis Hospitals ⁵⁸	W. C. North	5,865	439	2	5	5	5	0	15	5112-6600	F	
Nashville												
Vanderbilt University ⁵⁸⁻³⁰⁴	C. B. Pittinger	7,183	45	2	4	4	2	0	10	6600-7200	O	
TEXAS												
Dallas												
Parkland Memorial	M. T. Jenkins	11,388	151	3ABC	8	8	5	0	21	5400-7200	P	
Fort Worth												
Harris Hospital-Fort Worth Medical Center	A. N. Heinrichs	13,183	273	2	2	2	0	0	4	5400-5700	P	
Galveston												
University of Texas Medical Branch Hospitals	C. R. Allen	8,023	167	3AB	6	6	3	0	15	6288-8088	P	

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued												
Houston												
Baylor University Affiliated Hospitals	A. S. Keats			3ABC	5	5	5	0	0	15		
Ben Taub General		5,922	44								3900-4500	P
Methodist		18,994									4500-5100	P
St. Luke's Episcopal		10,454	30								4200-4800	O
Texas Children's		2,619	45								4200-4800	O
Veterans Admin.		5,672	18								9221-12873	P
Hermann	L. F. Schuhmacher, Jr.	17,236	0	2	2	2	0	0	0	4	5400-6900	P
St. Joseph	C. Williams	10,392	745	2	2	2	0	0	0	4	5100-5400	P
University of Texas M. D. Anderson Hospital and Tumor Institute ²⁰⁹	W. S. Derrick	5,498	6	2						2†	2640-10000	O
San Antonio												
University of Texas Medical School at San Antonio Teaching Hospitals												
Robert B. Green Memorial	R. Nichols	4,076	52	3BC	6	6	1	0	0	13	5100-5700	P
Temple												
Scott and White Memorial	C. H. Gillespie	5,748	4,206	2						2	5200-5600	P
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals	C. M. Ballinger			3A	6	6	6	1	0	19		
University	C. M. Ballinger	3,331	330								4200-7110	P
Holy Cross	E. Simonson	7,812	26								4200-5400	P
Latter-day Saints	H. Wong	11,813	250								4800-5700	P
Primary Children's	W. S. Jordan	4,613	250								4200-	P
St. Mark's	C. Jensen	6,082	111								4200-5400	P
Shriners Hospital for Crippled Children	C. M. Ballinger	238	5								4200-5400	P
Veterans Admin.	N. Bergman	1,840	104								4610-8230	O
VERMONT												
Burlington												
Medical Center Hospital of Vermont ²⁵⁸	J. Abajian			2	3	3	1	0	0	7	5100-5600	O
Mary Fletcher Unit		6,538	900									
De Goesbriand Unit		3,687	270									
VIRGINIA												
Charlottesville												
University of Virginia	D. W. Eastwood	6,219	191	3ABC	5	5	3	0	0	13	5800-7000	O
Richmond												
Medical College of Virginia—Hospital Division	W. E. Pembleton	16,075	180	2	5	5	0	0	0	10	5700-6000	P
Veterans Admin.	C. G. Lynch	3,574	118	2	2	2	0	0	0	4	4610-12873	P
WASHINGTON												
Seattle												
Providence	L. E. Morris	7,147	86	3ABC	1	1	2	0	0	4†	4200-7200	FP
Swedish Hospital Medical Center	L. H. Mousel	12,987	1,000	2	2	2	0	0	0	4	4800-5400	FP
University of Washington Affiliated Hospitals	J. J. Bonica			3ABC	11	11	11	2	0	35		
Children's Orthopedic Hospital and Medical Center	K. F. Eather	3,396	87									
King County	J. M. Hansen	4,191	297								5500-8760	P
University	J. J. Bonica	3,882	214								5500-8760	P
Veterans Admin.	J. J. Bonica	1,430	107								4610-8230	P
Tacoma General (Tacoma)	P. H. Backup	6,143	111								4200-9600	P
Virginia Mason	D. C. Moore	5,100	161	2	4	4	0	0	0	8	3900-6000	FP
Tacoma												
Tacoma General—See University of Washington Affiliated Hospitals, Seattle												
WEST VIRGINIA												
Morgantown												
West Virginia University Medical Center	N. W. B. Craythorne	4,474	150	2	3	3	0	0	0	8†	7500-8000	P
Wheeling												
Ohio Valley General	D. E. Greenelch	11,113	291	2	2	2	0	0	0	4	7200-7800	P
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals	K. Siebecker			3ABC	6	6	3	0	0	15		
University Hospitals		6,424	490								4150-5650	P
Veterans Admin.		1,249	20								4610-6440	P
Milwaukee												
Marquette University Affiliated Hospitals ²⁵⁸	E. O. Henschel			2	9	9	11	2	0	31†		
Milwaukee County General		6,077	224								4364-6600	P
Veterans Admin. (Wood)		2,452	647								4610-6440	P

2. AEROSPACE MEDICINE

The programs in Aerospace Medicine that have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 230.

3. CHILD PSYCHIATRY

The programs in Child Psychiatry that have been approved by the Council on Medical Education and the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, and begin on page 242.

APPROVED RESIDENCIES

4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Colon and Rectal Surgery, and the American College of Surgeons, through the Residency Review Committee for Colon and Rectal Surgery, as offering TWO years of acceptable training in the specialty. Programs, 12; Residencies, 27

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
Queen of Angels	G. Hugo	6	337	16	44	333	1	1	0	0	0	2	7800-8400	P	
LOUISIANA															
New Orleans															
Ochsner Foundation	P. H. Hanley	15	470	6	50	11,838	1	1	0	0	0	2	5400-...	P	
MASSACHUSETTS															
Boston															
Lahey Clinic	N. W. Swinton	41	837	15	53	5,413	2	1	0	0	0	3	5400-6000	O	
MICHIGAN															
Grand Rapids															
Ferguson-Droste-Ferguson	J. P. Muldoon	88	3,406	54	59	13,156	2	2	0	0	0	2	5400-6000	F	
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	W. C. Bernstein	...	...	...	...	...	1	0	0	0	0	1	...	...
University of Minnesota Hospitals		Inc. in Surg.	...	...	...	1,280	...	...	...	...	...	...	4800-4800	O
Veterans Admin.		...	380	...	...	1,656	...	...	...	...	...	...	4610-8230	O
Rochester															
Mayo Graduate School of Medicine	R. J. Jackman	46	1,691	31	65	26,230	2	2	0	0	0	4	4800-5400	P	
Rochester Methodist		...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's		...	...	...	...	...	...	...	...	...	...	...	...	...
NEW YORK															
Buffalo															
Buffalo General	J. E. Alford	14	452	21	33	487	0	0	0	1	0	1	6800-7500	O	
PENNSYLVANIA															
Allentown															
Allentown	G. L. Kratzer	25	972†	12	25	209	1	0	0	0	0	1	5700-6000	P	
Philadelphia															
Temple University	G. P. Rosemond	40	681	8	37	716	2	2	0	0	0	4	3900-4800	P	
TEXAS															
Dallas															
Baylor University Medical Center	A. Baldwin	17	739	3	33	232	1	0	0	0	0	1	6000-6000	O	
Presbyterian Hospital of Dallas	R. Rowe	2	121	...	...	...	1	1	0	0	0	2	6000-7200	P
Houston															
Hermann	J. W. Harris	14	623	5	40	708	1	1	0	0	0	2	6600-6600	O	

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty. Those hospitals showing TWO years of approval and marked with an asterisk (*) offer an assured THIRD year of training at another hospital approved for such training. Programs, 81; Residencies, 539

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	L. R. Mordecai	7	86	0	0	14,257	3	1	1	1	0	0	3
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	L. E. Harman, Jr.	9	146	0	0	16,559	3	4	4	4	0	0	12
TEXAS															
Brooke General, San Antonio	D. E. VanderPloeg	4	92	21,041	3	3	3	3	0	0	9
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, San Diego	C. E. Kee	20	377	0	0	29,428	3	3	3	3	0	0	9
PENNSYLVANIA															
U. S. Naval, Philadelphia ²⁹³	S. Moschella	12	198	1	0	12,000	2*	3	0	3	0	0	6
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
National Institutes of Health-Clinical Center, Bethesda		1

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK															
U. S. Public Health Service (Staten Island), New York City ²⁸⁷	J. P. Fields	33	431	0	0	7,636	2*	3	2	2	0	0	7		
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center															
University of Alabama Hospitals and Clinics	R. O. Noojin	3	147	0	0	26,850	3	3	3	2	0	0	8	4980-9600	P
Fairfield															
Lloyd Noland ⁹⁸	P. G. Reque	1	19	0	0	5,489	1	2	0	0	0	0	2	5400-5400	FP
ARKANSAS															
Little Rock															
University of Arkansas Medical Center	C. Dillaha						3	2	2	2	0	0	6		
University		1	56	0	0	4,811								4200-5575	O
Veterans Admin. Consolidated		19	266	1	0	2,202								4610-6440	P
CALIFORNIA															
Long Beach															
Veterans Admin.	J. W. Wilson	15	285	1	100	6,135	3	3	3	3	0	0	9	5920-8760	O
Los Angeles															
Los Angeles County General, Unit I	M. Bauer	16	554	4	75	15,852	3	2	2	2	0	0	6	7200-8400	P
University of California	T. H. Sternberg					6,151	3	2	2	3	0	0	7	4368-7692	O
Veterans Admin. Center-Wadsworth ¹¹⁷	E. T. Wright	47	1,494			5,683	3	4	1	3	0	0	8	5920-8760	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	E. M. Farber						3	2	5	3	0	0	10		
Palo Alto-Stanford Hospital Center	E. M. Farber	6	168	0	0	8,209								4900-7000	O
Veterans Admin.	W. H. Gould	13	118	2	100	1,976									
Presbyterian Medical Center (San Francisco)	H. Schneidman			27	0	2,823								4800-5700	P
San Mateo County General (San Mateo)	O. E. L. Schmidt	1	8	1	100	1,700								4896-6192	F
San Francisco															
Presbyterian Medical Center—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
University of California Program in Dermatology	W. L. Epstein						3	2	4	4	0	0	10		
H. C. Moffitt—University of California Hospitals	W. L. Epstein	6	150	2	100	11,108								4368-5616	O
Veterans Admin.	D. Tuffanelli	2	104	0	0	1,496								4710-8230	O
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
COLORADO															
Denver															
University of Colorado Affiliated Hospitals							3	2	2	4	0	0	8		
University of Colorado Medical Center	R. W. Goltz		2	52	0	0	3,078							3500-4500	O
Veterans Admin.	D. Jenkins		Inc. in Int. Med.	78	0	0	1,137							4610-8230	O
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center							3	1	4	0	0	0	5	4000-4200	P
Yale-New Haven	A. B. Lerner		Inc. in Int. Med.			7,193									
DISTRICT OF COLUMBIA															
Washington															
Freedmen's	J. A. Kenney	1	14	2	0	4,606	2	1	1	0	0	0	2	6941-8702	O
FLORIDA															
Miami															
Jackson Memorial	H. Blank	20	298	0	0	8,810	3	3	3	3	0	0	9	4284-5544	O
GEORGIA															
Atlanta															
Grady Memorial	S. Olansky		Inc. in Int. Med.			3,872	3	1	1	1	0	0	3	4500-5700	P
Augusta															
Medical College of Georgia Hospitals	J. G. Smith, Jr.						1	2	2	2	0	0	6		
Eugene Talmadge Memorial		8	100			2,000								4800-6000	F
University															
Veterans Admin.		1	194	0	0	108									
ILLINOIS															
Chicago															
Cook County	S. Barsky	16	272	4	33	18,390	3	2	2	2	0	0	6	4620-5100	F
Northwestern University Medical Center	S. M. Bluefarb					5,338	3	2	2	2	0	0	6		
Veterans Admin. Research	S. M. Bluefarb	14	196	3	66	1,369								4610-8230	O
Univ. of Chicago Hospitals and Clinics	A. L. Lorincz	9	153	4	100	5,464	3	3	3	3	0	0	9	5500-6500	O
University of Illinois Research and Educational Hospitals	A. Rostenberg, Jr.	3	50	1	100	8,400	3	2	2	2	0	0	6	5000-5600	P
Veterans Admin. (Hines)	A. Rostenberg, Jr.	8	144	6	33	1,177								4610-6440	O
Hines															
Veterans Admin.—See University of Illinois Research and Educational Hospitals, Chicago															
INDIANA															
Indianapolis															
Indiana University Medical Center ¹⁷⁹	V. C. Hackney						3	2	1	1	0	0	4	3725-4525	P
Indiana University Hospitals	V. C. Hackney					1,107									
Marion County General	R. E. Jenkins	4	28	1	100	6,742								5220-5846	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
IOWA															
Iowa City															
University Hospitals	R. G. Carney	14	440	3	33	14,979	3	3	2	2	0	0	7	4500-5500	P
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals															
Louisville General	P. Mapother					2,532	1	1	0	0	0	0	1	4300-4300	P
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	V. J. Derbes, S. E. O'Quinn	6	208	2	0	19,630	3						12	5400-6000	F
MARYLAND															
Baltimore															
Johns Hopkins ¹⁹²	G. M. Hambrick					4,965	3	2	2	2	0	0	6	3600-	P
University	H. Robinson, Jr.	1	26	1	0	9,142	3	1	2	1	0	0	4	4100-5500	P
MASSACHUSETTS															
Boston															
Massachusetts General	T. B. Fitzpatrick	14	295†	1	0	9,572	3	2	1	3	0	0	6	4200-7500	P
Tufts University Affiliated Hospitals	W. F. Lever						3	3	3	2	0	0	8		O
Boston City		20	109	0	0	15,824								4200-5600	O
New England Medical Center Hospitals		0	0	0	0	2,147								4200-5600	O
University	H. D. Mescon					4,995	3	2	2	2	0	0	6	4200-5600	O
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	A. C. Curtis						3	5	5	5	2	0	17		
University	A. C. Curtis	17	465	5	40	7,190								4020-4816	O
Veterans Admin.	R. C. Bishop													4610-8230	O
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Henry Ford	C. S. Livingood	21	482	1		44,586	3	5	5	5	0	0	15	4800-5400	P
Wayne State University Affiliated Hospitals	D. J. Birmingham						3	4	4	4	0	0	12		O
Veterans Admin. (Dearborn)		50	454	12	50	2,771								4610-8230	O
Detroit General			6			6,498								4480-6260	P
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	F. W. Lynch						3	4	4	4	1	1	14		
Hennepin County General	C. W. Laymon	2	53			3,580								4800-5300	P
University of Minnesota Hospitals	F. W. Lynch	7	73	0	0	3,042								4500-6440	O
Veterans Admin.	I. Fisher	12	267			2,189								4610-8230	O
St. Paul-Ramsey (St. Paul)	H. Ravits	1	17	0	0	3,661								4500-6000	P
Rochester															
Mayo Graduate School of Medicine	R. R. Kierland	31	830	3	67	29,100	3	7	7	7	0	0	21	4200-4800	P
Rochester Methodist															
St. Mary's															
St. Paul															
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSOURI															
Columbia															
University of Missouri Medical Center	N. D. Asel	4	115	1	100	3,890	3	2	2	2	0	0	6	4000-5000	O
St. Louis															
Barnes Hospital Group	H. Gass					4,990	3	3	3	3	0	0	9	4200-4800	O
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial	O. F. Jillson	10	243			10,422	3	1	1	1	0	0	3	4200-5600	O
NEW YORK															
Buffalo															
Edward J. Meyer Memorial	J. W. Jordan	3	42	1	100	4,722	3	1	1	1	0	0	3	5550-6660	P
Roswell Park Memorial Institute	H. Traenkle	15	44	0	0	3,606	1	0	0	0	1	0	1	5020-5870	O
New York City															
Mount Sinai Hospital Training Program							3	1	1	2	0	0	4		
Mount Sinai	S. M. Peck	8	60	0	0	8,816								5000-6000	P
City Hospital Center at Elmhurst	I. Kantor	1	26	0	0	4,734								5700-6700	FP
New York	F. Daniels					10,929	3	2	1	1	0	0	4	5000-5400	P
New York Medical College-Metropolitan Hospital Center	J. L. Morse						2	1	1	1	0	0	3	4980-5580	F
Unit 1-Flower and Fifth Avenue Hospitals															
Unit 2-Metropolitan		4	39			12,298									
New York University-Bellevue Medical Center	R. L. Baer						3						18†		
Bellevue Hospital Center	R. L. Baer	28	197	3	67	18,946								4980-6400	P
University	R. L. Baer	16	360	3	33	35,538								6690-7930	P
Veterans Admin. (Manhattan)	P. Michaelides	33	389	0	0									6170-8230	O
Presbyterian	C. Nelson	7	168	1	0	23,196	3	2	1	1	0	0	4	5200-6500	O
Roosevelt	R. M. Montgomery		2	0	0	2,586	1	0	1	0	0	0	1	5500-7000	P
St. Luke's Hospital Center	A. Young	1	6	0	0	5,307	2*	1	1	0	0	0	2	5000-6000	
State University-Kings County Medical Center	L. Frank						3	3	2	2	0	0	7		
Kings County Hospital Center	L. Frank	18	351	115	25	18,370								4980-6400	P
State University															
Veterans Admin. (Brooklyn)	Y. Lynfield	*39	395	4	100	1,632								6170-8230	O
Veterans Admin. (Bronx)	H. Shatin	43	350	2	50	2,727	2	2	2	0	0	0	4	6170-6990	O

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Deaths			Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year (Min.-Max.)	Maintenance
			Admissions (Include Transfers)	Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. E. Wheeler	1	42	0	0	5,681	3	2	2	2	0	0	6	5000-6000	O
Durham															
Duke	J. L. Callaway	4	100	2	100	8,707	3	4	2	2	0	0	8	4500-5400	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Cincinnati General	L. Goldman	11	209	1	100	21,500	3	3	3	3	0	0	9	4200-4800	FP
Cleveland															
Cleveland Clinic	J. R. Haserick	13	470	4	50	14,531	3	2	2	2	0	0	6	3900-4500	P
Western Reserve University Affiliated Hospitals	W. E. Clendenning						3	2	2	2	0	0	6		
Cleveland Metropolitan General	J. Pomeranz	1	36	2	100	6,468								4300-5760	P
University Hospitals of Cleveland	W. E. Clendenning	6	151	0	0	4,088								4500-6000	P
Veterans Admin.		19	220	2	100	365								4610-5460	P
Columbus															
Ohio State University Hospitals	R. Carr	6	190	0	0	12,566	3	1	1	1	0	3	3	3624-4524	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	M. A. Everett						3						7		
University of Oklahoma Hospitals		4	130	3	0	5,113								4000-6440	P
Veterans Admin.		1	37			806									
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics	W. C. Lobitz, Jr.	8	163	3	66	6,355	3	3	3	3	0	0	9	4200-6000	FP
Veterans Admin.	W. C. Lobitz	3	32	1	100	808								4610-7100	P
PENNSYLVANIA															
Danville															
Geisinger Medical Center	R. Dickey	1	25			17,765	3	2	2	2	0	0	6	5100-5700	P
Philadelphia															
Graduate Hospital of the University of Pennsylvania	H. Beerman	1	56	0	0	1,939	3	1	1	1	0	0	3	4400-5000	P
Hahnemann Medical College and Hospital	R. Fleischmajer						2	2	1	0	0	0	3	3900-4200	
Hospital of the University of Pennsylvania ²⁹⁵	W. B. Shelley	10	306	4	50	7,917	3	5	5	5	0	0	15	4100-7500	P
Jefferson Medical College	H. A. Luscombe	1	19	0	0	2,674	2	1	1	0	0	0	2	4100-4600	O
Philadelphia General	W. Shelley	12	127	2	100	5,663	2	2	2	0	0	0	4	5800-6250	P
Temple University	F. Urbach	20	376	3	33	17,791	3	6	6	6	0	0	18	3900-4800	P
PUERTO RICO															
Rio Piedras															
University District	V. Torres	8		0	0	8,936	3	3	3	3	0	0	9	5700-6900	P
TENNESSEE															
Memphis															
University of Tennessee Affiliated Hospitals	E. W. Rosenberg						3	2	2	2	0	0	6		
City of Memphis Hospitals						4,500								3660-4080	F
Veterans Admin.		5	60	0	0	2,500								4610-6440	P
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals	J. F. Mullins	7	127	2		8,303	3	2	2	2	9	9	6	5088-5088	P
Houston															
Baylor University Affiliated Hospitals ⁴⁸	J. M. Knox	23	307	1	0	8,863	3	3	3	3	0	0	9	4255-5470	P
VIRGINIA															
Charlottesville															
University of Virginia	E. P. Cawley	3	137	0	0	7,728	3	2	2	2	0	0	6	4200-5400	O
Richmond															
Medical College of Virginia-Hospital Division	W. K. Blaylock	4	148	2	50	5,368	3	2	2	2	0	0	6	4200-4800	P
WASHINGTON															
Seattle															
University	W. Baker						3	1	1	1	0	0	3	5500-6540	P
WEST VIRGINIA															
Morgantown															
West Virginia University Medical Center	W. Welton					2,732	1	1	0	0	0	0	1	4800-...	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals							3	3	2	2	0	0	7		
University Hospitals	S. A. M. Johnson	6	149	2	100	4,411								4150-5650	P
Veterans Admin.	J. K. Curtis	9	137	0	0	441								6440-6440	P
Marshfield Clinic (Marshfield)	W. F. Schorr	6	250	0	0	9,004								6000-6000	F
Marshfield															
Marshfield Clinic-See University of Wisconsin Affiliated Hospitals, Madison															
Milwaukee															
Veterans Admin. (Wood)	D. W. Kersting	6	55			10,853	3	3	3	1	0	0	7	4610-7110	P

6. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been approved by the Council on Medical Education and the American Board of Pathology are listed following the programs in Pathology, and begin on page 212

APPROVED RESIDENCIES

7. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in this field. Programs, 158; Residencies, 833

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
DISTRICT OF COLUMBIA														
U. S. Air Force, Andrews AFB, Washington	M. W. Steel, Jr.	247	7,475	40	80	2	2	2	0	0	0	4		
UNITED STATES ARMY														
NEW JERSEY														
Walson Army, Fort Dix	L. M. Dixon	428	19,477	74	75	216,857	2	4	4	0	0	0	8	
UNITED STATES NAVY														
FLORIDA														
U. S. Naval, Jacksonville	A. C. Hering	367	8,554	140	74	167,468	2	4	4	0	0	0	8	
UNITED STATES PUBLIC HEALTH SERVICE														
ALASKA														
U. S. Public Health Service, Alaska Native Medical Center, Anchorage							2							
MICHIGAN														
U. S. Public Health Service, Detroit							2							
NEW MEXICO														
U. S. Public Health Service Indian, Gallup	R. W. Haskell	182	4,367	105	52	53,995	2	4	4	0	0	0	8	10200-10800 O
VIRGINIA														
U. S. Public Health Service, Norfolk	C. R. Garfield	158	3,269	86	63	76,453	2	3	3	0	0	0	6	
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham Carraway Methodist	C. Neville	246	12,477	232	46	101,250	2	2	2	0	0	0	4	5400-6000 P
ARIZONA														
Phoenix Good Samaritan	R. Price	131	8,081	98	47	15,002	2	2	2	0	0	0	4	7800-8100 F
Tucson Tucson Hospitals Medical Education Program	A. V. Dudley	127	4,004	273	49	34,948	2	2	2	0	0	0	4	5100-6600 FP
Tucson Pima County General		162	7,132	232	52	7,986								
Tucson St. Mary's		377	20,452	459	51	9,588								
Tucson Tucson Medical Center														
CALIFORNIA														
Bakersfield														
Kern County General	V. G. Lopez	227	7,419	319	64	37,132	2	2	2	0	0	0	4	7600-8100 O
Berkeley														
Herrick Memorial	J. Lewis	131	4,341	212	3	6,755	2	1	1	0	0	0	2	10500-10800 P
Long Beach														
Memorial Hospital of Long Beach	D. E. Timmons	398	21,725	517	46	0	2	1	1	0	0	0	2	6000-6000 P
St. Mary's Long Beach	S. Butler						2							
Los Angeles														
Queen of Angels	J. W. Bisenius						3	2	2	2	0	0	6	6600-... P
Martinez														
Contra Costa County Medical Services	G. Degnan	297	14,273	392	57	161,772	2	10	0	0	0	0	10	9156-9156 P
Modesto														
Scenic General	W. A. Todd	157	4,755	312	42	50,759	2	4	4	0	0	0	8	12000-12000 P
Riverside														
Riverside General	D. John	277	9,252	488	49	61,559	2	2	2	0	0	0	4	5880-7296 F
Sacramento														
Sacramento County	G. G. Snively	558	14,127	1,070	48	75,751	2	6	6	0	0	0	12	8460-9060 P
Salinas														
General Hospital of Monterey County	C. J. Leonard	236	5,182	277	73	43,011	2	5	5	0	0	0	10	7800-9000 FP
San Bernardino														
San Bernardino County General	C. L. Cook, Jr.	285	4,426	602	60	20,646	3	8	8	4	0	0	20	5700-7200 F
Santa Barbara														
Santa Barbara General-Cottage Hospitals	D. M. Caldwell	15	1,287	55	44		2	3	3	0	0	0	6	5700-6000 F
Santa Barbara Cottage		31	878	84	25									
Santa Barbara General														
Santa Cruz														
County of Santa Cruz General	W. Cress	102	2,175	144	46	12,662	2	4	2	0	0	0	6	7200-8400 P
Community Hospital of Sonoma County							2	5	5	0	0	0	10	
Ventura														
General Hospital Ventura County	J. A. Daly	245	5,789	281	32	58,316	2	6	6	0	0	0	12	8400-9600 F
COLORADO														
Colorado Springs														
St. Francis	D. Dawson	124	6,354	134	52	8,884	2	1	1	0	0	0	2	6600-7200 F
Denver														
Denver General	B. E. Pollock	250	7,631	514	64	153,700	2	2	2	0	0	0	4	4020-4392 P
St. Joseph	M. E. McDowell	446	22,109	388	58	11,001	2	1	1	0	0	0	2	4920-5220 P
Sisters of Mercy	C. Flaxer	293	14,152	236	54	18,624	2						4	7200-7800 P
University of Colorado Medical Center	C. W. Eisele	288	11,056	399	81	163,928	2	4	4	0	0	0	8	3500-4500 O
CONNECTICUT														
Bridgeport														
Bridgeport	F. P. A. Williams	416	20,858	695	44	19,286	2	2	2	0	0	0	4	6300-6900 FP
Danbury														
Danbury	J. L. Belsky	202	9,817	367	47	6,219	2	3	3	0	0	0	6	4200-4800 F

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
DELAWARE															
Wilmington															
Wilmington Medical Center	E. Resnick	253	11,098	403	33	13,530	2	6	6	0	0	0	12	6000-8600	FP
Wilmington General Division															
DISTRICT OF COLUMBIA															
Washington															
Eastern Dispensary and Casualty	J. H. Choi	95	3,406	78	17	3,399	2	3	3	0	0	0	6	6000-8600	F
FLORIDA															
Daytona Beach															
Halifax District	H. S. B. Treloar	362	16,979	713	31	4,920	2	5	5	0	0	0	10	6600-8600	P
Jacksonville															
Duval Medical Center	A. M. Manson	242	10,354	513	75	207,872	2	1	1	0	0	0	2	5700-6000	P
St. Vincent's	C. Burke	336	17,533†	367	36	...	2	1	1	0	0	0	2	5700-8000	P
Miami															
Jackson Memorial	L. P. Carmichael	1,104	34,345	1,871	34	175,906	2	3	3	0	0	0	6	...	...
Pensacola															
Pensacola Educational Program	W. C. White	287	15,508	254	50	48,522	2	3	3	0	0	0	6	5700-6000	P
Baptist		134	6,993	182	44	43,386	...	...	...	...	...	...	...	...	...
Escambia General		167	9,045	190	40	36,858	...	...	...	...	...	...	...	...	...
Sacred Heart		185	6,331	946	23	9,046	2	2	2	0	0	0	4	6300-8600	P
St. Petersburg															
Mound Park	O. T. Ayer	185	6,331	946	23	9,046	2	2	2	0	0	0	4	6300-8600	P
GEORGIA															
Albany															
Phoebe Putney Memorial	M. S. Buckner	250	14,735	335	23	10,648	2	3	3	0	0	0	6	6000-7200	O
Columbus															
Medical Center	W. P. Jordan	335	15,929	590	33	31,150	2	4	4	0	0	0	8	8000-8600	F
ILLINOIS															
Berwyn															
MacNeal Memorial	R. J. Novak	387	17,808	614	42	7,739	2	4	4	0	0	0	8	5400-6000	FP
Chicago															
Grant	N. Koenig	175	6,249	242	37	9,273	2	3	3	0	0	0	6	6600-6900	F
Jackson Park	M. I. Shapiro	154	5,982	178	56	1,465	2	4	4	0	0	0	8	...	O
Louis A. Weiss Memorial Hospital	H. E. Bessinger	235	8,332	325	52	4,200	2	8	7	0	0	0	15	6900-7200	P
Norwegian-American	L. Dolan	95	4,224	148	32	3,885	2	6	4	0	0	0	10	9000-8000	O
Ravenswood	H. L. Browns	234	10,110	315	39	3,766	2	4	4	0	0	0	8	7800-8200	P
St. Elizabeth's	L. G. Khedroo	216	11,079	325	...	181	2	4	4	0	0	0	8	...	...
Swedish Covenant	J. H. Erickson	210	8,054	328	42	12,771	2	4	4	1	0	0	9†	5100-5700	F
Oak Park															
West Suburban	R. C. Muehrcke	341	15,761	482	45	2,533	2	6	6	0	0	0	12	6600-7200	O
Peoria															
Methodist Hospital of Central Illinois	J. Ort	280	12,292	398	40	2,124	2	4	4	0	0	0	8	5400-...	F
St. Francis	P. E. Lawless	...	...	...	...	...	2	1	1	0	0	0	2	5100-5400	F
INDIANA															
Evansville															
St. Mary's	D. Hare	315	13,910†	348	27	1,219	2	1	1	0	0	0	2	6000-6600	P
Indianapolis															
Indiana University Medical Center	G. T. Lukemeyer	403	13,131	601	68	88,264	2	2	2	0	0	0	4	...	...
Methodist Hospital of Indiana	L. Kammen	578	17,920†	794	50	13,966	2	1	1	0	0	0	2	5880-6180	P
IOWA															
Des Moines															
Broadlawn Polk County	R. Carlson	125	6,711	262	42	56,532	2	2	2	0	0	0	4	4500-4800	FP
KANSAS															
Wichita															
St. Francis	C. C. Schopf	...	...	...	...	...	2	3	3	0	0	0	6	6032-6344	FP
St. Joseph Hospital and Rehabilitation Center	L. W. Purinton	301	15,099	241	22	22,791	2	2	0	0	0	0	2	5700-6300	P
Wesley Medical Center	J. Tiller	498	31,334	426	38	20,278	2	2	2	0	0	0	4	6000-6300	F
LOUISIANA															
Lafayette															
Lafayette Charity Hospital	N. Gilbert	...	9,191	320	47	465	1	0	20	0	0	0	20	6000-8000	F
Monroe															
E. A. Conway Memorial	M. S. Coon	41	1,777	202	12	58,463	2	6	6	0	0	0	12	7200-7800	P
MAINE															
Portland															
Maine Medical Center	R. H. Pawle	...	...	...	...	...	2	1	1	0	0	0	2	3660-4560	FP
MARYLAND															
Bethesda															
Suburban	W. S. Murphy	202	12,233	302	56	2,898	2	2	2	0	0	0	4	7080-7440	O
MASSACHUSETTS															
Lowell															
Lowell General	H. Black, V. Letsou	215	9,297	332	32	13,179	2	2	2	0	0	0	4	6000-8000	F
Worcester															
Worcester City	J. deMarco	201	8,171	477	53	18,160	2	2	2	0	0	0	4	5259-8677	FP
MICHIGAN															
Dearborn															
Oakwood	J. M. Battle	380	17,947	471	42	289	2	3	3	0	0	0	6	4800-5100	F
Detroit															
Evangelical Deaconess	W. F. Blair	173	8,376	263	35	11,750	2	4	4	0	0	0	8	6300-6900	P

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance P P P O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued															
Flint															
Hurley	P. Thoms	627	22,194	736	44	8,456	2	2	2	0	0	0	4	6000-6300	FP
McLaren General	J. W. MacKenzie	300	14,286	232	50	2,246	2	3	3	0	0	0	6	5700-6000	P
St. Joseph	J. D. McAlindon	353	15,390	378	44	913	2	8	7	0	0	0	15	9000-10800	P
River Rouge															
Sidney A. Sumbly Memorial		64	2,629	12	42	0	2	5	5	0	0	0	5	7200-...	FP
Saginaw															
Saginaw General Hospital-St. Mary's		259	10,739	301	36	5,277	2	1	1	0	0	0	2	...	...
Saginaw General	A. C. Stander	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	J. L. Barry	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Luke's	W. C. Averill	203	9,248	210	58	17,008	2	4	4	0	0	0	8	...	...
MINNESOTA															
Minneapolis															
Fairview	H. D. Miller	334	12,061	297	34	15,497	2	4	4	0	0	0	8	5100-5700	F
St. Paul															
St. Luke's	C. E. Turbak	264	11,034	243	46	31,000	2	4	4	0	0	0	8	4200-4800	F
MISSOURI															
Columbia															
University of Missouri Medical Center	A. S. Baker	Inc. in Int. Med.	...	...	...	...	2	3	3	0	0	0	6	4000-4500	O
Kansas City															
Menorah Medical Center	H. Cohen	...	...	...	...	...	2	1	1	0	0	0	2	6370-7020	P
Trinity Lutheran	J. H. Hill	163	6,851	299	33	105,604	2	2	2	2	2	2	4	6000-7800	P
St. Louis															
Lutheran	G. A. Koehler	332	13,893	421	36	24,480	3	4	5	6	0	0	15	5580-6480	F
NEW JERSEY															
Flemington															
Hunterdon Medical Center	R. R. Henderson	99	5,368	199	60	45,249	2	2	2	0	0	0	4	3600-3900	F
Hoboken															
St. Mary's	D. D. Dougherty	302	10,983	422	38	9,410	2	2	2	0	0	0	4	5400-6600	FP
Montclair															
Mountainside ²⁹⁹	N. Ram	294	10,604†	...	...	12,059	2	2	2	0	0	0	4	4800-5100	F
Morristown															
Morristown Memorial	R. C. Maronpot	294	13,400	392	53	13,599	2	2	2	0	0	0	4	6000-6250	F
Perth Amboy															
Perth Amboy General	J. M. Kluff	477	18,550	559	39	10,325	2	2	2	0	0	0	4	4920-5640	F
Phillipsburg															
Warren	J. F. Burke	179	7,883	350	37	2,526	2	3	3	0	0	0	6	6000-7200	FP
Princeton															
Princeton	E. O. Hirsch	171	8,671	238	59	2,649	3	4	3	1	0	0	8	5260-5260	P
Somers Point															
Shore Memorial	G. H. Keates	154	7,504	340	24	14,473	2	4	4	0	0	0	8	6600-7200	FP
Somerville															
Somerset	L. D. Troum	214	12,057	372	39	...	2	2	2	0	0	0	4	4800-5100	F
Summit															
Overlook	L. J. Anson	342	16,640	445	38	2,962	2	2	2	0	0	0	4	5100-5700	P
NEW MEXICO															
Los Alamos															
Los Alamos Medical Center	H. T. Wadstrom	35	2,208	27	85	2,574	2	1	1	0	0	0	2	7200-7200	O
NEW YORK															
Buffalo															
Millard Fillmore	M. Cheplove	258	10,422†	333	42	11,433	2	1	1	0	0	0	2	5300-5700	P
Glen Cove															
Community Hospital at Glen Cove	F. X. Moore	170	7,972	319	41	9,619	2	1	1	0	0	0	2	5540-6040	P
Rochester															
St. Mary's	R. J. Napodano	90	2,123	270	41	...	2	1	1	0	0	0	2	5200-5700	P
Yonkers															
Yonkers General	M. J. Eisen	163	6,559	239	41	12,257	2	1	1	1	0	0	3	5100-6300	FP
NORTH CAROLINA															
Charlotte															
Charlotte Memorial	B. L. Galusha	610	24,905†	610	51	50,833	2	4	4	0	0	0	4	5400-5700	P
OHIO															
Akron															
Akron City ²⁷⁴	P. E. Cheek	388	13,477	792	55	14,583	2	2	2	0	0	0	4	4680-5100	P
Akron General	D. W. McCoy	386	14,157	587	56	12,649	2	3	3	0	0	0	6	4680-5100	FP
St. Thomas	C. East	319	13,765	434	50	6,635	2	2	2	2	0	0	6	4900-5640	FP
Barberton															
Barberton Citizens	M. E. Griffin	111	5,556†	253	31	3,511	2	3	3	0	0	0	6	5400-5400	F
Cincinnati															
Christ	C. Warner, C. Vilter	126	2,116	275	40	1,267	2	2	2	2	0	0	6	4500-5100	F
Good Samaritan	D. Fischer	Inc. in Int. Med.	...	...	...	...	2	2	2	0	0	0	4	5400-6600	P
Cleveland															
Fairview General	F. Geiss	307	16,565	379	56	39,681	2	2	2	0	0	0	4	5400-6000	FP
Polyclinic	R. V. Bachman	115	4,367	115	31	0	3	...	...	...	...	...	8†	5400-7200	FP
St. John's	J. L. Modic	246	9,506	369	30	4,125	3	6	6	6	0	0	18	5400-6300	FP
Cleveland Heights															
Doctors	S. Nickel	180	6,198	182	36	0	2	8	8	0	0	0	16	5400-6000	F
Columbus															
Mount Carmel	J. L. Henry	383	15,179†	364	53	14,740	2	3	0	0	0	0	3	5400-5700	F
Riverside Methodist	W. Hutchison	31	1,418	73	44	...	2	1	1	0	0	0	2	5400-5700	P
Dayton															
Good Samaritan	R. Kahn	254	5,989	407	46	2,017	2	2	2	0	0	0	4	3900-4500	F
Miami Valley	J. Worthman	612	22,366†	777	40	10,432	2	2	2	0	0	0	4	6300-6600	P
Elyria															
Elyria Memorial	R. J. Schork	167	8,465	232	36	2,935	2	3	3	0	0	0	6	6000-6300	F
Euclid															
Euclid-Glenville	T. S. Kelly	261	9,771	356	33	1,532	3	4	4	4	0	0	12	4800-5400	F

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
OHIO—Continued																
Lorain																
St. Joseph	C. Butrey	232	10,197	366	36	3,202	2	4	4	0	0	0	8	6600-7200	F	
Ravenna																
Robinson Memorial Portage County	R. E. Glasgow	177	9,922	242	36	18,677	3	6	6	3	0	0	15	5400-6000	F	
Toledo																
Mercy	J. R. Jones	337	15,214	401	39	4,886	2	4	4	0	0	0	8	7560-8256	F	
St. Charles	F. C. Clifford	176	8,905	260	28	36,749	2	2	2	0	0	0	4	6200-8500	F	
Toledo	B. L. Huffman	261	11,257	312	44	...	2	1	1	0	0	0	2	6300-8900	FP	
Warren																
St. Joseph's Riverside	A. M. Ginzler	132	7,567	182	28	0	2	4	3	0	0	0	7	7200-7200	F	
Youngstown																
St. Elizabeth	J. Hyland	491	23,632	664	43	11,589	2	1	1	0	0	0	2	6600-6900	FP	
OKLAHOMA																
Oklahoma City																
University of Oklahoma Hospitals ²⁸⁹	R. I. Lienke	...	...	...	...	...	2	4	4	0	0	0	8†	4000-5000	P
OREGON																
Portland																
St. Vincent	D. B. Miller	288	14,750†	432	45	13,006	2	2	2	2	0	0	6	5400-6900	P	
PENNSYLVANIA																
Abington																
Abington Memorial	T. W. Plume	...	...	...	...	...	2	1	1	0	0	0	2	...	...
Altoona																
Altoona	J. B. English	333	12,820†	508	32	13,808	2	3	3	0	0	0	6	6420-6840	F	
Bristol																
Lower Bucks County	S. Edden	227	12,748	235	39	4,871	2	3	3	0	0	0	6	9000-9000	F	
Chester																
Crozer-Chester Medical Center	A. H. Silvers	313	13,899	460	30	11,211	2	4	4	0	0	0	8	5100-5700	FP	
Drexel Hill																
Delaware County Memorial	E. D. Arsht	201	7,778	368	38	5,607	2	2	2	0	0	0	4	7200-7800	FP	
Lancaster																
Lancaster General	H. W. Miller	164	5,820	389	52	4,291	2	2	2	0	0	0	4	4800-6000	F	
Norristown																
Montgomery	R. E. Carlson	203	11,010	323	39	84,156	2	4	4	0	0	0	8	4800-5400	F	
Sacred Heart	B. R. Marger	105	4,800	150	38	1,750	2	4	2	0	0	0	6	5400-6000	FP	
Philadelphia																
St. Agnes	J. H. Loucks	181	7,990	251	25	25,784	2	2	2	0	0	0	4	7200-7200	P	
Pottsville																
A. C. Milliken	N. M. Wall	200	8,184	297	31	26,561	2	3	3	0	0	0	6	7200-7800	FP	
Pottsville Hospital and Warne Clinic	E. W. Cubler	235	8,584	287	38	24,495	2	2	2	0	0	0	4	7200-8400	F	
Reading																
Community General	E. Trexler	195	7,193	299	42	47,266	2	4	4	0	0	0	8	6900-7500	F	
St. Joseph's	J. J. Williams	257	10,977	382	40	23,258	2	4	2	0	0	0	6	6000-6000	F	
Sharon																
Sharon General	R. E. Sass	227	11,453	355	27	72,301	2	2	2	0	0	0	4	6000-6000	F	
RHODE ISLAND																
Pawtucket																
Memorial	H. H. Magendantz	235	4,784	280	34	3,315	2	2	2	0	0	0	4	6600-7200	F	
SOUTH CAROLINA																
Greenville																
Greenville General	K. B. Young	130	4,669	370	33	8,066	2	3	1	0	0	0	4	5700-6000	P	
TENNESSEE																
Knoxville																
University of Tennessee Memorial Research Center and Hospital	...	223	11,447	421	42	19,669	2	2	0	0	0	0	2	4392-4512	F	
TEXAS																
Houston																
Memorial Baptist	J. F. Strashun	722	37,146	607	27	90,936	2	3	3	0	0	0	6	6305-6600	P	
San Antonio																
Baptist Memorial	R. B. Wait	419	23,876	587	38	6,775	2	2	2	0	0	0	4	5400-6000	P	
UTAH																
Ogden																
Thomas D. Dee Memorial	F. M. Calton	234	17,231	303	46	46,366	2	3	3	0	0	0	6	5100-5700	FP	
Salt Lake City																
Latter-day Saints	F. W. Taylor	...	...	...	...	...	2	1	1	0	0	0	2	4800-5400	P
VERMONT																
Bennington																
Henry W. Putnam Memorial	A. Faris	90	4,363	166	39	13,985	2	2	2	0	0	0	4	10000-10000	P	
VIRGINIA																
Newport News																
Riverside	H. L. Kraus	123	6,355	214	37	3,684	2	2	2	0	0	0	4	7200-8400	FP	
Norfolk																
De Paul	R. C. Reed	267	12,791	294	46	20,407	2	1	1	0	0	0	2	6000-6300	F	
Norfolk Community	...	...	...	...	...	...	2	1	1	0	0	0	2	6000-7200	FP
Norfolk General	D. Hayes	178	5,713	403	33	4,050	2	4	4	0	0	0	8	6900-7200	F	
Portsmouth																
Maryview	R. Maret	182	7,529	200	41	...	2	6	4	0	0	0	10	8400-9600	P	
Portsmouth General	E. M. Hanbury, Jr.	219	2,747	268	29	17,976	2	4	4	0	0	0	8	9000-10200	P	
Suffolk																
Louise Obici Memorial	J. F. Waddill	135	6,441	288	34	1,231	2	3	3	0	0	0	6	6000-8400	F	
WASHINGTON																
Seattle																
Providence	W. E. Lacy	214	12,460†	336	51	...	2	2	2	0	0	0	2	4200-5550	FP	
Spokane																
Sacred Heart	C. F. Baxter	365	25,197	579	50	21,266	2	2	2	0	0	0	4	5400-6900	F	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P P P P O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
WEST VIRGINIA															
Charleston															
Charleston General	W. Pushkin						2	1	1	0	0	0	2	3900-4800	P
Wheeling															
Wheeling	G. M. Kellas	84	1,723	82	40	4,133		2	2	0	0	0	4	4800-4800	F
WISCONSIN															
Milwaukee															
Evangelical Deaconess	F. G. Stergiades	128	5,169†	237	38	12,116	3	2	2	2	0	0	6	5400-6000	F
St. Francis	J. F. Zimmer	202	8,910	310	28	22,592	2	4	4	0	0	0	8	5400-5700	P
St. Luke's	F. Schuler		4,276	109	50		2	2	0	0	0	0	2	7200-7500	
St. Michael	N. Bauch	289	12,434	211	45	33,051	2	6	6	0	0	0	12	5100-5400	F

8. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering THREE years of training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine. Programs, 423; Residencies, 7,104

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P P P P O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
CALIFORNIA															
David Grant USAF, Fairfield	J. Thorpe	101	2,242	36	78	32,044	2	2	0	0	0	4			
MISSISSIPPI															
U. S. Air Force, Biloxi	R. Amdall	123	2,589	39	77	36,250	2	2	2	0	0	6			
TEXAS															
Wilford Hall USAF, San Antonio	R. B. Stonehill	265	6,080	121	84	56,618	7	7	7	0	0	21			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	H. F. Hurd	164	2,600	138	76	41,286	5	5	5	2	0	17			
COLORADO															
Fitzsimmons General, Denver	E. L. Overholt	261	3,532	101	98	60,649	5	5	5	3	0	18			
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	L. F. Parmley, Jr.	364	5,884	265	88	107,449	8	8	8	0	0	24			
HAWAII															
Tripler General, Honolulu	J. A. Orbison	261	4,347	96	88	43,242	5	5	5	0	0	15			
TEXAS															
William Beaumont General, El Paso	R. H. Moser	161	5,059	147	88	55,090	5	5	5	0	0	15			
Brooke General, San Antonio	R. H. Forrester	193	3,630	235	86	41,448	10	8	8	0	0	26			
WASHINGTON															
Madigan General, Tacoma	W. H. Hall	134	4,038	58	93	42,063	5	5	5	0	0	15			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland ²⁵	H. A. Sparks	102	2,389	70	90	42,366	3	3	3	0	0	9			
U. S. Naval, San Diego	A. J. Draper	612	7,485	381	60	70,232	4	4	4	2	0	14			
ILLINOIS															
U. S. Naval, Great Lakes	W. J. Jacoby	185	3,351	44	84	24,143	2	2	2	0	0	6			
MARYLAND															
U. S. Naval, Bethesda	G. Tarr	136	2,865	80	83	80,416	4	4	4	1	1	14			
MASSACHUSETTS															
U. S. Naval, Chelsea	H. A. Schlang	95	1,906	50	82	21,675	2	2	2	0	0	6			
NEW YORK															
U. S. Naval, St. Albans	D. C. Kent	326	4,193	87	81	38,621	2	2	2	1	0	7			
PENNSYLVANIA															
U. S. Naval, Philadelphia	J. W. Cox	190	3,537	213	57	22,477	4	4	4	1	0	13			
VIRGINIA															
U. S. Naval, Portsmouth	J. J. Dempsey	192	3,279	91	77	64,844	4	3	4	0	0	11			
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco	W. M. Smith	137	2,557	64	70	11,607	6*	4	3	0	0	13			

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
LOUISIANA														
U. S. Public Health Service, New Orleans ¹⁸⁹	S. J. Herbert	132	2,120	89	81	15,149	4	3	3	0	0	10	.....	..
MARYLAND														
U. S. Public Health Service, Baltimore ¹⁹⁵	N. P. Sinaly	99	1,936	34	65	8,861	3	3	3	0	0	9	.....	..
MASSACHUSETTS														
U. S. Public Health Service, Boston	D. Crosby	57	1,704	83	70	10,736	1	1	1	0	0	3	.....	..
NEW YORK														
U. S. Public Health Service (Staten Island), New York City	N. J. Galluzzi	182	3,098	100	59	20,387	6	6	3	0	0	15	.....	..
WASHINGTON														
U. S. Public Health Service, Seattle	M. R. Davis	89	2,102	76	83	8,403	3	3	3	0	0	9	.....	..
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	T. L. Robbins	102	2,421	97	61	14,698	2	2	2	0	0	6	8705-10364	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist	W. Kessler	92	4,292†	196	44	18,160	2	2	2	0	0	6	5400-6600	P
University of Alabama Medical Center	W. B. Frommeyer, Jr.	262	6,102	580	64	41,547	10	12	6	3	1	32	4980-6900	P
University of Alabama Hospitals and Clinics	W. B. Frommeyer, Jr. . . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4610-8230	O
Veterans Admin.	B. R. Boshell . . . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fairfield														
Lloyd Noland	C. E. Porter	85	3,504	230	37	44,545	2	2	2	0	0	6	5400-6600	FP
Mobile														
Mobile General	W. J. Atkinson, Jr.	53	1,888	210	63	10,354	2	2	2	0	0	6	5400-6600	P
ARIZONA														
Phoenix														
Maricopa County General	C. J. Harris	228	4,077	523	31	20,943	4	3	2	2	0	11	6900-8700	P
St. Joseph's	W. L. Bunting	62	3,351	181	62	4,772	2	2	2	0	0	6	5400-6000	F
Tucson														
Tucson Hospitals Medical Education Program ¹⁰⁰	J. Silverman . . . . .	.....	.....	.....	.....	.....	6	6	6	0	0	18	5100-6900	FP
Pima County General	W. Liccione	28	1,169†	174	42	15,172	.....	.....	.....	.....	.....	.....	.....	.....
St. Mary's	D. Ben-Asher	91	4,065†	167	45	1,927	.....	.....	.....	.....	.....	.....	.....	.....
Tucson Medical Center	S. Schneider	138	6,082†	278	45	3,519	.....	.....	.....	.....	.....	.....	.....	.....
ARKANSAS														
Little Rock														
University of Arkansas Medical Center	H. R. Hipp . . . . .	.....	.....	.....	.....	.....	6	6	6	0	0	18	.....	.....
University	R. S. Abernathy	56	1,533	183	53	10,194	.....	.....	.....	.....	.....	.....	3900-5500	O
Veterans Admin. Consolidated	H. R. Hipp	234	2,858	271	60	3,215	.....	.....	.....	.....	.....	.....	4610-6440	P
CALIFORNIA														
Bakersfield														
Kern County General	E. L. Coodley	95	2,363	313	64	12,583	4	3	1	0	0	8	7600-8700	O
Fresno														
Fresno General	R. Larson	225	2,020	386	54	14,999	4	4	4	0	0	12	8136-10188	P
Glendale														
Glendale Adventist	L. J. Fisher	191	5,966	322	39	7,045	1	2	1	0	0	4	6780-7740	P
Loma Linda														
Loma Linda University	V. J. Johns	75	2,998	100	72	35,404	4	4	1	0	0	9	5595-6656	O
Long Beach														
Memorial Hospital of Long Beach	E. R. Evans	138	6,344	378	43	846	4	3	2	0	0	9	6000-7200	P
Veterans Admin.	D. W. Leik	515	5,329	586	54	49,865	.....	.....	.....	.....	.....	40	5920-8760	O
Los Angeles														
Cedars-Sinai Medical Center	C. R. Kleeman . . . . .	.....	.....	.....	.....	.....	6	6	6	2	0	20	6000-7200	P
Cedars of Lebanon Hospital Division . . . . .	.....	311	12,537	561	55	98,362	.....	.....	.....	.....	.....	.....	.....	.....
Mount Sinai Hospital Division . . . . .	.....	191	8,222	271	47	45,504	.....	.....	.....	.....	.....	.....	.....	.....
Hospital of the Good Samaritan Medical Center	E. J. Ellis	118	4,645	329	51	13,863	3*	2*	1	0	0	6	6000-7200	FP
Kaiser Foundation	M. Yettra	108	3,406	248	29	150,282	3	3	2	0	0	8	6000-7200	P
Los Angeles County General, Unit I	T. Brem	737	34,559	2,864	38	118,806	26	26	26	2	0	82†	7200-9000	P
Los Angeles County General, Unit II	J. E. Berk	204	4,096†	533	33	15,111	5	5	5	0	0	16†	7200-8400	P
University of California	W. N. Valentine	83	3,117	159	78	18,652	8	8	2	0	0	18	4368-7692	O
Veterans Admin. (Sepulveda)	R. W. Brawley	135	2,284	93	67	9,578	4	4	4	0	0	12	5920-7280	O
Veterans Admin. Center-Wadsworth ¹¹⁴	L. Fred	762	9,841	761	10	33,855	16	24	20	2	2	64	5920-8760	P
White Memorial Medical Center	W. E. Macpherson	51	1,915	174	56	19,236	4	3	3	0	0	10†	6060-7260	P
Martinez														
Veterans Admin. ¹²⁰	E. R. Movitt	190	2,529	238	69	2,508	3	3	3	1	0	10	4610-7110	O
Oakland														
Highland General	J. Piechi	121	6,735	459	57	58,746	4	3	3	0	0	10	6700-7700	P
Kaiser Foundation	L. Hollander	74	2,620	264	57	192,283	4	3	2	0	0	9	6174-9828	FP
Orange														
Orange County Medical Center	D. L. Donohugh	70	2,834	416	86	18,523	3	7	4	4	0	18	6200-8500	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	H. R. Holman . . . . .	.....	.....	.....	.....	.....	12	6	8	3	0	29	.....	.....
Palo Alto-Stanford Hospital Center	H. R. Holman	69	2,161	134	80	13,988	.....	.....	.....	.....	.....	.....	4900-7800	O
Veterans Admin.	F. L. Eldridge	93	1,080	183	79	2,028	.....	.....	.....	.....	.....	.....	.....	.....
San Mateo County General (San Mateo)	E. Rubenstein	58	1,597	258	64	18,155	.....	.....	.....	.....	.....	.....	4898-6192	F
Riverside														
Riverside General	D. John	161	3,053	346	45	25,854	2	2	2	0	0	6	5880-7296	F
San Diego														
Mercy	D. Landale	81	3,835	268	48	7,301	1	1	1	0	0	3	4980-6780	F
San Diego County-University	E. Braunwald	69	1,921	509	56	11,567	4	3	2	0	0	9	5078-6324	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O P F
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued														
San Francisco														
Children's Hospital and Adult Medical Center	C. Noble	59	1,925	99	56	10,175						4	7800-9000	P
Kaiser Foundation	B. Sams	71	2,546	215	62	277,806	6	3	3	0	0	12	5880-7500	P
Mount Zion Hospital and Medical Center	H. Fishbon	163	5,200	300	67	21,062	6	4	2	0	0	12	4680-8340	P
Presbyterian Medical Center	J. J. Kelly	56	2,617	111	64	7,108	3	3	1	0	0	7	4800-5700	P
French	D. L. Wilbur	58	2,080	150	38	10,336							7800-9000	P
St. Luke's	D. Burnham	67	3,063	222	40	8,452	3	2	1	0	0	6	4200-6600	FP
St. Mary's	J. M. Elliott	104	2,736	198	47	568	3	3	3	0	0	9	3600-4800	FP
Southern Pacific Memorial	J. J. McGinnis	141	4,274	120	58	20,601	3	2	2	0	0	7	5880-8700	FP
University of California Program in Internal Medicine	L. H. Smith, Jr.						16	12	8	4	0	40		
H. C. Moffitt-University of California Hospitals	L. H. Smith, Jr.	100	3,243	140	75	32,611							4368-7836	O
San Francisco General	H. Smith	328	6,658	773	59	53,758							4368-7692	P
Veterans Admin. ¹²⁹	L. L. Brandborg	155	2,307	180	77	2,389	12	8	5	4	0	29	4710-8230	O
San Jose														
Santa Clara Valley Medical Center	R. A. O'Reilly	110	3,116	413	73	25,678	6	3	2	0	0	11	5232-7032	F
San Mateo														
San Mateo County General-See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
Stockton														
San Joaquin General	L. Armanino	67	2,264	359	53	15,580	3	2	1	0	0	6	6288-10464	F
Torrance														
Los Angeles County Harbor General	D. Solomon	150	7,040†	830	46	18,039	11	10	9	0	0	30	7200-8400	P
COLORADO														
Denver														
Denver General	B. E. Pollock	83	1,991	309	56	28,651	4	4	2	0	0	10	4020-4800	P
Presbyterian Medical Center	E. P. Sheridan	94	4,582†	214	53	3,648	3	2	2	0	0	7	4800-5400	P
St. Joseph	M. E. McDowell	175	7,855†	277	52	2,069	3	2	2	0	0	6	4920-5820	P
University of Colorado Affiliated Hospitals	G. Meiklejohn						11	12	6	0	2	31		
University of Colorado Medical Center	G. Meiklejohn	79	3,147	178	81	31,062							3500-4500	O
Veterans Admin.	D. Jenkins	143	3,152	233	87	20,358							4610-8230	O
CONNECTICUT														
Bridgeport														
Bridgeport	M. Kaufman	137	4,734	376	48	8,371	3	3	2	0	0	8	6300-7500	FP
St. Vincent's	V. A. Lynch	114	4,083	399	48	3,117	2	2	2	0	0	6	5700-6300	P
Greenwich														
Greenwich	F. J. Christie	89	3,097	163	66	5,900						5	5300-5900	FP
Hartford														
Hartford	R. F. Reinfrank	209	5,602	715	53	7,990	14	8	5	0	0	27	4800-6000	P
Veterans Admin. (Newington)	P. Lipton	105	1,609	155	75	1,067							4610-6440	FP
St. Francis	J. J. Moher	178	5,329	407	45	7,225	4	2	2	0	0	8	4200-4800	P
New Britain														
New Britain General	G. P. Perakos	142	4,952	347	52	3,872	2	2	1	0	0	5	5880-6480	P
New Haven														
Hospital of St. Raphael	D. S. Dock	101	3,199	422	32	8,052	8	5	7	0	0	20	6020-6920	P
Laurel Heights (Shelton)	K. S. Howlett, Jr.	125	275	24	58	1,428							6880-8420	P
Yale-New Haven Medical Center	P. K. Bondy						13	12	2	0	0	27		
Yale-New Haven	P. K. Bondy	150	5,052	236	81	30,217							4000-6000	P
Veterans Admin. (West Haven)	T. T. Amatrua	110	2,150	214	80	5,140								
Newington														
Veterans Admin.-See Hartford Hospital, Hartford														
Norwalk														
Norwalk ¹⁴¹	G. Hebard	60	3,411†	305	38	6,107	2	2	2	0	0	6	4200-5400	F
Shelton														
Laurel Heights-See Hospital of St. Raphael, New Haven														
Stamford														
Stamford	M. Magida	128	3,997	216	44	12,164	2	2	1	0	0	5	5800-6400	P
Waterbury														
St. Mary's	W. Finkelstein	117	4,032	288	32	10,621	2	2	2	0	0	6	4200-5200	FP
Waterbury ¹⁴¹	A. J. Cappelletti	124	3,913	343	41	5,938	2	1	1	0	0	4	4200-5400	FP
West Haven														
Veterans Admin.-See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Wilmington Medical Center	R. B. Flinn						4	4	2	0	0	10	6000-7800	P
Delaware Division	R. B. Flinn	92	2,506	304	56	11,361								
Memorial Division	L. P. Lang	78	2,468	257	50	4,408								
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	C. M. Martin	83	1,580	340	65		8	6	1	0	0	15	4500-6500	P
Georgetown University Service	M. J. Romanski	76	1,566	344	59	26,088	11	2	2	0	0	15		
George Washington University Service	W. L. Henry	43	798	250	53		4	2	2	0	0	8		
Howard University Service	W. L. Henry	97	2,823	201	63		2	2	2	1	0	7	7200-9000	P
Doctors	C. W. Jones	119	2,046	348	38	17,748	9	6	4	2	0	21	6941-8702	O
Freedmen's	L. H. Henry	111	3,143	169	88	22,523	12	8	0	0	1	21	3950-4230	P
Georgetown University	L. H. Kyle	122	3,850	266	59	25,117	8	4	4	1	0	17	4500-6000	P
George Washington University	J. M. Evans	110	3,355	256	45	5,868	2	2	2	0	0	6	4200-5700	FP
Providence	T. E. Curtin	214	2,945†	345	73	9,096						39	4610-8230	P
Veterans Admin.	S. Katz	195	5,911	516	60	11,768	4	4	4	0	0	12	4680-5540	P
Washington Hospital Center	J. A. Curtin													
FLORIDA														
Coral Gables														
Veterans Admin.-See University of Miami Affiliated Hospitals, Miami														
Gainesville														
William A. Shands Teaching Hospital and Clinics	L. E. Cluff	38	1,994	88	76	7,505	11*	10*	3*	0	0	25	3600-6600	O

Numerical and other references are listed on pages 279 through 282.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Total All Years	Salary Per Year Min.-Max.	Main-tenance P O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
FLORIDA—Continued																
Jacksonville																
Jacksonville Hospitals Educational Program	K. Hanson						6	4	2	0	0	12		5700-6900	P	
Baptist Memorial	N. Jones	106	4,317	214	50	256								5700-6300	P	
Duval Medical Center	J. J. Lowenthal	41	1,427	298	75	58,955								6300-6900	O	
St. Luke's	J. L. Borland	60	2,300	154	31	0								5700-6000	P	
St. Vincent's	D. Moomaw	104	3,979†	214	33	1,774										
Miami																
University of Miami Affiliated Hospitals	W. J. Harrington						24	24	16	8	0	72		4284-5016	O	
Jackson Memorial	W. J. Harrington	225	6,867	1,055	35	60,579								4480-8000	O	
Veterans Admin. (Coral Gables)	G. L. Baum	237	3,207	428	61	72,006										
Miami Beach																
Mount Sinai Hospital of Greater Miami	D. Kushner	215	6,266	551	35	5,949	7	4	2	0	0	13		4500-6000	P	
Orlando																
Orange Memorial	M. Levy	123	5,614	379	39	4,708	3	3	1	0	0	7		5100-5700	P	
Pensacola																
Pensacola Educational Program	B. Beidleman						2	2	2	0	0	6		5700-6300	P	
Baptist		76	4,250	159	51	16,982										
Escambia General		43	3,399	61	65	15,290										
Sacred Heart		81	3,300	99	30	12,900										
Tampa																
Tampa General	L. Kahana	190	4,841	312	60	10,860	3	3	3	0	0	9		4800-7800	FP	
GEORGIA																
Atlanta																
Crawford W. Long Memorial	H. S. Ramos	105	5,027	300	27	7,069	4	3	2	0	0	9		4920-5520	O	
Emory University Affiliated Hospitals	J. W. Hurst						18	12	8	0	0	38†				
Emory University	J. W. Hurst	110	3,896†	179	63	0								4500-6000	P	
Veterans Admin.	J. C. Crutcher	133	2,068	204	64	4,039								4610-8230	O	
Georgia Baptist	L. B. Peacock	92	3,651	197	43	2,337	2	2	2	0	0	6		4800-5400	P	
Grady Memorial	J. W. Hurst	109	3,250	512	73	181,685	12	12	1	0	0	25		4500-5700	P	
Piedmont	C. F. Stone	72	2,826	175	40	1,091	1	1	1	0	0	3		5040-5520	P	
St. Joseph's Infirmary	H. N. Hill	67	2,267†	164	44	1,769	1	1	1	0	0	3		5640-6000	P	
Augusta																
Medical College of Georgia Hospitals	A. J. Bollet						6	6	6	1	0	19				
Eugene Talmadge Memorial	A. J. Bollet	87	1,512	120	77	5,359								3900-6000	P	
University	J. D. Gray	77	2,811	270	32	11,519										
Veterans Admin.	M. E. Morgan	263	1,777	173	58	6,117								4610-8230	P	
Savannah																
Memorial Hospital of Chatham County ¹⁶⁷	M. C. Gordy	63	2,506†	263	32	13,741	2	2	2	0	0	6		5100-6600	F	
HAWAII																
Honolulu																
Queen's	F. Gilbert	81	4,468	270	56	24,253	4	3	1	0	0	8		6600-7800	O	
St. Francis	B. Yim	66	2,687	147	37	20,738	2	2	1	0	0	5		6600-7800	O	
ILLINOIS																
Chicago																
Cook County	S. Waldstein	521	17,117	3,029	47	56,809	18	18	18	0	0	62†		4620-6300	F	
Illinois Masonic	L. L. Braun	185	5,645	461	54	10,340	4	4	4	4	0	12		6000-7200	FP	
Louis A. Weiss Memorial	H. E. Bessinger	131	3,925	264	49	2,149	4	4	4	0	0	12		6900-7500	P	
Mercy Medical Center	G. F. O'Brien	75	2,004	115	38	33,338	4	3	1	0	0	8		4500-5100	P	
Michael Reese Hospital and Medical Center	E. Reiss	345	7,275	577	64	45,137	12	12	12	0	0	36		4200-6900	P	
Mount Sinai Hospital Medical Center ⁶	P. Freedman	121	3,636	256	54	13,528	10	4	2	1	0	17		4600-6100	P	
Northwestern University Medical Center ⁶	D. P. Earle					25,350	24	19	18	3	0	64				
Chicago Wesley Memorial	G. Hollifield	195	5,000	273	57									4800-6000	O	
Passavant Memorial	O. Paul	118	3,255†	147	70	3,815								3900-4800	P	
Veterans Admin. Research	C. W. Borden	185	3,142	319	74	24,649								4610-8230	O	
Evanston (Evanston)	L. F. Jourdonais	179	5,615	304	67	14,846								4800-5400	P	
Presbyterian-St. Luke's	J. S. Graettinger	293	7,903	527	65	19,431	12	12	6	0	0	30		4500-6500	FP	
St. Joseph	I. Steek	234	6,525	324	44	4,575	6	4	2	0	0	12		6300-7440	FP	
University of Chicago Hospitals and Clinics	H. H. Hecht	158	4,165	262	70	41,527	11	11	7	0	0	29		5500-6500	O	
University of Illinois Research and Educational Hospitals	H. F. Dowling	80	1,644	126	81	34,985	8	5	5	0	0	18†		5000-5600	P	
Veterans Admin. (West Side) ¹⁶⁸	C. Pils	222	2,869	323	75	8,408	10	10	9	1	1	31		4610-8230	O	
Evanston																
Evanston-See Northwestern University Medical Center, Chicago	B. T. Heffernan	109	3,461	341	50	6,555						6		6780-7140	FP	
Hines																
Veterans Admin. ¹⁶⁷	A. Littman	509	6,256	650	60	11,380	10	10	10	5	4	39		4610-8230	O	
Peoria																
St. Francis	H. A. Warren	229	5,490	421	42	26,233	3	3	3	0	0	9		5100-5700	F	
INDIANA																
Indianapolis																
Indiana University Medical Center	J. B. Hickam						16*	12	12	0	0	40				
Indiana University Hospitals	J. B. Hickam	87	2,173	156	76	4,850								3725-4525	P	
Marion County General	C. E. Test	128	2,346	507	47	50,709								5220-7000	P	
Veterans Admin.	J. B. Hickam	321	3,964	348	69	2,416								4610-8230	O	
Methodist Hospital of Indiana	W. E. Coggeshall	273	5,973†	573	50	5,360	4	4	4	0	0	12		5880-6480	P	
IOWA																
Iowa City																
State University of Iowa Affiliated Hospitals ⁴	W. B. Bean	163	6,317	271	72	35,447	14	14	8	0	0	36		4500-5500	P	
University Hospitals	R. D. Eckhardt	194	3,395	229	82	8,054								4610-8230	P	
KANSAS																
Kansas City																
University of Kansas Medical Center	M. Delp	125	4,295	228	72	34,971	12	12	6	3	0	33		3600-6200	P	
Veterans Admin. (Kansas City, Mo.)	W. G. Calkins	199	2,832	348	54	2,740								4610-6440	O	
Wichita																
Veterans Admin.	D. Givner	119	1,374	141	56	1,063	4	4	4	0	0	12		4610-6440	FP	
St. Francis	T. J. Luellen	249	10,543	441	36	587								6032-6656	FP	
Wesley Medical Center	E. W. Crow	233	12,507	293	41	16,196								6000-6000	F	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
KENTUCKY														
Lexington														
University of Kentucky Medical Center	H. Isbell	71	2,034	128	59	11,579	7	5	5	4	1	22	4560-6960	P
University	H. Isbell	43	930	76	58	2,530								
Veterans Admin.	W. H. Nickell													
Louisville														
St. Joseph Infirmary	R. D. Wolfe	125	4,756	288	41	1,416	2	2	2	0	0	6	5460-6660	P
University of Louisville Affiliated Hospitals	B. T. Towery						12	6	4	2	0	24	4800-5400	P
Jewish		90	4,123	190	32								4300-4800	P
Louisville General		88	2,496	485	49	17,942							4610-8230	O
Veterans Admin.	J. R. Gott, Jr.	182	2,520	244	62	10,608						6	4610-7110	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	E. Hull	106	2,900	611	44	49,021						26	5400-6000	F
Louisiana State University Division	G. E. Burch	102	2,918	554	50	63,908						26	5400-6000	F
Tulane University Division	W. R. Arrowsmith	126	4,993	181	72	69,651	4	4	4	0	0	12	4500-5100	P
Ochsner Foundation	T. Bloch	141	5,375	437	72	5,573	2	2	2	0	0	6	5500-6500	P
Touro Infirmary	H. A. Buechner	280	3,523	380	63	34,165	8	8	8	2	1	27	4610-8230	O
Veterans Admin. ¹⁸⁹														
Shreveport														
Confederate Memorial Medical Center	H. D. Tucker	88	5,273	381	44	13,742	3	3	3	0	0	9	5400-6000	F
MAINE														
Portland														
Maine Medical Center	A. Aranson	128	4,043	336	40	10,424	3	3	3	0	0	9	3660-4860	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals	J. Krevans	124	2,975	677	45	29,439	7	7	1	1	1	17	4838-4825	O
Church Home and Hospital ¹⁸⁴	S. D. Goldberg	50	2,609	189	41	3,971	4	3	1	0	0	8	6000-6500	P
Greater Baltimore Medical Center	T. E. Prout	74	1,708	160	44	3,097	3	3	0	1	1	8	6300-7200	P
Johns Hopkins ¹⁸²	A. M. Harvey													
	P. A. Tumulty	227	6,573	585	60	110,548	19	8	3	0	2	32	3600-	P
Maryland General	E. F. Cotter	131	3,329	314	52	1,516	4	1	1	0	0	6	6100-6300	P
Mercy	V. Smith	93	2,278	210	54	10,525	4	3	2	0	0	9	8300-6600	F
St. Agnes	E. Bianco	117	3,123	286	31	2,346	3	3	3	0	0	9	6300-6900	P
St. Joseph	L. M. Serra	82	2,548	203	53	5,071	5	2	1	0	0	8	6240-6720	P
Sinai Hospital of Baltimore	A. I. Mendeloff	137	2,908	274	48	23,410	10	6	2	0	0	18	5500-6500	P
South Baltimore General	R. T. Parker	60	1,674	181	41	3,761	1	1	1	0	0	3	6300-7200	F
Union Memorial	J. E. Howard	136	3,327	454	42	3,827	5	3	1	0	0	9	6240-7200	P
University	T. Woodward	134	3,123	366	67	26,887	10	7	4	2	0	23	4100-5500	P
Cheverly														
Prince George's General	N. Comeau	122	4,701	341	43	5,828	2	2	2	0	0	6	4800-5400	F
Fort Howard														
Veterans Admin. ¹⁸⁸	J. T. Roberts	203	1,922	324	57	2,373	3	3	3	3	4	16	4610-8230	P
MASSACHUSETTS														
Boston														
Beth Israel	H. Hiatt	170	4,671	277	52		10	5	1	0	0	16	4200-7500	O
Boston City														
I and III Medical Service (Tufts)	F. Biguria	80	3,055	389	50	24,462	10	7	1	0	0	18		
II and IV Medical Service (Harvard)	M. Finland	100	3,292	328	55	23,969	17	8	1	0	0	26	4200-5600	O
V and VI Medical Service (Boston University)	F. Ingelfinger	92	3,179	425	46	23,741	11	8	1	0	0	20	4200-5600	O
Carney	F. L. Colpoys	115	3,550	307	47	6,575	5	3	2	0	0	10	5220-6420	F
Lahey Clinic	D. I. Rutledge	246	7,504	183	50	82,297	12	8	12	0	0	32	4200-5400	O
Lemuel Shattuck	T. C. Chalmers	150	1,300	244	55	6,100	9	9	6	1	0	25	4800-7200	P
Faulkner	J. R. Graham	58	1,610	106	46	1,840							4800-7200	O
Massachusetts General	A. Leaf	244	7,620	845	57	41,247	16	8	1	0	0	25	4200-7500	P
Middlesex County Sanatorium (Waltham)	K. T. Bird	158	546	41	61	24,441							10341-10341	F
New England Deaconess	J. L. Tullis	194	6,434		64		8	6	2	0	0	16	4200-5600	O
New England Medical Center Hospitals	S. Proger	94	4,858	92	62	7,211	9	4	1	0	0	14	4200-5600	O
Peter Bent Brigham	G. W. Thorn	124	3,709	263	75	29,001	14	0	6	1	0	21	3600-7500	P
Veterans Admin. (West Roxbury)	T. A. Warthin	93	1,166	95	80	3,698							4610-8230	O
St. Elizabeth's	F. Stohlman, Jr.	84	2,514	231	52	5,201	7	7*	2	0	0	16	4200-5600	FP
University	R. W. Wilkins	43	1,907	117	72	11,814	5	3	2	0	0	10	4200-5600	O
Veterans Admin. (Jamaica Plain)	M. B. Strauss	283	5,517	540	61	26,573	18	12	10	0	0	40	4310-8230	O
Chelsea														
Lawrence Quigley Memorial Hospital-Malden	A. I. DeFriez	62	1,070	96	58	20,437							4800-6600	P
Lawrence F. Quigley Memorial	E. Thorp	70	2,091	186	34	631							4200-5600	F
Malden														
Malden—See Lawrence F. Quigley Memorial Hospital-Malden, Chelsea														
Newton Lower Falls														
Newton-Wellesley-Tufts Affiliated Residency ²⁰⁷	L. B. Page	88	3,663	249	41	3,691	4	3	2	0	0	9	4200-6600	P
Pittsfield														
Pittsfield Affiliated Hospitals	C. Rosen	130	4,088	229	52	8,040	3	2	2	1	0	8	4680-6600	F
Pittsfield General														
St. Luke's														
Springfield														
Springfield	V. Grover	134	3,746	309	42	4,894	4	3	2	0	0	9	3900-4500	FP
Waltham														
Middlesex County Sanatorium—See Massachusetts General, Boston														
Worcester														
Memorial	R. W. Robinson	137	4,962	249	58	5,391	3	2	2	0	0	7	4800-5700	F
St. Vincent	J. T. Brosnan	165	4,072	311	47	1,576	4	3	2	0	0	9	4200-6100	P
Worcester City	W. MacDonald	131	3,937	428	40	18,160	6	3	1	0	0	10	5259-5885	FP
MICHIGAN														
Ann Arbor														
St. Joseph Mercy	R. E. Reichert, Jr.	184	5,825	350	51	50,608	5	5	5	0	0	15	6300-6900	O
University of Michigan Medical Center	W. D. Robinson						22	20	16	0	0	58		
University	W. D. Robinson	186	4,630	253	71	85,403							4020-4816	O
Veterans Admin.	R. C. Bishop	183	2,439	206	82	7,757							4610-8230	O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Salary Per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MICHIGAN—Continued														
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Detroit-Macomb Hospitals Association	J. Cahalan	149	3,699	164	37	5,045	5	2	1	0	0	8	6300-7200	F
Detroit Memorial	J. Cahalan													
South Macomb (Warren)														
Grace ²¹⁴	G. S. Fisher	273	8,124†	868	46	13,797	7	7	6	0	0	20	6000-6600	F
Harper	G. T. McKean	206	4,981	416	41	21,306	6	4	3	0	0	13	6800-7200	FP
Henry Ford	R. W. Smith	406	11,229	838	52	273,023	24	24	22	14	12	98	4800-5400	P
Mount Carmel Mercy	I. D. Fagin	187	4,925	477	40	3,343	4	4	4	0	0	12	5700-6300	FP
St. John	R. Birk	84	3,303	188	43	3,257	3	3	3	0	0	9	5610-7590	FP
Sinai Hospital of Detroit	H. A. Ravin	121	3,993	205	56	4,977	4*	4	2	0	0	10	5400-6000	P
Wayne State University Affiliated Hospitals	R. J. Bing						29	19	7	0	0	55		
Veterans Admin. (Dearborn)	G. W. Bissell	410	2,647	313	57	33,522							4610-8230	O
Detroit General	R. J. Bing	137	3,749	592	51	47,051							5600-6500	P
Hutzel	Y. Morita	92	2,911	207	43	2,231							5700-6300	P
Eloise														
Wayne County General Hospital and Infirmary	B. A. Bercu	146	4,668	705	37	17,818	8	8	8	0	0	24	6852-8000	F
Flinn														
Hurley	R. E. Johnson	243	6,933	552	46	1,984	4	3	3	0	0	10	6000-7200	FP
McLaren General ²¹⁵	H. V. Sparks	108	3,694	129	50	787	1	1	1	0	0	3	5700-6300	P
Grand Rapids														
Blodgett Memorial	N. L. Avery, Jr.	102	3,975	285	67	1,295	2	2	2	0	0	6	6600-7200	P
Butterworth	C. K. Clawson	103	3,259†	282	55	2,437	2	2	2	0	0	6	6300-6600	P
Highland Park														
Highland Park General	L. Jaffe	103	2,743	236	41	2,736	2	2	2	0	0	6	5480-6380	P
Pontiac														
Pontiac General	M. B. Levin	103	3,564	298	45	1,429	2	2	2	0	0	6	6300-7200	FP
St. Joseph Mercy	J. R. Simpson	89	2,590	262	46	2,557	2	2	2	0	0	6	6900-7500	P
Royal Oak														
William Beaumont	I. J. Mader	128	4,515	377	51	1,100	6	7	7	0	0	20	8880-9900	P
Saginaw														
Saginaw General	T. O. Lohr	76	3,163	166	26	1,102	1	1	1	0	0	3	6360-6960	FP
Southfield														
Providence	G. Ritter	133	3,343	287	57	811	2	2	2	0	0	6	6300-6900	O
Warren														
South Macomb—See Detroit-Macomb Hospitals Association, Detroit														
MINNESOTA														
Minneapolis														
Hennepin County General	A. L. Schultz	85	2,914	295	65	18,179	4	4	4	0	0	12	4800-5800	P
Mount Sinai ²¹⁶	F. B. Lewis	91	3,610	156	58	6,559	5	4	3	0	0	12	3960-4680	F
Northwestern	C. J. Watson	110	3,949	106	65	23,742	6	6	6	0	2	20†	5000-6000	O
University of Minnesota Affiliated Hospitals	R. Ebert						31	26	26	14	9	106		
University of Minnesota Hospitals	R. Ebert	113	2,600	230	74	14,005	(8)	(8)	(8)	(8)	(4)	(38)	4600-8500	O
Veterans Admin.	W. H. Hall	342	4,340	327	77	29,551	(20)	(15)	(15)	(5)	(5)	(60)	4610-8230	O
St. Paul-Ramsey (St. Paul)	F. Tiffany	68	1,797	257	60	8,264	(3)	(3)	(3)	(1)	(0)	(10)	4500-6500	O
Rochester														
Mayo Graduate School of Medicine	R. D. Miller	337	22,341	430	72	408,013	60	60	50	25	10	205	4200-6000	P
Rochester Methodist														
St. Mary's														
St. Paul														
Charles T. Miller	E. H. Karon	90	3,516	155	44	11,239	1	1	1	0	0	3	4200-5400	FP
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	H. K. Hellems						8	6	4	0	0	18		
University	B. B. Johnson	75	2,638	219	63	16,083							4300-5200	P
Veterans Admin.	J. F. Busey	250	2,100	221	60	1,712							4610-6440	O
MISSOURI														
Columbia														
University of Missouri Medical Center	C. T. Ray	79	2,150	153	63	9,233	6	5	4	0	0	16†	4000-5000	O
Kansas City														
Kansas City General Hospital and Medical Center	J. Arnold	109	2,133	441	42	35,408	5	5	5	0	0	15	5700-6800	FP
Menorah Medical Center ⁷⁴	A. Freedman	154	4,759	186	38	1,367	4	4	4	0	0	12	6370-7690	P
St. Luke's	A. W. Robinson	153	5,642	287	46	8,316	3	3	3	0	0	9	5600-6400	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes Hospital Group	C. Moore	216	7,314	414	69	26,233	21	10	2	0	0	33	4200-7000	O
Homer G. Phillips	F. Alexander	129	4,062	580	27	41,285	6	6	6	0	0	18	4584-5571	P
Jewish Hospital of St. Louis	S. Wessler	182	5,522†	354	59	8,678	8	5	1	0	0	14	3700-4900	P
St. John's Mercy	R. Reider	156	6,047	281	77	4,363	4	4	2	0	0	10	4200-5400	F
St. Louis City														
Unit I—Washington University Medical Service	G. T. Perkoff	83	2,241	304	64	16,456	4*	2	1	1	0	8	5305-6448	O
Unit II—St. Louis University Medical Service ²²⁶	R. A. Kinsella	83	2,241	303	64	16,456	6*	4	3	1	0	14	5305-6448	O
St. Louis County	R. O. Muether	126	1,998	404	40	27,270	3	3	3	0	0	9	3900-5100	FP
St. Louis University Group of Hospitals	T. Frawley	248	7,331	470	58	7,829	12	12	2	0	0	26	4800-6000	P
St. Luke's	R. Paine	126	4,180	277	47	11,493	4	2	1	0	0	7	4200-5400	F
St. Mary's	W. A. Knight, Jr.	166	4,551	299	46	522	8	6	4	0	0	18	4200-5400	FP
NEBRASKA														
Omaha														
Creighton University Affiliated Hospitals	R. P. Heaney						8	8	4	0	0	20		
Creighton Memorial St. Joseph's	R. P. Heaney	284	6,897	436	34	13,212							5100-6000	O
Douglas County		68	1,530	211	50									
Veterans Admin.	J. F. Sullivan	208	3,119	253	56	2,802							4610-8230	P

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEBRASKA, Omaha—Continued															
University of Nebraska Affiliated Hospitals ⁵⁰ ...	F. Paustian						6	6	4	0	0	16			
University of Nebraska	F. Paustian	30	719	53	70	10,948							4300-4900	F	
Bishop Clarkson Memorial	H. J. Lehnhoff	89	4,497	182	48	1,921							4980-4980	O	
Douglas County		68	1,530	211	50										
Veterans Admin.	J. F. Sullivan	208	3,119	253	56	2,302							4610-8230	F	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals							8	6	4	0	0	18			
Mary Hitchcock Memorial	G. H. Mudge	68	2,975	114	84	41,677							4200-5600	O	
Veterans Admin. (White River Junction, Vt.)	J. L. Grant	91	1,608	90	92	4,024							4610-6440	P	
NEW JERSEY															
Atlantic City															
Atlantic City	J. F. Gleason	154	4,598	392	88	23,500	3	2	1	0	0	6	4800-5700	F	
Camden															
Cooper	W. Hingston	145	4,228	499	38	10,590	2	1	1	0	0	4	4500-5100	F	
East Orange															
New Jersey College of Medicine Affiliated Hospitals							22	20	20	4	0	66			
Veterans Admin.	C. M. Leevy	196	2,789	350	66	1,898							4610-8230	O	
Newark City (Newark)	M. Schwartz	175	7,618	776	33	15,000							5600-8100	F	
Elizabeth															
St. Elizabeth ²²⁷	C. Ream	121	3,519	271	41	2,582	5	3	2	0	0	10	5700-6100	P	
Englewood															
Englewood	G. B. Barlow	116	2,616	260	44	5,906	3	3	3	0	0	9	4860-5460	FP	
Hackensack															
Hackensack	G. Helden	103	3,414	291	35	6,300	3	1	1	0	0	5	3900-4500	F	
Jersey City															
Jersey City Medical Center	A. I. Kahn	245	4,829	869	26	18,747	14	9	2	1	0	26	6300-7700	O	
Long Branch															
Monmouth Medical Center	J. Levin	177	5,083	415	52	8,159	3	1	1	0	0	5	4200-4800	F	
Montclair															
Mountainside	M. Olinger	143	4,895†	462	37	6,200	3	2	2	0	0	7	4800-5400	F	
Newark															
Newark Beth Israel	E. Klosk	118	3,238	376	29	6,814	2	3	1	0	0	6	4800-5400	F	
Newark City—See New Jersey College of Medicine Affiliated Hospitals, East Orange															
St. Michael	L. G. Smith	142	3,474	276	59	8,074	6	6	2	0	0	14	3900-6480	F	
New Brunswick															
Middlesex General	G. Pickar	75	2,758	208	48	5,208	4	2	1	0	0	7	5200-5900	P	
St. Peter's General	C. Gutney, P. B. Jennings	109	2,933	316	47	5,742	5	2	2	0	0	9	4560-6360	FP	
Paramus															
Bergen Pines County	S. F. Alexander	493	3,853	793	39	22,261	6	6	4	0	0	16	5100-5700	P	
Paterson															
St. Joseph's ²⁵¹	K. P. Lance	97	2,893	421	41	5,472	3	2	2	0	0	7	7320-7920	O	
Plainfield															
Muhlenberg	P. K. Johnson	156	4,812	439	52	9,882	2	2	1	0	0	5	4620-6000	FP	
NEW MEXICO															
Albuquerque															
Bataan Memorial Methodist	R. U. Massey	56	2,650	81	56	50,000	2	2	2	0	0	6	5500-7800	P	
University of New Mexico Affiliated Hospitals	S. Papper						8	8	8	0	0	24			
Bernalillo County-Indian	S. Papper	48	17,860	179	68	15,304							6060-6930	P	
Veterans Admin.	A. N. Longfield	345	3,152	222	79	1,831							4610-8230	O	
NEW YORK															
Albany															
Albany Medical College Affiliated Hospitals	S. Bondurant						14	8	8	2	0	32			
Albany Medical Center		152	5,496	533	68	7,039							4600-8600	P	
Veterans Admin.		406	3,290	402	70	3,559							4480-8000	O	
St. Peter's	W. H. O'Brien	132	3,176	276	42	6,644	3	3	3	0	0	9	6480-7080	P	
Buffalo															
Buffalo General	E. Calkins	218	5,708	490	51	18,966	14	8	2	0	0	24	5300-6200	O	
Edward J. Meyer Memorial	D. K. Miller	331	4,828	505	46	52,191	8	8	8	2	0	26	5550-6660	P	
Mercy ⁴⁶	J. O'Brien	104	4,298	302	42	3,327	3	3	3	0	0	9	5200-7000	FP	
Millard Fillmore	J. F. Panton	164	4,725†	330	42	7,727	3	3	3	0	0	9	5300-6200	P	
Sisters of Charity ²³⁷	C. J. O'Connell	138	3,912	369	40	4,529	4	4	2	0	0	10	6440-6950	P	
Veterans Admin. ²³⁶	J. T. Aquilina	398	3,729	382	65	29,959	20	4	2	5	0	31	4610-7110	O	
Cooperstown															
Mary Imogene Bassett	M. I. Page	29	916	85	62	12,663	2	1	1	0	0	4	4600-5900	P	
East Meadow															
Meadowbrook	L. Meiselas	149	4,026	681	40	16,809	12	8	6	4	0	30†	5453-7664	F	
Johnson City															
Charles S. Wilson Memorial	E. Wyso	150	4,560	337	43	58,411	3	2	2	0	0	7	5100-5700	P	
Manhasset															
North Shore	L. Scherr	67	2,167	192	51	5,323	5	3	2	0	0	10	4980-6220	F	
Mineola															
Nassau	W. C. Hollis	136	4,297	438	62	4,507	3	3	3	1	0	10	5400-7680	P	
Mount Vernon															
Mount Vernon	F. T. Rogliano	102	3,228	229	39	7,024	1	1	1	0	0	3	4800-5700	F	
New Hyde Park															
Long Island Jewish Hospital Training Program	E. Meilman						14	13	8	0	0	35			
Long Island Jewish	E. Meilman	85	2,476	196	61	5,862							5000-6750	O	
Queens Hospital Center (New York City)	A. H. Douglas	646	4,131	1,267	33	67,483							4750-5720	F	
New York City															
Albert Einstein College of Medicine Affiliated Hospitals	I. M. London						18	17	6	0	0	41			
Bronx Municipal Hospital Center	I. M. London	400	6,196	723	47	66,641							4980-6000	F	
Hospital of the Albert Einstein College of Medicine															
Beekman-Downtown ²⁶⁰	J. T. Flynn	89	2,119	182	44	10,367	4	4	2	0	0	10	5600-6500	P	
Beth Israel	A. Fishberg	132	2,954	309	47	20,860	12	4	2	0	0	18	5150-6150	P	

Numerical and other references are listed on pages 279 through 282.

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance P F O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
NEW YORK, New York City—Continued														
Bronx-Lebanon Hospital Center	E. E. Fischel	224	5,054	469	31	44,710	8	8	8	0	0	24	5000-6400	P
Brookdale Hospital Center	D. F. Wroblewski	122	2,853	261	48	14,903	8	4	2	0	0	14	5000-6000	P
Brooklyn-Cumberland Medical Center	J. F. Mueller	116	2,729	323	41	5,848	8	6	6	2	0	22	5460-6660	PF
Brooklyn		85	3,720	303	39	112,204	2	2	2	0	0	6	5400-6600	FP
Cumberland	P. Varriale	76	1,671	239	37	6,458	4	3	2	0	0	9	5600-6800	F
Columbus	W. M. Stumpe	102	2,558	304	41	6,771	1	1	4	1	0	7	4980-6400	P
Flushing Hospital and Medical Center	A. Gellhorn	44	670	161	54	6,947	5	5	5	0	0	15	4980-6400	F
Francis Delafield	A. White	273	4,352	813	22	25,744	2	2	1	0	0	5	5000-6000	P
Harlem Hospital Center	J. Grossman	47	1,128	84	42	22,970	2	2	2	0	0	6	6000-7800	F
Hospital for Joint Diseases and Medical Center	E. E. Keet	87	2,279	329	53	12,081	8	8	8	1	0	25	4800-6600	F
Jamaica	E. Mandel	574	1,824	560	34	6,980	67	1,713	122	41	8,704	4800-6000	F	
Jewish Chronic Disease Hospital-Unity	E. E. Mandel	67	1,713	122	41	8,704	192	3,742	499	44	19,936	5000-6000	F	
Jewish Chronic Disease	V. Ginsberg	192	3,742	499	44	19,936	9	4	3	0	0	16	4800-6000	F
Jewish Hospital and Medical Center of Brooklyn	M. Goldner	44	839	141	31	66,307	4	1,231	209	39	7,560	4500-6400	F	
Greenpoint	B. Gusoff	49	1,231	209	39	7,560	85	1,466	284	54	13,257	4800-6000	F	
Jewish Memorial	A. C. DeGraff	85	1,466	284	54	13,257	221	5,554	429	50	20,086	4800-6060	FP	
Knickerbocker	B. E. Krentz	221	5,554	429	50	20,086	56	1,357	244	31	31,445	5100-5900	F	
Lenox Hill	M. S. Bruno	56	1,357	244	31	31,445	231	6,297	361	33	7,768	4980-5780	F	
Lincoln	S. Pollack	231	6,297	361	33	7,768	77	2,564	232	30	5,657	4500-7000	F	
Long Island College	J. N. Edson	77	2,564	232	30	5,657	18	12	12	2	0	44	5400-6100	P
Lutheran Medical Center	A. Caccese	230	5,004	736	37	9,799	146	3,052	850	37	46,724	5000-6750	F	
Maimonides Medical Center Training Program	D. Grob	146	3,052	850	37	46,724	112	1,650	395	62	19,595	4880-6220	PF	
Maimonides Medical Center	D. Grob	112	1,650	395	62	19,595	139	2,520	325	32	12,223	5000-6000	P	
Coney Island	J. L. Sherman	232	4,686	709	53	39,264	14	12	8	2	0	36	5910-6930	F
Memorial Hospital for Cancer and Allied Diseases-James Ewing	R. W. Rawson	112	1,650	395	62	19,595	28	24	8	0	0	60	5120-6880	P
Methodist Hospital of Brooklyn	H. Tobey	139	2,520	325	32	12,223	117	2,551	626
Misericordia-Fordham Training Program	R. F. Gomprecht	232	4,686	709	53	39,264	286	5,436	738	43	15,667	5000-6000	P	
Misericordia		286	5,436	738	43	15,667	117	2,551	626
Fordham	H. Rifkin	117	2,551	626	...	34,258	240	6,947	498	50	41,967	5000-6000	P	
Montefiore Hospital Training Program	A. B. Gutman	240	6,947	498	50	41,967	312	4,249	920	44	42,605	5000-6700	FP	
Montefiore Hospital and Medical Center	S. G. Seckler	312	4,249	920	44	42,605	137	2,615	261	68	51,012	5000-8000	P	
Morrisania City	A. Bearn	137	2,615	261	68	51,012	77	1,980	137	31	9,233	4850-5500	F	
Mount Sinai Hospital Training Program	M. L. Gelfand	77	1,980	137	31	9,233	115	2,808	200	34	2,028	4980-5780	F	
Mount Sinai	R. Levine	115	2,808	200	34	2,028	207	3,586	645	44	132,682
City Hospital Center at Elmhurst		207	3,586	645	44	132,682	843	627	337	34	16,020
New York		843	627	337	34	16,020	85	1,949	167	46	14,946	5100-5700	P	
New York Infirmiry	R. Wallaeb	85	1,949	167	46	14,946	225	8,500	450	44	80,000	4980-6400	P	
New York Medical College-Metropolitan Hospital Center	S. J. Farber	225	8,500	450	44	80,000	129	3,616	275	33	...	6690-7930	P	
Unit 1-Flower and Fifth Avenue Hospitals	S. Bradley	129	3,616	275	33	...	223	6,581	281	49	57,717	5200-8500	P	
Unit 2-Metropolitan		223	6,581	281	49	57,717	147	3,662	384	39	9,277	5000-7000	P	
Unit 3-Bird S. Coler Memorial Hospital and Home		147	3,662	384	39	9,277	100	2,364	223	34	11,076	5400-6600	F	
New York Polyclinic Medical School and Hospital	N. P. Christy	100	2,364	223	34	11,076	80	1,788	123	45	16,200	4680-5700	FP	
New York University-Bellevue Medical Center	A. Lewis	80	1,788	123	45	16,200	181	3,787	273	48	34,188	5000-6000	P	
Bellevue Hospital Center	B. H. Perlman	181	3,787	273	48	34,188	237	4,772	687	42	30,502	5500-6500	P	
University	T. B. Van Itallie	237	4,772	687	42	30,502	83	2,358	276	41	4,493	5700-6600	F	
Presbyterian	W. J. Grace	83	2,358	276	41	4,493	90	2,448	228	43	5,796	6000-7500	O	
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park	T. J. Quigley	90	2,448	228	43	5,796	796	9,189	1,831	35	26,554	4980-6400	P	
Queens Hospital Center (Mary Immaculate Hospital Division)	I. R. Cohen	796	9,189	1,831	35	26,554	441	3,921	440	46	8,639	6170-8230	O	
Roosevelt	L. W. Eicbna	441	3,921	440	46	8,639	398	3,737	474	43	6,309	6170-8230	O	
St. Clare's	R. H. Green	398	3,737	474	43	6,309	407	2,500	402	46	...	6170-7200	O	
St. John's Episcopal ²⁶²	V. J. Adams	407	2,500	402	46	...	145	3,694	449	46	4,042	4080-5400	F	
St. Luke's Hospital Center		145	3,694	449	46	4,042	92	2,773	324	67	6,435	4900-6400	P	
St. Vincent's Hospital and Medical Center of New York	H. L. Segal	92	2,773	324	67	6,435	72	2,134	246	55	1,043	6100-7600	P	
St. Vincent's Hospital of the Borough of Richmond	J. W. Holler	72	2,134	246	55	1,043	120	3,052	436	58	4,519	6000-7000	P	
Salvation Army Booth Memorial	S. B. Troup	120	3,052	436	58	4,519	90	2,123	270	41	...	5200-6200	P	
State University-Kings County Medical Center	G. E. Eckert	90	2,123	270	41	...	149	4,600	466	71	28,000	4000-7500	O	
Kings County Hospital Center	L. E. Young	149	4,600	466	71	28,000	287	5,940	546	48	19,419	5050-6400	O	
State University	R. H. Lyons	287	5,940	546	48	19,419	165	2,670	266	61	1,893	4610-6440	O	
Veterans Admin. (Bronx) ²⁶³	A. T. Ladd	165	2,670	266	61	1,893	164	2,032	360	41	20,085	5700-6500	P	
Veterans Admin. (Brooklyn)	F. Graig	164	2,032	360	41	20,085	86	2,593	168	60	14,837	3500-7000	O	
Veterans Admin. (Manhattan) ²⁶⁶	L. G. Welt	86	2,593	168	60	14,837	118	4,442	321	46	13,252	5400-6000	P	
Wyckoff Heights	M. McCall	118	4,442	321	46	13,252	142	4,354	279	54	36,279	4500-5400	P	
Rochester	E. A. Stead, Jr.	142	4,354	279	54	36,279	180	3,534	260	66	...	4610-8230	O	
Genesee	K. H. Kilburn	180	3,534	260	66	...	92	2,773	324	67	6,435	4900-6400	P	
Highland Hospital of Rochester		92	2,773	324	67	6,435	72	2,134	246	55	1,043	6100-7600	P	
Rochester General		72	2,134	246	55	1,043	120	3,052	436	58	4,519	6000-7000	P	
St. Mary's		120	3,052	436	58	4,519	90	2,123	270	41	...	5200-6200	P	
Strong Memorial Hospital of the University of Rochester		90	2,123	270	41	...	149	4,600	466	71	28,000	4000-7500	O	
Syracuse		149	4,600	466	71	28,000	287	5,940	546	48	19,419	5050-6400	O	
State University of New York Upstate Medical Center		287	5,940	546	48	19,419	165	2,670	266	61	1,893	4610-6440	O	
Veterans Admin.		165	2,670	266	61	1,893	164	2,032	360	41	20,085	5700-6500	P	
Valhalla		164	2,032	360	41	20,085	86	2,593	168	60	14,837	3500-7000	O	
Grasslands		86	2,593	168	60	14,837	118	4,442	321	46	13,252	5400-6000	P	
NORTH CAROLINA		118	4,442	321	46	13,252	142	4,354	279	54	36,279	4500-5400	P	
Chapel Hill		142	4,354	279	54	36,279	180	3,534	260	66	...	4610-8230	O	
North Carolina Memorial		180	3,534	260	66	...	86	2,593	168	60	14,837	3500-7000	O	
Charlotte Memorial (Charlotte)		86	2,593	168	60	14,837	118	4,442	321	46	13,252	5400-6000	P	
Charlotte		118	4,442	321	46	13,252	142	4,354	279	54	36,279	4500-5400	P	
Charlotte Memorial—See North Carolina Memorial, Chapel Hill		142	4,354	279	54	36,279	180	3,534	260	66	...	4610-8230	O	
Durham		180	3,534	260	66	...	86	2,593	168	60	14,837	3500-7000	O	
Duke University Affiliated Hospitals		86	2,593	168	60	14,837	118	4,442	321	46	13,252	5400-6000	P	
Duke		118	4,442	321	46	13,252	142	4,354	279	54	36,279	4500-5400	P	
Veterans Admin.		142	4,354	279	54	36,279	180	3,534	260	66	...	4610-8230	O	

APPROVED RESIDENCIES

8. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NORTH CAROLINA—Continued															
Winston-Salem															
North Carolina Baptist Hospitals	E. Yount	151	6,028	288	60	10,523	5	5	3	0	0	13	4500-6500	P	
OHIO															
Akron															
Akron City	A. H. Loomis	192	4,988	562	54	9,560	3	3	3	0	0	9	4680-5640	P	
Akron General	W. M. Bartholomae	127	3,757	420	57	8,215	4	4	3	0	0	11	4680-5640	FP	
St. Thomas	J. J. Murphy	102	3,243	313	48	3,572	3	3	3	0	0	9	4900-5640	FP	
Cincinnati															
Daniel Drake Memorial	S. Goodman	859	1,155	362	45	9,449	9	4	2	0	0	15	4800-6000	F	
Good Samaritan	D. Fischer	176	4,494	424	44	2,775	3	3	2	0	0	8	5400-6900	P	
Jewish	E. G. Margolin	166	3,675	472	37	6,571	8*	4	1	0	0	13	5400-6900	P	
University of Cincinnati Hospital Group	R. W. Vilter						12	12	12	12	0	48			
Cincinnati General		103	2,480	468	56	44,410							4400-7500	FP	
Veterans Admin.		113	1,679	177	63								4610-8230	O	
Cleveland															
Cleveland Clinic	H. S. VanOrdstrand	100	6,140	271	52	107,103	20	18	18	0	0	56	3900-4500	P	
Cleveland Metropolitan General	C. H. Rammelkamp	149	2,583	351	66	52,373	12*	8	8	4	0	32†	4300-6260	P	
Cleveland Metropolitan General Hospital-Lutheran	C. H. Rammelkamp, M. E. Bobey						8	8	4	2	0	22†	4800-7200	F	
Cleveland Metropolitan General		149	2,583	351	66	52,373									
Lutheran		115	2,645	252	52										
Fairview General	J. Pampush	97	2,869	308	52	12,375	4	4	4	0	0	12	5400-7200	F	
Huron Road	E. M. Goyette	127	3,947	302	37	8,368	3	2	2	0	0	7	4200-5100	F	
Mount Sinai Hospital of Cleveland	V. Vertes	214	5,501	420	48	25,769	8	4	1	0	0	13	4400-5880	P	
St. Luke's	R. G. Wieland	124	3,114	293	50	16,946	3	3	3	0	0	9	5292-6204	P	
St. Vincent Charity	R. S. Bartunek	138	4,035	247	46	14,079	8	6	4	0	0	18	4320-4620	P	
University Hospitals of Cleveland ²⁸³	A. S. Weisberger	140	4,321†	437	64	47,688	12	15	13	2	1	43†	4500-5500	P	
Veterans Admin. ²⁸²	D. L. Horrigan	259	2,199	308	63	993	15	15	8	4	0	42	4610-7110	P	
Columbus															
Mount Carmel	P. T. Knies	117	3,004†	179	58	5,399	2	2	2	0	0	6	5400-6600	F	
Ohio State University Hospitals	J. V. Warren	222	7,161	467	69	37,693	14	11	0	1	0	26	3024-8268	P	
Riverside Methodist	T. J. Williams	191	5,066	309	46	7,915	3	2	2	0	0	7	5400-6000	P	
Dayton															
Good Samaritan	M. Block	254	5,989	407	46	2,017	2	2	2	0	0	6	3900-4500	F	
Veterans Admin. ²⁸⁷	J. T. Taguchi	258	2,656	262	82	2,901	8	6	4	2	0	20	4610-8230	O	
Lakewood															
Lakewood ²⁸⁸	R. W. Reynolds	111	3,234	285	49	2,184	4	4	2	0	0	10	5400-6600	FP	
Toledo															
Maumee Valley	C. R. Tittle	77	1,923	243	54	11,383	4	4	4	0	0	12	5000-5700	F	
Toledo	L. R. Sataline	156	5,237	321	43	1,980	4	2	0	0	0	6	6300-6900	FP	
Youngstown															
St. Elizabeth	E. Kessler	204	5,967	470	41	6,970	3	3	3	0	0	9	6600-7200	FP	
Youngstown	F. S. Coombs	307	8,602	643	42	6,923	6	4	3	0	0	13	5400-6600	FP	
OKLAHOMA															
Oklahoma City															
Baptist Memorial	R. C. Brown	81	3,248	168	36	729	2	2	2	0	0	6	8700-9600	P	
St. Anthony	R. E. Carpenter	86	2,809	284	37	6,364	1	1	1	0	0	3	6000-6600	O	
University of Oklahoma Medical Center	S. Wolf						8*	8	8	2	0	26†			
University of Oklahoma Hospitals	S. Wolf	67	1,705	184	54	24,097							4250-6260	P	
Veterans Admin.	W. O. Smith	170	2,780	285	67	20,964									
OREGON															
Portland															
Emanuel	L. M. Goldberg	117	5,764	263	38	7,890	2	2	2	0	0	6	5400-6300	P	
Good Samaritan Hospital and Medical Center	O. C. Page	129	6,234	268	54	1,275	2	2	2	0	0	6	5400-6300	P	
Providence	J. Blanchard	87	4,319†	273	48	1,302	2	2	2	0	0	6	5400-6300	P	
St. Vincent	D. Sutherland	90	4,167†	297	42	2,605	2	2	2	0	0	6	5400-6900	P	
University of Oregon Medical School Hospitals and Clinics	H. P. Lewis	114	3,434	407	57	24,117	6	6	5	0	0	17	4200-6000	FP	
Veterans Admin. ²⁸⁹	J. R. Walsh	259	3,382	327	75	15,450	8	8	7	0	0	23	4610-6440	P	
PENNSYLVANIA															
Ablington															
Ablington Memorial	J. R. Kitchell	109	3,433	295	47	5,111	3	2	2	0	0	7	3900-5400	F	
Bethlehem															
St. Luke's	R. K. Shields	163	3,635	449	48	8,999	2	1	1	0	0	4	4200-4800	FP	
Bryn Mawr															
Bryn Mawr	A. Wagner	118	3,221†	297	44	4,899	2	2	2	0	0	6	4325-5500	F	
Danville															
Geisinger Medical Center	J. Collins	80	3,012	208	60	21,722	3	3	2	0	0	8	5100-5700	P	
Darby															
Thomas M. Fitzgerald Mercy	D. J. Hilferty	93	2,299	200	41	3,725	1	1	1	0	0	3	4200-5400	F	
Harrisburg															
Harrisburg	C. A. Smith	231	5,260	530	43	15,725	4	4	4	0	0	12	6600-7500	F	
Harrisburg Polyclinic	D. A. Smith	246	5,103	498	45	8,804	2	2	1	0	0	5	6000-7800	F	
Philadelphia															
Albert Einstein Medical Center	T. Durant	387	9,359†	969	37	20,535	9	8	4	0	0	21	3900-4500	FP	
Moss Rehabilitation	C. Kravitz	21	343	71	34	0							3900-4500	F	
Episcopal	W. I. Gefter	113	2,269	274	30	3,888	3	3	3	2	0	11	4500-4890	P	
Germantown Dispensary and Hospital	R. W. Mays	129	3,573	342	50	18,398	2	1	1	0	0	4	4800-6600	FP	
Graduate Hospital of the University of Pennsylvania	H. J. Tumen	70	3,652	261	52	10,046	5	5	4	0	0	14	4400-5000	P	
Hahnemann Medical College and Hospital	W. Oaks	211	5,635	431	46		10	10	4	0	0	24	3300-3900	P	
Jefferson Medical College	R. I. Wise	205	4,770	367	56	24,084	9	6	3	0	1	19	4100-5600	O	
Lankenau ²⁹⁴	M. W. Miller	140	3,573	300	53	5,565	2	2	2	0	0	6	4200-4800	FP	
Mercy-Douglass	E. E. Holloway	79	2,452	106	52	4,826	3	2	1	0	0	6	5400-6000	F	
Misericordia	G. N. French	138	3,201	318	47	2,593	3	2	1	0	0	6	6800-7800	P	
Nazareth	S. J. Skromak	96	2,562	254	29	10,122	3	3	2	0	0	8	5000-5700	F	
Pennsylvania	J. W. Frost	149	3,609	290	45	11,986	4	4	4	0	0	12	4500-5100	O	
Philadelphia General		258	4,976	889	48	45,407	11	10	6	0	0	27	5800-6700	P	
Presbyterian-University of Pennsylvania Medical Center	H. L. Conn	125	2,786†	234	47	10,551	4	4	2	0	0	10	4340-4940	P	

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Salary per Year Min.-Max.	Maintenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
PENNSYLVANIA, Philadelphia—Continued														
Temple University	W. A. Steiger	100	5,957	461	47	21,813	10	10	0	0	0	20	3900-4800	P
University of Pennsylvania Affiliated Hospitals							13	8	1	0	0	22	3600-5400	P
Hospital of the University of Pennsylvania		270	5,800	346	62	22,099							4610-6440	P
Veterans Admin.	H. P. Close	229	3,715	351	60	16,984							4610-6440	O
Woman's Medical College Affiliated Hospitals							8	6	2	0	0	16		
Hospital of the Woman's Medical College of Pennsylvania	H. P. Potter, Jr.	52	1,344	95	53	9,119							4610-6440	P
Veterans Admin.	H. P. Close	229	3,715	351	60	16,984							4610-6440	O
Pittsburgh														
Allegheny General	G. Shively	127	3,450†	341	46	14,146	3	3	3	0	0	9	7500-8100	P
Health Center Hospitals of the University of Pittsburgh	J. D. Myers						12	12	6	2	0	36		
Magee-Womens	D. Mintz	99	2,513	129	55									
Presbyterian-University	J. D. Myers	152	3,866	194	67	9,745							5500-7500	O
Veterans Admin.	E. Lamdin	259	3,023	345	67	2,611							4611-6440	O
Mercy	F. J. Luparello	173	4,647	362	50	16,876	3	3	2	0	0	8	6300-7200	P
Montefiore	P. Troen	182	5,352	394	55	12,541	6	4	2	0	0	12	6000-7000	P
St. Francis General	F. C. Duffy	187	4,130	348	34	8,991	4	3	1	0	0	8†	8400-8400	P
Shadyside	W. B. Tuttle	136	3,933	312	37	169	3	2	1	0	0	6	6300-8100	P
Western Pennsylvania	F. R. Franke	211	7,130	366	46	8,181	2	2	2	0	0	6	5700-6300	FP
Reading														
Reading	R. C. Hoyt	176	3,220	416	51	2,450	2	2	2	0	0	6	4980-5580	F
Sayre														
Robert Packer	J. B. Cady	71	4,260	167	49	25,280	2	2	2	0	0	6	3600-6000	FP
York														
York	J. L. Atkins	156	4,640	543	54	7,542	2	2	2	0	0	6	5400-6000	P
PUERTO RICO														
Ponce														
Ponce District General	H. Rodriguez	80	2,133	290	35	25,095	4	4	4	0	0	12	6000-10800	F
Rio Piedras														
Municipal Hospital Dr. Rafael López Nussa	E. Marchand	69	1,547	253	37	20,230	8	8	8	0	0	18	5700-16900	P
University District	F. Ramos Morales	70	1,775	236	79	31,676	10	10	2	2	0	24	5700-7500	P
San Juan														
Veterans Admin. ³⁰⁰	E. A. Ramirez	89	1,543	77	86	30,111	4	4	4	0	0	14†	4840-6760	O
RHODE ISLAND														
Pawtucket														
Rhode Island Affiliated Hospitals														
Memorial	E. F. Lovering	90	2,193	92	61	2,340	1	1	0	0	0	2	4800-5400	F
Miriam (Providence)	A. M. Burgess	54	156	208	41	1,521	0	0	1	0	0	1	4800-6300	FP
Providence														
Miriam—See Rhode Island Affiliated Hospitals														
Rhode Island	M. W. Hamolsky	198	4,991	622	34	18,247	10	6	4	0	0	20	4600-5400	P
Veterans Admin. ³⁰¹	J. D. Eyre	207	1,813	235	36	2,794	4	4	2	2	0	12	4610-8230	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals							6	6	1	2	0	15		
Medical College	J. A. Boone	97	3,389	121	50	17,326							4380-6300	O
Charleston County	J. A. Boone													
TENNESSEE														
Chattanooga														
Baroness Erlanger	E. F. Buchner	157	7,387	489	33	1,852	2	2	2	0	0	6	5700-6300	F
Knoxville														
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	79	2,688	265	37	4,264							4392-4632	F
Memphis														
Baptist Memorial	P. Milnor	259	8,769	367	42	2,504	3	3	3	0	0	9	4500-5100	F
Methodist	J. P. Conway	166	7,671†	399	42	2,942	1	1	1	0	0	3	5100-5700	F
University of Tennessee Affiliated Hospitals	G. H. Stollerman						12	12	5	1	0	30		
City of Memphis Hospitals	G. H. Stollerman	89	2,517	395	51	55,221							3660-4080	F
Veterans Admin.	F. S. Dietrich	288	4,015	420	71	2,848							4610-8230	O
West Tennessee Tuberculosis	E. P. Bowerman	196	1,006	71	55	1,899							6720-7080	F
Nashville														
Baptist	W. H. Hall	69	2,740	167	40	912	5	5	2	0	0	12	6000-6600	F
George W. Hubbard Hospital of The Meharry Medical College	R. S. Anderson	57	1,519	189	43	13,444	2	2	2	0	0	6	4800-5400	F
St. Thomas	R. M. Roy	79	3,017	246	49	1,407	3	3	1	0	0	7	3900-4500	F
Vanderbilt University Affiliated Hospitals	D. E. Rogers						19	8	4	0	0	31		
Nashville Metropolitan General	T. F. Paine	34	1,098	165	81	21,371							3000-3600	
Vanderbilt University	D. E. Rogers	94	3,835	184	59	24,483							3900-4800	O
Veterans Admin.	R. M. Des Prez	259	3,139	232	66	22,116							4610-7110	O
TEXAS														
Dallas														
Baylor University Medical Center	R. Tompsett	169	7,350	462	44	4,866	3	2	1	0	0	6	5700-6300	O
Methodist Hospital of Dallas	J. E. Goode	85	3,717	230	39	5,303	2	2	2	0	0	6	5100-5700	FP
Parkland Memorial	D. W. Seldin	304	4,226	592	53	81,208	13	8	5	0	0	26†	4680-5340	P
St. Paul	J. S. Krakusin	107	4,571†	270	44	5,334	2	2	2	0	0	6	5100-5700	P
Veterans Admin.	S. Eisenberg	298	4,405	469	53	790	5	5	5	3	1	19	4610-6440	P
Galveston														
University of Texas Medical Branch Hospitals ¹⁹	R. L. Gregory	216	4,313	343	55	23,846	18*	7	5	0	0	30	5088-6888	P
St. Joseph (Houston)	S. Schnur	131	6,185	161	43	1,523							5100-5700	P
University of Texas M. D. Anderson Hospital and Tumor Institute (Houston)	C. D. Howe	72	1,465	280	72	18,900							5000-10000	O
Houston														
Baylor University Affiliated Hospitals	P. Davis						16	12	10	4	0	42†		
Ben Taub General	R. D. Pruitt	82	2,288	394	52	57,487							3900-4500	P
Methodist		191	6,584	257	57	1,133							4500-5100	P
St. Luke's Episcopal													4500-5100	O
Veterans Admin.		376	3,848	436	65	39,053							4610-6440	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
TEXAS, Houston—Continued															
Hermann	L. R. Rodgers	151	5,700	352	40	22,672	2	2	2	0	0	6	5100-6000	P	
St. Joseph—See University of Texas Medical Branch Hospitals, Galveston															
University of Texas M. D. Anderson Hospital and Tumor Institute—See University of Texas Medical Branch Hospitals, Galveston															
San Antonio															
University of Texas Medical School at San Antonio Teaching Hospitals															
Robert B. Green Memorial	L. Cander	43	1,454	308	44	38,451	6	6	3	0	0	15	5100-6300	P	
Temple															
Scott and White Memorial	J. G. Rodarte	105	5,037†	202	47							12	5200-6300	P	
UTAH															
Salt Lake City															
Latter-day Saints															
University of Utah Affiliated Hospitals	D. H. Nelson	124	5,107	373	44	12,134	2	2	2	0	0	6	4800-5700	P	
University	M. M. Wintrobe	49	1,418	196	75	19,710	9	4	4	0	0	17	4200-7200	P	
Veterans Admin.	E. Englert, Jr.	60	1,205	126	80								4610-8230	O	
VERMONT															
Burlington															
Medical Center Hospital of Vermont															
Mary Fletcher Unit	W. A. Tisdale	77	2,948	145	80	5,185	9	7	2	0	0	18	4500-6300	PO	
De Goesbriand Unit		67	2,168	148	66	5,072									
White River Junction															
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.															
VIRGINIA															
Charlottesville															
University of Virginia															
	B. S. Leavell	112	3,565	259	50	14,348	6	6	2	0	0	14	4200-5400	O	
Norfolk															
De Paul															
	V. Cofer	127	4,631	242	44	10,427	2	2	2	0	0	6	6000-6600	F	
Norfolk General	B. Miller	178	5,713	403	33	15,904	1	1	1	0	0	3	6900-7500	F	
Richmond															
Medical College of Virginia Affiliated Hospitals															
Medical College of Virginia-Hospital Division	W. T. Thompson, Jr.	184	5,588	543	46	17,816	16	16	0	0	0	32		P	
Veterans Admin.	J. J. Kelly, III	337	4,453	278	61	7,745	0	0	10	0	0	10	4200-6900	P	
WASHINGTON															
Seattle															
Providence ³¹⁹															
University of Washington Affiliated Hospitals ³¹⁸	P. E. Hardy	73	3,383†	237	49	3,713	3	2	2	0	0	7†	4200-6000	FP	
King County	R. G. Petersdorf	27	2,332	412	63	18,314	19	19	5	1	0	44	5500-7680	F	
University	R. G. Petersdorf	64	1,373†	71	79	11,428							5500-7680	P	
Veterans Admin.	R. S. Evans	105	2,250	318	85	3,150							4610-8230	P	
Virginia Mason	C. C. Pearson	71	3,758	180	68	71,002	4	2	2	0	0	8	3900-6000	FP	
WEST VIRGINIA															
Beckley															
Beckley Appalachian Regional															
	H. D. Warren	68	2,480	185	47	26,338	3	2	2	0	0	7	6400-8000	P	
Charleston															
Charleston General															
Memorial	W. Pushkin	82	3,233	162	42	1,419	1	1	1	0	0	3	3900-4800	P	
	A. B. C. Ellison	74	2,889	151	50	3,079	1	1	1	0	0	3	4200-5100	F	
Morgantown															
West Virginia University Medical Center															
	E. B. Flink	83	2,633	148	65	17,383	7	5	3	0	0	16†	4800-6000	P	
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals															
Madison General	R. F. Schilling	78	2,753†	195	57		14	10	2	0	0	26	4150-5650	P	
University Hospitals		129	4,200†	172	78	69,975							4150-5650	P	
Veterans Admin.		218	3,515	207	82	6,479							4610-6440	P	
Milwaukee															
Columbia ⁷³															
Marquette University Affiliated Hospitals ²⁶	G. C. Owen	102	3,251†	169	79	11,102							4480-6910	P	
Milwaukee County General	W. W. Engstrom	167	11,023†	956	49	46,933	15*	15	15	2	0	47†	4364-6124	P	
Veterans Admin. (Wood)	W. W. Engstrom	270	3,413	389	75	6,777									
Mount Sinai ³²¹	J. J. Levin	122	4,240†	258	41	657	2	2	2	0	0	6	5300-6000	FP	

9. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering FOUR years of acceptable training in the specialty. Programs, 85; Residencies, 562

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
Willford Hall U.S.A.F., San Antonio															
	P. W. Myers	68	1,195	19	84	1,032	1	1	1	1	1	5			
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington															
	L. G. Kempe	89	1,268	38	87	1,548	0	1	1	1	1	4			

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center.....	J. G. Galbraith.....	69	2,240	132	39	1,162	1	1	1	1	0	4	.....	.....
Children's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of Alabama Hospitals and Clinics.....	J. G. Galbraith.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4980-6300	P
Veterans Admin.....	J. C. Davie.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4610-8230	O
ARIZONA														
Phoenix														
Barrow Neurological Institute of St. Joseph's.....	J. R. Green.....	45	1,301	62	80	627	1	1	1	1	1	5	5400-6600	F
CALIFORNIA														
Glendale														
Glendale Adventist—See White Memorial Medical Center, Los Angeles														
Long Beach														
Veterans Admin.....	J. D. French.....	39	436	25	80	1,186	1	1	1	1	1	5	5920-8760	O
Los Angeles														
Los Angeles County General, Unit I.....	T. Kurze.....	53	1,980	234	13	2,703	2	2	2	2	2	10	7200-9600	P
University of California Medical Center ¹²⁴	W. E. Stern.....	.....	.....	.....	.....	.....	1	1	1	1	1	5	.....	.....
University of California.....	W. E. Stern.....	21	495	20	85	1,071	.....	.....	.....	.....	.....	.....	4368-7956	O
Veterans Admin, Center-Wadsworth.....	G. F. Hoessly.....	26	533	25	76	1,099	.....	.....	.....	.....	.....	.....	6600-8760	P
White Memorial Medical Center.....	K. Abbott.....	21	626	28	68	247	1	1	1	1	1	5	6060-8460	P
Glendale Adventist (Glendale).....	.....	25	352	9	44	266	.....	.....	.....	.....	.....	.....	6780-8460	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals.....	J. W. Hanbery.....	.....	.....	.....	.....	.....	2	1	1	1	1	6	.....	.....
Palo Alto-Stanford Hospital Center.....	J. W. Hanbery.....	24	757	23	70	1,544	.....	.....	.....	.....	.....	.....	4900-7800	O
Veterans Admin.....	J. A. Aguilar.....	28	182	24	88	628	.....	.....	.....	.....	.....	.....	.....	.....
Pasadena														
Huntington Memorial.....	C. H. Shelden.....	20	603	24	76	811	1	1	1	1	0	4	6600-8400	FP
San Francisco														
University of California Program in Neurological Surgery.....	J. E. Adams.....	.....	.....	.....	.....	.....	0	2	2	2	2	8	.....	.....
H. C. Moffitt-University of California Hospitals.....	J. E. Adams.....	249	795	24	83	1,478	.....	.....	.....	.....	.....	.....	4992-7692	O
Franklin.....	N. Cbater.....	27	943	9	44	.....	.....	.....	.....	.....	.....	.....	4368-6240	P
San Francisco General.....	R. Perkins.....	8	264	57	14	.....	.....	.....	.....	.....	.....	.....	4368-7692	P
Veterans Admin.....	B. L. Wise.....	17	347	11	55	620	.....	.....	.....	.....	.....	.....	4710-8230	O
COLORADO														
Denver														
University of Colorado Affiliated Hospitals.....	K. Welch.....	.....	.....	.....	.....	.....	1	1	1	1	0	4	.....	.....
University of Colorado Medical Center.....	K. Welch.....	18	735	22	55	1,098	.....	.....	.....	.....	.....	.....	3500-4500	O
Veterans Admin.....	T. E. Starzl.....	12	251	11	91	317	.....	.....	.....	.....	.....	.....	4610-8230	O
CONNECTICUT														
Hartford														
Hartford—See Yale-New Haven Medical Center and Hartford Hospital, New Haven														
New Haven														
Yale-New Haven Medical Center and Hartford Hartford (Hartford).....	W. B. Scoville.....	38	1,328	68	78	310	2	2	2	2	0	8	4800-7200	P
Yale-New Haven.....	W. J. German.....	29	801	41	71	2,180	.....	.....	.....	.....	.....	.....	4000-5000	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals.....	A. J. Luessenhop.....	.....	.....	.....	.....	.....	1	1	1	1	1	5	.....	.....
Children's.....	.....	8	125	4	71	422	.....	.....	.....	.....	.....	.....	.....	.....
District of Columbia General.....	.....	25	367	62	39	2,240	.....	.....	.....	.....	.....	.....	4500-6500	P
Georgetown University.....	.....	18	371	17	70	114	.....	.....	.....	.....	.....	.....	3720-4240	O
Veterans Admin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
George Washington University Affiliated Hospitals.....	J. W. Watts.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Children's.....	.....	8	137	3	100	377	.....	.....	.....	.....	.....	.....	.....	.....
George Washington University.....	.....	23	620	36	62	547	.....	.....	.....	.....	.....	.....	5000-6000	P
Veterans Admin.....	.....	20	230	13	85	350	.....	.....	.....	.....	.....	.....	.....	.....
Washington Hospital Center.....	.....	38	954	22	71	441	.....	.....	.....	.....	.....	.....	.....	.....
FLORIDA														
Coral Gables														
Veterans Admin.—See University of Miami Affiliated Hospitals, Miami														
Gainesville														
William A. Shands Teaching Hospital and Clinics.....	H. L. Roberts.....	16	368	25	71	1,360	1	1	1	1	1	5	3600-6000	O
Miami														
University of Miami Affiliated Hospitals.....	D. Reynolds.....	.....	.....	.....	.....	.....	1	2	2	1	0	6	.....	.....
Jackson Memorial.....	D. Reynolds.....	31	960	93	13	984	.....	.....	.....	.....	.....	.....	4656-6300	O
Veterans Admin. (Coral Gables).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals.....	R. A. Sears.....	.....	.....	.....	.....	.....	1	1	1	1	0	4	.....	.....
Emory University.....	R. A. Sears.....	22	635	26	54	0	.....	.....	.....	.....	.....	.....	4500-5400	P
Grady Memorial.....	E. F. Fincher.....	13	459	52	35	1,113	.....	.....	.....	.....	.....	.....	4500-5700	P
Henrietta Egleson Hospital for Children.....	R. A. Sears.....	6	209	6	83	0	.....	.....	.....	.....	.....	.....	3900-5100	.....
Augusta														
Medical College of Georgia Hospitals.....	M. B. Allen.....	.....	.....	.....	.....	.....	0	1	1	1	1	4	.....	.....
Eugene Talmadge Memorial.....	M. B. Allen.....	19	371	24	66	1,702	.....	.....	.....	.....	.....	.....	4500-7000	P
University.....	P. Nichols.....	31	1,214	62	27	225	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.....	M. B. Allen.....	22	347	14	78	521	.....	.....	.....	.....	.....	.....	4610-8230	P
ILLINOIS														
Chicago														
Cook County.....	A. J. Raimondi.....	54	1,876	252	48	2,679	2	2	2	2	2	10	4620-6300	F
Mercy Medical Center.....	H. C. Voris.....	30	572	45	40	160	1	1	1	1	1	5	4500-5700	P
Veterans Admin. (Hines).....	H. C. Voris.....	34	461	60	53	654	.....	.....	.....	.....	.....	.....	4610-8230	O

Numerical and other references are listed on pages 279 through 282.

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Salary per Year Min.-Max.	Main-tenance P O	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
ILLINOIS, Chicago—Continued														
Northwestern University Medical Center	P. C. Bucy					104	3	4	5	4	3	19		
Chicago Wesley Memorial	P. C. Bucy	28	731	41	63								4800-6000	O
Children's Memorial	L. V. Amador	11	202	15	53	358							4200-6000	P
Veterans Admin. Research	P. C. Bucy	18	265	22	73	867							4610-8230	O
Evanston (Evanston)	J. A. Tarkington	8	252	7	86	251							4800-5400	O
University of Chicago Hospitals and Clinics	J. P. Evans	23	581	38	78	1,874	1	1	1	1	1	5	5500-7500	O
University of Illinois Affiliated Hospitals	E. Oldberg						2	2	2	2	0	8		
Presbyterian-St. Luke's	E. Oldberg	8	243	24	50	279							5000-7000	P
University of Illinois Research and Educational Hospitals	E. Oldberg, M. M. Cohen	34	521	26	62	10,933							5000-6200	P
Veterans Admin. (Hines)	E. Oldberg	34	461	60	53	654							4610-8230	O
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
Hines														
Veterans Admin.—See Mercy Medical Center, Chicago; University of Illinois Affiliated Hospitals, Chicago														
INDIANA														
Indianapolis														
Indiana University Medical Center	R. L. Campbell						2	2	2	2	0	8		
Indiana University Hospitals	R. L. Campbell	45	775	69	35	907							3725-4850	P
Marion County General	R. L. Campbell	12	173	43	81	106							5220-6159	P
Methodist Hospital of Indiana	J. Russell	48	1,235	79	56	72								
Veterans Admin.	R. L. Campbell	19	262	25	68	295							4610-8230	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals							2	1	1	2	0	6		
University Hospitals	G. E. Perret	55	1,252	79	63	1,845							4500-6500	P
Veterans Admin.													4610-8230	P
KANSAS														
Kansas City														
University of Kansas Medical Center	C. Brackett	18	620	31	74	1,819	1	2	2	1	0	6	4200-5400	P
Veterans Admin. (Kansas City, Mo.)	C. A. Clough	14	250	22	68	237							4610-8230	O
KENTUCKY														
Lexington														
University	C. Wilson	15	426	26	75	1,399	1	1	1	1	0	4	5160-6960	P
Louisville														
University of Louisville Affiliated Hospitals	E. G. Grantham						12	6	4	2	0	24		
Children's		9	185	10	30	250								
John N. Norton Memorial Infirmary														
Louisville General		8	232	34	47	311							4230-5730	PO
Veterans Admin.		23	214	23	55	459							4610-7110	O
LOUISIANA														
New Orleans														
Tulane University Affiliated Hospitals	R. C. Llewellyn						1	2	1	2	1	7		
Charity Hospital of Louisiana	R. C. Llewellyn	14	309	50	26	1,231							6000-6000	F
Ochsner Foundation	H. D. Kirgis	27	964	28	75	5,072							4500-	P
Veterans Admin.	R. C. Llewellyn	18	359	26	50	460							4610-8230	O
MARYLAND														
Baltimore														
Johns Hopkins	A. E. Walker	36	994	52	37	1,104	1	1	1	1	1	7	3600-	P
Baltimore City Hospitals	A. E. Walker					787								
University	J. Arnold	37	1,018	37	54	692	2	2	2	2	2	10	4100-5500	P
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center—Peter Bent Brigham	D. D. Matson						1	1	1	1	0	4		
Children's Hospital Medical Center—Peter Bent Brigham		24	797	22	64	1,206							4800-7500	P
Massachusetts General	W. H. Sweet	62	1,359	89	56	1,020	2	2	2	2	0	8	5600-5600	P
New England Medical Center Hospitals	B. Selverstone	24	382	15	53	872	1	1	1	1	0	4	4200-5600	O
Veterans Admin. (Jamaica Plain)	J. H. Drew	25	374	29	75	625							5460-8230	O
Rhode Island (Providence, R.I.)	J. Stoll, Jr.	39	1,062	66	55	617							5400-6000	P
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals	E. A. Kahn						2	2	2	1	0	7		
University	E. A. Kahn	30	805	71	76	3,116							4500-5851	O
Veterans Admin.	J. A. Taren			5	100								4610-8230	O
Wayne County General Hospital and Infirmary (Eloise)	J. A. Taren	10	298	31	29	638							6852-8500	F
Detroit														
Henry Ford	R. S. Knighton	31	686	45	73	3,779	2	2	2	2	0	8	4800-6000	P
Wayne State University Affiliated Hospitals	E. S. Gurdjian						1	3	2	0	0	6		
Detroit General		21	662	35	63	757							5600-6500	P
Detroit Memorial		15	216	6	50	6								
Grace		24	436	27	63	137							6000-6900	P
Eloise														
Wayne County General Hospital and Infirmary—See University of Michigan Affiliated Hospitals, Ann Arbor														
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals	L. A. French						1	2	2	2	1	8		
University of Minnesota Hospitals		23	712	47	76	951							4500-6000	O
Veterans Admin.		36	426	23	73	1,045							4610-8230	O
Rochester														
Mayo Graduate School of Medicine ²¹⁸	C. S. MacCarty	54	3,100	67	70	6,518	4	8	8	8	8	36	4200-6000	P
Rochester Methodist														
St. Mary's														

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Salary Per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	O. J. Andy	27	812	58	51	847	1	1	1	1	1	5	4300-5500	P
University		13	196	9	44	793							3900-4800	O
Veterans Admin.													4610-8230	O
MISSOURI														
Columbia														
University of Missouri Medical Center	S. P. Black	15	295	19	68	1,572	1	1	1	1	0	4	4000-5500	O
St. Luke's (St. Louis)	C. Lischer	24	794	57	40	33								
Kansas City														
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes Hospital Group	H. Schwartz	28	788	46	66	969	1	1	1	1	1	5	4200-6000	O
St. Luke's—See University of Missouri Medical Center, Columbia														
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals	E. Saehs, Jr.	26	905	51	90	2,142	1	1	1	1	0	4	4800-7500	O
Mary Hitchcock Memorial		10	139	4	75	569							4610-7110	P
Veterans Admin. (White River Junction, Vt.)														
NEW YORK														
Albany														
Albany Affiliated Hospitals	R. A. Lende	35	1,206	68	66	158	1	1	1	1	0	4	5000-8000	P
Albany Medical Center		11	160	23	96	295							4480-8000	O
Veterans Admin.														
Buffalo														
State University of New York at Buffalo	L. Bakay	18	451	24	63	139	1	1	1	1	0	4	5300-7500	O
Affiliated Hospitals		5	187	6	50	150								
Buffalo General		8	193	26	56	249							5550-7260	P
Children's Hospital of Buffalo														
Edward J. Meyer Memorial														
New York City														
Albert Einstein College of Medicine	H. L. Rosomoff	14	748	66	62	524	2	2	2	2	2	12†	6500-9500	F
Affiliated Hospitals		20	468	40	49	108							6500-9500	P
Bronx Municipal Hospital Center		40	558	18	75	600	2	2	2	2	0	8	5000-7000	P
Hospital of the Albert Einstein College of Medicine		18	558	67	42	804							5700-7200	FP
Montefiore Hospital and Medical Center	S. W. Gross	35	340	24	75	3,189	0	1	1	1	0	4	5400-8000	P
Mount Sinai	B. Ray	54	504	51	63	352	2	2	2	2	2	10	4980-6400	P
City Hospital Center at Elmhurst	J. Ranshoff	36	584	18	44								6690-8430	P
New York		13	15	13	31								6690-8230	O
New York University-Bellevue Medical Center		50	1,473	69	52	17,192	2	2	3	3	0	10	5500-6500	O
Bellevue Hospital Center		75	1,012	183	26	1,567	0	1	1	3	1	6		
University														
Veterans Admin. (Manhattan)		35	406	33	54	841	2	1	1	1	0	5	6690-8230	O
Presbyterian	J. L. Pool													
State University-Kings County Medical Center	A. W. Cook													
Kings County Hospital Center														
Long Island College														
State University														
Veterans Admin. (Bronx) ²⁰⁷	J. E. Scarff													
Rochester														
Strong Memorial Hospital of the University of Rochester	F. P. Smith	25	708			175	1	1	1	1	0	4	4000-7500	O
Syracuse														
State University of New York Upstate Medical Center	R. B. King	42	935	47	68	526	0	2	2	2	2	8	5050-6850	O
Veterans Admin.	R. B. King	14	160	15	93	332							4610-7110	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	G. S. Dugger	18	548†	61	56	993	1	1	1	1	0	4	3500-5700	O
Durham														
Duke University Affiliated Hospitals	G. L. Odom	45	1,157	87	51	1,599	3	1	1	1	1	7	4500-5400	P
Duke	G. L. Odom	31	424†	35	57								4610-8230	O
Veterans Admin.	G. T. Tindall													
Winston-Salem														
North Carolina Baptist Hospitals	E. Alexander	22	818	77	67	1,417	1	1	1	1	0	4	5000-7000	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group	R. L. McLaurin		229	6	100	109	2	2	2	1	0	7		
Children's	F. H. Mayfield	37	622	26	62	120							4500-5100	F
Christ	R. L. McLaurin	16	494	80	56	551							4200-5700	FP
Cincinnati General	F. H. Mayfield	25	385	21	67	632							5400-6600	P
Good Samaritan	R. L. McLaurin	10	168	5	60								4610-8230	O
Veterans Admin.														
Cleveland														
Cleveland Clinic	W. B. Hamby	38	1,324	13	85	7,337	1	2	2	2	0	7	4200-6000	P
St. Vincent Charity	E. J. Bishop	30	250	7	57	275							4200-6000	P
Western Reserve University Affiliated Hospitals	F. E. Nulsen	14	264	24	56	765	1	2	1	2	0	6	4800-6260	P
Cleveland Metropolitan General	R. J. White	20	553†	26	71	657							5000-6500	P
University Hospitals of Cleveland	F. E. Nulsen	19	120	18	67	336							5460-6440	P
Veterans Admin.														
Columbus														
Ohio State University Affiliated Hospitals	W. E. Hunt						0	2	2	2	2	8		
Ohio State University Hospitals	W. E. Hunt	25	650	50	69	1,100							3624-6024	P
Children's	M. P. Sayers	24	772	28	86	750								
Riverside Methodist	J. N. Meagher	34	995	45	51								5700-8000	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	A. C. Lisle, Jr.	34	1,229	57	44	88	1	1	1	1	0	4		
St. Anthony		7	181	18	22	593							4000-8000	P
University of Oklahoma Hospitals														
OREGON														
Portland														
Good Samaritan Hospital and Medical Center	J. Raaf	36	1,043	33	79	571	1	1	1	1	1	5	5400-7500	P
University of Oregon Affiliated Hospitals	H. D. Paxton						1	1	1	1	1	5		
University of Oregon Medical School Hospitals and Clinics		7	378	28	64	860							4200-6000	FP
Veterans Admin.		18	221	23	100	500							4610-7110	P
PENNSYLVANIA														
Philadelphia														
Episcopal	H. Shenkin	23	747	50	52	500	1	1	1	1	0	4	4500-5220	P
Hahnemann Medical College and Hospital														
Hospital of the University of Pennsylvania	R. A. Groff	26	521	46	54	465	1	1	1	1	0	4	2400-3500	P
Children's Hospital of Philadelphia	K. Shulman	11	281	10	80	347							1200-2400	F
Graduate Hospital of The University of Pennsylvania	R. A. Groff	3	103	9	33	158								
Philadelphia General		15	331	49	61									
Jefferson Medical College	P. D. Gordy	12	333	12	50	347	1	1	1	1	1	5	4100-5600	O
Temple University Medical Center	M. Scott						2	2	2	2	0	8		
Temple University	M. Scott	60	1,044	53	51	702							3900-4800	P
Albert Einstein Medical Center (Northern Division)	P. Lin	10	146	12	50	67								F
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh	A. Susen						2	2	2	2	0	8		
Children's Hospital of Pittsburgh		23	545	34	58	1,570							5000-7800	O
Presbyterian-University		43	969	92	44	234							5500-7500	O
Veterans Admin.		15	410	33		600							4610-8230	O
Mercy	G. H. Gray	24	646	37	49	493	1	1	1	1	0	4	6300-7200	P
RHODE ISLAND														
Providence														
Veterans Admin.—See New England Medical Center Hospitals, Boston, Mass.														
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	J. Youmans	22	567	47	67	289	0	1	1	1	0	3	4560-6300	O
Medical College														
TENNESSEE														
Memphis														
Methodist	C. D. Hawkes	37	886	36	22		1	1	1	1	0	4	5100-6000	F
Veterans Admin.	C. D. Hawkes	23	282	26	81	781							4610-8230	O
University of Tennessee Affiliated Hospitals	F. Murphey						2	2	2	2	0	8		
Baptist Memorial		136	4,787	124	61	471							4500-5400	F
City of Memphis Hospitals		24	788	105	35	785							3660-4080	F
Nashville														
Vanderbilt University Affiliated Hospitals	W. F. Meacham						2	2	2	2	0	8		
Nashville Metropolitan General		6	153	14	6	598							3000-4000	
Vanderbilt University	W. F. Meacham	41	1,216	63	40	481							4200-5100	O
Veterans Admin.														
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	K. Clark						2	2	1	0	0	5		
Children's Medical Center		23	7	57	61									O
Parkland Memorial		24	506	47	25	1,771							4680-5640	P
St. Paul														
Galveston														
University of Texas Medical Branch Hospitals	S. R. Snodgrass	33	587	40	70	1,375	1	1	1	1	0	4	5088-5088	P
Houston														
Baylor University Affiliated Hospitals	G. Ehni						2	2	2	2	0	8		
Ben Taub General		11	319	73	55	936							3900-4800	P
Methodist		67	1,928	62	76	38							4500-5400	P
Veterans Admin.		31	232	30	50	742							4610-7110	P
VERMONT														
Burlington														
Medical Center Hospital of Vermont	R. M. P. Donaghy						1	1	1	1	0	4	4500-6300	O
Mary Fletcher Unit		19	500	27	91	784								
De Goesbriand Unit		5	132	6	83	417								
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N.H.														
VIRGINIA														
Charlottesville														
University of Virginia	W. G. Crutchfield	32	937	30	43	1,882	2	2	1	1	0	6	4200-5400	O
Richmond														
Medical College of Virginia Affiliated Hospitals							2	1	2	1	0	6		
Medical College of Virginia-Hospital Division	W. F. Collins, Jr.	42	956	75	60	852							4200-5400	P
Veterans Admin.	J. L. Ulmer	15	208	6	68	481							4610-8230	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	A. A. Ward, Jr.						2	2	2	2	2	10		
King County		11	307	53	70	540							5500-8760	F
University		14	469	27	78	959							5500-8760	P
Veterans Admin.		15	209	23	96	488							4610-8230	P

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center.....	B. M. Bloor.....	27	899	48	54	3,066	1	1	1	1	0	5†	5400-7200	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals.....	M. Javid.....	28	572	53	87	1,228	1	1	1	1	1	5	4150-7000	P
University Hospitals.....	M. Javid.....	4	41	11	82	41	..	..	..	..	..	..	4610-7110	P
Veterans Admin.....	W. Langheim.....													

10. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level).
Programs, 82; Residencies, 738

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco ¹²⁸	D. S. Buchanan.....	23	316	15	80	4,431	1	1	1	0	0	3	.....	..
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	W. E. Porter.....	53	797	16	81	4,348	3	3	3	0	0	9	.....	..
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center.....	S. C. Little.....	19	530	25	57	2,038	3	2	2	0	0	7	.....	..
Crippled Children's Clinic and Hospital.....	S. C. Little.....	..	..	..	..	..	..	..	..	..	..	..	4980-5880	P
University of Alabama Hospitals and Clinics.....	S. C. Little.....	..	..	..	..	..	..	..	..	..	..	..	4980-5880	P
Veterans Admin.....	I. Lewis.....	..	..	..	..	..	..	..	..	..	..	..	4610-8230	O
CALIFORNIA														
Los Angeles														
Los Angeles County General, Unit I.....	H. Barrows.....	67	3,480	406	35	6,004	2	2	2	0	0	6	7200-8400	P
University of California.....	A. Rose.....	19	618	20	85	1,071	3	3	2	0	0	8	4368-7692	O
Los Angeles County Harbor General (Torrance).....	J. Nelson.....	12	96	6	100	742	..	..	..	..	..	..	4968-4968	P
Veterans Admin. Center-Wadsworth ¹¹²	R. Baker.....	31	680	73	73	1,509	4	4	3	1	0	12	5920-8760	P
Martinez														
Veterans Admin.—See Presbyterian Medical Center and Affiliated Hospitals, San Francisco														
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	F. Morrell.....	..	..	..	..	..	4	4	4	0	0	12	..	..
Palo Alto-Stanford Hospital Center.....	F. Morrell.....	12	290	6	67	1,362	..	..	..	..	..	..	4900-6000	O
Veterans Admin.....	W. W. Hofmann.....	72	354	18	72	386	..	..	..	..	..	..	..	..
San Francisco														
Presbyterian Medical Center and Affiliated Hospitals.....														
Presbyterian Medical Center.....	K. Finley.....	5	194	5	31	508	2	2	1	0	0	5	4800-5700	P
Children's Hospital and Adult Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin. (Martinez).....	W. Anderson.....	38	335	36	72	696	..	..	..	..	..	..	4610-6440	O
University of California Program in Neurology..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
H. C. Moffitt-University of California Hospitals.....	R. A. Fishman.....	15	756	3	67	3,123	3	3	2	0	0	8	4368-7000	O
Torrance														
Los Angeles County Harbor General—See University of California, Los Angeles														
COLORADO														
Denver														
University of Colorado Affiliated Hospitals.....	R. I. Druckman.....	..	..	..	..	..	2	2	2	0	0	6	..	..
University of Colorado Medical Center.....	R. I. Druckman.....	11	391	17	76	2,483	..	..	..	..	..	..	3500-4500	O
Veterans Admin.....	L. B. Nay, Jr.....	52	661	59	80	1,846	..	..	..	..	..	..	4610-8230	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center.....	G. H. Glaser.....	..	..	..	..	..	2	2	2	0	0	6	..	..
Yale-New Haven.....	G. H. Glaser.....	12	372	28	65	2,898	..	..	..	..	..	..	5000-7000	P
Veterans Admin. (West Haven).....	L. Levy.....	30	450	26	80	1,300	..	..	..	..	..	..	..	..
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DISTRICT OF COLUMBIA														
Washington														
Georgetown University.....	D. S. O'Doherty.....	6	204	1	100	1,380	3	3	3	0	0	9	4400-5600	P
Veterans Admin.....	J. Kurtzke.....	45	719†	22	68	7,279	..	..	..	..	..	..	4610-8230	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Salary per Year Min.-Max.	Maintenance		
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years	
FLORIDA																
Coral Gables																
Veterans Admin.—See University of Miami Affiliated Hospitals, Miami																
Gainesville																
		William A Shands Teaching Hospital and Clinics	M. Greer	16	563	21	86	4,037	3	3	3	0	0	9	5000-8000	O
Miami																
		University of Miami Affiliated Hospitals	P. Scheinberg						5	4	5	0	0	14	4284-5544	O
		Jackson Memorial	P. Scheinberg	39	1,287	124	38	2,407								O
		Veterans Admin. (Coral Gables)														
GEORGIA																
Atlanta																
		Grady Memorial	H. Karp	6	161	13	62	1,487	2	1	1	0	0	4	4500-5700	P
Augusta																
		Medical College of Georgia Hospitals														
		Eugene Talmadge Memorial	H. Collings, Jr.	16	253	4	75	1,349	2	2	2	0	0	6		
ILLINOIS																
Chicago																
		Northwestern University Medical Center	B. Boshes					1,900	7	7	7	1	1	23	4500-12873	P
		Chicago Wesley Memorial	B. Boshes	23	611										4800-6000	O
		Veterans Admin. Research	H. Ko enig	24	209	4	50	913							4610-8230	O
		Veterans Admin. (Hines)	K. D. Barron	213	1,230	165	58	1,243							4610-8230	O
		University of Chicago Hospitals and Clinics	S. Schulman	8	256	10	80	3,469	1	3	0	0	0	4	5500-7000	O
		University of Illinois Affiliated Hospitals	M. M. Cohen						3	3	3	0	0	9		
		Presbyterian-St. Luke's Hospital	M. M. Cohen	16	213	10	70	495							5000-7500	P
		University of Illinois Research and Educational Hospitals	E. Oldberg, M. M. Cohen	34	521	26	62	10,933							5000-6200	P
Hines																
Veterans Admin.—See Northwestern University Medical Center, Chicago																
INDIANA																
Indianapolis																
		Indiana University Medical Center	A. T. Ross						3	3	3	0	0	9		
		Indiana University Hospitals		7	211	7	28	3,469							3725-4525	P
		Marion County General		16	309	110	47	1,268							5220-5846	P
		Veterans Admin.		32	487	47	68	160							4610-8230	O
IOWA																
Iowa City																
		State University of Iowa Affiliated Hospitals	A. L. Saha						3	3	3	1	0	10		
		University Hospitals	A. L. Saha	43	1,592	33	79	7,681							4500-5500	P
		Veterans Admin.	E. W. Sybil	21	312	13	77	98							4610-8230	P
KANSAS																
Kansas City																
		University of Kansas Medical Center	D. Ziegler	10	377	4	100	2,378	3	3	3	0	0	9	3600-7000	P
		Veterans Admin. (Kansas City, Mo.)	V. Matovich	22	238	6	50	269							4610-6440	O
KENTUCKY																
Louisville																
		University of Louisville Affiliated Hospitals	E. Roseman						2	2	2	0	0	6		
		Louisville General	E. Roseman	43	889	210	63	2,980							4300-6300	P
		Veterans Admin.	I. O. Dein	43	305	31	61	326							4610-7110	O
LOUISIANA																
New Orleans																
		Charity Hospital of Louisiana														
		Louisiana State University Division	R. Paddison	21	596	40	55	4,895						3	5400-6000	F
		Tulane University Division	R. G. Heath	25	712	52	50	5,297						3	5400-6000	F
MARYLAND																
Baltimore																
		Johns Hopkins Hospital-Baltimore City Hospitals	J. W. Magladery						2	2	2	0	0	6		
		Baltimore City Hospitals		95	586	117	60	615								
		Johns Hopkins		Inc. in Int. Med.				3,157							3600-	P
		University	E. Nelson	17	365	43	59	2,046	2	2	1	0	0	5	5500-8000	P
MASSACHUSETTS																
Boston																
		Boston City	S. Locke	19	276	17	65	4,329	4	3	3	0	0	10	4200-5600	O
		Children's Hospital Medical Center-Peter Bent Brigham	C. F. Barlow						3	3	3	0	0	9		
		Children's Hospital Medical Center	C. F. Barlow	11	558	1	100	1,174							5000-6000	P
		Peter Bent Brigham	H. R. Tyler						6	5	4	0	0	15	5000-6000	P
		Massachusetts General	R. D. Adams	49	1,406	74	63	14,370	6	5	4	0	0	15	4200-7000	P
		New England Medical Center Hospitals	J. F. Sullivan	14	571	13	77	1,589	5	3	1	0	0	9	4200-5600	O
		St. Elizabeth's	R. E. Flynn	6	192	13	62	348							4200-	FP
		Veterans Admin. (Jamaica Plain)	N. Geschwind	118	778	47	58	1,054	4	4	4	2	1	15	4610-12873	O
MICHIGAN																
Ann Arbor																
		University of Michigan Affiliated Hospitals	R. N. DeJong						4	4	4	1	0	13		
		University	R. N. DeJong	27	605	21	57	7,979							4020-4816	O
		Veterans Admin.	E. R. Ferings	21	347	25	93	482							4610-8230	O
Dearborn																
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit																
Detroit																
		Henry Ford	L. D. Proctor	13	425	18	26	8,887	1	1	1	0	0	3	4800-5400	P
		Wayne State University Affiliated Hospitals	J. S. Meyer						6	6	4	1	1	18	5500-12653	P
		Veterans Admin. (Dearborn)	R. Costello	33	317	25	72	545								O
		Detroit General	J. S. Meyer	14	393	107	50	7,672								O
		Detroit Memorial	J. S. Meyer	7	160	20	33	154								P
		Harper	J. S. Meyer	13	302	21	60	903								O
		Lafayette Clinic	E. A. Rodin	18	147	0	0	1,390								O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
MINNESOTA													
Minneapolis													
University of Minnesota Affiliated Hospitals..... A. B. Baker.....						7	7	7	0	0	21		
Hennepin County General..... M. G. Ettinger.....	22	719	72	84	2,893							4800-5800	P
University of Minnesota Hospitals..... A. B. Baker.....	25	732	20	55	2,060							5000-7000	P
Veterans Admin..... R. C. Gray.....	84	628	15	80	1,493								O
St. Paul-Ramsey (St. Paul)..... R. J. Gummit.....	17	426	60	60	2,549							4500-6000	P
Veterans Admin..... R. C. Gray.....	84	628	15	80	1,493							4610-12873	O
Rochester													
Mayo Graduate School of Medicine..... D. W. Mulder.....	63	5,310	45	67	17,847	10	10	10	2	2	34	4200-6000	P
Rochester Methodist.....													
St. Mary's.....													
St. Paul													
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis													
MISSISSIPPI													
Jackson													
University..... R. D. Currier.....	7	262	20	60	1,346	1	2	1	0	0	4	5000-6000	P
MISSOURI													
Kansas City													
Kansas City General Hospital and Medical Center..... C. Poser.....	13	325	43	35	2,275	4	2	2	0	0	8	5200-6300	FP
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas													
St. Louis													
Barnes Hospital Group..... J. O'Leary.....	45	1,358	45	72	2,434	3	3	4	0	0	10	4500-5500	P
St. Louis University Group of Hospitals..... L. Tureen.....	12	282	14	86	1,899	2	2	2	0	0	6	6000-8000	O
NEW JERSEY													
East Orange													
Veterans Admin. ⁸⁸ W. O. Howard.....	164	2,190	176	52	360	4	4	4	0	0	12	4610-12873	O
NEW YORK													
Albany													
Albany Medical College Affiliated Hospitals..... D. Green.....						3	3	2	0	0	8		
Albany Medical Center..... D. Green.....	16	671	17	65	633							4600-7600	P
Veterans Admin..... F. Hesser.....	25	272	11	82	382							4480-8000	O
Buffalo													
Edward J. Meyer Memorial..... B. H. Smith.....	28	586	39	38	2,661	2	2	2	1	0	7	5550-6660	P
New York City													
Albert Einstein College of Medicine Affiliated Hospitals..... L. C. Scheinberg.....						12	8	6	1	1	28†		
Bronx Municipal Hospital Center.....	82	1,500	153	52	4,700							4980-8000	F
Montefiore Hospital and Medical Center..... T. Lawyer, Jr.....	24	488	35	34	1,925								P
Hospital of the Albert Einstein College of Medicine.....													
Cornell Medical Center Affiliated Hospitals..... F. Plum.....						3	3	1	1	0	8		
New York..... F. Plum.....	23	594	42	53								5000-8000	P
Bellevue Hospital Center, Div. II.....												4980-6400	P
Memorial Hospital for Cancer and Allied Diseases—James Ewing.....													
Kings County Hospital Center..... E. Vastola.....	21	227	49	9	3,253	2	2	2	0	0	6	4980-6400	P
Veterans Admin. (Brooklyn)..... M. E. Margulies.....	119	618	99	48	350							6170-8230	O
Mount Sinai Hospital Training Program.....						9	4	6	1	0	20		
Mount Sinai..... M. B. Bender.....	130	1,900	124	48	2,827							5000-7000	P
City Hospital Center at Elmhurst..... N. Christoff.....	28	501	152	28	2,128							5700-6700	FP
New York Medical College—Metropolitan Hospital Center..... R. J. Strobus.....						3	2	3	0	0	8	4980-5780	F
Unit 1—Flower and Fifth Avenue Hospitals.....													
Unit 2—Metropolitan.....	33	52	40	52	2,088								
Unit 3—Bird S. Coler Memorial Hospital and Home.....	43	60	10	20									
New York University—Bellevue Medical Center..... S. B. Wortis.....						8	6	3	0	0	17		
University..... C. T. Randt.....	20	573	10	40								6690-7930	P
Bellevue Hospital Center..... C. T. Randt.....	40	188	68	50	2,500							4980-6400	P
Veterans Admin. (Manhattan)..... C. T. Randt.....	81	467	60	48								6170-8990	O
Presbyterian (Neurological Institute)..... H. H. Merritt.....	137	3,086	128	48	17,192	6	5	4	0	0	15	5200-8500	O
Veterans Admin. (Bronx)..... C. Booth.....	56	384	47	45	5,850	2	2	2	0	0	6	6170-13321	O
Rochester													
Strong Memorial Hospital of the University of Rochester..... R. J. Joynt.....	16	239	20	85	2,622	2	2	2	0	0	6	4000-7500	O
Syracuse													
State University of New York Upstate Medical Center..... G. Ross.....	29	553	31	48	1,590	2	2	2	0	0	6	5050-5950	O
Veterans Admin..... J. F. Sebesta, Jr.....	23	362	14	71	670							4610-6440	O
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial..... T. W. Farmer.....	11	450†	46	52	1,591	2	2	2	0	0	6	5000-6500	O
Durham													
Duke University Affiliated Hospitals..... A. Heyman.....						4	3	1	0	0	8		
Duke..... A. Heyman.....	14	424	17	65	1,742							4500-5400	P
Veterans Admin..... R. E. McMasters.....	18	370†	41	60								4610-8230	O
Winston-Salem													
North Carolina Baptist..... J. Toole.....	18	685	25	64	842	2	1	1	0	0	4	5000-8000	P
OHIO													
Cincinnati													
University of Cincinnati Hospital Group..... C. D. Aring.....						2	2	2	0	0	6		
Cincinnati General.....	19	387	85	34	3,558							4200-8000	FP
Veterans Admin.....	22	328	21	90								4610-8230	O
Cleveland													
Cleveland Clinic..... G. Williams.....	20	444	13	85	7,337	2	2	2	0	0	6	5400-6600	P
Cleveland Metropolitan General..... M. Victor.....	14	333	34	71	2,355	0	3	3	3	0	9†	5000-8000	P

APPROVED RESIDENCIES

10. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Salary per Year Min.-Max.	Main-tenance P O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
OHIO, Cleveland—Continued														
University Hospitals of Cleveland	J. M. Foley	20	575†	21	76	3,046	4	4	4	0	0	12	4500-5500	P
Highland View	J. M. Foley	37	276	29	59	47	..	..	..	..	..	..	5000-6000	P
Veterans Admin.		40	181	27	67	229	..	..	..	..	..	..	5460-6440	P
Columbus														
Ohio State University Hospitals	N. Allen	13	392	19	58	1,437	2	2	2	0	0	6	3324-8000	P
OREGON														
Portland														
Good Samaritan Hospital and Medical Center	R. S. Dow	14	842	21	76	720	2	2	2	0	0	6	5400-6300	P
University of Oregon Medical School Hospitals and Clinics	R. L. Swank	5	115	2	50	2,161	1	1	1	0	0	3	4200-6000	FP
Veterans Admin.	J. M. Watson	29	622	30	93	350	..	..	..	..	..	..	4610-6440	P
PENNSYLVANIA														
Philadelphia														
Hospital of the University of Pennsylvania	G. M. Shy	31	646	18	61	3,155	4	3	3	0	0	10	4500-6500	O
Jefferson Medical College ²⁹⁵	R. A. Chambers	29	611	20	65	3,400	3	3	5	0	0	11	5000-6000	O
Pennsylvania	F. A. Elliott	15	362	33	50	1,329	2	2	2	0	0	6	4500-6500	O
Temple University Affiliated Hospitals	G. R. Haase	..	..	..	..	..	3	2	2	0	0	7	..	..
Philadelphia General, Div. B		..	..	..	..	..	..	..	..	..	..	..	..	..
St. Christopher's Hospital for Children		..	..	..	..	..	..	..	..	..	..	..	..	..
Temple University		12	185	15	53	936	..	..	..	..	..	..	3900-4800	P
PUERTO RICO														
Rio Piedras														
University District	L. Sanchez Longo	9	259	42	85	3,349	2	2	2	0	0	6	5700-7500	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	O. Talbert	1	420	13	46	1,506	2	0	2	0	0	4	5000-6300	O
Medical College		..	..	..	..	..	..	..	..	..	..	..	..	..
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals	R. A. Utterback	..	..	..	..	..	3	3	3	0	0	9	..	..
City of Memphis Hospitals		21	412	50	58	2,145	..	..	..	..	..	..	3660-4080	F
Veterans Admin.		15	202	8	50	51	..	..	..	..	..	..	4610-12873	O
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	D. D. Daly	..	..	..	..	..	1	1	1	0	0	3	..	..
Parkland Memorial	D. D. Daly	..	..	..	..	..	..	..	..	..	..	..	4680-5340	P
Children's Medical Center	D. D. Daly	..	..	..	..	155	..	..	..	..	..	..	..	..
Veterans Admin.	L. M. Pence	29	294	9	44	..	..	..	..	..	..	..	4610-6440	P
Houston														
Baylor University Affiliated Hospitals	D. A. Freedman	..	..	..	..	..	3	3	3	0	0	9	..	..
Ben Taub General		7	230	66	55	3,878	..	..	..	..	..	..	3900-4500	P
Methodist		8	291	6	50	3,917	..	..	..	..	..	..	4500-5100	P
Veterans Admin.		62	412	69	57	1,845	..	..	..	..	..	..	9221-12873	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	L. W. Jarcho	..	..	..	..	..	2	4	0	0	0	6	..	..
University	L. W. Jarcho	11	577	20	65	2,222	..	..	..	..	..	..	4200-7200	P
Veterans Admin.	E. Ajax	35	203	18	94	..	..	..	..	..	..	..	4610-8230	O
VERMONT														
Burlington														
Medical Center Hospital of Vermont	G. A. Schumacher	..	..	..	..	..	2	1	1	0	0	4	4500-5700	O
Mary Fletcher Unit		8	285	15	87	703	..	..	..	..	..	..	..	..
De Goesbriand Unit		10	363	11	64	310	..	..	..	..	..	..	..	..
VIRGINIA														
Charlottesville														
University of Virginia	T. R. Johns	24	748	34	65	2,474	4	4	4	1	0	13	5000-7500	O
Richmond														
Medical College of Virginia Affiliated Hospitals	C. G. Suter	..	..	..	..	..	3	3	3	3	0	12†	4200-9200	P
Medical College of Virginia Hospital Division		35	723	147	34	3,512	..	..	..	..	..	..	..	..
Veterans Admin.		75	338	17	71	337	1	1	1	0	0	3	4610-12873	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ³¹⁶	A. G. Swanson	..	..	..	..	..	3	3	2	0	0	8	..	..
King County	A. G. Swanson	..	..	..	..	..	..	..	..	..	..	..	5000-7500	F
University	A. G. Swanson	6	324†	18	83	1,432	..	..	..	..	..	..	5000-7500	F
Veterans Admin.	H. Leffman	20	296	13	92	156	..	..	..	..	..	..	4610-8230	P
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	H. G. Thompson	15	640	9	80	3,225	2	2	2	0	0	8†	4800-8000	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	..	..	..	..	..	..	4	4	4	2	0	14	..	..
University Hospitals	F. M. Forster	27	722	4	100	5,301	..	..	..	..	..	..	4150-5650	P
Veterans Admin.	B. Messert	38	401	22	80	273	..	..	..	..	..	..	4610-6440	P
Milwaukee														
Marquette University Affiliated Hospitals	P. T. White	..	..	..	..	..	2	2	2	0	0	6	..	..
Milwaukee County General	P. T. White	13	1,019†	15	53	1,115	..	..	..	..	..	..	4364-5189	P
Milwaukee Children's	P. T. White	..	..	..	..	258	..	..	..	..	..	..	..	..
Veterans Admin. (Wood)	E. W. Niles	63	360	4	75	1,063	..	..	..	..	..	..	4610-7110	P

Numerical and other references are listed on pages 117 and 118.

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 6; Residencies, 12

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Residencies Offered 1968-1969					Salary per Year Min.-Max.	Main-tenance	
			Number	Autopsy Per cent	Number		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
UNITED STATES PUBLIC HEALTH SERVICE														
MARYLAND														
National Institutes of Health-Clinical Center, Bethesda.....														
NONFEDERAL AND VETERANS ADMINISTRATION														
ARIZONA														
Phoenix														
Barrow Neurological Institute of St. Joseph's Hospital..... J. C. White.....						Inc. in Neurological Surgery	1	1	0	0	0	2	5400-5700	F
ARKANSAS														
Little Rock														
University of Arkansas Medical Center..... D. Lucy.....							1	1	0	0	0	2	3900-4200	O
Veterans Admin. Consolidated.....	12	114	3	100	90								4610-5460	P
NEW YORK														
New York City														
St. Vincent's Hospital and Medical Center of New York.....														
PENNSYLVANIA														
Coatesville														
Veterans Admin..... R. A. Farmer.....	77	424	22	82	239							6	4610-12873	O
TEXAS														
Galveston														
University of Texas Medical Branch Hospitals.. J. R. Calverley.....	20	420	28	39	2,104		1	1	0	0	0	2	5088-5088	P

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 3; Residencies, 9

NONFEDERAL AND VETERANS ADMINISTRATION

DISTRICT OF COLUMBIA														
Washington														
Children's..... R. Paine.....	6	291†	4	100	1,218		2	0	0	0	0	2	6000-6000	P
ILLINOIS														
Chicago														
Children's Memorial..... J. G. Millichap.....	11	526	11	73	1,612		1	2	1	0	0	4†	7500-10000	O
PENNSYLVANIA														
Philadelphia														
Children's Hospital of Philadelphia..... C. Kennedy.....	4	158	3	85	434		3	0	0	0	0	3	5000-7000	O

11. OBSTETRICS — GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Obstetrics and Gynecology through the Residency Review Committee for Obstetrics—Gynecology, as offering full training in the specialty. Programs, 364; Residencies, 2,963

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Salary per Year Min.-Max.	Main-tenance
			Number	Autopsy Per cent	Number			1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
UNITED STATES AIR FORCE														
CALIFORNIA														
David Grant U.S.A.F., Fairfield..... J. Wesp.....	19	1,520	2	100	26,206	4		2	1	0	0	0	3	
TEXAS														
Wilford Hall U.S.A.F., San Antonio..... C. E. Gibbs.....	55	3,116	4	100	33,390	4		2	2	2	2	0	8	
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco..... F. J. Shannon.....	28	1,666	9	89	31,131	3		0	2	2	2	0	6	

APPROVED RESIDENCIES

11. OBSTETRICS — GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO															
Fitzsimons General, Denver ¹²⁷	G. P. Foley	28	1,897	9	89	27,278	3	0	2	2	2	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	E. A. Zimmerman	63	2,297	19	84	30,675	4	0	3	3	3	0	9		
HAWAII															
Tripler General, Honolulu	J. A. Austin	50	4,485	3	66	45,369	4	0	3	3	3	0	9		
TEXAS															
William Beaumont General, El Paso	J. W. Pearson	51	4,289	1	100	41,352	3	0	3	3	3	0	9		
R. E. Thomason General, El Paso	H. Jacobs	14	1,230	0	0	2,289									
Brooke General, San Antonio	J. P. Perrine	38	2,499	3	100	31,720	4	0	2	2	2	0	6		
WASHINGTON															
Madigan General, Tacoma	H. M. Jesurun	41	3,420	6	67	39,958	3	0	2	2	2	0	6		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	J. P. Semmens	29	2,758	10	80	26,893	3	2	2	2	0	0	6		
U. S. Naval, San Diego	T. B. Leberz	66	5,912	20	95	67,732	3	3	3	3	0	0	9		
ILLINOIS															
U. S. Naval, Great Lakes	G. J. Taylor	29	2,079	3	67	25,486	3	1	1	1	0	0	3		
MARYLAND															
U. S. Naval, Bethesda	W. M. Lonergan	41	2,362	6	83	35,915	3	2	2	2	0	0	6		
MASSACHUSETTS															
U. S. Naval, Chelsea	R. K. Barton	21	1,336	5	100	12,835	3	1	1	1	0	0	3		
NEW YORK															
U. S. Naval, St. Albans	C. B. Sigel	27	1,609	2	50	16,300	3	1	1	1	0	0	3		
PENNSYLVANIA															
U. S. Naval, Philadelphia	D. Bernard	32	2,044	4	75	24,244	3	1	1	1	0	0	3		
VIRGINIA															
U. S. Naval, Portsmouth	F. Ostapowicz	73	5,369	4	50	41,216	3	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U. S. Public Health Service, New Orleans ¹⁸⁸	A. D. Landry	17	1,123	0	0	11,082	3	1	1	1	0	0	3		
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	A. Sholk	31	1,895	4	75	16,185	3	1	1	1	0	0	3	8705-10364	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	T. M. Boulware	34	2,245	3	3	13,134	3	1	1	1	0	0	3	5400-6600	P
University of Alabama Medical Center															
University of Alabama Hospitals and Clinics	W. N. Jones	58	4,934	10	50	10,229	3	3	3	3	0	0	9	4980-5880	P
Fairfield															
Lloyd Noland	J. P. Hardy	21	1,595	7	43	17,125	3	1	1	1	0	0	3	5400-6600	FP
Mobile															
Mobile General	O. M. Otts, Jr.	35	3,109	7	57	9,257	3	2	2	2	0	0	6	5400-6600	P
ARIZONA															
Phoenix															
Good Samaritan	E. Sattenspiel	67	4,942	7	57	12,432	3	2	2	2	0	0	6	7800-9300	F
Maricopa County General	W. Crisp	41	4,216	13	64	4,905	3	2	2	2	0	0	6	6900-8100	P
St. Joseph's	R. J. Jennett	66	5,395	0	0	2,728	3	2	2	2	0	0	6	5400-6000	F
ARKANSAS															
Little Rock															
University	W. E. Brown	57	3,481	12	33	13,814	3	4	4	4	4	0	16	3900-5500	O
CALIFORNIA															
Bakersfield															
Kern County General	R. L. Wilkening	28	2,400	8	75	17,746	3	2	2	2	0	0	6	7600-8700	O
Fresno															
Fresno General	H. Tieche	39	4,007	6	50	15,926	3	2	2	2	0	0	6	8136-10188	P
Glendale															
Glendale Adventist	J. B. Brown	31	2,686	2	50	8,037	3	1	1	1	0	0	3	6780-7740	P
Loma Linda															
Loma Linda University Affiliated Hospitals	E. E. Nichols						3	2	2	2	0	0	6		
Loma Linda University	E. E. Nichols	15	1,228	1	100	2,618								5595-6656	O
Riverside General (Riverside)	W. W. Brown	23	1,727	8	63	6,229									
Long Beach															
Memorial Hospital of Long Beach	W. Zahn	75	5,818	3	25	6,242	3	1	1	1	0	0	3	6000-7200	P
Los Angeles															
California ¹⁶	K. P. Russell	33	2,672	4	50	2,582	3	2	2	2	0	0	6	6000-7200	F
Cedars-Sinai Medical Center															
Cedars of Lebanon Hospital Division ¹⁷	G. Harris	31	3,274			465	3	2	2	2	0	0	6	6000-7200	P
Hollywood Presbyterian	H. Lusk	29	2,092	2	50	4,060	3	2	1	1	0	0	4	7200-8400	P
Kaiser Foundation	T. H. Baker	61	5,186	5	40	62,728	3	4	4	4	0	0	12	6000-7200	P
Los Angeles County General, Unit I	G. Anderson	193	21,824	63	29	34,386	4	6	6	6	6	0	24	7200-9000	P

APPROVED RESIDENCIES

11. OBSTETRICS — GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, Los Angeles—Continued															
Los Angeles County General, Unit 11	J. H. McClure	57	5,827†	28	54	12,678	3	4	4	4	0	0	12†	7200-8400	P
Queen of Angels	C. V. Von Der Ahe	46	4,103	10	70	5,315	3	2	2	2	0	0	6	6600-7800	P
University of California	D. G. Morton	33	2,986	5	80	15,259	4	2	2	2	2	0	8	4368-7692	O
White Memorial Medical Center	S. Zerne	28	2,694	6	33	18,685	3	3	3	3	0	0	9	6060-7260	P
Oakland															
Highland General	W. Footer	31	3,775	3	67	20,372	3	3	3	3	0	0	9	6700-7700	P
Kaiser Foundation	S. C. Thomas	47	4,548	12	58	35,253	3	3	3	3	0	0	9	6174-7875	FP
Orange															
Orange County Medical Center	T. O'Sullivan	33	3,421	7	71	14,903	3	2	2	2	0	0	6	6200-7700	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	C. E. McLennan	55	5,244	5	60	18,996*	3	4	4	4	1	0	13	4900-6200	O
Palo Alto-Stanford Hospital Center	C. E. McLennan	16	1,331	2	100	7,302	..	..	..	..	..	..	..	4896-6192	F
San Mateo County General (San Mateo)	J. C. McDermott	..	..	..	..	..	..	..	..	..	..	..	..	..	O
Riverside															
Riverside General—See Loma Linda University Affiliated Hospitals, Loma Linda	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
San Diego															
Mercy ¹²⁷	T. Yetman	40	4,083	5	40	17,796	3	1	1	1	0	0	3	4980-6780	F
San Diego County-University	P. L. Martin	27	2,430	12	55	4,797	3	2	2	2	0	0	6	5076-6324	P
San Francisco															
Kaiser Foundation ¹⁷	H. B. Nelson	46	4,256	8	50	45,031	3	3	2	3	0	0	8	5880-7500	P
Mount Zion Hospital and Medical Center	J. Kerner	15	2,272	0	0	4,528	3	1	1	1	0	0	3	4680-8340	P
Presbyterian Medical Center ¹¹⁹	A. Long	21	1,521	1	100	3,431	3	2	2	2	0	0	6	4800-5700	P
St. Luke's	J. P. Shively	14	2,116	3	33	5,777	3	1	1	1	0	0	3	4200-6600	FP
University of California Program in Obstetrics and Gynecology	E. W. Page	..	..	..	..	..	4	4	3	3	3	0	13	..	..
H. C. Moffitt-University of California Hospitals	E. W. Page	47	3,187	5	40	20,573	..	..	..	..	..	..	..	4368-7696	O
San Francisco General	E. W. Overstreet	40	2,913	9	22	13,791	..	..	..	..	..	..	..	4368-7692	P
San Jose															
Santa Clara Valley Medical Center ¹³²	L. P. Fox	33	3,260	5	60	12,970	3	3	3	3	0	0	9	5232-7032	F
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Santa Clara															
Kaiser Foundation	J. C. Portnuff	40	4,036	0	0	39,425	4	2	2	2	2	0	8	5880-9360	O
Stockton															
San Joaquin General	D. Harrington	23	2,183	0	0	16,051	3	2	2	2	0	0	6	6288-10464	F
Torrance															
Los Angeles County Harbor General	D. Mishell	58	5,572†	15	47	11,447	4	4	4	4	4	0	16	7200-9000	P
COLORADO															
Denver															
General Rose Memorial	D. Blanchet	45	3,241	2	100	2,982	3	2	1	1	0	0	4	5400-5940	P
Presbyterian Medical Center	M. C. Waddell	38	3,131†	6	83	4,162	3	1	1	1	0	0	3	4800-5400	P
St. Joseph's	C. H. Alexander	65	4,870†	1	100	5,292	3	1	1	1	0	0	3	4920-5820	P
University of Colorado Medical Center—Denver General	E. S. Taylor	..	..	..	..	..	3	6	6	6	0	0	18	..	..
University of Colorado Medical Center—Denver General	E. S. Taylor	38	2,695	6	66	14,274	..	..	..	..	..	..	..	3500-4500	O
Denver General	H. E. Thompson	30	2,386	2	50	13,858	..	..	..	..	..	..	..	4020-4800	P
CONNECTICUT															
Bridgeport															
Bridgeport	M. Bakunin	43	3,856	3	0	3,576	3	1	1	1	0	0	3	6300-7500	FP
St. Vincent's	F. S. Kinder	44	4,143	..	..	1,999	4	1	1	1	1	0	4	5700-6600	P
Hartford															
Hartford ¹⁷	L. F. Middlebrook	117	8,076	6	33	8,831	3	2	2	2	0	0	6	4800-6000	P
St. Francis	J. Carangelo	87	6,494	12	67	7,584	3	2	2	2	0	0	6	4200-4800	FP
New Britain															
New Britain General	R. C. Wright	42	3,815	0	0	1,475	3	1	1	1	0	0	3	5880-6480	P
New Haven															
Hospital of St. Raphael	D. F. Conway	46	3,265	5	40	3,416	3	1	1	2	0	0	4	6020-6920	P
Yale-New Haven Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yale-New Haven	E. J. Quilligan	54	4,764	13	9	16,369	3	4	4	4	4	0	16	4000-6000	P
New London															
Lawrence and Memorial Hospitals	J. T. Murray	47	3,672†	6	33	1,382	3	1	1	1	0	0	3	5400-6000	F
Stamford															
Stamford	J. Farrell	34	1,922	2	0	4,802	3	1	1	1	0	0	3	5800-6400	P
DELAWARE															
Wilmington															
Wilmington Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delaware Division	R. Waterhouse	47	3,993	8	75	4,618	3	4	4	4	0	0	12	6000-7800	P
Wilmington General Division	A. Seeger	44	3,683	1	0	3,211	3	1	1	1	0	0	3	6000-7800	FP
DISTRICT OF COLUMBIA															
Washington															
Freedmen's	J. F. J. Clark	68	5,206	23	30	5,938	4	4	3	2	2	0	11	6941-8702	O
District of Columbia General (Howard University Service)	J. F. J. Clark	76	7,173	14	57	13,908	..	..	..	..	..	..	..	4500-6500	P
Georgetown University ¹⁴⁹	P. D. Bruns	51	3,761	7	71	6,258	3	3	3	3	0	0	9	3120-4630	F
George Washington University Affiliated Hospitals	R. H. Barter	..	..	..	..	..	3	7	7	7	0	0	21	..	..
George Washington University	R. H. Barter	84	5,284	14	43	2,510	..	..	..	..	..	..	..	4500-6000	P
Columbia Hospital for Women	A. I. Robins	120	9,712	8	75	10,997	..	..	..	..	..	..	..	4800-5400	P
Fairfax (Falls Church, Va.)	P. Soyster	37	3,750	0	0	1,090	..	..	..	..	..	..	..	3900-4800	..
Providence	J. S. Harrington	57	5,346	1	100	3,926	3	2	2	2	0	0	6	4200-5700	FP
Washington Hospital Center	C. K. Fraser	87	6,654	9	66	8,561	4	4	2	2	2	0	10	4680-5820	P
FLORIDA															
Fort Lauderdale															
Broward General	W. D. Wallace	51	4,580	6	50	378	3	1	1	1	0	0	3	6000-7200	P
Gainesville															
William A. Shands Teaching Hospital and Clinics	H. Prystowski	46	4,000	11	100	20,000	4	3	3	2	2	0	10	4000-8000	O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

11. OBSTETRICS — GYNECOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions Include Transfers	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
FLORIDA—Continued															
Jacksonville															
Jacksonville Hospitals Educational Program	M. Suter					3		5	5	5	0	0	15		
Baptist Memorial	R. Mein	48	3,996	6	33	1,825								5700-6900	P
Duval Medical Center	R. W. McDowell	32	3,853	12	83	28,397								5700-6300	P
St. Luke's	R. W. McDowell	30	2,400	3	66	2,300								6300-6900	O
St. Vincent's	J. Coudon	52	3,932†	1	0	2,972								5700-6300	P
Miami															
Jackson Memorial	W. Little	38	6,945	20	60	12,581	4	5	5	5	5	0	20	4284-5916	O
Miami Beach															
Mount Sinai Hospital of Greater Miami	H. Kraff	30	2,787	5	40	4,790	3	1	1	1	0	0	3	4500-6000	P
Orlando															
Orange Memorial	J. Startzman, J. Michaels	75	6,223	14	28	4,762	3	2	2	2	0	0	6	5100-5700	P
Pensacola															
Pensacola Educational Program	J. W. Douglas						3	2	2	2	0	0	6	5700-6300	P
Baptist		46	3,276	4	25	2,426									
Escambia General		18	1,796	5	40	6,779									
Sacred Heart		12	758	1	100	1,842									
St. Petersburg															
Mound Park	E. V. Pollard	51	4,862	15	67	6,163	3	1	1	1	0	0	3	6300-6900	P
Tampa															
Tampa General	R. Withers	80	6,550	7	71	9,112	3	2	2	2	0	0	6	4800-7800	FP
GEORGIA															
Atlanta															
Crawford W. Long Memorial	J. B. Lyon	80	3,867	1	100	5,122	3	2	2	2	0	0	6	4920-5520	O
Georgia Baptist	E. D. Colvin	87	7,110	4	50	5,397	3	2	2	2	0	0	6	4800-5400	P
Grady Memorial	J. D. Thompson	144	9,479	8	100	32,379	3	10	8	8	0	0	26	4500-5700	P
Piedmont	G. A. Holloway	47	3,558	1	0	2,356	3	1	1	1	0	0	3	5040-5520	P
St. Joseph's Infirmary	S. P. Weinberg	29	2,095†	5	60	3,813	3	1	1	1	0	0	3	5640-6000	P
Augusta															
Medical College of Georgia Hospitals	W. A. Scoggin						4	4	4	4	4	0	16		
Eugene Talmadge Memorial	W. A. Scoggin	54	2,428	5	16	11,585								3900-6000	P
University	W. G. Watson	49	4,145	8	75	3,330									
Macon															
Macon	G. W. Jackson	70	5,237	14	28	11,908	3	2	2	2	0	0	6	7800-9000	F
Savannah															
Memorial Hospital of Chatham County	J. H. Angell	27	2,392†	8	13	6,771	3	1	1	1	0	0	3	5100-6600	F
HAWAII															
Honolulu															
Kapiolani Maternity and Gynecological Hospital—Queen's-St. Francis	J. A. Krieger						3	3	3	3	0	0	9	6600-7800	O
Kapiolani Maternity and Gynecological	J. A. Krieger	65	6,339	62	50	4,139									
Queen's		20	3,111	4	100	5,221									
St. Francis		21	2,101			3,297									
ILLINOIS															
Berwyn															
MacNeal Memorial	F. J. Fara	53	3,785	6	83	447	3	1	1	1	0	0	3	5400-6600	FP
Chicago															
Cook County ¹⁷	A. Lash	274	29,672	94	40	24,413	3	8	8	8	4	0	28	4620-5700	F
Illinois Masonic	J. G. Masterson	44	3,206	1		5,004	4	1	1	1	1	0	4	6000-7200	FP
Mercy Medical Center	J. E. Towne	49	2,840	15	20	5,848	3	2	2	2	0	0	6	4500-5100	P
Michael Reese Hospital and Medical Center	E. A. Friedman	93	5,796	16	19	15,584	4	4	4	4	4	0	16	4200-6900	P
Mount Sinai Hospital Medical Center	M. N. Wacker	45	3,031	8	50	7,156	3	2	2	2	0	0	6	4600-5700	P
Northwestern University Medical Center	D. N. Danforth					5,512									
Chicago Wesley Memorial	D. Danforth	63	3,697	10	60	2,504	4	2	2	2	2	0	8	4800-6000	O
Chicago Maternity Center	B. E. Tucker					12,569								3000-3000	
Passavant Memorial	J. Brewer	45	2,554†	4	33	1,127	3	2	2	2	0	0	6	3900-4800	P
Evanston (Evanston)	T. W. McLin	49	3,288	3	67	6,915	4	1	1	1	1	0	4	4800-5700	P
Presbyterian-St. Luke's Hospital	H. Boysen	90	5,010	2	100	14,556	3	3	3	3	0	0	9	4500-6500	P
St. Joseph	C. Geiger	51	3,371	3	67	2,965	3	2	2	2	0	0	6	6300-7440	FP
University of Chicago Hospitals and Clinics	F. P. Zuspan	78	4,943	6	66	34,234	3	4	4	4	4	0	16	5500-7000	O
University of Illinois Research and Educational Hospitals	W. F. Mengert	57	3,660	15	60	27,088	3	3	3	3	0	0	9	5000-5600	P
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
St. Francis	J. H. Isaacs	45	3,029	12	41	2,555	3	1	1	1	0	0	3	6780-7140	FP
Evergreen Park															
Little Company of Mary	F. C. Lawler	63	5,994	1	100	707	3	3	3	3	0	0	9	7200-7800	P
Oak Park															
West Suburban ¹⁸¹	R. C. Muehreke	46	3,279	0	0	500	4	2	2	2	2	0	8	5800-7600	O
Peoria															
St. Francis	R. E. Vandenberg	27	3,103	0	0	1,620	3	1	1	1	0	0	3	5100-5700	F
INDIANA															
Indianapolis															
Indiana University Medical Center	C. P. Huber						4	4	4	4	4	0	16		
Indiana University Hospitals	C. P. Huber	57	3,746	56	63	8,467								3725-4850	P
Marion County General	C. Gillespie	50	3,890	9	22	16,970								5220-7000	P
Methodist Hospital of Indiana	F. P. Lloyd	51	4,880†	7	57	5,118	4	3	3	3	3	0	12	5880-6780	P
St. Vincent's	P. F. Muller	29	2,948	0	0	1,550	3	1	1	1	0	0	3	5700-6600	P
IOWA															
Iowa City															
University Hospitals	W. C. Keettel	126	5,102	19	63	28,142	3	4	4	4	0	0	12	4500-5500	P
KANSAS															
Kansas City															
University of Kansas Medical Center	K. Krantz	32	3,077	7	71	24,707	3	4	4	4	0	0	12	4800-6420	P
Wichita															
St. Francis	L. B. Lueken	51	3,689	8	37	521	3	1	1	1	0	0	3	6032-6656	FP
Sedgwick County Hospital and Clinic	L. B. Lueken	5	513	0	0	2,837									

Numerical and other references are listed on pages 279 through 282.

11. OBSTETRICS — GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY															
Lexington															
University	J. W. Greene	15	426	8	57	8,580	3	2	2	2	0	0	6	4560-5760	P
Louisville															
St. Joseph Infirmary	O. J. Hayes	51	3,601	5	40	7,553	3	1	1	1	0	0	3	5460-6660	P
University of Louisville Affiliated Hospitals															
Louisville General	D. M. Haynes	45	3,475	13	54	9,103	3	3	3	3	0	0	9	4300-4600	P
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	A. Mickal	94	6,799	32	38	27,223	3						25	5400-6000	F
Tulane University Division	C. G. Collins	90	6,102	20	50	25,925	3						18	5400-6000	F
Ochsner Foundation ¹⁸⁶	J. C. Weed	23	1,362	1	100	22,334	3	2	2	2	0	0	6	4500-5100	P
Southern Baptist	J. H. Collins	49	6,708	7	43	3,078	3	2	2	2	0	0	6	6000-7200	P
Touro Infirmary	I. Dyer	40	2,752	0	0	2,962	3	1	1	1	1	0	4	5500-7000	P
Shreveport															
Confederate Memorial Medical Center	E. E. Dilworth	68	6,019	2	100	16,409	3	3	3	3	0	0	9	5400-6000	F
MARYLAND															
Baltimore															
Baltimore City Hospitals ⁵¹	D. F. Kaltreider	63	4,720	7	71	14,188	3	4	4	4	2	0	14	4838-6300	O
Bon Secours	C. B. Marek, F. W. Baker	43	3,495	3	67	6,006	4	2	2	2	2	0	8	6600-8400	P
Church Home and Hospital	N. J. Kohlerman	50	2,951	4	44	5,548	3	1	1	1	0	0	3	6000-6500	P
Franklin Square	I. A. Siegel	19	1,444	1	0	4,720	3	1	1	1	0	0	3	5500-5900	F
Greater Baltimore Medical Center ¹⁸⁴	J. E. Savage, E. S. Diggs	73	5,418	7	29	5,948	4	3	2	2	2	0	9	6300-7200	P
Johns Hopkins ⁵¹	A. C. Barnes	92	5,985†	22	60	27,430	3	4	4	4	4	2	18	3600	P
Lutheran Hospital of Maryland	N. Levin	44	3,593	1	100	5,956	3	3	2	2	0	0	7	6300-6900	P
Maryland General	D. M. Dixon, T. Kardash	51	3,744	3	66	2,011	3	2	2	2	0	0	6	6100-6300	P
Mercy	H. Beck, F. Morris	47	3,447	3	33	4,717	3	2	2	2	0	0	6	6300-6600	F
St. Agnes	J. Valderes, J. C. Dumlér	58	4,644	5	20	3,964	3	2	2	2	0	0	6	6300-6900	P
St. Joseph	S. Alessi	42	3,148	4	25	1,513	3	2	2	2	0	0	6	6240-6720	P
Sinai Hospital of Baltimore	J. Seitchik	87	7,515	5	100	17,464	3	3	3	3	0	0	9	5500-6500	P
Union Memorial	J. M. Haws	39	2,705†	3	67	7,457	4	2	2	2	2	0	8	6240-7200	P
University	A. L. Haskins	47	3,856	12	36	25,656	4	4	4	4	4	0	16	4100-5500	P
Cheverly															
Prince George's General	J. S. Haight	57	5,846†	3	100	6,078	4	1	1	1	1	0	4	4800-5700	F
MASSACHUSETTS															
Boston															
Beth Israel ⁵¹	H. Rubin	65	4,876			6,471	3	2	2	2	0	0	6	4200-7500	O
Boston City	B. A. Santamarina	94	6,518	8	38	37,585	3	7	4	4	0	0	15	4200-5600	O
Boston Hospital For Women	D. E. Reid	194	12,336	124	87	37,137	3	12	8	8	2	0	30	4800-6000	P
Carney Hospital-St. Margaret's	E. L. Carey						3	3	3	3	0	0	9	5220-6420	F
Carney		12	911	8	63	1,142									F
St. Margaret's		97	7,585	2	50	7,586									O
New England Medical Center Hospitals	G. W. Mitchell	9	418	4	75	1,577	3	1	1	1	0	0	3	4200-5600	P
St. Elizabeth's	J. A. Whelton	48	3,581	2	50	2,057	3	2	2	2	0	0	6	4200-5600	FP
Cambridge															
Cambridge City	S. Grace	19	1,457	1		3,122	3	1	1	1	0	0	3	4659-5929	P
Pittsfield															
Pittsfield Affiliated Hospitals	B. Cole	40	2,729	0	0	3,011	4	2	2	1	1	0	6	4680-6960	F
Pittsfield General															
St. Luke's															
Springfield															
Springfield Hospital-Wesson Maternity	R. J. Carpenter, Jr.						3	1	1	1	1	0	4	3900-4800	FP
Springfield		19	944†	2	100	1,055									
Wesson Maternity		61	4,837	1		3,706									
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	C. W. Newton	53	3,916	2	50	4,784	3	1	1	1	0	0	3	6900-7500	O
University of Michigan Medical Center	J. R. Willson						4	5	5	5	5	0	20		
University	J. R. Willson	66	3,585	28	61	18,236								4020-5276	O
Wayne County General Hospital and Infirmary (Eloise)	C. Bollinger	37	2,641	8	50	6,245								6852-8500	F
Dearborn															
Oakwood ²¹⁴	C. A. Navori	88	6,431	2	0	1,304	4	2	2	2	2	0	8	4800-5400	F
Detroit															
Crittenton	W. K. Tregenza	53	3,783	2	100	12,548	4	2	2	2	2	0	8	6300-7200	P
Detroit Memorial	R. C. Walkowiak	40	3,065	0	0	10,201	4	2	2	2	2	0	8	6300-7200	P
Grace	R. E. Bogue	105	6,237†	6	83	2,966	3	4	4	4	0	0	12	6000-6600	P
Henry Ford	C. P. Hodgkinson	76	3,652	23	43	38,703	4	3	3	3	3	0	12	4800-6000	P
Mount Carmel Mercy	J. W. Pichette	78	5,442	4	0	2,379	4	2	2	2	2	0	8	5700-6600	FP
St. John	P. C. DiLoreto	74	6,115	5	60	2,578	3	2	2	2	0	0	6	5610-7890	P
St. Joseph Mercy	S. A. O'Sullivan	36	2,139	1		2,289	4	1	1	1	1	0	4	5700-6650	F
Sinai Hospital of Detroit	A. I. Sherman	67	5,331	4	75	4,238	3	2	2	2	0	0	6	5400-6000	P
Wayne State University Affiliated Hospitals	T. N. Evans						4	9	9	9	8	0	35		F
Detroit General	T. N. Evans	47	1,807	27	43	5,474								5600-6500	P
Harper	L. P. Heath	78	4,799	5	87	2,781								4800-6900	P
Hutzel	T. N. Evans	106	6,990	18	33	2,640								5700-6300	P
Eloise															
Wayne County General Hospital and Infirmary—See University of Michigan Medical Center, Ann Arbor															
Flint															
Hurley	J. I. Collins	71	4,408	8	62	1,847	3	2	2	2	0	0	6	6000-7200	FP
Grand Rapids															
Butterworth	R. Lang	68	5,041†	4	0	1,539	3	2	2	2	0	0	6	6300-6600	P
St. Mary's Hospital-Blodgett Memorial	H. C. Visscher						3	2	2	2	0	0	6		
St. Mary's		50	3,720†	1	100	2,509								6300-6900	P
Blodgett Memorial		42	3,486	3	66	1,081								6600-7200	P
Highland Park															
Highland Park General	M. Blaine	37	2,450	34	50	924	3	1	1	1	0	0	3	5480-6380	P
Pontiac															
Pontiac General	R. L. Segula	77	6,096	6	87	1,211	3	2	2	2	0	0	6	6300-7200	FP
St. Joseph Mercy	F. Gaensbauer	32	2,461	6	100	927	3	2	2	2	0	0	6	6900-7500	P

APPROVED RESIDENCIES

11. OBSTETRICS — GYNECOLOGY — Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued																	
	Royal Oak	William Beaumont	R. R. Margulis	43	6,028	11	55	800	3	3	3	3	0	0	9	8880-9900	P
	Saginaw	Saginaw General	L. Bruggers	47	3,129	6	50	1,552	3	1	1	1	0	0	3	6360-6960	FP
	Southfield	Providence	E. Otlewski	64	3,908	1	100	3,250	3	2	2	2	0	0	6	6300-6900	O
MINNESOTA																	
Minneapolis																	
		University of Minnesota Affiliated Hospitals	J. L. McKelvey	30	2,252	...	...	9,445	3	5	5	5	0	0	15	4800-5800	P
		Hennepin County General	D. W. Freeman	39	1,610	27	85	6,561	...	...	...	...	...	...	...	4500-4500	O
		University of Minnesota Hospitals	J. L. McKelvey	22	1,534	2	50	8,441	...	...	...	...	...	...	...	4500-6000	P
		St. Paul-Ramsey (St. Paul)	E. Y. Hakanson	58	2,443	0	0	5,029	...	...	...	...	...	...	...	4200-5400	FP
		Charles T. Miller (St. Paul)	J. Phillips	60	4,090	3	100	8,029	...	...	...	...	...	...	...	7320-7320	P
		St. Joseph's (St. Paul)	J. S. Gilliam	32	1,584	1	0	18,500	...	...	...	...	...	...	...	5014-6934	...
		St. Luke's (Fargo, N. D.)	J. S. Gilliam	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Rochester	Mayo Graduate School of Medicine ¹⁵⁶	R. B. Wilson	66	4,269	6	83	40,556	4	4	4	4	4	0	16	4200-5400	P
		Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	St. Paul	Charles T. Miller—See University of Minnesota Affiliated Hospitals, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Joseph's—See University of Minnesota Affiliated Hospitals, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI																	
	Jackson	University of Mississippi Medical Center	H. A. Thiede	40	3,212	6	83	11,921	3	3	3	3	0	0	9	4300-4900	P
MISSOURI																	
	Columbia	University of Missouri Medical Center	D. G. Hall	33	1,736	8	75	10,272	4	2	2	2	2	0	8†	4000-5500	O
	Kansas City	Kansas City General Hospital and Medical Center	H. Gainey	53	4,207	12	66	19,003	3	3	3	3	0	0	9	5700-6800	FP
		St. Luke's	R. Newman	62	3,642	3	47	4,021	3	2	2	1	0	0	5	5600-6400	P
	St. Louis	Barnes Hospital Group ²²⁵	W. Allen	90	4,940	56	59	15,006	4	4	4	4	4	0	16	4200-5100	O
		Deaconess	S. Wissner	26	1,622	4	100	5,076	3	1	1	1	0	0	3	5400-6600	P
		Homer G. Phillips	S. Monat	78	5,156	16	50	9,328	3	3	3	3	0	0	9	4584-5571	P
		Jewish Hospital of St. Louis	D. Rothman	65	4,277†	4	67	6,537	4	2	2	2	2	0	8	3700-5500	P
		St. John's Mercy	R. Muckerman	91	6,156	6	67	2,487	3	2	2	2	0	0	6	4200-5400	F
		St. Louis City	D. Cavanagh	58	4,614	16	75	10,641	3	3	3	3	0	0	9	5305-6448	O
		St. Louis County	J. R. Vaughan	14	1,123	4	75	6,975	3	1	1	1	0	0	3	3900-5100	F
		St. Louis University Group of Hospitals ⁹⁴	D. Cavanagh	96	6,646	3	100	5,962	3	2	2	2	0	0	6	4800-6000	O
		Firmin Desloge	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Luke's	G. Wulff	42	2,448	3	66	4,269	3	1	1	1	0	0	3	4200-5400	F
NEBRASKA																	
	Omaha	Creighton University Medical Center	M. Grier	30	2,091	0	0	6,972	3	2	2	2	0	0	6	5100-6000	O
		Creighton Memorial St. Joseph's	W. Pearse	26	1,737	11	36	9,866	3	3	3	3	0	0	9	4300-4900	P
		University of Nebraska	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEW JERSEY																	
	Camden	Cooper	B. F. Lovett	88	5,900	80	59	7,411	3	2	2	2	0	0	6	4500-5100	F
	Jersey City	Margaret Hague Maternity ¹⁷	J. P. Donnelly	140	10,938	143	62	34,377	3	10	4	4	2	0	20	5600-6200	F
	Mount Holly	Burlington County Memorial	R. H. Van Meter	34	3,574	6	33	3,444	3	1	1	1	0	0	3	4200-4800	F
	Neptune	Jersey Shore Medical Center-Fitkin	R. Jacobus	27	2,243	3	66	2,666	3	1	1	1	0	0	3	4200-5400	F
	Newark	Newark Beth Israel	I. Perlmutter	55	4,135	5	40	4,400	3	1	1	1	0	0	3	4800-5400	F
		Newark City	J. L. Breen	120	8,000	20	75	30,000	3	4	4	4	1	0	13	5600-8100	F
		St. Michael	E. Slowinski	45	3,336	2	100	5,922	3	2	2	2	0	0	6	3900-6480	F
	Paterson	St. Joseph's	A. T. Lemay	55	3,948	8	75	3,395	3	1	1	1	0	0	3	7320-8220	O
	Trenton	St. Francis	S. Watov	53	3,932	0	0	3,650	3	1	1	1	0	0	3	4800-7200	F
NEW MEXICO																	
	Albuquerque	University of New Mexico Affiliated Hospitals	R. Munsick	23	1,910	0	0	5,685	3	2	2	2	0	0	6	6060-6500	P
		Bernalillo County-Indian	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEW YORK																	
	Albany	Albany Medical Center	E. J. Plotz	70	4,669	14	50	4,473	3	4	4	4	1	0	13	4600-6600	P
		St. Peter's	J. G. Hayes	31	1,135	1	100	858	...	...	...	...	...	...	...	4800-5800	O
	Buffalo	Deaconess Hospital of Buffalo	N. G. Courey	48	3,070	8	50	1,997	4	1	1	1	1	0	4	4300-4900	FP
		Millard Fillmore	F. Paloucek	94	5,697†	3	0	3,706	3	3	3	3	0	0	9	5300-6200	P
		Sisters of Charity	C. J. Woepfel	70	4,728	5	60	3,211	4	2	2	2	2	0	8	5250-7200	FP
		State University of New York at Buffalo	C. L. Randall	...	...	...	...	...	5	4	4	4	4	4	20	...	...
		Affiliated Hospitals	C. L. Randall	67	3,989	12	33	8,691	...	...	...	...	...	...	...	5300-7500	O
		Buffalo General	C. L. Randall	54	4,631	2	100	152	...	...	...	...	...	...	...	4100-5300	O
		Children's Hospital of Buffalo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Edward J. Meyer Memorial	C. L. Randall	30	1,623	8	25	10,118	...	...	...	...	...	...	...	5550-7260	P
		Roswell Park Memorial Institute	J. Graham	34	912	45	100	7,403	...	...	...	...	...	...	...	5020-5870	O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

11. OBSTETRICS — GYNECOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance O
			Number	Autopsy Per cent	Number			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued															
Cooperstown															
Mary Imogene Bassett	O. J. Severud	7	469	3	33	6,184	3	1	0	0	0	0	1	4600-5900	P
East Meadow															
Meadowbrook	W. Dolan	41	2,829	21	57	13,352	4	3	3	2	2	0	10	5453-8246	F
Mercy (Rockville Centre)	G. T. Lilly	65	4,577	2	100	457								5453-8246	F
Glen Cove															
Community Hospital at Glen Cove	H. W. Mayberger	20	2,098	0	0	1,487	3	1	1	1	0	0	3	5540-6340	P
Johnson City															
Charles S. Wilson Memorial	S. Nagyfy	25	1,948	0	0	4,723	3	1	1	1	0	0	3	5100-5700	P
Manhasset															
North Shore ²⁵⁴	A. N. Fenton	59	4,406	6	50	2,531	4	2	2	2	2	0	8	4980-6220	F
Mineola															
Nassau	J. Malfetano	54	4,053	4	75	2,534	3	1	1	1	0	0	3	5400-7680	P
Mount Vernon															
Mount Vernon	N. M. Weinrod	30	2,316	7	43	3,110	3	1	1	1	0	0	3	4800-5700	FP
New Hyde Park															
Long Island Jewish Hospital Training Program	A. H. Rosenthal						3	5	3	3	1	0	12		
Long Island Jewish		47	3,870	2	50	1,379								5000-6750	O
Queens Hospital Center (New York City)		61	4,190	18	11	23,642								4750-5720	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center ²⁵⁹	S. L. Romney	66	4,453	16	50	26,924	4	6	5	4	4	0	19	4980-6220	F
Beth Israel	G. Blinick	63	3,824	6	67	29,138	4	3	3	3	3	0	12	5160-6650	P
Bronx-Lebanon Hospital Center	A. C. Posner	88	5,530	8	88	15,983	3	4	4	4	0	0	12	5000-6400	P
Brookdale Hospital Center	S. Birnbaum	80	5,489	6	33	7,707	4	4	4	4	3	0	15	5000-6500	P
Brooklyn-Cumberland Medical Center	V. Tricomi						4	5	5	5	5	0	20	5460-6660	FP
Brooklyn		49	3,162	14	50										
Cumberland		63	5,266	9	38	30,926	3	2	2	2	0	0	6	4800-5400	F
Brooklyn Womens	M. A. Rosenfeld	49	3,210	25	68	12,862	3	2	2	2	0	0	6	4800-5400	F
Flushing Hospital and Medical Center	E. C. Veprovsky	40	3,063	1	100	3,003	4	1	1	1	1	0	4	5000-7200	FP
French	M. L. Tancer	29	1,796	4	75	2,107	3	2	1	1	0	0	4	4800-5700	P
Harlem Hospital Center	D. P. Swartz	87	6,031	26	21	35,384	4	6	6	6	6	0	24	4980-6400	F
Jamaica	M. M. Abitbol	48	3,199	6	33	6,382	3	1	1	1	0	0	3	6000-7800	F
Jewish Hospital and Medical Center of Brooklyn	M. Schiffer	96	6,459	11	38	10,311	4	3	3	3	0	0	12	5000-6500	O
Greenpoint	D. Mayer	38	2,612	6	50	28,376	3	2	1	1	0	0	3	4500-6400	F
Jewish Memorial	R. Landesman	38	2,768	3	66	3,182	3	1	1	1	0	0	3	4800-6000	F
Lenox Hill ²⁵⁶	H. R. K. Barber	63	3,637	13	46	7,865	4	2	2	2	2	0	8	5100-6300	P
Lincoln	J. J. Smith	68	5,033	4	25	36,970	3	5	5	4	4	0	18	4980-6000	F
Long Island College	H. L. Freedman	53	3,573	7	43	7,127	4	2	2	2	2	0	8	4500-7000	F
Lutheran Medical Center	A. MacGregor	39	2,556	2	0	4,174	3	2	2	2	0	0	6	5400-6100	P
Maimonides Medical Center Training Program							4	4	4	4	4	0	16		
Maimonides Medical Center	W. Pomerance	80	5,887	6	25	9,554								5000-6750	FP
Coney Island	A. Vasicak	13	1,574	0	0	10,604								4980-6000	F
Methodist Hospital of Brooklyn	R. Mansell	62	4,452	6	50	10,349	4	2	2	2	2	0	8	5250-6400	P
Misericordia-Fordham Training Program	S. G. Burgess	104	6,913	14	42	30,905	3	4	4	4	0	0	12	5910-6930	F
Misericordia															
Fordham															
Montefiore Hospital Training Program	N. Herzig	44	3,953	8		23,095	4	2	2	2	2	0	8	5120-6880	P
Montefiore Hospital and Medical Center															
Morrisania City								6	6	5	3	0	20		
Mount Sinai Hospital Training Program							4								
Mount Sinai	S. B. Gusberg	123	6,276	9	55	29,731								5000-6500	FP
City Hospital Center at Elmhurst	J. Rovinsky	72	4,426	9	29	27,115								5700-6700	P
New York	F. Fuchs	132	8,368	22	64	34,906	4	6	4	6	4	2	22	5000-8000	P
New York Infirmary	A. J. Wittner	44	2,746	12	58	5,857	3	2	2	2	1	0	7	4850-6000	F
New York Medical College-Metropolitan Hospital Center	M. L. Stone						4	6	6	6	6	0	24	4980-6000	F
Unit 1—Flower and Fifth Avenue Hospitals		68	4,226	6	33	2,999									
Unit 2—Metropolitan		90	5,102	9	11	66,661									
New York Polyclinic Medical School and Hospital	L. J. Caruso	29	1,815	3	33	4,566	3	1	1	1	0	0	3	5100-5700	P
New York University-Bellevue Medical Center	G. W. Douglas						4	6	6	6	6	0	24		
Bellevue Hospital Center	G. W. Douglas	75	3,222	9	67	35,939								4980-6400	P
University	G. W. Douglas	45	2,546	2	0									6690-7930	P
Knickerbocker	W. Decker	11	312	0	0	1,227									
Presbyterian ²⁵²	J. G. Moore	152	8,982	7	43	48,245	3	6	6	6	2	2	22	5200-8500	O
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park															
Roosevelt	R. W. Gause	40	2,084	8	63	6,691	3	2	2	2	0	0	6	5000-7000	P
St. Clare's ²⁵⁰	M. Jordan	31	1,411	7	85	2,712	4	2	2	2	2	0	8	5400-7200	F
St. John's Episcopal	C. W. Mueller	64	3,221	5	60	11,449	4	2	2	2	2	0	8	4880-5700	FP
St. Luke's Hospital Center	H. M. Tovell	97	5,200	8	0	27,031	4	4	4	4	4	0	16	5000-8500	P
St. Mary's	L. Tisdall	42	2,889	4		9,743	3	1	1	1	0	0	3	5500-6700	F
St. Vincent's Hospital and Medical Center of New York	B. J. Pisani	67	4,142	9	33	9,263	4	3*	2	2	2	0	9	5500-7000	P
St. Vincent's Hospital of the Borough of Richmond	V. S. Svesko	34	2,540	4	50	2,507	3	1	1	1	0	0	3	5700-6600	F
Salvation Army Booth Memorial	L. Shenker	46	3,767	1	100	4,483	3	1	1	1	0	0	3	6000-7500	O
State University-Kings County Medical Center	L. M. Hellman						4	13	6	6	6	0	31		
Kings County Hospital Center		123	12,229	50	26	28,040								4980-6400	P
State University															
Staten Island	M. S. Rapp	34	2,745	3	33	3,631	4	1	1	1	1	0	4	6500-7250	F
Sydenham	V. Mason	30	1,777	2	50	4,015	3	1	1	1	0	0	3	4980-6400	F
Unity	M. Berling	35	2,491	4	50	6,124	3	2	2	2	0	0	6	4800-5400	F
Wyckoff Heights	M. Friedman	60	3,582	7	28	3,227	3	2	2	2	0	0	6	4080-5400	F
Rochester															
Genesee	C. H. Lauterbach	51	4,609	5	60	4,348	3	2	2	2	0	0	6	4900-6400	P
Highland Hospital of Rochester	G. C. Trombetta	49	4,031	5	20	1,610	3	2	2	2	0	0	6	6100-7600	P
Rochester General	W. Lange	50	4,381	1	100	2,589	3	1	1	1	0	0	3	6000-7000	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

11. OBSTETRICS — GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, Rochester—Continued															
St. Mary's	F. Dobrzynski	25	2,275	...	...	...	3	1	1	1	0	0	3	5200-6200	P
Strong Memorial Hospital of the University of Rochester	C. J. Lund	57	3,906	10	70	11,899	4	3	3	3	3	0	12	4000-7500	O
Rockville Centre															
Mercy—See Meadowbrook, East Meadow															
Schenectady															
Schenectady Affiliated Program	W. H. Brown	...	...	...	...	...	4	1	1	1	1	0	4	4500-5400	FP
Ellis	...	43	3,160	6	67	2,190	...	...	...	...	...	...	...	6300-7500	F
St. Clare's	...	8	637	...	...	718	...	...	...	...	...	...	...	...	...
Syracuse															
State University of New York Upstate Medical Center	R. Nesbitt	94	7,425	13	46	12,138	4	4	4	4	1	0	13†	5050-6400	O
St. Joseph's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	H. S. McGaughey	32	2,089‡	2	50	15,011	4	3	3	3	3	0	12	3500-6000	O
Charlotte															
Charlotte Memorial	O. H. Jones	80	5,834‡	13	77	9,882	3	2	2	2	0	0	6	5400-6000	P
Durham															
Duke	R. T. Parker	55	3,229	25	44	16,204	4	4	4	4	4	0	16	4500-5400	P
Raleigh															
Memorial Hospital of Wake County	A. L. Wilkerson	31	2,530	3	67	5,705	3	1	1	1	0	0	3	4200-6000	F
Winston-Salem															
North Carolina Baptist Hospitals	R. Burt	49	3,028	4	75	7,810	4	2	2	2	2	0	8	4500-7000	P
NORTH DAKOTA															
Fargo															
St. Luke's—See University of Minnesota Affiliated Hospitals, Minneapolis, Minn.															
OHIO															
Akron															
Akron City	L. M. Walker	71	4,646	45	66	3,463	4	2	2	2	2	0	8	4680-6240	P
Akron General	C. J. deWinter	62	4,023	8	38	1,945	3	2	2	2	0	0	6	4680-5640	FP
St. Thomas	G. D. Solomon	67	4,246	2	50	906	4	2	2	2	0	0	6	4900-5640	FP
Canton															
Aultman	J. G. Tift	53	3,721	5	60	2,426	3	1	1	1	0	0	3	4800-6600	P
Mercy	N. Lewis	60	4,247	1	0	1,202	3	3	3	3	0	0	9	4200-6000	F
Cincinnati															
Bethesda	W. Graf, K. Zeismann	61	5,158	0	0	7,094	3	2	2	2	0	6	6	6240-6720	P
Good Samaritan ²⁷⁷	R. Schmidt	98	7,604	2	100	2,381	3	2	2	2	0	0	6	5400-6900	P
University of Cincinnati Hospital Group	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General	M. Howett	61	4,367	4	100	12,305	4	3	3	3	3	0	12	4200-5100	FP
Cleveland															
Cleveland Metropolitan General	B. Little	54	4,133	19	68	29,858	4	4	4	4	4	0	16†	4300-6700	P
Fairview General	H. Krueger	71	4,860	4	25	6,733	4	1	1	1	1	0	4	5400-7200	F
Huron Road	A. E. Lenbert	42	2,433	8	25	1,786	3	2	2	2	0	0	6	4200-5100	F
Mount Sinai Hospital of Cleveland	M. Linden	62	4,462	1	100	8,110	4	2	2	2	0	0	6	4400-5880	P
St. Ann	P. O. Funk	65	4,038	5	80	2,833	3	1	1	1	0	0	3	3900-6100	FP
St. Luke's	J. R. Boyd	60	3,821	7	33	5,715	4	1	1	1	1	0	4	5292-6792	P
University Hospitals of Cleveland	K. J. Ryan	92	6,546‡	3	100	29,759	4	4	4	4	4	0	16	4500-6000	P
Columbus															
Mount Carmel	J. G. Boutselis	50	4,454‡	3	100	7,048	4	1	1	1	1	0	4	5400-6600	F
Ohio State University Hospitals	J. C. Ullery	82	5,384	10	80	16,882	4	3	3	3	3	0	12	4500-7000	P
Riverside Methodist Hospital-St. Ann's Hospital for Women	J. B. Patterson	...	...	...	...	...	4	2	2	2	2	0	8	5400-6600	P
Riverside Methodist	J. B. Patterson	55	4,054	5	20	1,431	...	...	...	...	...	...	...	...	...
St. Ann's Hospital for Women	D. S. O'Leary	58	5,157	2	0	3,743	...	...	...	...	...	...	...	...	...
Dayton															
Good Samaritan	S. Garber	68	5,263	5	100	1,059	3	1	1	1	0	0	3	3900-4500	F
Miami Valley	N. J. Thompson	67	5,254‡	8	63	3,114	3	2	2	2	2	0	8	6300-7500	P
Toledo															
Tri-Hospital Obstetrics and Gynecology															
Residency of Toledo	R. C. Asheom	...	...	...	...	...	3	4	4	4	0	0	12	...	...
Maumee Valley	R. C. Asheom	23	1,099	4	75	2,605	...	...	...	...	...	...	...	5400-6000	F
St. Vincent Hospital and Medical Center	W. J. Meyer	48	2,892	7	71	4,037	...	...	...	...	...	...	...	6300-6900	P
Toledo	W. L. Woodward	75	4,905	...	...	3,265	...	...	...	...	...	...	...	6300-6900	FP
Warren															
Trumbull Memorial	G. Mokris	49	3,451	6	17	2,180	3	1	1	1	0	0	3	5100-5700	F
Youngstown															
St. Elizabeth	R. Bruchs	72	4,935	8	13	2,265	3	2	2	2	0	0	6	6600-7200	FP
OKLAHOMA															
Oklahoma City															
St. Anthony	F. W. Coggins	76	5,024	10	40	4,349	3	1	1	1	0	0	3	6000-6600	O
University of Oklahoma Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Oklahoma Hospitals	J. A. Merrill	46	2,588	4	50	15,933	3	2	2	2	2	0	8†	4000-6100	P
Tulsa															
Hillcrest Medical Center	A. Vammen	19	2,928	1	100	4,010	3	1	1	1	0	0	3	8064-9072	P
St. John's	W. Thomas	63	4,416	1	0	4,414	3	1	1	2	0	0	4	8100-9000	P
OREGON															
Portland															
Emanuel	C. L. Fearl	85	6,649	79	63	7,320	3	2	2	2	0	0	6	5400-6300	P
University of Oregon Medical School Hospitals and Clinics ¹⁵⁹	R. C. Benson	40	2,817	11	54	17,171	4	3	3	3	3	0	12	4200-6000	FP
PENNSYLVANIA															
Abington															
Abington Memorial	A. L. Brenner, C. M. Turman	40	3,080	1	0	2,290	3	1	1	1	0	0	3	3900-5400	F
Allentown															
Allentown	F. C. Schaeffer	97	4,132‡	22	32	2,100	3	2	2	2	0	0	6	5400-6000	P

11. OBSTETRICS — GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued															
Altoona															
Altoona	J. S. Taylor, Jr.	43	2,786†	4	50	2,392	3	1	1	1	0	0	3	6420-7200	F
Bethlehem															
St. Luke's	F. E. Schramm	38	2,480	2	0	1,901	3	1	1	1	0	0	3	4200-4800	FP
Danville															
Geisinger Medical Center	C. Beecham	32	1,468	9	44	16,094	3	1	1	1	0	0	3	5100-5700	P
Darby															
Thomas M. Fitzgerald Mercy	L. McGowan	64	4,370	5	40	4,089	3	2	2	2	0	0	6	4200-5400	F
Erie															
Hamot Hospital-St. Vincent	E. S. Kremer, Jr.						4	1	1	1	1	0	4	4200-5400	FP
Hamot	G. P. Bohlender	32	2,516	2	50	2,042									
St. Vincent	J. J. DeMarco	48	3,877†	4	25	1,608									
Harrisburg															
Harrisburg	C. K. Fetterhoff	71	4,652	5	60	8,998	3	2	2	2	0	0	6	6600-7500	F
Philadelphia															
Albert Einstein Medical Center	G. Weinstein	118	7,389†	11	54	12,610	3	3	3	3	0	0	9	3900-4500	FP
Episcopal	R. W. Hyatt	31	2,340	7	71	4,931	3	1	1	1	0	0	3	4500-4890	P
Germantown Dispensary and Hospital	W. M. Heyl	15	1,223	1	100	5,046	3	1	0	1	0	0	2	4800-6600	FP
Graduate Hospital of the University of Pennsylvania-Pennsylvania Hospital	S. L. Israel						3								
Graduate Hospital of the University of Pennsylvania		14	428	2	100	1,215									
Pennsylvania		83	5,405	7	57	18,591								4500-5100	O
Hahnemann Medical College and Hospital	G. Lewis	56	3,608	17	59	11,573	3	4	4	4	0	0	12	3600-4200	P
Hospital of the University of Pennsylvania	L. Mastroianni	76	4,404	11	92	16,705	4	4	4	4	4	0	16	3800-4600	P
Hospital of the Woman's Medical College of Pennsylvania	E. R. Carrington	41	2,376	3	67	6,429	3	3	3	3	0	0	9	4610-6440	P
Jefferson Medical College	R. G. Holly	87	5,149	11	45	19,187	3	3	3	3	0	0	9	4100-5600	O
Lankenau	J. D. Corbit, Jr.	45	2,891	4	50	2,645	3	1	1	1	0	0	3	4200-4800	FP
Methodist	J. B. Montgomery	39	2,541	1		3,130	3	1	1	1	0	0	3	5400-5400	O
Misericordia	J. E. Lynch	33	2,387	2	60	3,540	4	1	1	1	1	0	4	6600-8400	P
Philadelphia General	J. Emich, Jr.	106	6,262	22	48	24,981	3	6	6	6	0	0	18	5800-6700	P
Hahnemann Medical College Service															
Presbyterian-University of Pennsylvania															
Medical Center	W. D. Chamblin	30	1,788†	0	0	6,152	3	1	1	1	0	0	3	4340-4940	P
Temple University	R. R. de Alvarez	110	4,431	11	65	18,145	3	5	5	5	1	0	16	3900-4800	P
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh School of Medicine															
Magee-Womens	D. L. Hutcheson	188	11,164	32	44	37,897	4	5	5	5	0	0	20	5500-7500	O
Mercy	G. J. Carlin	55	2,901	6	50	2,917	3	1	1	1	0	0	3	6300-7200	FP
Pittsburgh	R. N. McGarvey	33	1,981	4	25	1,903	3	1	1	1	0	0	3	6900-7500	P
Columbia (Wilksburg)	W. E. Gibson	29	2,809	5	100	1,224								6900-7500	F
St. Francis General	M. A. Guthrie	49	3,094	10	20	2,017	3	1	1	1	0	0	3	8400-8400	P
Western Pennsylvania	L. E. Laufe	66	3,498	24	50	4,142	3	2	2	2	0	0	6	5700-6300	FP
Reading															
Reading	F. B. Nugent	95	2,326	13	45	2,420	3	1	1	1	0	0	3	4980-5580	F
Wilksburg															
Columbia—See Pittsburgh Hospital, Pittsburgh															
York															
York	J. S. Monk	64	4,238	5	66	4,210	3	2	2	2	0	0	6	5400-6000	P
PUERTO RICO															
Ponce															
Ponce District General	A. Tamm	66	4,772	12	83	8,161	3	3	3	3	0	0	9	6000-7200	F
Rio Piedras															
Municipal Hospital Dr. Rafael López Nussa	D. Chafey	83	7,947	4	25	14,823	3	6	6	6	0	0	18	5700-6900	P
University District	I. Pelegrina	93	5,636	10	60	17,899	3	6	6	6	0	0	18	5700-6900	P
RHODE ISLAND															
Providence															
Providence Lying-In Hospital-Rhode Island	H. C. McDuff, Jr.						4	2	2	2	2	0	8	4600-6000	P
Providence Lying-In	F. W. Ripley, Jr.	144	10,977	16	31	12,846									
Rhode Island	H. C. McDuff, Jr.	18	778	15	27	3,112									
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	L. Hester	37	5,382	13	54	23,098	4	3	3	2	2	0	10	4380-6300	O
Medical College															
Columbia															
Columbia Hospital of Richland County	J. D. Bunch, Jr.	52	3,784	12	50	7,227	3	1	1	1	0	0	3	6240-6720	P
Greenville															
Greenville General	S. M. King	40	3,380	2	0	5,017	3	2	2	2	0	0	6	5700-6400	P
TENNESSEE															
Chattanooga															
Baroness Erlanger	C. L. Suggs	74	4,955	15	20	9,594	3	2	2	2	0	0	6	5700-6300	F
Knoxville															
University of Tennessee Memorial Research Center and Hospital		28	2,042	4	50	4,324	3							4392-4632	F
Memphis															
Baptist Memorial ⁴³	L. C. Henry	87	6,541	2	50	2,116	3	1	1	2	0	0	4	4500-5100	F
City of Memphis Hospitals	S. A. Fish	99	9,111	22	27	22,003	3	5	5	5	0	0	15	3660-4080	F
Methodist	H. James	78	5,152†	5	80	1,917	4	1	1	1	1	0	4	5100-5700	F
St. Joseph ³⁰²	W. Mackey	30	2,755	5	20	3,261	3	1	1	1	0	0	3	4500-5600	FP
Nashville															
Baptist	R. T. Birmingham	59	4,498	5	40	3,070	3	2	2	2	0	0	6	6000-6600	F
George W. Hubbard Hospital of the Meharry Medical College ⁵⁶	W. F. B. James	30	2,191	4	50	6,560	3	2	2	2	0	0	6	4800-5400	F
St. Thomas ¹³	G. Peerman	43	3,193	2	50	2,513	3	1	1	1	0	0	3	3900-4500	F
Vanderbilt University Affiliated Hospitals	D. A. Goss						3	5	5	5	0	0	15		
Vanderbilt University	D. A. Goss	33	2,319	4	50	13,847								3300-3900	P
Nashville Metropolitan General	N. Griffin	23	1,699	5		9,779								3000-4000	F

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

11. OBSTETRICS — GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS															
Dallas															
Baylor University Medical Center	W. K. Strother	125	10,559	2	0	3,851	3	3	3	0	0	9	5700-6300	O	
Methodist Hospital of Dallas	R. C. Moore	49	4,450	4	50	4,212	3	2	2	2	0	6	5100-5700	FP	
Parkland Memorial	J. A. Pritchard	140	8,822	24	4	44,400	3	5	5	5	0	15	4680-5340	P	
St. Paul	G. C. Nabors	59	5,079†	3	33	6,099	3	1	1	1	0	3	5100-5700	P	
El Paso															
R. E. Thomason General—See William Beaumont General, El Paso (United States Army)															
Galveston															
University of Texas Medical Branch Hospitals ²⁴	W. J. McGanity	57	3,055	11	27	9,795	3	6	3	3	0	12	5288-6000	P	
Houston															
Baylor University Affiliated Hospitals	C. E. Flowers	80	7,924	18	80	18,874	3	7	7	7	0	21	3900-4500	P	
Ben Taub General															
Jefferson Davis															
Methodist		70	4,719	5	20	2,794							4500-5100	P	
St. Luke's Episcopal	C. E. Flowers, Jr.	46	3,372	1	100	738							4200-4800	O	
Hermann	T. G. Gready, Jr.	90	7,098	8	38	18,650	3	2	2	2	0	6	5100-6000	P	
University of Texas Post-Graduate Medical School Affiliated Hospitals ²⁴							3	3	3	3	0	9	5100-5700	P	
St. Joseph	J. Lucci, Jr.	66	5,158	1	0	6,500									
University of Texas Medical Branch Hospitals (Galveston)	W. J. McGanity	57	3,055	11	27	9,795									
San Antonio															
University of Texas Medical School at San Antonio Teaching Hospitals															
Robert B. Green Memorial	G. G. Passmore	49	4,572	14	50	13,157	3	3	3	3	0	9	5100-6300	P	
Temple															
Scott and White Memorial	W. F. Baden	18	1,464†	6	33		3	1	1	1	0	3	5200-6300	P	
UTAH															
Ogden															
Thomas D. Dee Memorial	B. J. Farr	32	3,377	2	100	1,206	3	1	1	1	0	3	5100-6000	FP	
Salt Lake City															
Holy Cross	A. F. Latteier	65	2,891	0	0	731	3	1	1	1	0	3	4200-4800	FP	
Latter-day Saints	H. C. Sharp	34	5,741	6	67	1,612	3	2	2	2	0	6	4800-5700	P	
University	I. H. Kaiser	26	1,318	9	78	9,527	3	3	1	1	0	5	4200-5400	P	
VERMONT															
Burlington															
Medical Center Hospital of Vermont	J. V. S. Maek	28	2,257	20	83	2,628	4	2	2	2	2	0	8	4500-6800	O
Mary Fletcher Unit		9	1,427	13	62	1,166									
De Goesbriand Unit															
VIRGINIA															
Charlottesville															
University of Virginia	W. N. Thornton	23	1,906	19	21	9,447	4	2	2	2	2	0	8	4200-5400	O
Falls Church															
Fairfax—See George Washington University Affiliated Hospitals, Washington, D. C.															
Newport News															
Riverside	J. Q. Hatten	50	3,510	0	0	1,564	3	1	1	1	0	3	7200-9600	FP	
Norfolk															
De Paul	W. N. Reingold	39	3,151	4	100	4,255	3	1	1	1	0	3	6000-6600	F	
Norfolk General	A. R. Garnett	66	4,989	11	46	12,020	3	2	1	1	0	4	6900-7500	F	
Richmond															
Medical College of Virginia-Hospital Division	L. J. Dunn	108	8,860	19	32	11,067	3	5	5	5	2	17†	4200-4800	P	
WASHINGTON															
Seattle															
Swedish Hospital Medical Center	P. R. Rollins	39	3,742†	4	75	3,897	3	1	1	1	0	3	4800-6000	FP	
University of Washington Affiliated Hospitals	C. A. Hunter						4	4	4	3	2	0	14		
King County	D. C. Figue	20	1,474	8	72	7,097								5500-7680	
University	C. A. Hunter	19	1,718†	3	67	13,418								5500-7680	
Spokane															
Sacred Heart	H. W. Irwin	43	5,073	3	66	2,152	3	1	1	1	0	3	5400-7500	F	
WEST VIRGINIA															
Charleston															
Memorial	D. Mairs	20	2,312	2	0	4,628	3	2	2	1	0	5	4200-5100	F	
Morgantown															
West Virginia University Medical Center ²⁴	W. A. Bonney	25	1,150	7	43	4,952	3	1	1	1	0	3	4800-6600	P	
Wheeling															
Ohio Valley General	R. Brandfass	37	2,712	6	33	2,047	3	1	1	1	0	3	7200-8400	P	
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	B. M. Peckham						3	3	3	3	3	0	12	4150-6250	P
Madison General		45	2,986†	2	50										
St. Mary's		47	3,573	0	0										
University Hospitals		27	1,350	8	38	9,713									
Milwaukee															
Lutheran Hospital of Milwaukee	F. J. Hofmeister	53	3,310	7	14	3,740	3	2	2	2	0	6	5823-7051	P	
Milwaukee County General	R. F. Mattingly	59	4,491†	5	73	17,662	4	3	3	3	2	11†	4364-6124	P	
Mount Sinai	F. Jacobson	62	4,398†	6	83	3,326	3	1	1	1	0	3	5300-6000	FP	
St. Joseph's	J. A. Klieger	83	6,162	4	100	1,621	3	2	2	2	0	6	6300-7200	P	

12. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council on Medical Education and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, p. 233.

APPROVED RESIDENCIES

13. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, for THREE OR MORE years of acceptable training in the specialty. Programs, 156; Residencies, 1,258.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
Wilford Hall U.S.A.F., San Antonio.....	G. P. Johnston.....	25	793	1	100	12,391	3	2	2	2	0	0	6		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	F. C. Williams.....	18	351	0	0	17,164	3	2	2	2	0	0	6		
COLORADO															
Fitzsimons General, Denver.....	R. A. Skeehan.....	9	356	0	0	18,732	3	1	1	1	0	0	3		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	J. W. Passmore.....	52	860	0	0	58,517	3	3	3	3	0	0	9		
TEXAS															
Brooke General, San Antonio.....	J. R. Simmons.....	28	515	1	100	27,770	3	3	3	3	0	0	9		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland.....	J. Rosborough.....	14	282	0	0	15,594	3	2	2	2	0	0	6		
U. S. Naval, San Diego.....	F. R. Preston.....	40	956	0	0	30,517	3	3	3	3	0	0	9		
MARYLAND															
U. S. Naval, Bethesda.....	R. Stevenson.....	18	263	0	0	18,445	3	2	2	2	0	0	6		
PENNSYLVANIA															
U. S. Naval, Philadelphia ²⁹⁶	J. Sanderlin.....	13	259	1	0	12,305	3	2	2	2	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco ⁷²	W. W. Richards.....	7	159	0	0	7,257	3	1	1	1	0	0	3		
LOUISIANA															
U. S. Public Health Service, New Orleans.....	C. A. Monroe.....	7	146	0	0	6,558	3	1	1	1	0	0	3		
MARYLAND															
U. S. Public Health Service, Baltimore.....	W. E. Newby.....	12	272	1	0	7,088	3	1	2	2	0	0	5		
NEW YORK															
U.S. Public Health Service (Staten Island), New York City ²⁴⁵	F. Dykstra.....	23	294	0	0	8,496	3	2	2	2	0	0	6		
WASHINGTON															
U. S. Public Health Service, Seattle—See University of Washington Affiliated Hospitals, Seattle, Wash.															
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights.....	R. H. Rupp.....	5	204	0	0	11,422	3	1	1	1	0	0	3	8705-10364	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Eye Foundation.....	A. Callahan.....	26	1,313	16	31	2,054	3	2	2	2	0	0	6	2400-3300	P
University of Alabama Medical Center.....	S. J. Kelly, C. P. Grant.....						3	2	2	4	0	0	8		
University of Alabama Hospitals and Clinics.....	S. J. Kelly, C. P. Grant.....	25	1,014	1	0	8,129								4980-5880	P
Veterans Admin.....	S. J. Kelly.....	6	160	0	0	1,506								4610-8230	O
Tuskegee															
Veterans Admin. ⁵⁶	C. A. Green.....	8	162	0	0	3,208	3	1	1	1	0	0	3	4610-0440	P
ARKANSAS															
Little Rock															
University of Arkansas Medical Center.....	J. L. Smith.....						3	2	2	2	0	0	6		
Arkansas Baptist Medical Center.....	J. L. Smith.....	11	764	0	0	0									
University.....	J. L. Smith.....	1	18	0	0	1,071								3900-4500	O
Veterans Admin. Consolidated.....	J. Fulmer.....	10	131	0	0	918								4610-5460	P
CALIFORNIA															
Bakersfield															
Kern County General.....	J. E. Perez.....		111	0	0	2,481	3	0	1	1	0	0	2	7600-8700	O
Fresno															
Fresno General.....	R. Whitten.....	5	181	0	0	6,992	3	1	1	1	0	0	3	8136-10188	P
Long Beach															
Veterans Admin.....	R. E. Christensen.....	17	294	0	0	4,370	3	1	2	1	0	0	4	5920-8760	O
Los Angeles															
Hollywood Presbyterian.....	S. Rome.....	11	654	1	100	5,787	3	1	1	1	0	0	3	7200-8400	P
Los Angeles County General, Unit I ¹¹¹	W. A. Wilson.....	35	1,564	1	100	28,789	3	4	4	4	0	0	12	7200-8400	P
Los Angeles County General, Unit II.....	S. Ludmerer.....	6	212	0	0	7,787	3	1	1	1	0	0	3	7200-8400	P
University of California.....	B. R. Straatsma.....	13	885	0	0	15,734	3	4	3	2	0	0	9	4368-7956	O
Veterans Admin. Center-Wadsworth ¹¹²	R. E. Bartlett.....	21	900			5,118	3	2	1	1	0	0	4	5920-8080	P
White Memorial Medical Center ¹⁰²	G. Kambara.....	5	386	0	0	10,520	3	2	2	2	0	0	6	6060-7260	P
Oakland															
Highland General ¹³⁰	E. H. Brugge.....	4	182			7,821	3	1	1	1	0	0	3	6700-7700	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued															
Orange															
Orange County Medical Center	J. C. Tirico	6	350	0	0	4,125	3	1	1	1	0	0	3	6200-7700	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	F. C. Winter	4	176	0	0	4,862	3	2	2	2	2	0	8	4900-6900	O
Palo Alto-Stanford Hospital Center	F. C. Winter	4	115			4,131									
Veterans Admin.	F. C. Winter	2	83			3,098								4896-6192	F
San Mateo County General (San Mateo)	R. O. Sherwood														
San Francisco															
Presbyterian Medical Center ¹²¹	A. Jampolsky	8	691	0	0	3,762	3	2	2	2	0	0	6	4800-5700	P
University of California Program in Ophthalmology							4	8	8	8	3	0	27		
H. C. Moffitt-University of California Hospitals	M. J. Hogan	16	909			14,202								4300-7500	O
Veterans Admin.	D. O. Jesberg	11	318	0	0	2,384								4710-8230	O
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Torrance															
Los Angeles County Harbor General	I. Pilger	5	281†	0	0	9,774	3	2	2	2	0	0	6	7200-8400	P
COLORADO															
Denver															
Denver General	P. Kimball	3	152	0	0	11,257	3	1	1	1	0	0	3	4020-4800	P
University of Colorado Affiliated Hospitals ¹²⁵	P. Ellis						3	3	3	3	0	0	9		
University of Colorado Medical Center	P. Ellis	5	273	0	0	14,729								3500-4500	O
Veterans Admin.	C. W. Whistler	5	157	0	0	1,338								4610-8230	O
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center															
Yale-New Haven	M. L. Sears	13	612			8,823	3	3	2	2	0	1	8	4000-5000	P
DISTRICT OF COLUMBIA															
Washington															
Freedmen's ¹⁴⁹	C. L. Cowan	5	128	1	0	4,891	3	2	1	1	0	0	4	6941-8702	O
Georgetown University Medical Center	J. J. O'Rourke						4	4	4	4	3	0	15		
District of Columbia General	R. P. Kling	10	253	0	0	9,463								4500-6500	P
Georgetown University	P. Y. Evans	5	130	0	0	910								4000-6665	P
Sibley Memorial	A. M. Reynolds	6	272	2	100	2,507									
Veterans Admin.	A. Pilkerton	10	158†			1,647								4610-8230	P
George Washington University ¹⁴⁶	J. W. McTigue	3	98	0	0	1,851	3	3	3	3	0	0	9	4500-6000	P
Washington Hospital Center	W. D. Foote	38	1,769	1		17,925	3	3	3	3	0	0	9	4680-5640	P
FLORIDA															
Gainesville															
William A. Shands Teaching Hospital and Clinics	H. E. Kaufman	15	674	0	0	10,565	3	3	3	4	2	0	12	3600-5400	O
Duval Medical Center (Jacksonville)	C. F. McCrory	6	334	2	50	6,011									
Jacksonville															
Duval Medical Center—See William A. Shands Teaching Hospital and Clinics, Gainesville															
Miami															
University of Miami Affiliated Hospitals															
Jackson Memorial ¹⁵³	E. W. Norton	42	2,162	3	0	29,221	3	5	5	5	0	0	15	4284-5544	O
GEORGIA															
Atlanta															
Grady Memorial ¹⁵⁶	F. P. Calhoun, Jr.	12	489			19,261	3	3	3	3	0	0	9	4500-5700	P
Augusta															
Medical College of Georgia Hospitals															
Eugene Talmadge Memorial	R. Thomas	14	391	0	0	2,380	3	1	1	1	0	0	3	3900-6000	P
ILLINOIS															
Chicago															
Cook County	T. Zekman	28	835	2	0	25,260	3	3	3	3	0	0	9	4620-5100	F
Michael Reese Hospital and Medical Center	M. L. Stillerman	23	875	0	0	6,035	3	3	3	3	0	0	9	4200-6900	P
Northwestern University Medical Center	D. E. Shoch					7,307	3	4	4	4	0	0	12		
Chicago Wesley Memorial	E. Merz	12	547	1	100									4800-6000	O
Children's Memorial															
Passavant Memorial	D. E. Shoch	12	476†			657								3900-4800	P
Veterans Admin. Research	D. E. Shoch	15	254	0	0	2,282								4610-8230	O
Presbyterian-St. Luke's	W. F. Hughes	28	495	0	0	2,732	3	2	2	1	0	0	5	4500-6500	P
University of Chicago Hospitals and Clinics	F. W. Newall	9	559	0	7	7,939	3	1	1	1	0	0	3	5500-6500	O
University of Illinois Affiliated Hospitals	P. C. Kronfeld						3	7	7	7	0	0	21	5000-6200	P
Illinois Eye and Ear Infirmary		38	1,339	1	0	45,056									
University of Illinois Research and Educational Hospitals		6	305	1	100	7,051									
Evanston															
Evanston	C. V. Barrett	10	643	1	100	1,896	3	1	1	1	0	0	3	4800-5400	P
Hines															
Veterans Admin.	W. A. Mann	25	477			3,201	3	2	2	2	0	0	6	4610-6440	O
INDIANA															
Indianapolis															
Indiana University Medical Center	F. M. Wilson						3	6	6	6	0	0	18		
Indiana University Hospitals	F. M. Wilson	13	783	0	0	13,197								3725-4525	P
Marion County General	M. Mann	12	149	1	0	8,886								5220-5846	P
Veterans Admin.	F. M. Wilson	6	227	1	0	1,410								4610-8230	O
IOWA															
Iowa City															
University Hospitals ¹⁶²	A. E. Braley	38	2,514	0	0	24,506	3	6	10	4	4	0	24	4500-5500	P
KANSAS															
Kansas City															
University of Kansas Medical Center	A. Lemoine	11	838	0	0	6,798	3	2	2	2	0	0	6	4200-5320	P
Veterans Admin. (Kansas City, Mo.)	L. L. Hyde	6	154	6	42	730								4610-6440	O

Numerical and other references are listed on pages 279 through 282.

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals	R. Macdonald, Jr.						4	3	3	3	2	0	11		
Louisville General		5	217			6,091								4390-5855	P
Children's		2	186	0	0	1,994									
Veterans Admin.		8	209	0	0	1,750								4610-7110	O
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	G. M. Haik	20	605	1	0	15,714	4						6	5400-6000	F
Tulane University Division	M. G. Holland	19	592	1	0	18,831	3						6	5400-6000	F
Eye, Ear, Nose and Throat	J. H. Allen	9	457	0	0	19,197	3	1	4	4	0	0	9	6000-6000	F
Ochsner Foundation ¹⁸⁸	R. A. Schimek	7	336	0	0	12,601	3	2	1	1	0	0	4	4500-5100	P
Veterans Admin.	J. H. Allen	11	232	2	0	2,497	3	1	1	1	0	0	3	4610-8230	O
Shreveport															
Confederate Memorial Medical Center	L. F. Gray	13	521			7,126	3	2	2	2	0	0	6	5400-6000	F
MARYLAND															
Baltimore															
Baltimore Eye, Ear and Throat Charity	A. Kremen	19	1,049	2		14,397	3	1	1	1	0	0	3	4200-5400	F
Greater Baltimore Medical Center	R. E. Hoover	14	861	0	0	14,336	3	3	2	2	0	0	7	6300-7200	P
Johns Hopkins	A. E. Maumenee	62	2,681†	1		21,063	3	5	5	5	1	1	17	3600-	P
Sinai Hospital of Baltimore	H. K. Goldberg	7	353	0	0	3,084	3	1	0	1	0	0	2	5500-6500	P
University	R. D. Richards	10	404	0	0	5,595	3	2	2	2	0	0	6	5500-8000	P
MASSACHUSETTS															
Boston															
Boston University Affiliated Hospitals	E. Friedman						3	5	5	5	0	0	15		
Boston City	S. Lessell	16	525	0	0	20,761								4200-6400	O
University	E. Friedman	4	266			3,700								4200-5600	O
Veterans Admin. (Jamaica Plain)	B. J. Sachs	14	335			2,404								4610-6440	O
Massachusetts Eye and Ear Infirmary	D. C. Cogan	98	5,683			51,925	3	8	8	8	0	0	24	4200-5600	P
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	F. B. Fralick						3	6	6	6	0	0	18		
University	F. B. Fralick	17	987			16,594								4020-4816	O
Veterans Admin.	J. R. Wolter			Inc. in Surgery	0	0								4610-8230	O
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Grace	L. J. Croll	22	847†	2	50	3,105	3							6000-6600	P
Harper	W. S. Davies	26	1,047	2	0	6,548	3	2	2	2	0	0	6	6600-7200	P
Henry Ford	J. S. Guyton	25	983			25,189	3	4	4	4	4	0	16	4800-6000	P
Sinai Hospital of Detroit	S. Sugar	17	806	1	100	4,774	3	1	1	1	0	0	3	5400-6000	P
Wayne State University Affiliated Hospitals	A. D. Ruedemann, Jr.						3	6	6	6	0	0	18		
Veterans Admin. (Dearborn)		8	145	1	100	2,942								4610-8230	O
Detroit General		15	506	4		25,978								5600-6500	P
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	J. Harris						3	6	5	5	3	0	19		
Hennepin County General	H. A. Shaw	2	118			5,324								4800-5800	P
University of Minnesota Hospitals	J. Harris	16	673			12,099								4500-9500	O
Veterans Admin.	J. Harris	17	571			2,984								4610-8230	O
Charles T. Miller (St. Paul)	R. H. Monahan	13	757	1	100	3,178									
St. Paul-Ramsey (St. Paul)	R. H. Monahan	5	200	0	0	5,434								4500-6000	P
Rochester															
Mayo Graduate School of Medicine	J. W. Henderson	15	1,011	0	0	48,916	3	8	8	8	0	0	24	4200-4800	P
Rochester Methodist															
St. Mary's															
St. Paul															
Charles T. Miller—See University of Minnesota Affiliated Hospitals, Minneapolis															
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center ²²¹	S. B. Johnson						3	0	1	1	0	0	2		
University	S. B. Johnson	2	164	0	0	3,283								4300-4900	P
Veterans Admin.	S. B. Johnson	5	160	0	0	3,994								5460-7110	O
MISSOURI															
Columbia															
University of Missouri Medical Center	W. M. Hart	8	388	0	0	6,865	3	4	4	4	0	0	12	4000-5000	O
Kansas City General Hospital and Medical Center (Kansas City)	F. Sabates	4	180			6,457									
Kansas City															
Kansas City General Hospital and Medical Center—See University of Missouri Medical Center, Columbia															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.															
St. Louis															
Barnes Hospital Group	B. Becker	56	2,992	0	0	27,038	3	8	9	4	2	1	24†	4200-5100	O
Homer G. Phillips	H. P. Venable	10	331	0	0	8,703	3	3	4	2	0	0	9	4584-5571	P
St. Louis City ²²⁴	D. Bigno	13	365	3	0	9,988	3	2	2	2	0	0	6	5305-6141	O
St. Louis University Group of Hospitals	R. Mattis	19	634	0	0	8,471	3	4	4	4	4	4	16	4800-8000	P
Veterans Admin. ²²⁴	H. D. Rosenbaum	7	398	1	0	3,350	3	1	1	1	0	0	3	4610-6440	O
NEBRASKA															
Omaha															
University of Nebraska Affiliated Hospitals	H. Gifford						3	2	1	1	0	0	4		
Douglas County			26												
University of Nebraska	H. Gifford	2	77	0	0	4,053								4300-4900	P
Veterans Admin.	H. Gifford	4	156	0	0	3,650								5460-7110	P

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY															
Jersey City															
Jersey City Medical Center	A. Cinotti	14	589	1	0	3,500	3	1	1	1	0	0	3	6300-7700	O
Newark															
United Hospitals of Newark, Eye and Ear Infirmary	J. E. Sullivan, Jr.	22	1,620	3	0	12,926	3	1	2	1	0	0	4	4300-4500	F
NEW YORK															
Albany															
Albany Medical College Affiliated Hospitals	J. E. Miller						3	4	4	4	0	0	12		
Albany Medical Center	J. E. Miller	4	230			4,210								4600-6600	P
Child's	J. A. Cetner	9	481	0	0	0								4000-4400	P
Veterans Admin.	J. E. Miller	10	163	0	0	362								4480-8000	O
Buffalo															
Buffalo General	M. H. Riwchun	29	1,363	1	100	9,261	3	2	2	2	0	0	6	5300-6800	O
Deaconess Hospital of Buffalo															
Buffalo Eye and Ear Hospital and Wettlaufer Clinic	E. P. Olmsted	9	637	0	0	18,261	3	1	1	1	0	0	3	4300-4600	FP
Edward J. Meyer Memorial	W. Y. Jones	7	231	0	0	10,099	3	3	2	1	0	0	6	5550-6660	P
New Hyde Park															
Long Island Jewish Hospital Training Program	P. Ballen						3	2	2	2	0	0	6		
Long Island Jewish		3	219	0	0	1,166								5000-6750	O
Queens Hospital Center (New York City)		11	215			10,110								4750-5720	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center	M. Chamlin	15	465	0	0	19,500								4980-6000	F
Hospital of the Albert Einstein College of Medicine															
Bronx Eye and Ear Infirmary	S. S. Epstein	14	1,356	1	0	21,658	3	3	3	3	0	0	9	3600-4800	F
Brooklyn Eye and Ear	M. A. Lasky	40	3,248	3	0	44,627	3	3	3	3	0	0	9	3600-4800	F
Harlem Eye and Ear	V. Coiro	8	722	0	0	12,036	3	1	1	1	0	0	3	3000-4200	F
Jewish Hospital and Medical Center of Brooklyn	M. Lasky	9	272	2	0	4,594	3	1	1	2	0	0	4	5000-6000	O
Lenox Hill	J. Sauer	17	628	0	0	6,541	3	1	1	1	0	0	3	5100-5900	P
Manhattan Eye, Ear and Throat	F. H. Constantine	74	4,223	5	40	52,331	3	6	6	6	0	0	18	4800-6000	P
Montefiore Hospital and Medical Center	S. Gartner	10	447	0	0	8,845	3	1	1	1	0	0	3	5120-6880	P
Mount Sinai Hospital Training Program							3	3	3	3	0	0	9		
Mount Sinai	I. H. Leopold	48	927	0	0	13,875								5000-6500	F
City Hospital at Elmhurst	A. Safr	12	190	0	0	11,901								5700-6700	FP
New York Eye and Ear Infirmary	H. H. Romaine	100	4,772	6	17	59,574	3	7	7	7	0	0	21	3600-4800	P
New York	J. M. McLean	25	1,285	0	0	16,673	4	2	2	2	2	0	8	5000-8000	P
New York Medical College-Metropolitan Hospital Center	M. Best						4	3	3	3	3	0	12		
Unit 1—Flower and Fifth Avenue Hospitals															
Unit 2—Metropolitan	M. A. Galin	6	192	0	0	21,383								4980-6000	F
Unit 3—Bird S. Coler Memorial Hospital and Home															
New York Polyclinic Medical School and Hospital	M. A. Galin	4	60	0	0										
New York University-Bellevue Medical Center	S. Schutz	7	306	0	0	3,896	3	1	1	1	0	0	3	5100-5700	P
Bellevue Hospital Center	G. M. Breinin	26	371			20,038	4	5	5	5	5	0	20	4980-6400	P
University	G. M. Breinin	12	666	1	100									6690-7930	P
Veterans Admin. (Manhattan)	H. Taterka	17	267	1	0									6170-8230	O
Presbyterian (Institute of Ophthalmology)	A. G. DeVoe	69	3,705	0	0	27,642	3	3	3	3	0	0	9	5200-6500	O
Veterans Admin. (Bronx)	A. Haft	16	337	3	33	4,507								6170-6990	O
Queens Hospital Center—See Long Island Jewish St. Luke's Hospital Center	Training Hospital Program, New Hyde Park														
St. Vincent's Hospital and Medical Center of New York	H. Eggers	16	574	0	0	9,193	3	1	1	1	0	0	3	5500-6500	P
State University-Kings County Medical Center ²⁴²	R. Castroviejo	15	458	1	0	6,751	3	1	1	1	0	0	3	5500-6500	P
Kings County Hospital Center	R. Troutman						3	5	5	3	2	0	15	4980-6400	P
Long Island College	R. Troutman	24	649	2	0	20,068									
Maimonides Medical Center															
State University	Inc. in Surgery														
Veterans Admin. (Brooklyn)	A. A. Levine	11	291	2	100	1,450								6170-8230	O
Rochester															
St. Mary's	S. Ianacone	10	586				3	1	1	1	0	0	3	5200-6200	P
Strong Memorial Hospital of the University of Rochester	A. C. Snell	12	528			4,943	3	1	2	1	1	0	5	4000-7500	O
Syracuse															
State University of New York Upstate Medical Center	J. L. McGraw	18	765	1	0	4,083	3	2	2	2	0	0	6	5050-5950	O
Veterans Admin.	J. L. McGraw	5	97	0	0	478								4610-7110	O
Vathalla															
Grasslands	A. W. Forrest	3	147	0	0	5,237	3	1	1	1	0	0	3	5700-6500	P
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial Hospital-McPherson	S. D. McPherson	7	359†	0	0	7,253	3	2	2	2	0	0	6	3500-5700	O
North Carolina Memorial McPherson (Durham)		16	862	1	0	25,995								3996-5196	P
Durham															
Duke University Affiliated Hospitals	J. Wadsworth	16	753			6,982	3	3	3	3	0	0	9	4500-6400	P
Duke		11	262†	2	100									4610-8230	O
Veterans Admin.															
McPherson Hospital-North Carolina Memorial	S. D. McPherson	16	862	1	0	25,995	3	2	2	2	0	0	6	3996-5196	P
McPherson		7	359†	0	0	7,253								3500-5700	O
North Carolina Memorial (Chapel Hill)															
Winston-Salem															
North Carolina Baptist Hospitals	W. Roberts	11	595	0	0	7,254	4	2	1	1	0	0	4	5500-7000	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group	T. Asbury	8	323	0	0	10,214	3	3	3	3	0	0	9	4200-4800	FP
Cincinnati General															

Numerical and other references are listed on pages 279 through 282.

13. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued															
Cleveland															
Cleveland Clinic	R. J. Kennedy	7	513			16,907	3	2	2	3	0	0	7	3900-4500	P
Cleveland Metropolitan General	R. J. Nicholl	5	170	0	0	10,567	3	2	2	2	0	0	6	4300-6780	P
St. Luke's	R. J. Nicholl	13	572	2	50	3,945								5700-5700	P
Mount Sinai	J. A. Gans	11	694	1	100	6,060	3	1	1	1	0	0	3	4400-5880	P
University Hospital of Cleveland	C. I. Thomas	14	694†	0	0	9,073	3	3	3	3	0	0	9	4500-8000	P
Veterans Admin.		17	289	1	0	1,262								4610-6440	P
Columbus															
Ohio State University Hospitals	T. Makley	15	863	0	0	10,000	3	5	5	5	0	0	15	3000-4200	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	T. O. Coston						3						6		
University of Oklahoma Hospitals	T. O. Coston	9	437	0	0	5,240								4900-8000	P
Veterans Admin.	D. W. Bishop	13	303			2,637									
OREGON															
Portland															
Good Samaritan Hospital and Medical Center	M. J. Reeh	23	1,266	0	0	5,262	3	1	1	1	0	0	3	5400-6300	P
University of Oregon Affiliated Hospitals	K. C. Swan						3	3	3	3	0	0	9		
University of Oregon Medical School Hospitals and Clinics		13	512			11,016								4200-6000	FP
Veterans Admin.		10	377	0	0	1,478								5460-6440	P
PENNSYLVANIA															
Danville															
Geisinger Medical Center	J. Curtis	8	469	1		16,285	3	1	2	1	0	0	4	5100-5700	P
Philadelphia															
Graduate Hospital of The University of Pennsylvania	R. Trueman	13	399	2	50	3,771	3	1	1	1	0	0	3	4400-5000	P
Hospital of the University of Pennsylvania	H. G. Scheie	32	1,284	0	0	7,298	3	7	6	7	1	1	22	4500-6500	O
Children's Hospital of Philadelphia		1	99			1,586								3000-4500	O
Philadelphia General	H. G. Scheie	7	173	3	33	8,042								5800-6700	P
Veterans Admin.	H. G. Scheie													4610-7110	O
Jefferson Medical College	W. C. Frayer	7	331			5,431	3	2	2	2	0	0	6	4100-5600	O
Philadelphia General	H. G. Scheie	7	173	3	33	8,042	3	2	2	2	0	0	6	5800-6700	P
University of Pennsylvania Service															
Temple University	G. G. Gibson	32	378	0	0	5,209	3	3	3	2	0	0	8	3900-4800	P
Wills Eye Hospital and Research Institute	A. H. Keeney	147	6,400	8	12	65,700	3	9	9	8	0	0	26†	2100-4500	P
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh	M. F. McCaslin						3	5	5	5	0	0	15		
Allegheny General															
Children's Hospital of Pittsburgh			0	0	0	1,545									
Eye and Ear Hospital of Pittsburgh	M. F. McCaslin	68	3,046	0	0	12,679								5500-6250	P
Mercy															
Veterans Admin.	R. N. Lehman	19	250	0	0	6,250								4610-6440	O
Montefiore	S. Goldberg	23	889	1	0	7,619	3	1	1	1	0	0	3	5800-7000	P
Sayre															
Robert Packer	E. Kulezycki	10	677	0	7	7,770	3	1	1	1	0	0	3	3600-6960	FP
PUERTO RICO															
Rio Piedras															
University of Puerto Rico Affiliated Hospitals	G. Picó						3	4	4	4	0	0	12		
Municipal Hospital Dr. Rafael López Nussa		12	497	0	0	17,128								6300-7500	P
University District		8	305	0	0	9,644								6300-7500	P
Veterans Admin. (San Juan)		5	122	0	0	2,014								6300-7500	O
San Juan															
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras															
RHODE ISLAND															
Providence															
Rhode Island	H. F. Stephens	14	1,096	0	0	4,349	3	1	1	1	0	0	3	4600-5400	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals							3	2	3	2	0	0	7		
Medical College	W. W. Vallotton	12	1,146	1	0	4,673								4380-6300	O
Charleston County	W. W. Vallotton														
Veterans Admin.		10		0	0									4610-6440	O
TENNESSEE															
Chattanooga															
Baroness Erlanger	D. H. Turner	14	625	0	0	3,763	3	1	1	1	0	0	3	5700-6300	F
Memphis															
University of Tennessee Affiliated Hospitals	P. M. Lewis						3	3	3	3	0	0	9		
City of Memphis Hospitals	P. M. Lewis	1	312	0	0	8,793								3660-7992	F
Methodist	R. Hiatt	22	1,138†	1	100	2,814								5100-5700	F
Veterans Admin.	G. R. Woodbury	10	104	0	0	3,235								4610-8230	O
Nashville															
Vanderbilt University ²⁰⁴	J. H. Elliott	14	831			3,999	3	3	3	2	0	0	8	3300-6000	P
TEXAS															
Dallas															
Parkland Memorial	J. R. Lynn	10	448	0	0	12,869	3	3	3	3	0	0	9	4680-5340	P
Veterans Admin.	S. B. Gostin	22	459			4,417	3	0	2	1	0	0	3	4610-6440	P
Galveston															
University of Texas Medical Branch Hospitals	E. C. Ferguson, III	12	388	1		4,648	3	2	2	2	0	0	6	5088-5188	P
Houston															
Baylor University Affiliated Hospitals	L. J. Girard						3	5	5	5	0	0	15		
Ben Taub General		7	294	1	100	12,148								3900-4500	P
Methodist		35	1,302	3	67	290								4500-5100	P
Veterans Admin.		14	360	0	0	3,512								4610-6440	P
Hermann	R. S. Ruiz	27	1,613	1	0	5,491	3	2	2	2	0	0	6	5100-8000	P

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
TEXAS—Continued															
San Antonio															
University of Texas Medical School at San Antonio Teaching Hospitals															
Robert B. Green Memorial	D. Russell	7	312	1	100	6,811	3	1	1	1	0	0	3	5100-6300	P
Temple															
Scott and White Memorial ¹¹²	E. R. Veirs	12	428†	0	0	...	3	1	1	1	0	0	3	5200-6300	P
VIRGINIA															
Charlottesville															
University of Virginia	M. K. Humphries	11	505	0	0	5,385	3	2	2	1	0	0	5	4200-5400	O
Richmond															
Medical College of Virginia-Hospital Division	D. Guerry, III	10	449	0	0	14,214	3	3	3	3	0	0	9	4200-4800	P
Veterans Admin.	E. W. Perkins	12	256	0	0	2,838	3	1	1	1	0	0	3	4610-8230	P
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals	C. Kupfer	...	...	...	...	...	3	0	2	2	2	0	6	...	...
University	C. Kupfer	...	...	...	...	...	...	...	...	...	...	...	...	...	...
King County	B. Brugman	3	128	1	100	3,622	...	...	...	...	...	...	...	5700-5700	F
Children's Orthopedic Hospital and Medical Center	R. C. Laughlin	2	245	...	...	1,669	...	...	...	...	...	...	...	...	...
U. S. Public Health Service	A. T. Milauskas	7	177	1	100	7,282	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
WEST VIRGINIA															
Morgantown															
West Virginia University Medical Center	R. R. Trotter	5	237	0	0	6,672	3	2	2	2	0	0	7†	4800-6000	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	P. A. Duehr	...	...	...	...	...	3	3	3	2	0	0	8	...	...
University Hospitals	...	21	756	2	50	5,941	...	...	...	...	...	...	...	4150-6250	P
Veterans Admin.	...	5	151	0	0	726	...	...	...	...	...	...	...	4610-6440	P
Milwaukee															
Marquette University Affiliated Hospitals	R. O. Schultz	...	...	...	...	...	3	6	6	7	1	0	20†	...	...
Milwaukee County General	R. O. Schultz	10	568†	3	66	11,342	...	...	...	...	...	...	...	4364-6124	P
Lutheran Hospital of Milwaukee	J. B. Hitz	7	316	2	0	17	...	...	...	...	...	...	...	4364-6124	P
Milwaukee Children's	A. C. Kissling	2	313	0	0	2,104	...	...	...	...	...	...	...	...	...
Veterans Admin. (Wood)	R. H. Lehman	14	268	...	...	6,177	...	...	...	...	...	...	...	4610-6440	P

14. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Orthopaedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 183 and 184. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopedic surgery. Programs, 273; Residencies, 1,865

Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE																
TEXAS																
Wilford Hall U.S.A.F., San Antonio	G. H. Chambers	ACF	120	138	2,716	1	100	23,475	4	4	4	4	0	16
UNITED STATES ARMY																
CALIFORNIA																
Letterman General, San Francisco	H. S. McBurney	AF	40	180	1,195	5	60	10,816	0	3	3	3	0	9
COLORADO																
Fitzsimons General, Denver	R. D. Anderson	AF	65, 100	107	1,064	6	100	14,753	0	2	2	2	0	6
DISTRICT OF COLUMBIA																
Walter Reed General, Washington	C. W. Metz, Jr.	ACF	...	360	1,541	10	80	22,877	0	3	3	3	0	9
HAWAII																
Tripler General, Honolulu ⁹⁹	G. S. Woodard	ACF	86	141	2,177	1	100	48,148	0	3	3	3	0	9
TEXAS																
William Beaumont General, El Paso ²³⁹	W. F. Macdonald	AF	96	98	1,486	5	80	24,760	0	2	2	2	0	6
Brooke General, San Antonio	G. E. Omer	ACF	117	167	1,876	8	63	17,760	0	3	3	3	0	9
UNITED STATES NAVY																
CALIFORNIA																
U. S. Naval, Oakland	H. W. S. Huseby	AF	20	156	1,458	7	100	19,019	2	3	3	0	0	8
U. S. Naval, San Diego	W. S. Stryker	ACF	...	183	2,190	8	80	20,776	2	2	2	2	0	8
MARYLAND																
U. S. Naval, Bethesda	R. H. Brown	AF	20	98	1,157	5	40	28,613	2	2	2	0	0	6

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS																
U. S. Naval, Chelsea	J. W. Howard	AF	20	115	635	2	50	6,632	2	2	2	0	0	6	.....	...
PENNSYLVANIA																
U. S. Naval, Philadelphia	M. Wilber	AF	20	202	1,498	19	48	13,765	2	2	2	0	0	6	.....	...
VIRGINIA																
U. S. Naval, Portsmouth	C. S. Lambdin	AF	20	315	2,072	9	78	34,499	2	2	2	0	0	6	.....	...
UNITED STATES PUBLIC HEALTH SERVICE																
ALASKA																
U. S. Public Health Service Alaska Native Medical Center, Anchorage	G. L. Momberger	C	110	42	355	1	100	755	..	..	..	..	..	..	.....	...
CALIFORNIA																
U. S. Public Health Service, San Francisco	R. E. Burky	AF	110	47	1,232	4	50	6,993	2	2	2	2	0	8	.....	...
LOUISIANA																
U. S. Public Health Service, New Orleans	L. R. Thompson	AF	10	41	614	1	100	5,585	1	1	1	1	0	4	.....	...
NEW YORK																
U. S. Public Health Service (Staten Island), New York City ²⁷¹	A. A. Michele	AF	116	89	1,404	5	40	14,874	2	2	2	2	0	8	.....	...
WASHINGTON																
U. S. Public Health Service—See University of Washington Affiliated Hospitals, Seattle, Wash.																
OTHER FEDERAL																
CANAL ZONE																
Gorgas, Balboa Heights	S. Walton	ACF	...	33	892	5	60	12,201	0	1	1	1	0	3	8705-11361	O
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
University of Alabama Medical Center	C. L. Yelton	...	44	143	2,785	31	35	14,029	3	3	3	3	0	12	.....	...
Crippled Children's Clinic and Hospital	J. D. Sherrill, Sr.	C	44, 68, 75	68	1,346	9	22	5,140	0	0	2	2	0	4	3900-4560	P
University of Alabama Hospitals and Clinics	C. L. Yelton	ACF	44	...	...	...	...	...	...	...	...	...	...	...	4980-6300	P
Veterans Admin.	C. L. Yelton	AF	44	...	...	...	...	...	...	...	...	...	...	...	4610-8230	O
Fairfield																
Lloyd Noland	W. T. Tarpley	AF	68	21	906	6	33	17,117	1	1	1	1	0	4	5400-10800	FP
Mobile																
Mobile General	R. T. King	ACF	...	17	693	13	54	3,740	1	1	1	1	0	5	5400-7200	P
ARIZONA																
Phoenix																
Crippled Children's	W. Colton, Jr.	C	40, 96	...	...	1	100	5,562	0	0	0	3	0	3	.....	P
ARKANSAS																
Little Rock																
University of Arkansas Medical Center	B. W. Drompp	...	94	...	...	...	...	...	3	3	3	2	0	11	.....	...
Arkansas Children's	...	C	94	25	428	1	100	2,212	0	0	1	1	0	2	4500-5500	P
University	...	AF	94	19	635	4	25	3,279	...	...	...	...	...	...	3900-7600	O
Veterans Admin. Consolidated	...	AF	94	38	491	3	33	1,868	...	...	...	...	...	...	4610-8230	P
CALIFORNIA																
Costa Mesa																
Fairview State—See Orange County Medical Center Orthopedic Program, Orange																
Daly City																
Mary's Help—See San Francisco Combined Program for Orthopedic Residency Training, San Francisco																
Downey																
Rancho Los Amigos	V. L. Nickel	AC	10, 111	...	...	...	...	6,278	...	...	...	...	...	...	7200-9600	P
Eldridge																
Sonoma State—See University of California Program in Orthopaedic Surgery, San Francisco																
Imola																
Napa State—See San Francisco Combined Program for Orthopedic Residency Training, San Francisco																
Long Beach																
Veterans Admin.	R. H. Hutchinson	AF	64	42	507	13	62	2,531	2	2	2	2	0	8	5920-8760	O
Los Angeles																
Childrens Hospital of Los Angeles	J. C. Wilson, Jr.	C	111	16	583	...	...	...	0	0	3	0	0	3	6420-7080	P
Los Angeles County General, Unit I	P. Harvey	ACF	111	184	5,938	148	8	39,411	6	6	6	6	0	24	7200-9000	P
Los Angeles County General, Unit II ¹⁰⁸	R. T. Rosenfeld	ACF	...	22	512	26	12	8,335	1	1	1	1	0	4	7200-9000	P
Orthopaedic	J. V. Luck	ACF	20, 119	135	5,271	17	76	54,498	2	3	3	7	0	15	6000-7500	P
Shriners Hospital for Crippled Children	G. W. Westin	C	1, 3, 40, 90	55	269	0	0	2,470	0	0	0	3	0	3	.....	F
University of California	C. O. Bechtol	AF	90, 118	19	752	0	0	6,737	2	2	2	2	0	6	4368-5616	O
Veterans Admin. Center-Wadsworth	R. Mazet, Jr.	AF	119	65	1,223	14	50	3,969	3	3	3	0	0	9	8600-8760	P
White Memorial Medical Center ¹⁰⁴	A. Neufeld	ACF	111	20	686	3	100	5,735	2	2	2	1	0	7	8080-7860	P
Oakland																
Children's Hospital Medical Center of Northern California—See University of California Program in Orthopaedic Surgery, San Francisco																
HIGHLAND General	R. Jameson	AF	1, 2, 3	47	1,317	47	19	11,524	0	3	2	0	0	5	7200-7700	P
Samuel Merritt—See University of California Program in Orthopaedic Surgery, San Francisco																
Orange																
Orange County Medical Center Orthopedic Program ¹⁰²	S. Anzel	...	64	...	...	...	...	...	2	2	2	0	0	6	.....	...
Orange County Medical Center	S. Anzel	ACF	64	32	678	13	100	4,161	...	...	...	...	...	...	6200-7700	P
Childrens Hospital of Orange County	...	C	64	...	269	...	...	182	...	...	...	...	...	...	.....	F
Fairview State (Costa Mesa)	H. K. Sachs	C	64	40	169	0	0	624	...	...	...	...	...	...	.....	F
Palo Alto																
Palo Alto-Stanford Hospital Center ¹²⁸	C. H. Hatcher	ACF	...	44	1,492	7	43	3,516	1	2	1	2	0	6	4900-6900	O

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
CALIFORNIA—Continued																
San Diego																
San Diego Orthopedic Residency Training Program	F. B. Kimball		109						2	2	2	2	0	8		
San Diego County-University Childrens	F. B. Kimball	AF	109	46	749	40	25	4,580							5076-7032	P
Donald N. Sharp Memorial Community Mercy	C. K. Barta	C	109	10	370			1,911							6324-7032	P
	H. Wiggins	AF	109	30	1,266	8	38	646							4980-6780	P
San Francisco																
Presbyterian Medical Center	D. E. King	AF	1	40	1,408	0	0	1,301	1	1	1	0	0	3	4800-5700	P
San Francisco Combined Program for Orthopedic Residency Training ¹⁰⁸	L. W. Taylor		108						5	5	5	0	0	12	6600-8400	F
Mary's Help (Daly City)	L. W. Taylor	ACF	108	41	1,046	8	38	344								
St. Joseph's	R. Soto-Hall	ACF	108	31	793	7	87	2,014								
St. Mary's	L. W. Taylor	AF	108	40	1,627	13	69	960							4200-5400	FP
Napa State (Imola)	L. Taylor															
	J. Ward, Jr.	AF	108	25	150	6	16	641								
University of California Program in Orthopaedic Surgery ¹⁰²	V. T. Inman		2						7	10	9	8	0	34		
H. C. Moffitt-University of California Hospitals	D. B. Lucas	ACF	2	42	1,077	4	75	5,795							4200-7400	O
Children's Hospital and Adult Medical Center	L. Larsen	C	2	37	1,034	5	20	1,606								
Franklin	F. J. Cox	A	2	40	1,188†	4	0								4368-6240	P
San Francisco General	E. G. Bovill	AF	2	74	1,363	52	10	4,907							4368-7692	P
Shriners Hospital For Crippled Children	E. R. Schottstaedt	C	2, 40	57	243	0	0	2,760								
Veterans Admin.	F. H. Jergesen	AF	2, 3	40	304	2	50	1,505							4710-8230	O
Sonoma State (Eldridge)	R. L. Samilson	C	2	61	170	1	100	3,464	0	0	1	2	0	3	4248-4488	O
Children's Hospital Medical Center of Northern California (Oakland)	J. A. Blosser	C	2	8	444	0	0	1,316							4500-6300	FP
Highland General (Oakland)—See Highland General, Oakland	R. Jameson	AF	1, 2, 3													
Samuel Merritt (Oakland)	D. F. Bellamy	AF	2	54	2,220	10	20									P
Shriners Hospital for Crippled Children (Honolulu, Hawaii)—See Shriners Hospital for Crippled Children, Honolulu, Hawaii	I. J. Larsen	C	2, 86													
Torrance																
Los Angeles County Harbor General	D. Street	AF	90, 119	52	1,030†	65	64	19,675	3	2	2	3	0	10	7200-9000	P
COLORADO																
Denver																
Children's	E. Franz	C	4, 65, 100	15	806†			4,182	0	3	0	0	0	3	3500-4500	P
Denver General	F. Matchett	AF	100	27	578	26	50	5,547	4	4	4	0	0	12	4392-5256	P
University of Colorado Affiliated Hospitals	J. S. Miles								2	2	3	3	0	10		
University of Colorado Medical Center	J. S. Miles	AF	4	20	756	8	88	6,272							3500-4500	O
Veterans Admin.	M. E. Gibbens	AF	4	26	566	6	83	4,112							4610-8230	O
CONNECTICUT																
Hartford																
Hartford—See Yale-New Haven Medical Center, New Haven																
New Haven																
Hospital of St. Raphael	W. S. Perham	AF	79	37	1,002	21	48	5,106	1	1	1	1	0	4	6020-6920	P
Yale-New Haven Medical Center	W. O. Southwick		5						3	3	3	0	0	9		
Yale-New Haven	W. O. Southwick	AF	5	48	1,343	15	40	4,506							4000-5000	P
Hartford (Hartford)	H. R. Gossling	AF	5	54	1,547	20	55	48							4800-6600	P
Newington Hospital for Crippled Children (Newington)	B. H. Curtis	C	5, 82	118	692	0	0	7,462							4500-4800	P
Veterans Admin. (West Haven)	W. Southwick	AF	5	21	355	3	33	1,028								
Newington																
Newington Hospital for Crippled Children—See Yale-New Haven Medical Center, New Haven																
West Haven																
Veterans Administration—See Yale-New Haven Medical Center, New Haven																
DELAWARE																
Wilmington																
Alfred I. duPont Institute of the Nemours Foundation	A. R. Shands, Jr.	C	20	42	379			7,121	0	0	2	2	0	4	4800-4800	F
Veterans Admin. ²⁰	G. D. MacEwan	A	77	35	350	1	100	4,332							4610-8000	P
DISTRICT OF COLUMBIA																
Washington																
Children's	T. Foley	C	54	10	279†	0	0	2,418								
District of Columbia General	H. Epps	ACF	14, 83, 115	52	511	28	39	4,509	0	3	0	5	0	8	4500-6500	P
District of Columbia General (Crippled Children's Unit)		C	14, 83, 115												4500-6500	P
Georgetown University	G. W. Hyatt	AF	14	21	546	8	75	8,260	2	1	1	0	0	4	4068-4596	P
George Washington University	J. P. Adams	AF	83	28	1,039	5	80	757	0	2	2	0	0	6	5000-6000	P
Sibley Memorial	G. W. Hyatt	ACF	14	24	724	11	73	1,604								
Veterans Admin.	P. T. Kenmore	A	14, 83, 115	30	445	2	50	1,214							4610-8230	P
Washington Hospital Center	J. Neviasser	AF	54	50	1,136	11	27	2,210	2	2	2	0	0	6	4860-5820	P
FLORIDA																
Gainesville																
William A. Shands Teaching Hospital and Clinics	W. F. Enneking	ACF	123	25	687	5	100	4,832	2	2	2	2	0	8	3200-5800	O
Veterans Admin. (Lake City)	R. Montes	AF	123	34	373	7	50	2,907							4610-8230	O
Jacksonville																
Jacksonville Hospitals Educational Program	J. Hocker		62						2	2	2	0	0	6		
Baptist Memorial	G. Raybin	AF	62	30	1,257	8	25	73							5700-6900	P
Duval Medical Center	J. Q. U. Thompson	AF	62	17	472	12	66	8,242							5000-6600	P
Hope Haven Children's	C. Mead	C	62	13	213	0	0	3,532							5700-6600	P

Numerical and other references are listed on pages 279 through 282.

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA—Continued																
Lake City																
Veterans Admin.—See William A. Shands Teaching Hospital and Clinics, Gainesville																
Miami																
Jackson Memorial	W. Miller	AF	76	97	2,092	55	9	7,877	4	0	5	0	0	9	4656-5916	O
Variety Children's	R. P. Keiser	C	43, 76	19	525	0	0	1,376	0	0	5	0	0	5	5040-5544	P
Miami Beach																
Mount Sinai Hospital of Greater Miami	L. Russin	AF	43, 118	34	880	9	11	920	1	1	1	0	0	3	4500-6000	P
Orlando																
Orange Memorial	W. R. Willis	ACF	20	94	4,062	6	33	5,507	2	2	2	2	0	8	5100-6000	P
GEORGIA																
Atlanta																
Emory University Affiliated Hospitals	R. P. Kelly		39						3	3	3	0	0	9		
Emory University	R. P. Kelly	AF	39	16	535†	5	40	0							-4800	P
Grady Memorial	R. P. Kelly	ACF	39	52	1,240	21	76	14,706							4800-5700	P
Henrietta Eggleston Hospital For Children	R. P. Kelly	C	39	3	202	0	0	0							3900-5100	P
Veterans Admin.	R. Kelly	A	39												6440-6440	P
Georgia Baptist	W. W. Lovell	AF	113	44	1,553	8	13	318	1	1	1	1	0	4	4800-5700	O
Augusta																
Medical College of Georgia Hospitals	F. E. Bliven		114						0	2	2	2	0	6		
Eugene Talmadge Memorial	F. E. Bliven	ACF	114	33	744	7	33	2,845							4500-6000	P
University	J. L. Chandler	A	114	33	1,124	17	24	4,558								
Veterans Admin.	P. E. Sabatelle	A	114	21	116	2	50	576							4610-8230	P
Decatur																
Scottish Rite Hospital For Crippled Children	W. W. Lovell	C	10, 113	48	418	0	0	3,409	0	2	1	0	0	3	4200-4200	P
HAWAII																
Honolulu																
Shriners Hospital for Crippled Children	I. J. Larsen	C	2, 86	30	135	0	0	3,657	0	0	0	2	0	2		
ILLINOIS																
Chicago																
Children's Memorial	M. O. Tachdjian	C	121	30	1,248			6,195	0	0	2	2	0	4†	4200-6000	P
Michael Reese Hospital and Medical Center	J. G. Finder	ACF		64	1,483	17	29	7,640	3	2	2	2	0	8	4200-6900	P
Northwestern University Medical Center-Cook County ³¹³	E. L. Compere		7					2,263	5	17	19	13	5	59		
Chicago Wesley Memorial	E. L. Compere	ACF	7	74	1,968	13	46								4800-6000	O
Cook County	J. Stevens	ACF	7	176	6,608	159	31	26,075							4620-5700	F
Passavant Memorial	J. Stack	A	7	34	1,012†	6	0	3,532	2	0	0	0	0	2	3900-4800	P
St. Anne's	J. J. Callahan	A	7	46	1,315	31	84	4,318	1	1	0	0	0	2	6600-6600	O
Veterans Admin. Research	E. L. Compere	AF	7	27	530	5	80	3,652							4610-8230	O
Evanston (Evanston)	N. C. Mead	AF	7	56	1,907	4	25	11,829	1	1	1	0	0	3	4800-5400	P
St. Francis (Evanston)	J. J. Fahey	AF	7	80	1,209	12		8,258							6780-6900	FP
Presbyterian-St. Luke's	R. D. Ray	AF	47	30	786	12	83	2,076							4800-5400	P
Shriners Hospital for Crippled Children	E. A. Millar	C	50	65	382	0	0	4,722							8780-7000	P
University of Chicago Hospitals and Clinics	R. D. Moore	ACF		25	817	2	100	7,327	2	1	3	0	0	6	5500-7000	O
University of Illinois Research and Educational Hospitals	R. D. Ray	ACF	47	73	1,126	8	50	13,926	3	4	3	3	0	13	5000-6200	P
Veterans Admin. (West Side)	C. J. O'Neill	AF	50	38	480	3	100	819	0	1	1	0	0	2	4610-8230	O
Evanston																
Evanston—See Northwestern University Medical Center-Cook County, Chicago																
St. Francis—See Northwestern University Medical Center-Cook County, Chicago																
Hines																
Veterans Admin.	B. W. Carr	AF	50	77	895	25	48	3,334	3	3	3	3	0	12	4610-7110	O
Oak Park																
West Suburban	H. A. Sofield	AF	50	40	1,061	6		4,890						2	6000-6500	O
Park Ridge																
Lutheran General	R. Lidge	AF	50	25	1,230			5,596								P
Peoria																
St. Francis	J. J. Flaherty	ACF		53	1,842	16	19	3,861	1	1	1	1	0	4	5100-6000	F
INDIANA																
Fort Wayne																
Lutheran Hospital of Fort Wayne	F. W. Brown	ACF		57	1,886	25	44	7,630	0	1	1	1	0	3	5400-6300	FP
Indianapolis																
Indiana University Medical Center	J. B. Wray		8, 101						3	2	2	0	0	7		
Indiana University Hospitals	J. B. Wray		8	18	569	5	80	7,281							3725-4525	P
James Whitcomb Riley		C	8, 101													
Robert W. Long		AF	8, 101													
Veterans Admin.	J. B. Wray	AF	8	37	502	8	37	819							4610-8230	O
Marion County General	R. Brueckmann	ACF		50	543	36	94	7,112	1	1	1	1	0	4	5220-7000	P
Methodist Hospital of Indiana	D. Hadley	AF	8	64	1,407†	32	25	1,004	1	1	1	0	0	3	5880-6780	P
St. Vincent's	G. J. Garceau	AF	8	35	1,075	10	30	176	1	1	0	0	0	2	5700-6000	P
IOWA																
Iowa City																
University Hospitals	C. B. Larson	ACF		80	2,835	18	61	13,079	2	4	4	4	3	17	4500-6500	P
KANSAS																
Kansas City																
University of Kansas Medical Center	L. Peltier	ACF		19	739	13	39	7,798	2	1	2	0	0	5	4200-5400	P
Wichita																
St. Francis	H. O. Marsh	ACF	106	67	1,961	16	6	1,621	2	2	2	2	0	8	6032-6968	FP
Veterans Admin.	H. O. Marsh	AF	106	20	229	5	60	730							6440-6440	F
Wesley Medical Center	H. O. Anderson	AC	106	49	2,262	11	18	2,896							6000-6900	F

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
KENTUCKY																
Lexington																
University of Kentucky-Lexington Orthopedic Residency Program	T. D. Brower		59													
University	T. D. Brower	AF	59	10	300	0	0	3,500	1	1	1	0	0	3	4860-6600	O
Veterans Admin.	T. D. Brower	AF	59	6	50	0	0	1,200	1	0	0	0	0	1	4860-6600	O
Shriners Hospital for Crippled Children	T. D. Yocum	C	7, 59	49	340	0	0	3,900	0	0	0	2	0	2	5300-5800	O
Good Samaritan	K. R. Thompson	ACF	59	32	1,381	19	16	1,200	1	1	1	0	0	3	3300-4200	F
St. Joseph	W. K. Massie	ACF	59	56	956	10	20	187	1	0	1	0	0	2	4860-6600	O
Louisville																
University of Louisville Affiliated Hospitals	K. A. Fischer								5	5	5	4	0	19		
Kosair Crippled Children	K. A. Fischer	C	9	70	632	1		13,074							4800-4800	F
Louisville General	K. A. Fischer	AF	9	25	587	27	26	4,351							4730-5730	PO
Veterans Admin.	O. J. Hurt	AF	9	40	567	8	63	2,205							4610-7110	O
LOUISIANA																
Monroe																
E. A. Conway Memorial	A. Altenberg	A	56	12	332	9	11	3,837	0	1	0	0	0	1	7200-7800	P
New Orleans																
Charity Hospital of Louisiana	J. Cahen	ACF		82	1,447	34	26	17,781						13	5400-6000	F
Louisiana State University Division	J. Wickstrom	ACF	10, 110	78	1,501	40	25	15,789						14	5400-6000	F
Tulane University Division	A. W. Dunn	ACF	56	31	934	8	100	14,188	2	1	1	1	0	5	4500-5400	P
Ochsner Foundation ¹⁰²	H. Soboloff	ACF	10, 56	56	2,104	21	1	1,052	1	1	1	1	0	4	5500-7000	P
Touro Infirmary	R. H. Alldredge	AF	10	38	717	9	44	4,836	2	2	2	2	0	8	4610-8230	O
Veterans Admin.																
Pineville																
Huey P. Long Charity	J. Wickstrom	AF	10	19	587	26	42	4,385	0	0	0	1	0	1	7800-7800	P
Shreveport																
Confederate Memorial Medical Center	C. R. Reed, Jr.	ACF	70	46	1,777	17	12	6,304	2	2	2	2	0	8	5400-6000	F
Shriners Hospital for Crippled Children	R. D. Hightower	C	10, 70	58	246	0	0	1,785	0	0	2	2	0	2		
MARYLAND																
Baltimore																
Children's	G. O. Eaton	C	57	65	1,217			2,136								
James Lawrence Kernan	A. F. Voshell	C	20, 88	79	956	0	0	4,716	0	0	4	0	0	4	4200-4800	F
Johns Hopkins	R. A. Robinson	ACF	57	44	1,127	4	50	8,723	0	4	4	4	0	12	3600-	P
Baltimore City Hospitals	R. A. Robinson	AF	57		Inc. in Surgery			5,936								
University	G. Austin	AF	88	24	593	11	43	6,144	2	2	2	2	0	8	4100-5500	P
MASSACHUSETTS																
Boston																
Boston City	C. Woodhouse	AF	13, 45, 66	78	1,572	37	19	41,366	0	0	4	0	0	4	5600-5600	O
Carney	R. M. Kilfoyle	AF	45	33	875	9	33	2,548	2	2	2	0	0	6	5820-7020	F
Children's Hospital Medical Center	W. T. Green	C	11	69	1,868	1	0	14,964	8	0	5	2	0	15	4800-7500	P
Joseph P. Kennedy, Jr. Memorial	D. W. Wilson	C	78, 79	73	110	0	0	2,088	0	0	2	1	0	3	5468-5468	FP
Lahey Clinic	G. Hammond	A	66	40	665	3	67	10,211	4	4	4	0	0	12	4800-5400	O
Massachusetts General	M. J. Glimcher	ACF	11	153	2,580	24	62	14,698	0	11	2	2	0	15	4800-7500	P
Peter Bent Brigham	W. T. Green	AF	11		Inc. in Surgery				0	0	2	0	0	2	6500-6500	P
Veterans Admin. (Jamaica Plain) ²⁰⁷	A. Thibodeau	AF	13	45	770	5	40	2,541	2	2	2	1	0	7	5460-8230	O
Veterans Admin. (West Roxbury) ²⁰	W. T. Green	A	11	12	180	1	100	1,440							4610-8230	O
Canton																
Massachusetts Hospital School	P. L. Norton	C	13, 45, 66	117	76	1	0	50	0	0	0	2	1	3	10168-10168	O
Lakeville																
Lakeville	P. Norton	C	13, 45, 66	161	274	16	12	235							9594-12214	O
Springfield																
Shriners Hospital for Crippled Children	J. D. Fisher	C	66	59	341	0	0	3,457								
Worcester																
Worcester City	W. Eddy	ACF	78	45	1,071	11	9	9,311	2	2	2	0	0	6	5677-6344	FP
Memorial	V. Johnson	AF	78	35	1,105	11	36	280	1	0	0	0	0	1	5100-5100	F
St. Vincent	P. V. Shannon	AF	78	36	802	11	36	296							4800-5600	P
MICHIGAN																
Ann Arbor																
St. Joseph Mercy	G. Bauer	A	74	65	1,847	13	40	14,957							6600-6600	O
University	W. S. Smith	ACF	74	56	1,429	5	60	10,026	5	5	5	0	0	15	4500-5851	O
Dearborn																
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit																
Detroit																
Henry Ford	H. M. Frost	ACF		44	2,080	13	43	29,025	4	4	4	4	0	16	4800-6000	P
Wayne State University Affiliated Hospitals	H. E. Pedersen		12						0	4	4	4	0	12		
Veterans Admin. (Dearborn)	R. H. Ramsey		12	39	410	4	75	998							4610-8230	O
Children's	A. J. Day	C	12	11	468			4,202								
Detroit General	H. E. Pedersen	AF	12	22	590	27	67	7,688							5600-6500	P
Grace	W. H. Blodgett	A	12	31	1,586	6	17	699							6300-6300	P
Harper	A. J. Day	A	12	33	949	5	60	1,215							5100-6300	P
Eloise																
Wayne County General Hospital and Infirmary	H. Kaufer	F	74	46	726	19	26	4,489							6852-8500	F
Grand Rapids																
Blodgett Memorial	A. B. Swanson	ACF	20	43	1,678	22	59	2,290	1	1	1	2	0	5	6600-7200	P
St. Mary's	G. T. Aitken	ACF		44	1,429	51	32	1,602	1	1	1	0	0	3	6300-6900	P
Kalamazoo																
Borgess-Bronson Hospitals Orthopedic Residency	C. M. Hanson		126						2	2	2	2	0	8		
Borgess	J. Kihm	ACF	126	22	1,051	20	50	230							5700-6600	F
Bronson Methodist	C. M. Hanson	ACF	126		589	10	60	461							5700-6600	F
MINNESOTA																
Minneapolis																
Hennepin County General	M. J. Nydahl	AF	89	4	119	2	100	2,520	1	0	1	0	0	2	4800-6300	P
Shriners Hospital for Crippled Children	D. R. Lannin	C	16	43	306	0	0	1,867							2	
University of Minnesota Hospitals ²²⁰	J. Moe	ACF	89	22	571	5	80	2,287	2	1	3	5	0	11	4350-4350	O
Veterans Admin.	R. Premer	AF	16	62	1,216	6	83	3,793							4610-8230	O

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA—Continued																
Rochester																
Mayo Graduate School of Medicine ²⁸	M. B. Coventry		121	161	7,014	42	83	74,064	14	14	14	14	0	56	4200-5400	P
Rochester Methodist		ACF	121													
St. Mary's		ACF	121													
St. Paul																
Gillette State Hospital for Crippled Children	J. H. Moe	C	16, 89	107	943	3	100								4944-5940	
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center	P. S. Derian								3	1	1	2	0	7		
University	P. S. Derian	ACF	6	13	561	4	75	3,632							4300-5200	P
Veterans Admin.	B. G. Spell	AF	6	27	320	3	33	1,753							4610-7110	O
MISSOURI																
Columbia																
University of Missouri Medical Center	L. Litton	ACF	61	21	616	10	70	4,077	1	1	1	0	0	3	4000-5000	O
Kansas City																
Children's Mercy	P. W. Meyer	C	18		224	0	0	3,515							3600-4500	FP
Kansas City General Hospital and Medical Center	R. Kiene	AF	18	38	620	36	31	5,534	0	2	1	0	0	3	6300-6900	FP
St. Luke's	R. Kiene	ACF	18	57	1,443	18	39	6,617	3	3	3	0	0	9	5800-6400	P
Veterans Admin.	J. L. Barnard	AF	18	26	330	11	55	905							4610-7110	O
St. Louis																
Barnes Hospital Group	F. Reynolds	ACF	60	60	1,864	12	56	4,242	3	3	3	3	0	12	4200-7000	O
St. Louis City		F	46, 60													
St. Louis University Group Of Hospitals	R. O'Brien	ACF	46	53	1,266	24	56	4,371	2	2	2	0	0	6	4800-6000	O
Shriners Hospital for Crippled Children	G. E. Scheer	C	60	95	739	1	100	7,124	0	1	2	1	0	4		
Veterans Admin.	O. P. Hampton, Jr.	A	61	37	566	13	85	4,506	0	2	1	1	0	4	4610-7110	O
NEBRASKA																
Lincoln																
Nebraska Orthopedic	F. Teal	C	100	62	823	2	50	2,035	0	0	0	2	0	2	3600-4800	P
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals	O. S. Staples								1	1	1	0	0	3		
Mary Hitchcock Memorial		AF	82	33	759	2	50	5,327							4800-5600	O
Veterans Admin. (White River Junction, Vt.)		AF	82	17	189	4	100	1,079							5480-7110	P
NEW JERSEY																
Camden																
Cooper	H. H. Sherk	ACF		80	1,393	13	55	1,233	1	1	1	0	0	3	4800-5400	P
East Orange																
Veterans Admin.	J. J. Amster	A	122	39	310	13	63	737	0	0	0	1	0	1	6440-8230	O
Jersey City																
Jersey City Medical Center	A. M. Francis	ACF		80	826	55	2	4,025	1	1	1	1	0	4	6300-7700	O
Long Branch																
Monmouth Medical Center	B. Halbstein	ACF		45	1,267	9	63	1,569	2	1	1	0	0	4	4200-5000	F
Newark																
Newark City	V. Scudesc	F		51	926	42	19	4,185	0	1	1	0	0	2	6600-7800	F
United Hospitals of Newark-Hospital for Crippled Children	H. H. Kessler	AC	69, 116	77	2,036	7	29	5,882	0	2	2	2	0	6	6000-7500	P
Orange																
Hospital Center at Orange	C. I. Nadel	ACF	122						2	2	2	0	0	6	4800-5400	FP
New Jersey Orthopaedic			122	54	1,374	10	40	22,696								
Orange Memorial			122	16	373	10	100									
Paterson																
St. Joseph's	R. R. Goldenberg	ACF		51	1,375	26	10	1,976	0	1	2	2	0	5	7320-7920	O
NEW MEXICO																
Albuquerque																
University of New Mexico Affiliated Hospitals	J. K. Weaver								0	2	2	2	0	6		
Bernalillo County-Indian	J. K. Weaver	AF	93	16	484	3	67	3,008							6060-6720	P
Veterans Admin.	J. C. F. Simpson	AF	93	28	470	3	67	710							4610-8230	O
Truth or Consequences																
Carrie Tingley Crippled Children's	D. W. McKay	C	4, 93	80	446	0	0	4,435	0	0	5	0	0	5	4500-4500	P
NEW YORK																
Albany																
Albany Medical Center	C. Campbell	ACF	55	65	1,632	7	57	1,578	2	2	2	1	0	7	4900-7200	P
Veterans Admin.	C. Campbell	A	55	13	206	6	50	385							4480-8000	O
Buffalo																
Buffalo General	B. E. Obletz	AF	24	44	955	21	14	994	2	2	2	2	0	8	5300-6800	O
Children's Hospital of Buffalo	J. Godfrey	C	24, 107	15	549	0	0	1,228	0	0	4	0	0	4	5000-7500	P
Edward J. Meyer Memorial	E. R. Mindell	AF	24, 107	23	342	16	25	1,637	2	2	2	0	0	6	5550-6660	P
Veterans Admin.	R. B. Erickson	AF	24, 107	61	818	2	100	3,065	0	0	0	2	0	2	7110-8230	O
East Meadow																
Meadowbrook	A. Potenza	F	38	53	1,028	8	50	4,597	0	0	2	2	0	4	5453-8246	F
Mineola																
Nassau	C. Freese	AF	38	40	1,507	4	50	8,139	1	1	1	0	0	3	5400-7680	P
New York City																
Albert Einstein College of Medicine Affiliated Hospitals									4	5	4	0	0	13	4980-6220	F
Bronx Municipal Hospital Center ²⁹	J. Helfet	ACF		46	762	6	100	11,531	2	0	0	0	0	2	5500-5500	P
Brookdale Hospital Center	A. Kenin	F	84	27	1,143	1	100	3,427	2	0	0	0	0	2	5500-5500	P
Columbus	M. Stella	F	51	57	857	22		1,505	0	2	0	0	0	2	6000-6000	F

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Salary per Year Min.-Max.	Main-tenance O	
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
NEW YORK, New York City—Continued																
Harlem Hospital Center	M. L. Shelton	ACF	...	62	830	25	35	9,800	1	1	1	0	0	3	4980-6400	F
Hospital For Joint Diseases and Medical Center	H. J. Mankin	ACF	125	168	3,505	20	40	24,482	6	6	6	1	0	19	5500-6500	P
Hospital for Special Surgery	R. L. Patterson	ACF	22	169	3,010	19	47	41,990	6	6	6	6	0	24†	7000-8500	P
House of St. Giles the Cripple	D. M. Bosworth	C	26, 41	20	166	0	0	8,837	1	1	1	0	0	3	3600-4500	F
Jewish Chronic Disease	M. Schneider	C	84	34	285	4	25	3,076	0	1	2	0	0	3	4800-6600	F
Jewish Hospital and Medical Center of Brooklyn	L. Koven	AF	84	30	651	18	0	3,512	2	2	2	0	0	6	5000-6000	O
Kings County Hospital Center ²⁴³	R. Warren	ACF	73	57	660	20	11	11,048	0	6	4	4	0	14	4980-6400	P
Lenox Hill	S. S. Gaynor	AF	103	52	1,284	7	57	2,651	1	1	1	0	0	3	5500-6300	P
Maimonides-Coney Island Affiliated Hospitals	H. Pearlman	AF	73	19	530	9	0	3,325	1	1	1	0	0	3	5000-6750	P
Maimonides Medical Center	H. Pearlman	AF	73	16	328	6	0	3,025	...	...	...	...	...	...	5580-6220	FP
Coney Island	D. W. Wilson	AF	73	16	328	6	0	3,025	...	...	...	...	...	...	5580-6220	FP
Montefiore Hospital Training Program	B. B. Greenberg	ACF	125	50	703	3	...	23,095	3	3	3	0	0	9	5620-6880	P
Montefiore Hospital and Medical Center	B. B. Greenberg	ACF	125	53	673	27	...	14,256	...	...	...	...	...	...	...	...
Morrisania City	B. B. Greenberg	ACF	125	53	673	27	...	14,256	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program	R. S. Siffert	ACF	...	50	516	9	33	7,981	3	3	3	3	0	12	5000-6500	P
Mount Sinai	R. S. Siffert	ACF	...	50	516	9	33	7,981	...	...	...	...	...	...	5000-6500	P
City Hospital Center at Elmhurst	A. Schein	AF	...	58	555	63	10	8,601	...	...	...	...	...	...	5700-6700	FP
New York Medical College-Metropolitan Hospital Center	A. A. Michele	...	67	...	...	...	...	...	2	5	5	5	1	18	4980-6000	F
Unit 1—Flower and Fifth Avenue Hospitals	A. A. Michele	AF	67	...	...	...	...	...	...	...	...	...	...	...	...	...
Unit 2—Metropolitan	A. A. Michele	ACF	67	36	692	26	0	15,124	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital	J. W. Fielding	AF	26	20	398	4	25	1,366	1	1	0	0	0	2	5400-5700	P
New York University-Bellevue Medical Center ²⁴⁹	W. A. L. Thompson	...	51	...	...	...	...	...	6	6	6	0	0	18	4980-6400	P
Bellevue Hospital Center	W. A. L. Thompson	ACF	51	36	252	2	50	4,761	...	...	...	...	...	...	4980-6400	P
University	W. A. L. Thompson	...	51	43	1,005	11	18	...	...	...	...	...	...	...	6690-7930	P
Veterans Admin. (Manhattan)	G. Truchly	AF	51	66	606	4	25	...	...	...	...	...	...	...	6170-8230	O
Presbyterian (New York Orthopaedic Hospital)	F. Stinchfield	ACF	...	133	3,286	5	40	35,530	6	6	10	2	0	24	5500-8500	O
Queens Hospital Center	J. B. Manly	AF	69	61	1,084	82	69	8,868	2	2	2	0	0	6	4750-5720	F
St. Charles	D. J. Magilligan	C	20, 52, 103	20	406	0	0	7,017	4	0	0	0	0	4	4200-4200	P
St. Luke's Hospital Center	F. R. Thompson	ACF	41	16	1,227	17	35	8,041	3	2	2	0	0	7	5000-6000	P
St. Vincent's Hospital of the Borough of Richmond	J. W. Fielding	AF	26	31	738†	1	100	950	2	0	0	0	0	2	5700-6600	F
Veterans Admin. (Bronx)	B. Jacobs	AF	22	44	626	8	50	1,146	2	0	0	0	0	4	6690-8230	O
Veterans Admin. (Brooklyn)	A. G. Smith	AF	52	67	762	18	39	2,050	2	2	2	0	0	6	8170-8230	O
Port Jefferson																
St. Charles	J. S. Consoli	C	38	18	652	8	50	3,312	0	0	4	0	0	4	3600-3600	FP
Rochester																
Rochester General	L. Callin	A	31	26	873	9	56	369	...	...	...	...	...	...	7000-7000	P
Strong Memorial Hospital of the University of Rochester ²⁷²	F. N. Zuck	ACF	31	47	1,190	...	...	2,886	0	3	3	3	0	9	4000-7500	O
Schenectady																
Ellis Hospital-Sunnyview Rehabilitation Center	W. A. Dunham	ACF	104	51	1,795	12	17	610	1	1	1	0	0	3	6000-7500	FP
Ellis	W. A. Dunham	...	104	51	1,795	12	17	610	...	...	...	...	...	...	6000-7500	FP
Sunnyview Rehabilitation Center	W. E. Gazeley	...	...	55	477	1	100	11,521	0	0	2	0	0	2	4800-5100	F
Syracuse																
State University of New York Upstate Medical Center	D. Murray	...	48	90	2,012	28	25	3,704	0	3	3	2	0	8	5500-6400	O
State University Hospital, Upstate Medical Center	D. Murray	AF	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Syracuse Memorial	R. O. Becker	ACF	48	25	683	3	33	...	...	...	...	...	...	...	...	...
Veterans Admin.	R. O. Becker	A	48	35	553	4	75	926	...	...	...	...	...	...	4610-7110	O
Utica																
Children's Hospital and Rehabilitation Center	D. Murray	C	48	45	949	1	0	1,256	0	0	2	0	0	2	5500-6000	O
West Haverstraw																
New York State Rehabilitation	C. T. Ryder	C	...	60	222	2	50	2,667	...	...	...	...	...	...	5400-6423	P
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	R. B. Raney	ACF	81	23	614†	4	100	7,025	2	2	2	2	0	8	4000-7500	O
Charlotte																
Charlotte Memorial	C. Carr	ACF	...	104	3,170†	29	21	3,644	2	2	2	2	0	8	5400-6600	P
Durham																
Duke University Affiliated Hospitals	L. D. Baker	...	19, 20	32	1,499	6	33	7,234	6	5	4	4	0	20	4500-5400	P
Duke	L. D. Baker	ACF	19, 20	32	1,499	6	33	7,234	...	...	...	...	...	...	4500-5400	P
Veterans Admin.	D. E. McCollum	AF	19	35	398†	...	...	...	...	...	...	...	...	...	4610-8230	O
Gastonia																
North Carolina Orthopaedic	W. M. Roberts	C	19, 81	131	262	2	0	7,054	0	0	2	0	0	2	5000-5000	P
Winston-Salem																
North Carolina Baptist Hospitals	J. Hayes	ACF	77	24	813	8	50	4,167	4	4	4	0	0	12	4500-7000	P
OHIO																
Akron																
Akron City	W. A. Hoyt, Jr.	AF	15	71	1,792	17	34	701	0	2	2	2	0	6	5100-8240	P
Akron General	H.-W. O'Dell	AF	58	54	1,247	18	50	703	2	2	2	2	0	8	4680-6240	FP
Children's Hospital of Akron	W. A. Hoyt, Jr.	C	15, 58	35	1,393	3	339	3,194	0	2	2	0	0	4	5100-6840	FP
Cincinnati																
Good Samaritan	N. Giannestras	C	118	13	477	...	...	320	1	0	1	0	0	2	5400-6900	P
University of Cincinnati Hospital Group	J. A. Freiberg	...	17	...	...	...	...	844	2	2	2	2	0	8	...	...
Children's	J. A. Freiberg	C	17	8	275	...	...	844	...	...	...	...	...	...	...	...
Cincinnati General	J. A. Freiberg	AF	17	7	160	0	0	10,847	...	...	...	...	...	...	4200-7100	FP
Jewish	I. M. Zelig	AF	17	40	950†	13	23	373	...	...	...	...	...	...	5400-6600	P
Veterans Admin.	J. A. Freiberg	AF	17	18	205	3	100	...	...	...	...	...	...	...	4610-8230	O

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued																
Cleveland																
Cleveland Clinic	J. I. Kendrick	ACF	42	37	1,009	8	88	13,907	2	2	2	0	0	6	4200-5400	P
Cleveland Metropolitan General ²⁸³	F. W. Rhineland	ACF	...	17	337	7	75	6,059	1	1	1	0	0	3†	4800-6260	P
Mount Sinai Hospital of Cleveland	A. Tramer	AF	101	48	1,408	10	40	4,881	2	1	1	0	0	4	4900-6480	P
St. Luke's	J. E. Brown	ACF	...	43	1,236	18	67	2,734	1	1	1	1	0	4	5292-6792	P
St. Vincent Charity	K. S. Alfred	F	42	22	670	7	43	1,611	1	1	0	0	0	2	4200-5400	P
University Hospitals of Cleveland	C. H. Herndon	ACF	27	70	1,334†	8	33	6,580	4	4	4	0	0	12	5000-6000	P
Veterans Admin.	A		27, 105	57	488	9	22	1,011	...	...	...	...	...	...	4610-6440	P
Columbus																
Children's	P. H. Curtiss	C	25, 98, 99	20	797	1	0	4,866	0	0	3	1	0	4	4800-5400	F
Mount Carmel	H. B. Lacey	AF	25	53	1,558†	13	38	831	1	1	1	0	0	3	5400-6600	P
Ohio State University Hospitals	P. Curtiss	AF	99	24	695	5	0	1,560	2	2	2	2	0	8	3624-6024	P
Riverside Methodist ²⁸⁶	J. T. Leach	AF	98	61	1,690	8	50	1,333	1	1	1	0	0	3	5400-6000	P
Elyria																
Elyria Memorial	J. M. Strong	ACF	...	26	1,523	8	63	11,681	1	1	1	0	0	3	6000-6900	F
Youngstown																
Youngstown	G. W. Cook	AF	71	54	1,535	22	27	690	1	1	1	0	0	3	5400-6000	FP
OKLAHOMA																
Oklahoma City																
University of Oklahoma Medical Center	D. H. O'Donoghue	...	53	...	...	...	...	...	...	...	...	...	...	18†	...	...
Bone and Joint	AF	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Anthony	D. H. O'Donoghue	AF	53	54	2,367	22	36	1,339	...	...	...	...	...	...	5000-9600	O
University of Oklahoma Hospitals	D. H. O'Donoghue	ACF	53	40	885	5	0	7,907	...	...	...	...	...	...	5000-9600	P
Veterans Admin.	G. R. Frank	AF	53	29	596	8	67	3,882	...	...	...	...	...	...	...	...
OREGON																
Portland																
Emanuel	R. J. Hopkins	AF	28	99	2,999	15	40	5,140	...	...	...	...	...	...	5400-6900	P
Shriners Hospital For Crippled Children	E. G. Chainard	C	28	72	402	0	0	3,233	...	...	...	...	...	...	...	...
University of Oregon Medical School Hospitals and Clinics	W. Snell	AF	28	45	931	36	33	7,148	3	3	3	3	0	12	4200-6000	FP
Veterans Admin.	R. C. Merrifield	AF	91	45	700	5	90	1,560	1	1	1	1	0	4	4610-7110	P
PENNSYLVANIA																
Danville																
Geisinger Medical Center	R. Heath	ACF	...	21	789	9	55	18,607	1	1	1	1	0	4	5100-6000	P
Elizabethtown																
State Hospital for Crippled Children	T. Outland	C	21	139	257	0	0	4,761	0	0	3	0	0	3	8580-8580	P
Erie																
Hamot	J. J. Euliano	ACF	...	66	2,208	17	29	1,638	1	1	1	1	0	4	4200-5400	F
Philadelphia																
Albert Einstein Medical Center ¹⁹³	I. Stein	ACF	...	55	1,560†	29	44	4,945	2	2	2	2	0	8	3900-4800	FP
Children's Hospital of Philadelphia	J. T. Nicholson	C	23, 72, 87	9	514	...	...	2,318	...	...	...	...	...	...	2400-3000	F
Graduate Hospital of the University of Pennsylvania	J. T. Nicholson	A	23	14	427	2	50	1,791	2	3	2	1	0	8	4400-5000	P
Hahnemann Medical College and Hospital	D. Nagel	AF	92	23	571	10	...	3,495	1	1	1	1	0	4	3300-4200	P
Hospital of the University of Pennsylvania	E. L. Ralston	ACF	...	66	1,287	8	73	5,932	6	6	6	0	0	18	3200-4000	P
Jefferson Medical College	A. F. DePalma	ACF	21	49	1,213	7	29	4,269	4	4	4	2	0	14	4100-5600	O
Lankenau	J. T. Nicholson	AF	23	26	758	9	33	2,592	...	...	...	...	...	...	4400-5000	FP
Pennsylvania	J. T. Nicholson	F	23, 87	18	429	6	50	1,680	...	...	...	...	...	...	4500-5400	O
Philadelphia General, Division A	ACF	...	...	58	880	68	53	7,951	3	3	3	3	0	12	5800-6700	P
St. Christopher's Hospital for Children	J. Lachman	C	29	29	...	...	...	...	...	...	...	...	...	...	...	...
Shriners Hospital for Crippled Children	H. H. Steel	C	29, 105	90	320	0	0	2,657	0	2	2	0	0	4	...	FP
Temple University	J. Lachman	AF	29	75	1,368	15	53	7,085	3	3	3	3	0	12	3900-4800	P
Veterans Admin.	J. E. Nixon	A	87	36	358	5	80	1,038	1	1	1	0	0	3	5460-7110	O
Pittsburgh																
Allegheny General	R. F. Botkin	ACF	71	91	2,130†	31	42	16,890	0	3	3	3	0	9	7500-8400	P
Health Center Hospitals of the University of Pittsburgh	A. B. Ferguson	...	...	...	...	...	...	...	0	7	7	6	0	20	...	...
Children's Hospital of Pittsburgh	C	30	33	1,185	0	0	7,321	...	...	...	...	...	...	...	5500-6500	O
Presbyterian-University	AF	30	51	1,417	19	47	2,024	...	...	...	...	...	...	...	5500-7500	O
St. Francis General	A	30	33	888	6	0	405	...	...	...	...	...	...	...	8400-8400	P
Veterans Admin.	P. Laing	AF	30	60	990	8	38	2,750	...	...	...	...	...	...	4610-8230	O
Reading																
Reading	L. C. Yund	AF	72	56	993	12	60	496	1	1	1	0	0	3	4980-5580	F
RHODE ISLAND																
Providence																
Rhode Island	A. A. Savastano	ACF	...	88	1,738	21	14	6,946	2	2	2	2	0	8	4600-6000	P
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals	J. Siegling	ACF	...	17	465	4	25	5,555	3	1	2	1	0	7	4580-6300	O
Medical College	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Columbia																
Columbia Hospital of Richland County	J. T. Green	ACF	...	80	2,448	4	25	6,625	2	1	1	1	0	5	6240-6960	P
Greenville																
Greenville General	R. C. Grier	AF	33	87	2,651	21	24	2,460	0	1	1	0	0	2	6000-6400	P
Shriners Hospital for Crippled Children	F. H. Stelling	C	10, 33, 77	48	415	0	0	4,783	0	0	0	3	0	3	...	O
TENNESSEE																
Chattanooga																
Baroness Erlanger	G. W. Shelton	ACF	80	9	2,862	25	32	3,115	2	2	2	0	0	6	6000-6600	F
T. C. Thompson Children's	C	80	...	250	0	0	447	...	...	...	...	...	...	...	...	...
Knoxville																
East Tennessee Children's	R. Brashear	C	85	13	461	0	0	4,328	0	2	2	2	0	6	4512-4752	F
St. Mary's Memorial	T. F. Stevens	AF	85	50	1,933	15	13	...	1	0	0	0	0	1	...	F
University of Tennessee Memorial Research Center and Hospital	R. G. Brashear	AF	85	28	984	8	50	1,690	0	2	2	0	0	4	4512-4752	F
Memphis																
Campbell Clinic and Hospital	H. B. Boyd	ACF	...	62	2,336	8	13	32,122	9	6	9	0	0	24	1800-2400	O
Nashville																
Vanderbilt University ³⁰⁴	J. W. Hillman	ACF	...	43	1,639	6	33	3,681	0	4	4	4	0	12	4200-4800	O

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
TEXAS																
Dallas																
Baylor University Medical Center	M. P. Knight	AF	32	108	3,551	15	27	834	1	1	1	0	0	3	5400-6000	O
Parkland Memorial	C. F. Gregory	AF	32	49	1,083	17	41	9,538	1	1	2	2	0	6	4680-5640	P
Texas Scottish Rite Hospital for Crippled Children	B. Carrell	C	32	51	783	2	50	5,020							5100-6000	
Veterans Admin. ²³³	V. M. Bryant	AF	75	62	846	11	55	2,484	2	2	2	2	0	8	4610-7110	P
Fort Worth																
Fort Worth Children's Hospital-Fort Worth Medical Center	J. J. Innis	C	49	8	669	0	0	1,150	0	0	0	2	0	2	4800-5400	F
Galveston																
University of Texas Medical Branch Hospitals	E. B. Evans	ACF		48	1,065	12	50	5,547	3	2	2	2	0	9	5088-5138	P
Houston																
Baylor University Affiliated Hospitals	J. W. King								0	5	5	5	0	15		
Ben Taub General		ACF	49	31	833	13	41	7,701							3900-4800	P
Methodist		AF	49	68	2,070	8	38	401							4500-5400	P
Veterans Admin.		A	49	46	532	8	25	6,228							4610-7110	P
Hermann ³⁰⁸	E. T. Smith	ACF		80	1,993	13	38	6,046	2	2	2	2	0	8	5100-6300	P
San Antonio																
University of Texas Medical School at San Antonio Teaching Hospitals	C. A. Rockwood, Jr.		95						3	3	3	3	0	12		
Robert B. Green Memorial	C. A. Lockwood	AF	95	9	357	11	36	3,567							5472-7272	P
Santa Rosa Medical Center	J. J. Hinchey	C	95, 117, 120	96	2,576†	15	47	5,758								P
Temple																
Scott and White Memorial ¹¹²	R. A. Murray	ACF		67	2,131†	10	10		2	2	2	0	0	8	5200-6500	P
UTAH																
Salt Lake City																
Latter-day Saints	W. E. Hess	AF	63	80	2,897	21	42	3,282	2	2	2	2	0	8	4800-6000	P
Primary Children's	W. E. Hess	C	63	19	577	0	0	1,065	0	0	0	2	0	2	5100-5100	P
University of Utah Affiliated Hospitals	S. S. Coleman								2	2	2	2	0	8		
University	S. S. Coleman	AF	34	13	331	7	57	4,939							4200-7200	P
St. Mark's	B. G. Holbrook	AF	34	39	1,836	6	33	591							4205-6440	P
Shriners Hospital for Crippled Children	S. S. Coleman	C	34	35	215	0	0	1,625								P
Veterans Admin.	S. S. Coleman	AF	34		359	0	0									
VERMONT																
Burlington																
Medical Center Hospital of Vermont	C. B. Rust, R. F. Kuhlmann								1	1	2	1	0	5	5000-6800	P
Mary Fletcher Unit		ACF	124	32	911	2	50	3,971								
De Goesbriand Unit		AF	124	13	392	7	85	1,733								
White River Junction																
Veterans Admin.	—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.															
VIRGINIA																
Arlington																
Arlington		AF	14		879	11	36									
National Orthopaedic and Rehabilitation	F. Rook	ACF		78	2,301	7	28	29,692	1	0	1	2	0	4	4200-6000	F
Charlottesville																
University of Virginia	J. H. Allan	ACF		32	958	7	29	9,195	2	2	2	2	0	8	4200-5400	O
Richmond																
Crippled Children's	J. T. Tucker	C	35	89	625	3	33	1,480	0	1	0	0	0	1	4800-4800	P
Medical College of Virginia Affiliated Hospitals	S. M. Elmore		35						4	4	4	0	0	12		
Medical College of Virginia-Hospital Division		AF	35	51	1,397	25	36	5,921							4500-5400	P
Veterans Admin.		A	35	29	366	3	100	856							4610-8230	P
WASHINGTON																
Seattle																
University of Washington Affiliated Hospitals	D. K. Clawson		36						0	4	4	4	4	16		
Children's Orthopaedic Hospital and Medical Center	F. L. Flashman	C	36	16	811	1	0	4,220								
King County	L. R. Fry	AF	36	43	1,004	19	63	5,002							6000-8760	F
Swedish Hospital Medical Center	J. E. Stewart	AF	36	82	3,259†	19	32								5400-6000	FP
U. S. Public Health Service	D. K. Clawson	AF	36	43	743	2	50	4,295								
University	D. K. Clawson	AF	36	23	671†	1	100	5,532							6000-8760	P
Veterans Admin.	D. K. Clawson	A	36	18	273	1	100	904							4610-8230	P
Shriners Hospital for Crippled Children (Spokane)	N. R. Brown	C	36, 91	40	244	0	0	2,468								
Spokane																
Shriners Hospital for Crippled Children	—See University of Washington Affiliated Hospitals, Seattle															
WEST VIRGINIA																
Morgantown																
West Virginia University Medical Center	J. C. Pickett	ACF		19	454	10	50	4,356	2	2	2	2	0	8	4800-6600	P
WISCONSIN																
Madison																
University of Wisconsin Affiliated Hospitals	H. W. Wirka		97						4	4	4	4	0	16		
Madison General		AF	97	53	1,728†	25	32								4150-6250	P
St. Mary's		AF	97	20	667	5	0								4150-6250	P
University Hospitals		ACF	97	55	1,139	8	25	7,686							4150-6250	P
Veterans Admin.		A	97	33	492	3	67	1,029							4610-7110	P
Milwaukee																
Marquette University Affiliated Hospitals	W. P. Blount		37						4	4	4	4	0	16		
Columbia	A. C. Schmidt	AF	37	29	682†	11	81	5,646							4480-6910	P
Milwaukee Children's	R. C. Waisman	C	37	17	584	1	100	1,859							4325-6665	P
Milwaukee County General	K. H. Mueller	AF	37	40	1,542†	22	41	7,864							4364-6754	P
Veterans Admin. (Wood)	P. L. Carnesale	AF	37	38	612	10	70	3,249								

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Shriners Hospital for Crippled Children	Los Angeles	21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Highland General Hospital	Oakland, Calif.		Jefferson Medical College Hospital	Philadelphia
	Presbyterian Medical Center	San Francisco	22.	Hospital for Special Surgery	New York City
2.	Sonoma State Hospital	Eldridge, Calif.		Veterans Adm. Hospital (Bronx)	New York City
	Children's Hospital Medical Center of Northern California	Oakland, Calif.	23.	Children's Hospital of Philadelphia	Philadelphia
	Highland General Hospital	Oakland, Calif.		Graduate Hospital of the University of Pennsylvania	Philadelphia
	Samuel Merritt Hospital	Oakland, Calif.		Lankenau Hospital	Philadelphia
	Children's Hospital and Adult Medical Center	San Francisco		Pennsylvania Hospital	Philadelphia
	Franklin Hospital	San Francisco	24.	Buffalo General Hospital	Buffalo
	San Francisco General Hospital	San Francisco		Children's Hospital of Buffalo	Buffalo
	Shriners Hospital for Crippled Children	San Francisco		Edward J. Meyer Memorial Hospital	Buffalo
	H. C. Moffitt-University of California Hospitals	San Francisco		Veterans Adm. Hospital	Buffalo
	Veterans Adm. Hospital	San Francisco	25.	Children's Hospital	Columbus, Ohio
	Shriners Hospital for Crippled Children	Honolulu, Hawaii		Mount Carmel Hospital	Columbus, Ohio
	Shriners Hospital for Crippled Children	Los Angeles	26.	House of St. Giles the Cripple (Brooklyn)	New York City
	Highland General Hospital	Oakland, Calif.		New York Polyclinic Medical School and Hospital	New York City
	Veterans Adm. Hospital	San Francisco		St. Vincent's Hospital of the Borough of Richmond (Staten Island)	New York City
4.	Children's Hospital	Denver	27.	University Hospitals of Cleveland	Cleveland
	University of Colorado Medical Center	Denver		Veterans Adm. Hospital	Cleveland
	Veterans Adm. Hospital	Denver	28.	Emanuel Hospital	Portland, Ore.
	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.		Shriners Hospital for Crippled Children	Portland, Ore.
5.	Hartford Hospital	Hartford, Conn.		University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
	Yale-New Haven Hospital	New Haven, Conn.	29.	St. Christopher's Hospital for Children	Philadelphia
	Newington Hospital for Crippled Children	Newington, Conn.		Shriners Hospital for Crippled Children	Philadelphia
	Veterans Adm. Hospital	West Haven, Conn.		Temple University Hospital	Philadelphia
6.	University Hospital	Jackson, Miss.	30.	Children's Hospital of Pittsburgh	Pittsburgh
	Veterans Adm. Hospital	Jackson, Miss.		Presbyterian-University Hospital	Pittsburgh
7.	Chicago Wesley Memorial Hospital	Chicago		St. Francis General Hospital	Pittsburgh
	Cook County Hospital	Chicago		Veterans Adm. Hospital	Pittsburgh
	Passavant Memorial Hospital	Chicago	31.	Rochester General Hospital	Rochester, N. Y.
	St. Anne's Hospital	Chicago		Strong Memorial Hospital of the University of Rochester	Rochester, N. Y.
	Veterans Adm. Research Hospital	Chicago	32.	Baylor University Medical Center	Dallas, Texas
	Evanston Hospital	Evanston, Ill.		Parkland Memorial Hospital	Dallas, Texas
	St. Francis Hospital	Evanston, Ill.		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	Shriners Hospital for Crippled Children	Lexington, Ky.	33.	Greenville General Hospital	Greenville, S.C.
8.	James Whitecomb Riley Hospital	Indianapolis		Shriners Hospital for Crippled Children	Greenville, S.C.
	Methodist Hospital of Indiana	Indianapolis	34.	St. Mark's Hospital	Salt Lake City
	Robert W. Long Hospital	Indianapolis		Shriners Hospital for Crippled Children	Salt Lake City
	St. Vincent's Hospital	Indianapolis		University Hospital	Salt Lake City
	Veterans Adm. Hospital	Indianapolis		Veterans Adm. Hospital	Salt Lake City
9.	Kosair Crippled Children Hospital	Louisville, Ky.	35.	Crippled Children's Hospital	Richmond, Va.
	Louisville General Hospital	Louisville, Ky.		Medical College of Virginia-Hospital Division	Richmond, Va.
	Veterans Adm. Hospital	Louisville, Ky.		Veterans Adm. Hospital	Richmond, Va.
10.	Rancho Los Amigos	Downey, Calif.	36.	Children's Orthopedic Hospital and Medical Center	Seattle
	Scottish Rite Hospital for Crippled Children	Decatur, Ga.		King County Hospital	Seattle
	Charity Hospital of Louisiana	New Orleans, La.		Swedish Hospital Medical Center	Seattle
	Tulane University Division	New Orleans, La.		U.S. Public Health Service Hospital	Seattle
	Touro Infirmary	New Orleans, La.		University Hospital	Seattle
	Veterans Adm. Hospital	New Orleans, La.		Veterans Adm. Hospital	Seattle
	Huey P. Long Charity Hospital	Pineville, La.	37.	Shriners Hospital for Crippled Children	Spokane, Wash.
	Shriners Hospital for Crippled Children	Shreveport, La.		Columbia Hospital	Milwaukee
11.	Children's Hospital Medical Center	Boston		Milwaukee Children's Hospital	Milwaukee
	Massachusetts General Hospital	Boston		Milwaukee County General Hospital	Milwaukee
	Peter Bent Brigham Hospital	Boston		Veterans Adm. Hospital (Wood)	Milwaukee
	Veterans Adm. Hospital (West Roxbury)	Boston	38.	Meadowbrook Hospital	East Meadow, N. Y.
12.	Veterans Adm. Hospital	Dearborn, Mich.		Nassau Hospital	Mineola, N. Y.
	Children's Hospital	Detroit		St. Charles Hospital	Port Jefferson, N. Y.
	Detroit General Hospital	Detroit	39.	Emory University Hospital	Atlanta, Ga.
	Grace Hospital	Detroit		Grady Memorial Hospital	Atlanta, Ga.
	Harper Hospital	Detroit		Henrietta Eggleston Hospital for Children	Atlanta, Ga.
13.	Boston City Hospital	Boston		Veterans Adm. Hospital	Atlanta, Ga.
	Veterans Adm. Hospital (Jamaica Plain)	Boston	40.	Crippled Children's Hospital	Phoenix, Ariz.
	Massachusetts Hospital School	Canton, Mass.		Shriners Hospital for Crippled Children	Los Angeles
14.	Lakeville Hospital	Lakeville, Mass.		Letterman General Hospital	San Francisco
	District of Columbia General Hospital	Washington, D.C.		Shriners Hospital for Crippled Children	San Francisco
	District of Columbia General Hospital (Crippled Children's Unit)	Washington, D.C.	41.	House of St. Giles the Cripple (Brooklyn)	New York City
	Georgetown University Hospital	Washington, D.C.		St. Luke's Hospital Center	New York City
	Sibley Memorial Hospital	Washington, D.C.	42.	Cleveland Clinic Hospital	Cleveland
	Veterans Adm. Hospital	Washington, D.C.		St. Vincent Charity Hospital	Cleveland
	Arlington Hospital	Arlington, Va.	43.	Variety Children's Hospital	Miami, Fla.
15.	Akron City Hospital	Akron, Ohio		Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
	Children's Hospital of Akron	Akron, Ohio	44.	Crippled Children's Clinic and Hospital	Birmingham, Ala.
	Shriners Hospital for Crippled Children	Minneapolis		University of Alabama Hospitals and Clinics	Birmingham, Ala.
	Veterans Adm. Hospital	Minneapolis		Veterans Adm. Hospital	Birmingham, Ala.
	Gillette State Hospital for Crippled Children	St. Paul, Minn.	45.	Boston City Hospital	Boston
17.	Children's Hospital	Cincinnati		Carney Hospital	Boston
	Cincinnati General Hospital	Cincinnati		Massachusetts Hospital School	Canton, Mass.
	Jewish Hospital	Cincinnati		Lakeville Hospital	Lakeville, Mass.
	Veterans Adm. Hospital	Cincinnati	46.	St. Louis City Hospital	St. Louis
18.	Children's Mercy Hospital	Kansas City, Mo.		St. Louis University Group of Hospitals	St. Louis
	Kansas City General Hospital and Medical Center	Kansas City, Mo.	47.	Presbyterian-St. Luke's Hospital	Chicago
	St. Luke's Hospital	Kansas City, Mo.		University of Illinois Research and Educational Hospitals	Chicago
	Veterans Adm. Hospital	Kansas City, Mo.	48.	State University Hospital, Upstate Medical Center	Syracuse, N. Y.
19.	Duke Hospital	Durham, N. C.		Syracuse Memorial Hospital	Syracuse, N. Y.
	Veterans Adm. Hospital	Durham, N. C.		Veterans Adm. Hospital	Syracuse, N. Y.
	North Carolina Orthopedic Hospital	Gastonia, N. C.		Children's Hospital and Rehabilitation Center	Utica, N. Y.
	Shriners Hospital for Crippled Children	Greenview, S. C.	49.	Fort Worth Children's Hospital-Fort Worth Medical Center	Fort Worth, Texas
20.	Orthopaedic Hospital	Los Angeles		Ben Taub General Hospital	Houston, Texas
	U.S. Naval Hospital	Oakland, Calif.		Methodist Hospital	Houston, Texas
	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.		Veterans Adm. Hospital	Houston, Texas
	Orange Memorial Hospital	Orlando, Fla.	50.	Shriners Hospital for Crippled Children	Chicago
	James Lawrence Kernan Hospital	Baltimore		Veterans Adm. Hospital (West Side)	Chicago
	U.S. Naval Hospital	Bethesda, Md.		Veterans Adm. Hospital	Hines, Ill.
	U.S. Naval Hospital	Chelsea, Mass.		West Suburban Hospital	Oak Park, Ill.
	Blodgett Memorial Hospital	Grand Rapids, Mich.		Lutheran General Hospital	Park Ridge, Ill.
	St. Charles Hospital (Brooklyn)	New York City	51.	Belleuve Hospital Center	New York City
	Duke Hospital	Durham, N. C.		Columbus Hospital	New York City
	U.S. Naval Hospital	Philadelphia		University	New York City
	U.S. Naval Hospital	Portsmouth, Va.		Veterans Adm. Hospital (Manhattan)	New York City

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
52.	St. Charles Hospital (Brooklyn)	New York City	88.	James Lawrence Kernan Hospital	Baltimore
	Veterans Admin. Hospital (Brooklyn)	New York City		University Hospital	Baltimore
53.	Bone and Joint Hospital	Oklahoma City	89.	Hennepin County General Hospital	Minneapolis
	St. Anthony Hospital	Oklahoma City		University of Minnesota Hospitals	Minneapolis
	University of Oklahoma Hospitals	Oklahoma City		Gillette State Hospital for Crippled Children	St. Paul, Minn.
54.	Veterans Admin. Hospital	Oklahoma City	90.	Shriners Hospital for Crippled Children	Los Angeles
	Children's Hospital	Washington, D.C.		University of California Hospital	Los Angeles
	Washington Hospital Center	Washington, D.C.		Los Angeles County Harbor General Hospital	Torrance, Calif.
55.	Albany Medical Center Hospital	Albany, N. Y.	91.	Veterans Admin. Hospital	Portland, Ore.
	Veterans Admin. Hospital	Albany, N. Y.		Shriners Hospital for Crippled Children	Spokane, Wash.
56.	E. A. Conway Memorial Hospital	Monroe, La.	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Ochsner Foundation Hospital	New Orleans		Hahnemann Medical College and Hospital	Philadelphia
	Touro Infirmary	New Orleans	93.	Bernalillo County-Indian Hospital	Albuquerque, N. M.
57.	Baltimore City Hospitals	Baltimore		Veterans Admin. Hospital	Albuquerque, N. M.
	Children's Hospital	Baltimore		Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.
	Johns Hopkins Hospital	Baltimore	94.	Arkansas Children's Hospital	Little Rock, Ark.
58.	Akron General Hospital	Akron, Ohio		University Hospital	Little Rock, Ark.
	Children's Hospital of Akron	Akron, Ohio		Veterans Admin. Consolidated Hospitals	Little Rock, Ark.
59.	Good Samaritan Hospital	Lexington, Ky.	95.	Robert B. Green Memorial Hospital	San Antonio, Texas
	St. Joseph Hospital	Lexington, Ky.		Santa Rosa Medical Center	San Antonio, Texas
	Shriners Hospital for Crippled Children	Lexington, Ky.	96.	Crippled Children's Hospital	Phoenix, Ariz.
	University Hospital	Lexington, Ky.		William Beaumont General Hospital	El Paso, Texas
60.	Veterans Admin. Hospital	Lexington, Ky.	97.	Madison General Hospital	Madison, Wis.
	Barnes Hospital Group	St. Louis		St. Mary's Hospital	Madison, Wis.
	St. Louis City Hospital	St. Louis		University Hospitals	Madison, Wis.
	Shriners Hospital for Crippled Children	St. Louis		Veterans Admin. Hospital	Madison, Wis.
61.	University of Missouri Medical Center	Columbia, Mo.	98.	Children's Hospital	Columbus, Ohio
	Veterans Admin. Hospital	St. Louis		Riverside Methodist Hospital	Columbus, Ohio
62.	Baptist Memorial Hospital	Jacksonville, Fla.	99.	Children's Hospital	Columbus, Ohio
	Duval Medical Center	Jacksonville, Fla.		Ohio State University Hospitals	Columbus, Ohio
	Hope Haven Children's Hospital	Jacksonville, Fla.	100.	Children's Hospital	Denver
63.	Latter-day Saints Hospital	Salt Lake City		Denver General Hospital	Denver
	Primary Children's Hospital	Salt Lake City		Fitzsimons General Hospital	Denver
64.	Veterans Admin. Hospital	Long Beach, Calif.	101.	Nebraska Orthopedic Hospital	Lincoln, Neb.
	Orange County Pediatric Orthopedic Program	Orange, Calif.		James Whitcomb Riley Hospital	Indianapolis
	Orange County Medical Center	Orange, Calif.		Robert W. Long Hospital	Indianapolis
	Childrens Hospital of Orange County	Orange, Calif.		Mount Sinai Hospital of Cleveland	Cleveland
	Fairview State Hospital	Costa Mesa, Calif.	103.	Lenox Hill Hospital	New York City
65.	Children's Hospital	Denver		St. Charles Hospital (Brooklyn)	New York City
	Fitzsimons General Hospital	Denver	104.	Ellis Hospital	Schenectady, N. Y.
66.	Boston City Hospital	Boston		Sunnyview Rehabilitation Center	Schenectady, N. Y.
	Labey Clinic	Boston	105.	Veterans Admin. Hospital	Cleveland
	Massachusetts Hospital School	Canton, Mass.		Shriners Hospital for Crippled Children	Philadelphia
	Lakeville Hospital	Lakeville, Mass.	106.	St. Francis Hospital	Wichita, Kans.
	Shriners Hospital for Crippled Children	Springfield, Mass.		Veterans Admin. Hospital	Wichita, Kans.
67.	New York Medical College—Metropolitan Hospital Center	New York City		Wesley Medical Center	Wichita, Kans.
	Unit 1—Flower and Fifth Avenue Hospitals	New York City	107.	Children's Hospital of Buffalo	Buffalo
	Unit 2—Metropolitan Hospital	New York City		Edward J. Meyer Memorial Hospital	Buffalo
68.	Crippled Children's Clinic and Hospital	Birmingham, Ala.		Veterans Admin. Hospital	Buffalo
	Lloyd Noland Hospital	Fairfield, Ala.	108.	Napa State Hospital	Imola, Calif.
69.	United Hospitals of Newark—Hospital for Crippled Children	Newark, N. J.		Mary's Help Hospital	San Francisco
	Queens Hospital Center	New York City		St. Joseph's Hospital	San Francisco
	Confederate Memorial Medical Center	Shreveport, La.		St. Mary's Hospital	San Francisco
	Shriners Hospital for Crippled Children	Shreveport, La.	109.	Childrens Hospital	San Diego, Calif.
71.	Youngstown Hospital	Youngstown, Ohio		Donald N. Sharp Memorial Community Hospital	San Diego, Calif.
	Allegheny General Hospital	Pittsburgh		Mercy Hospital	San Diego, Calif.
72.	Children's Hospital of Philadelphia	Philadelphia	110.	San Diego County-University Hospital	San Diego, Calif.
	Reading Hospital	Reading, Pa.		U.S. Public Health Service Alaska Native Medical Center	Anchorage, Alaska
73.	Coney Island Hospital (Brooklyn)	New York City		U.S. Public Health Service Hospital	San Francisco
	Kings County Hospital Center (Brooklyn)	New York City		Charity Hospital of Louisiana	New Orleans
	Maimonides Medical Center	New York City	111.	Tulane University Division	New Orleans
74.	St. Joseph Mercy Hospital	Ann Arbor, Mich.		Rancho Los Amigos Hospital	Downey, Calif.
	University Hospital	Ann Arbor, Mich.		Childrens Hospital of Los Angeles	Los Angeles
	Wayne County General Hospital and Infirmary	Eloise, Mich.		Los Angeles County General Hospital, Unit I	Los Angeles
75.	Crippled Children's Clinic and Hospital	Birmingham, Ala.		White Memorial Medical Center	Los Angeles
	Veterans Admin. Hospital	Dallas, Texas	113.	Georgia Baptist Hospital	Atlanta, Ga.
76.	Jackson Memorial Hospital	Miami, Fla.		Scottish Rite Hospital for Crippled Children	Decatur, Ga.
	Variety Children's Hospital	Miami, Fla.	114.	Eugene Talmadge Memorial Hospital	Augusta, Ga.
77.	Veterans Admin. Hospital	Wilmington, Del.		University Hospital	Augusta, Ga.
	North Carolina Baptist Hospitals	Winston-Salem, N. C.	115.	Veterans Admin. Hospital	Augusta, Ga.
	Shriners Hospital for Crippled Children	Greenville, S. C.		District of Columbia General Hospital	Washington, D.C.
78.	Joseph P. Kennedy Jr. Memorial Hospital	Boston		District of Columbia General Hospital (Crippled Children's Unit)	Washington, D.C.
	Memorial Hospital	Worcester, Mass.	116.	Veterans Admin. Hospital	Washington, D.C.
	St. Vincent Hospital	Worcester, Mass.		United Hospitals of Newark—Hospital for Crippled Children	Newark, N. J.
	Worcester City Hospital	Worcester, Mass.		U.S. Public Health Service Hospital (Staten Island)	New York City
79.	Hospital of St. Raphael	New Haven, Conn.	117.	Brooke General Hospital	San Antonio, Texas
	Joseph P. Kennedy Jr. Memorial Hospital	Boston		Santa Rosa Medical Center	San Antonio, Texas
80.	Baroness Erlanger Hospital	Chattanooga, Tenn.	118.	University of California Hospital	Los Angeles
	T. C. Thompson Children's Hospital	Chattanooga, Tenn.		Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
81.	North Carolina Memorial Hospital	Chapel Hill, N. C.	119.	Good Samaritan Hospital	Cincinnati
	North Carolina Orthopedic Hospital	Gastonia, N. C.		Orthopaedic Hospital	Los Angeles
82.	Newington Hospital for Crippled Children	Newington, Conn.		Veterans Admin. Center—Wadsworth Hospital	Los Angeles
	Mary Hitchcock Memorial Hospital	Hanover, N. H.	120.	Los Angeles County Harbor General Hospital	Torrance, Calif.
	Veterans Admin. Hospital	White River Jct., Vt.		Santa Rosa Medical Center	San Antonio, Texas
83.	District of Columbia General Hospital	Washington, D. C.	121.	Wilford Hall U.S.A.F. Hospital	San Antonio, Texas
	District of Columbia General Hospital (Crippled Children's Unit)	Washington, D. C.		Children's Memorial Hospital	Chicago
	George Washington University Hospital	Washington, D. C.		Mayo Graduate School of Medicine	Rochester, Minn.
	Veterans Admin. Hospital	Washington, D. C.	122.	Rochester Methodist Hospital	Rochester, Minn.
84.	B rookdale Hospital Center (Brooklyn)	New York City		St. Mary's Hospital	Rochester, Minn.
	Jewish Chronic Disease Hospital (Brooklyn)	New York City		Veterans Admin. Hospital	East Orange, N. J.
	Jewish Hospital and Medical Center of Brooklyn (Brooklyn)	New York City		Hospital Center at Orange	Orange, N. J.
85.	East Tennessee Children's Hospital	Knoxville, Tenn.	123.	William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.
	St. Mary's Memorial Hospital	Knoxville, Tenn.		Veterans Admin. Hospital	Lake City, Fla.
	University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.	124.	DeGoesbriand Memorial Hospital	Burlington, Vt.
86.	Shriners Hospital for Crippled Children	Honolulu, Hawaii		Mary Fletcher Hospital	Burlington, Vt.
	Tripler General Hospital	Honolulu, Hawaii	125.	Hospital for Joint Diseases	New York City
87.	Children's Hospital of Philadelphia	Philadelphia		Montefiore Hospital and Medical Center	New York City
	Pennsylvania Hospital	Philadelphia		Morrisania City Hospital	New York City
	Veterans Admin. Hospital	Philadelphia	126.	Borgess Hospital	Kalamazoo, Mich.
				Bronson Methodist Hospital	Kalamazoo, Mich.

15. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering full training in the specialty. Programs, 103; Residencies, 912.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Salary Per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	H. K. Eastwood	30	1,258	3	100	15,256	2	2	2	2	0	8		
UNITED STATES ARMY														
COLORADO														
Fitzsimons General, Denver	D. J. Joseph	19	707	0	0	13,227	0	1	1	1	0	3		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	E. A. Krekorian	50	1,232	7	86	11,607	0	3	3	3	0	9		
TEXAS														
Brooke General, San Antonio	R. N. Rupp	27	775	4	80	14,346	0	2	2	2	0	6		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	R. K. Middlekauff	20	1,162	0	0	14,338	2	1	2	1	0	6		
U. S. Naval, San Diego	M. Magi	42	1,393	9	55	18,403	3	3	3	3	0	12		
MARYLAND														
U. S. Naval, Bethesda	G. W. Taylor	30	863	2	100	19,353	2	2	2	2	0	8		
MASSACHUSETTS														
U. S. Naval, Chelsea—See Boston University Affiliated Hospitals, Boston														
PENNSYLVANIA														
U. S. Naval, Philadelphia	G. R. Hart	30	868	12	50	17,927	1	1	1	1	0	4		
UNITED STATES PUBLIC HEALTH SERVICE														
WASHINGTON														
U. S. Public Health Service, Seattle—See University of Washington Affiliated Hospitals, Seattle														
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	J. J. Hicks	33	3,090	5	0	5,465	4	4	4	4	0	16	4980-6300	P
University of Alabama Hospitals and Clinics Children's		12	325	4	0	2,502							4610-8230	O
Veterans Admin.														
CALIFORNIA														
Long Beach														
Veterans Admin.	A. Swirsky	39	368	20	75	1,937	2	2	2	1	0	7	5920-8760	O
Los Angeles														
Los Angeles County General, Unit I	C. Whitaker	25	2,059	25	36	25,438	4	4	4	4	0	16	7200-9000	P
Los Angeles County General, Unit II	F. Turnbull	7	265†			5,364	1	1	1	1	0	4	7200-9000	P
University of California	J. J. Pressman	9	877	3	100	9,089	2	2	2	2	0	8	4368-7692	O
Los Angeles County Harbor General (Torrance)	B. Bailey	5	375	5	80	4,826							8400-9000	P
Veterans Admin, Center-Wadsworth ¹²³	M. J. Acquarelli	37	1,020	6	83	4,377	3	3	3	0	0	9	5920-8760	P
White Memorial Medical Center ¹¹⁶	L. R. House	9	884	7	43	4,460	1	1	2	1	0	5	6060-7860	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	F. B. Simmons						3	3	2	2	0	10		
Palo Alto-Stanford Hospital Center	F. B. Simmons	27	1,181	12	75	15,060							4900-6900	O
Veterans Admin.	R. L. Goode	13	182	8	75	4,970								
Santa Clara Valley Medical Center (San Jose)	F. B. Simmons	6	503	5	40	5,461								
San Francisco														
University of California Program in Otolaryngology	F. A. Sooy						4	4	4	0	0	12		
H. C. Moffitt-University of California Hospitals	F. A. Sooy	12	972	7	43	8,073							4368-6240	O
San Francisco General	E. S. Hopp	9	329	9	78								4368-7692	P
Veterans Admin. ¹²¹	J. A. T. Ross	16	464	3	33	1,460	0	1	1	1	0	3	4710-8230	O
San Jose														
Santa Clara Valley Medical Center—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
Torrance														
Los Angeles County Harbor General—See University of California, Los Angeles														
COLORADO														
Denver														
University of Colorado Affiliated Hospitals							3	2	4	0	0	9		
University of Colorado Medical Center	W. G. Hemenway	7	655	2	100	11,996							3500-4500	O
Veterans Admin.	C. W. Whistler	14	346	0	0	2,360							4610-8230	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center														
Yale-New Haven	J. A. Kirchner	11	791	1		7,815	0	2	2	2	0	6	4000-5000	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals	A. G. DiBiasio						3	3	3	1	0	10		
Georgetown University	A. G. DiBiasio	2	266	0	0	3,137							5500-6500	P
District of Columbia General	A. G. DiBiasio	12	405	6	50	3,617								
Veterans Admin.	G. F. Miller	9	151	0		471							4610-8230	P
Washington Hospital Center ¹⁵⁰	J. A. Sabri	30	4,379	13	53	8,390	3	3	3	0	0	9	4860-5820	P

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
FLORIDA																
Coral Gables																
Veterans Admin.—See University of Miami Affiliated Hospitals, Miami																
Gainesville																
		William A. Shands Teaching Hospital and Clinics.....	G. T. Singleton.....	9	507	0	0	6,085	2	2	2	2	0	8	3600-6000	O
Miami																
		University of Miami Affiliated Hospitals.....	J. R. Chandler.....	...	...	...	...	...	2	2	2	0	0	6	4656-5916	O
		Jackson Memorial Veterans Admin. (Coral Gables).....	J. R. Chandler.....	11	680	8	62	6,513	...	...	...	...	...	...	...	...
Tampa																
		Tampa General ¹⁵²	W. I. Dunn.....	25	2,085	6	67	4,040	2	2	2	0	0	6	5400-8400	FP
GEORGIA																
Atlanta																
		Emory University Affiliated Hospitals.....	J. S. Turner, Jr.....	...	...	...	...	...	3	3	3	0	0	9	...	...
		Emory University.....	...	21	911†	17	41	0	...	...	...	...	...	...	...	P
		Grady Memorial.....	...	9	482	1	100	7,508	...	...	...	...	...	...	4800-5700	P
		Henrietta Eggleston Hospital For Children.....	...	6	1,103	0	0	0	...	...	...	...	...	...	3900-5100	...
ILLINOIS																
Chicago																
		Northwestern University Medical Center.....	G. W. Allen.....	...	...	...	...	2,558	4	4	4	4	0	16	...	...
		Chicago Wesley Memorial.....	G. W. Allen.....	18	1,940	2	100	...	...	...	...	...	...	...	4800-6000	O
		Cook County.....	J. A. Weiss.....	31	1,492	26	36	19,244	...	...	...	...	...	...	4620-5700	F
		Michael Reese Hospital and Medical Center.....	N. Leshin.....	12	1,432	2	0	1,823	...	...	...	...	...	...	4500-6300	P
		Veterans Admin. Research.....	G. W. Allen.....	7	217	2	50	1,826	...	...	...	...	...	...	4610-8230	O
		University of Chicago Hospitals and Clinics.....	R. F. Naunton.....	17	1,005	15	60	14,219	...	...	...	...	...	11†	5500-7500	O
		University of Illinois Affiliated Hospitals.....	F. L. Lederer.....	...	...	...	...	...	5	7	6	0	0	18	...	...
		Illinois Eye and Ear Infirmary.....	F. L. Lederer.....	23	1,399	8	63	26,868	...	...	...	...	...	...	...	...
		Presbyterian-St. Luke's.....	S. A. Friedberg.....	26	794	10	60	2,884	...	...	...	...	...	...	5000-7000	P
		University of Illinois Research and Educational Hospitals.....	F. L. Lederer.....	12	623	5	80	7,591	...	...	...	...	...	...	5300-6200	P
Hines																
		Veterans Admin. ¹⁷⁰	B. J. Soboroff.....	24	591	22	27	3,603	2	0	2	2	0	6	4610-7110	O
INDIANA																
Indianapolis																
		Indiana University Medical Center.....	D. E. Brown.....	...	...	...	...	...	3	3	3	0	0	9	...	...
		Indiana University Hospitals.....	D. E. Brown.....	11	669	4	25	6,488	...	...	...	...	...	...	3725-4525	P
		Marion County General.....	R. E. Lingeman.....	12	293	5	40	4,612	...	...	...	...	...	...	5220-6159	P
		Methodist Hospital of Indiana.....	D. E. Brown.....	10	1,087†	1	0	568	...	...	...	...	...	...	...	...
		Veterans Admin.....	D. E. Brown.....	9	194	10	40	789	...	...	...	...	...	...	4610-8230	O
IOWA																
Iowa City																
		State University of Iowa Affiliated Hospitals.....	B. F. McCabe.....	...	...	...	...	...	5	5	4	5	5	24	...	...
		University Hospitals.....	F. D. Staab.....	71	3,382	13	77	23,139	...	...	...	...	...	...	4500-6500	P
		Veterans Admin.....	...	12	656	...	...	1,552	...	...	...	...	...	...	4610-8230	P
KANSAS																
Kansas City																
		University of Kansas Medical Center.....	G. O. Proud.....	10	706	3	33	10,848	2	2	2	3	0	9	4200-5400	P
		Veterans Admin.....	H. A. Knauff.....	13	307	13	42	861	...	...	...	...	...	...	4610-6440	O
KENTUCKY																
Louisville																
		University of Louisville Affiliated Hospitals.....	G. I. Uhde.....	...	...	...	...	...	4	4	2	1	0	11	...	...
		Louisville General.....	G. I. Uhde.....	4	296	5	60	3,423	...	...	...	...	...	...	4230-5730	PO
		Veterans Admin.....	H. Oppenheim.....	5	239	2	0	1,141	...	...	...	...	...	...	4610-7110	O
LOUISIANA																
New Orleans																
		Charity Hospital of Louisiana.....	I. M. Blatt.....	...	...	...	...	...	...	...	...	...	...	...	5400-6000	F
		Louisiana State University Division.....	H. G. Tabb.....	31	856	8	13	11,802	...	...	...	...	...	...	5400-6000	F
		Tulane University Division.....	H. G. Tabb.....	32	983	7	71	10,397	...	...	...	...	...	...	6000-6000	F
		Eye, Ear, Nose and Throat ¹⁸⁸	H. G. Tabb.....	5	549	1	100	6,712	0	2	2	2	0	6	8000-6000	F
Shreveport																
		Confederate Memorial Medical Center.....	J. W. Pou.....	13	993	3	33	5,102	1	1	1	1	0	4	5400-6000	F
MARYLAND																
Baltimore																
		Johns Hopkins Affiliated Hospitals Program.....	J. E. Bordley.....	...	...	...	...	...	3	3	3	3	3	15	3600-...	P
		Johns Hopkins.....	...	22	1,761†	3	33	7,756	...	...	...	...	...	...	...	...
		Baltimore City Hospitals.....	...	...	...	...	...	2,470	...	...	...	...	...	...	...	...
		Greater Baltimore Medical Center.....	...	19c.	2,604	0	0	8,844	...	...	...	...	...	...	6300-7200	P
		University of Maryland Affiliated Hospitals.....	C. L. Blanchard.....	...	...	...	...	...	4	4	2	1	0	11	4100-5500	P
		University.....	...	15	793	8	63	7,149	...	...	...	...	...	...	...	...
		Baltimore Eye, Ear and Throat Charity.....	...	12	2,348	...	...	6,754	...	...	...	...	...	...	...	...
MASSACHUSETTS																
Boston																
		Boston City.....	A. J. Gorney.....	25	1,170	14	14	19,685	0	2	2	2	0	6	4800-6400	O
		Boston University Affiliated Hospitals.....	M. S. Strong.....	...	...	...	...	...	0	2	2	2	0	6	...	...
		University.....	M. S. Strong.....	9	506	...	...	1,295	...	...	...	...	...	...	4800-6000	O
		Lahey Clinic.....	G. D. King.....	15	1,095	3	75	18,150	...	...	...	...	...	...	4800-4800	O
		Veterans Admin. (Jamaica Plain).....	M. S. Strong.....	12	360	4	100	1,888	...	...	...	...	...	...	5460-7110	O
		U. S. Naval (Chelsea).....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Massachusetts Eye and Ear Infirmary.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Maintenance P F O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
MICHIGAN															
Ann Arbor															
University	W. P. Work	22	979	5	60	12,354	4	4	4	4	0	16	4500-5851	O	
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Henry Ford	G. H. Conner	10	1,164	3	10	26,744	2	2	2	2	0	8	4800-6000	P	
Wayne State University Affiliated Hospitals	G. J. Beekhuis						4	4	4	0	0	12			
Veterans Admin. (Dearborn)	G. J. Beekhuis	5	174	1	100	3,190							4610-8230	O	
Children's	L. G. Waggoner	5	860	1		1,236									
Detroit General	G. J. Beekhuis	9	556	8	33	5,428							5600-6500	P	
Harper	L. G. Waggoner	15	2,858	13	38	1,164							5100-6900	P	
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	L. R. Boies						4	4	4	0	0	12			
Hennepin County General	M. E. Sigel	5	530	1		3,684							4800-6300	P	
University of Minnesota Hospitals	L. R. Boies	8	464			7,044							4500-6586	O	
Veterans Admin.	H. Williams	16	502	12	83	2,531							4610-8230	O	
St. Paul-Ramsey (St. Paul)	A. Hohmann	6	449	2	0	3,355							4500-6000	P	
Rochester															
Mayo Graduate School of Medicine ²¹⁷	K. M. Simonton	12	1,314	2	50	51,732	4	4	4	4	0	16	4200-5400	P	
Rochester Methodist															
St. Mary's															
St. Paul															
St. Paul Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	G. E. Arnold						0	2	2	2	0	6			
University	G. E. Arnold	6	322	1	0	3,601							4300-5200	O	
Veterans Admin.	F. Khan	10	199	4	50	2,596							4610-7110	O	
MISSOURI															
Kansas City															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.															
St. Louis															
Homer G. Phillips	J. West	9	304	12	25	3,416	2	2	3	0	0	7†	4584-5849	P	
St. Louis University Group of Hospitals	W. Harkins	21	1,066	4	67	4,661	0	1	1	1	0	3	4800-6000	P	
Washington University Affiliated Hospitals	J. H. Ogura						5	5	5	5	5	25	6500-9000		
Barnes Hospital Group		65	6,520	16	63	10,215								O	
Veterans Admin.		10	450	8	88	2,505							4610-7110	O	
NEW JERSEY															
Newark															
United Hospitals of Newark, Eye and Ear Infirmary-Newark City	W. C. Keim						2	2	2	0	0	6			
United Hospitals of Newark, Eye and Ear Infirmary		19	1,580	7	50	4,689							4650-7600	F	
Newark City		12	763	13	46	4,373							4750-6300	F	
NEW YORK															
Albany															
Albany Medical Center ²³⁵	F. Goffin	10	740	7	43	1,870	2	2	1	0	0	5	4900-6900	P	
Buffalo															
State University of New York at Buffalo Affiliated Hospitals	J. M. Lore, Jr.						4	4	4	0	0	12			
Buffalo General		34	6,338	8	38	1,739							5700-6800	O	
Children's Hospital of Buffalo		15	4,353	0	0	4,700									
Edward J. Meyer Memorial		3	147	0	0	904							5550-6600	P	
Veterans Admin.		10	128	9	44	1,700							4610:7230	O	
New York City															
Albert Einstein College of Medicine Affiliated Hospitals	E. Rock						2	2	2	3	0	9			
Bronx Municipal Hospital Center		10	556	1	0	6,500							5580-6220	F	
Hospital of the Albert Einstein College of Medicine															
Lincoln															
Brooklyn Eye and Ear	I. Kuritzky	45	5,931	8	13	28,689	3	3	3	0	0	9	3600-4800	F	
Manhattan Eye, Ear and Throat	R. J. Bellucci	46	4,589	5	60	43,075	5	5	5	0	0	15	4800-6000	P	
Mount Sinai Hospital Training Program							3	4	3	2	0	12			
Mount Sinai	J. L. Goldman	34	2,246	2	50	6,893							5000-6500	P	
City Hospital Center at Elmhurst	K. Morgenstein	8	301	7	43	11,557							5700-6700	FP	
New York Eye and Ear Infirmary	D. G. Voorhees	27	2,931	0	0	25,342	5	5	5	0	0	15	3600-4800	P	
New York	J. A. Moore	18	1,571	0	0	10,424	1	1	1	1	0	5†	5000-8000	P	
New York University-Bellevue Medical Center	J. F. Daly						4	4	4	0	0	12			
Bellevue Hospital Center		33	1,178	7	43	18,077							4980-6400	P	
University	J. F. Daly	17	923	6	50								6690-7930	P	
Veterans Admin. (Manhattan)	F. Kwok	16	330	17	35								6690-8230	O	
Presbyterian	D. Baker	27	2,191	4	25	17,724	3	3	2	0	0	8	5500-6500	O	
St. Luke's Hospital Center	S. Whitfield	13	995	5	60	8,310	1	1	1	0	0	3	5000-6000	P	
State University-Kings County Medical Center ²⁴⁸	L. Mazzarella						3	4	3	3	0	13			
Kings County Hospital Center		40	1,168	5	25	11,700							4980-6400	P	
State University															
Veterans Admin. (Bronx)	H. Kolson	21	493	14	43	2,934	1	1	1	0	0	3	6690-8230	O	
Rochester															
Strong Memorial Hospital of the University of Rochester ²⁷²	J. P. Frazer	9	843			3,447	0	2	2	2	0	6	4000-7500	O	
Syracuse															
State University of New York Upstate Medical Center	G. Reed	28	2,741	16	42	3,817	0	3	3	3	0	9	5500-6400	O	
Veterans Admin.	D. L. Poushter	9	319	7	43	982							4610-7110	O	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	N. D. Fischer	9	554†	4	75	6,876	1	2	1	0	0	4	4000-8500	O
Durham														
Duke University Affiliated Hospitals	W. R. Hudson	12	823	3	0	5,963	2	2	2	2	0	8	4500-5400	P
Duke	W. R. Hudson	15	296†	13	31								4610-8230	O
Veterans Admin.														
Winston-Salem														
North Carolina Baptist Hospitals	J. Harrill	8	669	4	50	7,221	1	1	1	1	0	4	5000-7000	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group	D. Shumrick	18	820	10	60	6,345	5	5	5	5	0	20	4500-5100	FP
Cincinnati General		13	181	4	50								4610-8230	O
Veterans Admin.														
Cleveland														
Cleveland Clinic	H. E. Harris	11	677	3	67	13,810	3	2	2	0	0	7	4200-5400	P
St. Vincent Charity	S. C. Missal	15	315	1	100	1,426							3900-4500	P
Cleveland Metropolitan General	S. C. Missal	6	318	1	100	5,494	0	1	1	1	0	3	4800-6260	P
St. Luke's	F. W. Alexander	15	2,176	4	50	2,111	1	1	1	1	0	4	5292-6792	P
University Hospitals of Cleveland	W. H. Maloney	13	1,282†	1	0	3,685	2	2	2	0	0	6	5000-6000	P
Veterans Admin.		16	225	10	30	649							5460-6440	P
Columbus														
Ohio State University Affiliated Hospitals	W. Saunders	12	877	3	66	8,000	4	4	3	4	0	15	3200-5000	P
Ohio State University Hospitals		22	4,019	1	0	2,972								
Children's														
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	J. B. Snow, Jr.	10	529	2	0	5,347	3	2	2	2	0	9†	4300-6910	P
University of Oklahoma Hospitals		16	308	6	67	2,650								
Veterans Admin.														
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	D. D. DeWeese	16	1,005	6	66	6,974	3	3	3	3	0	12	4200-6000	FP
Veterans Admin.	T. G. TenEyck	5	216	2	100	1,475							5460-6440	P
PENNSYLVANIA														
Danville														
Geisinger Medical Center	J. Cole	20	1,823	5	60	19,127	2	2	2	2	0	8	5100-6000	P
Philadelphia														
Hospital of the University of Pennsylvania	P. A. Marden	33	1,159	3	67	8,980	3	3	3	3	0	12	2400-4200	O
Jefferson Medical College ¹⁴⁴	F. Harbert	17	1,074	3	33	3,150	4	4	1	4	0	13	4600-5600	O
Temple University	B. J. Ronis	40	1,820	9	77	4,238	2	2	2	2	0	8	3900-4800	O
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh	R. E. Jordan	56	6,265	8	3	1,924	3	3	3	3	0	12	5500-6500	P
Eye and Ear Hospital of Pittsburgh	R. E. Jordan	20	330	13	50								4610-7110	O
Veterans Admin.	C. S. Dimling	31	2,198	15	47	2,077	1	1	1	1	0	4	6300-7200	P
Mercy	J. T. Dickinson													
PUERTO RICO														
Rio Piedras														
Municipal Hospital Dr. Rafael Lopez Nussa	J. Picó	13	761	2	0	6,418	3	3	3	0	0	9	5700-6900	P
RHODE ISLAND														
Providence														
Rhode Island	F. L. McNelis	18	3,297	9	44	2,801	2	2	2	2	0	8	4600-6000	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	R. Hanckel	12	1,146	1	0	2,583	0	2	1	1	0	4	4560-6300	O
Medical College														
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals	S. H. Sanders	110	1,194	4	0	9,970	0	3	2	2	0	7	3660-4140	F
City of Memphis Hospitals	S. H. Sanders	7	787†			575								
Methodist	E. Rise	24	475	8	50	4,362	1	1	1	0	0	3	4610-8230	O
Veterans Admin.	T. A. Maguda													
Nashville														
Vanderbilt University Affiliated Hospitals	P. H. Ward	16	741			2,170	2	2	2	0	0	6	4200-4800	O
Vanderbilt University	P. H. Ward	2	119			1,813							3000-4000	
Nashville Metropolitan General	P. H. Ward													
Veterans Admin.														
TEXAS														
Dallas														
Parkland Memorial	D. Alexander	5	391	1	0	5,447	0	2	1	1	0	4	4680-5640	P
Veterans Admin.	D. A. Corgill	35	681	24	42	6,102	0	3	3	3	3	12	4610-7110	P
Galveston														
University of Texas Medical Branch Hospitals	G. S. McReynolds	8	443	4	25	3,842	1	1	1	1	0	4	5088-5138	P
Houston														
Baylor University Affiliated Hospitals	H. H. Harris	8	448	5	60	6,147	0	4	4	4	0	12	3900-4800	P
Ben Taub General		12	1,444			564							4500-5400	P
Methodist		14	396	10	50	2,966							4610:7110	P
Veterans Admin.														
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	D. A. Dolowitz	9	340	1		5,568	1	1	1	1	0	4	4200-7200	P
University	D. A. Dolowitz		153	1	100									
Veterans Admin.	G. Thomas													

Numerical and other references are listed on pages 279 through 282.

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
VERMONT														
Burlington														
Medical Center Hospital of Vermont.....	R. C. Morrow.....						1	1	1	1	0	4	4500-6800	O
Mary Fletcher Unit.....		8	736	3	100	1,298							4500-6800	O
De Goesbriand Unit.....		10	459	1	22	1,296							4500-6000	O
VIRGINIA														
Charlottesville														
University of Virginia.....	G. S. Fitz-Hugh.....	22	1,159	7	29	11,322	0	2	2	2	0	6	4200-5400	O
Richmond														
Medical College of Virginia Affiliated Hospitals.....	P. N. Pastore.....						4	4	4	4	2	18†	4200-5400	P
Medical College of Virginia-Hospital Division.....		17	1,413	8	50	12,288							4200-5400	P
Veterans Admin.....		13	289	2	50	2,234							4610-8230	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals.....	J. A. Donaldson.....						3	4	3	2	0	12	5500-6540	P
University.....	J. A. Donaldson.....	1	162†	1	100	935								
Children's Orthopedic Hospital and Medical Center.....	A. J. Novack.....													
U. S. Public Health Service.....	A. L. Cain.....	6	377	1	100	6,929								
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center.....	P. M. Sprinkle.....	12	950	3	67	5,473	2	2	2	2	0	8	4800-6600	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals.....	M. Bennett.....						0	2	2	2	0	6	4150-6250	P
University Hospitals.....		13	741	2	100	5,590							4150-6250	P
Madison General.....		13	1,681†	1	0								4150-6250	P
Veterans Admin.....		7	138	4	75	396							4610-6440	P
Milwaukee														
Veterans Admin. (Wood).....	R. H. Lehman.....	18	319	19	74	9,298	3	3	3	3	0	12	4610-7110	P

16. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: A—anatomic pathology only; C—clinical pathology only; P—anatomic pathology and clinical pathology. SP—special pathology is a separate category. Programs, 683; Residencies, 3,703

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall USAF, San Antonio.....	R. W. Morrissey.....	304	1,370,950	14,840	14,820	4P	2	2	0	2	0	6		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	A. Steer.....	233	620,377	5,464	5,464	4P	2	2	2	2	0	8		
COLORADO														
Fitzsimons General, Denver.....	J. T. Decker.....	186	483,427	4,276	4,252	4P	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Armed Forces Institute of Pathology.....	E. B. Helwig.....	14,223		30,342	30,342	1A	0	0	10	10	0	20		
Walter Reed General, Washington.....	M. H. Sulak.....	402	1,068,000	9,500	9,450	4P	4	4	4	4	0	16		
HAWAII														
Tripler General, Honolulu.....	W. C. Butz.....	249	675,871	4,526	4,526	4P	2	2	2	2	0	8		
TEXAS														
William Beaumont General, El Paso.....	G. D. Lundberg.....	279	1,080,000	5,097	5,013	4P	1	2	1	2	0	6		
Brooke General, San Antonio.....	J. M. Lukeman.....	397	1,381,930	6,951	6,925	4P	3	3	2	2	0	10		
WASHINGTON														
Madigan General, Tacoma.....	W. A. Meriwether.....	187	1,339,322	5,433	5,313	4P	2	2	2	2	0	8		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland.....	D. B. Rulon.....	161	409,872	6,538	6,200	4P	1	1	1	1	0	4		
U. S. Naval, San Diego.....	R. M. Dimmette.....	482	1,220,461	14,642	12,206	4P	3	2	3	2	0	10		
MARYLAND														
U. S. Naval, Bethesda.....	F. G. Steen.....	318	909,434	8,409	8,382	4P	2	2	2	2	0	8		
NEW YORK														
U. S. Naval, St. Albans.....	C. Bishop.....	130	628,961	5,675	5,675	4P	1	1	1	1	0	4		

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

State	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA															
	U. S. Naval, Philadelphia	W. A. Schrader, Jr.	285	392,901	4,733	4,054	4P	1	1	1	1	0	4		
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
	U. S. Public Health Service, New Orleans	W. H. Holthaus	214	376,272	4,636	4,636	4P	2	2	0	0	0	4		
MARYLAND															
	U. S. Public Health Service, Baltimore	R. Y. Katase	129	389,896	3,238	3,236	4P	2	2	2	2	0	8		
	National Institutes of Health-Clinical Center	G. Williams, H. Stewart	227	1,034,000	4,462	4,462	4P						15		
NEW YORK															
	U. S. Public Health Service (Staten Island) New York City	L. J. Karlin	125	583,014	5,033	4,600	4P	2	2	1	1	0	6		
WASHINGTON															
	U. S. Public Health Service, Seattle—See Swedish Hospital Medical Center-U. S. Public Health Service, Seattle, Wash.														
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
	St. Elizabeths, Washington	P. A. Athanasiadou	202	308,459	701	701	1A	1	1	0	0	0	2	6941-8599	O
OTHER FEDERAL															
CANAL ZONE															
	Gorgas, Balboa Heights	L. Hieger	259	326,382	4,064	3,608	4P	1	1	1	1	0	4	8705-11361	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
	Birmingham Baptist	T. B. Patton	2	1,451	15	15	4P	2	2	1	1	1	7	6000-9000	F
	Carraway Methodist	J. Beard	119	282,259	3,794	3,794	4P	2	0	0	0	0	2	5400-7800	P
	University of Alabama Medical Center	C. H. Lupton, Jr.	669	1,265,482	9,759	9,759	4P	6	6	5	5	2	24		P
	University of Alabama Hospitals and Clinics	C. H. Lupton, Jr.												4980-6300	P
	Veterans Admin.	B. Hathaway, S. Pelt												4610-8230	O
Fairfield															
	Lloyd Noland	H. G. Davis	138	147,218	3,697	3,497	4P	1	0	1	0	0	2	5400-10800	FP
Mobile															
	Mobile General	E. L. Brown	243	326,019	6,011	3,253	3A	1	1	1	0	0	3	5400-6600	P
Tuscaloosa															
	Druid City	L. Brahen	120	265,000	5,232	5,323	1A	1	0	0	0	0	1	4800-7200	O
ARIZONA															
Phoenix															
	Good Samaritan	M. Richter	267	322,758	11,393	9,729	4P							7800-9300	F
	Maricopa County General	F. Vigil	313	401,779	3,175	3,037	4P	2	2	1	1	0	6	6900-8700	P
	St. Joseph's	L. A. Stapley	254	301,187	9,007	6,920	4P	1	1	1	1	0	4	5400-6300	F
ARKANSAS															
Little Rock															
	Arkansas Baptist Medical Center	R. A. Burger	183	144,152	8,635	7,007	4P	1	1	1	1	0	4	6900-6900	F
	University	W. E. Jaques	351	320,163	5,004	5,004	4P	2	2	2	2	1	9	3900-10000	O
	Veterans Administration Consolidated Hospital	H. L. Richardson, H. J. White	268	586,190	3,337	3,202	4P	1	1	1	1	0	4	4610-13769	O
	Little Rock Hospital Division														
	North Little Rock Hospital Division (North Little Rock)														
North Little Rock															
	Veterans Admin. Consolidated Hospital, North Little Rock Hospital Division—See Little Rock														
CALIFORNIA															
Bakersfield															
	Kern County General	R. W. Huntington	855	373,748	13,026	5,562	4P	1	1	1	1	0	4	7600-9300	O
Berkeley															
	Herrick Memorial	W. J. Wedemeyer	121	118,228	2,458	2,168	4P	1	1	1	1	0	4	4800-6900	P
Burbank															
	St. Joseph	R. Straus	177	152,531	8,013	6,497	4P	2	2	2	2	0	8	4800-9600	O
Duarte															
	City of Hope Medical Center	G. D. Amromin	207	233,262	4,907	4,907	2P	0	0	1	1	0	2	6000-9600	P
Glendale															
	Glendale Adventist	A. F. Brown	159	197,576	6,821	5,330	4P	1	1	1	1	0	4	8780-8460	P
La Jolla															
	Scripps Memorial	P. L. Gausewitz	104	126,208	4,000	3,193	2P	1	0	0	0	0	1	4800-5400	O
Loma Linda															
	Loma Linda University Hospital— Riverside General	G. Dybdahl					4P	2	2	1	1	0	6		
	Loma Linda University Riverside General (Riverside)	W. P. Thompson G. Dybdahl	135 250	208,032 274,117	4,923 2,273	4,100 1,940								5595-7259	O
Long Beach															
	Memorial Hospital of Long Beach	E. R. Jennings	300	425,324	9,898	8,319	4P	1	3	2	0	0	6	6000-7800	P
	St. Mary's Long Beach	T. Kiddie	215	256,602	7,126	4,933	4P	1	1	1	0	0	3	6000-7200	P
	Veterans Admin. ¹²⁴	I. M. Reingold	658	974,013	4,420	4,420	4P	3	2	2	3	0	10	5920-8760	O
Los Angeles															
	California	P. H. Jernstrom	179	136,287	6,555	4,252	4P	1	1	1	1	0	4	6000-7800	F
	Cedars-Sinai Medical Center														
	Cedars of Lebanon Hospital Division	N. B. Friedman	320	398,087	8,761	8,639	4P	2	2	2	2	1	9	6000-8100	P
	Mount Sinai Hospital Division	L. Kaplan	130	291,870	4,263	3,877	4P	1	1	1	0	0	3	6000-8100	P

16. PATHOLOGY — Continued

Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA, Los Angeles—Continued														
Childrens Hospital of Los Angeles	B. H. Landing	261	239,358	3,271	1,517	1A	4	0	0	0	0	4	5000-6000	P
Hospital of the Good Samaritan Medical Center	W. H. Kern	231	161,867	5,617	4,230	4P	1	0	0	1	0	2	6000-7600	FP
Kaiser Foundation	J. Gordon	270	1,218,086	17,690	16,442	4P	1	1	1	1	0	4	6000-7800	P
Los Angeles County General, Unit I	P. Beamer	1,954	2,867,901	18,551	14,525	4P	6	6	6	6	0	24	7200-9000	P
Queen of Angels	J. H. Cremin	193	144,098	5,080	4,079	4P	1	1	1	1	0	4	6600-8400	P
University of California	S. C. Madden	408	344,319	7,064	6,540	4P						15†	4368-7692	O
Veterans Admin. Center-Wadsworth ¹¹⁵	B. G. Fishkin	849	1,199,471	8,850	8,850	4P	5	5	5	4	0	19	5920-12873	P
White Memorial Medical Center	O. B. Pratt	849	586,284	7,356	5,775	4P	1	1	1	1	0	4	6060-7860	P
Martinez														
Veterans Admin.	P. J. Melnick	257	274,583	3,093	3,093	4P	1	1	2	2	0	6	4610-12873	O
Mountain View														
El Camino	C. A. Peterson	113	399,086	7,816	5,462	4P	1	1	1	1	0	4	4800-8400	O
Oakland														
Children's Hospital Medical Center of Northern California	B. vonSchmidt	98	126,994	2,487	624	1A	1	1	1	0	0	3	6700-7700	FP
Highland General	R. J. Parsons	450	298,557	5,181	5,749	3A	1	1	1	1	0	4	6174-8828	FP
Kaiser Foundation	N. L. Morgenstern	325	690,000	12,000	11,000	4P	1	1	1	1	0	4	4860-6840	P
Samuel Merritt	C. P. Baker	161	262,216	6,429	5,444	4P	0	0	0	1	0	1	4860-6840	P
Orange														
Orange County Medical Center	U. T. Slager	500	648,630	3,978	3,558	4P	1	1	1	1	0	4	6200-8500	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	M. Berthrong					4P	4	3	3	3	0	13		
Palo-Alto-Stanford Hospital Center	M. Berthrong	710	1,283,107	11,217	10,505								4900-6900	O
Veterans Admin.	B. Gerstl	252	643,989	3,121	3,121									
Pasadena														
Huntington Memorial	D. Shillam	330	408,144	10,468	8,406	4P	1	1	1	1	0	4	6000-7800	FP
Redwood City														
Sequoia	S. Lindsay	141	183,694	6,582	6,237	4P						2	4200-4860	P
Riverside														
Riverside General—See Loma Linda University Hospital-Riverside General, Loma Linda														
Sacramento														
Mercy	S. Friedlander	99	422,587	9,789	6,063	4P	1	1	0	0	0	2	6000-9600	O
Sacramento County	R. Hardré	460	361,040	2,821	2,571	4P	1	1	1	1	0	4	8460-10260	F
Sutter Community Hospitals of Sacramento	C. M. Blumenfeld	227	317,056	8,643	8,627	4P	1	1	1	1	0	4	6000-7800	O
San Diego														
Donald N. Sharp Memorial Community	H. R. Irwin	261	273,556	14,023	11,000	4P						3	5400-7200	P
Mercy	D. DeSanto	204	276,737	16,602	13,952	4P	1	1	1	1	0	4	4980-6780	F
San Diego County-University	S. L. Saltstein	412	25,567	10,414	3,163	4P	1	1	1	1	0	4	5076-7032	P
San Francisco														
Children's Hospital and Adult Medical Center	S. T. Nerenberg	130	262,766	4,274	2,833	4P						4	7800-9600	P
French	G. A. Watson	120	103,863	3,129	2,845	2P	1	1	0	0	0	2	7800-8400	P
Kaiser Foundation	M. L. Bassis	319	606,541	11,125	9,892	4P	1	1	1	1	0	4	5880-9360	P
Mount Zion Hospital and Medical Center	N. Rudo	341	362,109	6,543	4,971	4P	1	1	1	1	0	4	4680-7740	P
Presbyterian Medical Center	R. Kleinhenz	163	200,000	3,950	3,800	4P	1	1	1	1	0	4	4800-6300	P
St. Francis Memorial	J. L. Zundell	135	22,078	4,982	3,569	4P	1	1	1	1	0	4	3600-3600	P
St. Joseph's	C. M. McCandless	144	93,209	2,499	1,892	2P	1	1	0	0	0	2	5400-6000	FP
St. Luke's	M. B. Black	160	167,893	3,575	2,810	4P	1	1	1	1	0	4	4200-7200	FP
St. Mary's	R. A. Jeffrey	143	291,431	13,918	13,143	4P	1	1	1	1	0	4	3600-5400	FP
Southern Pacific Memorial	V. L. Cull	176	311,937	4,828	4,458	4P	1	1	1	1	0	4	5880-8700	FP
University of California Program in Pathology	H. D. Moon					4P	6	6	6	6	2	26		
H. C. Moffitt-University of California Hospitals	O. M. Rambo, G. Brecher	317	317,452	6,476	6,476								4368-7692	O
San Francisco General	M. Pollycove, D. McKay	649		3,382	3,382								4368-7692	P
Veterans Admin.	S. H. Choy, P. R. Jensen	224	494,163	2,528	2,528								4710-8230	O
San Jose														
O'Connor	L. R. Grams	184	254,450	9,145	5,235	4P	1	1	1	1	0	4	4800-8400	O
Santa Clara Valley Medical Center	R. S. Cox	461	455,673	3,799	3,382	4P	2	2	2	2	0	8	5232-8148	F
San Pablo														
Brookside	G. H. DeMay, C. Rolle	126	256,812	4,469	4,027	4P	4	0	0	0	0	4	6000-...	O
Santa Barbara														
Santa Barbara Cottage	D. R. Dickson	175	154,313	4,902	3,945	4P	1	0	0	1	0	2	4500-6300	F
Santa Monica														
St. John's	G. J. Hummer	132	343,401	5,831	4,911	2A	2	0	0	0	0	2		O
Stockton														
San Joaquin General	H. Schneider	381	375,098	3,221	2,687	4P	1	1	1	1	0	4	6288-11808	F
Torrance														
Los Angeles County Harbor General	D. Moyer	667	775,246	5,859	5,636	4P	3	3	2	2	0	10	7200-9000	P
COLORADO														
Colorado Springs														
Penrose	D. L. Dawson, J. D. Rice, Jr.	254	267,658	5,819	4,607	4P	1	1	1	1	0	4	4800-6000	FP
Denver														
Children's	E. Beatty	129	438,054	2,926	916	2P	2	0	0	0	0	2	5000-6000	P
Denver General	E. S. Johnson	858	525,329	3,802	3,712	4P	1	1	1	1	0	4	4020-5256	P
General Rose Memorial	J. Minckler	203	442,919	6,057	5,906	4P	1	1	2	1	0	5	5400-5940	P
Porter Memorial	J. Denst	93	141,124	4,438	4,294	4P	1	1	1	1	0	4	3600-7200	O
Presbyterian Medical Center	A. E. Lubchenco	207	278,243	8,009	6,612	4P	2	1	1	1	0	5	4800-5700	P
St. Anthony	S. K. Kurland													
	R. E. Herrmann	179	278,026	10,477	6,811	4P	1	1	1	1	0	4	7500-8400	P
St. Joseph	J. B. Holyoke	261	420,058	12,646	9,875	4P	1	1	1	1	0	4	4920-6120	P
St. Luke's	W. C. Black	254	268,944	8,005	6,537	4P	1	1	1	1	0	4	6600-7800	P
Sisters of Mercy	R. L. Hawley	136	220,987	8,365	8,102	4P						4	7200-8400	P
University of Colorado Affiliated Hospitals						4P	6	4	5	5	1	20		
University of Colorado Medical Center	D. W. King	411		4,956	4,936								3500-4500	O
Veterans Admin.	C. W. Anthony	341	556,700	2,114	2,110								4610-12873	O
Pueblo														
St. Mary-Corwin	G. E. McKinnon	112	304,196	5,719	4,302	4P	2	2	2	2	0	4	4200-6000	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
CONNECTICUT														
Bridgeport														
Bridgeport	R. Pope	377	404,442	7,326	5,552	4P	1	1	1	1	0	4	6300-8100	FP
St. Vincent's	D. H. Lobdell	310	316,569	6,476	4,934	4P	1	1	1	1	0	4	5700-6600	P
Danbury														
Danbury	N. Herrera	172	232,637	4,173	3,237	4P	1	1	1	1	0	4	4200-6000	F
Derby														
Derby	D. F. Miller	102	137,185	3,023	2,052	4P	1	1	1	1	0	4	5000-6000	F
Greenwich														
Greenwich	D. W. Benninghoff	241	161,317	5,630	4,732	4P						1	5300-6200	FP
Hartford														
Hartford	R. Tennant	772	641,927	14,129	12,540	4P	2	2	2	2	0	8	4800-6600	P
St. Francis	J. E. Thayer	329	459,756	10,171	9,255	4P	1	1	1	1	0	4	4200-5400	FP
Manchester														
Manchester Memorial	F. P. Becker	159	161,257	5,777	4,003	2P	1	1	0	0	0	2	5100-6500	F
Middletown														
Middlesex Memorial	C. E. McLeod	231	158,611	4,532	3,483	4P	1	1	1	1	0	4	5500-7000	O
New Britain														
New Britain General	P. D. Rosahn	275	307,900	7,733	6,303	4P	1	1	1	1	0	4	6080-7980	P
New Haven														
Hospital of St. Raphael	R. Nesbit	275	348,417	6,492	5,793	4P	1	1	1	1	0	4	6020-6920	P
Yale-New Haven Medical Center	A. A. Liebow, D. Seligson	769	815,169	13,360	11,812	4P	5	7	3	0	0	15	4000-5000	P
Yale-New Haven Veterans Admin. (West Haven)	R. Yesner	258	655,841	4,380	3,980	4P	1	2	0	3	0	6	4610-8230	O
Newington														
Veterans Admin.	R. G. Olivetti	150	161,572	1,519	1,327	1A	1	1	0	0	0	2	4610-6440	P
Norwalk														
Norwalk	R. Barnett	231	258,859	5,822	3,997	4P	1	1	1	1	0	4	4200-6000	F
Stamford														
Stamford	E. S. Breakell	217	353,000	4,124	3,094	4P	1	1	1	1	0	4	5800-6700	P
Waterbury														
St. Mary's	M. E. Cox	180	241,799	4,787	3,654	4P	1	1	1	1	0	4	4200-6000	FP
Waterbury	J. O. Collins	247	224,530	7,455	4,720	4P	1	1	1	1	0	4	4200-6000	FP
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Wilmington Medical Center														
Delaware Division	J. W. Howard	297	551,248	9,184	7,791	4P	1	1	1	1	1	5	6000-7800	P
Memorial Division	J. W. Abbiss	173	329,482	7,011	5,098	4P	1	1	1	1	1	5	6000-7800	P
Wilmington General Division	J. V. Casella	133	370,311	5,590	4,426	4P	1	1	1	1	0	4	6000-7800	FP
DISTRICT OF COLUMBIA														
Washington														
Children's	J. Patrick	146	268,073	947	1,015	1A	1	1	0	0	0	2	3700-4100	P
District of Columbia General	B. S. Turla	987	1,277,263	4,235	4,235	4P	4	3	3	2	0	12	4500-6500	P
Doctors Hospital-Sibley Memorial	O. B. Hunter, Jr.					4P							4800-7200	P
Doctors	O. B. Hunter, Jr.	187	330,150	5,550	4,651		1	1	1	1	0	4	4800-7200	P
Sibley Memorial	O. B. Hunter, Jr.													
Freedmen's	W. G. Battaile	193	226,114	7,621	4,292		1	1	1	1	0	4	4800-7200	P
	M. A. Jackson,													
	C. C. Sampson	295	334,105	4,609	4,609	4P	1	1	1	1	0	4	6941-8702	O
Georgetown University	A. Golden	318	428,411	5,185	5,085	4P	3	3	2	2	0	10	4668-5980	P
George Washington University	T. M. Peery	299	460,194	9,529	9,340	4P	2	2	1	1	0	6	4500-6000	P
Providence	K. L. McCoy	252	405,723	6,800	6,501	4P	1	1	1	1	0	4	4200-6000	FP
Veterans Admin.	M. Matthews	329	585,000	2,765	2,765	4P						7	4610-13321	P
Washington Hospital Center	V. E. Martens	489	620,030	13,283	12,688	4P	2	2	2	2	0	8	4680-5820	P
FLORIDA														
Coral Gables														
Veterans Admin.	R. M. Clark	342	460,214	4,767	4,717	4P						8	4480-8000	O
Fort Lauderdale														
Broward General	R. J. Poppiti	330	414,622	7,196	5,332	4P	1	1	1	1	0	4	6000-7800	P
Gainesville														
William A. Shands Teaching Hospital and Clinics	V. M. Arecan	347	416,413	12,057	12,057	4P	4	4	4	2	1	15+	4200-7000	O
Hollywood														
Memorial	J. Mickley	205	392,653	4,786	4,426	4P	1	0	1	0	0	2	4800-9600	P
Jacksonville														
Baptist Memorial	A. G. Foraker	190	330,000	9,000	7,500	4P	1	1	1	1	0	4	5700-7200	P
Duval Medical Center	E. K. Miller	449	312,609	3,349	3,315	4P	1	1	1	1	0	4	5700-6600	P
St. Vincent's	C. M. Whorton	147	291,119	8,854	6,574	4P	1	1	1	1	0	4	5700-6600	P
Miami														
Baptist Hospital of Miami						2P								
University of Miami Affiliated Hospitals														
Jackson Memorial	W. A. D. Anderson	720	1,533,470	12,140	10,250	4P	4	4	4	4	1	17	4284-6300	O
Variety Children's	E. B. Blum, M. Bevilacqua	67	111,620	1,357	463	2P	1	1	0	0	0	2	3950	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	A. Rywlin	305	491,914	6,680	5,928	4P	1	1	1	1	1	5	4500-6500	P
Orlando														
Florida Sanitarium and Hospital	J. G. Jones	173	140,000	3,406	2,958	2P	1	0	1	0	0	2	6600-7500	F
Orange Memorial	C. G. Butt	311	599,346	7,572	7,095	4P	3	0	2	2	0	7	5700-6600	P
Pensacola														
Pensacola Educational Program														
Baptist	G. Squires	210	242,218	6,703	4,765	4P	1	1	1	1	0	4	5700-6600	P
St. Petersburg														
Mound Park	I. C. Evans	443	454,776	8,987	7,027	4P	1	1	1	1	0	4	6300-7200	P
Tampa														
Tampa General	E. Ruffolo	427	487,464	13,784	11,918	4P	2	2	2	2	0	8	5700-8700	FP

18. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA														
Atlanta														
Crawford W. Long Memorial	J. F. Olley	179	324,416	9,682	9,572	4P	3	2	2	1	0	8	4920-5820	O
Emory University Affiliated Hospitals	J. T. Ellis					4P	5	5	4	4	0	18		
Emory University	J. T. Ellis	344	347,572	7,491	7,491								4200-6000	P
Veterans Admin.	J. Mendeloff	186	373,216	1,646	1,526								4610-8230	P
Grady Memorial	J. T. Ellis	650	998,173	7,902	7,902	4P	3	3	3	1	0	10	4500-5700	O
Piedmont	R. Vincenzi	125	373,529	13,493	13,493	4P	1	1	0	0	0	2	5040-5520	P
St. Joseph's Infirmary	J. T. Godwin	173	334,084	8,323	8,323	4P	1	1	1	1	0	4	5640-6600	P
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	L. D. Stoddard	301	821,458	4,594	4,500	4P	2	2	2	2	1	9	3900-7000	P
University	M. Ihnen	164	220,110	6,031	4,516	4P	1	1	1	1	0	4	4734-6834	P
Savannah														
Memorial Hospital of Chatham County	W. S. Medart	231	196,500	3,480	3,384	4P						2	5100-6600	F
HAWAII														
Honolulu														
Kaiser Foundation	J. G. Bennett	78	300,459	3,697	3,311	1A	1	0	0	0	0	1	7200-7200	P
Kuakini	G. Stemmermann	146	121,322	4,456	3,922	4P	1	1	1	1	0	4	6600-8400	P
Queen's	D. Will	307	344,564	6,397	5,418	4P	1	1	2	1	0	5	6600-8400	O
St. Francis	M. H. Haber	131	187,638	4,010	3,708	4P	1	1	1	1	0	4	6600-8400	O
ILLINOIS														
Berwyn														
MacNeal Memorial	B. H. Neiman	249	329,731	7,775	6,294	4P	1	1	1	1	0	4	5400-7200	FP
Chicago														
American	W. Eisenstaedt, B. Khan	84	94,896	1,577	1,488	2P	1	1	0	0	0	2	4800-4800	F
Augustana	G. Milles	167	245,514	3,656	3,323	4P	0	1	1	0	0	2	7500-7500	P
Children's Memorial	J. Boggs	184	252,989	4,260	4,260	2P	2	0	0	0	0	2	4200-6000	P
Columbus	E. F. Hirsch, C. Maso	170	378,924	4,507	4,227	4P	1	1	1	1	0	4	5700-6600	FP
Frank Cuneo	E. F. Hirsch, C. Maso	65	81,290	1,880	1,785								5700-6600	FP
St. Frances Xavier Cabrini	E. F. Hirsch, F. Veenbass	67	89,950	1,772	1,693								6900-7800	P
Cook County	P. B. Szanto	2,412	1,250,000	30,211	30,161	4P	8	4	2	2	0	16	4620-7620	FP
Edgewater	L. G. Gamboa	196	225,878	4,707	4,577	4P	2	1	1	0	0	4	6600-7800	FP
Englewood	C. Torres	80	79,038	2,773	1,478	2P	2	0	0	0	0	2	7200-7800	FP
Grant	S. S. Barron	131	199,054	3,576	2,942	4P	1	1	1	1	0	4	6600-7500	FP
Illinois Central	W. P. Mavrelis	101	102,560	3,610	2,233	1A	1	0	0	0	0	1	6444-6044	FP
Illinois Masonic	G. Gyori	278	576,247	7,407	6,814	4P	1	1	1	2	0	5	6000-7200	FP
Jackson Park	L. S. Medgyesy	99	133,000	2,155	1,800	2P	1	1	0	0	0	2	-10800	O
Louis A. Weiss Memorial Hospital	W. Drwiega	172	299,269	4,530	4,369	4P	1	1	1	1	0	4	6900-7800	P
Mercy Medical Center	G. W. Changus	181	410,576	4,543	4,484	4P	2	2	1	1	0	6	4500-5400	P
Michael Reese Hospital and Medical Center	C. L. Pirani	527	1,484,675	10,982	8,998	4P	3	3	3	3	0	12	4500-7200	P
Mount Sinai Hospital Medical Center	A. I. Rubenstone	267	512,601	4,784	4,343	4P	3	3	3	3	0	12	4600-6100	P
Northwestern University Medical Center	W. Wartman													
Chicago Wesley Memorial	T. Laipply	340	500,912	13,711	13,410	4P	2	2	2	2	0	8	4800-6000	O
Passavant Memorial	W. Wartman, J. Sherrick	128	288,954	4,280	4,280	4P	1	1	1	0	0	3	3900-4800	P
Veterans Admin. Research	H. Yokoo	404	557,426	2,643	2,431	4P	2	2	1	1	0	6	4610-8230	O
Evanston	C. B. Taylor	265	476,372	5,488	4,636	4P	2	2	1	1	0	6	4800-5700	P
Presbyterian-St. Luke's	G. M. Hass	665	865,465	10,151	9,247	4P	2	2	2	2	1	9	5700-7200	P
Ravenswood	H. Hetz	124	186,260	6,676	6,192	1A	1	0	0	0	0	1	7600-7600	O
St. Anne's	J. B. Hartney	183	287,974	4,856	3,311	4P	1	1	1	1	0	4	6600-6600	O
St. Joseph	J. Kraft	223	306,233	5,542	5,143	4P	1	1	1	1	0	4	6300-7440	FP
St. Mary of Nazareth	M. C. Godwin	117	145,322	3,938	2,745	1A	2	0	0	0	0	2	6300-7200	P
Swedish Covenant	J. B. McCormick	142	163,486	3,126	2,333	4P	1	1	1	1	0	4	5100-6000	F
University of Chicago Hospitals and Clinics	R. W. Wissler	483	917,505	6,665	6,521	4P	5	2	3	3	2	15	5500-7500	O
University of Illinois Research and Educational Hospitals	C. A. Krakower	283	1,378,685	14,251	14,251	4P	3	3	2	2	0	10	5300-6200	P
Veterans Admin. (West Side) ¹⁷²	B. Chomet	342	773,600	2,600	2,470	4P	2	2	1	0	0	5	4610-13321	O
Decatur														
Decatur and Macon County	O. C. Brosius	170	210,706	5,055	3,743	4P	1	1	1	1	0	2	5100-6900	F
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
St. Francis	G. A. Nedzel	248	276,321	5,859	4,548	4P						3	6780-7260	FP
Hines														
Veterans Admin. ¹⁷⁴	M. E. Rubnitz	785	989,312	4,972	4,750	4P	3	3	3	3	0	12	4610-7110	O
Oak Park														
West Suburban	G. Kent, F. I. Volini	234	221,125	5,033	4,416	4P	1	1	1	1	0	4	5800-7600	O
Park Ridge														
Lutheran General	J. Valaitis	210	407,623	6,803	5,373	4P	1	1	1	1	0	4	4800-7200	P
Peoria														
Methodist Hospital of Central Illinois	H. I. Brown	218	251,932	6,766	5,236	4P	1	1	1	1	0	4	5400-6300	F
St. Francis	K. R. Sahlberg	301	328,621	5,905	4,705	4P	2	1	2	1	0	6	5100-6000	F
Rockford														
Rockford Memorial	M. O. Alexander	260	254,470	4,941	3,972	4P	1	0	1	0	0	2	4200-5400	F
St. Anthony	A. R. K. Matthews	230	216,612	5,134	4,266	4P	1	1	1	1	0	4	4800-7200	P
Urbana														
Carle Memorial	H. P. Friedman	90	210,000	4,500	3,900	1A	1	0	0	0	0	1	3500-3500	P
INDIANA														
Elkhart														
Elkhart General—See South Bend Medical Foundation Hospitals, South Bend														
Evansville														
St. Mary's	F. Porro	163	226,683	4,984	3,489	2P	1	1	0	0	0	2	6000-6600	P
Fort Wayne														
St. Joseph's Hospital of Fort Wayne	L. A. Schneider	196	238,295	13,228	11,650	4P	2	1	1	1	0	5	6000-8400	P
Gary														
Methodist	W. Loh	240	249,602	8,129	6,622	4P	1	1	1	1	0	4	5400-7200	F
Indianapolis														
Indiana University Medical Center														
Indiana University Hospitals	F. Vellios	418	766,355	6,057	6,057	4P	3	3	3	3	0	12	4000-6000	P
Marion County General	T. A. Randall	651	503,605	4,060	3,916	4P	1	1	1	1	0	4	5220-6159	P
Methodist Hospital of Indiana	L. H. Hoyt	557	1,631,218	30,023	21,033	4P	2	2	2	2	0	8	5880-8780	P
St. Vincent's	L. N. Foster	227	447,390	6,809	5,844	4P	1	1	1	1	0	4	5700-7500	P
Veterans Admin.	D. Rosenbaum	375	414,869	2,655	2,655	2P	1	1	0	0	0	2	4610-8230	O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropses	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
INDIANA—Continued														
Lafayette														
St. Elizabeth	H. T. Russell	102	194,120	3,688	2,861	4P	1	1	1	1	0	4	4800-4800	F
Mishawaka														
St. Joseph—See South Bend Medical Foundation Hospitals														
Muncie														
Ball Memorial	L. G. Montgomery	217	49,853	8,313	6,779	4P	0	0	1	0	0	1	6000-6600	P
South Bend														
South Bend Medical Foundation Hospitals														
Elkhart General (Elkhart)	J. R. Bennett	580	579,000	18,975	14,000	4P	2	2	2	2	0	8	6600-7200	O
St. Joseph (Mishawaka)														
Memorial Hospital of South Bend														
St. Joseph's														
IOWA														
Cedar Rapids														
St. Luke's Methodist	R. F. Looker	241	376,000	6,716	6,016	4P	1	1	1	1	0	4	7200-8100	FP
Des Moines														
Iowa Methodist	J. W. Green	240	273,164	10,414	8,366	4P	1	1	1	1	0	4	6300-7200	F
Mercy	J. Song	160	281,210	4,303	4,215	4P	2	1	1	1	0	5	6300-7200	F
Veterans Admin.	T. E. Corcoran	183	267,258	2,940	2,940	1A	1	0	0	0	0	1	4610-8230	P
Iowa City														
University Hospitals	E. D. Warner	571	799,981	11,807	11,807	4P	3	3	3	4	1	14†	4500-6500	P
Veterans Admin.	K. R. Cross	274	346,270	2,065	1,901	4P	1	1	1	1	0	4	4610-8230	O
KANSAS														
Kansas City														
University of Kansas Medical Center	D. Scarpelli	473	979,524	8,544	7,920	4P	4	4	4	4	0	16	4000-6000	P
Veterans Admin. (Kansas City, Mo.)	H. P. Fink	304	541,362	2,615	2,163								4610-7110	O
Wichita														
St. Francis	P. W. Andreas, P. T. H. Mao	360	1,185,394	13,112	9,798	4P	1	1	1	1	0	4	6032-6968	FP
St. Joseph Hospital and Rehabilitation Center—Veterans Admin.														
St. Joseph Hospital and Rehabilitation Center	W. J. Reals					4P	1	1	1	1	0	4		
Veterans Admin.	W. J. Reals	205	272,605	8,317	7,404								5700-6420	P
Wesley Medical Center	M. Barnes	122	173,563	1,247	1,172								5450-7110	O
	B. E. Stofer	196	460,205	13,176	9,860	4P	1	1	1	1	0	4	6000-6900	F
KENTUCKY														
Covington														
St. Elizabeth	R. J. Ritterhoff	154	159,253	4,702	3,648	1A	2	0	0	0	0	2	3900-5700	P
Harlan														
Harlan Appalaehian Regional	J. J. Salter	169	135,000	4,531	2,880	4P	2	1	0	0	0	3	6400-8800	P
Lexington														
St. Joseph	J. T. McClellan	119	309,458	8,172	6,316	2P	1	0	0	0	0	1	4260-6060	P
University	W. B. Stewart	350	500,000	8,000	8,000	4P	1	1	1	1	0	4	4560-6360	P
Louisville														
University of Louisville Affiliated Hospitals														
Children's	W. C. Christopherson	91	86,358	1,583	599	4P	2	2	2	2	0	8		
Louisville General		606	582,548	5,235	5,235								4300-	P
Veterans Admin.	W. L. Broghamer	277	308,754	2,444	2,401	4P						4	4610-7110	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
	E. Moss, C. E. Dunlap, J. Strong	1,594	1,358,309	15,411	15,411	4P						16	5400-6000	F
Ochsner Foundation	G. M. Carrera	243	603,337	8,542	8,250	4P	1	1	1	1	0	4	4500-5400	P
Ochsner Foundation	M. Beeler	243	603,337	8,542	8,250	3C	1	1	1	0	0	3	4800-	P
Southern Baptist	S. R. Staggers	212	566,798	15,776	15,776	4P	1	1	1	1	0	4	6000-7800	P
Touro Infirmary	A. Hertzog	257	335,270	7,161	7,161	4P	1	1	1	1	0	4	5500-7000	O
Veterans Admin.	J. Ziskind	345	432,677	3,236	3,110	4P	1	1	1	1	0	4	4610-12873	O
Shreveport														
Confederate Memorial Medical Center	W. R. Mathews	357	450,283	6,283	6,283	4P	1	1	1	1	0	4	5400-6000	F
MAINE														
Bangor														
Eastern Maine General	R. C. Wadsworth	213	202,738	9,154	7,385	4P	2	1	0	0	0	3	4000-4500	F
Lewiston														
Central Maine General	C. F. Branch	199	92,862	6,561	6,100	4P	0	1	0	0	0	1	5000-6300	F
Portland														
Maine Medical Center	J. E. Porter	296	341,949	6,384	4,992	4P	1	1	1	1	0	4	3660-5280	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals	A. Pollack	572	589,136	4,361	4,361	4P	2	2	4	4	0	12	4838-6300	O
Johns Hopkins	R. H. Heptinstall	688	1,257,897	15,056	15,056	3A	2	5	3	2	1	13	3600-	P
Maryland General	W. B. King, Jr.	238	550,346	9,236	7,992	3A	1	1	0	0	0	2	6100-6400	P
Mercy	W. Merkel, R. Lancaster	185	740,601	7,679	7,083	3A	1	1	1	0	0	3	6300-6600	F
Office of the Chief Medical Examiner, State of Maryland														
Provident	R. S. Fisher	2,000				1A	1	0	0	0	0	1	3420-3420	O
St. Agnes	H. Len Tseng	78	105,539	2,233	1,771	1A	1	0	0	0	0	1	5400-5400	F
St. Agnes	E. Rehak	170	250,000	9,000	8,800	3A	1	1	1	0	0	3	6300-6900	P
St. Joseph	L. Misanik	157	296,203	8,106	8,036	1A	1	1	0	0	0	2	6240-6480	P
Sinai Hospital of Baltimore	T. Weinberg	390	584,835	23,756	22,508	4P	3	2	2	2	0	9†	5500-7000	P
Union Memorial	F. H. Shipkey	302	414,005	7,662	7,470	4P	1	1	1	1	0	4	6240-7200	P
University	H. I. Firminger	446	617,057	9,392	8,970	4P	2	2	2	2	1	9	4900-6700	P
Bethesda														
Suburban	J. S. Shaver	327	405,423	6,609	4,750	4P	1	1	1	1	0	4	7080-8160	O
Cheverly														
Prince George's General	J. C. Burns	485	276,371	6,249	8,792	2P	1	1	0	0	0	2	4800-5100	F
MASSACHUSETTS														
Beverly														
Beverly	F. T. Feinberg	138	213,090	2,532	2,532	4P	2	0	0	0	0	2	3900-4800	F

18. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Neoplasms	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS—Continued														
Boston														
Beth Israel ²⁹	D. Freiman	225	393,474	5,838	5,838	4P	2	2	1	1	0	6	4200-7500	O
Boston City ²⁹	S. L. Robbins	923	11,538	9,486	9,330	4P	5	6	3	3	0	17	4200-6400	O
Boston Hospital For Women ²⁹	J. M. Craig	108	212,331	11,419	11,419	1A	0	0	0	0	0	0	4800-6000	O
Carney	H. J. Christian	215	354,683	6,300	5,553	4P	1	1	1	1	0	4	5220-7020	P
Children's Hospital Medical Center	S. Farber	323	228,356	2,748	2,742	2P	1	1	0	0	0	2	4200-7500	P
Faulkner	P. M. LeCompte	125	107,139	3,734	3,360	2P	1	1	1	0	0	3	4800-5600	P
Lemuel Shattuck ⁴⁰	G. W. Curtis	205	165,160	729	729	SP	1	1	1	0	0	3	4800-7200	P
Massachusetts General ²⁹	B. Castleman	1,162	109,284	16,401	16,401	4P	2	2	2	2	0	9	4200-6500	P
New England Deaconess	W. Meissner	372	504,724	11,339	9,138	4P	2	2	2	2	0	11	4200-7500	O
New England Medical Center Hospitals	H. E. MacMahon	206	552,908	4,000	3,500	2A	2	2	1	1	0	4	4200-5600	O
Peter Bent Brigham ²⁹⁻³⁰	G. J. Dammin	346	499,171	4,878	4,878	4P	3	3	2	2	0	10	3600-7500	O
St. Elizabeth's	J. H. Graham	237	254,615	6,579	5,354	4P	2	0	0	2	0	4	4200-5600	FP
University	I. A. Gore	166	292,615	3,551	3,456	4P	1	1	1	1	0	5	4200-6500	O
Veterans Admin. (Jamaica Plain)	R. A. Cote	438	754,244	5,695	5,695	4P	2	2	2	2	1	9	4480-8000	O
Veterans Admin. (West Roxbury) ²⁹	E. O. Fox	122	299,942	984	984	2P	2	0	0	2	0	4	4610-8230	O
Brockton	G. R. Dickersin	119	201,902	3,847	2,577	3A	3	3	3	0	0	9	4000-4400	F
Cambridge	I. Kline, C. R. Robinson	181	213,309	1,735	1,735	4P	1	1	1	1	0	4	4659-6534	P
Mount Auburn	H. A. Bird	223	280,870	4,040	3,838	3A	1	1	1	0	0	3	4200-6500	P
Fall River	W. Freeman	96	191,326	5,814	4,352	1A	..	..	..	..	..	2	5100-5100	F
Fitchburg	H. J. Sparling	125	156,136	2,721	2,721	2P	1	1	0	0	0	2	4800-8000	F
Framingham	C. G. Tedeschi	320	213,820	6,685	5,242	4P	1	1	1	0	0	3	4200-6400	F
Holyoke	H. P. Wakefield	177	116,000	4,481	3,260	1A	1	0	0	0	0	1	4800-4800	F
Lawrence	L. S. Jolliffe	136	160,217	3,996	2,708	2P	2	0	0	0	0	2	6000-7200	F
Lynn	H. G. Olken	195	242,716	3,615	3,615	4P	2	2	1	1	0	6	3600-5400	F
Malden	M. MacKenzie	140	146,287	3,641	3,374	2P	1	1	0	0	0	2	4200-5600	F
Newton Lower Falls	A. E. O'Dea	145	268,007	4,807	3,893	4P	1	1	1	1	0	4	4200-6600	P
Norfolk	R. L. McAuley	108	90,103	1,592	1,592	2P	0	0	1	2	0	3	4680-10168	O
Pittsfield	W. Beautyman	199	368,144	9,405	6,143	4P	1	1	1	1	0	4	4680-6960	F
Pittsfield Affiliated Hospitals	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pittsfield General	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Luke's	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Quincy	R. Street	128	188,534	6,501	6,000	4P	1	1	1	1	0	4	4500-6800	F
Salem	D. A. Nickerson	143	186,292	4,531	3,964	4P	1	1	1	1	0	4	4200-6000	F
Springfield	J. P. Sullivan	320	337,979	8,188	6,542	4P	2	2	1	1	0	6	3900-4800	FP
Worcester	R. S. Harper	221	194,341	4,570	3,991	3A	2	1	0	0	0	3	4800-5100	F
Memorial	W. MacGillivray	275	284,951	3,621	3,621	4P	1	1	1	1	0	4	5259-6344	FP
Worcester City	..	..	..	..	..	..	..	..	..	..	..	..	..	..
MICHIGAN														
Ann Arbor														
St. Joseph Mercy	F. Holtz	277	398,289	10,778	10,680	4P	1	1	1	1	0	4	6300-7200	O
University of Michigan Affiliated Hospitals	A. J. French	..	..	..	..	4P	8	8	8	8	0	32	..	..
University	A. J. French	470	21,253	21,253	21,253	..	..	..	..	..	..	..	4020-5276	O
Veterans Admin.	P. W. Gikas	277	333,374	2,169	2,169	..	..	..	..	..	..	..	4610-8230	O
Wayne County General Hospital and Infirmary (Eloise)	R. W. Schmidt	411	574,037	3,873	3,873	..	..	..	..	..	..	..	6852-8500	F
Dearborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Oakwood—See Wayne State University Affiliated Hospitals, Detroit	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Detroit	W. W. Zuelzer	199	214,161	2,428	894	1A	0	0	1	0	0	1	5400-6600	P
Grace	G. D. Stobbe	504	641,845	13,878	13,430	4P	1	1	1	1	1	4	6000-6900	P
Henry Ford	R. C. Horn	747	1,166,189	14,253	14,253	4P	4	4	4	4	0	16	4800-6000	P
Herman Kiefer	I. Schler	94	541,651	16,372	16,372	1A	2	2	0	0	0	2	6718-7266	O
Mount Carmel Mercy	L. W. Gardner	309	409,727	20,461	19,153	4P	2	2	1	1	0	6	5700-6600	P
Sinai Hospital of Detroit	S. D. Kobernick	205	416,641	7,978	6,326	4P	1	1	1	1	0	4	5400-6300	P
Wayne State University Affiliated Hospitals	J. Schragar	..	..	..	..	..	11	11	10	10	0	42	..	..
Detroit General	J. L. Chason	507	749,553	6,668	6,668	4P	..	..	..	..	..	..	5600-6500	P
Detroit Memorial	J. D. Langston	178	292,200	4,056	3,842	4P	..	..	..	..	..	..	6300-7200	P
Harper	J. R. McDonald	324	784,793	10,331	9,741	4P	..	..	..	..	..	..	6000-6900	P
Hutzel	E. Booth	173	386,723	4,801	4,801	4P	..	..	..	..	..	..	5700-6600	P
Oakwood (Dearborn)	R. L. Mainwaring	210	559,551	9,156	8,656	4P	..	..	..	..	..	..	4800-5700	F
Veterans Admin. (Dearborn)	J. Shragar	345	554,425	3,921	3,921	4P	..	..	..	..	..	..	4610-8230	O
William Beaumont (Royal Oak)	H. J. Linn	299	336,582	8,892	7,662	4P	..	..	..	..	..	..	8880-10500	P
Eloise	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wayne County General Hospital and Infirmary—See University of Michigan Affiliated Hospitals, Ann Arbor.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Flint	F. V. Hodges	454	316,601	7,584	7,489	4P	1	2	1	1	0	5	6000-7600	FP
McLaren General	E. G. Murphy	146	311,544	6,163	4,925	4P	1	1	1	1	0	4	5700-6600	P
St. Joseph	W. L. Eaton	167	341,318	5,000	4,500	4P	1	1	1	1	0	4	5400-6000	P
Grand Rapids	C. A. Payne	365	332,867	10,492	8,973	4P	2	2	1	1	0	6	6600-7200	P
Blodgett Memorial	J. Mann	326	293,419	8,555	6,642	4P	1	1	1	1	0	4	6300-6900	P
Butterworth	H. E. Bowman	233	339,688	8,857	8,351	4P	1	1	1	1	0	4	6300-7200	P
St. Mary's	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kalamazoo	F. Cox	149	197,698	5,947	5,124	2P	1	1	0	0	0	2	5700-6000	F
Lansing	J. Dunkel	159	168,492	7,098	5,765	4P	1	1	1	1	0	4	7800-7800	P
Edward W. Sparrow	L. W. Walker	111	168,464	6,730	6,730	4P	1	0	1	0	0	2	6000-7200	P
St. Lawrence	..	..	..	..	..	..	..	..	..	..	..	..	..	..

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN—Continued														
Pontiac														
Pontiac General	W. R. Dito	351	325,774	7,567	7,511	4P	1	1	1	1	0	4	6300-7200	FP
St. Joseph Mercy	R. P. Eisenstein, J. Rutzy	227	221,674	6,651	4,027	4P	1	1	1	1	0	4	6900-7500	P
Royal Oak														
William Beaumont—See Wayne State University Affiliated Hospitals, Detroit														
Southfield														
Providence	E. Knights	234	264,989	6,099	5,376	4P	2	1	1	2	0	6	6300-7200	O
MINNESOTA														
Duluth														
St. Luke's	A. H. Wells	371	332,496	10,699	9,500	4P	1	1	1	1	0	4	5100-6000	F
St. Mary's	A. C. Auferheide	304	273,959	5,798	4,163	4P	1	1	1	1	0	4	5100-6300	F
Minneapolis														
Hennepin County General	J. I. Coe	419	525,441	4,912	4,350	4P	1	1	1	1	0	4	4800-6300	P
Mount Sinai	L. Weiss	124	308,810	3,901	2,850	1A	2	0	0	0	0	2	3960-4140	F
Northwestern	F. Lott	163	254,356	5,427	4,196	4P	1	1	1	1	0	4	5000-6000	O
St. Barnabas	W. Chadbourn	155	126,921	5,652	4,229	1A	1	1	1	0	0	3	3720-4920	...
St. Mary's	W. Subby	306	317,812	6,233	4,807	4P	1	1	0	0	0	2	4800-5700	F
Swedish	J. O. Swanson	246	411,503	5,947	4,523	3A	1	1	1	0	0	3	4320-5520	F
University of Minnesota Hospitals	J. R. Dawson, E. S. Benson	587	934,946	131	131	4P	7	6	5	4	0	22	4500-7500	O
Veterans Admin.	D. Gleason	537	817,081	4,622	4,477	4P	...	...	...	...	...	8	4610-12873	O
Rochester														
Mayo Graduate School of Medicine	J. L. Titus	902	1,700,000	25,637	25,637	4P	8	8	8	8	0	32	4200-5400	P
Rochester Methodist														
St. Mary's														
St. Paul														
Charles T. Miller	J. E. Edwards	157	197,526	4,755	3,505	4P	1	1	1	1	0	4	4200-6000	FP
St. Joseph's	E. James	109	190,306	5,632	5,066	1A	1	0	0	0	0	1	6000-6000	P
St. Paul-Ramsey	W. Schrader	379	355,384	2,782	2,782	1A	...	...	...	...	...	1	4500-6500	O
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	J. G. Brunson, W. N. Bell					4P						21†		
University	J. G. Brunson, W. N. Bell	300	717,639	5,393	5,393									P
Veterans Admin.	E. Ferrington, H. Siegrist	189	419,139	3,144	3,084									O
MISSOURI														
Columbia														
Ellis Fischel State Cancer	C. Perez-Mesa	33	132,591	3,047	3,047	1A	1	0	0	0	0	1	4400-4400	P
University of Missouri Medical Center	F. V. Lucas	243	468,378	24,011	13,134	4P	3	3	3	3	0	12	4800-6300	O
Kansas City														
Kansas City General Hospital and Medical Center	D. Mark	322	602,987	3,324	3,258	4P	3	1	1	1	0	6	5700-7500	FP
Menorah Medical Center	F. Manz	150	225,497	8,017	7,388	4P	1	1	0	2	0	4	6370-8400	P
Research Hospital and Medical Center	H. K. B. Allebach	239	423,502	10,961	7,980	4P	1	1	1	1	0	4	3800-5400	F
St. Joseph	V. B. Buhler	182	409,758	6,407	5,067	4P	1	1	1	1	0	4	4265-6000	P
St. Luke's	F. C. Helwig	390	483,665	29,259	26,333	4P	2	2	2	0	0	6	5800-6800	P
St. Mary's	A. Lapi	171	508,443	5,631	5,248	4P	1	1	0	0	0	2	6000-7800	F
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes Hospital Group	P. Lacy	644	910,018	17,396	17,396	3A	5	5	5	2	0	17	4200-6500	O
Veterans Admin.	R. C. Ahlvin	413	548,652	2,713	2,713									O
DePaul	J. Bauer	165	302,454	6,072	5,609	4P	1	1	1	1	0	4	5400-7200	F
Homer G. Phillips	M. Menendez	274	441,938	4,035	3,635	3A	2	2	2	0	0	6	4584-5371	P
Jewish Hospital of St. Louis	W. E. Stehbens	348	440,904	7,118	6,718	4P	2	2	1	1	0	6	3700-5500	P
Missouri Baptist	W. R. Platt	183	76,364	7,365	6,146	4P	1	1	1	1	0	4	4800-7200	F
St. John's Mercy	W. Drake	254	347,833	8,443	5,422	4P	1	1	1	1	0	4	4200-5400	F
St. Louis City	V. Bleisch	559	687,712	4,205	4,195	4P	3	2	2	2	0	9	5848-10500	O
St. Louis University Group of Hospitals	F. Germuth	564	1,818,250	15,191	12,325	4P	3	3	3	3	0	12	5400-6300	P
Cardinal Glennon Memorial Hospital for Children	C. Witzleben	119	243,798	3,384	928									
St. Mary's	E. Tucker	230	1,013,474	8,982	7,790									
St. Luke's	R. Ogilvie	225	308,017	5,778	4,665	3A	1	1	1	0	0	3	4200-5400	F
NEBRASKA														
Lincoln														
Lincoln General	R. A. Brooks	184	140,707	6,349	5,262	1A	1	0	0	0	0	1	5400-5400	F
St. Elizabeth	E. D. Zeman	140	428,869	5,622	4,828	4P	1	1	1	1	0	4		
Omaha														
Bishop Clarkson Memorial	M. E. Foster	191	362,484	7,677	5,375	4P	1	1	1	1	0	4	7800-9000	O
Creighton Memorial St. Joseph's	T. L. Perrin	211	255,136	5,616	5,384	4P	2	2	2	2	0	8	5100-6000	O
Nebraska Methodist	J. R. Schenken	193	162,185	8,372	8,298	4P	1	1	2	0	0	4	6300-7200	O
University of Nebraska	C. McWhorter	482	247,605	8,244	8,117	4P	2	2	2	2	0	8	4300-5500	P
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	R. K. House	226	246,648	4,109	3,675	4P	2	2	1	1	0	6	4200-6500	O
NEW JERSEY														
Atlantic City														
Atlantic City	M. Ackerman	430	236,050	4,517	3,929	3A	1	1	1	0	0	3	4800-5700	F
Camden														
Our Lady of Lourdes	R. L. Breckenridge	144	224,551	4,330	3,446	4P	1	0	1	0	0	2	5400-7200	P
West Jersey	W. V. McDonnell	142	299,556	7,225	6,909	4P	1	1	1	1	0	4	5500-6400	P
East Orange														
East Orange General	H. Goodman	119	147,795	2,962	2,647	1A	1	0	0	0	0	1	6000-7000	F
Veterans Admin. ²³¹	M. H. Field, H. G. Grady	494	568,740	2,972	2,972	4P	2	2	2	2	0	8	4610-8230	O
Elizabeth														
Elizabeth General Hospital and Dispensary	J. P. Greeley	110	190,146	5,785	4,354	4P	1	1	0	0	0	2	4500-5700	F
St. Elizabeth	D. Dreizin	175	218,917	3,807	3,807	2A	1	1	0	0	0	2	5700-5900	P
Englewood														
Englewood	S. R. Gambino	185	315,286	7,957	6,682	4P	1	1	1	1	0	4	4860-5760	FP
Flemington														
Hunterdon Medical Center	E. V. Olmstead	119	108,134	1,992	1,657	2P	1	1	0	0	0	2	4700-5500	F
Hackensack														
Hackensack	D. E. Brown	170	301,606	6,743	5,823	4P	1	1	1	1	0	4	3900-4800	F

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Over Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued														
Hoboken														
St. Mary	A. Ehrlich	142	176,343	3,184	2,894	1A	2	0	0	0	0	2	5400-8600	F
Jersey City														
Christ	A. J. Gitlitz	168	352,800	10,419	7,672	2P	2	1	0	0	0	3	7200-7500	F
Jersey City Medical Center	P. Price, A. Gnassi	230	308,235	3,019	3,019	4P	1	1	1	1	0	4	6300-7700	O
Livingston														
St. Barnabas Medical Center	W. G. Bernhard	180	368,053	5,761	4,262	4P	1	2	2	1	0	6	5400-7200	F
Long Branch														
Monmouth Medical Center	M. Rush	329	284,400	6,564	5,209	4P	1	1	1	1	0	4	4200-5000	F
Montclair														
Mountainside	H. H. Stumpf	209	391,141	7,373	6,943	4P	2	1	1	1	0	5	4800-5700	F
Morristown														
Morristown Memorial	H. F. Luddecke	219	428,617	8,227	8,221	4P	0	2	1	1	1	5	6000-7000	F
Mount Holly														
Burlington County Memorial	C. Catanzaro	157	209,574	3,501	3,144	1A	1	1	0	0	0	2	4200-4800	F
Neptune														
Jersey Shore Medical Center-Fitkin	R. Conover	353	208,111	4,988	4,919	4P	1	1	1	1	0	4	4200-5400	F
Newark														
Newark Beth Israel	L. Goldman	238	181,421	47,775	47,570	4P	1	1	1	0	0	3	4800-5700	F
Newark City	E. Albano	509	740,252	4,249	4,249	3A	2	2	2	0	0	6	5600-7800	F
St. Michael	R. Carnes	236	361,175	3,522	3,522	4P	1	1	1	1	0	4	3900-5480	F
United Hospitals of Newark-Presbyterian	S. S. Sarkisian	165	276,640	5,579	5,309	3A	1	1	1	0	0	3	5000-7200	P
New Brunswick														
Middlesex General	S. Moolten	175	150,197	3,838	2,424	4P	1	1	1	1	0	4	5200-5900	P
St. Peter's General	V. Galdi	231	160,284	8,439	6,726	4P	1	1	1	1	0	4	4560-6360	FP
Orange														
Orange Memorial	F. Pschibul	192	191,013	4,113	3,500	3A	1	1	1	0	0	3	4500-5100	FP
Paramus														
Bergen Pines County Hospital-Pascack Valley						1A	2	0	0	0	0	2	5100-5700	P
Bergen Pines County	E. Wagman	346	238,100	709	709									
Pascack Valley (Westwood)														
Passaic														
St. Mary's	R. Brill	109	122,108	3,404	3,337	2P	1	1	0	0	0	2	4200-4800	F
Paterson														
Barnert Memorial Hospital Center	J. Churg	136	183,760	4,901	4,738	2P	2	2	0	0	0	2	7000-8000	P
St. Joseph's	P. Steinlauf	330	340,000	7,893	7,152	4P	1	1	1	1	0	4	7320-8220	O
Perth Amboy														
Perth Amboy General	M. Shuster	235	410,471	6,961	6,057	4P	1	1	1	1	0	4	4920-6080	F
Plainfield														
Muhlenberg	B. H. Hyun	374	415,959	7,983	7,583	4P	1	1	1	2	0	5	4620-6600	FP
Summit														
Overlook	G. L. Erdman	171	283,931	8,019	6,694	4P	1	1	1	1	0	4	5100-5700	P
Teaneck														
Holy Name	M. E. Tracht	108	181,840	4,912	248	4P	1	1	1	1	0	4	6000-...	O
Trenton														
Mercer	T. K. Rathmell	179	291,632	4,816	3,753	2P	2	2	0	0	0	4	4800-7000	P
St. Francis	F. Campo	265	453,794	10,441	8,929	4P	1	1	1	1	0	4	4800-7800	F
Vineland														
Newcomb	M. N. Solomon	80	110,395	3,801	3,450	1A						1	5400-7200	P
Westwood														
Pascack Valley—See Bergen Pines County Hospital-Pascack Valley, Paramus														
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	T. L. Chiffelle	106	282,586	3,649	2,866	4P	1	1	1	1	0	4	5500-6100	P
University of New Mexico Affiliated Hospitals	R. S. Stone					4P	2	1	1	1	0	5		
Bernalillo County-Indian	R. S. Stone	175	249,873	2,486	2,065								6060-6720	P
Veterans Admin.	W. Hentel	217	335,703	2,279	2,215								4610-8230	O
NEW YORK														
Albany														
Albany Medical Center	W. Thomas	600	509,329	8,600	8,000	4P	3	2	1	1	0	7	5000-8500	O
Veterans Admin.	W. Thomas	394	552,895	2,334	2,323								10619-12510	O
Bender Laboratory Hospitals	J. J. Clemmer	339	686,278	11,081	11,081	4P	1	1	1	1	0	4	6000-7200	O
Memorial														
St. Peter's														
New York State Department of Health	A. H. Harris					1C								
Binghamton														
Binghamton General						4P								
Bronxville														
Lawrence	J. M. Budinger	141	131,730	2,475	2,093	2P	1	1	0	0	0	2	6600-6600	F
Buffalo														
Buffalo General	J. C. Brennan	415	647,811	7,528	7,144	4P	2	2	4	2	0	10	5300-6800	O
Children's Hospital of Buffalo	K. Aterman	212	7,206	3,120	2,591	1A	1	1	0	0	0	2	5000-7000	P
Deaconess Hospital of Buffalo	B. Fisher, J. B. Sheffer	179	232,364	6,103	6,080	4P	1	1	2	1	0	5	4300-4900	FP
Edward J. Meyer Memorial	E. F. Schueller	410	789,639	5,567	5,567	4P	16	1	0	1	0	18	5550-6680	P
Mercy	A. Constantine	210	249,132	8,107	6,806	3A	3	3	3	0	0	9	5300-7900	FP
Millard Fillmore	A. V. Postoloff	300	466,437	10,273	10,000	4P	1	1	1	1	0	4	5300-6800	P
Roswell Park Memorial Institute	J. W. Pickren	492	803,770	10,773	10,773	4P	1	2	2	2	1	8	6020-5870	O
Sisters of Charity	C. F. Becker	280	243,148	7,179	5,679	3A						2	5250-6950	FP
Veterans Admin.	G. Fazekas	323	508,610	3,020	2,869	3A	1	1	1	0	0	3	4610-7110	O
Cooperstown														
Mary Imogene Bassett	C. V. Hawn	110	161,234	1,663	1,658	1A	2	0	0	0	0	2	4600-5900	P
East Meadow														
Meadowbrook	V. Palladino	454	788,648	5,821	5,562	4P	2	2	2	2	0	8	5453-7664	F
Elmira														
Arnot-Ogden Memorial	W. D. Kelly	141	268,897	5,277	4,025	1A	1	0	0	0	0	1	6000-7800	F
Glen Cove														
Community Hospital at Glen Cove	T. Robertson	131	197,715	4,634	3,804	4P	1	1	1	1	0	2	5540-6640	P
Huntington														
Huntington	C. A. McNicol	150	249,828	7,575	6,299	2P	2	2	0	0	0	4	6000-7200	P
Johnson City														
Charles S. Wilson Memorial		265	236,191	6,697	4,531	4P	1	1	1	1	0	4	5100-6000	P

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued														
Kingston														
Kingston Laboratory Hospitals	H. Derman	207	405,114	13,957	13,178	2P	0	1	0	1	0	2	5000-10000	O
Kingston Benedictine														
Lewiston														
Mount St. Mary's	T. T. Bronk	72	163,049	3,589	3,129	1A	1	0	0	0	0	1	5400-5400	P
Manhasset														
North Shore	S. Gross	169	525,922	5,929	5,149	4P	1	1	1	1	0	4	4980-6220	F
Mineola														
Nassau	L. R. Ferraro	355	252,493	7,322	5,801	4P	1	1	1	1	0	4	5400-7680	P
Mount Kisco														
Northern Westchester	R. A. Fox	121	206,103	3,986	3,077	4P	1	1	1	1	0	4	5600-7600	F
Mount Vernon														
Mount Vernon	J. G. Sharnoff	184	238,815	4,864	4,705	2P	1	1	0	0	0	2	4800-5700	FP
Newburgh														
St. Luke's	T. Payne	190	155,549	4,338	7,968	1A	1	1	0	0	0	2	4800-5100	F
New Hyde Park														
Long Island Jewish Hospital Training Program	J. I. Berkman					4P								
Long Island Jewish	J. I. Berkman	262	696,541	7,785	7,285		2	2	2	2	0	8	5000-6750	O
Queens Hospital Center (New York City)	G. Silverman	635	1,263,593	4,703	4,703		2	2	2	2	0	8	4750-5700	F
New Rochelle														
New Rochelle	W. Schraft, Jr.	219	290,185	4,023	3,181	4P	1	1	1	1	0	4	4500-5100	F
New York City														
Albert Einstein College of Medicine Affiliated Hospitals														
Bronx Municipal Hospital Center	A. A. Angrist	676	1,729,586	7,666	7,000	4P	5	4	4	4	0	17	4980-6220	F
Beekman-Downtown	C. Karpas	111	329,117	2,060	2,035	2P	1	0	0	1	0	2	5600-7100	P
Beth Israel	W. Antopol	226	1,058,465	8,514	8,514	4P	3	2	2	1	0	8	5150-6650	F
Bronx-Lebanon Hospital Center	L. Reiner	317	400,033	6,742	6,658	4P	2	2	2	2	0	8	6000-6800	P
Brookdale Hospital Center	D. Spain	201	534,735	9,335	9,285	3A	1	1	1	0	0	3	5000-6000	P
Brooklyn-Cumberland Medical Center	J. V. Klavins	461	633,602	6,532	6,505	4P	3	3	3	3	0	12	5460-6660	P
Brooklyn														
Coney Island	H. Fink	394	821,478	2,937	2,937	4P	4	2	2	2	0	10	4980-6000	FP
Doctors	E. Khayat	89	282,908	3,793	3,793	1A	2	0	0	0	0	2	8004	P
Flushing Hospital and Medical Center	I. Garrow	187	288,837	4,205	3,204	4P	1	1	1	1	0	4	5600-7200	F
Harlem Hospital Center	T. W. Roberts	354	637,875	9,441	8,704	4P	4	4	4	0	0	12	4980-6400	F
Hospital for Joint Diseases and Medical Center	H. D. Dorfman	56	199,585	2,941	2,804	1A	2	0	0	0	0	2	5500-6000	P
Jamaica	E. Khayat	252	480,000	11,135	8,020	4P	2	2	2	2	0	8	6600-9000	F
Jewish Chronic Disease	B. W. Volk	205	243,533	1,566	1,350	4P	0	2	2	2	0	6	4800-6600	FP
Jewish Hospital and Medical Center of Brooklyn														
Greenpoint	A. Allen	321	222,622	6,835	6,762	4P	1	1	1	2	0	5	5000-6500	O
Jewish Memorial	L. Papadakis	107	466,711	2,146	2,146								4500-6400	F
Knickerbocker	A. Schwarz	145	221,071	2,760	2,469	4P	1	1	1	1	0	4	4800-6600	F
Lenox Hill	W. Ober	187	187,615	1,724	1,617	1A	1	1	0	0	0	2	4800-5100	FP
Lincoln	S. R. Opler	301	583,126	6,745	6,720	4P	1	1	1	1	0	4	5100-6300	F
Long Island College	H. Lepow	185	709,898	3,482	3,341	3A	1	1	1	0	0	3	4980-5780	F
Lutheran Medical Center	T. G. Morrione	259	409,698	6,301	5,574	4P						4	4500-7000	P
Maimonides Medical Center	I. Diamond	122	145,000	3,262	3,000	2P	2	0	0	0	0	2	6200-6200	P
Mary Immaculate	A. R. Kantrowitz	398	983,175	10,508	10,430	4P	1	1	2	2	0	6	5000-6750	P
Memorial Hospital for Cancer and Allied Diseases—James Ewing	P. Remigio	129	180,580	6,245	5,419	4P	1	1	1	1	0	4	3900-6000	F
Methodist Hospital of Brooklyn	F. W. Foote	470		15,783	15,783	3A	0	0	14	14	14	14	7550-10500	O
Misericordia—Fordham Training Program	S. Werthamer	186	306,979	4,700	4,608	2P	2	2	2	2	0	8	5250-6100	P
Misericordia—Fordham	P. E. Kalish	450	713,293	5,844	5,030	4P	3	1	1	0	0	5	5910-6930	F
Montefiore Hospital Training Program														
Montefiore Hospital and Medical Center	H. M. Zimmerman	477	704,363	12,034	12,034		6	4	3	3	0	16	5120-6880	P
Morrisania City		324	571,194	3,300	3,261									
Mount Sinai Hospital Training Program														
Mount Sinai	H. Popper	540	943,106	11,913	11,913	4P	2	2	2	2	0	8	5000-7000	P
City Hospital Center at Elmhurst	W. Mautner	545	738,937	3,885	3,843	4P	4	4	4	4	0	16	5700-7200	FP
New York														
New York Medical College—Metropolitan Hospital Center	A. Branwood	557	912,769	10,673	9,866	3A	4	4	2	0	0	11	5000-6300	P
Unit 1—Flower and Fifth Avenue Hospitals	M. M. Black	162	410,605	5,335	5,335	4P	5	5	4	3	0	17	4980-6000	F
Unit 2—Metropolitan		406	478,139	9,322	9,322									
New York Polyclinic Medical School and Hospital														
New York University—Bellevue Medical Center	W. E. Finkelstein	169	204,475	4,135	4,011	3A	1	1	1	0	0	3	5100-5700	P
Bellevue Hospital Center	M. Kushner, R. T. McCluskey	624	1,697,220	8,317	8,317	4P	5	5	5	5	0	20	4980-6400	P
University		178	645,593	8,355	7,795								6680-7930	P
Presbyterian	D. McKay	562	1,208,484	15,975	15,975	4P	4	5	3	1	0	13	3200-6500	O
Francis Delafield	D. McKay, J. Furth	184	208,229	1,454	1,454								4980-6400	P
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park														
Roosevelt	R. Garret	241	523,586	5,965	5,777	4P	2	2	1	1	0	6	5000-7000	P
St. Clare's	L. J. Johnson	142	283,692	4,477	4,413	2P	1	1	1	1	0	4	5400-6000	F
St. John's Episcopal	L. M. Fox	121	245,162	6,449	6,449	4P	1	1	0	0	0	2	4680-5280	FP
St. Luke's Hospital Center	C. F. Begg	304	43,092	9,082	9,082	2P	2	2	1	1	0	6	5000-6500	P
St. Mary's	I. Almenoff	89	190,919	2,935	2,935	2P	0	1	0	0	0	1	5500-6700	F
St. Vincent's Hospital and Medical Center of New York	A. Rottino	515	602,607	6,232	6,232	4P	1	1	1	1	0	4	6440-8000	P
St. Vincent's Hospital of the Borough of Richmond	V. Kogan	180	337,860	5,441	4,876	1A	2	0	0	0	0	2	5700-6800	F
Salvation Army Booth Memorial	A. Blaustein	181	212,531	4,331	4,331	4P	2	1	1	0	0	4	6000-7500	O
State University—Kings County Medical Center														
Kings County Hospital Center	P. J. Fitzgerald	1,138	1,664,943	12,000	11,500	4P	7	7	6	6	0	26	4980-6400	P
State University														

18. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Staten Island	V. Altmann	163	207,759	3,630	2,960	2P	2	0	0	0	0	2	6500-6500	F
Veterans Admin. (Bronx)	B. S. Gordon	374	895,415	4,113	4,073	4P	2	2	1	3	0	8	6170-13321	O
Veterans Admin. (Brooklyn)	F. A. Jimenez	355	648,613	3,652	3,652	4P	1	1	1	1	0	4	6170-8230	O
Veterans Admin. (Manhattan)	S. L. Wilens	313	732,205	4,196	4,046	4P	2	2	3	3	0	10	6170-8230	O
Wyckoff Heights	A. Statsinger	307	283,711	7,202	7,202	4P	1	1	0	1	0	3	4080-5400	F
Niagara Falls														
Niagara Falls Memorial	A. Drickman	202	150,120	3,996	3,900	4P	1	1	1	1	0	4	6000-8700	P
Oceanside														
South Nassau Communities	E. Solarie	121	167,225	3,835	3,493	2P	2	0	0	0	0	2	5000-6000	P
Port Chester														
United	C. J. Alexander	89	251,960	4,278	4,278	1P	1	0	0	0	0	1	4800-4800	FP
Poughkeepsie														
St. Francis	J. Gioia	81	176,613	6,139	4,185	1A	1	0	0	0	0	1	6000-6000	F
Vassar Brothers	M. L. Dreyfuss	187	215,844	6,147	3,531	4P	1	1	1	1	0	4	5400-7200	F
Rochester														
Genesee	J. N. Abbott	347	514,712	8,904	8,770	4P	1	1	1	1	0	4	4900-6400	P
Highland Hospital of Rochester	D. S. Platt	183	240,607	5,295	3,927	3A	1	1	1	0	0	3	6100-7100	P
Rochester General	M. Bohrod	474	360,766	11,001	7,223	4P	2	2	2	2	0	8	6000-7500	P
Strong Memorial Hospital of the University of Rochester	J. L. Orbison	700	500,000	8,300	8,000	4P	4	4	4	4	0	16	4000-7500	O
Schenectady														
Ellis	G. Parkhurst	450	336,523	7,925	6,743	4P	1	1	1	1	0	4	6300-7500	P
Syracuse														
St. Joseph's State University of New York Upstate Medical Center	N. Cohen	159	345,495	5,140	4,603	4P	1	1	1	1	0	4	5050-6400	F
Veterans Admin.	J. H. Ferguson, J. Henry, J. A. Schaefer	316	395,356	3,524	3,524	4P	2	2	2	2	1	9	5050-6850	O
		245	325,822	1,767	1,738	4P	1	1	1	1	0	4	4610-7110	O
Troy														
Samaritan	A. P. Gewanter	144	150,000	4,000	2,650	1A	2	0	0	0	0	2	6000-6000	FP
Utica														
Utica State	N. M. Levine	124	93,429	127	127	2A	1	0	0	0	0	1	8112-15790	O
Valhalla														
Grasslands	V. Bradess	252	426,262	1,536	1,324	4P	1	1	1	1	0	4	5700-6800	P
Yonkers														
St. John's Riverside	C. A. DeAngelis	109	200,829	3,314	2,401	2P	2	1	0	0	0	3	6000-7200	F
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	K. M. Brinkhous	337	690,573	11,062	11,062	4P	3	3	3	3	0	12	4200-...	O
Charlotte														
Charlotte Memorial	J. Cuttino	321	386,606	9,391	9,391	4P	1	1	1	1	0	4	5400-5700	P
Durham														
Duke University Affiliated Hospitals														
Duke	T. D. Kinney	504	1,456,544	8,624	8,624	4P	3	2	2	2	0	9	4500-5400	P
Veterans Admin.	A. W. Musser	267	486,470	2,808	2,806	4P	3	3	2	2	0	10	4610-8230	O
Watts	J. U. Gunter	199	281,362	7,470	7,450	3A	1	1	1	0	0	3	5100-6000	F
Greensboro														
Moses H. Cone Memorial	H. Z. Lund	264	211,970	15,046	14,021	4P	0	1	1	1	1	4	5400-8500	O
Wilmington														
New Hanover Memorial	H. P. Singletary	122	152,323	7,493	6,239	2P	1	1	0	0	0	2	5400-6600	FP
Winston-Salem														
North Carolina Baptist Hospitals	R. Morehead	412	727,569	28,623	28,623	4P	4	4	3	1	1	13	5400-8000	P
NORTH DAKOTA														
Grand Forks														
University of North Dakota Affiliated Hospitals	W. A. Wasdahl	360	150,000	10,500	9,500	4P	1	1	1	1	0	4	4800-8400	O
Grand Forks Deaconess	W. A. Wasdahl	100	40,000	3,000	2,500									
St. Michael's														
OHIO														
Akron														
Akron City	J. G. Lim	494	545,421	10,311	9,623	4P						4	4680-6240	P
Akron General	G. R. Doehat	333	613,247	7,179	5,725	4P	1	1	1	1	0	4	4680-6240	FP
Children's Hospital of Akron	R. P. Bolande	121	413,513	2,027	1,306	2P	1	1	0	0	0	2	4680-6300	FP
St. Thomas	E. G. Wilt	230	299,590	4,739	4,084	4P	1	1	1	1	0	4	4900-6240	FP
Barberton														
Barberton Citizens	M. L. Snell	155	286,042	4,865	4,735	3A	1	1	0	0	0	2	5400-5400	F
Canton														
Aultman	H. Pfeiffer	262	309,967	12,451	11,792	4P	1	1	1	1	0	4	4800-6600	P
Bethesda	J. Hamblet, V. Hinrichs	111	194,087	6,332	5,451	4P	1	1	1	1	0	4	6240-6720	P
Cincinnati														
Good Samaritan	L. Gordon	440	493,928	12,175	12,175	4P	1	1	1	1	0	4	5400-7200	P
Jewish	P. Wasserman	256	455,122	10,362	8,625	3P	1*	1	1	0	0	3	5400-6900	P
University of Cincinnati Hospital Group	A. J. McAdams, E. A. Gall					4P	4	3	3	3	0	13		
Cincinnati General	E. A. Gall, W. H. Civin	573	381,520	7,935	7,520								4200-5400	FP
Children's	A. J. McAdams	103	4,301	4,301	2,337	1A	0	1	0	1	0	2	4500-5100	P
Veterans Admin.	E. A. Gall	278	379,585	2,035	1,998								4610-8230	O
Cleveland														
Cleveland Clinic	J. B. Hazard	359	1,142,765	10,603	10,603	4P	2	3	2	3	0	10	5400-7200	P
Cleveland Metropolitan General	W. S. Morgan	418	1,436,129	3,924	3,924	4P	4	4	4	4	0	16†	4300-6700	F
Evangelical Deaconess	V. Hirsch	117	172,171	3,415	3,254	3A	1	1	0	0	0	2	5100-5700	F
Fairview General	H. Peterjohn, H. McCorkle	212	244,305	6,765	4,753	2P	1	1	0	0	0	2	5400-6000	F
Huron Road	E. Goodlett	227	299,965	4,990	3,814	4P	1	1	1	1	0	4	4200-5700	F
Lutheran	W. Sinclair	210	287,300	4,547	4,252	2P	2	1	0	0	0	3	5400-6000	F
Mount Sinai	H. Gold	308	751,542	17,720	17,530	4P	1	1	1	1	0	4	5600-6580	P
St. Alexis	A. Naji	246	230,369	5,018	4,850	4P	2	0	2	0	0	4	6000-7200	F
St. Luke's-Marymount Hospitals						4P	2	2	2	2	0	8		
St. Luke's	A. J. Segal	339	431,777	8,707	6,885								5292-6792	F
Marymount	E. E. Siegler	91	219,184	4,063	3,625								6300-6600	P
St. Vincent Charity	J. S. Mackrell	210	374,458	4,408	3,557	4P	1	1	1	1	0	4	4320-4800	P
University Hospitals of Cleveland	J. R. Carter	526	1,085,418	9,776	9,776	4P	5	5	5	5	0	20†	4500-6000	P
Veterans Admin.	J. R. Kahn	412	920,571	5,819	5,450								4610-13321	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969						Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year	O			
OHIO—Continued															
Columbus															
Children's	W. A. Newton	249	242,756	5,656	5,656	2P	3	0	0	0	0	3	4200-	P	
Grant	B. H. Hurd	263	225,783	8,249	8,245	4P	1	1	1	1	0	4	6000-7800	O	
Ohio State University Hospitals	E. vonHaam	969	1,310,024	8,909	8,827	4P	4	4	4	4	0	16	3324-5724	P	
Riverside Methodist	R. J. Johansmann	254	390,236	9,608	8,031	4P	1	1	1	1	0	4	5400-6600	P	
Dayton															
Miami Valley	J. W. Funkhouser	775	772,275	9,876	9,876	4P	2	2	2	2	0	8	6300-7500	P	
Veterans Admin. ²⁸⁶	D. T. Ferraro	393	410,162	1,837	1,802	4P	1	1	1	1	0	4	4610-8230	O	
Elyria															
Elyria Memorial	R. G. Thomas	352	283,213	11,323	11,323	4P	1	1	1	1	0	4	6000-6900	F	
Kettering															
Charles F. Kettering Memorial	R. H. Seasly	170	254,733	9,507	7,324	4P	1	1	1	1	0	4	...	P	
Lima															
St. Rita	C. L. Blumstein	186	237,771	4,791	4,463	4P	1	1	1	1	0	4	4800-5700	P	
Lorain															
St. Joseph	C. Chesner	208	238,673	10,172	10,172	4P	1	0	0	0	0	1	6600-7200	F	
Toledo															
Maumee Valley	G. B. Stansell	239	266,654	1,797	1,644	4P	1	1	1	1	0	4	5100-6000	F	
Mercy	D. J. Hanson	175	277,140	6,771	5,284	4P	1	1	1	1	0	4	7560-9636	F	
St. Vincent Hospital and Medical Center	M. F. Vidoli	370	320,418	6,017	4,228	4P	1	1	1	1	0	4	5300-7200	P	
Toledo	W. A. Nordin	227	268,126	7,980	6,507	4P	1	1	0	1	0	3	6300-6900	FP	
Warren															
Trumbull Memorial	J. D. Culbertson	224	266,848	5,574	5,295	4P	1	1	1	1	0	4	5100-6000	F	
Youngstown															
St. Elizabeth	B. Taylor	354	436,060	8,378	2,255	4P	1	1	1	1	0	4	6600-7500	FP	
Youngstown	A. E. Rappoport	443	641,265	9,091	7,421	4P	2	2	2	2	0	8	5400-6300	FP	
OKLAHOMA															
Oklahoma City															
Baptist Memorial	J. P. Dewar	101	343,787	5,735	4,035	4P	1	1	1	1	0	4	9000-9900	P	
Mercy Hospital Oklahoma City General	J. Hensley	178	182,268	3,967	3,226	1A	1	1	1	1	0	4	8400-9600	O	
St. Anthony	W. T. Snoddy	247	556,271	5,187	5,187	4P	1	1	1	1	0	4	6000-6900	O	
University of Oklahoma Medical Center	A. L. Dee	...	...	...	...	4P	4	2	1	1	0	8	...	...
University of Oklahoma Hospitals	A. L. Dee	191	433,630	7,999	7,590	...	...	...	...	...	...	...	4480-8230	P
Veterans Admin.	W. J. Williams	260	367,799	3,333	2,322	...	...	...	...	...	...	...	...	...
Tulsa															
Hillcrest Medical Center	L. Lowbeer	295	260,963	7,481	5,568	4P	2	1	1	1	0	5	8064-9072	P	
St. John's	E. Palik	224	345,319	10,090	8,269	4P	1	1	1	1	0	4	8100-9300	P	
OREGON															
Portland															
Emanuel	V. D. Sneeden, N. Pickering	246	336,860	12,046	10,349	4P	1	1	1	1	0	4	5400-6900	P	
Good Samaritan Hospital and Medical Center	M. Heineman	207	492,875	6,630	5,405	4P	1	1	1	1	0	4	5400-6900	P	
Providence	T. Cochran	190	215,860	5,483	4,678	4P	1	1	1	1	0	4	5400-6600	P	
St. Vincent	J. Nohlgren	309	322,595	10,040	8,583	4P	2	2	2	2	0	8	5400-6900	P	
University of Oregon Medical School Hospitals and Clinics	S. R. Wellings, T. T. Hutchens	456	620,766	6,213	6,213	4P	6	6	0	0	0	12	4200-6000	FP	
Veterans Admin.	J. R. Orendurff	415	376,374	3,009	3,009	3A	...	...	...	...	...	...	4610-8230	P
PENNSYLVANIA															
Abington															
Abington Memorial	J. W. Eiman	286	392,446	8,608	7,734	4P	2	1	1	2	0	6	3900-5700	F	
Allentown															
Allentown	A. Klees	325	404,043	7,764	7,252	4P	1	1	1	1	0	4	6600-6600	P	
Altoona															
Altoona	R. C. MacDuffee	202	208,765	4,059	3,541	4P	1	1	1	1	0	4	6420-7620	F	
Bothlehem															
St. Luke's	E. J. Benz	314	293,868	7,888	6,799	4P	1	1	1	1	0	4	4200-5100	FP	
Bryn Mawr															
Bryn Mawr	M. M. Strumia	231	415,610	7,021	6,412	4P	3	1	1	1	0	6	4325-6250	F	
Chester															
Crozer-Chester Medical Center	C. L. Lehman	122	240,564	4,945	4,945	4P	1	0	1	0	0	2	5100-6000	FP	
Danville															
Geisinger Medical Center	T. Wynn	331	364,172	6,251	5,238	4P	1	1	1	1	0	4	5100-6000	P	
Darby															
Thomas M. Fitzgerald Mercy	W. H. Miller	151	335,353	4,119	3,913	4P	1	1	1	1	0	4	4200-5400	F	
Easton															
Easton	J. C. Gaulin	215	136,803	4,376	3,803	2P	1	1	0	0	0	2	4800-5400	F	
Erie															
Hamot	J. A. Fust	204	285,620	8,317	5,626	4P	1	0	1	0	0	2	4200-5400	FP	
St. Vincent	R. B. Eisenberg	211	294,591	6,689	5,892	4P	1	1	1	1	0	4	4200-5400	FP	
Harrisburg															
Harrisburg	F. W. Brason	459	673,081	12,665	11,235	4P	1	1	1	1	0	4	6600-7800	F	
Johnstown															
Conemaugh Valley Memorial	S. Goldblatt	248	335,524	5,510	4,520	4P	1	1	1	1	0	4	6000-8700	F	
Lancaster															
Lancaster General	W. M. O'Donnell	244	247,743	6,847	6,847	2P	1	1	0	0	0	2	4800-6000	F	
Norristown															
Montgomery	H. T. Tamaki, H. W. Schmidt	125	151,112	3,796	3,536	2P	1	1	0	0	0	2	4800-5400	F	
Philadelphia															
Albert Einstein Medical Center	H. Brody, R. Rachman	592	908,070	16,133	14,867	4P	4	4	3	3	0	14	4800-5200	FP	
Chestnut Hill	Z. Woo	151	185,976	3,300	3,250	4P	1	0	1	0	0	2	4800-4800	F	
Children's Hospital of Philadelphia	W. Yakovac	149	213,235	1,531	909	1A	1	0	0	0	0	1	2400-2400	F	
Episcopal	H. Watts	214	236,879	3,076	2,900	4P	1	1	1	0	0	3	4500-5220	P	
Frankford	C. Griffith	176	142,421	3,029	2,637	2P	1	1	0	0	0	2	4800-5820	F	
Germantown Dispensary and Hospital	F. Fite	288	184,615	4,683	3,500	4P	1	1	1	1	0	4	4800-6900	FP	
Graduate Hospital of The University of Pennsylvania	A. V. Dapena	204	258,612	4,644	4,439	4P	2	1	1	0	0	4	4400-5300	P	
Hahnemann Medical College and Hospital	J. Imbriglia	350	477,254	6,500	6,500	4P	2	2	2	2	1	9	3600-4200	F	
Hospital of the University of Pennsylvania	H. T. Enterline, R. F. Norris	459	894,562	10,033	9,553	4P	3	3	4	4	0	14	3600-5400	O	

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
						O	P	F	O	P				
PENNSYLVANIA, Philadelphia—Continued														
Hospital of the Woman's Medical College of Pennsylvania	I. N. Dubin, M. M. Porter	123	243,872	2,556	2,556	4P	1	1	1	1	0	4	4610-7110	P
Jefferson Medical College	G. E. Aponte	381	833,551	10,018	10,018	4P	3	1	2	2	0	8	5000-5900	O
Lankenau	C. E. Brown	236	253,433	5,368	5,368	4P	1	1	1	1	0	4	4200-4800	FP
Memorial	D. F. Coletta	100	110,873	2,543	2,180	1A	1	0	0	0	0	1	4800-8400	FP
Misericordia	H. E. Marx	214	290,759	2,970	2,970	4P	1	0	0	0	0	1	6600-8400	P
Nazareth	E. F. Ciccone	115	327,732	12,705	5,535	4P	1	1	1	1	0	4	5000-6000	F
Pennsylvania	A. R. Crane	277	517,221	5,300	5,300	4P	2	2	2	0	0	6	4500-5400	O
Philadelphia General	W. Ehrlich, H. Schwarz	856	1,335,842	8,750	8,750	4P	...	...	...	...	...	13†	5800-6700	P
Presbyterian—University of Pennsylvania Medical Center	R. P. Custer, J. Butcher	213	248,737	3,064	2,787	4P	2	1	1	1	0	5	4340-5360	P
St. Christopher's Hospital for Children	J. B. Arey	96	138,002	1,602	647	1A	0	0	0	1	0	1	3600-4200	FP
Temple University	E. E. Aegerter	477	743,107	7,191	7,191	4P	4	1	2	1	8	8	3900-4800	P
Veterans Admin.	P. V. Skerrett	323	436,176	4,166	4,166	4P	3	1	1	1	0	6	9221-12873	O
Pittsburgh														
Allegheny General	R. C. Grauer	316	347,816	5,799	5,799	4P	2	1	1	1	0	5	8700-9600	P
Health Center Hospitals of the University of Pittsburgh							4	4	4	1	0	13		
Children's Hospital of Pittsburgh	G. H. Fetterman	192	203,851	2,774	2,774	2P	...	...	...	...	...	...	5500-6500	O
Presbyterian-University	R. H. Fennell, Jr.	325	399,397	7,231	7,231	4P	...	...	...	...	...	...	5500-7500	O
Veterans Admin.	E. Fisher	473	747,235	4,633	4,633	4P	...	...	...	...	...	...	4610-8230	O
Mercy	M. M. Bracken	308	636,883	10,572	6,848	4P	2	2	0	0	0	4	6300-7200	FP
Montefiore	H. Mendelow	244	319,765	8,043	8,043	4P	1	1	1	1	0	4	6000-7000	FP
St. Francis General	R. C. Hamilton	204	464,727	6,439	5,956	4P	1	1	1	1	0	4	8400-8400	P
St. Margaret Memorial						1A	...	...	...	...	...	...
Shadyside	E. L. Heller	184	208,464	4,671	3,766	4P	1	1	1	1	0	4	6300-8400	F
South Side	L. Goodman	157	216,208	4,136	3,929	4P	1	1	1	1	0	4	7200-7200	F
Western Pennsylvania	E. R. Erickson	323	584,082	8,858	7,227	4P	2	2	2	2	0	8	5700-6300	FP
Reading														
Reading	W. P. Jennings	610	721,428	9,261	9,261	4P	2	2	2	2	0	8	4980-5880	F
St. Joseph's	G. P. Desjardins	211	242,118	6,053	5,705	4P	1	1	1	1	0	4	4200-5400	F
Sayre														
Robert Packer	V. E. Whiteside, D. R. Weaver	178	206,529	3,611	3,507	4P	1	1	1	1	0	4	3600-6600	FP
Wilkes-Barre														
Wilkes-Barre General	C. E. Rodriguez	177	197,325	3,702	3,110	4P	1	1	1	1	0	4	4200-5400	F
York														
York	F. A. McKeon, T. J. Burkart	472	332,417	8,427	8,112	4P	1	1	1	1	0	4	5400-6300	P
PUERTO RICO														
Hato Rey														
I. González Martínez Oncologic ²	R. Marcial-Rojas	27	31,824	2,165	1,784	1A	0	0	1	0	0	1	6000-6000	P
Ponce														
Ponce District General	E. Rivera	409	389,399	4,795	4,545	3A	1	1	1	0	0	3	6000-7200	F
Rio Piedras														
Municipal Hospital Dr. Rafael Lopez Nussa		244	367,524	5,564		3A	1	1	1	0	0	3	5700-6900	P
University District	R. Marcial-Rojas	592	682,850	12,944	12,894	4P	4	4	4	2	0	14	5700-6900	P
San Juan														
Veterans Admin.	F. M. Reyes	98	202,849	17,227	17,227	1A	1	0	0	0	0	1	4700-7250	O
RHODE ISLAND														
Newport														
Newport	M. A. Chernow	90	138,201	3,426	2,515	1A	1	0	0	0	0	1	7800-7800	FP
North Providence														
Our Lady of Fatima—See St. Joseph's Hospital—Our Lady of Fatima, Providence														
Pawtucket														
Memorial	G. Paparo	151	442,339	21,021	13,324	4P	1	1	1	1	0	4	4800-6400	F
Providence														
Rhode Island	H. Fanger	394	912,099	9,995	9,857	4P	3	2	3	1	0	9	6600-6900	P
St. Joseph's Hospital—Our Lady of Fatima	S. R. Allegra					4P	1	1	1	1	0	4	4800-6600	FP
Our Lady of Fatima (North Providence)		213	416,421	6,838	5,658		...	...	...	...	...	...
St. Joseph's		230	416,421	7,170	5,890		...	...	...	...	...	...
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
Medical College	G. R. Hennigar	250	7,391	3,522	2,917	4P	0	0	1	1	0	2	4380-6000	O
Greenville														
Greenville General	E. A. Dreskin	256	252,197	6,631	4,011	4P	1	1	1	1	0	4	5700-6700	P
SOUTH DAKOTA														
Sioux Falls														
Sioux Valley	K. H. Wegner	136	147,400	3,523	2,558	4P	1	1	1	1	0	4	5400-6300	F
TENNESSEE														
Chattanooga														
Baroneas Erlanger	J. W. Adams	477	23,441	23,460	23,460	4P	2	1	1	1	0	5	5700-6600	F
Knoxville														
Fort Sanders Presbyterian						1C	...	...	...	...	...	...
East Tennessee Children's							...	...	...	...	...	...
University of Tennessee Memorial Research Center and Hospital		206	413,502	5,303	4,819	4P	...	...	...	...	...	...
Memphis														
Baptist Memorial	E. E. Muirhead	397	705,127	18,315	15,108	4P	3	3	3	3	2	14	4500-5700	F
City of Memphis Hospitals	D. Sprunt	1,230	783,600	11,188	11,188	4P	6	4	4	4	0	18	4200-9600	F
Methodist	J. K. Duckworth	285	441,128	10,995	9,146	4P	3	2	1	1	1	8	6000-12000	O
St. Joseph	L. C. Prieto	179	393,782	6,522	5,677	4P	1	1	1	1	0	4	4500-5600	FP
Veterans Admin. ³⁰²	J. M. Young	550	615,516	3,052	2,878	4P	2	2	2	2	0	8	4610-12873	O
Nashville														
Baptist	F. Womack	135	284,044	6,742	5,063	2P	1	1	0	0	0	2	6000-6600	F
George W. Hubbard Hospital of the Meharry Medical College	H. M. Frazier	213	4,297	1,701	1,701	4P	1	1	1	0	0	3	4800-6500	F
St. Thomas	D. K. Gotwald	163	303,970	5,626	4,015	4P	...	...	...	...	...	2	3900-4500	F

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE, Nashville—Continued														
Vanderbilt University Affiliated Hospitals	J. L. Shapiro					4P	5	5	5	5	0	20		O
Vanderbilt University		305	490,521	6,116	3,999								3900-4800	O
Nashville Metropolitan General		167	292,555	3,115	2,924								3000-4000	O
Veterans Admin.	N. Ende	225	589,788	2,959	2,821	4P	1	1	1	1	0	4	4610-7110	O
Oak Ridge														
Oak Ridge Institute of Nuclear Studies, Medical Division	B. M. Nelson	35	492	70	68	ISP	0	0	0	1	1	1†	9000-13000	O
TEXAS														
Austin														
Brackenridge	A. DaSilva	195	232,733	3,540	2,611	4P	1	1	1	1	0	4	5400-7200	F
Dallas														
Baylor University Medical Center	G. Race	387	690,387	15,615	14,053	4P	3	3	2	2	0	10	5700-6600	O
Methodist Hospital of Dallas	G. Noteboom	177	380,529	8,430	7,056	4P	1	1	1	1	0	4	5100-6000	FP
Parkland Memorial	V. A. Stenbridge	536	1,305,149	48,925	48,925	4P	5	5	5	5	0	20	4680-5640	P
St. Paul	J. H. Childers	217	583,342	11,487	9,610	4P	1	1	1	1	0	4	5100-6000	P
Veterans Admin.	H. L. Reinhart	397	720,076	5,337	5,337	4P	1	1	1	1	0	4	4610-12873	P
Fort Worth														
Harris Hospital—Fort Worth Medical Center	V. N. Mitchell	199	255,614	9,166	7,654	4P	1	1	1	1	0	4	5400-6300	P
St. Joseph	O. J. Wollenman	112	195,862	4,434	3,672	4P	1	1	1	1	0	4	5100-6000	O
Galveston														
University of Texas Medical Branch Hospitals	F. L. Jennings	365	943,630	7,317	7,218	4P	3	3	3	3	0	12	5088-6000	P
Houston														
Baylor University Affiliated Hospitals	R. M. O'Neal					4P	5	5	6	5	0	21		
Ben Taub General	R. M. O'Neal	493	1,115,252	6,439	6,439								3900-4800	P
Jefferson Davis														
Methodist	R. M. O'Neal	426	1,264,392	12,694	9,125								4500-5400	P
Texas Children's		249	285,825	2,776	2,722								4200-5100	O
Veterans Admin.	F. Gyorkey	487	779,489	4,077	4,027								9221-12873	P
Hermann	W. G. Brown	281	860,879	15,945	15,716	4P	1	1	2	2	0	6	5400-7700	P
St. Joseph	P. Marcuse	212	539,164	9,881	7,849	4P	1	1	1	1	0	4	5100-6000	P
St. Luke's Episcopal	H. S. Rosenberg	172	436,258	7,343	7,223	4P	2	1	1	1	0	5	4200-5100	O
University of Texas M. D. Anderson Hospital and Tumor Institute	W. O. Russell	369	362,221	10,761	10,761	4P						5†	5000-10000	O
Lubbock														
Methodist	W. H. Long	140	222,511	6,700	6,000	4P	1	0	0	0	0	1		
San Antonio														
Baptist Memorial	A. O. Severance	258	371,000	8,353	7,523	4P						6	5400-7200	P
University of Texas Medical School at San Antonio Teaching Hospitals	H. C. McGill, Jr.					4P	2	2	2	2	0	8	5100-6900	FP
Robert B. Green Memorial	H. C. McGill, Jr.	353	742,550	5,278	5,278									
Santa Rosa Medical Center	N. Jacobs, Jr.	336	442,288	8,992	8,937									
Temple														
Scott and White Memorial	J. C. Stinson, W. N. Powell	173	479,385	6,106	6,106	4P						4	5200-6500	P
UTAH														
Ogden														
Thomas D. Dee Memorial	J. L. Verner	175	179,824	6,996	5,712	4P	1	1	1	1	0	4	5100-6300	FP
Salt Lake City														
Holy Cross	C. McNeil	144	270,706	7,361	5,818	4P	2	0	0	0	0	2	4200-5100	FP
Latter-day Saints	J. H. Carlquist	328	750,766	9,972	8,155	4P	1	1	1	1	0	4	4800-6000	P
University of Utah Affiliated Hospitals	W. H. Carnes					4P	2	1	1	1	0	5		
University	W. H. Carnes	288	192,720	2,228	2,147								4200-6000	P
Veterans Admin.	J. Shaka	158	379,787	1,534	1,534								4610-8230	O
VERMONT														
Burlington														
Medical Center Hospital of Vermont	R. W. Coon					4P	3	3	3	3	0	12	4500-6300	O
Mary Fletcher Unit		300	226,000	6,185	5,171									O
De Goesbriand Unit		178	125,600	3,984	2,844									P
VIRGINIA														
Alexandria														
Alexandria	R. E. Palmer	235	250,732	6,013	5,828	4P	1	1	0	0	0	2	3600-4800	P
Charlottesville														
University of Virginia	D. E. Smith, O. B. Bobbitt	463	628,436	9,839	9,839	4P	2	1	3	0	0	6	4200-5400	O
Danville														
Memorial	T.J. Moran	191	291,150	4,805	4,805	4P	1	1	1	1	0	4	5400-7200	P
Norfolk														
De Paul	R. J. Faulconer	256	260,241	6,588	6,265	4P	1	1	1	1	0	4	6000-6900	F
Norfolk General	R. Stephens	253	470,288	7,824	5,873	4P	1	1	1	1	0	4	6000-9000	F
Portsmouth														
Maryview	J. F. McCabe	100	150,000	4,000	3,372	2A	2	2	0	0	0	4	6000-6000	O
Richmond														
Medical College of Virginia—Hospital Division	F. Goodale	783	1,108,026	11,905	10,531	4P	6	6	5	5	2	24†	4800-7200	P
Richmond Memorial	W. Monroe	207	398,561	6,104	5,628	4P	1	1	1	1	0	4	4800-6600	F
Veterans Admin.	J. R. Kriz	272	709,427	4,466	4,466	4P	1	1	1	1	0	4	4610-8230	P
Roanoke														
Roanoke Memorial Hospitals	J. C. Gale	180	214,034	10,088	7,488	4P	1	1	1	1	0	4	6000-6600	F
WASHINGTON														
Seattle														
Doctors	R. C. Ellis	85	172,976	4,602	3,514	1A	2	0	0	0	0	2	6600-6600	FP
Group Health	C. E. Marshall	180	250,000	6,513	5,235	2P	1	1	0	0	0	2	6000-7800	P
Providence	D. Mason	182	146,769	5,371	3,806	3A	1	1	1	0	0	3	4200-6750	FP
St. Frances Xavier Cabrini	G. D. LaZerte	101	75,000	2,700	2,350	2P	1	1	0	0	0	2	3600-4200	O
Swedish Hospital Medical Center—U. S. Public Health	W. B. Hamlin					4P	2	2	2	2	1	9		
Swedish Hospital Medical Center	W. B. Hamlin	305	33,025	11,350	10,248								4800-7200	FP
U. S. Public Health Service	B. S. Eggertsen	107	219,998	4,569	4,120									

18. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Comments
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
WASHINGTON, Seattle—Continued														
University of Washington Affiliated Hospitals, Children's Orthopedic Hospital and Medical Center	N. K. Mottet					4P	5	4	4	4	1	18		
King County	S. A. Creighton	150	136,094	1,439	641									
University	J. Bennington	464	340,053	4,896	4,308								5500-7680	F
Veterans Admin.	N. K. Mottet	289	167,700	2,875	2,875								5500-7680	P
Virginia Mason	R. Vracko	268	243,665	2,897	2,601								4610-8230	P
Spokane	H. W. Jones	199	346,976	6,147	5,371	4P	1	1	1	0	0	3	3900-6000	FP
Deaconess	T. E. Ludden	160	300,537	7,865	6,067	4P	2	2	2	2	0	2	6000-7200	FP
Sacred Heart	J. E. Hill	305	227,030	227,030	7,097	4P	1	1	1	1	0	4	5400-7800	F
Tacoma														
Tacoma General	C. P. Larson, M. J. Wicks	340	101,849	14,832	10,393	4P	1	1	1	1	0	4	4200-6000	P
Pierce County	T. Apa, C. P. Larson	155	108,414	923	736								3600-5400	O
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional	W. A. Laqueur	197	311,469	4,176	4,000	4P	1	0	1	0	0	2	6400-8800	P
Charleston														
Charleston General	P. Ladewig, W. Garrard	184	171,062	6,171	6,143	4P	2	1	1	0	0	4	3900-4800	P
Memorial	G. Swoyer	236	190,505	8,139	8,100	3A	1	1	1	0	0	3	4200-5100	F
Huntington														
Cabell Huntington	S. Werthammer	161	252,222	9,261	8,962	4P	1	0	0	1	0	2	5400-	F
St. Mary's	D. S. O'Connor	108	332,546	5,528	4,921	4P	1	2	0	1	0	4	6000-7200	O
Martinsburg														
Veterans Admin.	C. Hoch-Ligeti	168	281,138	1,240	1,133	2P	2	2	0	0	0	4	4610-8230	O
Morgantown														
West Virginia University Medical Center	W. S. Albrink	328	338,669	6,904	6,639	4P	2	2	2	2	0	10+	4800-6800	O
Wheeling														
Ohio Valley General	H. G. Little	196	162,912	5,453	4,766	4P	2	2	2	2	0	2	7200-9000	P
WISCONSIN														
Eau Claire														
Luther	W. Aronson	135	179,962	3,506	3,348	3A	1	1	1	0	0	3	6000-7200	P
Madison														
Madison General	P. G. Piper	266	284,323	7,173	5,308	4P	1	1	1	1	0	4	3900-4800	F
University of Wisconsin Affiliated Hospitals, University Hospitals	D. M. Angevine, F. C. Larson, W. Jaeschke	438	489,693	6,727	6,152	4P	2	2	2	2	0	8	4150-6250	P
Veterans Admin.	J. M. B. Bloodworth, Jr.	248	334,539	1,572	1,428	4P	1	1	1	1	0	4	4610-7110	P
Marshfield														
St. Joseph's	J. A. Diaz-Esquivel	129	168,590	4,884	3,000	4P	1	1	1	1	0	4	3600-5400	F
Milwaukee														
Columbia	D. B. Claudon	184	184,248	5,088	3,750	4P	1	1	1	1	0	4	5820-6420	P
Milwaukee Children's	S. R. McCreadie	91	138,557	2,903	805								4380-6035	P
Evangelical Deaconess	R. S. Haukohl	125	203,053	4,798	4,404	4P	1	1	1	1	0	4	5400-6300	F
Lutheran Hospital of Milwaukee	E. A. Birge	161	230,320	6,290	5,160	4P	1	1	1	1	0	4	5823-7342	P
Marquette University Affiliated Hospitals	J. F. Kusma	823	780,044	5,262	4,577	4P	9	6	6	5	1	27+		
Milwaukee County General	J. F. Kusma	493	571,991	3,070	2,746	4P							4384-6754	P
Veterans Admin. (Wood)	K. Pintar	91	138,557	2,903	805	2P	1	1	0	0	0	2	4610-8230	P
Milwaukee Children's	S. R. McCreadie	202	425,475	5,269	5,269	4P	1	1	1	1	0	4	4380-6035	P
Mount Sinai	N. Enzer	99	148,517	4,134	3,893	4P	1	1	1	1	0	4	5300-6400	FP
St. Francis	J. D. Cardy	223	312,697	38,859	28,489	4P	1	1	1	1	0	4	4300-5400	P
St. Joseph's	C. H. Alshuler	228	244,922	4,623	4,108	4P	3	1	4	0	0	8	6300-7200	P
St. Luke's	R. A. Scheidt	228	244,922	4,623	4,108	4P	3	1	4	0	0	8	7200-7800	FO
St. Mary's	D. J. Carlson	174	265,953	8,165	4,937	4P	1	1	0	0	0	2	6300-7200	F

PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been approved by the Council on Medical Education and the American Board of Pathology as offering acceptable training in the specialty.

	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies Toxicological Tests Made	Necropsies Body Examined at Scene by Pathologist
UNITED STATES ARMY					
DISTRICT OF COLUMBIA					
Armed Forces Institute of Pathology, Washington	C. J. Stahl	470	40	350	15
NONFEDERAL AND VETERANS ADMINISTRATION					
CALIFORNIA					
Bakersfield					
Kern County General	R. W. Huntington, Jr.	565	27	496	
Los Angeles					
Office of Chief Medical Examiner-Coroner	T. J. Curphey	3,956	303	3,094	
Oakland					
Western Laboratories	G. S. Loquvam	1,625	61	700	8
COLORADO					
Denver					
Denver General	G. I. Ogura	542	43	1,626	36
FLORIDA					
Miami					
Office of Medical Examiner of Dade County	J. H. Davis	1,705	144	1,148	100

APPROVED RESIDENCIES

PATHOLOGY, FORENSIC—Continued

		Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies Toxicological Tests Made	Necropsies Body Examined at Scene by Pathologist
MARYLAND						
Baltimore						
	Office of the Chief Medical Examiner-Maryland Medical-Legal Foundation	R. S. Fisher	1,823	164	1,411	46
MICHIGAN						
Detroit						
	Wayne County Medical Examiner's Office	J. F. Burton	2,064	278	2,677	1,586
NEW YORK						
New York City						
	Office of the Chief Medical Examiner, City of New York	M. Helpern	7,100	725	4,412	4,260
OHIO						
Cleveland						
	Cuyahoga County Coroner's Office	L. Adelson, S. R. Gerber	1,629	161	1,175	100
Columbus						
	Ohio State University, Department of Pathology	E. von Haam	230	36	198	...
PENNSYLVANIA						
Philadelphia						
	Office of the Medical Examiner	J. W. Spelman	1,380	224	1,503	85
PUERTO RICO						
Rio Piedras						
	Institute of Legal Medicine, University of Puerto Rico	R. A. Marcial-Rojas	2,106	167	1,171	93
TENNESSEE						
Memphis						
	University of Tennessee-Institute of Pathology	J. T. Francisco	405	61	302	15
VIRGINIA						
Richmond						
	Office of the Chief Medical Examiner, Commonwealth of Virginia Dept. of Health	G. T. Mann	...	...	...	...
WASHINGTON						
Tacoma						
	Tacoma General	C. P. Larson	51	8	25	6

17. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics, and the Subspecialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, and begin on page 222.

18. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty: (i.e., TWO or more years).
Programs, 244; Residencies, 2,613

Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O		
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
UNITED STATES AIR FORCE																
CALIFORNIA																
	David Grant U.S.A.F., Fairfield	K. Shepard	12	11	626	30	97	27,064	2	2	0	0	0	4
TEXAS																
	Wilford Hall U.S.A.F., San Antonio	T. M. Holcomb	34	18	1,309	50	92	37,755	4	4	1	0	0	9
UNITED STATES ARMY																
CALIFORNIA																
	Letterman General, San Francisco	E. J. Tomsovic	15	12	641	30	100	16,519	3	3	0	0	0	6
COLORADO																
	Fitzsimons General, Denver	D. C. Plunket	44	16	1,253	19	95	45,567	3	3	0	0	0	6
DISTRICT OF COLUMBIA																
	Walter Reed General, Washington	F. C. Biehuse	65	...	2,700	65	93	31,308	4	4	4	0	0	16†
HAWAII																
	Tripler General, Honolulu	R. B. Giffin, Jr.	19	33	804	23	91	41,779	3	3	0	0	0	6
TEXAS																
	William Beaumont General, El Paso	L. M. Hebertson	26	22	1,480	24	88	61,356	3	3	0	0	0	6
	Brooke General, San Antonio	J. M. Louro	45	14	2,422	27	78	33,471	4	4	1	0	0	9
WASHINGTON																
	Madigan General, Tacoma	R. G. Scherz	26	19	738	12	83	54,725	3	3	1	0	0	7

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance O
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	D. J. Pascoe	22	15	1,548	11	73	17,014	2	2	0	0	0	4		
U. S. Naval, San Diego	E. R. Peters	38	39	2,117	36	91	59,887	4	4	0	0	0	8		
MARYLAND															
U. S. Naval, Bethesda	M. Museles	26	16	1,035	55	95	34,769	2	2	2	0	0	6		
MASSACHUSETTS															
U. S. Naval, Chelsea ²⁰⁷	A. E. Baggett, Jr.	17	10	1,696	25	92	20,143	2	2	0	0	0	4		
PENNSYLVANIA															
U. S. Naval, Philadelphia ²⁹²	J. E. Schanberger	22	18	1,212	25	64	30,422	2	2	0	0	0	4		
VIRGINIA															
U. S. Naval, Portsmouth	J. L. Hughes	48	50	2,003	26	88	37,103	3	3	0	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE															
ARIZONA															
U. S. Public Health Service Indian, Phoenix	W. Carlile	31	0	1,099	7	100	4,254	2	2	0	0	0	4		F
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	D. Hirschl	18	16	812	10	90	4,357	1	1	0	0	0	2	8705-9567	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	H. P. Bentley, Jr.	93	48	7,113	101	63	15,580	9	8	1	0	0	18	4980-5880	P
Children's															
University of Alabama Hospitals and Clinics	H. P. Bentley, Jr.														
Fairfield															
Lloyd Noland	G. C. McCullough	21	11	1,248	6	50	30,515	2	2	0	0	0	4	5400-6000	FP
Mobile															
Mobile General	D. F. Sullivan	24	30	958	26	85	4,505	3	3	0	0	0	6	5400-6000	P
ARIZONA															
Phoenix															
Good Samaritan	H. Lipow	43	41	3,885	19	79	7,502	3	2	0	0	0	5	7800-8700	F
Maricopa County General	R. Ganelin	32	35	1,230	43	71	16,346	3	3	0	0	0	6	8900-7500	P
St. Joseph's	M. L. Cohen	43	9	2,811	16	88	3,162	2	2	0	0	0	4	5400-5700	F
ARKANSAS															
Little Rock															
University	T. C. Panos	43	27	1,163	73	81	9,784	5	5	3	0	0	14	3900-5500	O
CALIFORNIA															
Bakersfield															
Kern County General	A. J. DeFede	33		495	23	87	18,686	2	2	0	0	0	4	7600-8100	O
Fresno															
Fresno General	W. Ziering	34		1,441	38	63	7,180	2	2	0	0	0	4	8136-10188	P
Loma Linda															
Loma Linda University Affiliated Hospitals	R. F. Chinnoek							2	2	0	0	0	4		
Loma Linda University	R. F. Chinnoek	11	6	1,055	6	100	10,120							5595-6052	O
Riverside General (Riverside)	T. Sisson	291	15	1,130	16	87	972								
Los Angeles															
California Babies' and Children's Medical Center	S. T. Whiteman	12	13	1,002†	6	100	33,482	2	2	0	0	0	4	7200-7800	P
Cedars-Sinai Medical Center	B. Kagan	34	32	2,609			200	3	3	0	0	0	6	6000-6600	P
Cedars of Lebanon Hospital Division	R. Ward	145	0	8,211†	222	88	73,252	16	8	5	0	0	29	4200-7800	P
Children's Hospital of Los Angeles	P. Wehrle	93	145	5,531	128	68	53,543	14	14	0	0	0	31†	7200-7800	P
Los Angeles County General, Unit I	T. L. Nelson	35	39	1,007†	36	47	6,814	3	3	2	0	0	9†	7200-8400	P
Los Angeles County General, Unit II	D. Chambers	15	22	1,388	5	40	1,151	2	2	0	0	0	4	6600-7200	P
Queen of Angels	A. J. Moss							10	1	3	0	0	23		
University of California Affiliated Hospitals	A. J. Moss													4388-7692	O
University of California	J. St. Geme	44	22	2,221	72	86	16,263							7200-7800	P
Los Angeles County Harbor General (Torrance)	J. St. Geme	53	47	2,534†	38	86	18,568								
White Memorial Medical Center	W. Taylor	17	18	898	32	88	6,557	1	1	1	0	0	3	6060-7260	P
Oakland															
Children's Hospital Medical Center of Northern California	E. R. Duffie, Jr., J. A. Knowles	41	14	3,734	84	85	10,080	8	4	1	0	0	13	4500-7200	FP
Highland General	A. Hatoff	26		3,982	22	22	12,693	2	2	0	0	0	4	6700-7200	P
Kaiser Foundation	E. J. Schoen	13	30	827	13	54	78,916	2	2	0	0	0	4	6174-7497	FP
Orange															
Orange County Medical Center-Childrens Hospital of Orange County	M. J. Carson	34		1,201	10	100	5,830	4	4	0	0	0	8	6200-6900	P
Orange County Medical Center	M. J. Carson														
Children's Hospital of Orange County	M. J. Carson	45		3,606	54	86	1,879								
Palo Alto															
Stanford Medical Center and Affiliated Hospitals ¹²⁴	N. Kretschmer							8	8	1	0	0	17		
Palo Alto-Stanford Hospital Center	N. Kretschmer	36	25	2,108	55	90	10,627							4900-6200	O
San Mateo County General (San Mateo)	G. F. Williams	14	12	555	6	100	6,908							4896-5496	F
Riverside															
Riverside General—See Loma Linda University Affiliated Hospitals, Loma Linda															
San Diego															
San Diego County-University	J. B. Welch	17	18	2,073	56	76	2,313	1	1	0	0	0	2	5076-5652	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued															
San Francisco															
Children's Hospital and Adult Medical Center...	J. Piel	43	25	2,623	26	92	16,855						7	7800-8400	P
Kaiser Foundation	H. R. Shinefield	22	31	1,435	12	100	84,813	2	2	0	0	0	4	5880-7140	FP
Mount Zion Hospital and Medical Center	R. Gross	20		2,259	44	84	4,696	3	3	0	0	0	6	4680-7140	FP
St. Luke's	D. Haskin	15	16	569	21	100	3,051	1	1	0	0	0	2	4200-6000	FP
St. Mary's	R. T. Terry	20	14	1,755	4	100	5,388	1	1	0	0	0	2	3600-4200	FP
University of California Program in Pediatrics	M. M. Grumbach							6	8	2	3	0	19		
H. C. Moffitt-University of California Hospitals	M. M. Grumbach	48	31	1,177	33	91	11,718							4804-8461	O
San Francisco General	M. M. Grossman	30	27	1,258	8	50	15,230							4368-7692	P
San Jose															
Santa Clara Valley Medical Center	J. R. Maloney	22	27	1,218	9	100	19,539	4	2	0	0	0	6	5232-6072	F
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Stockton															
San Joaquin General	W. West	19	21	844	11	82	5,497	1	1	0	0	0	2	6288-9060	F
Torrance															
Los Angeles County Harbor General—See University of California Affiliated Hospitals, Los Angeles															
COLORADO															
Denver															
Children's	F. J. Cozzetto	93	16	6,496†	108	91	13,743	7	6	1	0	0	14	4500-5500	P
University of Colorado Medical Center-Denver General	C. H. Kempe							15	15	3	0	0	33		
University of Colorado Medical Center	C. H. Kempe	34	27	1,524	68	99	13,540							3500-4500	O
Denver General	J. R. Connell	22	22	1,210	18	89	19,269							4020-4800	P
CONNECTICUT															
Hartford															
Hartford ¹⁴⁸	F. J. Flynn	19	74	3,893	31	91	1,825	2	1	0	0	0	3	4800-5400	P
St. Francis	J. Cullina	46	55	3,159	18	72	6,109	2	2	0	0	0	4	4200-4500	FP
New Haven															
Hospital of St. Raphael	J. C. Dower	23	24	2,123	11	64	3,089	3	3	0	0	0	6	6020-6920	P
Yale-New Haven Medical Center															
Yale-New Haven	C. D. Cook	73	60	3,901	150	82	14,021	8	5	2	0	0	15	4000-8000	P
DELAWARE															
Wilmington															
Wilmington Medical Center															
Delaware Division	W. R. Johnson	37	32	4,631	71	70	6,301	4	4	2	0	0	10	6000-8600	P
DISTRICT OF COLUMBIA															
Washington															
Children's	D. W. Delaney	80	18	395†	79	83	72,114	13	13	1	0	0	27	3700-5700	P
District of Columbia General	T. E. Reichelderfer	49		6,737	199	93	40,598	6	7	2	0	0	15	4500-6500	P
Freedmen's	R. B. Scott	23	40	4,145	108	47	3,188	4	3	1	0	0	8	6941-8702	O
Georgetown University	P. L. Calcagno	19	31	1,180	11	100	8,207	6	6	6	0	0	18	4068-4980	P
Providence	J. J. McDonald	21	45	1,955	11	73	972	2	2	0	0	0	4	4200-5700	FP
FLORIDA															
Gainesville															
William A. Shands Teaching Hospital and Clinics	H. A. Pearson	43		2,124	95	86	5,487	6	6	3	0	0	16	3500-6100	O
Jacksonville															
Jacksonville Hospitals Educational Program	H. Carithers							7	7	1	0	0	15		
Baptist Memorial	J. Lane	37	25	3,220	13	69	941							5700-6600	P
Duval Medical Center	J. K. David	27		1,295	33	94	33,888							5700-6000	P
St. Luke's	J. K. Moss	14	14	560	5	80	0							6300-6900	O
St. Vincent's	E. M. Frame	30	22	2,685†	6	17	1,888							5700-6000	P
Miami															
University of Miami Affiliated Hospitals															
Jackson Memorial	W. Nyhan	45	79	1,572	35	46	13,140	6	7	2	0	0	15	4284-5544	O
Variety Children's	D. G. Traggis	55		3,170	57	72	4,406	10	10	1	0	0	21	4284-5520	P
Orlando															
Orange Memorial	A. Townes	16	42	923	19	53	1,226	2	2	0	0	0	4	5100-5400	P
Tampa															
Tampa General	S. Wolfson	62	60	3,710	37	70	2,495	2	2	0	0	0	4	4800-7200	FP
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals	R. W. Blumberg							10	8	3	0	0	21		
Grady Memorial	R. W. Blumberg	52	111	1,916	29	100	13,339							4500-5700	P
Henrietta Eggleston Hospital For Children	J. H. Patterson	28		1,983	64	73	0							3900-5400	P
Georgia Baptist	H. R. Foster	26	53	1,895	21	62	1,369	2	2	0	0	0	4	4800-5100	P
St. Joseph's Infirmary	S. J. Matthews	13	16	2,157	22	73	4,244	1	1	0	0	0	2	6000-8600	P
Augusta															
Medical College of Georgia Hospitals								4	4	2	0	0	10		
Eugene Talmadge Memorial	G. H. Holman	24		651	37	76	2,861							3900-5100	P
University	J. Bell	37	26	2,515	40	30	2,034							4734-5334	P
HAWAII															
Honolulu															
Kauaikealani Children's	R. V. Platou	48	0	3,893	31	87	7,975	4	4	0	0	0	8	6600-7200	O
ILLINOIS															
Chicago															
Cook County	J. Greengard	331	194	11,450	692	93	171,714	12	12	0	0	0	28†	4620-5100	F
Illinois Masonic	H. Landers	24	26	2,249	12	92	6,003	2	2	0	0	0	4	6000-7200	FP
Mercy Medical Center ²³	R. E. Keeley	28		1,645	8	85	5,043	4	4	1	1	0	10	4500-5400	P
Michael Reese Hospital and Medical Center	J. Metcoff	70	55	6,902	197	62	12,853	7	7	2	0	0	16†	4200-6900	P
Mount Sinai Hospital Medical Center	A. Grossman	27	36	3,605	85	71	2,579	2	2	1	0	0	5	4600-5700	P
Northwestern University Medical Center	R. B. Lawson														
Children's Memorial	R. B. Lawson	63	45	2,854	72	92	37,823	8	12	3	0	0	23†	4200-6000	P
Presbyterian-St. Luke's	J. R. Christian	60	47	3,050	99	87	22,871	4	4	2	1	0	11	4500-7000	P
University of Chicago Hospitals and Clinics	A. Dorfman	38	61	1,243	53	86	14,423	5	3	3	0	0	11	5500-6500	O
University of Illinois Research and Educational Hospitals	I. Schulman	62		1,932	77	73	19,018	5	5	0	0	0	10†	5000-5300	P

Numerical and other references are listed on pages 279 through 282.

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance					
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year								
ILLINOIS—Continued																				
Evanston																				
St. Francis	B. Block	32	28	2,327	15	66	3,322						2	6780-7020	FP					
Evergreen Park																				
Little Company of Mary	A. W. Fleming	55	61	4,363	10	50	1,153	4	4	0	0	0	8	7200-7500	P					
Peoria																				
St. Francis	J. P. Callaway	90	61	7,173	161	65	1,961	2	2	0	0	0	4	5100-5400	F					
INDIANA																				
Indianapolis																				
Indiana University Medical Center	L. T. Meiks												15							
Indiana University Hospitals	L. T. Meiks	55	32	1,766	111	82	8,714							4725-5050	P					
Marion County General	R. M. Butler	30	54	342	6	67	10,168							5220-5533	P					
Methodist Hospital of Indiana	G. J. Rosenberg	73	38	5,123†	53	79	3,040	2	2	0	0	0	4	5880-6180	P					
IOWA																				
Des Moines																				
Iowa Methodist (Raymond Blank Memorial Hospital for Children)	L. F. Hill	40	23	3,446	56	77	12,620	3	3	0	0	0	6	6300-6600	F					
Iowa City																				
University Hospitals	D. Dunphy	55	32	2,748	89	82	14,569	5	5	0	0	0	10	4500-5000	P					
KANSAS																				
Kansas City																				
University of Kansas Medical Center	H. Miller	26	24	1,086	56	86	14,097	6	6	0	0	0	12	5040-7140	P					
KENTUCKY																				
Lexington																				
University of Kentucky Medical Center	W. Wheeler												3	3	2	0	0	8		
St. Joseph University	W. Wheeler	33	9	939	62	37	7,371												4580-5160	P
Louisville																				
University of Louisville Affiliated Hospitals	W. M. Edwards												8	8	3	1	1	21		
Children's		51	5	3,278	70	79	7,049												4500-5000	P
Louisville General		21	27	903	17	77	10,528												4500-5000	P
LOUISIANA																				
New Orleans																				
Charity Hospital of Louisiana																				
Louisiana State University Division	R. E. L. Fowler	151	71				12,213							19	5400-6000	F				
Tulane University Division	N. Woody	68	68	1,300	38	68	10,879							18	5400-6000	F				
Shreveport																				
Confederate Memorial Medical Center	H. B. Levy	50	49	2,600	60	63	3,239	2	2	0	0	0	4	5400-6000	F					
MAINE																				
Portland																				
Maine Medical Center	P. P. Good	12	24	732	20	80	2,979	1	1	0	0	0	2	3660-4560	FP					
MARYLAND																				
Baltimore																				
Baltimore City Hospitals	H. E. Harrison	66	67	1,543	27	74	32,086	4	4	2	0	0	10	4838-5775	O					
Johns Hopkins	R. E. Cooke	109	32	2,541†	137	85	75,215	19	13	5	2	0	39	3600	P					
Johns Hopkins Community Pediatric Program	M. Debuskey							12	8	5	0	0	25							
Baltimore City Hospitals	H. E. Harrison	66	67	1,543	27	74	32,086								4838-5775	O				
Greater Baltimore Medical Center	M. Spragins	20	40	877	10	16	545													
Johns Hopkins	M. Debuskey	109	32	2,541†	137	85	75,215								3600	P				
Sinai Hospital of Baltimore	E. Kaplan	28	54	2,056	15	73	14,580								5500-6500	P				
Union Memorial	W. Grubb	9	20	436†	6	100	3,150													
Mercy	S. Walker	27	25	1,318	21	62	3,182	2	2	0	0	0	4	6300-6300	F					
Sinai Hospital of Baltimore	E. Kaplan	28	54	2,056	15	73	14,580	2	4	2	0	0	8†	5500-6500	P					
University	R. Hepner	33	38	872	55	66	32,379	7	6	3	0	0	16	4100-5500	P					
MASSACHUSETTS																				
Boston																				
Boston City	H. M. Gezon	93	58	5,677	106	71	31,111	7	7	2	0	0	16	4200-5600	O					
Children's Hospital Medical Center	C. A. Janeway	101		3,164	219	79	87,455	12	19	15	0	0	46†	4200-7500	P					
Massachusetts General	N. B. Talbot	70		2,989†	56	77	18,422	5	4	1	0	0	10	3600-8000	P					
New England Medical Center Hospitals	M. B. Kriedberg	74	7	5,067	74	85	10,367	7	7	1	0	0	15	4200-5600	O					
St. Elizabeth's	J. J. A. Cavanaugh	25	35	762	17	47	1,044	3	3	0	0	0	6	4200-4800	FP					
Worcester																				
St. Vincent	P. P. Karpawich	57	20	4,060	9	89	1,455	3	2	0	0	0	5	4200-5300	P					
Worcester City	J. Cohen	49	18	1,799	8	75	6,554	2	2	0	0	0	4	5259-5677	FP					
MICHIGAN																				
Ann Arbor																				
University	J. L. Wilson	75	16	2,408	111	85	26,520	9	9	0	0	0	18	4020-4500	O					
Detroit																				
Children's	P. V. Woolley		120	6,548	189		78,022	14	14	2	0	0	30	5400-6600	P					
Detroit General	M. Heins	64	0	2,407	25	82	4,152	6	5	1	0	0	12	3600-6500	P					
Henry Ford	R. H. High	76	21	1,456	12	82	24,128	4	4	0	0	0	8	4800-5400	P					
Flint																				
Hurley	R. L. Clark	75	34	4,234	31	68	1,296	2	2	0	0	0	4	6000-6300	FP					
Grand Rapids																				
Butterworth	D. F. Reardon	46	44	3,028†	21	56	1,719	1	2	0	0	0	3	6300-6300	P					
Pontiac																				
Pontiac General	D. J. Trumpour	23	50	1,504	18	72	534	2	2	0	0	0	4	6300-7200	FP					
St. Joseph Mercy	F. M. Adams	44	27	3,787	30	80	1,984	2	2	0	0	0	4	6900-7500	P					
Royal Oak																				
William Beaumont	P. J. Laux	32	39	2,736	9	56	190	2	2	0	0	0	4	8880-9360	P					
Saginaw																				
Saginaw General	R. M. Heavenrich	23	29	1,848	8	62	2,747	1	1	0	0	0	2	6360-6960	FP					

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals.....	J. A. Anderson.....							10	10	4	0	0	24		
Hennepin County General.....	R. B. Raile.....	25	24	1,204	15	100	4,822							4800-5800	P
University of Minnesota Hospitals.....	J. A. Anderson.....	96	11	2,510	124	95	9,712							4500-5500	O
St. Paul-Ramsey (St. Paul).....	H. Venters.....	26	10	851	34	82	5,817							4500-6000	P
Rochester															
Mayo Graduate School of Medicine.....	J. W. DuShane.....	64	19	4,304	82	84	43,060	8	8	8	0	0	24	4200-4800	P
Rochester Methodist.....															
St. Mary's.....															
St. Paul															
Children's.....	M. Burke-Strickland.....	71	16	4,207	40	38	10,095	2	2	0	0	0	4	4500-6000	P
St. Paul-Ramsey—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center.....															
University.....	B. E. Batson.....	18	26	598	65	70	7,040	5	5	2	0	0	12	4300-5900	O
MISSOURI															
Columbia															
University of Missouri Medical Center.....	R. L. Jackson.....	29	12	961	52	67	7,553	3	3	1	0	0	7	4000-5000	O
Kansas City															
Children's Mercy.....	N. W. Small.....	82	9	3,733	67	82	79,879	8	4	0	0	0	12	3600-3900	FP
St. Louis															
Homer G. Phillips.....	M. Auguste.....	69	56	3,311	36	73	15,029	6	3	1	0	0	10†	4584-5571	P
St. Louis Children's.....	F. R. Dodge.....	130	0	5,815	140	81	45,582	10	10	5	2	0	27	4020-7000	O
St. Louis City.....	M. Davis.....	42	41	2,371	18	73	8,068	3	3	0	0	0	6	5305-6448	O
St. Louis University Group of Hospitals.....	A. McElfresh.....	116	78	6,858	92	87	10,090	6	6	2	0	0	14	4800-6000	P
Cardinal Glennon Memorial Hospital for Children.....	A. McElfresh.....	135	25	6,858	137	88	102,971							3000-4680	
NEBRASKA															
Omaha															
Childrens Memorial.....	T. R. Pfundt.....	64	2	5,206	41	85	10,495	3	3	1	0	0	7	6300-6600	O
Creighton Memorial St. Joseph's.....	J. R. Mitchell.....	32	16	2,052	11	73	5,944	3	3	0	0	0	6	5100-6000	O
University of Nebraska.....	R. Kugel.....	18	17	768	16	75	14,303	2	2	2	0	0	6	4300-4900	P
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial.....	R. C. Storrs.....	6	6	410	10	100	6,197	1	1	0	0	0	2	4200-4800	O
NEW JERSEY															
Camden															
Cooper.....	C. Tyler.....	35	50	2,800	17	82	2,812	1	1	0	0	0	2	4500-4800	F
Jersey City															
Jersey City Medical Center.....	J. P. Curran.....	61		1,415	30	50	9,945	6	4	1	0	0	11	6300-7700	O
Long Branch															
Monmouth Medical Center.....	R. McCurdy.....	30	22	2,137	47	71	6,064	1	1	0	0	0	2	4200-4500	F
Neptune															
Jersey Shore Medical Center-Fitkin.....	A. DeSpirito.....	41	26	3,273	19	68	2,152	1	1	0	0	0	2	4200-5400	F
Newark															
Newark Beth Israel.....	M. Fischman.....	28	28	1,493	12	66	694	2	1	0	0	0	3	4800-5100	F
New Jersey College of Medicine and Dentistry Combined Program.....								8	8	2	0	0	18		
Newark City.....	F. C. Behrle.....	62		6,617	164	80	7,800							5300-7500	F
United Hospitals of Newark-Babies.....	K. Hammond.....	60		3,014	49	78	7,750							5000-6000	P
St. Michael.....	W. J. Rahill.....	51	33	4,092	45	80	4,702	4	4	0	0	0	8	3900-6180	F
Plainfield															
Muhlenberg.....	P. Winokur.....	37	41	3,120	66	86	5,782	2	2	0	0	0	4	4620-5400	FP
NEW MEXICO															
Albuquerque															
Bataan Memorial Methodist.....	P. M. Eicher.....	14	6	1,570	20	60	19,474	2	2	0	0	0	4	5500-5900	P
University of New Mexico Affiliated Hospitals.....															
Bernalillo County-Indian.....	E. A. Mortimer, Jr.....	29	16	1,225	35	69	2,880	3	3	2	0	0	8	6060-6500	P
NEW YORK															
Albany															
Albany Medical Center.....	P. Patterson.....	25	29	1,186	42	69	4,088	3	3	1	0	0	7	4600-6300	P
Buffalo															
Children's Hospital of Buffalo.....	M. I. Rubin.....	101	49	6,481	55	82	36,999	10	9	1	0	0	20	5000-7500	P
Edward J. Meyer Memorial.....	T. S. Bumbalo.....	40	15	1,222	13	31	13,630	2	3	0	0	0	5	5550-6660	P
East Meadow															
Meadowbrook.....	P. J. Collipp.....	25	21	2,711	59	76	4,990	4	4	0	0	0	8	5453-7081	F
Mantasset															
North Shore ²⁴⁶	A. L. Florman.....	23	36	1,845	8	63	3,447	3	3	0	0	0	6	4980-6220	F
New Hyde Park															
Long Island Jewish Hospital Training Program.....	S. Karelitz.....							10	9	1	0	0	20		
Long Island Jewish.....	S. Karelitz.....	31	50	2,184	81	83	6,363							5000-6750	O
Queens Hospital Center (New York City).....	A. Aballi.....	64	43	4,488	102	85	22,082							4750-5520	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals.....															
Bronx Municipal Hospital Center.....	H. L. Barnett.....	80	45	3,227	46	76	45,982	14	12	2	0	0	28†	4980-5800	F
Hospital of the Albert Einstein College of Medicine.....															
Lincoln.....	A. Einborn.....	72	54	2,368	16	100	37,570	12	8	6	6	0	32	4980-5580	F
Beth Israel.....	S. Blatman.....	29	27	1,071	4	75	16,515	3	3	0	0	0	6	5160-5650	P
Bronx-Lebanon Hospital Center.....	M. Davidson.....	37	51	1,647	12	92	25,743	6	4	4	0	0	14	5000-6400	P
Brookdale Hospital Center.....	R. Golinko.....	36	53	1,607	26	80	7,811	3	3	1	0	0	7†	5000-5600	P

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Prenatal A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued															
Brooklyn-Cumberland Medical Center	P. R. Scaglione	41	24	1,366	10	80	32,647	10	7	2	0	0	19	5480-8660	FP
Brooklyn		32	41	1,026	27	68	26,639								
Cumberland		60	75	2,184	132	67	74,282								
Harlem Hospital Center	E. J. Kahn	60	75	2,184	132	67	74,282	6	5	1	0	0	12†	4980-8400	F
Jewish Hospital and Medical Center of Brooklyn	C. Pyles	24	23	574	15	94	51,873	6	8	0	0	0	14	5000-5500	O
Greenpoint	L. Goldenberg	24	23	574	15	94	51,873	2	2	0	0	0	4†	5100-5500	F
Lenox Hill	E. A. Davies	35	34	1,885	46	70	6,468	3	2	0	0	0	5	4500-7000	F
Long Island College	N. Chiara	20	23	1,172	12	67	4,748	2	2	0	0	0	4	5400-5800	P
Lutheran Medical Center		39	62	789	24	64	4,984	4	4	3	1	0	12	5000-6750	P
Maimonides Medical Center Training Program	H. Joos	25	14	646	17	53	9,272	6	4	4	0	0	14	5000-5500	FP
Maimonides Medical Center	F. Feldman	32	43	1,614	14	71	18,183	4	5	4	1	0	14	5250-6400	FP
Coney Island	H. Gbadimi	82	69	2,827	47	73	36,714	5	6	2	0	0	13	5910-6930	F
Methodist Hospital of Brooklyn	W. R. Stankewick														
Misericordia-Fordham Training Program															
Misericordia															
Fordham															
Montefiore Hospital Training Program	L. Finberg	28	0	836	32	94	17,763	6	11	10	4	0	31	5120-6880	P
Montefiore Hospital and Medical Center		32	27	1,057	13		75,091								
Morrisania City															
Mount Sinai Hospital Training Program															
Mount Sinai	H. L. Hodes	74	87	2,460	108	80	55,176	5	5	1	0	0	11	5000-6000	P
City Hospital Center at Elmhurst	A. Rausen	48	66	1,524	69	93	48,971	5	4	3	0	0	12		FP
New York	W. W. McCrory	70	83	2,412	123	87	34,653	8	6	3	0	0	18	5000-8000	FP
New York Medical College-Metropolitan Hospital Center	E. Wasserman	25	40	764	24	92	554	12	10	4	0	0	26	4980-5780	F
Unit 1—Flower and Fifth Avenue Hospitals		108	38	1,392	32	67	124,928								
Unit 2—Metropolitan															
New York Polyclinic-St. Clare's Hospitals	E. M. Di Tolla	11	14	778	1	100	2,966	3	2	0	0	0	5	5100-5400	P
New York Polyclinic Medical School and Hospital	E. M. Di Tolla	21	8	754	4	100	6,914							5400-6000	F
St. Clare's															
New York University-Bellevue Medical Center	S. Krugman	126	40	3,072	84	48	102,000	6	14	8	0	0	28	4500-7300	F
Bellevue Hospital Center		42	16	1,986	8	37								6690-7930	P
University		148	88	5,409	212	83	44,672	12	11	1	0	0	24	5200-8500	O
Presbyterian (Babies)	E. Curnen	24	12	733	10	60	12,977	2	3	2	1	0	8	5000-7000	P
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park	E. N. Joyner, III	45	34	1,432	20	75	11,839	4	4	0	0	0	8	5000-5500	P
Roosevelt	S. Stevenson														
St. Luke's Hospital Center															
St. Vincent's Hospital and Medical Center of New York	V. J. Fontana	43	64	1,303	74	71	5,571	4	4	0	0	0	8	5500-6500	P
St. Vincent's Hospital of the Borough of Richmond	A. A. Claps	30	32	2,055†	23	65	2,606	2	2	0	0	0	4	5700-6600	F
State University-Kings County Medical Center	J. Lanman	219	97	5,313	288	26	159,875	15	21	7	0	0	42†	4980-6400	P
Kings County Hospital Center															
State University															
Rochester															
Rochester General	G. Miller	25	35	1,394	12	75	1,837							6000-6500	P
Strong Memorial Hospital of the University of Rochester	R. J. Haggerty	62		5,355	99	79	15,607	11	8	0	0	0	19	4000-7500	O
Syracuse															
State University of New York Upstate Medical Center	J. Richmond	42	27	2,833	18	77	8,436	5	5	2	0	0	12†	5050-5950	O
Valhalla															
Grasslands	T. A. Anderson	58	9	615	31	68	5,659	3	3	0	0	0	6	5700-6200	P
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	F. W. Denny	33	18	2,013†	64	71	10,494	5	5	1	0	0	11	3500-5700	O
Charlotte															
Charlotte Memorial	B. L. Galusha	21	45	1,051†	25	64	10,284	1	1	0	0	0	2	5400-5700	P
Durham															
Duke	J. S. Harris	38	23	2,772	101	71	13,521	6	4	2	0	0	12	4500-5400	P
Raleigh															
Memorial Hospital of Wake County	F. T. Eastwood	18	19	2,693	66	39	1,736	1	1	0	0	0	2	4200-6000	F
Winston-Salem															
North Carolina Baptist Hospitals	W. Kelsey	35	27	2,022	62	80	5,664	3	1	1	0	0	5	4000-6000	P
OHIO															
Akron															
Children's Hospital of Akron	S. Spector	93		5,825	87	79	12,705	8	8	2	0	0	18	4680-7500	FP
Cincinnati															
University of Cincinnati Hospital Group	E. L. Pratt	91		4,889	105	77	9,421	15	15	1	0	0	31	4200-4500	P
Children's	E. L. Pratt	39		1,150	17	30	16,373							4200-4800	F
Cincinnati General	E. L. Pratt	62	71	4,142	24	67	4,262							5400-6600	P
Good Samaritan Hospital-Community Pediatric Program															
Cleveland															
Cleveland Clinic	R. D. Mercer	18	15	1,094	18	94	7,443	3	3	0	0	0	6	3900-4200	P
Cleveland Metropolitan General	R. Schwartz	36	49	1,418	26	88	46,243	6	6	3	0	0	15†	4300-6200	P
Fairview General	W. Kelley	28	49	3,156	67		6,152	2	2	0	0	0	4	5400-6000	F
Mount Sinai Hospital of Cleveland ²⁸²	E. Smith	31	48	600	11	73	10,307	2	2	0	0	0	4	4400-5380	P
St. Luke's	R. O. Walton	18	36	1,011	13	85	5,552	1	2	0	0	0	3	5292-5700	P
University Hospitals of Cleveland ²⁷⁹	W. M. Wallace	100	63	2,851†	157	80	19,311	10	6	3	0	0	19	4500-6000	P
Columbus															
Children's	B. D. Graham	83	43	4,694	153	72	36,568	12	12	3	0	0	27	4200-5400	P
Toledo															
Toledo-Maumee Valley Hospitals	J. C. Roberts	38	54	3,129	23	78	2,482	2	2	0	0	0	4	6300-6900	FP
Toledo	M. Rejent	25	9	1,212	6	100	10,883							5400-5700	F

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA															
Oklahoma City															
St. Anthony	H. V. L. Sapper	11	36	591	16	69	5,127	1	1	0	0	0	2	6000-6300	O
University of Oklahoma Hospitals	H. D. Riley, Jr.	54	38	1,146	59	76	10,280							4000-4900	P
Tulsa															
Hillcrest Medical Center	H. Graham, Jr.	25	23	2,755	19	68	1,026	1	1	0	0	0	2	8064-9072	P
St. John's	H. Goldman	49		3,541	32	53	1,458	1	1	0	0	0	2	8100-8700	P
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics	R. W. Olmsted	36	31	2,984	75	76	27,567	6	6	2	0	0	14	4200-6000	FP
PENNSYLVANIA															
Danville															
Geisinger Medical Center	S. Morrison	15	8	599	14	64	9,612	1	1	0	0	0	2	5100-5400	P
Harrisburg															
Harrisburg	T. F. Fletcher	36	33	4,555	53	66	7,582	2	2	0	0	0	4	6600-7500	F
Harrisburg Polyclinic	J. M. Garfinkle	47	25	3,074	53	71	7,193	2	2	0	0	0	4	6600-7800	F
Philadelphia															
Albert Einstein Medical Center	M. Malen	794	856	3,665†	21	50	4,973	3	3	0	0	0	6	3900-4200	FP
Children's Hospital of Philadelphia	A. M. Bongiovanni	122	13	7,081	177	84	78,860	8	11	4	1	0	25	2100-6000	F
Germantown Dispensary and Hospital	W. M. McFadden	16	17	1,138	13	17	3,645	1	1	0	0	0	2	4800-6300	FP
Hahnemann Medical College and Hospital	M. Baren	44	20	917	20	10	5,399	3	3	0	0	0	6	3300-3600	F
Hospital of the University of Pennsylvania	L. Barnes	12	37	477	32	90	8,325	3	2	1	0	0	6	1800-4200	P
Hospital of the Woman's Medical College of Pennsylvania	D. A. Howell	14	13	625	7	100	3,502	3	3	1	0	0	7	4610-6440	P
Jefferson Medical College	R. L. Brent	55	33	1,087	14	80	10,070	4	4	0	0	0	8	4100-4600	O
Philadelphia General	J. Ritter, S. Ziegler	84	75	2,535	27	81	47,776	6	5	0	0	0	12†	5800-6700	P
Temple University Medical Center	V. C. Vaughn, III	117		5,610	52	90	79,544	12	12	2	0	0	26	5000-5400	O
St. Christopher's Hospital for Children														3900-4800	P
Temple University															
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh	D. N. Medearis, Jr.	125		3,216	150	80	29,614	4	14	10	0	0	28	5500-6250	O
Children's Hospital of Pittsburgh															
Sayre															
Robert Packer	D. S. Motsay	21	8	2,092	16	75	8,339	1	1	0	0	0	2	3600-5400	FP
PUERTO RICO															
Ponce															
Ponce District General	M. A. Lopez-Rodriguez	104		3,278	296	37	8,868	4	3	0	0	0	7	6000-10800	F
Rio Piedras															
Municipal Hospital Dr. Rafael López Nussa	E. Colón Rivera	76	60	2,102	94	53	19,374	12	12	2	0	0	26	5700-6900	P
University District	A. Ortiz	72	36	1,603	262	70	8,975	8	8	2	0	0	18	5700-6900	P
RHODE ISLAND															
Providence															
Rhode Island	B. Feinberg	53	0	1,630	19	74	4,850	3	3	0	0	0	6	4600-4900	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals															
Medical College	M. C. Westphal, Jr.	30		2,121	83	73	11,015	1	1	1	1	0	4	4380-6300	O
Columbia															
Columbia Hospital of Richland County	C. A. James	47	30	2,275	78	18	12,515	1	1	0	0	0	2	6240-6480	P
TENNESSEE															
Chattanooga															
T. C. Thompson Children's	H. Massoud	63		3,868	82	55	26,331	3	3	0	0	0	6	5700-6000	F
Knoxville															
East Tennessee Affiliated Hospitals	J. Chesney							2	2	0	0	0	4		
East Tennessee Children's		26		2,316	23	48	1,155							4392-4512	F
University of Tennessee Memorial Research Center and Hospital		24	16	2,379	39	49	1,469							4392-4512	F
Memphis															
University of Tennessee Affiliated Hospitals	J. G. Hughes							12	12	0	0	0	24		
City of Memphis Hospitals		100	67	2,378	165	17	23,443							3660-3720	F
Le Bonheur Children's		75	6	6,087	70	54	4,925								
Nashville															
Baptist	J. Fields	14	28	887	12	83	1,344	2	1	0	0	0	3	6000-6600	F
George W. Hubbard Hospital of the Meharry Medical College	E. P. Crump	27	22	945	15	80	9,039	2	2	2	0	0	6	4800-5400	F
Vanderbilt University Affiliated Hospitals	A. Christie							7	3	1	0	0	11		
Nashville Metropolitan General	W. D. Donald	6	13	475	10	80	12,349							3000-3600	
Vanderbilt University	A. Christie	27	18	1,195	60	67	12,935							3900-4200	O
TEXAS															
Corpus Christi															
Driscoll Foundation Children's	J. M. Sloan	81	3	1,141	41	85	51,917	4	4	4	0	0	12†	4200-7500	FP
Dallas															
Children's Medical Center	H. Eichenwald	31	107	6,083	267	59	61,801	12	8	1	0	0	21	4080-5400	P
Galveston															
University of Texas Medical Branch Hospitals	C. W. Daeschner	140	26	2,678	62	56	11,746	7	6	1	0	0	14	5316-9000	P
Houston															
Baylor University Affiliated Hospitals	R. J. Blattner							13	12	2	0	0	27†		
Ben Taub General		43		1,258	56	83	47,494							3900-4200	P
Hermann		534	56	630	19	79	8,914							5100-5700	P
Jefferson Davis															
Methodist		1	26	13	0	0	199							4500-4800	P
Texas Children's		45	0	3,108	86	84	12,695							3900-4200	O

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued															
San Antonio															
University of Texas Medical School at San Antonio Teaching Hospitals.....	C. Kohler.....	32	56	879	40	65	3,398	5	5	1	0	0	11	5100-6300	P
Robert B. Green Memorial.....	C. Kohler.....	110	34	9,472	128	66	7,924							5100-6900	F
Santa Rosa Medical Center.....	L. J. Geppert.....														
Temple															
Scott and White Memorial.....	H. E. Le Bus.....	11	18	893†	11	64							3	5200-5600	P
UTAH															
Salt Lake City															
University of Utah Affiliated Hospitals.....	M. E. Lahey.....	29	14	1,238	20	85	17,309	5	5	1	0	0	11	4200-5400	P
University.....	M. E. Lahey.....	49													
Latter-day Saints.....		90		6,333	28	63	6,882								
Primary Children's.....		35	0	250	0	0	150								
Shriners Hospital for Crippled Children.....															
VERMONT															
Burlington															
Medical Center Hospital of Vermont.....	R. J. McKay, Jr.....	17	14	1,762	37	87	11,824	3	3	0	0	0	6	4500-5100	P
Mary Fletcher Unit.....		22	14	3,103	24	91	15,325								F
De Goesbriand Unit.....															
VIRGINIA															
Alexandria															
Alexandria.....	R. K. Wineland.....	17	41	2,139†	9	33	4,508	1	1	0	0	0	2	3600-4800	P
Charlottesville															
University of Virginia.....	W. G. Thurman.....	33	29	923	33	58	10,465	6	5	1	0	0	12	4200-5400	O
Norfolk															
King's Daughters Children's.....	M. A. Warfield.....	53	34	3,767	41	72	29,289	3	3	0	0	0	6	6900-7200	F
Richmond															
Medical College of Virginia-Hospital Division.....	W. E. Laupus.....	58	78	1,937	81	61	30,518	8	8	4	2	0	22†	4200-4800	P
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals ²¹⁴	R. J. Wedgwood.....							14	14	4	0	0	32		
Children's Orthopedic Hospital and Medical Center.....	J. M. Docter.....	112	13	8,155	103	91	43,887								
King County.....	N. Smith.....	15	13	684	10	60	6,439							5500-6540	F
University.....	R. J. Wedgwood.....	9	19	368†	10	90	11,482							5500-6540	P
WEST VIRGINIA															
Beckley															
Beckley Appalachian Regional.....	F. A. Cornwell.....	14	7	766	7	43	10,197	2	1	0	0	0	3	6400-7400	P
Charleston															
Memorial.....	T. Potterfield.....	13	21	903	22	64	1,609	1	1	0	0	0	2	4200-4800	F
Morgantown															
West Virginia University Medical Center.....	W. G. Klingberg.....	42	10	1,807	49	63	12,179	4	4	0	0	0	10†	4800-5400	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals.....	C. Lobeck.....							6	6	2	0	0	14†	4150-5650	P
University Hospitals.....		35	8	1,101	55	80	8,759								
Madison General.....		28	27	2,357†	9	67									
St. Mary's.....		29	35	2,524	16	49									
Milwaukee															
Marquette University Affiliated Hospitals.....	J. C. Peterson.....							7	7	2	0	0	16		
Milwaukee Children's.....		83	3	5,117	64	80	16,486							4380-5580	P
Milwaukee County General.....		50	38	3,841†	9	89	8,972							4364-6124	P

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering full training of two years' duration through affiliation with a fully approved program. Programs, 30; Residencies, 91

NONFEDERAL AND VETERANS ADMINISTRATION

CONNECTICUT															
Norwalk															
Norwalk ¹⁴¹	R. Appleby.....	32	28	664†	2	100	1,156	3	3	0	0	0	6	4200-4800	F
Waterbury															
Waterbury ¹⁴²	P. Teiger.....	26	26	2,231	8	62	1,272	1	1	0	0	0	2	4200-4800	FP
DELAWARE															
Wilmington															
Wilmington Medical Center.....		15	33	1,103	16	50	4,681	1	1	0	0	0	2	6000-6600	FP
Wilmington General Division ¹⁴⁷	H. Rosenblum.....														
ILLINOIS															
Chicago															
Edgewater ¹⁶⁶	S. Schwied.....	19	23	1,431	1	0	932	2	2	0	0	0	4	5400-6000	FP
Grant ¹⁶⁶	H. Goodman.....	14	27	981	0	0	2,068	2	1	1	0	0	4	5400-6000	P
Northwestern University Medical Center.....	R. B. Lawson.....														
Evanston (Evanston) ¹⁶²	H. F. Philipsborn.....	23	17	2,286	9	100	5,442	1	1	0	0	0	2	4800-5100	P
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
KENTUCKY															
Louisville															
St. Joseph Infirmary ¹⁶⁸	J. H. Doyle, S. Singh.....	42	26	3,344	26	31	938	3	2	0	0	0	5	5460-6060	P

APPROVED RESIDENCIES

18. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA															
New Orleans															
Ochsner Foundation ¹⁸⁹	C. H. Snyder	26	10	1,769	28	82	15,962	1	1	0	0	0	2	4500-4800	P
MARYLAND															
Baltimore															
Provident ¹⁹⁷	E. White	16	16	615	4	75	1,296	2	1	0	0	0	3	5400-6300	F
MASSACHUSETTS															
Springfield															
Springfield ²⁰²	E. F. Caruso	35	62	1,676†	19	89	1,323	2	2	0	0	0	4	3900-4200	FP
MICHIGAN															
Kalamazoo															
Borgess ²¹³	J. Dugger	24	19	4,026	18	61	1,697	2	2	0	0	0	4	5700-6000	F
Bronson Methodist ²¹²	H. S. Heersma	...	...	2,515	26	73	4,644	1	0	0	0	0	1	5700-5700	F
NEW YORK															
Albany															
St. Peters ²³⁴	A. MacCollam	20	28	825	...	...	...	2	2	0	0	0	4	5880-6480	F
Cooperstown															
Mary Imogene Bassett ²⁵⁸	J. Cannon	4	4	240	9	56	8,892	1	0	0	0	0	1	4600-5900	P
New York City															
Flushing Hospital and Medical Center ²⁶⁹	J. N. DeHoff	21	35	3,806	26	90	9,195	3	3	0	0	0	6	5600-6500	P
Jewish Memorial ²⁸⁵	W. Levy	15	28	1,043	12	50	1,855	2	2	0	0	0	4	4800-6000	F
Mary Immaculate ²⁶⁹	V. G. Tostii	23	24	1,052	37	60	2,377	2	2	0	0	0	4	4200-4800	F
St. John's Episcopal ²⁵⁷	B. H. Shulman	25	30	1,150	53	89	7,244	2	2	0	0	0	4	4680-5280	FP
Wyckoff Heights ²⁶²	A. Eden	29	37	1,243	13	92	3,941	3	3	0	0	0	6	4080-5400	F
Rochester															
Genesee ²⁷³	R. S. Meltzer	12	31	802	19	100	1,529	...	...	...	...	...	...	...	P
NORTH CAROLINA															
Durham															
Watts ⁶⁵	A. H. London	3	14	2,158	325	59	1,551	1	1	1	0	0	3	5100-6000	F
Wilmington															
Babies	R. B. Moore	42	2	2,775	15	27	3,777	1	0	0	0	0	1	5400-6600	F
OHIO															
Cincinnati															
Jewish ²⁷⁶	G. Englander	28	31	5,180†	41	73	1,458	1	1	0	0	0	2	5400-6600	P
Warren															
Trumbull Memorial ²⁷⁸	R. P. Ostergard	23	30	2,003	6	83	964	2	2	0	0	0	4	5100-5400	F
PUERTO RICO															
San Juan															
Presbyterian ²⁹⁹	A. Garcia Rivera	16	25	981†	30	20	25	1	0	0	0	0	1	7200-7200	F
RHODE ISLAND															
Providence															
Roger Williams General ²⁰³	R. C. Eley	31	10	1,776	12	50	856	3	0	0	0	0	3	4200-4200	F
SOUTH CAROLINA															
Greenville															
Greenville General ²⁸⁸	C. C. Cowan	45	46	2,723	41	56	2,780	0	2	0	0	0	2	6000-6000	P
TENNESSEE															
Memphis															
Baptist Memorial ³⁰³	F. S. Hill	34	42	2,644	25	52	416	1	1	0	0	0	2	4500-4800	F
TEXAS															
Dallas															
Methodist Hospital of Dallas ³⁰⁷	F. S. Brooksaler	23	27	2,850	16	69	2,046	2	2	0	0	0	4	4140-5400	FP
WISCONSIN															
La Crosse															
Lutheran Hospital Gundersen Clinic ⁷¹	R. K. Slungaard	15	6	1,337	2	100	17,857	1	0	0	0	0	1	6000-6000	F

PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for ONE or TWO years of training by the Council on Medical Education, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. (Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board requirements. *Identifies centers in which the total residency program also includes Adult Allergy. Accordingly, residency programs in centers with the symbol (*) are in the "Mixed" category referred to under Board Requirements. All other residency programs listed below are in the "Pediatric" category.) Programs, 40; Residencies, 75

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE											
TEXAS											
Wilford Hall U.S.A.F., San Antonio*	R. E. Smith	70	26,640	1	1	0	0	0	2	...	...
NONFEDERAL AND VETERANS ADMINISTRATION											
ARKANSAS											
Little Rock											
University of Arkansas Medical Center	V. Gordon	...	1,761	2	2	0	0	0	4	6000-7600	O

PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA											
Los Angeles											
Los Angeles County General, Unit I ⁷⁸	M. Benis.....	...	2,523	1	1	0	0	0	2	8400-9000	P
University of California.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Francisco											
Kaiser Foundation*.....	B. F. Feingold.....	59	94,128	.....	.....	.....	.....	.....	2	6720-9360	P
University of California Program in Pediatric Allergy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
H. C. Moffitt-University of California Hospitals.....	W. C. Deamer.....	Inc. in Pediatrics	3,537	1	1	0	0	0	2	6000-7000	O
COLORADO											
Denver											
Children's Asthma Research Institute and Hospital Program.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jewish National Home for Asthmatic Children.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Children's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of Colorado Medical Center ⁸⁰	J. C. Selner, E. F. Ellis.....	67	3,076	4	4	0	0	0	8	6000-9000	O
DISTRICT OF COLUMBIA											
Washington											
Children's.....	W. Howard.....	Inc. in Pediatrics	2,667	1	1	0	0	0	2	4800-4800	O
Georgetown University.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
ILLINOIS											
Chicago											
Michael Reese Hospital and Medical Center*.....	M. Mosko, A. Matheson.....	0	3,224	0	0	1	1	0	2	4800-6900	P
Presbyterian-St. Luke's.....	J. S. Hyde.....	80	1,795	1	1	0	0	0	2	5500-7000	P
KANSAS											
Kansas City											
University of Kansas Medical Center-Children's Mercy.....	.....	.....	.....	2	2	0	0	0	4	.....	.....
University of Kansas Medical Center.....	F. Speer.....	.....	2,661	.....	.....	.....	.....	.....	.....	5400-5400	P
Children's Mercy (Kansas City, Mo.).....	F. Speer.....	140	3,970	.....	.....	.....	.....	.....	.....	4800-5200	O
KENTUCKY											
Lexington											
University.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MARYLAND											
Baltimore											
Johns Hopkins.....	M. B. Rhyne.....	.....	4,296	2	2	0	0	0	4	3600-.....	P
University.....	R. London.....	Inc. in Pediatrics	.....	1	1	0	0	0	2	4100-5500	P
MASSACHUSETTS											
Boston											
Children's Hospital Medical Center.....	H. Mueller.....	Inc. in Pediatrics	.....	1	1	0	0	0	2	6000-6000	O
MICHIGAN											
Ann Arbor											
University*.....	J. M. Sheldon.....	Inc. in Pediatrics	.....	2	2	0	0	0	4	4816-5276	O
Detroit											
Children's.....	S. Levin.....	Inc. in Pediatrics	4,778	0	0	1	0	0	1	5400-6600	P
MINNESOTA											
Rochester											
Mayo Graduate School of Medicine.....	G. B. Logan.....	Inc. in Pediatrics	.....	1	1	0	0	0	2	4800-5400	P
Rochester Methodist.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Mary's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MISSOURI											
Kansas City											
Children's Mercy—See University of Kansas Medical Center-Children's Mercy, Kansas City, Kan.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
NEW YORK											
Buffalo											
Children's Hospital of Buffalo.....	V. Cohen.....	119	5,355	0	0	0	1	0	1	5000-7500	P
New York City											
Jewish Hospital of Brooklyn*.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Presbyterian (Babies).....	W. Kesler.....	Inc. in Pediatrics	4,024	1	1	0	0	0	2	6600-10000	O
Roosevelt*.....	W. B. Sherman.....	16	2,457	1	0	0	0	0	1	5500-7000	P
St. Vincent's Hospital and Medical Center of New York.....	V. J. Fontana.....	135	1,418	2	0	0	0	0	2	6500-7500	O
Rochester											
Strong Memorial Hospital of the University of Rochester.....	D. E. Johnstone.....	25	3,533	.....	.....	.....	.....	.....	.....	4000-7500	O
NORTH CAROLINA											
Durham											
Duke.....	S. C. Dees.....	Inc. in Pediatrics	1,359	1	1	1	0	0	2	4500-5400	P
OHIO											
Cincinnati											
University of Cincinnati Hospital Group*.....	J. E. Ghory.....	.....	.....	1	1	0	0	0	2	.....	.....
Children's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cincinnati General.....	.....	Inc. in Pediatrics	.....	.....	.....	.....	.....	.....	.....	4200-5400	F
Convalescent Hospital for Children.....	.....	94	1,042	.....	.....	.....	.....	.....	.....	6000-7500	O
PENNSYLVANIA											
Philadelphia											
Children's Hospital of Philadelphia.....	H. I. Lecks.....	Inc. in Pediatrics	1,541	0	1	0	0	0	1	4000-5000	O
St. Christopher's Hospital for Children.....	L. S. Girsh.....	99	3,255	1	1	0	0	0	2	3900-4200	FP
Pittsburgh											
Health Center Hospitals of the University of Pittsburgh.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Children's Hospital of Pittsburgh.....	H. C. Mansmann, Jr.....	112	4,919	1	1	0	0	0	2	5000-7800	O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND											
Providence											
Rhode Island*	G. K. Boyd	Inc. in Pediatrics	1,080	1	0	0	0	0	1	4900-5400	P
TENNESSEE											
Memphis											
City of Memphis Hospitals (Frank Tobey Memorial Children's Hospital)	L. V. Crawford		3,500	1	1	0	0	0	2	3680-4920	F
TEXAS											
Dallas											
Children's Medical Center*	S. R. Halpern		3,482						1	5004-5004	P
Houston											
Baylor University Affiliated Hospitals											
Texas Children's	J. P. McGovern	45	897	1	1	0	0	0	2	5500-7000	O
VIRGINIA											
Charlottesville											
University of Virginia*	J. L. Guerrant	Inc. in Pediatrics	580	1	0	0	0	0	1	4500-8000	O
WASHINGTON											
Seattle											
University of Washington Affiliated Hospitals	P. P. Van Arsdel, Jr.			1	1	0	0	0	2		
University	P. P. Van Arsdel, Jr.									5500-6540	P
Children's Orthopedic Hospital and Medical Center	C. W. Bierman	190	1,157								
King County	P. P. Van Arsdel, Jr.									5500-6540	
WEST VIRGINIA											
Morgantown											
West Virginia University Medical Center	H. J. Wittig	40	1,442	1	1	0	0	0	2	4800-5400	P
WISCONSIN											
Madison											
University Hospitals*	C. E. Reed, E. R. Stiehm	0	1,299	1	1	0	0	0	2	6000-10000	P
Milwaukee											
Marquette University Affiliated Hospitals	J. A. Arkins, R. B. Weller			1	1	0	0	0	2		
Milwaukee Children's	R. Weller	198	1,715								
Milwaukee County General											

18. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics and the Sub-Specialty Board of Pediatric Cardiology, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty. Programs, 49; Residencies, 141

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION															
ARKANSAS															
Little Rock															
University	F. Char					511	2	2	2	0	0	0	4	6000-7600	O
CALIFORNIA															
Los Angeles															
Childrens Hospital of Los Angeles	P. Lurie	7	400†	23	96	1,682	2	3	3	0	0	0	6	5500-6000	P
University of California							2								
Oakland															
Children's Hospital Medical Center of Northern California	J. F. Wilson					913	2	0	0	0	0	0	0	5700-6300	FP
Palo Alto															
Palo Alto-Stanford Hospital Center	N. J. Siasman	5	250	16	89	750	2	1	1	0	0	0	2	6800-7800	PO
San Francisco															
University of California Program in Pediatric Cardiology															
H. C. Moffitt-University of California Hospitals	A. M. Rudolph						2	1	1	1	0	0	3	7500-8500	O
COLORADO															
Denver															
Children's	C. R. Hawes	4	196	15	100	1,099	2	1	1	0	0	0	2	5000-6000	
CONNECTICUT															
New Haven															
Yale-New Haven	N. S. Talner	3	84			2,290	2	2	2	1	0	0	5	6000-6500	P
DISTRICT OF COLUMBIA															
Washington															
Children's	L. Scott	8	122†	10	80	702	2	1	1	0	0	0	2	5000-7000	O
FLORIDA															
Gainesville															
William A. Shands Teaching Hospital and Clinics	I. H. Gessner, G. L. Schiebler	9	385	46	94	780	2	2	2	0	0	0	4	6500-10000	O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

19. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance P F O
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA															
Atlanta															
Grady Memorial	R. W. Blumberg		Inc. in Pediatrics				2	1	1	0	0	0	2	4500-5700	P
ILLINOIS															
Chicago															
Children's Memorial	M. H. Paul	8	413	34	88	2,626	2	0	0	2	0	0	2	6000-6000	O
Presbyterian's-St. Luke's	H. G. Bucheleres	7	336	30	96	962	2	1	1	0	0	0	2	5500-7000	P
University of Chicago Hospitals and Clinics	D. E. Cassels	70	464	10	80	5,665	2						2	6500-7000	O
University of Illinois Affiliated Hospitals	R. A. Miller						2	3	2	0	0	0	5		FP
Cook County		14	369	35	97	2,757								4620-8000	FP
University of Illinois Research and Educational Hospitals			140	3	100									5000-6000	O
INDIANA															
Indianapolis															
Indiana University Hospitals		10	800	55	84	1,665	2	1	1	0	0	0	2	4725-5050	P
KANSAS															
Kansas City															
University of Kansas Medical Center	A. M. Diehl	9	390	33	84	1,155	2	2	2	1	0	0	5	5400-8500	P
KENTUCKY															
Louisville															
Children's	K. Minhas	4	220	10	80	1,791	2	1	1	0	0	0	2	4500-8000	P
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	R. E. L. Fowler	12	211	12	92	1,061	2	1	1	0	0	0	2	6000-6000	F
Tulane University Division	J. L. Reynolds	8	150	8	90	700	2	1	1	0	0	0	2	6000-6000	F
MARYLAND															
Baltimore															
Johns Hopkins	R. D. Rowe					2,592	2	3	3	0	0	0	6	3600-...	P
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center	A. Nadas	27	1,028	38	90	2,233	2	5	5	3	0	0	13	5000-7000	O
MINNESOTA															
Minneapolis															
University of Minnesota Hospitals	R. V. Lucas					1,587	2	4	4	0	0	0	8	6000-7000	O
Rochester															
Mayo Graduate School of Medicine	J. W. DuShane	13	546	35	94	2,248	2	2	2	0	0	0	4	4800-7500	P
Rochester Methodist															
St. Mary's															
MISSISSIPPI															
Jackson															
University	D. G. Watson	2	105	13	46	309	2	1	1	0	0	0	1	5000-6500	O
MISSOURI															
St. Louis															
St. Louis Children's	D. Goldring	12	66	42	86		2	0	0	2	1	0	3	5500-6000	O
NEW YORK															
Buffalo															
Children's Hospital of Buffalo	E. Lambert	18	602	25	99	4,271	2	0	0	0	3	0	3	5000-7500	P
New York City															
Albert Einstein College of Medicine Affiliated Hospitals	G. Hait						2	1	1	0	0	0	2		
Bronx Municipal Hospital Center						1,764									O
Lincoln						490									
New York Hospital-Cornell Medical Center	M. Engle						2								
New York University-Bellevue Medical Center	E. F. Doyle						2	1	1	0	0	0	2		
Bellevue Hospital Center														4980-6400	P
University		12	550	12	50	132								6690-7930	P
Presbyterian (Babies)	S. Blumenthal					1,233	2							7000-7500	O
State University-Kings County Medical Center	R. Rodriguez-Torres						2	0	0	3	2	0	5		
Kings County Hospital Center						3,576								4980-6400	P
State University															
Rochester															
University of Rochester School of Medicine															
Strong Memorial Hospital of the University of Rochester	J. A. Manning	9	260	29	95	1,900	2							4000-7500	O
Syracuse															
State University of New York Upstate Medical Center															
Syracuse Memorial		2	48	13	85		2								
NORTH CAROLINA															
Chapel Hill															
University of North Carolina School of Medicine North Carolina Memorial	H. S. Harned, Jr.						2	0	0	0	1	1	2	7500-...	O
Durham															
Duke	M. Spach		Inc. in Pediatrics			1,624	2	3	4	0	0	0	7	4500-5400	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Children's	S. Kaplan		Inc. in Pediatrics	11	91	1,186	2								
Cleveland															
University Hospitals of Cleveland	J. Liebman		Inc. in Pediatrics				2	1	1	0	0	0	2	6000-8000	P
Columbus															
Children's	D. M. Hosier	5	258	25	76	1,243	2	0	0	1	1	0	2	4500-8000	P

APPROVED RESIDENCIES

19. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA															
Philadelphia															
Children's Hospital of Philadelphia	S. Friedman	Inc. in Pediatrics				984	2	1	1	0	0	0	2	4500-4500	P
St. Christopher's Hospital for Children	C. R. E. Wells	10	411	38	95	1,200	2	1	1	0	0	0	2	3900-4200	FP
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh															
Children's Hospital of Pittsburgh	C. R. Bauersfeld		222	73		588	2	1	1	0	0	0	2	4000-6000	O
TENNESSEE															
Memphis															
University of Tennessee Affiliated Hospitals															
City of Memphis Hospitals	L. E. Ainger	9	254	48	90	1,330	2	1	0	1	0	0	2	3600-4920	F
Le Bonheur Children's		2													
TEXAS															
Dallas															
Children's Medical Center	G. Fashena		851	39	74	1,007	2	1	1	0	0	0	2	6000-9000	P
Houston															
Texas Children's	D. G. McNamara	19	905	63	84	2,088	2	3	3	0	0	0	6	6000-8000	O
VIRGINIA															
Charlottesville															
University of Virginia	F. Dammann	Inc. in Pediatrics				676	2	2	2	0	0	0	4	5000-8000	O
Richmond															
Medical College of Virginia-Hospital Division	C. M. McCue	28	455	33	79	1,652	2	1	1	0	0	0	2	4800-4800	P
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals															
University	W. G. Guntheroth	1	119			404	2	1	1	1	0	0	3	5500-6540	P
WISCONSIN															
Milwaukee															
Milwaukee Children's	W. J. Gallen	9	210	45	90	1,097	2	1	1	0	0	0	2	6000-7100	P

20. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering three years of acceptable training in the specialty. Programs, 70; Residencies, 469

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY												
CALIFORNIA												
Letterman General, San Francisco	A. E. Grant	23,192	98,879	15,033	2	2	2	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
University of Alabama Hospitals and Clinics												
Veterans Admin.	W. C. Fleming, F. Becker	5,138	55,376	6,317	2	2	2	0	0	6	4980-5880	P
	F. Becker										4610-8230	O
Tuskegee												
Veterans Admin.	R. D. Carr, R. S. Wilson	1,885	297,288	947	2	2	2	0	0	6	4610-6440	P
ARIZONA												
Phoenix												
Good Samaritan	F. Fountain	26,299	45,224	19,215	2	2	2	0	0	6	7800-9000	F
CALIFORNIA												
Long Beach												
Veterans Admin.	L. B. Greene	3,293	125,614	8,555	3	3	3	0	0	9	5920-8760	O
Los Angeles												
Los Angeles County General, Unit I												
University of California	E. Austin	110,214	231,613	27,314	1	1	1	0	0	3	7200-8400	P
Veterans Admin. Center-Wadsworth	W. M. Fowler, Jr.	12,569	16,247	6,503	3	3	3	0	0	9	4200-10000	O
	K. H. Haase	4,620	294,770	10,672	4	4	4	0	0	12	9221-12873	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals ¹²⁵												
Palo Alto-Stanford Hospital Center	D. J. Feldman	900	35,000	4,500	2	2	2	0	0	6	5000-10000	PO
Veterans Admin.	K. E. Carlson	62,960	625,355	4,894								
Crystal Springs Rehabilitation Center (San Mateo)	J. Montero	70	235									
San Francisco												
University of California Program in Physical Medicine and Rehabilitation												
H. C. Moffitt-University of California Hospitals	G. Bard	19,803	28,157	7,590	2	2	2	0	0	6	5000-6000	O
San Francisco General	G. Bard	889	15,626	541							4368-7692	P
Veterans Admin.	G. Bard											
Kaiser Foundation Hospital and Rehabilitation Center (Vallejo)	S. Mead	530		10,376							4230-7109	P

APPROVED RESIDENCIES

20. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued												
San Mateo												
Crystal Springs Rehabilitation Center—See Stanford Medical Center and Affiliated Hospitals, Palo Alto												
Vallejo												
Kaiser Foundation Hospital and Rehabilitation Center—See University of California Program in Physical Medicine and Rehabilitation, San Francisco												
COLORADO												
Denver												
University of Colorado Medical Center	J. W. Gersten	7,214	36,892	36,892	3	2	2	0	0	7	3500-4500	O
DISTRICT OF COLUMBIA												
Washington												
Georgetown University	M. Kenrick	63	15,539	9,323	1	1	1	0	0	3	5000-6000	P
George Washington University	C. S. Wise	3,582	16,745	10,047	1	1	1	0	0	3	4500-6000	P
FLORIDA												
Coral Gables												
Veterans Admin.	B. B. Sutton	2,864	50,261	13,652	1	1	1	0	0	3	4480-8000	O
GEORGIA												
Atlanta												
Emory University—See Georgia Warm Springs Foundation-Emory University, Warm Springs												
Warm Springs												
Georgia Warm Springs Foundation-Emory University	E. D. Haak	542	73,391	1,747	4	4	4	0	0	12	5000-12000	FP
Georgia Warm Springs Foundation	E. D. Haak	535	6,969	2,954							4500-5100	P
Emory University (Atlanta)	R. L. Bennett											
ILLINOIS												
Chicago												
Mount Sinai Hospital Medical Center	A. M. Rosenthal	10,000	15,200	1,700	3	2	2	0	0	8	5000-10000	P
Charles H. and Rachel M. Schwab Rehabilitation	A. M. Rosenthal	64	422	1,229							5000-10000	P
Northwestern University Medical Center	M. Jaffari	69	24,990	9,710	2	2	2	0	0	6	3000-10000	O
Rehabilitation Institute of Chicago	M. Jaffari	1,396	42,943	5,967	1	1	1	0	0	3	4610-8230	O
Veterans Admin. Research	B. V. Fernández				1	2	1	0	0	4		
University of Illinois Affiliated Hospitals	E. E. Gordon	3,455	42,780	4,916							4200	P
Michael Reese Hospital and Medical Center		2,299	39,561	25,161							5000-8000	P
University of Illinois Research and Educational Hospitals		2,009	81,951	5,886	2	2	2	0	0	6	4610-13321	O
Veterans Admin. (West Side) ¹⁸⁹	R. Wasserman											
Hines												
Veterans Admin.	W. T. Liberson	4,418	356,496	3,115	3	2	2	0	0	7	4610-6440	O
Peoria												
Institute of Physical Medicine and Rehabilitation ²⁴	R. O. McMorris	3,053	91,266	16,007	2	1	0	0	0	3	5000-12000	P
KANSAS												
Kansas City												
University of Kansas Medical Center	D. Rose	13,226	26,254	5,732	1	1	1	0	0	3	5000-11100	P
Veterans Admin. (Kansas City, Mo.)	R. R. Beatty	1,227	66,894	273							4610-6440	O
KENTUCKY												
Louisville												
University of Louisville Affiliated Hospitals		17	173	6,427	2	2	2	0	0	2	5000-5000	O
Rehabilitation Center	R. P. Smith	3,972	36,129	837						2	4610-7110	O
Veterans Admin.	I. Muss											
MARYLAND												
Baltimore												
University	P. F. Richardson	1,268	27,512	7,678	2	2	2	0	0	6	5000-9000	P
MASSACHUSETTS												
Boston												
New England Medical Center Hospitals (Rehabilitation Institute)	H. M. Sterling	1,444	42,869	7,917	2	2	1	0	0	5	4200-5600	O
University	M. M. Freed	1,277	38,131	7,139	2	2	1	0	0	5	4200-5600	O
Veterans Admin. (Jamaica Plain)	F. Friedland	3,500	91,000	1,700	2	2	2	0	0	6	4610-12873	P
MICHIGAN												
Ann Arbor												
University	J. W. Rae		35,577	35,577	2	2	2	0	0	6	4020-4816	O
Detroit												
Rehabilitation Institute	J. N. Schaeffer	2,688	73,323	30,933	2	2	2	0	0	6	4800-8000	O
MINNESOTA												
Minneapolis												
University of Minnesota Affiliated Hospitals	F. J. Kottke	5,172	163,678	3,889	8	8	8	4	4	32	4500-12000	O
University of Minnesota Hospitals	F. J. Kottke	1,032	24,433	3,633								
Kenny Rehabilitation Institute	R. Hallin	4,620	142,485	1,158							4610-12873	O
Veterans Admin.	B. S. Troedsson											
Rochester												
Mayo Graduate School of Medicine	G. M. Martin	15,020	108,706	41,626	4	4	4	0	0	12	4200-10000	P
Rochester Methodist												
St. Mary's												
MISSOURI												
Columbia												
University of Missouri Medical Center	L. E. Wolcott	23,184	53,864	4,488	2	2	2	0	0	7†	4000-5000	O
Kansas City												
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas												
St. Louis												
Jewish Hospital of St. Louis	F. U. Steinberg	3,730	26,838	3,065	1	0	0	0	0	1	3700-4900	P
NEW JERSEY												
East Orange												
Veterans Admin.	C. R. Brooke	2,908	105,873	1,180	2	2	2	0	0	6	4610-12873	O

APPROVED RESIDENCIES

20. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered, 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK												
Albany												
Albany Medical Center		1,503	22,221	5,320	1	1	1	0	0	3	4600-11600	P
Veterans Admin.		2,004	109,259	2,497	1	1	1	0	0	3	10619-12510	O
Buffalo												
Veterans Admin.	S. M. Machover	2,360	135,774	10,687	1	1	1	0	0	3	9221-12873	O
New York City												
Albert Einstein College of Medicine Affiliated Hospitals	A. S. Abramson				5	5	5	0	0	15		
Bronx Municipal Hospital Center		10,484	163,831	5,902							4980-9760	F
Hospital of the Albert Einstein College of Medicine												
Lincoln		1,366	21,688	7,959								
Jewish Chronic Disease	J. B. Rogoff	1,041	71,184	5,612	2	2	2	0	0	6	4800-6600	F
Montefiore Hospital Training Program	J. Tobis				3	3	3	1	0	10	5120-6880	P
Montefiore Hospital and Medical Center		3,955	57,234	7,683								
Morrisania City		1,752	19,441	595								
Mount Sinai Hospital Training Program					3	3	3	0	0	9		
Mount Sinai	L. H. Wisham	20,958	41,915	6,682							7000-8000	P
City Hospital Center at Elmhurst	L. Kaplan	6,318	59,281	6,318							6500-7500	FP
New York Medical College-Metropolitan Hospital Center	M. Lowenthal				3	3	2	0	0	8	4980-6000	F
Unit 1—Flower and Fifth Avenue Hospitals												
Unit 2—Metropolitan		2,204	62,211	19,160								
Unit 3—Bird S. Coler Memorial Hospital and Home		1,190	95,820	19,160								
New York University-Bellevue Medical Center ⁶⁰	H. A. Rusk				2	2	1	0	0	5		
University (Institute of Physical Medicine and Rehabilitation)	H. A. Rusk	3,972	159,890	25,439							6690-7930	P
Bellevue Hospital Center	H. A. Rusk, B. B. Grynbaum	73,431	127,394	13,360							4980-6400	P
Goldwater Memorial	M. Dacso	4,186	85,251	117	2	2	1	1	0	6	6420-8060	P
St. Vincent's Hospital and Medical Center of New York												
Grasslands (Valhalla)	E. Moskowitz	1,050	59,062	2,150								
Presbyterian	R. Darling	5,978	72,612	17,748	3	2	2	0	0	7	5200-6500	O
Blythedale Children's (Valhalla)												
New York State Rehabilitation (West Haverstraw)	M. Hoberman	565	213,152	443							5400-5400	P
State University-Kings County Medical Center	J. G. Benton				4	9	5	2	0	20†		
Kings County Hospital Center		7,743	175,017	17,625							4980-6400	P
State University												
Veterans Admin. (Bronx)	A. Ebel	3,892	266,070	5,226	2	2	3	0	0	7	6170-13321	O
Veterans Admin. (Manhattan)	E. L. Kristeller	3,669	284,069	3,203	3	2	2	0	0	7†	6170-12873	O
Valhalla												
Blythedale Children's—See Presbyterian, New York City												
Grasslands—See New York University-Bellevue Medical Center, New York City												
West Haverstraw												
New York State Rehabilitation—See Presbyterian, New York City												
OHIO												
Cleveland												
Cleveland Clinic	K. J. Olsen	9,909	25,025	6,347	1	1	1	0	0	3	3900-4500	P
Western Reserve University Affiliated Hospitals	B. Lopez				2	2	2	0	0	6		
Cleveland Metropolitan General	N. Coyne	2,389	109,275	13,340							4300-10000	P
Highland View	B. Lopez	138,700	145,916	2,600							5000-6000	P
Columbus												
Ohio State University Hospitals	E. Johnson	3,039	53,317	7,806	3	3	3	0	0	9	5000-8000	P
OREGON												
Portland												
Veterans Admin.	E. W. Fowls	6,994	245,267	1,212	2	2	2	0	0	6	8961-12873	P
PENNSYLVANIA												
Philadelphia												
Hospital of the University of Pennsylvania	W. J. Erdman, II	110	28,710	2,048	3	3	3	0	0	9	5000-	O
Magee Memorial	F. Parry	377	50,362	4,228	1	1	1	0	0	3	3600-8000	O
Philadelphia General	J. M. Mennell	6,136	69,948	13,146	1	1	1	0	0	3	6707-7597	P
Temple University Affiliated Hospitals	C. Levenson				3	3	3	0	0	9	5000-10000	FP
Albert Einstein Medical Center		9,450	60,059	7,868								
Moss Rehabilitation		809	35,776	5,517								
Veterans Admin.	D. D. Glass	1,934	22,670	699	1	1	1	0	0	3	9221-12873	O
Pittsburgh												
St. Francis General	T. C. Hohmann	2,765	72,711	6,337	2	2	2	0	0	6	8400-8400	P
Veterans Admin.	R. S. Blanchard	4,732	54,824	982	2	2	2	0	0	6	4610-8230	O
PUERTO RICO												
Rio Piedras												
University District	C. Armstrong-Ressy	2,264	15,711	12,514	2	2	2	0	0	6	5700-6900	P
San Juan												
Veterans Admin. ¹⁵⁸	H. J. Flax	884	31,556	6,310	2	2	2	0	0	6	4840-7460	O
TEXAS												
Dallas												
Baylor University Medical Center	E. Krusen	55,429	149,966	89,979	1	1	1	0	0	3	5700-8000	O
Parkland Memorial												
Houston												
Baylor University Affiliated Hospitals	L. A. Leavitt				4	4	4	0	0	12		
Methodist		5,576	30,206	11,889							4500-5100	P
Texas Institute for Rehabilitation and Research		1,530	30,416	7,799							4610-12873	O
Veterans Admin.		9,312	183,836	759							9221-12873	P
VERMONT												
Burlington												
Medical Center Hospital of Vermont	C. D. Shields	741	14,516	561	2	2	2	0	0	6	5000-6000	P
Mary Fletcher Unit												
De Goesbriand Unit												
Vermont Rehabilitation Center												

APPROVED RESIDENCIES

20. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1968-1969						Total All Years	Salary per Year Min.-Max.	Main-tenance O P F P
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
VIRGINIA													
Richmond													
Medical College of Virginia-Hospital Division	J. B. Redford, Jr.	6,335	139,853	49,094	2	2	2	0	0	6	4200-4800	P	
Veterans Admin.	C. W. LaFratta	3,500	274,000	695	2	2	3	0	0	7	4610-12873	P	
WASHINGTON													
Seattle													
University of Washington Affiliated Hospitals ²¹⁴	J. F. Lehmann	...	...	...	5	3	1	2	1	12	...	P
King County	J. Whitmore	14,136	37,779	51	...	...	...	...	...	...	5000-12000	P
University	J. F. Lehmann	1,723	63,424	13,463	...	...	...	...	...	...	5000-12000	P
Veterans Admin.	H. Leffman, J. F. Lehmann	19,785	28,066	2,325	...	...	...	...	...	...	4610-8230	P
WISCONSIN													
Milwaukee													
Marquette University Affiliated Hospitals	R. W. Boyle	...	...	...	2	2	2	0	0	6	...	P
Milwaukee County General	...	223	173,297	10,266	...	...	...	...	...	...	...	P
Veterans Admin. (Wood)	D. Mattarella	3,153	294,812	2,998	...	...	...	...	...	...	4610-6440	P

21. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty. Programs, 83; Residencies, 228

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969						Total All Years	Salary per Year Min.-Max.	Main-tenance O P F P
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES ARMY																
DISTRICT OF COLUMBIA																
Walter Reed General, Washington	W. T. Tumbusch	27	419	0	0	1,880	2	2	2	0	0	0	4	...	...
UNITED STATES NAVY																
MARYLAND																
U. S. Naval, Bethesda	W. D. Latham	21	386	0	0	5,085	2	1	0	0	0	0	1	...	...
NONFEDERAL AND VETERANS ADMINISTRATION																
ARIZONA																
Phoenix																
Crippled Children's—See University of California Program in Plastic Surgery, San Francisco																
CALIFORNIA																
Los Angeles																
University of California Medical Center	F. L. Ashley	...	...	...	...	...	3	2	1	1	0	0	4	...	...
University of California	F. L. Ashley	4	289	0	0	1,604	...	...	...	...	...	...	...	6240-6240	O
Veterans Admin. Center-Wadsworth	F. L. Ashley	16	381	...	...	1,060	...	...	...	...	...	...	...	8080-8760	P
Huntington Memorial (Pasadena)	G. Webster	3	262	1	0	3,516	...	...	...	...	...	...	...	7800-7800	FP
Palo Alto																
Stanford Medical Center and Affiliated Hospitals	R. A. Chase	...	...	...	...	...	2	0	0	0	2	2	4	...	...
Palo Alto-Stanford Hospital Center	...	6	457	3	67	1,830	...	...	...	...	...	...	...	4900-5500	O
Veterans Admin.	...	3	67	...	...	130	...	...	...	...	...	...	...	...	...
Pasadena																
Huntington Memorial—See University of California Medical Center, Los Angeles																
San Francisco																
St. Francis Memorial	G. B. O'Connor	13	793	3	0	909	3	1	1	2	0	0	4	4200-5400	P	
University of California Program in Plastic Surgery	H. M. Blackfield	...	...	...	...	...	2	0	0	0	2	2	4	...	...
H. C. Moffitt-University of California Hospitals	H. M. Blackfield	4	208	0	0	804	...	...	...	...	...	...	...	6240-7692	O
Franklin	W. Morris	5	348	...	...	...	...	...	...	...	...	...	...	4368-6240	P
San Francisco General	...	1	...	0	0	...	...	...	...	...	...	...	...	4368-7692	P
Veterans Admin.	R. H. Wohl	5	84	0	0	280	...	...	...	...	...	...	...	4710-8230	O
Crippled Children's (Phoenix, Ariz.)	R. A. Peterson	...	...	1	100	1,065	...	...	...	...	...	...	...	6900-6900	P
DELAWARE																
Wilmington																
Wilmington Medical Center	J. T. Metzger	...	...	...	...	...	2	1	1	0	0	0	1	6000-7800	P
Alfred I. duPont Institute of the Nemours Foundation	J. T. Metzger	4	66	...	...	300	...	...	...	...	...	...	...	...	...
Delaware Division	...	10	450	3	100	1,250	...	...	...	...	...	...	...	...	...
Wilmington General Division	...	5	150	3	100	150	...	...	...	...	...	...	...	...	...
DISTRICT OF COLUMBIA																
Washington																
George Washington University	G. S. Letterman	16	680	2	50	1,764	2	1	1	0	0	0	2	5000-6000	P	
FLORIDA																
Gainesville																
William A. Shands Teaching Hospital and Clinics	M. J. Jurkiewics	14	598	9	45	5,003	2	1	1	0	0	0	2	4700-5800	O	
Jacksonville																
Jacksonville Hospitals Educational Program	B. Morgan	...	...	...	...	...	2	1	1	0	0	0	2	...	...
Duval Medical Center	...	9	394	0	0	1,810	...	...	...	...	...	...	...	6600-7000	P
St. Vincent's	...	3	226	...	...	584	...	...	...	...	...	...	...	5700-5700	P

APPROVED RESIDENCIES

21. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA—Continued															
Miami															
University of Miami Affiliated Hospitals	G. Snyder	20	1,205	5	40	1,114	2	0	0	0	0	1	2†	5796-6672	O
Jackson Memorial															
Orlando															
Orange Memorial	J. O'Malley	25	1,326			10,765	2	0	0	0	1	1	2	6000-6300	P
ILLINOIS															
Chicago															
Cook County	O. H. Stuteville	33	935	23	33	2,670	2	2	2	2	0	0	6	5700-6300	F
University of Illinois Affiliated Hospitals	J. W. Curtin						2	0	0	0	1	1	2		
Presbyterian-St. Luke's	P. W. Greeley	20	397	3	33	168								6000-7000	P
University of Illinois Research and Educational Hospitals	J. W. Curtin	7	250	0	0	1,400								6200-6200	P
Evanston															
St. Francis—See Veterans Admin., Hines															
Hines															
Veterans Admin.	W. B. Slaughter	18	323	7	14	926	2	0	0	0	1	1	2	7110-8230	O
St. Francis (Evanston)	W. B. Slaughter	6	558	0	0	2,600								6780-7020	FP
INDIANA															
Indianapolis															
Indiana University Medical Center	J. E. Bennett						2	2	2	0	0	0	4		
Indiana University Hospitals		20	511	20	25	2,057								4525-4850	P
Veterans Admin.		17	152	5	20	523								4610-8230	O
KANSAS															
Kansas City															
University of Kansas Medical Center	D. Robinson	14	936	9	67	7,882	2	1	1	0	0	0	2	4200-5400	P
LOUISIANA															
New Orleans															
Louisiana State University Medical Center	G. W. Hoffman						3	1	1	1	0	0	3		
Charity Hospital of Louisiana															
Southern Baptist		6	300											7880	P
Veterans Admin.		6	119	3	67	253									
MARYLAND															
Baltimore															
Johns Hopkins ²¹	M. T. Edgerton	24	990†	5	80	2,662	2	1*	1*	0	1	3	6†	3700-...	P
MASSACHUSETTS															
Boston															
Peter Bent Brigham Hospital-Children's Hospital Medical Center	J. E. Murray						2	0	0	0	1	1	2	6500-6500	P
Peter Bent Brigham	J. E. Murray														
Children's Hospital Medical Center	D. W. MacCollum													6500-6500	P
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	R. O. Dingman						2	3	3	0	0	0	6		
St. Joseph Mercy		10	3,649	0	0	1,862								7200-7200	O
University		10	294			1,552								5851-6541	O
Veterans Admin.														4610-8230	O
Detroit															
Henry Ford	A. P. Kelly	20	854	5	50	18,057	3	1	1	1	0	0	3	4800-5400	P
Grand Rapids															
Butterworth ⁴¹	R. Blockama	5	218†	3	67	2,755	2	0	1	0	0	0	1	6300-6300	P
MINNESOTA															
Rochester															
Mayo Graduate School of Medicine ⁷⁶	J. B. Erich	45	3,919	21	71	19,002	3	4	4	4	0	0	12	5400-7500	P
Rochester Methodist															
St. Mary's															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	J. H. Hendrix, Jr.						2	1	1	0	0	0	2		
University		9	548	13	31	2,074								5200-5500	P
Veterans Admin.		5	114	0	0	316								4610-8230	O
MISSOURI															
Kansas City															
Kansas City General Hospital and Medical Center	F. J. McCoy	38	2,331	5	59	16,167	2	1	2	0	0	0	3	7500-7500	FP
St. Louis															
Barnes Hospital Group	J. B. Brown	26	1,578	2	0	1,172	2	4	2	0	0	0	6	3000-4800	O
St. Louis University Group of Hospitals	F. X. Paletta	20	1,073	4	75	1,865	2	3	3	0	0	0	6	5400-6000	P
Veterans Admin.		25	247	25	84	500								4610-8230	O
NEW JERSEY															
East Orange															
Veterans Admin. Hospital-Jersey City Medical Center	D. M. Mayer						2	2	2	0	0	0	4		
Veterans Admin.		32	233			436								7110-8230	O
Jersey City Medical Center (Jersey City)		10	247	7	0	989								7700-7700	O
Jersey City															
Jersey City Medical Center—See Veterans Admin.	Hospital-Jersey City Medical Center, East Orange														
Livingston															
St. Barnabas Medical Center	L. A. Peer	24	1,219	0	0	455	3	2	1	1	0	0	4	6600-7800	F
NEW YORK															
Albany															
Albany Medical Center	W. B. Macomber	22	663	5	60	254	2	2	2	2	0	0	4	6000-7000	O
Child's															
Memorial	W. B. Macomber		293												
St. Peter's	W. B. Macomber	10	494	0	0	301								5880-6480	P
Veterans Admin.	W. B. Macomber	10	154	4	50	413								6910-8000	O

21. PLASTIC SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1988-1989					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Autopsy Per cent				1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued															
Buffalo															
Roswell Park Memorial Institute ¹⁰	26	355	28	100	2,474		0	0	0	0	2	2	5020-5870	O	
East Meadow															
Meadowbrook	L. Rubin	52	1,862	2	50	10,577	2	1	1	0	0	2	5453-8246	F	
New York City															
Montefiore Hospital Training Program							2	2	2	2	0	0	6660-6880	P	
Montefiore Hospital and Medical Center		14	435	3	67	1,009									
Morrisania City							Inc. in Surgery								
Mount Sinai ²¹	B. E. Simon	13	466	0	0	1,267	3	0	0	0	2	1	6500-7750	P	
Beth Israel	A. J. Barsky	9	542	0	0	494							6650-6650	P	
Bronx Municipal Hospital Center ²²	A. J. Barsky	12	277	0	0	1,398							8200-6420	P	
New York-Cornell Medical Center	H. Conway	13	720	0	0	1,796	2	0	0	0	1	0	5700-8000	P	
Veterans Admin. (Bronx)	H. Conway	18	355	1	0	389							7200-8230	O	
New York University-Bellevue Medical Center	J. M. Converse						2	3	3	3	0	0			
Bellevue Hospital Center	J. M. Converse	12	151	0	0	815									
Manhattan Eye, Ear and Throat University	J. M. Converse	1	251	0	0	1,706							6000-6000		
Veterans Admin. (Manhattan)	J. M. Converse	19	944	1	0	907							8210-8930	P	
Presbyterian	G. Crikelair						Inc. in Surgery								
St. Luke's Hospital Center	R. B. Stark	10	720	0	0	962	2	3	3	0	0	0	6	5800-6500	O
State University-Kings County Medical Center	B. Bromberg						2	1	0	0	0	0	1	6500-7000	P
Kings County Hospital Center		46	903	20	0	4,101	2	0	0	0	1	1	6†	4980-6400	P
State University															
Rochester															
Strong Memorial Hospital of the University of Rochester ^{23†}	R. M. McCormack	27	565	3	100	761	2	0	0	0	2	2	4	4000-7500	O
Syracuse															
State University of New York Upstate Medical Center	D. B. Stark	30	929	3	33	1,149	2	0	0	0	1	1	2	6400-6850	O
Veterans Admin.	D. B. Stark	8	184	1	0	441								4610-7110	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	E. E. Peacock	20	668†	10	50	3,470	2	2	1	0	0	0	3	8000-15000	O
Durham															
Duke University Affiliated Hospitals	K. L. Pickrell						3	2	2	2	0	0	6		
Duke		32	1,290	15	60	1,942								4500-5400	P
Veterans Admin.		17	284†	4										4610-8230	O
OHIO															
Cincinnati															
Christ	J. Longacre	19	401	3	67	173	2	2	2	0	0	0	4	4500-5100	F
Cleveland															
Cleveland Clinic	R. Anderson	17	850	7	57	7,102	2	1	1	0	0	0	2	6000-6600	P
University Hospitals of Cleveland	C. H. Kiehn	18	577†	5	58	613	2	1	1	0	0	0	2	6000-6500	P
Veterans Admin.		17	189	6	50	288								5460-6440	P
PENNSYLVANIA															
Allentown															
Allentown	K. M. Marcks	20	845†	2	0	2,815	2	1	1	0	0	0	2	5700-6000	P
Philadelphia															
Hospital of the University of Pennsylvania	H. P. Royster	17	820	5	60	721	2	2	2	0	0	0	4	4000-6000	P
Graduate Hospital of The University of Pennsylvania	H. P. Royster	2	65	0	0	86									
Pennsylvania	H. Lipshutz	5	242	3	67	208	2	1	1	0	0	0	2	4500-5400	O
Temple University	L. M. Cramer						2	1	1	0	0	0	2	3900-4800	P
Pittsburgh															
Allegheny General Hospital-Western Pennsylvania	J. C. Gaisford						2	1	1	0	0	0	2		
Allegheny General		11	496†	4	50	21								8400-8400	P
Western Pennsylvania		7	336	1	100	24								5700-6300	FP
Health Center Hospitals of the University of Pittsburgh	W. L. White						2	0	0	0	3	3	6		
Children's Hospital of Pittsburgh	W. L. White	13	583	4	75	585								5000-7800	O
Presbyterian-University	W. L. White	21	952	8	50	548								5500-7500	O
Veterans Admin.	O. Thoms	10	119	1	0	1,250								4610-8230	O
RHODE ISLAND															
Providence															
Rhode Island	R. P. Sexton	9	679	0	0	737	2	1	1	0	0	0	2	6000-6600	P
TENNESSEE															
Chattanooga															
Baroness Erlanger	J. W. Davis	17	877	6	50	1,620	2	1	1	0	0	0	2	6000-6600	F
Memphis															
City of Memphis Hospitals	A. J. Jerome	8	389	0	0	1,200	3	1	1	1	0	0	3	3660-4140	F
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals	S. R. Lewis	57	1,318	42	52	2,195	3	3	3	3	0	0	9	5088-6288	P
Houston															
Baylor University Affiliated Hospitals	S. B. Hardy						3	2	2	2	0	0	6		
Ben Taub General		15	321	16	50	2,732								4800-5100	P
Methodist		8	552	1	100									4500-5400	P
Texas Children's		1	96	0	0	0									
Veterans Admin.		15	260	5	20	1,264								7110-8230	P
San Antonio															
University of Texas Medical School at San Antonio							2	1	1	0	0	0	2		
Teaching Hospitals	C. W. Tennison														
Robert B. Green Memorial	C. W. Tennison	3	85	0	0	775								6300-6900	P
Santa Rosa Medical Center	W. Schlattner		691	0	0	1,978								5100-6900	F

APPROVED RESIDENCIES

21. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UTAH															
Salt Lake City															
University of Utah Affiliated Hospitals	T. R. Broadbent	10	588	4	50	370	2	0	0	0	2	2	4	5700-6300	P
Latter-day Saints	T. Broadbent	7	384			214									
Primary Children's University															
Veterans Admin.															
VIRGINIA															
Norfolk															
Norfolk General	C. Horton, J. Adamson, H. Crawford	13	890†	2	50	921	2	1	1	0	0	0	2	7500-7800	F
WEST VIRGINIA															
Charleston															
Charleston General Hospital-Memorial	C. Litton			2			3	1	1	1	0	0	3	3900-4800	P
Charleston General Memorial		14	970	1	0	6,454								4800-5400	F
Memorial		3	172			249									
WISCONSIN															
Madison															
University Hospitals	F. D. Bernard	17	520	4	75	1,651	2	0	0	0	2	2	4	6250-7000	P

22. PREVENTIVE MEDICINE
AEROSPACE MEDICINE

The following programs in Aerospace Medicine have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, as offering acceptable training in the specialty.

School	Location	Director	Length of Approved Program (Years)	Beginning Salary (Year)
UNITED STATES AIR FORCE				
U. S. Air Force School of Aerospace Medicine	Brooks Air Force Base, Texas	J. B. Nuttall	2	
Other Federal affiliated training sites for the third year are: U. S. Army Aviation Center, Fort Rucker, Alabama; Civil Aeromedical Research Institute, Federal Aviation Agency, Oklahoma City, Oklahoma; National Aeronautics and Space Administration Manned Spacecraft Center, Houston, Texas; and several other U.S.A.F. medical facilities.				
*For information regarding program write to: Headquarters, USAF Office of the Surg. Gen. (AFMSMC) Randolph AFB, Texas 78148 *Program open only to members of the armed forces and employees of the federal government. Medical officers of the U. S. Army interested in this residency should write to the Director of Personnel and Training, Office of the Surgeon General, Department of the Army, Washington, D.C. 20315. Employees of the Federal Aviation Agency interested in this residency should address the Civil Air Surgeon, Federal Aviation Agency, Washington, D.C. 20553. National Aeronautics and Space Administration (NASA) physicians should address Director of Center Medical Programs, NASA Manned Spacecraft Center, 2101 Webster-Seabrook Road, Houston, Texas 77058				
UNITED STATES NAVY				
U. S. Naval Aerospace Medical Institute, U. S. Naval Aviation Medical Center	Pensacola, Florida	M. G. Webb	2	
*For information regarding program write to: Chief, Bureau of Medicine & Surgery (Code 5) Department of the Navy Washington, D.C. 20390				
NONFEDERAL				
Ohio State University Medical Center	Columbus, Ohio	H. V. Ellingson	3	5,200
University of Oklahoma Medical Center	Oklahoma City, Okla.	J. R. Dille	3	
*For information on program, write to: J. R. Dille, M.D., Director of Training for Aerospace Medicine, University of Oklahoma Medical Center, 800 N.E. 13th St., Oklahoma City, Okla. 73104				

GENERAL PREVENTIVE MEDICINE

The following institutions and agencies have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE years of training in General Preventive Medicine.

Institution or Agency	Physician in Charge	Areas of Training
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington		
Walter Reed Army Institute of Research ²⁸	R. L. Gauld	Military Preventive Medicine
NONFEDERAL		
CALIFORNIA		
Berkeley		
University of California School of Public Health	R. A. Stallones	Epidemiology
Division of Epidemiology		
Los Angeles		
University of California School of Public Health	J. M. Chapman	Epidemiology
	M. I. Roemer	Medical Care Administration

22. PREVENTIVE MEDICINE—Continued

GENERAL PREVENTIVE MEDICINE—Continued

Institution or Agency	Physician in Charge	Areas of Training
KENTUCKY Lexington University of Kentucky College of Medicine, Department of Community Medicine	H. S. Fulmer	Community Medicine
LOUISIANA New Orleans Tulane University School of Medicine	A. J. Patterson	International Health, Nutrition
MARYLAND Baltimore Johns Hopkins University School of Hygiene and Public Health	J. C. Hume	Chronic Diseases, Clinical Preventive Medicine, Epidemiology, International Health, Maternal and Child Health, Medical Care Administration
University of Maryland School of Medicine	G. Entwisle	Epidemiology
MASSACHUSETTS Boston Harvard University School of Public Health	B. MacMahon	Epidemiology, Health Services Administration, International Health
NEW YORK Albany State of New York Department of Health	F. B. Amos	Epidemiology
OKLAHOMA Oklahoma City University of Oklahoma Medical Center, Department of Preventive Medicine and Public Health	W. W. Schottstaedt	Clinical Preventive Medicine
PENNSYLVANIA Philadelphia Jefferson Medical College and Hospitals	E. H. Hinman	Epidemiology
WASHINGTON Seattle University of Washington School of Medicine, Department of Preventive Medicine	J. P. Fox	Epidemiology

OCCUPATIONAL MEDICINE (Academic)

The following educational institutions have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for TWO years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The in-plant training is being arranged, and a separate listing of such programs is published in this issue immediately following the list of institutions giving the academic portion.

Institution or Agency	Physician in Charge	Residencies Offered 1968-1969		
		1st Year	2nd Year	Total All Years
CALIFORNIA Los Angeles University of California School of Public Health	J. S. Felton	8	8	16
MASSACHUSETTS Boston Harvard University School of Public Health	J. L. Whittenberger	4	4	8
MICHIGAN Ann Arbor University of Michigan Institute of Industrial Health	H. J. Magnuson	4	4	8
NEW YORK Rochester University of Rochester School of Medicine and Dentistry	T. S. Ely	4	4	8
OHIO Cincinnati University of Cincinnati Institute of Environmental Health, Kettering Laboratory	L. B. Tepper, E. P. Radford	8	8	16
COLUMBUS Ohio State University College of Medicine, Department of Preventive Medicine	J. H. Schulte	2	2	4
OKLAHOMA Oklahoma City University of Oklahoma Medical Center, Institute of Environmental Health	C. A. Nau	1	1	2
PENNSYLVANIA Pittsburgh University of Pittsburgh, Graduate School of Public Health	D. Minard	4	4	8

OCCUPATIONAL MEDICINE (In-Plant)

The following plants and agencies have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for ONE year of training to cover the requirement for in-plant training as the third year of a residency in Occupational Medicine. For further detailed information concerning a program, it is suggested that the applicant write to the physician in charge of the particular program concerned.

Institution or Agency	Physician In Charge	Academic Affiliation	Residencies Offered
			1968-1969 Total All Years
UNITED STATES AIR FORCE OHIO Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base, Dayton	J. A. Peterson	University of Cincinnati	2
UNITED STATES ARMY MARYLAND U.S. Army Environmental Hygiene Agency, Edgewood Arsenal	I. H. Simmons	University of North Carolina	2
UNITED STATES ATOMIC ENERGY COMMISSION IDAHO U.S. Atomic Energy Commission, Idaho Operations Office, Idaho Falls	G. L. Voelz	University of California	2

APPROVED RESIDENCIES

22. PREVENTIVE MEDICINE—Continued

OCCUPATIONAL MEDICINE (In-Plant)—Continued

	Physician In Charge	Academic Affiliation	Residencies Offered 1968-1969 Total All Years
UNITED STATES NAVY			
VIRGINIA Norfolk Naval Shipyard, Norfolk.....	G. D. Hutchinson.....		2
UNITED STATES PUBLIC HEALTH SERVICE			
OHIO Cincinnati U.S. Public Health Service, Occupational Health Research and Training Facility, Cincinnati.....	M. M. Key.....	University of Cincinnati.....	2
UNITED STATES TENNESSEE VALLEY AUTHORITY			
TENNESSEE Tennessee Valley Authority Division of Health and Safety, Chattanooga.....	J. L. Craig.....	University of Pittsburgh.....	1
NONFEDERAL			
CALIFORNIA			
Fontana Kaiser Steel Corporation.....	H. A. Lewis.....	University of California.....	1
DELAWARE			
Wilmington E. I. duPont de Nemours & Company.....	C. A. D'Alonzo.....	Ohio State University.....	2
MASSACHUSETTS			
Cambridge Harvard University Health Center Division of Environmental Health and Safety.....	B. G. Ferris, Jr.....	Harvard University School of Public Health.....	1
MICHIGAN			
Dearborn Ford Motor Company.....	E. A. Irvin.....	University of Michigan.....	1
Detroit General Motors Corporation.....	S. D. Steiner.....	University of Michigan.....	2
NEW YORK			
New York City American Telephone & Telegraph Company.....	L. H. Whitney.....	New York University.....	1
Rochester Eastman Kodak Company.....	J. H. Sterner.....	University of Rochester.....	2
OHIO			
Cincinnati National Lead Company.....	J. A. Quigley.....	University of Cincinnati.....	1
PENNSYLVANIA			
Harrisburg Commonwealth of Pennsylvania Department of Health.....	J. Lieben.....	University of Pittsburgh, Ohio State University.....	1
Pittsburgh Jones & Laughlin Steel Corporation, Pittsburgh Works Division.....	R. J. Halen, E. A. McGovern.....	University of Pittsburgh.....	1
WASHINGTON			
Richland Hanford Occupational Health Foundation.....	P. A. Fuqua.....	University of Rochester, Ohio State University.....	1
Seattle Boeing Airplane Company, Aerospace Division.....	S. M. Williamson.....	Harvard University School of Public Health.....	2
WISCONSIN			
West Allis Allis-Chalmers Manufacturing Company.....	C. Zenz.....	University of Michigan.....	1

PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been approved for training by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary	
U.S. Army.....	6th Army Hdqrs., Fort Ord, California..	S. W. Caldwell, Col., MC.....	Military Post—Fort Ord.....	100,000*	1	.....
			1st Army Hdqrs., Fort Dix, N.J.....	T. H. Lamson, Lt. Col., MC—Fort Dix..	Fort Dix Military Reservation, N.J.....	110,000*	2
State of California.....	Berkeley, California.....	L. Breslow.....	3rd Army Hdqrs., Preventive Medicine Division, Fort Bragg, N.C.....	Fort Bragg and environs.....	130,000*	1
			Alameda County.....	927,200*	2	(a)	
			Berkeley City.....	120,300*	.....	.....
			Contra Costa County.....	531,000*	.....	.....
			Los Angeles County.....	6,957,000*	.....	.....
			Merced County.....	107,600*	.....	.....
			Orange County.....	1,230,800*	.....	.....
			San Bernardino County.....	657,400*	.....	.....
			San Diego County.....	1,250,000*	.....	.....
			San Francisco City and County.....	740,200*	.....	.....
			San Jose.....	359,602	.....	.....
			San Mateo County.....	540,000*	.....	.....
			Santa Clara County.....	567,698*	.....	.....
			Yolo County.....	80,900*	.....	.....
State of Delaware.....	Dover, Delaware.....	G. F. Campana.....	Kent County and New Castle County (b).....	382,000*	2	6,000	
Government of the District of Columbia.....	Washington, D. C.....	C. R. Hayman.....	District of Columbia.....	802,000	2	.....
State of Florida.....	Jacksonville, Florida.....	R. V. Schultz.....	Alachua-Gainesville.....	88,900	2	11,760	
			Dade-Miami.....	1,100,000	.....	.....
			Hillsborough-Tampa.....	451,500	.....	.....
			Palm Beach-West Palm Beach.....	288,900	.....	.....
			Pinellae-St. Petersburg.....	433,400	.....	.....
			Florida State Board of Health (c).....	.....	.....	.....

22. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
State of Georgia	Atlanta, Georgia	J. H. Venable	Baker-Dougherty-Lee-Worth	113,100*	2	8,544
			Cobb-Douglas-Paulding	202,000*		
			Columbia-McDuffie-Richmond	177,400*		
			Bibb-Jones-Twigg	167,500*		
			Chattahoochee-Harris-Muscogee	169,500*		
			DeKalb-Rockdale	376,300*		
			Bryan-Chatham-Liberty	203,200*		
			Fulton	610,400*		
State of Illinois	Springfield, Illinois	F. D. Yoder	Cook County (e)	1,600,000*	2 (f)	8,400 (d)
			DuPage County	385,000*		
			Lake County	333,000*		
			Peoria City and Peoria County (g)	202,000*		
State of Maryland	Baltimore, Maryland	E. Davens	Allegany County	88,980*	2	9,245
			Anne Arundel County	258,360*		
			Baltimore County	551,020*		
			Baltimore City	921,150*		
			Prince George's County	516,080*		
			Washington County	102,480*		
State of Massachusetts	Boston, Massachusetts	F. R. Philbrook	Boston City	626,326	2 (h)	11,344
			Brookline Town	53,608		
			Cambridge City	94,677		
			Central District	743,530		
			Newton City	88,514		
			Northeastern District	1,554,983		
			Southeastern District	1,406,948		
			Western District	735,988		
State of Michigan	Lansing, Michigan	A. E. Heustis	(i)		6,000	
State of Minnesota	Minneapolis, Minnesota	R. N. Barr		2	6,000 (j)	
State of Mississippi	Jackson, Mississippi	J. A. Milne	Mississippi State Board of Health		2	11,400
			Hinds County	205,196		
New York City	New York City	R. E. Rothermel	New York City (k)	8,040,000*	2	8,400
State of New York	Albany, New York	F. B. Amos	(l)		2	9,592
State of North Carolina	Raleigh, North Carolina	J. W. R. Norton	Charlotte-Mecklenburg County		2	
			Halifax County			
			Orange-Person-Chatham-Lee-Caswell District Health Dept.			
			Gaston County			
State of Oklahoma	Oklahoma City, Oklahoma	W. W. Schottstaedt	Oklahoma University Med. Center		2	6,000
			Cleveland County	51,000*		
			Oklahoma State Dept. of Health			
State of Oregon	Portland, Oregon	R. H. Wilcox	Clackamas County	139,000*	2	6,000 (m)
			Jackson County	95,000*		
			Lane County	201,000*		
			Marion County	148,500*		
			Multnomah County	174,000*		
			State of Oregon	1,999,780		
State of Pennsylvania	Harrisburg, Pennsylvania	C. C. Kuehn	Allegheny County	1,561,900*	2	10,954
			Bucks County	327,500*		
			Philadelphia	3,780,000*		
			Pittsburgh	2,421,400*		
			Philadelphia City	2,079,700*		
State of Tennessee	Nashville, Tennessee	R. H. Hutcheson	Memphis-Shelby County	705,581*	2	12,240
State of Texas	Austin, Texas	J. E. Peavy		10,000,000*	2	9,900
State of Virginia	Richmond, Virginia	M. I. Shanholts	Richmond and selected rural areas		2	10,000
State of Washington	Olympia, Washington	W. Lane	Benton-Franklin	92,600	2	9,600
			Seattle-King	1,043,400		
			Tacoma-Pierce	354,600		
			Washington State	3,120,000		
State of Wisconsin	Madison, Wisconsin	R. F. Reider	State-wide program		2	15,756

* Estimated.

- (a) Applications for residencies should be sent to Robert Dyar, M.D., Chief, Division of Research, State Dept. of Public Health, 2151 Berkeley Way, Berkeley, Calif. 94704.
- (b) Excludes the city of Wilmington.
- (c) Training in Florida State Board of Health, Jacksonville, with field experience in local health departments, predominantly those approved for public health residencies.
- (d) Automobile allowance in addition to salary.
- (e) Excludes Chicago, Evanston-North Shore (including Winnetka, Kenilworth, Glencoe, Northfield, and remainder of New Trier Township), Oak Park, Stickney Township, all with full-time, health officer.
- (f) Assistance can be arranged for securing the M.P.H. degree during or immediately after the first residency year. Appointment can be effective the first of any month. Appointments are limited to those training for service in Illinois. Exceptions may be made in special cases. U.S. citizenship and Illinois medical license required.
- (g) Training is given under one director in both the City and County Health Departments.
- (h) Additional residency positions may become available with stipends of \$6,000 for first year, \$7,000 for second year, and \$8,000 for third year, plus tuition at a school of Public Health. With \$500 per dependent to a total of an additional \$2,000.

- (i) Reassigned to one of several qualified local training health departments.
- (j) Applicants must be citizens and have completed the academic work for the M.P.H. degree. \$6,000 for first year, \$7,000 for second, \$8,000 for third, plus \$500 per dependent, with dependent maximum of \$2,000.
- (k) Includes training at Montefiore Hospital and Medical Center, New York City.
- (l) Populations served by local health departments of assignment vary from 50,000 to 1,400,000 (estimated). Any one of 26 county health departments, 5 city health departments, or 9 district offices may be used. Assignments are made on an individual basis.
- (m) Program affiliated with University of Oregon Medical School permitting joint supervision from the Department of Preventive Medicine and opportunities for special clinical training in subspecialties such as maternal and child health and crippled children's programs. Residents satisfactorily completing the first year may be sponsored for academic training leading to M.P.H. degree. Options available in this residency program include assignments as (a) assistant local health officers in one of the approved field training areas; (b) assistant program directors in the Oregon State Board of Health, or (c) as residents in clinical specialties related to maternal and child health at the University of Oregon Medical School supplemented by field clinical experience in local public health clinics. Salary ranges vary according to previous experience and training, specific local assignments, and commitments to work in Oregon, number of dependents, etc.

APPROVED RESIDENCIES

23. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level. Programs, 230; Residencies, 4,870

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall USAF, San Antonio	M. B. Giffen	64	974	1	100	7,366	3	3	3	0	0	9		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	T. B. Hauschild	73	1,214	1	0	20,845	7	7	7	0	0	21		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	S. L. Baker	193	1,257	0	0	17,073	8	8	8	0	0	24		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	V. M. Holm	113	1,461	0	0	13,598	3	3	3	0	0	9		
MARYLAND														
U. S. Naval, Bethesda	C. S. Mullin	86	984	12	92	14,057	4	4	4	0	0	12		
PENNSYLVANIA														
U. S. Naval, Philadelphia	D. E. Brown	260	2,063	27	33	6,623	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE														
KENTUCKY														
U. S. Public Health Service, Lexington—See University of Kentucky Medical Center, Lexington, Ky.														
TEXAS														
U. S. Public Health Service, Fort Worth—See University of Texas Southwestern Medical School Affiliated Hospitals, Dallas, Texas														
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
St. Elizabeths	F. N. Waldrop	5,929	2,162	486	42	16,281	12	12	12	0	0	36	6941-8599	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	J. N. Sussex	89	1,769	2	0	7,699	6	6	6	0	0	18		
University of Alabama Hospitals and Clinics	J. N. Sussex												4980-5880	P
Veterans Admin.	C. J. Faulk, III												4610-8230	O
ARKANSAS														
Little Rock														
Arkansas State	H. B. Molholm	2,550	3,480	188	80	4,212	4	4	4	0	0	12	8400-12000	P
University	W. G. Reese	15	175	1	100	8,569	3	3	3	1	0	10	6000-12000	O
North Little Rock														
Veterans Admin. Consolidated	H. L. Lambert	1,886	1,925	6	33	924	3	3	3	0	0	9	4610-13321	O
CALIFORNIA														
Berkeley														
Herriek Memorial	F. H. Ocko	37	905	3	33	7,661	4	5	4	0	0	13	6000-7692	P
Camarillo														
Camarillo State	N. C. Mace	4,015	4,899	254	68	2,311	9	7	10	0	0	26	7728-16872	O
Eldridge														
Sonoma State—See Napa State-Sonoma State, Imola														
Imola														
Napa State Hospital—Sonoma State							10	10	10	2	2	34		
Napa State	M. J. Ortega	3,934	4,494	311	54	347							7728-16068	
Sonoma State (Eldridge)	J. C. Dawson	3,349	433	91	84	0							7728-13872	O
Loma Linda														
Loma Linda University	H. S. Evans	3,374	3,604	271	35	4,599	3	3	2	0	0	8	5595-6656	O
Long Beach														
Veterans Admin.	F. C. Bowers	55	531	0	0	2,056	6	2	2	0	0	10	5920-8760	O
Los Angeles														
Cedars-Sinai Medical Center														
Cedars of Lebanon Hospital Division	J. Marmor	15	177			93	3	3	3	0	0	9	6000-7200	P
Mount Sinai Hospital Division	J. Marmor	23	185			6,797	3	3	3	0	0	9	5100-6300	P
Los Angeles County General, Unit I	E. Stainbrook	192	8,661	6	50	45,953	15	15	15	0	0	45	7200-8400	P
University of California	N. Q. Brill	82	582	1	0	29,836	12	12	12	0	0	36	4200-13872	O
Veterans Admin. Center, Brentwood	J. J. Riddle	1,747	2,422	100	64	18,885	12	12	12	0	0	36	5920-12873	O
Veterans Admin. (Sepulveda)	M. Unger	690	754	14	59	3,997	5	3	3	0	0	11	5920-12873	O
Norwalk														
Metropolitan State	H. Harris	3,221	3,808	152	44	5,759	8	8	8	0	0	24	7728-16872	O
Orange														
Orange County Medical Center	J. Guido	80	3,872	1	100	1,217	3	3	3	0	0	9	6200-7700	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals														
Palo Alto-Stanford Hospital Center	T. A. Gonda	0	248	0	0	12,812	12	12	12	4	2	42		
Veterans Admin.	G. Krieger	1,675	1,936	77	56	8,432							4900-12000	O
Patton														
Patton State	B. Kovitz	3,374	3,604	271	35	4,599						22	8532-16872	O
San Diego														
San Diego County-University	D. L. Taylor	94	4,912	9		8,209	1	1	1	0	0	3	5076-6324	P

23. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
CALIFORNIA—Continued														
San Francisco														
Community Mental Health Services	J. C. Mickle	119	4,355	...	...	48,357	3	3	3	0	0	9	4692-5856	P
St. Mary's	M. Khlentzos	20	306	0	0	12,855	4	4	4	0	0	12	4200-6000	FP
University of California Program in Psychiatry	A. Simon	93	735	...	...	17,172	14	14	14	5	4	51	3600-12000	O
Langley Porter Neuropsychiatric Institute														
San Jose														
Agnews State	J. E. Jeffress	2,265	226	219	50	7,236	8	8	8	0	0	24	7717-12000	...
San Mateo														
San Mateo County General	C. M. Bryant	26	1,491	1	100	57,042	4	4	4	0	0	12	4896-6192	F
Stockton														
Stockton State	H. H. Brewster	2,755	2,203	187	52	6,532	4	4	4	0	0	12	7728-13872	O
Talmage														
Mendocino State	W. G. Burrows	1,735	2,873	98	82	2,874	10	10	10	0	0	30	8532-13872	O
Torrance														
Los Angeles County Harbor General	P. Castelnuovo Tedesco	21	229†	1	100	10,438	4	4	3	0	0	11	7200-8400	P
COLORADO														
Denver														
Fort Logan Mental Health Center	S. B. Schiff	909	1,807	2	100	12,766	6	6	6	0	0	18	6000-8000	P
University of Colorado Affiliated Hospitals	H. Gaskill	67	1,007	1	100	37,968	18	18	14	0	0	50	3500-4500	O
University of Colorado Medical Center	D. E. Starrett	84	824	4	100	16,585	0	0	0	6	6	6	4610-12873	O
Veterans Admin.														
CONNECTICUT														
Hartford														
Institute of Living	J. Donnelly	389	519	3	0	14,272	12	12	12	2	2	40†	5400-8056	O
Middletown														
Connecticut Valley	M. K. Arafeh	2,183	2,636	325	39	10,718	8	8	8	0	0	24	8160-9180	FP
New Haven														
Yale-New Haven Medical Center	S. Fleck	27	115	...	...	8,076	20	12	6	2	0	40	4500-7500	P
Yale-New Haven	L. B. Fierman	169	271	2	100	2,375	14	14	2	0	0	30	4610-8320	O
Veterans Admin. (West Haven)														
Newtown														
Fairfield Hills	J. E. Oltman	2,648	3,443	381	34	7,604	13	13	8	0	0	34	8160-9960	O
Norwich														
Norwich	M. Martin	2,465	2,764	324	34	7,843	7	7	7	0	0	21	8160-9580	P
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
New Castle														
Delaware State	R. Winkelmayer	1,397	1,322	110	32	10,270	3	3	3	0	0	9	10440-12000	P
DISTRICT OF COLUMBIA														
Washington														
Area C, Community Mental Health Center	E. E. Short	65	8,823	4	...	8,500	3	4	4	0	0	8	4500-6500	P
Freedmen's	E. Y. Williams	23	395	7	29	2,710	2	2	2	0	0	6	6941-8702	O
Georgetown University	R. A. Steinbach	0	0	0	0	15,310	11	11	11	2	0	35	4800-7000	O
George Washington University	J. E. Rankin	32	480	0	0	1,409	5	5	5	0	0	15	4500-12000	P
FLORIDA														
Gainesville														
William A. Shands Teaching Hospital and Clinics	R. L. Williams	45	166	0	0	6,649	8	8	10	4	0	34	4500-5700	O
Anclote Manor (Tarpon Springs)	T. E. Gagliano	67	44	1	0	4,107	...	...	...	...	...	...	4800-7500	P
Miami														
Jackson Memorial	J. Caldwell	193	1,769	4	0	12,833	11	8	8	0	0	27	4284-5544	O
Tarpon Springs														
Anclote Manor—See William A. Shands Teaching Hospital and Clinics, Gainesville														
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	B. Holland	17	150†	0	0	0	15	15	15	0	0	45	6600-8600	P
Emory University	B. Holland	32	1,557	1	100	1,395	...	...	...	...	...	...	9000-11000	O
Grady Memorial	B. Holland	11,682	6,667	1,151	24	12,776	...	...	...	...	...	...	...	...
Milledgeville State (Milledgeville)	L. J. Jacobs													
Augusta														
Medical College of Georgia Hospitals	E. J. McCranie	21	200	0	0	2,964	3	3	3	0	0	9	5600-8400	O
Eugene Talmadge Memorial	M. Dunn	1,161	1,988	46	78	2,179	3	3	3	0	0	9	9221-13321	O
Veterans Admin.														
Milledgeville														
Milledgeville State	L. J. Jacobs	11,582	6,667	1,151	24	12,776	10	10	10	0	0	30	9000-11000	O
HAWAII														
Honolulu														
Hawaii Integrated Psychiatric Training Program	F. Cottingham	13	856	4	25	1,964	4	4	4	2	0	14	7860-9040	O
Queen's		798	815	45	80	0	...	...	...	...	...	...	7860-9060	O
Hawaii State (Kaneohe)														
Kaneohe														
Hawaii State—See Hawaii Integrated Psychiatric Training, Honolulu														
ILLINOIS														
Chicago														
Chicago Medical School Affiliated Hospitals	H. H. Garner	26	652	11	45	5,223	5	5	5	1	0	16	4600-12000	P
Mt. Sinai Hospital Medical Center	R. C. Drye	278	1,041	1	0	19,881	20	20	20	2	2	64	4800-8640	P
Illinois State Psychiatric Institute	M. D. Gross	3,674	4,350	504	16	12,481	7	7	7	0	0	21	4200-8900	P
Chicago State	R. Grinker	74	651	2	0	4,169	8	8	8	2	0	26	4500-12873	P
Michael Reese Hospital and Medical Center	B. Boshes	38	371	...	...	...	...	...	...	...	...	...	4800-6000	O
Northwestern University Medical Center	J. Adams	23	302†	2	0	345	...	...	...	...	...	...	3900-4800	P
Chicago Wesley Memorial	H. D. Kurland	23	170	2	100	44	...	...	...	...	...	...	4610-8230	O
Passavant Memorial	J. H. Masserman	2,350	2,390	179	74	15,389	...	...	...	...	...	...	4610-12873	O
Veterans Admin. Research	S. R. Small	29	759	1	100	2,102	...	...	...	...	...	...	4800-5100	P
Veterans Admin. (Downey)	M. Brown													
Evanston (Evanston)														

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS, Chicago—Continued														
Presbyterian-St. Luke's	R. R. Bolin	60	477	1	100	2,574	6	5	5	0	0	16	6000-12000	P
Stitch School of Medicine of Loyola University Affiliated Hospitals														
Loretto														
University of Chicago Hospitals and Clinics	D. X. Freedman	18	545	0	0	11,315	7	6	5	0	0	18	5500-7700	O
University of Illinois Research and Educational Hospitals	M. Sabshin	24	112	0	0	17,291	6	6	6	0	0	18	5000-5600	P
Veterans Admin. (West Side)	L. Halperin	76	655	2	50	8,835	3	4	3	0	0	9	4610-13321	O
Downey														
Veterans Admin.—See Northwestern University Medical Center, Chicago														
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
Hines														
Veterans Admin.	E. K. McDonald	145	707	4	25	1,167	3	3	3	0	0	9	4610-6440	O
INDIANA														
Indianapolis														
Indiana University Medical Center	J. I. Nurnberger						13	13	13	0	0	39		
Indiana University Hospitals	J. I. Nurnberger					5,327							5400-6600	P
Larue D. Carter Memorial	D. F. Moore	150	495	0	0	2,589							6200-12000	P
Marion County General	W. A. Kissel	54	426	6	83	3,274							5220-5546	P
Veterans Admin.	J. I. Nurnberger	73	497	0	0	154							4610-8230	O
IOWA														
Cherokee														
Mental Health Institute	W. C. Brinegar	447	1,260	46	76	8,345	4	4	4	3	3	18	11400-23400	O
Independence														
Mental Health Institute	S. M. Korson	429	1,568	34	41	2,484	4	4	4	3	3	18	11400-22200	O
Iowa City														
State Psychopathic	P. E. Huston	48	453	0	0	7,157	5	5	7	0	0	17	5800-6800	O
KANSAS														
Kansas City														
University of Kansas Medical Center	D. Greaves	41	406	0	0	16,033	8	8	8	0	0	24	6600-12000	P
Veterans Admin. (Kansas City, Mo.)	F. V. Smith	55	328	3	67	558							4610-6440	O
Topeka														
Menninger School of Psychiatry	K. A. Menninger, H. Klemmer						44	43	43	12	12	154		
C. F. Menninger Memorial	W. S. Simpson	149	384			35,496							4200-12000	O
Topeka State	A. A. K. Mebed	937	1,026	42	81	13,469							5000-13000	O
Veterans Admin.	A. D. Cook, Jr.	965	2,979	131	68	27,038							4610-13321	O
KENTUCKY														
Lexington														
University of Kentucky Medical Center	J. B. Parker, R. Rasor						6	6	4	2	0	18		
University	J. B. Parker	13	127	0	0	5,389							4560-6960	P
U. S. Public Health Service														
Veterans Admin.	K. B. Moore	821	1,835	6	50	474							4610-6440	P
Louisville														
University of Louisville Affiliated Hospitals	W. K. Keller						8	7	7	2	1	25		
Central	R. H. Hayes	1,344	1,390	113	54	5,883							3600-12000	P
John N. Norton Memorial Infirmary	E. E. Landis													
Louisville Area Mental Health Center	W. M. Cox					7,724							3600-12000	
Louisville Child Guidance Clinic	J. F. Ice													
Louisville General	N. Kateryniuk	22	1,746	4	75	1,204							3600-12000	P
Veterans Admin.	W. K. Keller	62	534	0	0	199							4610-7110	O
LOUISIANA														
Jackson														
East Louisiana State—See Tulane University Affiliated Hospitals, New Orleans														
Mandeville														
Southeast Louisiana—See Tulane University Affiliated Hospitals, New Orleans														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	M. F. Miller	69	1,078	7	29	9,685						12	5400-6000	F
Tulane University Division	R. G. Heath	70	1,106	12	42	6,161							5400-6000	F
Tulane University Affiliated Hospitals	R. G. Gonzalez													
Veterans Admin.	H. Mullin	36	313	2	50	9,316	1	1	1	0	0	3	4610-12873	O
East Louisiana State (Jackson)	A. M. Johnstone	3,094	3,110	211	9		4	0	0	0	0	4	6000-10000	P
Southeast Louisiana (Mandeville)	R. G. Gonzalez	450	2,200	0	0	0	7	2	2	0	0	11	8000-12000	F
Shreveport														
Confederate Memorial Medical Center	K. Shannon, Jr.	19	998	1		600	3	3	3	0	0	9	10800-12000	
MARYLAND														
Baltimore														
Johns Hopkins	S. Perlin	60	197	1		7,013	10	10	8	2	1	31	3600	P
Seton Psychiatric Institute	L. H. Bartemeier	251	343	11	18	372	4	4	4	0	0	12	6600-12000	P
Spring Grove State	B. Radauskas	2,448	2,917	259	22	6,593						16	6800-12600	P
University	R. Monroe	60	230	2	0	7,550	8	8	8	0	0	24	4100-8000	P
Crownsville														
Crownsville State	L. Whitt	1,795	2,687	189	23	6,124	4	6	5	0	0	15	6800-12600	P
Perry Point														
Veterans Admin.	T. W. Sugars	1,117	787	13	62	1,692	2	2	2	0	0	6	4610-12873	O
Sykesville														
Springfield State	C. Sakles	2,992	2,932	415	32	819	5	5	5	2	0	17	6800-12000	O
Towson														
Sheppard and Enoch Pratt	S. Novoy	242	284	2	0	793	9	9	9	0	0	27	6500-7700	O
MASSACHUSETTS														
Bedford														
Veterans Admin.—See Veterans Admin. Hospitals of the Boston Area, Boston														
Belmont														
McLean	A. A. Stone	226	332	8	25	17,946	8	8	8	3	1	28†	5000-7000	P

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance O	
			Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MASSACHUSETTS—Continued														
Boston														
Boston City	P. Solomon	19	236	1	100	5,068	3	3	3	0	4	13	4200-5600	O
Boston State	D. Limentani													
Massachusetts General	J. C. Nemiah	20	486†			8,544	12	12	8	1	1	34	3800-8000	P
Massachusetts Mental Health Center	J. R. Ewalt	204	891	1	0	45,133	25	26	15	0	0	66	4500-7500	O
New England Medical Center Hospitals	P. G. Myerson	7	178	0	0	5,692	5	1	5	0	0	11	4200-5800	O
University	B. Bandler	14	160	1	100	4,874	6	6	6	2	1	21	4200-5500	O
Veterans Admin. Hospitals of the Boston Area														
Veterans Admin. (Bedford)	C. McKeon	1,260	1,534	110	54	17,836	3	0	0	0	0	3	4810-12056	P
Veterans Admin. (Jamaica Plain)	D. M. Holmes	178	345	1	100	3,053	10	10	10	0	0	30	4480-12873	P
Veterans Admin. (Brockton)	W. R. Corcoran	958	2,349	82	63	17,071	6	0	0	0	0	6	4810-12873	O
Brockton														
Veterans Admin.—See Veterans Admin. Hospitals of the Boston Area, Boston														
Harding														
Medfield State	N. S. Mittel	874	914	63	57	8,478	4	4	4	2	2	16	10169-...	P
Hathorne														
Danvers State	R. M. Crossfield	2,000	1,400	300	20	3,000	2	2	3	0	0	7	4500-7500	P
Waltham														
Metropolitan State	M. Asekoff	1,531	1,255	153	28	1,560	4	4	0	0	0	8	10107-12945	O
Worcester														
Worcester State	D. Moriarty	1,177	1,256	153	27	2,312	2	8	9	0	0	19	4500-7500	FP
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals	R. W. Waggoner													
University	R. W. Waggoner	64	255			10,338							6040-9760	O
Veterans Admin.	R. J. Ging	65	371	0	0	612							4610-8230	O
Detroit														
Detroit Psychiatric Institute	K. E. Pitts	98	3,807	13	33	6,877	5	6	9	0	0	20	7683-12000	P
Henry Ford	L. D. Proctor	23	464	2	50	6,855	0	2	1	0	0	3	8820-11120	P
Lafayette Clinic	J. S. Gottlieb	76	372	0	0	18,619	12	12	10	4	2	40	8352-15250	O
Sinai Hospital of Detroit	N. Rosenzweig	33	594	0	0	6,776	4	4	4	0	0	12	7800-9600	P
Eloise														
Wayne County General Hospital and Infirmary	S. B. Jenkins	1,960	1,796	132	38	9,384	6	6	5	0	0	17	8352-9500	O
Northville														
Northville State	C. H. Chen	2,100	1,028	97	37	3,128	8	8	8	0	0	24	8352-9500	P
Pontiac														
Pontiac State	C. O. Ranger	2,487	1,397	148	42	12,021	6	6	6	0	0	18	8978-10212	O
Traverse City														
Traverse City State	P. E. Kauffman, Ph.D.	2,651	1,031	186	37	5,909	8	5	7	0	0	20	10232-13490	O
Ypsilanti														
Ypsilanti State	A. P. Dukay	3,431	2,030	191	42	5,000	8	8	8	0	0	24	8352-12000	O
MINNESOTA														
Minneapolis														
Hennepin County General	W. W. Jepson	21	961	2	50	18,625	1	2	2	0	0	5	8100-10500	P
University of Minnesota Hospitals	D. W. Hastings	65	348			7,409	10	10	10	0	0	30	3150-12000	O
Veterans Minn.	W. Simon	96	935	2	100	15,251	4	4	4	0	0	12	4610-12873	O
Rochester														
Mayo Graduate School of Medicine	E. M. Litin	45	910	0	0	15,145	8	8	8	0	0	24	4200-12000	P
Rochester Methodist														
St. Mary's														
MISSISSIPPI														
Biloxi														
Veterans Admin.	A. J. Roberts	861	1,086	32	81	6,849	2	2	2	0	0	6	4610-12873	O
Jackson														
University of Mississippi Medical Center	J. F. Suess													
Mental Health Services, Mississippi														
State Board of Health	E. A. Magiera, M. A. Lee													
University	J. F. Suess	19	242	0	0	865							6800-12000	O
Veterans Admin.	R. E. Toms	36	381	0	0	3,025							4610-8440	O
Mississippi State (Whitfield)	W. H. C. Dudley	120	2,400			500								
Whitfield														
Whitfield State—See University of Mississippi Medical Center, Jackson														
MISSOURI														
Columbia														
University of Missouri Medical Center	J. M. A. Weiss	12	111	0	0	3,886	6	6	4	3	3	22†	7800-16000	O
Kansas City														
University of Missouri Residency Program in Psychiatry ²¹														
Kansas City General Hospital and Medical Center	C. B. Wilkinson	68	1,274	1		13,933	12	10	10	0	0	32	7800-16000	O
Western Missouri Mental Health Center														
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Jewish Hospital of St. Louis	N. M. Simon	28	381†	1	0	4,364	3	3	3	0	0	9	6000-8000	P
Malcolm Bliss Mental Health Center	K. Smith	138	1,928	5	20	12,072	10	10	10	1	0	31	7500-9500	P
Missouri Institute of Psychiatry—St. Louis State	I. W. Sletten	2,425	603	103	52	9,778	8	8	8	0	0	24	7800-16000	P
St. Louis University Group of Hospitals	E. Auer												8442-9642	O
David P. Wohl Memorial Mental Health Institute														
Health Institute	E. Auer	32	448	0	0	2,568								
Veterans Admin.	R. L. Biddy	78	290	2	100	1,010							9221-12873	O
Washington University Affiliated Hospitals														
Barnes Hospital Group	E. Robins	95	1,653	0	0	7,265	14	11	10	2	0	37†	7800-12100	O
NEBRASKA														
Omaha														
University of Nebraska Affiliated Hospitals	L. C. Strough													
Nebraska Psychiatric Institute	L. C. Strough	54	371	3		7,803							6000-13200	O
Veterans Admin.	G. W. Bartholow	80	409	3	67	514							4610-8230	P
NEW JERSEY														
Cedar Grove														
Essex County Overbrook	F. A. Ucko	2,812	1,248	299	35	7,308	5	5	3	0	0	13	7000-9000	O

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued														
Greystone Park														
New Jersey State	A. Crandell	4,545	1,928	563	27	4,884	4	4	4	0	0	12	9000-11000	O
Hammonton														
New Jersey State Hospital at Ancora	H. H. Brunt, Jr.	1,964	2,612	370	38	5,348	5	5	5	0	0	15	9000-11000	P
Lyons														
Veterans Admin.	H. Moser	1,912	1,046	103	59	5,394	4	4	4	0	0	12	4610-12873	O
Marlboro														
New Jersey State	R. S. Green	1,795	2,610	326	38	5,991	3	3	3	0	0	9	9000-12000	O
Princeton														
New Jersey Neuropsychiatric Institute	M. Mendelson	837	1,981	25	56	1,892						12	9000-11000	P
Trenton														
New Jersey State	H. W. Freymuth	3,093	2,388	291	34	3,650	3	3	3	0	0	9	9000-11000	P
NEW MEXICO														
Albuquerque														
University of New Mexico Affiliated Hospitals	R. A. Senescu													
Bernalillo County-Indian	R. A. Senescu	15	716	0	0	928							6060-6500	P
Veterans Admin.	W. W. Winslow	35	214	0	0	4,688							4610-8230	O
New Mexico State (Las Vegas)	J. C. Hancock	664	1,834	88	39									F
Las Vegas														
New Mexico State—See University of New Mexico Affiliated Hospitals, Albuquerque														
NEW YORK														
Albany														
Albany Medical Center	W. Holt	50	1,664	7	43	4,404	5	4	4	1	0	14	4600-10800	P
Veterans Admin.	W. Holt	288	467	4	100	40	2	1	1	0	0	4	10619-12510	O
Binghamton														
Binghamton State	D. Burnett	2,448	1,440	343	21	4,225	5	4	2	0	0	11	8112-9245	O
Buffalo														
Buffalo State	J. J. Sconzo	2,700	1,676	560	16	3,768	5	5	5	0	0	15	8112-13776	O
State University of New York at Buffalo Affiliated Hospitals														
Edward J. Meyer Memorial	S. M. Small	88	2,572	30	53	9,609	4	4	4	0	0	12	6000-9000	P
Central Islip														
Central Islip State	F. J. O'Neill	8,748	4,248	921	29	4,543	14	14	12	0	0	40	8112-9145	FP
Cooperstown														
Mary Imogene Bassett—See Columbia-Presbyterian Medical Center, New York City														
East Meadow														
Meadowbrook	J. Semer	55	2,897	2	0	16,036	4	4	4	0	0	12	5453-7664	F
Harrison														
St. Vincent's Hospital and Medical Center of New York, Westchester Branch—See St. Vincent's Hospital and Medical Center of New York, New York City														
Kings Park														
Kings Park State	O. von Tauber	7,981	2,162	623	21	4,806	16	9	5	0	0	30	8112-9145	FP
Marcy														
Marcy State	N. Bigelow	2,782	1,067	350	34	3,447	6	0	4	0	0	10	8112-9145	P
Middletown														
Middletown State	A. Del Giudice	3,152	1,518	360	29	7,419	5	3	7	0	0	15	8112-9145	F
Montrose														
Veterans Admin.	J. Meislin	1,664	1,228	23	62		3	3	3	0	0	9	4610-8230	O
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	M. Rosenbaum													
Bronx Municipal Hospital Center	M. Rosenbaum	81	3,145	4	50	22,830							5580-6220	F
Bronx State	I. Zwerling	1,100	2,400	230	50	4,800							8112-13283	O
Lincoln Hospital of the Albert Einstein College of Medicine	H. Peck					15,193								
Brooklyn State														
Brooklyn State	N. Beckenstein	2,985	1,538	338	14	0	6	7	4	0	0	17	8112-9145	O
Columbia-Presbyterian Medical Center	L. C. Kolb						10	10	10	0	0	30		
New York State Psychiatric Institute	W. A. Horwitz	136	455	2	0	5,162							5200-9145	O
Presbyterian	L. C. Kolb	15	488	0	0	8,218							5200-9153	O
Mary Imogene Bassett (Cooperstown)	H. Gurian	5	109	0	0	1,819							4600-8100	P
Creedmoor State	H. A. LaBurt	7,352	4,108	319	26	2,835	11	11	11	0	0	33	8112-13283	P
Harlem Hospital Center	E. B. Davis	29	215	0	0	20,409	4	4	4	0	0	12	5580-6000	F
Hillside Hospital Training Program	H. B. Escover						14	16	10	0	0	40		
Hillside		192	405	2		14,615							6200-7200	O
Queens Hospital Center		505	215	0	0	29,123							7000-8000	P
Manhattan State	O. K. Diamond	3,650	2,308	375	27	5,200	7	3	8	0	0	18	8112-9145	P
Montefiore Hospital and Medical Center	M. Reiser	21	176	0	0	8,264	5	5	5	0	0	15	5120-6880	P
Mount Sinai Hospital Training Program														
Mount Sinai	M. R. Kaufman	108	940	0	0	9,941	14	12	12	0	0	38	5000-6500	FP
City Hospital Center at Elmhurst	H. Weinstock	136	4,205	5	0	19,754	12	12	10	0	0	34	5500-7500	FP
New York (Payne Whitney Psychiatric Clinic)	W. T. Lhamon	86	345	1	100	14,026	8	10	5	0	0	24	5000-8000	P
New York Medical College														
Metropolitan Hospital Center	A. M. Freedman						20	20	20	0	0	60	5580-6000	F
Unit 1—Flower and Fifth Avenue Hospitals														
Unit 2—Metropolitan		90	681	0	0	31,161								
New York University—Bellevue Medical Center														
University	S. B. Wortis	22	407	0	0		15	15	15	0	0	45		
Bellevue Hospital Center	A. Zitrin	600	16,436	162	44	1,104							6690-7930	P
Roosevelt	H. C. Shands	32	312	0	0	12,781	6	5	5	0	0	16	5000-7000	P
St. Luke's Hospital Center	J. M. Cotton	30	434	1	100	6,139	3	3	3	0	0	9	8600-11000	P
St. Vincent's Hospital and Medical Center of New York														
St. Vincent's Hospital and Medical Center of New York—Westchester Branch (Harrison)	H. J. Tompkins	87	628	5	0	12,924	10	10	10	0	0	30	6440-7640	P
State University—Kings County Medical Center														
Kings County Hospital Center	M. Stein	340	9,747	99	3	27,986	10	17	16	2	0	45		P
State University														
Veterans Admin. (Bronx)	W. Brown	142	784	2	0	500	7	7	7	0	0	21	6170-13321	O
Veterans Admin. (Manhattan)	M. A. Goldberg	179	684	0	0		6	6	6	0	0	18	6170-12873	O
Northport														
Veterans Admin.	I. J. Blumenthal	2,178	1,367	79	43	12,838	4	2	0	0	0	6	4610-12873	O
Orangeburg														
Rockland State	A. M. Stanley	6,455	2,272	431	27	13,685	6	6	14	0	0	26	8112-9145	O

Numerical and other references are listed on pages 279 through 282.

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued														
Poughkeepsie														
Hudson River State	H. P. Snow	4,372	1,952	618	22	1,773	5	7	7	3	0	22	8112-9145	O
Rochester														
Rochester State	G. M. Walters	3,178	1,781	412	28	13,067	2	4	4	0	0	10	8112-9145	P
Strong Memorial Hospital of the University of Rochester	J. Romano	76	1,338	3	100	13,273	13	12	12	0	0	37	4000-7500	O
Syracuse														
State University of New York Upstate Medical Center	D. Robinson	143	988	0	0	4,831	10	10	10	0	0	30	5050-9145	O
Syracuse Psychiatric	P. P. Steckler	53	461	0	0	1,132							8112-9145	O
Veterans Admin.	J. J. Danehy	90	527	0	0	681							4610-8440	O
Utica														
Utica State	G. Volow	2,200	1,014	124	44	6,170	4	3	3	0	0	10	8112-15790	O
Valhalla														
Grasslands	F. Rockwell	98	2,312	6	67	7,918	4	4	4	1	0	13†	6300-8900	P
West Brentwood														
Pilgrim State	H. S. Baraha	12,424	4,985	1,153	25	4,000	10	10	10	0	0	30	8112-11388	O
White Plains														
New York Hospital-Cornell Medical Center (Westchester Division)	B. J. Betz	285	336	12	16	5,731	5	5	6	0	0	16	3600-8600	F
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	J. A. Ewing	49	609‡	0	0	9,589	12	12	12	5	5	46	5000-12000	O
Durham														
Duke University Affiliated Hospitals	E. W. Busse	48	740			3,163	12	12	12	4	4	44	4968-6200	P
Duke	E. W. Busse	69	520‡	4	25								4610-8230	O
Veterans Admin.	R. L. Green, Jr.													
Raleigh														
Dorothea Dix	R. L. Rollins, Jr.	2,569	4,997	289	42	1,286	6	6	6	0	0	18	10224-11256	...
Winston-Salem														
North Carolina Baptist Hospitals	R. Proctor	10	284	0	0	1,635	4	4	2	0	0	10	8100-12000	P
OHIO														
Cincinnati														
Rollman Psychiatric Institute	W. R. Chambers	146	948	0	0	13,961	10	10	10	0	0	30	7560-16000	O
University of Cincinnati Hospital Group	M. Levine						18	18	15	0	0	51		
Cincinnati General		34	720	4	100	44,619							4500-6440	FP
Veterans Admin.		67	423										4610-8230	O
Cleveland														
Cleveland Clinic	A. D. Weatherhead	19	286			1,620	1	1	1	0	0	3	4800-8400	P
Cleveland Psychiatric Institute	F. A. Lingl	242	949	12	33	5,280	8	8	8	1	1	26†	7560-16000	O
Fairhill Psychiatric	D. Hartert	156	987	15	40	9,080	6	6	6	0	0	18	7650-16000	O
University Hospitals of Cleveland	D. D. Bond	68	540‡	0	0	9,571	8	8	8	1	0	25†	4500-5500	P
Columbus														
Columbus State	P. F. Garcia	1,938	2,029	193	44	12,220	8	8	8	0	0	24	7560-14000	O
Ohio State University Hospitals	I. Gregory	103	1,192	0	0	9,819	8	8	8	0	0	24	6000-12000	P
Worthington														
Harding	G. Harding, Jr.	107	530	7	0	1,056	3	3	3	0	0	9	6000-12000	O
OKLAHOMA														
Norman														
Central State Griffin Memorial	H. H. Donahue	899	3,525	129	10	1,141	5	5	5	0	0	15	8000-12000	...
Oklahoma City														
University of Oklahoma Medical Center	L. J. West						6	6	6	0	0	18†		
University of Oklahoma Hospitals	L. J. West	12	26	0	0	2,551							6000-12000	P
Veterans Admin.	H. H. Janszen	64	473			3,929								
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	G. Saslow	23	280	1	100	4,733	5	5	4	0	0	14	4200-6000	FP
Salem														
Oregon State	N. B. Jetmalani	1,581	2,102	139	7	834	5	3	6	0	0	14	10140-10980	O
PENNSYLVANIA														
Coatesville														
Veterans Admin.	K. Wolf	1,377	1,292	89	82	14,831	3	3	2	0	0	8	4610-12873	O
Harrisburg														
Harrisburg State	S. P. Laucks	2,189	880	123	32	3,520	2	2	2	0	0	6	8580-12075	F
Norristown														
Norristown State	P. Glowacki	3,614	837	265	33	12,489	10	10	10	0	0	30	8580-12675	O
Philadelphia														
Albert Einstein Medical Center	P. Sloane	25	517‡	1	100	855	3	3	3	0	0	9	7000-12000	O
Eastern Pennsylvania Psychiatric Institute	W. A. Phillips	96	361	2	0	7,001	8	8	8	0	0	24	10954-12075	O
Hahnemann Medical College and Hospital	V. B. O. Hammett					4,019	4	4	4	0	0	12	3600-5000	O
Hospital of the University of Pennsylvania	M. H. Hollender	18	397	1	100	7,880	12	10	9	3	0	34	4600-10000	O
Mercy-Douglass														
Hospital of the Woman's Medical College of Pennsylvania*	O. E. Baum					222	3	3	3	0	0	9	4610-6440	P
Institute of the Pennsylvania	W. A. Harvey	205	1,363	6	33	8,705	10	8	6	0	0	24	5600-7200	O
Jefferson Medical College	J. E. Davis	150	800	10	75	4,870	8	8	8	2	2	28	6000-9200	O
Philadelphia General	S. Bazilian	137	1,317	7	14	13,459	5	5	5	0	0	15	8117-9973	F
Philadelphia Psychiatric Center	M. W. Brody	117	1,288	4	75	5,313	9	8	7	1	0	25	5500-7800	F
Philadelphia State	F. R. Clarke	6,123	1,534	595	11	8,934	10	10	10	0	0	30	10954-12075	P
Temple University	R. B. Sloane	17	421	0	0	4,991	10	10	8	0	0	28	3900-4800	P
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh														
Western Psychiatric Institute and Clinic	L. W. Earley	123	790	0	0	22,015	12	12	12	4	0	40	5500-6250	O
Warren														
Warren State	A. Y. Hoshino	2,347	1,119	229	32	7,321	10	9	8	0	0	27	7772-8923	F
PUERTO RICO														
Bayamon														
Puerto Rico Institute of Psychiatry	V. Bernal y del Rio													

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
PUERTO RICO—Continued															
Rio Piedras															
University of Puerto Rico School of Medicine (Department of Psychiatry)	J. A. Rosselló	1,215	2,126	55	98	60,000	6	6	6	0	0	18	5700-6900	O	
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	J. Cleckley	43	1,154	1	0	1316	4	2	2	0	0	8	8000-12000	O	
Medical College	E. M. Burn	25	104	0	0	146							4610-12873	O	
Veterans Admin.															
Columbia															
South Carolina State Hospital, Columbia Unit	J. E. Freed	3,070	657	251	46	4,197	4	4	4	0	0	12	10010-12012	O	
TENNESSEE															
Memphis															
University of Tennessee Affiliated Hospitals	G. H. Aivazian						7	7	7	0	0	21			
City of Memphis Hospitals		15	712	2	0	1,532							3860-12000	F	
Tennessee Psychiatric Institute and Hospital		158	967	0	0	9,645							3800-12000	FP	
Veterans Admin.		107	562	6	83	5,770							4610-12878	P	
Nashville															
George W. Hubbard Hospital of the Meharry Medical College	L. C. Elam	8	181	0	0	1,539	1	1	1	0	0	3	4800-8700	F	
Vanderbilt University	W. F. Orr	15	140			2,641	4*	4	2	0	0	10†	3900-4500	O	
TEXAS															
Austin															
Austin State	C. J. Ruilmann	3,383	5,337	336	70	4,961	12	12	10	0	0	34	10800-12000	O	
Dallas															
University of Texas Southwestern Medical School Affiliated Hospitals	R. L. Stubblefield						12	11	10	0	0	33†			
Parkland Memorial	R. L. Stubblefield	17	175	0	0	711							5600-6600	P	
Timberlawn Sanitarium	R. L. Stubblefield	134	668	2	0	9,155							5800-7200	O	
Veterans Admin.	J. D. Uloth	79	80	0	0								4610-12873	P	
U. S. Public Health Service (Fort Worth)	W. P. Jurgensen	679	1,505			1,586							10000-12000	O	
Galveston															
University of Texas Medical Branch Hospitals	H. F. Ford	179	1,654	7	43	4,721	12	12	12	0	0	36	5200-12000	P	
Houston															
Baylor University Affiliated Hospitals	S. H. Frazier, Jr.						10	10	10	0	0	30			
Ben Taub General		25	403	3	67	5,216									P
Houston State Psychiatric Institute for Research and Training		25	121	0	0	3,878							5000-7000	O	
Methodist		41	758	2	50								4500-5700	P	
Veterans Admin.		384	1,666	11	18	5,625							9221-12873	P	
UTAH															
Provo															
Utah State—See University of Utah Affiliated Hospitals, Salt Lake City															
Salt Lake City															
University of Utah Affiliated Hospitals	C. H. H. Branch						5	5	5	2	0	17			
University	C. H. H. Branch	21	414			4,637							7200-12000	P	
Veterans Admin.	H. Latimer	166	446	3	0								4610-12873	O	
Utah State (Provo)	H. E. Beaglier	577	1,365	65	11	10,821							3600-4800	F	
VERMONT															
Burlington															
Medical Center Hospital of Vermont	T. J. Boag						4	4	4	1	1	14	5000-12000	O	
Mary Fletcher Unit		18	278			1,851									
De Goesbriand Unit		12	184			999									
VIRGINIA															
Charlottesville															
University of Virginia	D. R. Hawkins	35	416	1	100	4,191	6	6	6	2	0	20	4200-12000	O	
Petersburg															
Central State	H. Sormus	4,567	1,723	357	6	856						15	9168-10032	O	
Richmond															
Medical College of Virginia—Hospital Division	H. D. Lederer	40	1,758	1	100	5,883	6	6	6	2	0	20†	7200-8200	P	
Williamsburg															
Eastern State	J. Mullaney	2,423	2,072	317	13	0	4	4	4	0	0	12	9168-10032	O	
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals	H. S. Ripley						15	15	15	2	0	47			
King County	F. M. Draper	23	2,296	0	0	2,348							5500-7680	F	
University	H. S. Ripley	33	433†			9,287							5500-7680	P	
Veterans Admin.	M. H. Johnson	70	443	4	25	2,741							4610-8230	P	
Sedro Woolley															
Northern State	S. Spiro	888	1,046	68	46	0	3	3	3	0	0	9	7524-10236	O	
Tacoma															
Western State	K. E. Humiston	1,665	1,784	171	43	3,150	4	4	4	0	0	12	7524-12000	O	
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	M. H. Miller						11	10	10	0	0	31			
University Hospitals		36	615	0	0	19,893							5000-10600	P	
Mendota State		677	2,030	25	52	2,316							5000-10600	O	
Winnebago State (Winnebago)		690	2,030	61	34	463							11600-11600	P	
Milwaukee															
Associated Training Program of Milwaukee Hospitals	B. Jackson						6	6	6	0	0	18	5100-12000	O	
Milwaukee Psychiatric (Wauwatosa)	B. Jackson	118	243	5	80	4,589							5100-12000	O	
Veterans Admin. (Wood)	M. J. Primakow	186	963	15	67	7,131									
Milwaukee Children's	H. D. Sackin	0	0	0	0	3,844									
Milwaukee County Mental Health Center—North Division	H. Lazarus	745	3,413	19		13,528	7	7	6	0	0	20	4275-12000	O	
Wauwatosa															
Milwaukee Psychiatric—See Associated Training Program of Milwaukee Hospitals, Milwaukee															
Winnebago															
Winnebago State—See University of Wisconsin Affiliated Hospitals, Madison															

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 11; Residencies, 105

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
San Francisco														
Mount Zion Hospital and Medical Center	R. Wallerstein	87	738	0	0	13,730	0	8	9	0	0	13	4560-6200	P
Presbyterian Medical Center	J. P. Kahn	9	190	1	0	5,857	3	3	3	0	0	9	4800-12000	P
ILLINOIS														
Galesburg														
Galesburg State Research	T. T. Tourlentes	1,451	704	114	19	3,032	4	4	0	0	0	8	4200-12000	P
MASSACHUSETTS														
Boston														
Beth Israel	J. Vorenberg					11,917	3	2	6	6	3	20	4200-8000	O
NEW YORK														
Helms														
Gowanda State	J. R. Haight	2,802	912	368	12	1,884							8112-9145	O
Willard														
Willard State	A. N. Mustille	2,925	775	264	26	4,854							8112-9145	P
Wingdale														
Harlem Valley State	L. P. Roberts	4,374	850	348	29	1,520	6	6	0	0	0	12	8112-9145	O
NORTH CAROLINA														
Butner														
John Umstead	A. G. Tolley	1,603	3,277	156	24	1,456	5	5	0	0	0	10	10200-11800	O
PENNSYLVANIA														
Allentown														
Allentown State	H. T. Fiedler	1,571	347	105	41	2,219	4	4	0	0	0	8	8580-9011	O
Danville														
Danville State	L. R. Angus	2,230	651	130	14	4,291	3	3	2	1	1	10	10954-12675	O
RHODE ISLAND														
Howard														
State of Rhode Island Medical Center— Institute of Mental Health	M. A. Nicotra	2,523	2,116	238	36	4,953	5	5	5	0	0	15	7000-7800	F

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 14; Residencies, 58

UNITED STATES PUBLIC HEALTH SERVICE

MARYLAND														
National Institutes of Health—Clinical Center (Bethesda)														
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Pomona														
Pacific State ⁵⁵	V. G. Bugh	2,795	323	44	89	4,442	1	1	1	0	0	3	16068-21528	O
San Francisco														
St. Francis Memorial	L. Whitsell	19	517	1	100	2,231	1	0	1	0	0	2	4200-5400	P
COLORADO														
Denver														
Denver General ⁵⁵	H. G. Whittington	18	584	2	50	13,335	0	0	4	0	0	7	4800-4800	P
Pueblo														
Colorado State	H. L. Oxman	2,740	1,958	184	47	5,007	4	4	4	0	0	12	9900-12000	O
CONNECTICUT														
New Canaan														
Silver Hill Foundation ⁵⁶	E. T. Hupalowsky	42	316	0	0	6,501	0	0	2	0	0	2	12000-12000	O
MARYLAND														
Rockville														
Chestnut Lodge ⁵⁵	D. M. Bullard	76	78	0	0	3,994	0	0	4	0	0	4	10000-10000	O
MASSACHUSETTS														
Boston														
Peter Bent Brigham	H. M. Fox						0	0	3	0	0	3	7500-7500	O
Stockbridge														
Austen Riggs Center ⁵⁵	E. M. Howard	38	50	0	0	2,565	0	0	7	7	7	7	9000-13000	O
Taunton														
Taunton State	W. E. Glass	1,462	1,098	152	46	6,907	8	0	0	0	0	8	10169-10631	O
Waltham														
Walter E. Fernald State School	N. Bernstein	2,451	50	34	68	243						1	4895-6185	O
NEW YORK														
Ogdensburg														
St. Lawrence State	J. Gibbon	1,659	772	205	34	1,602	3	0	0	0	0	3	8112-8112	P
Port Chester														
High Point ⁵⁵	A. Gralnick	40	70	0	0	0	0	0	1	4	0	5	10000-14500	O
Thiells														
Letchworth Village ⁵⁵	J. Schneider	4,226	158	83	42	199	0	0	1	0	0	1	8112-9145	F
TEXAS														
Terrell														
Terrell State ¹⁸														

APPROVED RESIDENCIES

CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council on Medical Education, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. Institutions identified with an asterisk () hold dual approvals: 1) for one year of training in Child Psychiatry offered as an affiliated year in a program of general psychiatry; 2) for two years of training in Child Psychiatry offered independently. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the Information for Applicants published by the American Board of Psychiatry and Neurology. Programs, 111; Residences, 657

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY												
DISTRICT OF COLUMBIA												
Walter Reed General,* Washington	J. J. Gibbs			7,150	2	2	0	0	0	4		
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
University of Alabama Medical Center*	J. N. Sussex		10	456	2	2	0	0	0	4	4980-5880	P
CALIFORNIA												
Berkeley												
East Bay Clinic for Child Psychiatry*	C. R. Graham	25	117	6,071	0	0	0	2	2	4	5000-13212	O
Los Angeles												
Cedars-Sinai Medical Center												
Mount Sinai Hospital Division*	S. Brown				0	0	1	4	1	6	7000-8000	P
Los Angeles County General, Unit 1*	J. Teicher	30	60	12,223	4	4	0	0	0	8	9000-9600	P
Reiss-Davis Child Study Center*	R. L. Motto	49	157	13,107	0	0	2	3	3	8	7000-8000	O
University of California*	H. H. Work	34	73		0	0	0	4	4	8	13212-13872	O
Palo Alto												
Stanford Medical Center Child Psychiatry Clinic*	H. F. Shirley	1	1	2,594	0	0	3	3	1	7	4900-12000	O
Pasadena												
Pasadena Child Guidance Clinic*	J. M. Mead	41	35	8,053	1	2	0	0	0	3	8000-11000	O
San Francisco												
Children's Hospital and Adult Medical Center*	J. Ryan			11,379								
Mount Zion Hospital and Medical Center	R. Wallerstein	0	0	6,864	0	0	0	2	0	2	7000-7000	P
St. Mary's*	M. Khlentzos	14	258	3,343	3	3	0	0	0	6	7000-8000	P
University of California Program in Child Psychiatry												
Langley Porter Neuropsychiatric Institute*	S. A. Szurek	9	3	8,513	3	3	0	0	0	6	7000-8000	O
COLORADO												
Denver												
University of Colorado Medical Center*	H. Gaskill										3500-4500	O
CONNECTICUT												
Hartford												
Institute of Living-Children's Clinic*	F. G. Bucknam	19	29	6,376	0	0	0	1	1	2	7600-9000	P
New Haven												
Yale University Child Study Center*	A. J. Solnit			4,572	0	0	3	3	0	6	5000-12000	
DISTRICT OF COLUMBIA												
Washington												
Catholic University of America*												
Children's	S. Werkman	1	21	4,400	0	0	4	4	2	10	5000-8000	O
Georgetown University Medical Center*	E. S. Kessler	0	0	3,573	3	3	0	0	0	6	5000-9000	O
FLORIDA												
Gainesville												
William A. Shands Teaching Hospital and Clinics*	P. L. Adams	1	52	4,309	4	4	0	0	0	8	6000-10000	O
GEORGIA												
Atlanta												
Emory University Children's Clinic*	R. Ward	0	0	2,493	0	0	0	3	3	6	...-12000	P
Georgia Mental Health Institute												
ILLINOIS												
Chicago												
Institute for Juvenile Research*	S. Eisen	725	775	14,271	0	0	7	7	0	14	6000-9480	O
Michael Reese Hospital and Medical Center*	J. Spurlock			2,842	0	0	3	3	0	6	4800-6900	P
Presbyterian-St. Luke's*	A. H. Norton	13	65	4,249	0	0	3	3	0	6	5500-9500	P
University of Chicago Hospitals and Clinics*	J. F. Kenward	40	10	3,300	0	0	2	2	1	5	6500-10400	O
INDIANA												
Indianapolis												
Indiana University Medical Center*	J. E. Simmons				0	0	4	4	0	8		
Indiana University Hospitals				2,750							6600-7500	P
Larue D. Carter Memorial		39	57	716							7500-12000	P
IOWA												
Des Moines												
Des Moines Child Guidance Center	M. E. Barnes, Jr.	16	600	10,142	0	0	1	1	0	2	7000-9000	O
Iowa City												
State Psychopathic*	R. L. Jenkins	15	38	1,757	1	2	0	0	0	3	7000-10000	O
KANSAS												
Kansas City												
University of Kansas Medical Center*	P. C. Laybourne	2	210	7,800	2	2	0	0	0	4	8000-12000	P
Topeka												
Menninger Clinic (Children's Service)*	J. C. Hirschberg	53	68	5,466	8	8	0	0	0	16	6200-12000	O
KENTUCKY												
Louisville												
Louisville Child Guidance Clinic*	J. F. Ice	34	476	8,158	0	0	2	2	1	5	6200-12000	O
LOUISIANA												
New Orleans												
Tulane University School of Medicine*	C. Phillips				3	3	0	0	0	6	5000-8400	O

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1968-1969						Total All Years	Salary Per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
MARYLAND													
Baltimore													
Johns Hopkins*	L. Eisenberg	9	5	2,344	0	0	4*	2	2	8†	3600-	P	
University*	F. Rafferty			2,252	4	4	0	0	0	8	6000-8000	P	
MASSACHUSETTS													
Belmont													
Beaverbrook Guidance Center—See Metropolitan Training Program in Child Psychiatry, Waltham													
Boston													
Beth Israel (Children's Unit—Psychiatric Service)	J. Vorenberg			11,917	3	3	0	0	0	6	7000-8000	O	
Boston University-Boston City Hospital Guidance Center*													
Children's Hospital Medical Center*	G. G. Gardner				0	0	3	3	0	6	5000-8000	O	
Douglas A. Thom Clinic for Children*	H. Weintraub	30	157	4,098	0	0	0	2	2	4	5000-8000	O	
James Jackson Putnam Children's Center*	P. H. Gates			12,415	0	0	2	2	0	4	5000-8000	O	
Judge Baker Guidance Center*	E. S. Makkay	26			0	0	3	3	0	6	5000-8000	O	
Massachusetts General*													
Massachusetts Mental Health Center*	G. Rochlin	8	6	5,930	0	0	4	3	0	7	5000-8000	O	
Tufts-New England Medical Center*													
Cambridge													
Cambridge Mental Health Center*	C. K. Tagiuri	22	372	5,553	0	0	0	2	1	3		O	
Quincy													
South Shore Mental Health Center*	E. C. Woick	0	0	11,540	0	0	0	2	2	4†	7000-11000	O	
Waltham													
Metropolitan Training Program in Child Psychiatry*	D. S. Gair			10,000	0	0	3	3	3	9	5000-10107	O	
Metropolitan State												O	
Beaverbrook Guidance Center (Belmont)													
Worcester													
Worcester Youth Guidance Center*	H. L. Wylie			8,553	0	0	0	4	4	8	7000-9500	O	
MICHIGAN													
Ann Arbor													
University*	S. M. Finch	47	67	10,563	4	4	8	8	0	24	7180-9760	O	
Detroit													
Children's Center of Wayne County*	H. H. Comly	51	483	12,866	0	0	2	2	0	4	9500-15283	O	
Lafayette Clinic*	C. B. Simson	36	135	6,440	0	0	4	4	2	10	9500-15284	O	
Northville													
Hawthorn Center	R. D. Rabinovitch	229	282	5,580	2	0	5	5	2	14	8352-15284	O	
MINNESOTA													
Minneapolis													
University of Minnesota Hospitals*	R. A. Jensen	15	88	2,193	0	0	2	2	0	4	7800-12000	O	
Rochester													
Mayo Graduate School of Medicine*	J' G. DeLano	13	215	1,490	3	3	0	0	0	6	6000-7000	P	
Mayo Clinic													
St. Paul													
Amherst H. Wilder Child Guidance Clinic*	H. S. Lippman		958	17,084						3	8674-10674	O	
MISSOURI													
Columbia													
University of Missouri Medical Center*	F. Tapia				2	2	0	0	0	4	9800-17000	O	
Kansas City													
Greater Kansas City Mental Health Foundation*	R. Harte			6,156	0	0	4	2	0	6	9800-12100	O	
St. Louis													
William Greenleaf Eliot Division of Child Psychiatry-Washington University School of Medicine*	E. J. Anthony	55	38	8,930	0	0	4	4	0	8	6000-11000	O	
NEBRASKA													
Omaha													
Nebraska Psychiatric Institute*	R. L. Cohen	16	31	2,409	0	0	0	3	3	6	5000-12000	O	
NEW JERSEY													
Eatontown													
Childrens Psychiatric Center*	A. B. Judd			9,520	2	2	0	0	0	4	9000-13000	O	
Plainfield													
Union County Psychiatric Clinic*	W. E. Ganss			12,735	0	0	2	1	2	5	11000-12000	O	
Trenton													
Child Guidance Center of Mercer County*	N. Boonin			8,126	0	0	2	2	0	4	8500-12000	P	
NEW YORK													
Albany													
Albany Child Guidance Center	L. Sportsman	150	600	4,297	0	0	1	1	1	3	9000-13000	...	
New York City													
Albert Einstein College of Medicine Affiliated Hospitals													
Bronx Municipal Hospital Center*	J. B. Cramer	38	450	14,632	6	6	2	0	0	14†	6060-8000	O	
Brooklyn Psychiatric Centers*													
City Hospital Center at Elmhurst†	D. Schulman	35	408	2,246	0	0	0	4	4	8	8000-9200	FP	
Columbia-Presbyterian Medical Center*	W. S. Langford				5	5	0	0	0	10			
New York State Psychiatric Institute	W. S. Langford	14	28	1,494							8000-9000	O	
Presbyterian	W. S. Langford			3,568							8000-9000	O	
Hillside*	S. Niehern	201	20	2,343	0	0	0	2	2	4	10000-12000	O	
Madeline Borg Child Guidance Institute*	A. H. Esman			27,551	0	0	1	4	4	9	7000-9200		
Mount Sinai*	A. Blau	12	49	4,427	0	0	4	3	3	10	6000-8500		
New York (Payne Whitney Psychiatric Clinic)*	B. New	10		204	0	0	2	2	0	4	5000-8000	P	
New York Medical College													
Metropolitan Hospital Center	R. La Vietes				0	0	3	3	0	6	6000-6200	F	
Unit 1-Flower and Fifth Avenue Hospitals				362									
Unit 2—Metropolitan				3,250									
New York University—Bellevue Medical Center*	S. B. Wortis				0	0	6	4	2	12			
Bellevue Hospital Center	B. Fish	90	5,000	5,000							4980-6400	P	
University	B. Fish										6690-7930	P	
Postgraduate Center for Mental Health, Clinic for Children and Adolescents	B. B. Pfeffer	55	329	8,230	2	1	0	0	0	3	8500-9000	...	

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1968-1969						Total All Years	Salary per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK New York City—Continued													
St. Luke's Hospital Center*	J. M. Cotton	0	0	1,486	1	1	0	0	0	2	9700-11000	P	
Staten Island Mental Health Center—St. Vincent's Hospital of the Borough of Richmond*	R. M. Silberstein			8,427	0	0	2	3	3	8	7000-11000	P	
Staten Island Mental Health Center—St. Vincent's Hospital of the Borough of Richmond													
State University—Kings County Medical Center*	M. Scharfman				0	0	0	3	3	6			
Kings County Hospital Center		11		3,646							6930-8355	P	
State University													
Rhinebeck													
Astor Home for Children*	G. Mora	52	18	800	0	0	1	2	1	4	7500-8500	FP	
Rochester													
Rochester Mental Health Center*	W. I. Halpern			9,918	0	0	2	2	0	4	8400-9600	O	
Schnectady													
Schnectady County Child Guidance Center*	H. E. Karowe			205	0	0	2	2	0	4	7000-9000	O	
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial*	J. I. Boswell	1	7‡	11,565	0	0	3	2	1	6	5000-8000	O	
Durham													
Durham Child Guidance Clinic, Duke University Medical Center*	J. A. Fowler	152	401	10,126	0	0	3	3	2	8	6000-8000	O	
OHIO													
Cincinnati													
University of Cincinnati Hospital Group*	O. M. Krug				0	0	8	8	2	18	5000-8000	P	
Central Psychiatric Clinic		0	7	10,572									
Child Guidance Home of the Jewish Hospital		13	0	5,405									
Cleveland													
Cleveland Guidance Center	G. R. Loomis	19	225	5,103	1	0	0	0	0	1	7000-8000	O	
University Hospitals of Cleveland*	W. D. Boaz			6,616	2	2	0	0	0	4	7000-8000	P	
Dayton													
Dayton Children's Psychiatric Hospital—Child Guidance Center for Dayton and Montgomery County*	J. M. Cunningham	72	99	2,370	2	2	0	0	0	4	13500-15000	O	
OKLAHOMA													
Oklahoma City													
University of Oklahoma School of Medicine*	M. D. Schechter			Inc. in Psychiatry	0	0	2	2	2	6	7000-12000	P	
Tulsa													
Children's Medical Center*	J. T. Proctor	35	196	12,562	0	0	3	3	0	6	9000-12000	O	
PENNSYLVANIA													
Norristown													
Montgomery County Mental Health Clinic*	S. I. Altman	0	0	6,048	2	2	0	0	0	4	5000-12000	O	
Philadelphia													
Albert Einstein Medical Center*	H. Kolansky			1,771	3	3	0	0	0	6	7000-12000	O	
Child Study Center of Philadelphia*	B. A. Ruttenberg			9,509	3	3	3	3	3	6‡	5000-12000	O	
Eastern Pennsylvania Psychiatric Institute*	R. C. Prall	10	7	31,386	3	3	0	0	0	6	11501-12675	O	
Hahnemann Medical College and Hospital*	H. Belmont			3,342	4	4	0	0	0	8	7000-8000	O	
Irving Schwartz Institute for Children and Youth of the Philadelphia Psychiatric Center*	H. H. Herskovitz			19,000	0	0	3	3	3	9	9000-14000	P	
Philadelphia Child Guidance Clinic*	C. A. Malone				3	3	2	0	0	8	5000-12000	O	
Philadelphia General*	A. Arenowitz			2,167	1	1	0	0	0	2	9973-9973	P	
St. Christopher's Hospital for Children*	C. S. Settlage			8,722	3	3	1	0	0	7	5000-12000	P	
Pittsburgh													
Health Center Hospitals of the University of Pittsburgh*—Western Psychiatric Institute and Clinic	M. Sonis	50		15,000	5	5	0	0	0	10	7000-11000	O	
Wilkes-Barre													
Children's Service Center of Wyoming Valley*	H. Harris	40	480	3,497	0	0	2	2	2	4	5000-10000	O	
PUERTO RICO													
Rio Piedras													
University of Puerto Rico School of Medicine (Department of Psychiatry)*	A. Figaredo	48	268	3,500	4	4	0	0	0	8	6900-13200	O	
RHODE ISLAND													
Riverside													
Emma Pendleton Bradley	M. W. Laufer	64	18	6,391	0	0	2	2	0	4	10000-11000	P	
TENNESSEE													
Memphis													
Memphis and Shelby County Mental Health Center*	G. W. Marten			5,000	0	0	2	0	0	2	10000-13000	O	
Nashville													
Vanderbilt University*	J. Weinreb	13	22	1,321	0	0	0	1	0	1	4800-5100	O	
TEXAS													
Dallas													
Dallas Child Guidance Clinic	L. Claman			6,686	1	1	0	0	0	2	6000-8200	O	
University of Texas Southwestern Medical School*	J. E. Meeks			2,323	0	0	2	2	0	4	5200-7000	O	
Galveston													
University of Texas Medical Branch Hospitals*		15	55	5	0	0	2	2	2	6	6200-10000	P	
Houston													
Houston State Psychiatric Institute for Research and Training*	D. B. Hansen	0	1	1,440	0	0	4	4	0	8	7000-8000	O	
UTAH													
Salt Lake City													
University of Utah Affiliated Hospitals*—University	M. Egan			3,942	0	0	2	1	0	3	9800-12000	P	
VIRGINIA													
Richmond													
Virginia Treatment Center for Children*	D. Powers	39	84	3,502	3	3	0	0	0	6	8500-10000	O	

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals*	I. N. Berlin	10	45†	5,549	0	0	4	4	0	8	5940-8460	P
University												
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals*	J. C. Westman	23	13	1,472	0	0	3	3	0	6	6400-11200	P
University Hospitals												
Childrens Treatment Center												
Wisconsin Diagnostic Center												
Milwaukee												
Milwaukee Children's	H. D. Sackin	0	0	3,844	0	0	2	2	0	4	6000-8400	P
Milwaukee County Mental Health Center	R. Aug.	75	40	5,789	0	0	4	4	0	8	7000-12000	O

24. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council on Medical Education and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 234.

25. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Programs, 260; Residencies, 2,500

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Orthovoltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE													
CALIFORNIA													
David Grant U.S.A.F., Fairfield ¹⁷⁻²²	W. Nafis	55,149	4	911	0	1	1	0	0	2	.....	...
TEXAS													
Wilford Hall U.S.A.F., San Antonio	R. J. Kurth	141,983	148	562	17,107	4	4	4	0	0	12	.....	...
UNITED STATES ARMY													
U. S. Army Coordinated Program													
Letterman General, San Francisco, Calif.	L. D. Graybill	59,160	20	4,333	0	3	3	3	0	0	9	.....	...
Fitzsimons General, Denver, Colo.	R. B. Peterson	98,538	33	147	3,134	2	2	2	0	0	6	.....	...
Walter Reed General, Washington, D. C.	L. C. Hamilton	98,743	120	1,944	16,353	4	4	6	0	0	14	.....	...
Tripler General, Honolulu, Hawaii	E. P. McKeown	78,968	78	3,710	0	3	3	0	0	0	6	.....	...
Brooke General, San Antonio, Texas	L. J. Bisaccia	97,590	142	4,622	0	5	5	5	0	0	15	.....	...
UNITED STATES NAVY													
U. S. Navy Coordinated Program													
U. S. Naval, Oakland, Calif.	J. Garrison	54,433	14	137	4,299	2	2	2	0	0	6	.....	...
U. S. Naval, San Diego, Calif.	D. Chandler	102,974	89	252	13,297	3	3	3	0	0	9	.....	...
U. S. Naval, Bethesda, Md.	L. Brown	58,045	12	435	2,561	3	3	3	0	0	9	.....	...
U. S. Naval, St. Albans, N. Y.	W. F. Hansen	95,194	35	...	2,644	1	1	1	0	0	3	.....	...
U. S. Naval, Philadelphia, Pa.	J. Turner	100,136	18	1,949	0	2	2	2	0	0	6	.....	...
UNITED STATES PUBLIC HEALTH SERVICE													
LOUISIANA													
U. S. Public Health Service, New Orleans—See Charity Hospital of Louisiana, New Orleans, La.													
MARYLAND													
U. S. Public Health Service, Baltimore ¹⁸⁶	E. T. van der Smissen	26,402	15	1,886	840	2	2	1	1	0	6	.....	...
NEW YORK													
U. S. Public Health Service (Staten Island), New York City ²⁰⁷	H. Epstein	56,230	5	173	1,692	3	3	3	0	0	9	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
Birmingham Baptist	J. W. Underwood	85	20	0	0	3	0	0	0	0	3	5600-7000	F
University of Alabama Medical Center	P. A. Morgan	129,921	181	404	10,983	4	4	4	2	0	14	.....	...
University of Alabama Hospitals and Clinics	R. E. Roth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4980-6300	P
Veterans Admin.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4610-8230	O
ARKANSAS													
Little Rock													
Arkansas Baptist Medical Center	J. Lane	45,000	200	60	0	2	2	2	0	0	6	6900-6900	F
University of Arkansas Medical Center	H. J. Barnhard	.....	.....	.....	.....	6	6	6	0	0	18	.....	...
University	.....	45,687	79	318	7,292	.....	.....	.....	.....	.....	.....	3900-4500	O
Veterans Admin, Consolidated	.....	170	.....	.....	.....	.....	.....	.....	.....	.....	.....	5400-6000	O

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA													
Long Beach													
Memorial Hospital of Long Beach	F. M. Theisman	33,886	17	1,799	7,514	1	1	1	0	0	3	6000-7200	P
St. Mary's Long Beach—See University of California, Los Angeles													
Veterans Admin.	B. H. Feder	97,812	88	1,685	5,351	5	4	4	0	0	13	5920-8760	O
Los Angeles													
Cedars-Sinai Medical Center													
Cedars of Lebanon Hospital Division	D. Zion, H. Jaffe	34,410	8	565	11,985	3	3	3	0	0	9	6000-7200	P
Los Angeles County General, Unit I	G. Jacobson	281,030	294	6,405	7,425	9	9	9	3	0	36†	7200-9000	P
Los Angeles County General Hospital Unit, II		36,376	27	1,986	0	2	2	2	0	0	6	7200-8400	F
Queen of Angels ⁸⁷	S. P. Wilk	21,277	15	1,448	0	2	2	2	0	0	6	6600-7800	P
University of California	A. H. Dowdy	61,729	60	2,144	14,045	9	9	9	9	0	36	4200-8900	O
St. Mary's Long Beach (Long Beach)	H. Vanley	29,477	48	1,015	7,253							4100-7200	F
Veterans Admin. Center-Wadsworth ¹¹²	H. Peck	119,770	56	10,414		5	5	5	0	0	15	5920-12873	P
White Memorial Medical Center	E. Braun	24,250	60	92	8,396	2	2	2	2	0	8	6060-7860	P
Oakland													
Highland General	D. L. Mack	43,746	0	2,591	2,591	2	1	1	0	0	4	6700-7700	P
Orange													
Orange County Medical Center	B. J. O'Loughlin	35,392				3	3	3	2	0	11	6200-8500	P
Palo Alto													
Stanford Medical Center and Affiliated Hospitals	H. S. Kaplan					4	8	7	0	0	19†		
Palo Alto-Stanford Hospital Center ¹³³	H. S. Kaplan	33,849	96	1,472	38,600							4900-12000	O
Veterans Admin.	H. H. Jones	29,456	0	0	0								
Sacramento													
Sutter Community Hospitals of Sacramento	R. Ripple	32,473	6,069	4,645	5,141	1	1	1	0	0	3	6000-7800	O
San Francisco													
Children's Hospital—Mount Zion Hospital and Medical Center—St. Mary's	J. M. Vaeth												
Children's Hospital and Adult Medical Center	H. J. Burbenne	17,909	56	253	10,347						3	7800-9000	P
Mount Zion Hospital and Medical Center	S. B. Reich, J. Vaeth	29,287	5,423	2,232	1,110	4	4	4	3	0	15	4680-7740	P
Claire Zellerbach Saroni Memorial Tumor Institute													
St. Mary's	J. C. Bennett	25,032	9	1,097		2	2	2	0	0	3	3600-4800	FP
University of California Program in Radiology	A. R. Margulis					7	8	6	7	0	28		
H. C. Moffitt—University of California Hospitals	A. R. Margulis	105,221	91	1,381	14,820							4368-7692	O
San Francisco General	W. Coulson	60,000	1,500	200	0	1	1	2	3	1	8	4368-7692	P
Veterans Admin.	J. R. Amberg	50,001		2,157	0							4710-8230	O
San Jose													
Santa Clara Valley Medical Center	J. J. McCort	36,104	33	2,130	0	2	2	1	1	0	6	5232-8148	F
Santa Barbara													
Santa Barbara General-Cottage Hospitals	P. Riemenschneider	35,000	25	909	5,139	1	1	1	0	0	3	4500-5700	F
Santa Barbara General													
Santa Barbara Cottage													
Torrance													
Los Angeles County Harbor General	W. Weidner	58,455	61	102	3,727	5	5	5	0	0	15	7200-8400	P
COLORADO													
Colorado Springs													
Penrose	J. W. McMullen, J. A. del Regato	45,617	12	2,526	13,270	4	4	4	4	0	12	4800-8820	FP
Denver													
Denver General	E. Salzman	41,106	18	481	0	2	2	2	0	0	6	4020-4800	P
General Rose Memorial ⁸⁷	M. H. Levine	41,188	27	2,601	0	1	1	1	1	0	4	5400-5940	P
Presbyterian Medical Center	K. D. A. Allen	46,030	138	1,521	20,805	2	1	1	0	0	4	4800-5400	P
St. Joseph's ¹³⁶	G. S. Maresh	30,910	16	2,016	0	1	1	1	0	0	3	4920-5820	P
St. Luke's	W. P. Stampfli	23,677	19	201	3,626	2	2	2	0	0	6	6600-7800	P
University of Colorado Medical Center	M. L. Daves	43,642	6,153	510	1,123	4	4	4	0	0	12	3500-4500	P
Veterans Admin. ¹³⁶	A. J. Den	45,025	0	2,438		3	3	3	0	0	9†	4610-8230	O
CONNECTICUT													
Bridgeport													
Bridgeport	J. J. Esposito	37,004	47	463	3,424	1	1	1	0	0	3	6300-7500	FP
St. Vincent's	R. D. Russo	30,255	43	1,626		1	1	1	0	0	3	5700-6300	P
Hartford													
Hartford	W. C. Hall	66,415	15,338	4,302		2	2	2	0	0	6	4800-6600	P
New Haven													
Hospital of St. Raphael	R. Shapiro	34,760	42	1,841	4,633	2	2	2	0	0	6	6020-6920	P
Yale-New Haven Medical Center	M. M. Kligerman					6	6	2	0	0	14		
Yale-New Haven	M. M. Kligerman	82,618	121	1,179	14,616							4000-5000	P
Veterans Admin. (West Haven)	M. F. Keohane	23,920	6	1,259	1,853								
Waterbury													
St. Mary's	K. Kaess	29,649	10	210	3,339	1	1	1	1	0	4	4200-6000	FP
West Haven													
Veterans Admin.—See Yale-New Haven Medical Center, New Haven													
DELAWARE													
Wilmington													
Wilmington Medical Center													
Delaware Division	J. Alden	37,241	25	1,363	0	3	3	3	0	0	9	6000-7800	P
DISTRICT OF COLUMBIA													
Washington													
District of Columbia General	B. Gondos	96,790	3,702	3,650		2	1	1	0	0	4	4500-6500	P
Doctors	C. E. Bickham	19,249	28	270	2,684	2	1	1	0	0	4	6000-6000	P
Georgetown University ⁶¹	W. E. Baensch	41,185	13	1,105	0	4	3	3	0	0	10	4068-4980	P
Veterans Admin.	P. F. Polani	67,000	4,496	24	0							4610-8230	P
George Washington University ¹⁵¹	W. W. Stanbro	44,360	12	1,004	5,671	2	2	2	0	0	6	4500-5500	P
Washington Hospital Center	G. Augustin	66,542	35	1,792	10,409	2	2	2	0	0	6	4680-5640	P
FLORIDA													
Gainesville													
William A. Shands Teaching Hospital and Clinics	C. M. Williams	37,548	87	136	7,678	4	4	4	2	0	14	4000-5500	O
Jacksonville													
Duval Medical Center	H. Toch	45,179	35	25	4,059	1	1	1	0	0	3	5700-6300	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA—Continued													
Miami													
University of Miami Affiliated Hospitals													
Jackson Memorial ¹²⁵	R. E. Parks	146,281	79	4,090	12,270	7	8	4	1	0	20	4288-5916	O
Tampa													
Tampa General	B. Besse	53,074	65	947	5,993	2	2	2	0	0	6	4800-7800	FP
GEORGIA													
Atlanta													
Crawford W. Long Memorial	J. D. King	32,745	49	2,195	...	1	1	1	0	0	3	4920-5520	O
Emory University Affiliated Hospitals	T. F. Leigh	...	...	...	...	4	4	4	4	0	16	...	...
Emory University	T. F. Leigh	43,432	60	2,759	9,200	...	...	...	...	...	...	4200-5100	P
Veterans Admin.	S. Krantz	55,000	0	3,166	22	...	...	...	...	...	...	4610-8230	O
Grady Memorial	H. S. Weens	95,292	83	1,328	5,368	4	4	4	0	0	12	4500-5700	P
Augusta													
Medical College of Georgia Hospitals													
Eugene Talmadge Memorial	M. Brown	41,076	43	312	4,107	2	2	2	0	0	6	3900-5100	P
HAWAII													
Honolulu													
Queen's	G. Liese	22,334	18	351	4,257	1	1	1	0	0	3	6600-7800	...
ILLINOIS													
Chicago													
Columbus	F. Lake, D. Lochman	29,311	55	6,432	10,163	2	2	2	1	0	7	5700-6300	FP
Cook County	L. Love	175,732	78	904	20,366	10	10	10	0	0	33†	4620-4620	FP
Illinois Masonic	W. Meszaros	44,634	13	198	4,509	1	1	2	0	0	4	6000-7200	FP
Mercy Medical Center	D. F. Cooney	32,547	92	840	5,449	1	1	1	0	0	3	4500-5100	P
Michael Reese Hospital and Medical Center	B. Levin, J. J. Nickson	79,200	81	3,418	8,318	4	4	4	0	0	12	4500-7200	P
Northwestern University Medical Center	E. E. Barth	...	...	...	...	10	6	7	1	0	24	...	...
Chicago Wesley Memorial	A. Cannon, W. Moss	...	25	5,178	9,357	...	...	...	...	...	...	4800-6000	O
Children's Memorial	H. White	28,423	0	431	...	...	...	...	...	...	...	4200-6000	P
Passavant Memorial	W. Bundesen	26,703	...	...	...	...	...	...	...	...	...	3900-4800	P
Veterans Admin. Reseach	E. G. Warnick	...	...	...	...	...	...	...	...	...	...	4610-8230	O
Evanston (Evanston)	W. T. Moss	42,152	2	179	5,373	...	...	...	...	...	...	4800-5400	P
Presbyterian-St. Luke's	H. C. Burkhead	53,473	11	840	8,668	...	...	...	...	...	...	4800-5400	P
University of Chicago Hospitals and Clinics	F. H. Squire	111,028	31	177	10,007	4	4	4	2	0	14	4500-7000	P
University of Illinois Research and Educational Hospitals	R. D. Moseley	88,418	91	4,650	7,300	6	8	6	4	0	24	5500-12000	O
Evanston	R. A. Harvey	63,608	100	8,654	4,694	2	3	3	0	0	8	5000-5600	P
Evanston—See Northwestern University Medical Center, Chicago													
Evergreen Park													
Little Company of Mary	J. H. Uhrich	73,274	10	696	11,593	1	1	1	0	0	3	7200-7800	P
Hines													
Veterans Admin. ¹⁶³	I. E. Kirsh	82,105	39	6,885	1,901	4	4	4	0	0	12	4610-6440	O
Oak Park													
West Suburban	J. H. Gilmore	35,897	53	9,534	0	1	1	1	0	0	3	5800-7400	O
Peoria													
St. Francis	P. R. Dirkse	40,952	12	3,834	...	1	1	1	0	0	3	5100-5700	F
INDIANA													
Indianapolis													
Indiana University Medical Center	J. A. Campbell	...	...	...	...	7	7	6	0	0	20	...	...
Indiana University Hospitals	J. A. Campbell	43,961	5,331	50	3,430	...	...	...	...	...	...	3725-4525	P
Marion County General	W. A. Tosick	75,086	4,209	87	0	...	...	...	...	...	...	5220-5846	P
Veterans Admin.	J. A. Campbell	41,939	1,360	0	930	...	...	...	...	...	...	4610-8230	O
Methodist Hospital of Indiana	P. A. Dolan	76,292	9,667	944	...	1	1	1	0	0	3	5850-6480	P
St. Vincent's	J. Morton	35,581	20	630	2,404	1	1	1	0	0	3	5700-6600	P
IOWA													
Des Moines													
Iowa Methodist ¹⁸⁰	A. B. Phillips	30,699	29	157	3,671	1	1	1	0	0	3	6300-6900	F
Iowa City													
University Hospitals	E. F. Van Epps	85,909	238	8,365	17,508	6	8	5	0	0	19	4500-5500	P
KANSAS													
Kansas City													
University of Kansas Medical Center	N. Strandjord	41,233	199	1,900	10,640	4	4	4	0	0	12	5400-5400	P
Veterans Admin. (Kansas City, Mo.)	M. F. Westfall	37,158	2	1,106	0	...	...	...	...	...	...	4610-6440	O
Wichita													
St. Francis	J. R. Kline	48,082	25	680	4,535	2	2	2	0	0	6	6032-6656	FP
KENTUCKY													
Lexington													
University	H. D. Rosenbaum	37,364	64	443	4,888	6	6	6	0	0	18	4560-5760	P
Louisville													
St. Joseph Infirmary	E. N. Maxwell	...	...	...	...	1	1	1	0	0	3	5460-6660	P
University of Louisville Affiliated Hospitals	W. G. Farnsley	37,788	112	872	6,404	...	...	...	...	...	...	...	...
Louisville General	J. T. Ling	...	...	...	...	4	4	4	1	0	13	...	...
Veterans Admin.	J. T. Ling	128,381	51	935	10,387	...	...	...	...	...	...	4300-6260	P
Veterans Admin.	R. H. Akers	25,998	2	68	0	...	...	...	...	...	...	4610-7110	O
LOUISIANA													
New Orleans													
Charity Hospital of Louisiana	M. Garcia, C. M. Nice, Jr.	227,574	216	24,644	8,985	...	...	...	...	...	20	5400-6000	F
U. S. Public Health Service	J. Davidson	14,327	0	0	0	...	...	...	...	...	...	...	...
Ochsner Foundation	B. C. Buchtel	...	...	...	...	...	...	...	...	...	...	...	...
Touro Infirmary	W. Maxfield	99,997	22	7,910	0	1	1	1	0	0	3	4500-5100	P
Shreveport	A. Payzant	45,740	25	2,209	0	1	1	1	0	0	3	5500-6500	P
Confederate Memorial Medical Center	W. T. Snow	44,745	69	5,015	1,053	2	2	2	0	0	6	5400-6000	F
MAINE													
Portland													
Maine Medical Center	J. F. Gibbons	46,781	78	2,102	6,618	1	1	1	0	0	3	3660-4860	FP

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969						Total All Years	Salary per Year Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
MARYLAND														
Baltimore														
Johns Hopkins	R. H. Morgan	108,668	10,376	1,290	7,892	6	6	6	6	0	24	3600	P	
Sinai Hospital of Baltimore	J. O. Salik	52,685	31	1,450	5,644	3	2	2	0	0	7†	5500-6500	P	
University	J. M. Dennis	92,085	149		23,307	3	3	3	0	0	9	4500-5500	P	
Hagerstown														
Washington County	S. H. Macht	29,287	50	1,618	0	1	1	1	0	0	3	4200-9000	P	
MASSACHUSETTS														
Boston														
Beth Israel	M. Simon	30,000	14	1,240		2	2	2	1	0	7	4200-7500	O	
Boston University Medical Center	J. H. Shapiro					8	8	8	0	0	24			
Boston City University		166,625	31	489	4,349							4200-5600	O	
Lahey Clinic ²⁰⁰	R. E. Wise, F. Salzman	20,861	5,364	112										
Massachusetts General	L. L. Robbins	78,641	8	862	9,472	2	2	2	0	0	6	4200-5400	O	
Mount Auburn-Shattuck Associated Hospitals	R. Schatzki	148,365	201			7	7	7	3	0	24	4200-7500	P	
Leumel Shattuck	M. B. Levene	13,382	41	802	6,885	1	1	1	0	0	3	4200-5600	P	
Mount Auburn (Cambridge)	R. Schatzki	39,727	9	1,650	0									
New England Deaconess	M. Kellett	19,488		1,549	4,878	1	1	1	0	0	3	4200-5600	O	
New England Medical Center Hospitals	R. E. Paul, Jr.	52,248	6	1,796	0	2	2	2	0	0	6	4200-5600	O	
Peter Bent Brigham ²¹¹	L. E. Hawes	39,434	5	160	3,755	4	4	4	4	0	16	3600-7500	P	
Children's Hospital Medical Center	E. B. D. Newhauser	49,292	0		0							4800-7500	P	
Veterans Admin. (Jamaica Plain)	E. G. Wissing	44,418		3,125		3	2	2	0	0	7	4610-6440	O	
Cambridge														
Mount Auburn—See Mount Auburn-Shattuck Associated Hospitals, Boston														
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals	W. M. Whitehouse					8	8	8	0	0	24			
University	W. M. Whitehouse	77,337	105	2,020	12,275							4020-4816	O	
Veterans Admin.	R. Rapp	22,278	0	1,813	0							4610-8230	O	
Wayne County General Hospital and Infirmary (Eloise)	H. Fischer	64,578	0	187	0							6852-8500	F	
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Grace	L. S. Figiel	57,751	170	8,001	10,454	2	2	2	0	0	6	6000-6600	P	
Harper	J. C. Cook	39,303	87	5,065	8,339	4	4	4	0	0	12	6600-7200	P	
Henry Ford	W. R. Eyer	179,078	287	4,673	10,950	7	7	7	0	0	21	4800-5400	P	
Sinai Hospital of Detroit	H. H. Feigelson	37,291	21	4,210	0	1	1	1	0	0	3	5400-6000	P	
Wayne State University Affiliated Hospitals	M. Tatelman					5	5	5	0	0	15			
Veterans Admin. (Dearborn)	R. S. Pakusch	62,995	5	2,773	399							4610-8230	O	
Detroit General	M. Tatelman	118,709	44	6,118								5600-6500	P	
Detroit Memorial	M. Tatelman	20,100	46	2	6,638							5300-6500	P	
Herman Kiefer	E. Harkaway	182,041										8331-9293	O	
Eloise														
Wayne County General Hospital and Infirmary—See University of Michigan Affiliated Hospitals, Ann Arbor														
Flint														
Hurley	D. R. Limbach	48,729	7,638	1,553	0	2	2	2	1	0	7	6000-7600	FP	
McLaren General ²¹⁶	J. L. Anderson	22,644	9	2,750		1	1	1	0	0	3	5700-6300	P	
Grand Rapids														
Blodgett Memorial	J. A. Gunn	36,095	24	702	6,402	1	1	1	0	0	3	6600-7200	P	
Butterworth	E. Wahby	35,125	31	1,074	6,249	1	1	2	0	0	4	6300-6600	P	
Pontiac														
St. Joseph Mercy ²²	E. J. Keefe	37,706	10	2,675		1	1	1	0	0	3	6900-7500	P	
Royal Oak														
William Beaumont	J. E. Lofstrom	66,288	81	343	7,820	2	2	2	0	0	6	8880-9900	P	
MINNESOTA														
Minneapolis														
Swedish	A. O. Rholl	39,100	4,135	261	964	1	1	1	0	0	3	4320-5520	F	
University of Minnesota Affiliated Hospitals ²¹⁸	H. O. Peterson, G. J. D'Angio					15	13	12	10	0	50			
University of Minnesota Hospitals	H. O. Peterson, G. J. D'Angio	70,992	157	312	12,693							4500-4500	O	
Veterans Admin.	J. Jorgens	92,775	16	2,366	8,211	8	8	8	8	0	32	4610-12873	O	
Rochester														
Mayo Graduate School of Medicine	C. A. Good, D. S. Childs, Jr.	323,553	428	4,907	30,040	12	12	12	0	0	36	4200-4800	P	
Rochester Methodist														
St. Mary's														
St. Paul														
Charles T. Miller	J. B. Coleman	24,673	31	3,662	6,714	1	1	1	0	0	3	4200-5400	FP	
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	R. D. Sloan					4	4	4	0	0	12			
University	R. D. Sloan	51,361	94	893	7,800							4300-4900	P	
Veterans Admin.	J. Schor	43,156										4610-6440	O	
MISSOURI														
Columbia														
University of Missouri Medical Center ²²²	G. S. Lodwick	41,000	162	515	4,322	4	4	4	0	0	20†	4800-5800	O	
Kansas City														
Menorah Medical Center	S. Rubin	30,686	197	16	75	1	1	1	0	0	3	6370-7690	P	
Research and Affiliated Hospitals	A. B. Smith					1	1	1	1	0	4			
Children's Mercy	C. E. Shopfner	12,666	0	0	0									
Research Hospital and Medical Center	A. B. Smith	53,490	24	228	6,400							3600-5400	F	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
St. Louis City ²²⁶	D. C. Weir	56,303	49	1,912	0	3	3	3	0	0	9	5305-6448	O	
St. Louis University Group of Hospitals	D. C. Weir	69,500	20	209	8,149	2	2	2	0	0	6	4800-6000	O	
Veterans Admin.	S. Kamberg	26,184	16	1,844	72	2	2	2	2	2	10	4610-6440	O	
Washington University Affiliated Hospitals						7	7	5	5	0	24†			
Barnes Hospital Group	J. Taveras	95,200	148	377	23,416							4800-8400	P	
Jewish Hospital of St. Louis	H. R. Senturia	45,000	45	1,200	5,000							3700-4900	P	

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEBRASKA														
Omaha														
Creighton Memorial St. Joseph's	D. A. Dowell	32,306	5,786	45	...	2	2	2	0	0	6	5100-6000	O	
University of Nebraska Affiliated Hospitals	H. B. Hunt	...	...	...	...	2	2	2	1	0	7	...	...
University of Nebraska	H. B. Hunt	19,275	42	328	3,009	...	...	...	...	...	...	4300-4900	P
Veterans Admin.	H. Saichek	32,948	2	2,232	0	...	...	...	...	...	...	4610-8230	P
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	W. C. MacCarty, Jr.	39,521	54	1,179	6,823	2	2	2	0	0	6	4200-5600	O	
NEW JERSEY														
Atlantic City														
Atlantic City	M. Ritter	32,512	52	168	4,188	1	1	1	0	0	3	4800-5700	F	
Newark														
Newark Beth Israel	L. Spindell	29,519	6,089	905	...	1	1	0	0	0	2	4800-5400	F	
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	J. W. Grossman	38,146	26	1,282	6,019	2	2	2	1	0	7	5500-6100	P	
NEW YORK														
Albany														
Albany Medical Center	J. F. Roach	62,509	43	1,112	11,830	2	2	2	0	0	6	4600-6600	P	
Veterans Admin.	J. F. Roach	41,749	0	1,440	0	...	...	...	...	...	...	4480-8000	O
Buffalo														
Deaconess Hospital of Buffalo	R. E. Seibel	51,000	15	2,459	5,120	1	1	1	0	0	3	4300-4900	FP	
Edward J. Meyer Memorial	E. G. Eschner	55,412	7	1,427	817	3	2	3	1	0	9	5550-7260	P	
Millard Fillmore	F. R. Sheehan	37,945	13	1,180	0	1	1	1	0	0	3	5300-6200	P	
Roswell Park Memorial Institute	J. Webster	52,710	256	3,853	13,290	4	2	2	2	1	11	5020-5870	O	
East Meadow														
Meadowbrook	H. Zatzkin	49,214	...	1,253	3,277	2	2	2	0	0	6	5453-7664	F	
Johnson City														
Charles S. Wilson Memorial	B. Jay	27,671	12	1,716	...	1	1	1	0	0	3	5100-5700	P	
Mineola														
Nassau	H. Chiat	27,000	403	261	0	...	...	...	...	...	...	...	...
New Hyde Park														
Long Island Jewish Hospital Training Program	B. S. Epstein	...	...	...	0	2	2	2	0	0	6	5000-6750	O
Long Island Jewish	B. S. Epstein	42,477	1,189	13	0	2	2	2	0	0	6	5000-6750	O	
Queens Hospital Center (New York City)	J. J. Smulewicz	120,772	77	671	3,455	4	4	4	0	0	12	4750-5720	F	
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	...	...	...	...	...	9	8	8	2	1	28†	...	...
Bronx Municipal Hospital Center	M. Elkin	137,369	75	2,720	6,902	...	...	...	...	...	...	4980-6000	F
Hospital of the Albert Einstein College of Medicine	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronx-Lebanon Hospital Center	R. M. Friedenberg	58,522	50	87	3,928	2	2	2	0	0	6	5000-6400	P	
Cornell University Medical College and Cooperating Hospitals	J. A. Evans	...	...	...	...	6	6	0	6	0	18	...	...
New York Memorial Hospital for Cancer and Allied Diseases—James Ewing	J. A. Evans	113,621	9,424	...	6,596	...	...	...	...	...	...	5000-8000	P
Hospital for Special Surgery	...	65,700	279	8,583	31,919	...	...	...	...	...	...	...	...
Kings County Hospital Center	H. Z. Mellins	225,469	219	283	8,084	9	9	9	0	0	27	4980-6400	P	
Lenox Hill	E. E. Brant	61,043	22	1,751	3,780	1	1	1	0	0	3	5100-5900	P	
Long Island College	R. L. Pinck	46,282	26	1,251	7,051	2	2	1	0	0	5	4500-7000	F	
Montefiore Hospital Training Program	H. Jacobson	...	...	...	...	8	7	7	0	0	22	5120-6880	...
Montefiore Hospital and Medical Center	...	81,967	68	914	11,938	...	...	...	...	...	...	...	...
Morrisania City	...	66,205	3	42	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program														
Mount Sinai	B. S. Wolf	82,614	85	40	11,616	4	4	4	0	0	12	5000-7000	P	
City Hospital Center at Elmhurst	E. Greenberg, C. Stetson	78,738	...	1,315	...	3	3	3	0	0	9	5700-6700	FP	
New York University-Bellevue Medical Center	M. H. Poppel	...	...	...	...	14	14	14	0	0	42	...	...
Bellevue Hospital Center	S. Schwartz, I. Kricheff	222,748	55	10	12	...	...	...	...	...	...	6420-7440	P
University	S. Schwartz	52,517	4,893	479	2,282	...	...	...	...	...	...	6690-7930	P
Presbyterian	W. Seaman	153,600	37	3,800	12,500	8	8	6	0	0	22	5200-6500	O	
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park	...	...	...	...	...	...	...	...	...	...	...	...	...
Roosevelt	A. A. Dunn	63,640	33	269	6,669	2	2	2	0	0	6	5000-7000	P	
St. Luke's Hospital Center	N. Finby	61,299	83	2,748	5,534	2	2	2	0	0	6	5000-8000	P	
St. Vincent's Hospital and Medical Center of New York	F. F. Ruzicka, Jr., J. Newall	76,462	54	355	4,769	4	5	3	1	0	13†	6440-7640	P	
St. Vincent's Hospital of the Borough of Richmond (Staten Island)	O. L. Manfredi	26,208	2,533	278	10	1	1	1	0	0	3	5700-6600	F	
Veterans Admin. (Bronx)	S. M. Unger, B. Roswit	71,829	59	675	11,656	5	6	5	0	0	16	6170-13321	O	
Veterans Admin. (Manhattan)	D. J. Principato	52,880	25	2,221	2,629	6	4	2	0	0	12	6170-8230	O	
Rochester														
Rochester General	T. VanZandt	35,586	29	793	4,549	1	1	1	0	0	3	6000-7000	P	
Strong Memorial Hospital of the University of Rochester	L. H. Hempelmann	54,312	35	650	7,887	5	5	5	2	0	17	4000-7500	O	
Syracuse														
State University of New York Upstate Medical Center	J. McAfee	79,874	8,492	253	0	5	5	5	2	0	17	5050-6400	O	
Veterans Admin.	D. L. Doherty, Jr.	38,727	1,373	...	...	...	...	...	...	...	...	4610-6440	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	J. H. Scatliff	51,924	112	919	...	4	4	4	0	0	12	4500-5700	O	
Durham														
Duke University Affiliated Hospitals	R. G. Lester	...	...	...	...	8	8	8	4	0	28	...	...
Duke	...	133,751	91	1,968	13,704	...	...	...	...	...	...	4500-5400	P
Veterans Admin.	...	45,895	0	4,430	0	...	...	...	...	...	...	4610-8230	O
Winston-Salem														
North Carolina Baptist Hospitals	L. Meschan	61,000	32	1,859	5,070	4	4	4	4	0	16	4500-12000	P	
NORTH DAKOTA														
Bismarck														
Bismarck Affiliated Hospitals	S. K. Imes	...	...	...	...	1	1	1	0	0	3	6000-6000	O
Bismarck	S. K. Imes	13,143	46	2,358	2,271	...	...	...	...	...	...	...	...
St. Alexius	J. Eriksen	14,984	...	800	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Orthovoltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
OHIO													
Akron													
Akron City	F. T. Moore	70,661	20	3,239	6,340						4	4680-5640	P
Akron General	C. J. Miller, Jr.	47,927	53	4,623	0	1	1	1	0	0	3	4680-5640	FP
Cincinnati													
Good Samaritan	R. Wintzinger	60,261	35	3,936	0	1	1	1	0	0	3	5400-6900	P
Jewish	L. Rosenberg	40,120	70	219	3,835						3	5400-6900	P
University of Cincinnati Hospital Group	F. N. Silverman, B. Felson					7	7	7	0	0	21		
Children's	F. N. Silverman, E. L. Saenger	23,271	17	644	0								
Cincinnati General	B. Felson	80,212	37	2,310	12,832							4210-4800	FP
Cleveland													
Cleveland Clinic	T. F. Meaney	137,671	9,055	569		3	3	3	0	0	9	3900-4500	P
Cleveland Metropolitan General ²⁵¹	H. Hauser	61,432	31	615	3,659	4	4	4	2	0	14†	4300-5700	P
Mount Sinai	G. Krause, M. Lubert	51,511	18	190	5,728	2	1	1	0	0	4	4400-6480	P
St. Luke's	D. D. Brannan	43,058	52	991	3,036	1	1	1	0	0	3	5292-6204	P
University Hospitals of Cleveland	H. L. Friedell	81,523	56	797	9,367	6	6	6	0	0	18†	4500-6000	P
Veterans Admin.		55,661	0	193	3,674							4610-13769	P
Columbus													
Ohio State University Hospitals	S. Nelson	89,586	46	926	26,798	6	5	5	4	0	20	3324-3924	P
Dayton													
Miami Valley	D. E. Meininger	60,556	50	7,987	0	1	1	1	0	0	3	6300-6900	P
Veterans Admin. ²⁵²	E. Gutman	39,950	7	3,003	0	2	2	1	0	0	5	4610-8230	O
Elyria													
Elyria Memorial—See St. Joseph-Elyria Memorial Hospitals, Lorain													
Lorain													
St. Joseph-Elyria Memorial Hospitals	D. A. Russell					2	2	2	0	0	6		
St. Joseph		33,085	3,369	124								6600-7200	F
Elyria Memorial (Elyria)		37,483	23	1,310	3,322							6000-6900	F
Youngstown													
St. Elizabeth	R. J. Scheetz	60,463	31	3,389	0	1	1	1	0	0	3	6600-7200	FP
Youngstown	F. A. Miller	94,744	3,241	8,970	3,701	2	2	2	0	0	6	5400-6000	FP
OKLAHOMA													
Oklahoma City													
St. Anthony	C. G. Coin	33,405	8,251			1	1	1	1	0	4	6000-6900	O
University of Oklahoma Medical Center	S. P. Traub					5	5	5	5	0	20		
University of Oklahoma Hospitals		44,355	5,156	903	4,940							4610-10000	P
Presbyterian	E. H. Kalmon	12,759	9	75	5,671								
Veterans Admin.		38,809	0	144	2,907								
OREGON													
Portland													
University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	61,992		9,752		3	3	3	2	0	13	4200-6000	FP
PENNSYLVANIA													
Abington													
Abington Memorial	C. H. Sillars	55,621	30	3,706	0	1	1	1	0	0	3	3900-5400	F
Allentown													
Sacred Heart	M. Stamatakis, C. Mengel	21,737	30	383	4,822	1	1	1	0	0	3	5000-6000	F
Bryn Mawr													
Bryn Mawr	R. M. Harvey	34,987	25	4,390	0	1	1	1	0	0	3	4325-5500	F
Danville													
Geisinger Medical Center	J. Williams	54,219	51	1,105	5,524	2	2	2	1	0	7	5100-6000	P
Darby													
Thomas M. Fitzgerald Mercy	J. F. Mahoney	30,836	15	1,202	0	1	1	1	0	0	3	3720-5400	F
Philadelphia													
Albert Einstein Medical Center	H. Isard	116,662	48	6,115	9,960	4	4	4	0	0	12	5000-6000	FP
Episcopal	H. Fisher	28,446	31	2,567		1	1	1	0	0	3	4500-4890	P
Germantown Dispensary and Hospital	B. R. Young	40,517	18	3,496	1,978	1	1	1	0	0	3	4800-5600	FP
Graduate Hospital of the University of Pennsylvania	A. K. Finkelstein	33,617	8	752	6,606	3	3	3	2	0	11	5000-7000	P
Presbyterian-University of Pennsylvania Medical Center	A. K. Finkelstein	21,654	9	713	8,828							5000-6000	P
Hahnemann Medical College and Hospital	J. S. Lehman	52,253	124	10,267	11,191	4	4	4	3	0	15	4600-8000	P
Hospital of the University of Pennsylvania	R. H. Chamberlain	82,464	101	700	13,600	6	6	6	6	0	24	4000-6500	P
Jefferson Medical College ¹⁴⁵	J. Edeiken	53,076	47	596	11,571	8	8	8	8	2	34†	4100-10000	O
Misericordia	C. J. Rominger	33,473	8	1,053	8,009	1	1	0	0	0	2	6600-8400	P
Nazareth	J. S. Fetter	41,768	15	1,753	0	1	1	1	0	0	3	5000-5700	F
Pennsylvania	W. J. Tuddenham	34,819	21	750	2,427	2	1	1	0	0	4	4500-5100	O
Philadelphia General	G. Wohl	66,115	35	480	3,674	5	5	5	0	0	16†	5800-6700	P
Temple University	H. M. Stauffer, R. Robbins	60,758	33	726	10,223	6	6	6	0	0	18	3900-4800	P
Veterans Admin.	A. T. Shockman	44,896	4	2,943	0	3	2	3	0	0	8	9221-12873	O
Pittsburgh													
Allegheny General	T. B. Childs	47,465	83	1,797	11,261	2	2	2	0	0	6	7500-8100	P
Health Center Hospitals of the University of Pittsburgh	E. C. Lasser					5	5	5	2	0	17		
Children's Hospital of Pittsburgh	B. R. Girdany	41,499		705								6500-6750	O
Magee-Womens	C. N. Chasler, J. Parsons	21,078	41	862	12,385								
Presbyterian-University	E. C. Lasser	52,353	24	3,708	0							5500-7500	O
Veterans Admin.	S. Poller	39,215	0	5,647	0							4610-8230	O
Mercy	J. R. Lewin	58,778	18	774	10,725	2	2	2	0	0	6	6300-7200	P
St. Francis General	G. H. Alexander	52,509	31	4,450	0	2	1	1	0	0	4	8400-8400	P
Western Pennsylvania	W. S. Mellon	54,114	26	5,033	0	1	1	1	0	0	3	5700-6300	FP
Reading													
Reading	G. W. Chamberlin	31,640	61	1,584	2,420	1	1	1	0	0	3	4980-5880	F
Sayre													
Robert Packer	J. T. Littleton, J. W. Carpender	30,171	11	218	2,030	1	1	1	1	0	4†	3600-6000	FP

Numerical and other references are listed on pages 279 through 282.

25. RADIOLOGY — Continued

Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Orthovoltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
PUERTO RICO													
Hato Rey													
I. Gonzalez Martinez Oncologic—See University of Puerto Rico Affiliated Hospitals, Rio Piedras													
Rio Piedras													
University of Puerto Rico Affiliated Hospitals.....	R. Diaz-Bonnet.....	.....	.....	.....	6	6	6	2	0	20	4800-6600	P
I. Gonzalez Martinez Oncologic.....	V. Marcial.....	1,235	1,823	20,732	.....	.....	.....	.....	.....	.....	.....	.....
Industrial.....	R. Diaz-Bonnet.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Municipal Hospital Dr. Rafael López Nussa.....	R. Diaz-Bonnet.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University District.....	R. Diaz-Bonnet.....	107,339	1,971	872	26,312	.....	.....	.....	.....	.....	5700-6900	P
Veterans Admin. (San Juan).....	L. Erhlich.....	11,058	0	0	0	.....	.....	.....	.....	.....	4700-7250	O
San Juan													
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras													
RHODE ISLAND													
Providence													
Rhode Island.....	L. A. Martineau.....	57,254	75	2,422	13,843	1	1	1	0	0	3	6600-6800	P
SOUTH CAROLINA													
Charleston													
Medical Center Hospitals.....	H. Pettit.....	35,281	15	6,989	1	5	2	0	0	8	4380-6000	O
Medical College.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....	.....
TENNESSEE													
Chattanooga													
Baroness Erlanger.....	C. W. Reavis.....	66,000	6,404	443	2,859	2	1	1	0	0	4	5700-6300	F
Knoxville													
University of Tennessee Memorial Research Center and Hospital.....	.....	27,133	39	2,538	.....	.....	.....	.....	.....	.....	4392-4632	F
Memphis													
Baptist Memorial.....	J. E. Whiteleather.....	92,342	52	2,058	5,458	2	2	2	0	0	6	4500-5400	F
Methodist.....	J. C. King.....	79,069	79	1,132	5,982	4	2	3	0	0	9	5100-5700	O
University of Tennessee Affiliated Hospitals.....	G. Cooper, Jr.....	.....	.....	.....	.....	6	6	5	0	0	17	.....
City of Memphis Hospitals.....	G. Cooper, Jr.....	95,765	157	597	7,352	.....	.....	.....	.....	.....	3660-5256	F
Veterans Admin.....	B. E. Greenberg.....	66,318	5	899	6,013	.....	.....	.....	.....	.....	4610-6440	O
Nashville													
George W. Hubbard Hospital of the Meharry Medical College.....	G. J. Tarleton.....	13,960	16	1,158	0	1	1	1	0	0	3	4800-5400	F
Vanderbilt University Affiliated Hospitals.....	E. C. Klatte.....	.....	.....	.....	.....	6	6	6	0	0	18	.....
Vanderbilt University.....	E. C. Klatte.....	131,214	96	336	8,630	.....	.....	.....	.....	.....	4620-6000	.....
Veterans Admin.....	D. E. Sherman.....	43,260	1	2,624	0	.....	.....	.....	.....	.....	4610-6440	O
Nashville Metropolitan General.....	E. C. Klatte.....	32,184	45	798	1,445	.....	.....	.....	.....	.....	3000-4000	.....
TEXAS													
Dallas													
Baylor University Medical Center.....	A. D. Sears.....	67,997	184	1,495	13,964	3	3	3	3	0	12	4700-6600	O
Methodist Hospital of Dallas.....	R. B. Connor.....	50,602	10	191	2,002	1	1	1	0	0	3	5100-5700	FP
St. Paul.....	J. E. Miller.....	39,608	17	53	4,084	1	1	1	0	0	3	5100-5700	P
University of Texas Southwestern Medical School Affiliated Hospitals.....	F. J. Bonte.....	.....	.....	.....	.....	5	5	5	0	0	15	.....
Parkland Memorial.....	F. J. Bonte.....	119,100	44	1,256	4,447	.....	.....	.....	.....	.....	4680-5340	P
Children's Medical Center.....	G. Currarino.....	13,820	0	0	0	.....	.....	.....	.....	.....	4610-6440	P
Veterans Admin. ²⁰⁶	D. Morkovin.....	63,176	11	105	4,252	3	2	2	0	0	7	4610-12873	P
Galveston													
University of Texas Medical Branch Hospitals.....	R. N. Cooley.....	81,194	5,519	271	0	4	4	4	0	0	12	5088-6288	P
Houston													
Baylor University Affiliated Hospitals.....	V. P. Collins.....	.....	.....	.....	.....	6	6	6	0	0	18	.....
Ben Taub General.....	.....	131,078	81	223	1,678	.....	.....	.....	.....	.....	3900-4500	P
Methodist.....	.....	71,927	4	3,633	0	.....	.....	.....	.....	.....	4500-5100	P
Veterans Admin.....	.....	77,826	122	1,056	1,320	.....	.....	.....	.....	.....	4610-6440	P
Hermann.....	J. D. Reeve.....	57,572	44	4,020	0	2	2	2	0	0	6	5400-6600	P
St. Joseph ²¹¹	C. Yates.....	41,724	4	2,712	0	1	1	1	0	0	3	5160-5700	P
University of Texas M. D. Anderson Hospital and Tumor Institute ²⁰⁹	G. D. Dodd, G. H. Fletcher.....	35,411	479	2,630	33,545	19†	5000-10000	O
San Antonio													
Baptist Memorial.....	H. F. Elmendorf, Jr.....	35,625	3,736	765	1	1	1	0	0	3	5400-6600	P
University of Texas Medical School at San Antonio Teaching Hospitals.....	P. Zanca.....	.....	.....	.....	.....	4	4	4	0	0	12	.....
Robert B. Green Memorial.....	P. Zanca.....	51,339	32	371	1,042	.....	.....	.....	.....	.....	5100-6300	P
Santa Rosa Medical Center.....	A. Thaggard.....	55,179	3,249	518	1,022	.....	.....	.....	.....	.....	5100-6900	F
Temple													
Scott and White Memorial.....	D. N. Dysart.....	76,942	8	546	5,452	6	5200-6300	P
UTAH													
Salt Lake City													
Latter-day Saints.....	P. R. Frederick.....	32,192	15	996	0	1	1	1	0	0	3	4800-5700	P
University of Utah Affiliated Hospitals.....	W. R. Christensen.....	.....	.....	.....	.....	2	2	2	0	0	6	.....
University.....	W. R. Christensen.....	31,396	30	502	5,498	.....	.....	.....	.....	.....	4200-5400	P
Primary Children's.....	.....	8,671	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.....	D. Stowell.....	25,111	.....	.....	.....	.....	.....	.....	.....	.....	4610-8230	O
VERMONT													
Burlington													
Medical Center Hospital of Vermont ²⁰²	A. B. Soule.....	3	3	3	1	0	10	5000-6200	P
Mary Fletcher Unit.....	.....	107	68	305	3,267	.....	.....	.....	.....	.....	.....	.....
De Goesbriand Unit.....	.....	26,522	0	51	1,689	.....	.....	.....	.....	.....	.....	.....
VIRGINIA													
Charlottesville													
University of Virginia.....	T. E. Keats.....	67,626	56	1,500	9,438	4	4	4	0	0	12	4740-5340	O
Newport News													
Riverside.....	J. Myles.....	44,499	7,320	2,357	1	1	1	0	0	3	8400-10800	P
Norfolk													
De Paul.....	J. Foster.....	34,321	40	4,650	0	1	1	1	0	0	3	6000-6600	F
Norfolk General.....	C. Wisoff.....	56,659	40	752	5,562	1	1	1	0	0	3	6900-7500	F

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

25. RADIOLOGY—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1968-1969						Salary per Year Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
VIRGINIA—Continued														
Richmond														
Medical College of Virginia Affiliated Hospitals	E. R. King					3	3	3	0	0	9	5700-6300	P	
Medical College of Virginia-Hospital Division		105,921	95	891	12,978							4610-8230	P	
Veterans Admin.		53,420	0	158	0									
WASHINGTON														
Seattle														
Swedish Hospital Medical Center	G. N. Hadden, O. Wildermuth	23,291	74	2,266	15,786	0	2	1	1	0	4	4800-6000	FP	
University of Washington Affiliated Hospitals ⁹¹⁵	M. M. Figley		0	0	0	5	5	4	4	0	16	5500-7680	F	
King County	L. A. Phillips	44,478										5500-7680	P	
University	M. M. Figley	29,134	71	668	6,421							4610-8230	P	
Veterans Admin.	R. S. Leighton	28,636	0	617	0									
Virginia Mason	T. Carlile	51,538	6,783	1,187	5,100	1	1	1	0	0	3	3900-6000	FP	
Spokane														
Sacred Heart	C. A. Stevenson	30,820	276	2,916	2,490	1	1	1	0	0	3	5400-7500	F	
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	H. I. Amory	37,255	42	5,111	0	2	2	2	0	0	8†	4800-6000	P	
Wheeling														
Ohio Valley General	A. K. Butler	26,354	44	1,618	6,859	1	1	1	0	0	3	7200-8400	P	
WISCONSIN														
Madison														
University Hospitals	J. Jubl	64,017	172	1,090	14,015	5	5	6	0	0	16	4150-5650	P	
Milwaukee														
Columbia	R. W. Byrne	36,354	5	1,424	0	1	1	1	0	0	3	5820-6420	P	
Evangelical Deaconess	A. Melamed	32,120	18	756	3,320	1	1	1	0	0	3	5400-6000	F	
Lutheran Hospital of Milwaukee	J. L. Armbruster, J. E. Garman	34,726	69	5,097	3,054	1	1	1	0	0	3	5823-7051	P	
St. Joseph's	G. W. Sengpiel	35,651	1,538	2,831		2	2	2	0	0	6	6300-7200	P	
St. Luke's	H. H. Wright	26,094	32	1,492	5,314	1	1	1	0	0	3	7200-7800	FO	

26. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for FOUR OR MORE years of training, designed to qualify the trainees for examination by the American Board of Surgery as a Group I candidate. Programs, 376, Residencies, 5,963

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
UNITED STATES AIR FORCE														
ARIZONA														
U. S. Air Force, Tucson—See Veterans Admin., Tucson, Ariz.														
CALIFORNIA														
David Grant U.S.A.F., Fairfield	W. Peniston	63	1,754	17	88	14,424	2	2	0	0	0	4		
MISSISSIPPI														
U. S. Air Force, Biloxi	J. Thompson	109	2,150	27	89	31,764	2	2	2	2	0	8		
TEXAS														
Wilford Hall U.S.A.F., San Antonio ⁸¹	E. W. Schear	119	3,957	25	88	19,492	3	3	3	3	3	15		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	A. Cohen	97	2,442	36	92	25,135	3	3	3	3	0	12		
COLORADO														
Fitzsimons General, Denver ¹³⁸	J. W. White	102	2,407	50	90	14,110	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	J. H. Baugh	96	1,653	40	80	11,600	4	4	4	4	0	16		
HAWAII														
Tripler General, Honolulu	T. J. Whelan, Jr.	120	4,610	36	97	12,691	3	3	3	3	0	12		
TEXAS														
William Beaumont General, El Paso	H. H. Ziperman	93	3,460	55	93	22,540	3	2	3	2	0	10		
Brooke General, San Antonio	J. B. Dalton	63	1,868	51	89	8,464	4	4	4	4	0	16		
WASHINGTON														
Madigan General, Tacoma	J. H. Sharp	175	4,827	32	75	61,367	2	2	2	2	0	8		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	P. J. Dobbie	85	2,113	50	82	27,940	2	2	2	2	0	8		
U. S. Naval, San Diego	R. Laning	383	6,308	176	61	28,546	4	4	4	4	0	16		

Numerical and other references are listed on pages 279 through 282.

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS															
U. S. Naval, Great Lakes.....	P. O. Geib.....	248	3,926	29	86	23,697	2	2	2	2	0	8			
MARYLAND															
U. S. Naval, Bethesda.....	T. H. Wilson.....	104	1,852	35	88	15,545	2	2	2	2	0	8			
MASSACHUSETTS															
U. S. Naval, Chelsea.....	S. G. Kramer.....	76	3,517	24	63	6,217	2	1	2	1	0	6			
NEW YORK															
U. S. Naval, St. Albans.....	D. J. Doohen.....	180	1,679	27	13	11,714	3	2	3	2	0	10			
NORTH CAROLINA															
U. S. Naval, Camp Lejeune—See U. S. Naval, Portsmouth, Va.															
PENNSYLVANIA															
U. S. Naval, Philadelphia.....	D. Custis.....	152	3,826	99	40	7,723	2	2	2	2	0	8			
VIRGINIA															
U. S. Naval, Portsmouth.....	E. J. Rupnik.....	398	4,783	59	64	47,486	4	4	4	4	0	16			
U. S. Naval (Camp Lejeune, N.C.).....	B. C. Cole.....	37	1,082	8	3	5,156									
UNITED STATES PUBLIC HEALTH SERVICE															
ALASKA															
U. S. Public Health Service Alaska Native Medical Center, Anchorage—See U. S. Public Health Service, New York City															
ARIZONA															
U. S. Public Health Service Indian, Phoenix—See U. S. Public Health Service, New York City															
CALIFORNIA															
U. S. Public Health Service, San Francisco.....	C. H. Lithgow.....	81	2,176	35	60	9,577	2	2	2	2	0	8			
LOUISIANA															
U. S. Public Health Service, New Orleans.....	J. H. Waite.....	95	1,858	45	71	8,472	2	2	2	2	0	8			
MARYLAND															
U. S. Public Health Service, Baltimore ¹⁹⁷	H. V. Belcher.....	150	2,770	140	76	12,573	2	1	1	1	0	5			
MASSACHUSETTS															
U. S. Public Health Service, Boston.....	J. C. Wright.....	87	1,793	19	67	11,783	1	1	1	1	0	4			
NEW MEXICO															
U. S. Public Health Service Indian, Gallup—See U. S. Public Health Service, New York City															
NEW YORK															
U. S. Public Health Service (Staten Island), New York City.....	J. D. Tovey.....	146	2,551	54	67	9,942	6*	3	3	3	0	15			
U. S. Public Health Service Alaska Native Medical Center (Anchorage, Alaska).....	J. F. Wilson.....	31	505	12	58	709									
U. S. Public Health Service Indian (Phoenix, Ariz.).....	R. Norton.....	47	1,075	7	86	948									
U. S. Public Health Service Indian (Gallup, N. M.).....	A. C. Diddams.....	106	2,055	30	47	1,768									
WASHINGTON															
U. S. Public Health Service, Seattle.....	J. T. West.....	126	2,733	47	81	13,416	2	2	2	2	0	8			
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist.....	B. M. Carraway.....	101	4,931†	21	48	62,493	5	2	2	2	0	11	5400-7800	P	
University of Alabama Medical Center.....	J. W. Kirklín.....	195	5,722	240	48	14,161	6	6	4	4	0	20			
University of Alabama Hospitals and Clinics.....	J. W. Kirklín.....												4880-6900	P	
Veterans Admin.....	T. H. Allen.....												4610-8230	O	
Fairfield															
Lloyd Noland.....	J. M. Slaughter.....	49	2,438	50	52	23,314	2	1	1	1	0	6	5400-10800	FP	
Mobile															
Mobile General.....	H. S. J. Walker, Jr.....	67	2,692	133	60	10,847	4	3	3	2	0	12	5400-7200	P	
ARIZONA															
Phoenix															
Mariacopa County General.....	M. Wood.....	71	1,997	186	72	17,232	5*	3	2	2	0	12	6900-8700	P	
Tucson															
Tucson Hospitals Medical Education Program.....	G. D. Robertson.....														
Pima County General.....	E. G. Ramsay.....	40	1,172†	72	58	9,204	6	4	3	3	0	16	5100-7500	FP	
St. Mary's.....	F. Jabezenski.....	71	3,067†	65	71	937									
Tucson Medical Center.....	W. Soland.....	177	8,151†	131	54	937									
Veterans Admin.....	B. R. Walske.....	121	2,337	66	60	8,486	2	2	2	2	0	8	4325-6665	O	
U. S. Air Force, Tucson.....															
ARKANSAS															
Little Rock															
University of Arkansas Medical Center.....	R. C. Read.....														
University.....	G. S. Campbell.....	52	1,815	115	41	8,089							3900-5500	O	
Veterans Adm'n. Consolidated.....	G. S. Campbell.....	101	1,601	108	54	1,071							4610-7110	P	
CALIFORNIA															
Bakersfield															
Kern County General.....	K. W. Spaulding.....	71	2,161	151	71	19,508	5	3	2	2	0	12	7600-9300	O	
Davis															
University of California (Davis) Affiliated Hospitals.....															
Sacramento County (Sacramento).....	E. Wolfman, Jr.....	78	3,656	235	33	27,571	6	3	3	3	3	18†	8460-10260	F	
Downey															
Rancho Los Amigos—See University of California-California College of Medicine Affiliated Hospitals, Los Angeles															

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA—Continued															
Fresno															
Fresno General.....	T. Hewlett.....	60	2,132	167	44	18,998	3	3	3	3	0	12	8136-10188	P	
Loma Linda															
Loma Linda University Affiliated Hospitals.....	J. K. Longersbeam.....														
Loma Linda University.....	D. B. Hinsbaw.....	68	1,333	25	81	1,000	4	4	4	4	2	18	5595-7259	O	
Riverside General (Riverside).....	J. K. Longersbeam.....	86	2,482	113	42	8,023									
Long Beach															
Veterans Admin.—See University of California-California College of Medicine Affiliated Hospitals, Los Angeles															
Los Angeles															
Cedars-Sinai Medical Center.....	L. Morgenstern.....	311	12,537				6	5	1	1	0	13	6000-8100	P	
Cedars of Lebanon Hospital Division.....	L. Rosoff.....	195	7,920	599	35	19,709	6	6	6	6	0	26†	7200-9000	P	
Los Angeles County General, Unit I.....	J. Regan.....	106	4,441	143	43	2,097	4*	2	2	2	0	10	6600-8400	P	
Queen of Angels.....	W. P. Longmire, Jr.....						11	4	4	4	3	26	4368-7956	O	
University of California Affiliated Hospitals ¹¹⁸	W. P. Longmire, Jr.....	38	1,491	60	73	10,127							4368-7956	O	
University of California.....	J. Cincotti.....	83	949	60	62	8,328							5920-7280	O	
Veterans Admin. (Sepulveda).....	J. E. Connolly.....														
University of California-California College of Medicine Affiliated Hospitals.....	J. E. Connolly.....	112	1,289†	113	29	8,158							7200-9000	P	
Los Angeles County General, Unit II.....	E. A. Stemmer.....	96	1,419	110	80	1,440							5920-8760	O	
Veterans Admin. (Long Beach).....	I. Rappaport.....	60	2,768	124	97	5,689							6200-8500	P	
Orange County Medical Center (Orange).....	R. Carter.....	26				378							7200-9600	P	
Rancho Los Amigos (Downey).....	H. E. Gordon.....	145	3,686	218	73	7,434	12*	4	4	4	0	24	5920-8760	P	
Veterans Admin. Center-Wadsworth ¹¹³	C. Stafford.....	48	1,838	95	70	4,944	4*	2	2	2	2	12†	6060-7860	P	
White Memorial Medical Center ⁸¹⁻¹²²	J. V. Smith.....	138	1,551	93	54	4,428	4*	3	2	2	0	11	4610-7110	O	
Martinez															
Veterans Admin.....	J. V. Smith.....	138	1,551	93	54	4,428	4*	3	2	2	0	11	4610-7110	O	
Oakland															
Highland General.....	A. J. Hunnicutt.....	63	2,391	167	35	22,298	9	4	4	4	0	21	6700-8200	P	
Kaiser Foundation.....	H. D. Grant.....	106	4,712	123	50	29,018	4	3	2	2	0	11	6174-9828	FP	
Orange															
Orange County Medical Center—See University of California-California College of Medicine Affiliated Hospitals, Los Angeles															
Palo Alto															
Stanford Medical Center and Affiliated Hospitals ¹³³	R. Chase.....						10	6	6	6	4	32†			
Palo Alto-Stanford Hospital Center.....	R. Chase.....	74	3,233	78	64	5,042							4900-6900	O	
Veterans Admin.....	L. G. Crowley.....	41	451	46	83	2,034									
San Mateo County General (San Mateo).....	K. H. Prindle.....	28	829	66	80	3,508							4896-6900	F	
Riverside															
Riverside General—See Loma Linda University Affiliated Hospitals, Loma Linda															
Sacramento															
Sacramento County—See University of California (Davis) Affiliated Hospitals, Davis															
San Diego															
San Diego County-University.....	M. J. Orloff.....	66	1,717	123	56	14,414	8*	4	4	4	1	19	5076-7032	P	
San Francisco															
Kaiser Foundation.....	P. D. Smith, Jr.....	63	3,291	97	53	163,398	5	2	2	2	0	11	5880-9360	P	
Mount Zion Hospital and Medical Center.....	L. Rosenman.....	164	6,800	150	50	12,966	4	2	1	1	1	9	4680-8340	P	
Southern Pacific Memorial.....	W. L. Newberg.....	148	4,095	148	66	19,743	4	2	2	1	0	9	5880-8700	FP	
University of California Program in Surgery.....	J. E. Dunphy.....						18	12	6	6	6	48			
H. C. Moffitt-University of California Hospitals.....	J. E. Dunphy.....	50	1,916	36	78	9,550							4368-7692	O	
San Francisco General.....	W. Blaisdell.....	94	7,503	209	41	10,032							4368-7692	O	
Veterans Admin.....	A. D. Hall.....	87	1,364	57	93	3,553							4710-8230	O	
San Jose															
Santa Clara Valley Medical Center.....	J. B. D. Mark.....	65	1,783	87	78	7,888	2*	2*	1	1	0	6	5232-8148	F	
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Santa Barbara															
Santa Barbara General-Cottage Hospitals.....	O. W. Sartorius.....					1,519	4	3	2	2	0	8	4500-6300	F	
Santa Barbara General.....		24	713	13	35										
Santa Barbara Cottage.....		56	1,942	77	54										
Stockton															
San Joaquin General.....	W. Brock.....	80	6,063	73	73	16,881	3	2	2	1	0	8	6288-11808	F	
Torrance															
Los Angeles County Harbor General.....	J. Thompson.....	78	3,157†	222	68	4,462	7	4	4	4	2	21	7200-9600	P	
COLORADO															
Denver															
Denver General.....	D. H. Watkins.....	90	2,643	183	70	30,216	5	3	2	2	0	12	4020-5256	P	
St. Joseph ¹³⁹	M. E. Johnson.....	180	7,422†	107	73	2,413	6*	6*	2	1	1	16†	4920-6120	P	
University of Colorado Affiliated Hospitals.....	W. R. Waddell.....						18	11	8	8	4	49			
University of Colorado Medical Center.....	W. R. Waddell.....	56	3,021	77	74	13,503							3500-4500	O	
General Rose Memorial.....															
Presbyterian Medical Center.....															
Veterans Admin.....	T. E. Starzl.....	71	1,320	70	89	6,537							4610-8230	O	
CONNECTICUT															
Bridgeport															
Bridgeport.....	E. Jones.....	184	8,319	146	45	6,636	4	2	2	2	0	10	6300-8100	FP	
St. Vincent's.....	W. H. Curley.....	132	6,754	115	51	1,985	2	2	2	1	0	7	5700-6600	P	
Hartford															
Hartford ⁸¹	J. H. Foster.....	196	7,354	171	58	1,836	7*	7*	4*	2	2	22	4800-7200	P	
Veterans Admin. (Newington).....	P. W. Fenney.....	85	1,087	50	64	2,175							4610-8230	P	
St. Francis ¹⁴⁰	J. E. Burns.....	279	10,037	205	42	4,353	4*	2	2	2	0	10	4200-5400	FP	
New Britain															
New Britain General.....	J. A. Mlynarski.....	122	6,933	88	61	922	2	2	1	1	0	6	5880-6780	P	
New Haven															
Hospital of St. Raphael.....	D. Farmer.....	108	3,092	94	47	16,124	4	4	2	2	0	12	6020-6920	P	
Yale-New Haven Medical Center.....	W. W. Lindenmuth, J. W. Cole.....						8	8	6	4	4	30			
Yale-New Haven.....	J. W. Cole.....	132	4,609	102	54	19,121							4000-6000	P	
Veterans Admin. (West Haven).....	W. W. Lindenmuth.....	69	1,667	59	70	2,198									
Newington															
Veterans Admin.—See Hartford Hospital, Hartford															
Waterbury															
St. Mary's.....	J. Bergen.....	254	8,073	70	49	7,601	2	2	2*	1	0	7	4200-6000	FP	
Waterbury.....	R. N. Davie.....	69	2,450	55	50	5,421	2*	1	1	1	0	5	4200-6000	FP	
West Haven															
Veterans Admin.—See Yale-New Haven Medical Center, New Haven															

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
DELAWARE															
Wilmington															
Veterans Admin.—See Bryn Mawr Hospital, Bryn Mawr, Pa.															
Wilmington Medical Center															
Delaware Division	M. Oz.	91	2,501	129	59	6,812	2	2	1	1	0	6	6000-7800	P	
Memorial Division	R. Lennihan	43	2,128	50	56	790	2	2	1	1	0	6	6000-7800	P	
DISTRICT OF COLUMBIA															
Washington															
Georgetown University Affiliated Hospitals	R. J. Coffey						10	4	4	3	3	24			
District of Columbia General	H. H. Balch	85	1,486	107	45	6,924							4500-6500	P	
Georgetown University	R. J. Coffey	117	4,555	150	69	7,334							4068-4980	P	
Veterans Admin.	G. Higgins	170	6,201	65	68	12,371									
George Washington University Affiliated Hospitals	B. B. Blades						12*	7*	7*	4	1	25			
District of Columbia General	J. R. Thistlethwaite	85	1,486	107	45	6,924							4500-6500	P	
George Washington University	B. B. Blades	72	4,200	38	68	2,073							4500-6000	P	
Veterans Admin.	G. Higgins	172	2,238	65	68	12,371							4610-8230	P	
Howard University Affiliated Hospitals	B. Syphax						6	5	4	4	2	21			
District of Columbia General	M. Spellman	85	1,486	107	45	6,924							4500-6500	P	
Freedmen's	B. Syphax	66	1,837	115	45	6,573							6941-8702	O	
Providence	L. J. Goffredi	120	5,144	90	50	3,062	2	2	1	1	0	6	4200-6000	FP	
Washington Hospital Center	N. P. D. Smyth	163	5,912	167	57	6,677	10*	3	3	3	0	19	4680-5820	P	
FLORIDA															
Bartow															
Polk County—See Lakeland General-Polk County Hospitals, Lakeland															
Coral Gables															
Veterans Admin.—See University of Miami Affiliated Hospitals, Miami															
Gainesville															
William A. Shands Teaching Hospital and Clinics	E. R. Woodward	63	2,124	154	78	15,216	4	4	4	4	0	16	3600-6000	O	
Veterans Admin. (Lake City)	W. R. Moore	70	1,330	64	80								4610-8230	O	
Jacksonville															
Jacksonville Hospitals Educational Program	H. Reinstine						11	8	0	0	0	19			
Baptist Memorial	E. Canipelli	82	4,415	55	78	348							5700-6600	P	
Duval Medical Center	S. E. Stephenson, Jr.														
St. Luke's	T. M. Moseley	45	2,066	108	73	37,547							5700-6600	P	
St. Vincent's	R. P. Thompson	70	3,100	54	40	0							6300-7200	O	
	J. Canipelli	108	4,835†	134	41	2,260							5700-6600	P	
Lake City															
Veterans Admin.—See William A. Shands Teaching Hospital and Clinics, Gainesville															
Lakeland															
Lakeland General-Polk County Hospitals	J. P. Collins						2	2	1	1	0	6	4800-6600	F	
Lakeland General		198	9,576	172	42	24,478									
Polk County (Bartow)		65	1,589	8	29	20,227							4800-6600	F	
Miami															
University of Miami Affiliated Hospitals	W. D. Warren						18	8	8	6	0	40			
Jackson Memorial	W. D. Warren	105	3,063	230	30	12,468							4284-5916	O	
Veterans Admin. (Coral Gables)	R. Zeppa	154	2,610	157	68	19,260							4480-6910	O	
Miami Beach															
Mount Sinai Hospital of Greater Miami	A. Hurwitz	80	2,188	84	38	1,638	6*	2	2	2	0	12	4500-6000	P	
Orlando															
Orange Memorial	D. L. Weeks	164	4,371	225	43	4,260	5	2	2	2	0	11	5100-6000	P	
Pensacola															
Pensacola Educational Program	F. P. Cassidy						1	1	1	1	0	4	5700-6600	P	
Baptist		126	7,164	69	49	16,982									
Escambia General		38	1,751	21	38	15,080									
Sacred Heart		66	4,031	83	30	12,900									
Tampa															
Tampa General	H. Sanders	170	4,453	70	49	5,441	6	4	2	2	0	14	4800-8400	FP	
GEORGIA															
Atlanta															
Crawford W. Long Memorial	J. N. McClure	178	8,690	132	38	5,730	3	3	2	2	0	10	4920-5820	O	
Emory University Affiliated Hospitals	J. D. Martin, Jr.						10	5	5	4	0	24†			
Emory University	J. D. Martin, Jr.	105	4,963†	60	48	7,224							4500-6000	P	
Veterans Admin.	J. C. Thoroughman	144	2,495	98	55	5,703							4610-8230	O	
Georgia Baptist	J. P. Wilson	147	9,150	109	48	1,128	2*	2*	1	1	0	6	4800-5700	P	
Grady Memorial	J. D. Martin, Jr.	114	3,405	134	67	21,233	16	8	6	4	0	34	4500-5700	P	
Piedmont	F. W. McRae	136	6,956	77	40	1,292	3	1	1	1	0	6	5040-5760	P	
St. Joseph's Infirmary	R. H. Stephenson	126	5,869†	107	41	1,282	2*	2	1	1	0	6	5640-6600	P	
Augusta															
Medical College of Georgia Hospitals	W. H. Moretz						13	5	5	5	1	29			
Eugene Talmadge Memorial	W. H. Moretz	61	1,264	53	68	6,080							3900-7000	P	
University	D. Sullivan	13	547	30	47	2,225									
Veterans Admin.	W. D. Jennings, Jr.	89	1,178	44	68	5,670							4610-8230	P	
Macon															
Macon	M. B. Hatcher	215	11,266	176	24	9,806	4	1	3	2	0	10	7800-9600	F	
HAWAII															
Honolulu															
Honolulu Integrated Surgical Residency	R. L. Hill						7	6	1	1	0	15			
Queen's	R. L. Hill	97	8,840	222	54	9,806							6600-8400	O	
St. Francis	R. L. Hill	106	5,175	90	41	2,217							6600-8400	O	
Kuakini	V. Mori	62	3,120	51	48	0							6600-8400	P	
ILLINOIS															
Chicago															
Cook County	R. Freeark	369	14,347	750	50	48,585	20*	10*	10*	8	0	56†	4620-6300	F	
Illinois Central	C. Y. Werelius	107	3,095	60	27	12,769	1	1	1	1	0	4	6044-6727	FP	
Illinois Masonic	L. Peterson	192	4,956	31	48	12,007	4	2	2	2	0	10	6000-7200	FP	
Mercy Medical Center ¹⁶⁵	J. L. Keeley	72	2,436	136	50	11,530	4	3	2	1	0	10	4500-5400	P	
Michael Reese Hospital and Medical Center	H. Richter	126	3,880	127	44	6,241	10*	3	3	3	0	19	4200-6900	P	
Mount Sinai Hospital Medical Center	J. L. Whitehill	125	3,079	78	37	4,287	5	5	5	2	0	17	4600-6100	P	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS—Continued															
Northwestern University Medical Center ¹⁶²	J. M. Beal					2,779	10	7	7	5	4	33			
Chicago Wesley Memorial	J. M. Beal	117	3,397	88	50								4800-6000	O	
Passavant Memorial	J. M. Beal	52	2,019†	30	66	10,080							3900-4800	P	
Veterans Admin. Research	F. W. Preston	91	1,548	108	69	7,306							4610-8230	P	
Evanston (Evanston)	J. M. Dorsey	67	3,441	62	66	9,074							4800-5700	P	
Presbyterian-St. Luke's	O. C. Julian	266	7,509	233	60	9,796	12*	5	4	4	1	26	4500-7500	P	
University of Chicago Hospitals and Clinics ⁹	R. Menguy	93	2,873	185	70	15,489	4	4	4	4	4	20	5500-7500	O	
University of Illinois Research and Educational Hospitals	L. M. Nyhus	82	2,275	89	70	14,197	3	3	3	3	0	12	5000-6200	P	
Veterans Admin. (West Side) ¹⁷¹	H. Abtahi	172	3,327	135	69	12,592	3	3	3	3	0	12	4610-8230	O	
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
St. Francis	D. P. Slaughter	112	5,031	38	81	5,031	2	2	1	1	0	6	6780-7260	FP	
Hines															
Veterans Admin. ¹⁶⁴	C. B. Puestow	261	3,562	301	41	4,614	12	6	6	6	0	30	4610-7110	O	
INDIANA															
Indianapolis															
Indiana University Medical Center ⁸¹	H. B. Shumacher, Jr.						12*	4	4	4	0	24†			
Indiana University Hospitals		50	1,343	133	75	2,079							3725-4850	P	
Veterans Admin.		71	1,009	73	80	747							4610-8230	O	
Marion County General	P. Benedict	75	1,201	114	65	9,248	3	3	3	3	0	12	5220-7000	P	
Methodist Hospital of Indiana	D. M. Schlegel	163	4,936†	187	42	2,208	5*	2	2	2	0	11	5880-6780	P	
IOWA															
Des Moines															
Iowa Methodist	T. D. Throckmorton	159	7,505	122	53	9,940	4	2	2	2	0	10	6300-7200	F	
Broadlawn Polk County	R. Schropp	37	2,120	52	52	7,168									
Veterans Admin. ¹⁸¹	L. T. Palumbo	118	9,258	116	61	6,645	5	3	3	2	0	13	4610-8230	P	
Iowa City															
State University of Iowa Affiliated Hospitals ⁸⁶							12*	6	6	6	0	30†			
University Hospitals	R. T. Tidrick	197	5,836	278	64	27,684							4500-6500	P	
Veterans Admin.	F. D. Staab	142	2,603	115	71	2,275							4610-8230	P	
KANSAS															
Kansas City															
University of Kansas Medical Center	F. Allbritten	70	2,115	129	80	6,036	8	4	4	4	2	22	4200-5400	P	
Veterans Admin. (Kansas City, Mo.)	A. Heilbrunn	70	1,369	85	76	1,736							4610-7110	O	
Wadsworth															
Veterans Admin. ⁶⁷	W. Brauer	96	1,282	59		73	2	1	1	1	0	5	4610-7110	P	
Wichita															
St. Francis Hospital-Veterans Admin.	J. H. Holt						6	2	2	2	0	12			
St. Francis	J. H. Holt	124	6,300	87	33	1,914							6032-6968	FP	
Veterans Admin.	F. W. Robinson	104	1,438	55	55	3,318							4610-7110	F	
KENTUCKY															
Harlan															
Harlan Appalachian Regional	P. M. Walstad	49	2,311	27	33	21,491	3	3	2	2	0	10	6400-8800	P	
Lexington															
University of Kentucky Medical Center	W. Griffen						10	5	5	3	2	25			
St. Joseph	R. R. Crutcher														
University	W. Griffen	45	1,557	62	58	3,662							4560-6960	P	
Veterans Admin.	W. G. Malette	33	799	53	72	2,206									
Louisville															
St. Joseph Infirmary	J. A. Hemmer	46	1,952	49	37	1,325	2	2	2	2	0	8	5460-7260	P	
University of Louisville Affiliated Hospitals	R. J. Noer						14	6	6	6	0	32			
Children's	R. J. Noer	16	1,375	21	57	8,888									
Louisville General	R. J. Noer	67	2,079	167	50	20,110							4230-5730	PO	
Veterans Admin.	J. E. Hamilton	90	1,567	94	69	13,862							4610-7110	O	
LOUISIANA															
Independence															
Lallie Kemp Charity—See Charity Hospital of Louisiana (Tulane Univ. Div.), New Orleans															
Lafayette															
Lafayette Charity—See Charity Hospital of Louisiana (LSU Div.) and Louisiana State University Affiliated Hospitals, New Orleans															
Monroe															
E. A. Conway Memorial—See Ochsner Foundation, New Orleans															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division ⁷	I. Cohn, Jr.	127	2,855	272	43	26,977							30	5400-6000	F
Lafayette Charity (Lafayette)	I. Cohn, Jr.	65	1,711	97	43	16,859									
Charity Hospital of Louisiana															
Tulane University Division	E. T. Kremenz	114	2,920	177	53	29,797							33	5400-6000	F
Lallie Kemp Charity (Independence)															
Huey P. Long Charity (Pineville)	O. Creech	39	1,633	49	17	6,089								7800-7800	P
Louisiana State University Affiliated Hospitals	I. Cohn, Jr.						4	4	4	4	0	16			
Veterans Admin.	B. G. Taylor	105	2,023	107	60	3,751							4610-8230	O	
Touro Infirmary	W. Leon	65	2,971	62	55	2,278							5500-7000	P	
Lafayette Charity (Lafayette)	I. Cohn, Jr.	65	1,711	97	43	16,859									
Ochsner Foundation	J. L. Ochsner	63	3,050	72	72	28,632	6*	4	4	4	0	18	4500-5400	P	
E. A. Conway Memorial (Monroe)	J. Ochsner	39	943	39	26	6,913									
Pineville															
Huey P. Long Charity—See Charity Hospital of Louisiana (Tulane Univ. Div.), New Orleans															
Shreveport															
Confederate Memorial Medical Center	C. D. Knight	122	4,926	144	38	12,822	6	4	4	4	0	18	5400-6000	F	
MAINE															
Portland															
Maine Medical Center	E. H. Drake	183	7,980	106	53	19,185	3	3	2	2	0	10	3660-5280	FP	
MARYLAND															
Baltimore															
Baltimore City Hospitals	R. Steenburg	114	2,919	137	42	13,482	6	3	3	2	2	16	4838-7166	O	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MARYLAND, Baltimore—Continued															
Church Home and Hospital	J. M. Zimmerman	143	3,588	67	38	5,426	4	3	2	1	0	10	6000-6500	P	
Franklin Square	D. Hebb	55	2,075	43	42	3,473	3	2	1	1	0	7	5500-5900	F	
Johns Hopkins ¹⁹⁹	G. D. Zuidema	124	4,645†	151	64	28,064	13	4	3	3	3	29†	3600-	F	
Mercy	T. B. Hubbard	108	3,746	88	48	4,946	4	3	3	2	0	11	6300-6900	F	
St. Agnes	K. F. Mech	169	6,648	124	22	1,934	4	4	2	2	0	12	6300-7200	F	
St. Joseph	J. Ashworth	121	4,323	92	22	5,041	5	3	3	1	0	11	6240-6720	F	
Sinai Hospital of Baltimore	A. M. Seligman	140	5,327	127	37	9,244	3	3	3	1	1	15†	5500-7500	F	
South Baltimore General	N. Novin	69	2,695	83	45	6,762	4	3	2	2	0	11	6300-7200	F	
Union Memorial	J. N. Classen	174	6,113†	209	40	13,711	5	3	2	2	0	12	6240-7200	F	
University of Maryland Affiliated Hospitals							15	6	5	5	0	31			
Maryland General	C. T. Flotte														
University	R. Z. Pierpont	122	4,696	124	46	1,448							6100-6400	P	
Veterans Adm.	R. Buxton	82	2,479	119	40	13,889							4100-5500	F	
Cheverly	R. T. Shackelford											4	4610-8230	P	
Prince George's General ¹⁴⁸	S. Schwartzbach	166	7,595†	121	64	3,535	4	2	2	2	0	10	4800-5700	F	
Fort Howard															
Veterans Adm. ¹⁹⁸	J. M. Miller	101	1,053	88	45	1,691	3	2	2	1	0	8	4610-8230	P	
MASSACHUSETTS															
Boston															
Beth Israel	W. Silen	141	4,984	75	52	3,449	5	4	5	4	1	19	4200-7500	O	
Boston City															
I Surgical Service (Tufts)	R. Deterling	65	1,790	79	48	11,259	9*	6*	3	3	0	21	4200-6400	O	
Veterans Adm. (Jamaica Plain)	D. C. Nabseth	108	1,155	100	46	10,737							4610-7110	O	
III Surgical Service (Boston University) ²⁰⁰	J. J. Byrne	60	1,828	85	52	11,355	6*	4	4	4	0	18	4200-6400	O	
V Surgical Service (Harvard)	W. McDermott	60	1,822	58	59	13,919	10	8	6	6	0	30	4200-6400	O	
Cambridge City (Cambridge)	R. Warren	52	1,715	77	70	10,064							4660-8535	P	
New England Deaconess	C. E. Sedgwick	108	3,589	82	72	100							4200-5600	O	
Veterans Adm. (Manchester, N. H.)	T. H. Moghul	53	722	33	53	1,947							6440-8230	P	
Boston University Affiliated Hospitals							10	6	5	5	0	28			
University	R. H. Egdahl	65	2,327	115	54	2,812							4200-6000	O	
Veterans Adm. (Jamaica Plain)	D. C. Nabseth	108	1,155	100	46	10,737							4610-7110	O	
Veterans Adm. (Providence, R. I.)	H. W. Harrower	100	1,748	108	54	3,820							4610-8230	P	
Carney	C. J. Shea	131	5,900	127	41	3,639	5	4	3	2	0	14	5220-7020	F	
Massachusetts General	P. S. Russell	270	7,129†	364	69	13,854	12	10	8	8	2	40	3600-6000	P	
New England Medical Center Hospitals ⁸⁰	R. A. Deterling	76	2,772	80	75	10,913	8	6	3	3	0	20	4200-5600	O	
Veterans Adm. (Jamaica Plain)	D. C. Nabseth	108	1,155	100	46	10,737							4610-7110	O	
Peter Bent Brigham ²⁰⁴	F. D. Moore	150	4,318	154	82	26,428	9	9	4	4	1	27	3600-7500	P	
Veterans Adm. (West Roxbury)	H. B. Wheeler	31	587	34	82	3,279							4610-8230	O	
St. Elizabeth's	R. H. Stanton	135	4,536	128	50	18,548	5*	4	3	2	0	14	4200-6500	FP	
Lawrence F. Quigley Memorial (Chelsea)	G. F. Miller	33	586	22	68	3,637									
Cambridge															
Cambridge City—See Boston City (V Surgical Service, Harvard), Boston															
Chelsea															
Lawrence F. Quigley Memorial—See St. Elizabeth's, Boston															
Pittsfield															
Pittsfield Affiliated Hospitals	R. Zupanec	127	5,586	70	50	2,246	3	2	1	1	0	7	4680-6960	F	
Pittsfield General															
St. Luke's															
Springfield															
Springfield	D. A. DeLaurentis	165	7,450†	155	47	2,337	6	4	2	2	0	14	3900-4800	FP	
Worcester															
Memorial	G. R. Dunlop	157	6,329	61	59	1,924	3	2	1	1	0	7	4800-5700	F	
St. Vincent	C. S. Whelan	170	7,416	173	51	1,187	5	4	3	2	0	14†	4200-7000	P	
Worcester City	J. Maroney	161	5,848	155	53	11,013	3	3	2	1	0	9	5259-6344	FP	
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	D. A. Campbell	158	7,887	110	70	39,444	6*	3*	3*	2	0	14	6300-7200	O	
University of Michigan Affiliated Hospitals	C. G. Child, III						26	6	6	6	6	50			
University		86	2,057	90	68	8,251							4020-5851	O	
Veterans Adm.		149	2,603	77	81	8,327							4610-8230	O	
Wayne County General Hospital and Infirmary (Eloise)		69	2,373	159	40	8,991							6852-8500	F	
Dearborn															
Veterans Adm.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Detroit-Macomb Hospitals Association	L. VanRaaphorst						2	2	2	2	0	8			
Detroit Memorial	L. VanRaaphorst	178	5,546	149	51	1,681							6300-7200	P	
South Macomb (Warren)															
Grace ²¹⁴	R. Altman	222	7,192†	211	53	2,146	10*	5*	3	3	0	21	6000-6900	P	
Harper ⁸⁰	W. S. Carpenter	131	4,375	141	43	2,159	10	3	3	3	0	19	6600-7500	P	
Henry Ford	D. E. Szilagyi	237	6,512	126	57	59,717	20	10	9	8	3	50	4800-6600	P	
Mount Carmel Mercy	W. S. Carpenter	270	9,947	130	40	1,180	4	2	2	2	0	10	5700-6600	P	
St. John	P. Rizzo	119	7,976	123	46	1,569	3	3	2	2	0	10	5610-7920	FP	
Sinai Hospital of Detroit	M. L. Sorock	120	6,855	100	63	4,430	4*	2	2	2	0	10	5400-6300	P	
Wayne State University Affiliated Hospitals	A. J. Walt						18	11	8	8	8	53			
Veterans Adm. (Dearborn)	A. J. Walt	133	1,475	138	50	15,348							4610-8230	O	
Detroit General	A. J. Walt	148	4,055	263	50	17,896							5600-6500	P	
Hutzel	J. R. Brown	78	1,606	46	26	363							5700-6300	P	
Eloise															
Wayne County General Hospital and Infirmary—See University of Michigan Affiliated Hospitals, Ann Arbor															
Flint															
Hurley	R. Rapport	204	6,619	145	34	2,725	3	3	2	2	0	10	6000-7600	FP	
Grand Rapids															
Blodgett Memorial	W. J. Fuller	128	7,384	141	79	1,092	2	2	2	2	0	8	6600-7200	P	
Butterworth	R. J. Schlosser	148	6,194†	168	55	1,461	4	2	2	2	0	10	6300-6900	P	
St. Mary's	F. S. Gillett	98	5,331†	74	73	1,001	2	1	1	1	0	5	6300-7200	P	
Highland Park															
Highland Park General	J. A. Witter	99	3,836	96	52	1,020	2	2	2	2	0	8	5480-6380	P	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued														
Royal Oak														
William Beaumont.....	P. Jordan, Jr.	213	7,479	94	57	454	10*	4	4	2	0	20†	8880-10500	P
Warren														
South Macomb—See Detroit-Macomb Hospitals Association, Detroit														
MINNESOTA														
Minneapolis														
Hennepin County General.....	C. R. Hitchcock	90	2,995	174	82	12,125	5	5	4	4	4	22	4800-6800	P
University of Minnesota Hospitals.....	O. H. Wangensteen	103	2,119	216	81	3,237	10	8	6	6	6	36	4500-6000	O
Veterans Admin.....	E. Humphrey	172	2,150	185	84	4,863	11	4	4	4	4	27	4610-8230	O
Rochester														
Mayo Graduate School of Medicine.....	G. A. Hallenbeck	204	10,681	282	80	63,017	28	24	24	24	0	100	4200-5400	P
Rochester Methodist.....														
St. Mary's.....														
St. Paul														
Charles T. Miller.....	M. E. Harris	109	3,327	39	65	2,856	1	1	1	1	0	4	4200-6000	FP
St. Paul-Ramsey.....	J. F. Perry, Jr.	76	1,919	144	71	6,383	5	2	2	2	0	11	4500-6500	O
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center.....	J. D. Hardy						10	6	6	6	0	28		
University.....	J. D. Hardy	48	2,172	92	59	9,319							4300-5500	P
Veterans Admin.....	J. H. Conn	84	1,195	38	66	4,123							4610-7110	O
MISSOURI														
Columbia														
University of Missouri Medical Center ²²²	M. S. DeWeese	46	1,432	50	46	5,701	7*	4	4	3	0	18	4000-5500	O
Kansas City														
Kansas City General Hospital and Medical Center...	A. Ramos	48	1,954	169	40	15,446	3	3	3	3	0	12	5700-7500	FP
St. Luke's ²²³	R. Allen	115	4,744	91	50	5,862	4	2	2	2	0	10	5600-6800	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes Hospital Group.....	W. Ballinger	101	3,269	123	61	5,905	10*	8	7	5	0	30	4200-7000	O
Veterans Admin.....	W. T. Newton	51	1,025	74	69	2,043								
Homer G. Phillips.....	A. D. Spencer	121	3,744	197	54	16,185	8*	4	4	4	0	20	4584-5849	P
Jewish Hospital of St. Louis.....	L. A. Sachar	127	4,499†	104	54	26,784	3	2	2	2	0	9	3700-5500	P
Missouri Baptist.....	E. R. Lerwick	33	1,421‡	44	64	1,105	4	3	2	1	0	10	4800-6600	F
St. John's Mercy.....	W. Monafó	183	8,860	121	63	1,609	3	2	2	1	0	8	4200-5400	F
St. Louis City.....	W. R. Cole	42	1,618	111	53	4,192	8*	4	4	4	0	20	5305-6448	O
St. Louis County ²²²	K. B. Coldwater	44	1,832	66	29	27,537	3	3	3	3	0	12	3900-5700	F
St. Louis-Little Rock Hospitals.....	R. A. Weir	117	3,544	68	44	31,267	3	3	2	2	0	10	4800-5700	F
St. Louis University Group of Hospitals.....	C. R. Hanlon	160	4,705	182	75	3,321	4	3	2	2	2	13	4800-6000	P
Veterans Admin. (St. Louis University Service).....	D. Judd	51	951	96	77	1,964								
St. Luke's.....	C. Lischer	115	4,416	111	51	2,035	4	2	2	1	0	9	4200-5400	F
NEBRASKA														
Omaha														
Creighton University Affiliated Hospitals.....	F. A. Miller						4	4	2	2	0	12		
Creighton Memorial St. Joseph's.....	F. A. Miller	140	4,983	58	47	9,028							5100-6000	O
Douglas County.....		43	1,007	79	57									
Veterans Admin.....	W. C. Davis	134	1,854	127	61	4,626							4610-8230	P
University of Nebraska Affiliated Hospitals.....	M. M. Musselman						5*	4	4	3	1	16†		
University of Nebraska.....	M. M. Musselman	27	540	31	77	4,960							4300-5500	P
Douglas County.....		43	1,007	79	57									
Veterans Admin.....	W. C. Davis	134	1,854	127	61	4,626							4610-8230	P
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals.....							6	4	4	4	0	18		
Mary Hitchcock Memorial.....	J. H. Lyons, Jr.	81	3,337	66	80	28,069							4200-7500	O
Veterans Admin. (White River Junction, Vt.).....	W. B. Crandell	38	591	22	91	1,877							4610-7110	P
Manchester														
Veterans Admin.—See Boston City (V Surgical Service, Harvard), Boston, Mass.														
NEW JERSEY														
Camden														
Cooper.....	E. Grimes	175	4,402	150	33	11,193	2	1	1	1	0	5	4500-5400	F
East Orange														
Veterans Admin. ²²⁸	M. Malament	73	1,790	75	69	2,731	4	2	2	2	0	10	4610-8230	O
Jersey City														
Jersey City Medical Center.....	B. J. Wattiker	149	3,927	229	17	10,422	8	5	4	4	0	21	6300-7700	O
Livingston														
St. Barnabas Medical Center ²⁶¹	C. J. Reilly	140	5,773	78	33	3,080	4	1	1	1	0	7	5400-7200	F
Long Branch														
Monmouth Medical Center.....	L. Barnett	101	4,797	131	80	5,345	3*	1	1	1	0	5	4200-5600	F
Newark														
Newark Beth Israel.....	S. Diener	127	4,610	99	40	12,251	3	1	1	1	0	6	4800-5700	F
Newark City.....	I. Rollins	192	3,179	167	52	9,220	6	4	4	4	0	18	5600-8100	F
Orange														
Orange Memorial.....	L. E. Ulvestad	86	2,981	32	40	1,788	3	2	1	1	0	7	4500-5400	FP
Paterson														
St. Joseph's ²⁵⁰	A. F. McBride, Jr.	86	3,154	116	57	1,922	4	2	2	2	0	10	7320-8220	O
Trenton														
St. Francis.....	J. F. Kustrup	162	5,742	119	49	4,556	3*	2	2	2	0	9	4800-7800	F
NEW MEXICO														
Albuquerque														
University of New Mexico Affiliated Hospitals ⁶¹	J. S. Clarke						8	2	2	2	2	16		
Bernalillo County-Indian.....	J. S. Clarke	28	787	50	73	1,226							6060-6930	P
Veterans Admin.....	D. E. Smith	94	1,544	45	89	1,294							4610-8230	O

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
NEW YORK																
Albany																
Albany Medical Center Hospital-Veterans Admin.	C. Eckert															
Albany Medical Center Veterans Admin.		99	3,441	118	55	949									4600-7200	F
		101	1,091	83	57	3,665									4480-8000	O
Buffalo																
Millard Fillmore	F. Stoesser	183	5,934†	226	47	3,092	5	3	3	2	0	13		5300-6800	P	
Sisters of Charity	F. M. Zaeffel	157	5,660	176	43	1,406						8		5250-7200	FP	
Emergency Hospital of the Diocese of Buffalo	F. M. Zaeffel	88	2,593	63	37	22,532								5685-6240	P	
State University of New York at Buffalo Affiliated Hospitals																
Buffalo General	J. R. Paine	157	3,627	150	48	25,556	8*	4	4	4	4	20†		5300-6800	O	
Edward J. Meyer Memorial	W. G. Schenk	96	2,424	189	50	22,450	7	4	4	3	3	21		5550-7200	P	
Veterans Admin.	W. M. Chardack	136	2,214	61	57	8,900								4610-8230	O	
Cooperstown																
Mary Imogene Bassett ²⁶⁷	D. Blumenstock	34	1,288	52	65	18,079	3*	1	1	1	0	6		4600-5900	P	
East Meadow																
Meadowbrook	A. DiBenedetto	81	2,634	139	46	9,868	6	3	3	3	0	15		5453-8246	F	
Mineola																
Nassau	R. F. Smith	82	4,184	68	57	9,019	3*	2	2	2	0	9		5400-7680	P	
New Hyde Park																
Long Island Jewish Hospital Training Program	P. E. Lear						12	4	4	4	0	24				
Long Island Jewish	P. E. Lear	58	2,194	57	58	2,106								5000-6750	O	
Queens Hospital Center (New York City)	G. Saypol	133	2,772	244	48	12,604								5000-6750	F	
New York City																
Albert Einstein College of Medicine Affiliated Hospitals							18*	9	7	6	6	46				
Bronx Municipal Hospital Center ²⁷⁰	D. State	125	3,860	299	56	21,000								4980-6420	F	
Lincoln	P. Weil	87	2,616	62	72	20,420										
Beekman-Downtown ²⁶¹	R. B. Nolan	77	2,029	39	72	7,469								5600-7100	P	
Beth Israel ²⁴¹	L. Ginzburg, W. Wolff	178	3,300	51	44	24,947	12*	4*	3*	2	0	21†		5150-6650	P	
Bronx-Lebanon Hospital Center	P. H. Gerst	159	5,352	148	45	16,205	6*	5*	4*	3	0	18†		5000-6800	P	
Brookdale Hospital Center	C. Ripstein	95	3,537	92	32	7,583	6*	2	2	2	0	12		5000-6500	P	
Brooklyn-Cumberland Medical Center	R. T. Potter						7	4	4	4	0	19		5460-6660	FP	
Brooklyn		93	2,598	110	24											
Cumberland		92	2,478	127	36	43,792										
Columbus	L. M. Rosati	89	2,508	113	40	3,501	3	2	2	2	0	9		5400-7200	FP	
Coney Island	H. Krieger	195	2,801	116	36	30,488	6	3	3	3	0	15		4980-6000	FP	
Flushing Hospital and Medical Center ²⁴⁰	J. J. Creedon	108	4,817	67	36	19,967	3	2	2	2	0	9		5600-7200	P	
French ²⁶³	H. S. Huber	84	2,953	65	58	5,685	2	2	1	1	0	6†		4800-5700	FP	
Harlem Hospital Center ²⁶⁴	J. M. Ferrer	170	4,245	132	35	15,471	2	2	2	6	4	35†		4980-6400	F	
Hospital For Joint Diseases and Medical Center	J. R. Wilder	61	1,456	39	33	9,869	8*	2	2	2	0	13		5000-6500	P	
Jamaica	H. Barber	91	4,209	73	58	20,063	2	2	2	2	0	8		6000-8400	F	
Jewish Hospital and Medical Center of Brooklyn	B. Levowitz	93	2,820	96	42	4,786	5	2	2	2	0	11		5000-6500	O	
Greenpoint	W. W. Fischer	41	1,382	42	40	39,058								4500-6400	FP	
Knickerbocker	E. P. Fleischmann	84	1,925	65	52	8,751	4	2	2	2	0	10		4800-5760	FP	
Lenox Hill	W. W. Fischer	158	4,902	111	45	9,321	6*	3	2	2	0	13†		5100-6300	P	
Long Island College	R. A. Mainzer	145	3,721	126	35	8,979	3	1	1	1	0	7		4500-7000	F	
Lutheran Medical Center	G. F. Cucolo	137	4,369	60	43	3,262	4	3	3	2	0	12		5400-6100	P	
Maimonides Medical Center	A. Kantrowitz	115	4,125	141	44	8,624	5	5	5	5	0	20		5000-6750	P	
Methodist Hospital of Brooklyn	I. Enquist	138	4,347	138	25	10,912	6	4	3	3	0	16		5250-6400	P	
Misericordia-Fordham Training Program	B. M. Reynolds	212	6,581	250	43	35,042	8	4	4	4	0	20		5910-6930	F	
Misericordia																
Fordham																
Montefiore Hospital Training Program	M. Gliedman						8	6	5	4	0	23		5120-6880	P	
Montefiore Hospital and Medical Center		96	2,474	107	36	1,612								5120-6880		
Morrisania City		57	1,620	87		10,489										
Mount Sinai Hospital Training Program ²⁶¹							24	9	3	3	4	43				
Mount Sinai	A. E. Kark	161	5,100	212	44	2,793								5000-7500	FP	
City Hospital Center at Elmhurst	D. A. Dreiling	80	1,806	142	37	30,760								5700-7200	FP	
New York Hospital-Cornell Medical Center ²⁷	F. Glenn	129	3,511	119	71	31,354	8	8	7	4	1	35		5000-8500	P	
New York Medical College-Metropolitan Hospital Center	W. L. Mersheimer						12	8	4	4	0	28		4980-6000	F	
Unit 1—Flower and Fifth Avenue Hospitals		127	3,988	70	30	487										
Unit 2—Metropolitan		69	1,884	121	43	31,987										
Unit 3—Bird S. Coler Memorial Hospital and Home																
New York Polyclinic Medical School and Hospital ²²²	W. H. Cassebaum	76	2,722	83	54	3,515	6	2	2	2	0	12		5100-6300	P	
New York University-Bellevue Medical Center	F. C. Spencer						25	15	9	7	0	56		4980-6400	P	
Bellevue Hospital Center		200	6,768	132	33	12,896								6690-7930	P	
University	F. C. Spencer	135	4,074	127	34	1,784								5200-8500	O	
Presbyterian ²⁵²	G. Humphreys	223	6,817	78	51	38,809	10*	9*	7*	7	1	34†				
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park																
Roosevelt	H. A. Patterson	169	4,593	160	33	6,094	10	5	3	3	0	21		5000-7000	P	
St. Clare ²²⁵	J. L. Madden	134	4,655	143	43	4,299	7	5	3	3	0	18		5400-7200	F	
St. John's Episcopal ²⁵¹	J. E. Mulé	76	2,701	46	35	8,397	2	2	2	2	0	8		4680-5700	FP	
St. Luke's Hospital Center	L. A. Zintel	131	3,243	129	57	17,022	6	5	4	3	0	18		5000-6500	P	
St. Vincent's Hospital and Medical Center of New York	H. J. Roussetot	259	6,612	352	40	16,402	7*	6	3	3	0	19		5500-7000	P	
St. Vincent's Hospital of the Borough of Richmond	W. C. Frederick	90	3,647†	94	40	2,587	2	2	2	1	0	7		5700-6600	F	
Salvation Army Booth Memorial	J. Chassin	75	3,314	63	62	9,356	4	2	1	1	0	8		6000-7500	O	
Staten Island	J. Snider	66	2,448	39	44	2,215	2	2	1	1	0	6		6500-7250	F	
State University-Kings County Medical Center	C. Dennis						15*	25	11	9	8	69†		4980-6400	P	
Kings County Hospital Center		289	6,650	509	30	13,307										
State University																
Unity	B. Shafroff	66	3,122	40	43	6,122	1	1	1	1	1	5		4800-5700	F	
Veterans Admin. (Bronx)	P. Cooper	124	2,119	89	54	2,826	9	4	3	3	0	19		6170-8230	O	
Veterans Admin. (Brooklyn)	H. H. LeVeen	139	2,206	168	43	6,205	9	3	3	3	0	18		6170-8230	O	
Veterans Admin. (Manhattan) ²⁶⁴	D. A. Tice	187	2,871	109	46		10*	5	5	5	0	25		5170-7200	O	
Weykoff Heights ²⁷	P. Zoller	95	3,227	121	44	1,513	4	5	4	2	2	17		4080-5400	F	
Rochester																
Genesee	W. A. Soughgate	123	5,642	71	69	5,644	5	3	1	1	0	10		4900-6400	P	
Highland Hospital of Rochester	H. D. Kingsley	97	4,868	76	50	1,297	4	2	3	1	0	10		6100-7600	P	
Rochester General	J. R. Hinshaw	123	5,433	137	60	1,992	5*	3*	2	2	0	12		6000-7500	P	
St. Mary's	A. J. Graziani	95	6,456	110	55		2	1	2	2	0	7		5200-6200	P	
Strong Memorial Hospital of the University of Rochester	C. C. Rob	81	2,706	207	57	9,819	13	6	3	3	3	28		4000-7500	O	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

26. SURGERY — Continued

NEW YORK—Continued	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
Schenectady														
Ellis	H. J. Wright, Jr.	139	5,201	154	55	620	4*	2	1	1	0	8†	6300-7500	F
Syracuse														
St. Joseph's	R. D. Fairchild	123	5,983	123	39	2,718	4	1	1	1	0	7	5050-6400	F
State University of New York Upstate Medical Center	C. B. Mueller	311	7,515	296	54	8,590	14*	9	6	4	0	33†	5050-6400	O
Veterans Admin.	L. S. Rogers	68	713	64	69	3,148							4610-7110	O
Valhalla														
Grasslands	M. Rohman	80	2,161	77	75	9,522	3*	3*	3	3	0	12	5700-8800	P
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	C. G. Thomas	46	1,287‡	63	68	5,092	10	8	4	3	0	25	3500-5700	O
Charlotte														
Charlotte Memorial	A. G. Brenizer	93	3,727‡	84	45	7,323	2	1	1	1	0	5	5400-6600	P
Durham														
Duke University Affiliated Hospitals	D. C. Sabiston						16	3	3	3	3	28		
Duke	D. C. Sabiston	58	2,066	78	51	10,110							4500-5400	P
Veterans Admin.	D. L. Stickel	62	1,222‡	55	66								4610-8230	O
Winston-Salem														
Forsyth Memorial	K. V. Tyner	178	8,224	122	37	3,393	5*	2	2	2	0	11	5100-7200	P
North Carolina Baptist Hospitals	H. Bradshaw	56	2,480	89	65	4,021	8	3	3	3	0	17	4500-6000	P
OHIO														
Akron														
Akron City ²⁷⁴	R. M. Bartlett	150	4,973	185	60	1,560	10*	2	2	2	0	16	4680-6240	P
Akron General ²⁷⁴	T. S. Brownell	113	3,946	124	53	1,454	4	4	2	2	0	12	4680-6240	FP
St. Thomas	R. E. Yeakley	112	3,811	87	60	1,221	6	2	2	2	0	12	4900-6240	FP
Cincinnati														
Christ	D. Earley	98	2,556	76	47	379	7	2	2	1	0	12	4500-5400	F
Good Samaritan Hospital Resident Training Program	J. J. Cranley						6	6	3	3	0	18		
Good Samaritan	J. J. Cranley	133	4,052	114	57	714							5400-7200	P
Longview State	A. Lustberg	28	342	33	21	5,246								
St. Mary		53	2,561	44	32	7,985								
Jewish ²⁷⁷	S. Blank	174	7,148‡	96	53	1,242	4*	4*	3	2	0	13	5400-7200	P
University of Cincinnati Hospital Group	W. A. Altmeier						16	7	6	6	5	40		
Children's		53	2,412	7	71	1,094								
Cincinnati General		116	2,440	181	39	14,246							4200-8000	FP
Veterans Admin.		75	1,032	73	67								4610-8230	O
Cleveland														
Cleveland Clinic-St. Vincent Charity							12	6	3	3	0	24		
Cleveland Clinic	G. Crile, Jr.	150	6,194	108	57	19,368							3900-5400	P
St. Vincent Charity	F. Vecchio	157	4,946	145	45	14,478							3900-5400	P
Cleveland Metropolitan General	J. H. Davis	68	1,715	82	65	16,193	10*	4	4	4	0	22†	4300-6700	P
Fairview General	P. W. Edgecombe	111	5,680	61	61	14,421	5	3	2	2	0	12	5400-7200	F
Robinson Memorial Portage County (Ravenna)	P. W. Edgecombe	79	4,284	29	56	11,715								
Huron Road	J. L. Bilton	144	4,818	164	31	2,977	5	3	3	3	0	14	4200-5700	F
Lutheran	W. O. Lewin	137	5,518	100	51	341	6	3	2	2	0	13	5400-7200	F
Mount Sinai Hospital of Cleveland ²⁸⁰	C. Marks	123	5,432	88	34	12,948	7	2	2	2	0	13	4400-6480	P
St. Alexis	C. R. Lulenski	147	5,285	155	54	1,797	4	2	2	2	0	10	6000-7800	F
St. Luke's	F. S. Cross	128	4,186	160	57	3,988	2	2	2	2	0	8	5292-6792	P
University Hospitals of Cleveland	W. D. Holden	100	3,611‡	160	67	16,458	16	6	6	6	0	34	4500-6000	P
Veterans Admin.		82	1,143	80	61	1,252							4610-7110	P
Columbus														
Mount Carmel	R. W. Zollinger	124	4,550‡	73	55	1,259	2*	1	1	1	0	5	5400-6600	F
Ohio State University Hospitals	R. Zollinger	84	3,071	135	70	3,559	8	6	4	4	1	23	3624-7296	P
Riverside Methodist	D. K. Heydinger	179	7,174	109	59	8,074	5*	2	2	2	0	11†	5400-6600	P
Dayton														
Good Samaritan	F. Miller	120	8,096	157	57	877	0	0	1	0	0	1	3900-4500	F
Miami Valley	R. K. Finley, Jr.	255	9,248‡	205	58	2,750	3*	1	1	1	0	6†	6300-7500	P
Veterans Admin. ²⁸⁸	C. L. Cogbill	163	2,364	173	83	3,575	6	6	3	3	0	18	4610-8230	O
Ravenna														
Robinson Memorial Portage County—See Fairview General, Cleveland														
Toledo														
Maumee Valley	J. C. Rosenberg	56	1,675	75	65	3,922	4	2	2	2	0	10	5100-6000	F
Youngstown														
St. Elizabeth	S. Ondash	189	9,266	127	46	1,400	5	3	3	3	0	14	6600-7500	FP
Youngstown	F. K. Inui	251	10,275	157	33	2,113	6*	4	3	2	0	15	5400-8900	FP
OKLAHOMA														
Oklahoma City														
St. Anthony	R. B. Howard	139	6,136	133	45	4,730	2	2	1	1	0	6	6000-8900	O
University of Oklahoma Medical Center ⁸³	J. A. Schilling						8*	6*	5*	4*	1	24		
University of Oklahoma Hospitals	J. A. Schilling	64	2,108	65	37	6,980							4000-8000	P
Veterans Admin.	L. J. Greenfield	57	997	49	61	2,756								
OREGON														
Portland														
Emanuel	H. D. Colver	71	3,776	59	66	6,836	2	1	1	1	0	5	5400-8900	P
Good Samaritan Hospital and Medical Center	M. McKirdie	183	8,258	95	67	726	1	1	1	1	0	4	5400-8900	P
St. Vincent ²⁹¹	J. W. Nadal	174	8,083‡	118	53	10,401	2	2	2	2	0	8	5400-8900	P
University of Oregon Medical School Hospitals and Clinics	W. W. Krippaehne	90	2,187	126	59	11,394	5	5	4	3	3	20	4200-6000	FP
Veterans Admin.	R. M. Vetto	92	1,208	62	78	2,730							4610-8230	P
PENNSYLVANIA														
Abington														
Abington Memorial	A. S. Frobese	78	3,397	106	39	1,734	4*	2	2	2	0	10	3900-5700	F
Allentown														
Allentown	C. H. Trexler	122	6,003‡	239	45	18,533	1	1	1	1	0	4	5400-6200	P
Bethlehem														
St. Luke's	G. R. Greenwood	175	6,451	142	49	7,292	3	2	1	1	0	7	4200-9300	FP

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA—Continued															
Bryn Mawr															
Bryn Mawr	W. C. Stainback	149	5,830†	119	46	3,686	6	3	3	3	0	15	4325-6250	F	
Veterans Admin. (Wilmington, Del.)	D. McHale	81	993	66	75	2,387							4610-8000	P	
Danville															
Geisinger Medical Center	H. Klingler	78	2,947	143	68	16,041	2	2	2	2	0	8	5100-6000	P	
Erle															
Hamot	D. D. Dunn	93	3,691	131	48	1,327	1	1	1	1	0	4	4200-5400	F	
Harrisburg															
Harrisburg	R. P. Dutlinger	214	6,997	277	47	28,166	4*	2	2	2	0	10	6600-7800	F	
Philadelphia															
Albert Einstein Medical Center ²⁶¹	M. Pareira	174	5,308†	161	52	15,656	9	3	3	3	0	18	3900-4800	FP	
Germanatown Dispensary and Hospital	J. S. C. Harris	116	3,832	127	53	27,581	2	1	1	1	0	5	4800-6900	FP	
Graduate Hospital of the University of Pennsylvania	W. S. Blakemore	285	10,168	59	63	3,330	6*	3	3	2	2	16†	4400-6600	P	
Hahnemann Medical College and Hospital	R. Bower	89	3,169	80	29	3,914	6	4	4	4	0	18	3300-4200	P	
Hospital of the University of Pennsylvania	J. E. Rhoads	137	3,691	193	60	8,849	8*	7	7	7	5	34	3600-7000	P	
Veterans Admin.	O. Serlin	67	1,688	115	72	2,213							4610-7110	O	
Hospital of the Woman's Medical College of Pennsylvania	D. R. Cooper	52	1,249	32	53	8,797	6	3	3	3	0	15	4610-7110	P	
Veterans Admin.	O. Serlin	67	1,688	115	72	2,213							4610-7110	O	
Jefferson Medical College	J. Y. Templeton, III	86	2,783	69	48	6,138	8*	4	4	4	0	20	4100-5600	O	
Chestnut Hill	J. W. Stayman, Jr.	95	3,734	47	52	563							4600-4600	F	
Methodist	J. J. De Tuerk	77	3,148	63	25	7,388									
Lankenau	J. M. Deaver	122	4,403	107	53	6,293	4*	2	2	2	0	10	4200-4800	FP	
Misericordia	G. F. Gowen	96	4,115	158	47	12,623	2	2	2	2	0	8	6600-8400	P	
Pennsylvania ⁸⁵	J. Y. Templeton	78	2,339	117	52	9,524	6	3	3	3	0	15	4500-5400	O	
Philadelphia General		128	3,418	230	45	35,355							5800-6700	P	
Hahnemann Medical College Service	K. Berkley						1	1	1	1	0	4			
Jefferson Medical College Service	T. B. Mervine						1	1	1	1	0	4			
University of Pennsylvania Service	W. H. Erb						1	1	1	1	0	4			
Presbyterian-University of Pennsylvania Medical Center	L. W. Stevens	102	1,800†	71	54	9,843	2	2	2	2	0	8	4340-5360	P	
Temple University	G. P. Rosemond	170	2,640	122	53	5,204	8	4	4	4	0	20	3900-4800	P	
Veterans Admin. (Wilkes-Barre)	H. S. Irons, Jr.	110	1,097	68	53								4610-8230	FO	
Pittsburgh															
Allegheny General	D. D. Davis	72	2,305†	91	49	2,742	4*	2	2	2	0	10	7500-8400	P	
Health Center Hospitals of the University of Pittsburgh	H. T. Bahnson						6	6	3	3	3	21			
Children's Hospital of Pittsburgh	W. B. Kiesewetter	23	1,311	21	66	5,262							5208-5500	O	
Presbyterian-University	H. T. Bahnson	74	2,212	84	58	1,701							5500-7500	O	
Veterans Admin.	F. C. Jackson	93	2,031	134	55	2,860							4610-8230	O	
Mercy	C. A. Phillips	203	6,332	138	49	8,773	3	3	2	2	0	10	6300-7200	P	
St. Francis General ⁸⁶	T. J. Madigan	132	3,786	89	23	3,006	5	2	2	1	0	10	8400-8400	P	
Western Pennsylvania ²⁹⁸	D. W. Elliott	206	7,655	155	56	3,646	8	2	2	2	0	14	5700-6300	FP	
Sayre															
Robert Packer	J. M. Thomas	95	4,088	65	61	21,564	2*	1	1	1	0	5†	3600-6600	FP	
Wilkes-Barre															
Veterans Admin.—See Temple University, Philadelphia															
York															
York	R. W. Kehm	194	8,011	138	73	7,046	4*	2	2	2	0	10	5400-6300	P	
PUERTO RICO															
Rio Piedras															
Municipal Hospital Dr. Rafael López Nussa	A. S. Casanova-Diaz	115	3,944	169	57	12,868	6	4	4	4	0	18	5700-7470	P	
University District	F. Raffucci	87	3,002	169	32	13,728	12	6	6	6	2	32	5700-7200	P	
San Juan															
Veterans Admin. ³⁰⁰	J. H. Amadeo	60	1,639	41	71	9,817	6*	3	3	3	0	15	4840-7460	O	
RHODE ISLAND															
Providence															
Rhode Island ⁸¹	L. L. Vargas	131	5,123	184	36	5,476	6	2	2	2	2	14†	4600-6600	P	
Veterans Admin.—See Boston University Affiliated Hospitals, Boston, Mass.															
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals							7	7	3	3	0	20			
Medical College	C. Artz	64	1,973	76	55	9,143							4380-6300	O	
Charleston County	C. Artz														
Veterans Admin.	M. G. Weidner	30		1	100								4610-7110	O	
Greenville															
Greenville General	G. M. Grimbail	124	5,825	134	21	5,157	2	2*	1	1	0	6	5700-6700	P	
Spartanburg															
Spartanburg General	E. M. Colvin	206	9,053	163	42	7,981	2	2	2	0	0	6	6600-7200	P	
TENNESSEE															
Chattanooga															
Baroness Erlanger	F. B. Grabam	176	7,533	244	40	7,230	6*	4	3	3	0	16	5700-6600	F	
Knoxville															
University of Tennessee Memorial Research Center and Hospital		75	2,661	105	49	6,043	0	1	0	1	0	2	4392-4752	F	
Memphis															
Baptist Memorial	R. M. Miles	382	15,213	261	31	3,483	6	2	2	2	0	12	4500-5400	F	
University of Tennessee Affiliated Hospitals															
City of Memphis Hospitals	H. Wilson	110	2,585	79	63	11,152	6	5	6	4	1	22	3660-4080	F	
Methodist	T. Stanley	215	8,493†	110	39	2,318	3	2	1	1	0	7	5100-6000	F	
St. Joseph	M. Pian	130	6,386	137	45	2,217	1	1	1	1	0	4	4500-5600	FP	
Veterans Admin.	R. F. Bowers	165	1,984	86	87	2,006	8*	6	5	3	0	22†	4610-8230	O	
Nashville															
Baptist	J. Farringer	156	7,720	108	32	965	3	3	3	2	0	11	6000-6600	F	
George W. Hubbard Hospital of the Meharry Medical College	M. Walker	46	1,178	66	36	8,493	3	2	3	3	0	11	4800-6000	F	
St. Thomas	B. F. Byrd, Jr.	146	7,025	136	27	910	4	3	3	2	0	12	3900-4500	F	

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE, Nashville—Continued														
Vanderbilt University Affiliated Hospitals	H. W. Scott, Jr.						14	8	6	6	3	37		
Nashville Metropolitan General	J. L. Sawyers	42	2,721	117	44	22,883							3000-4000	O
Vanderbilt University	H. W. Scott, Jr.	51	1,954	64	55	8,169							3900-5100	O
Veterans Admin.	W. G. Gobbel, Jr.	178	2,397	132	57	17,684							4610-8230	O
TEXAS														
Dallas														
Baylor University Medical Center	J. W. Duckett	104	4,210	94	46	2,583	3	3	2	1	0	9	5700-6300	O
Methodist Hospital of Dallas	W. H. Gossard	146	7,730	156	29	2,479	4	2	2	2	0	10	5100-6000	FP
Parkland Memorial	T. Shires	94	2,892	117	56	32,034	16*	5	5	5	2	33†	4680-6000	P
St. Paul	C. Morris	225	9,886†	136	44	3,429	2	2	2	2	0	8	5100-6000	P
Veterans Admin.	R. P. Hays	108	1,920	122	50	2,999	10*	3	3	3	0	19	4610-7110	P
Galveston														
University of Texas Medical Branch Hospitals	R. D. Williams	58	1,926	36	60	4,648	6	4	4	4	0	18	5088-8688	P
Houston														
Baylor University Affiliated Hospitals	M. E. DeBakey						20*	8*	6*	6	0	40		
Ben Taub General		55	1,814	126	56	12,866							3900-4800	P
Methodist		60	2,607	67	54	290							4500-5400	P
St. Luke's Episcopal		45	1,944	29	60	162							4200-5100	O
Texas Children's		13	965	17	70	84							4200-5100	O
Veterans Admin.		74	1,176	70	94	4,731							4610-7110	P
Hermann	J. E. Pittman	126	5,753	99	43	8,220	2	2	2	2	0	8	5100-6300	P
St. Joseph ³¹⁰	D. L. Moore	201	8,356	164	43	1,628	5*	2	2	2	0	11	5100-6000	P
San Antonio														
University of Texas Medical School at San Antonio Teaching Hospitals														
Robert B. Green Memorial	J. B. Aust	64	2,797	141	41	31,934	6*	6*	3	3	0	18	5100-6900	P
Temple														
Scott and White Memorial	E. O. Bradfield	124	3,436†	51	45		5*	3	3	3	0	14	5200-6500	P
Veterans Admin.	A. S. Haisten	143	2,231	39	36	10,080							7110-7110	O
UTAH														
Salt Lake City														
Latter-day Saints ⁹⁹	V. L. Rees	130	5,726	106	41	2,168	5	2	2	2	0	11	4800-6000	
University of Utah Affiliated Hospitals	K. Reemtsma						2	4	2	2	2	12†		
University	K. Reemtsma	57	1,879	66	62	20,709							4200-7200	P
Veterans Admin.	C. Ford	102	971	48	83								4610-8230	O
VERMONT														
Burlington														
Medical Center Hospital of Vermont	A. G. Mackay						3	3	3	3	0	12	4500-6300	P
Mary Fletcher Unit		90	3,334	81	74	9,930								
De Goebriand Unit		25	1,333	24	58	7,080								
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA														
Charlottesville														
University of Virginia	W. H. Muller, Jr.	49	1,957	68	35	10,586	9	4	3	3	0	19	4200-5400	O
Clifton Forge														
Chesapeake and Ohio Railway Employees' Affiliated Hospitals							3	3	2	2	0	10		
Chesapeake and Ohio Railway Employees	J. M. Emmett	66	2,877	44	38	18,695							5400-7200	FP
Lynchburg General (Lynchburg)	P. R. Bryan	112	5,733										4200-5400	P
Chesapeake and Ohio (Huntington, W. Va.)	J. P. Carey	123	4,611	171	26	33,038							5400-7200	O
Lynchburg														
Lynchburg General—See Chesapeake and Ohio Railway Employees' Affiliated Hospitals, Clifton Forge														
Norfolk														
De Paul	C. E. Davis	101	5,009	48	52	5,725	3	2	2	2	0	8	6000-6900	F
Norfolk General	R. L. Payne, Jr.	167	5,477	140	31	9,313	4	2	2	2	0	10	6900-7800	F
Richmond														
Medical College of Virginia Affiliated Hospitals							14	8	7	7	1	37†		
Medical College of Virginia—Hospital Division	D. M. Hume	323	9,321	378	56	55,298							4200-5400	P
Veterans Admin.	Y. H. Zimberg	71	1,848	63	59	4,562							4610-8230	P
Richmond Memorial	R. A. Natvig	181	6,748	156	43	3,330	4	2	2	2	0	10	4800-6600	F
WASHINGTON														
Seattle														
Swedish Hospital Medical Center ²⁰⁶	E. R. Sanderson	214	10,621†	299	54	5,246	6*	2	2	2	0	12	4800-7200	FP
University of Washington Affiliated Hospitals ³¹⁶	K. A. Merendino						5	5	5	5	5	25		
King County	J. R. Cantrell	35	1,790	106	48	7,912							5500-8760	F
University	K. A. Merendino	26	996†	68	84	4,575							5500-8760	P
Veterans Admin.	J. W. Bell	45	1,884	120	94	3,550							4610-8230	P
Virginia Mason	J. W. Baker	91	4,884	91	68	48,714	4	3	3	3	0	13	3900-7200	FP
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional	W. E. Klingensmith	102	4,495	76	55	44,380	3	3	2	2	0	10	6400-8800	P
Charleston														
Charleston General	J. Rogers	143	6,295	47	34	11,503	4	4	3	2	0	13	3900-4800	P
Memorial	B. Bradford	109	4,754	58	52	3,734	2	2	2	2	0	8	4200-5400	F
Huntington														
Chesapeake and Ohio—See Chesapeake and Ohio Railway Employees' Affiliated Hospitals, Clifton Forge, Va.														
Morgantown														
West Virginia University Medical Center	B. Zimmermann	68	1,553	131	67	8,832	6*	4	4	4	0	20†	4800-6600	P
Wheeling														
Ohio Valley General	C. D. Hershey	138	4,527	154	33	1,150	2	2	2	2	0	8	7200-9000	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals							10*	4	4	2	2	22†		
University Hospitals	R. C. Hickey	138	3,435	62	84	18,922							4150-7000	P
Veterans Admin.	J. T. Mendenhall	45	956	46	73	690							4610-7110	P

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
WISCONSIN—Continued														
Milwaukee														
Marquette University Affiliated Hospitals	E. H. Ellison						22*	12	10	10	0	54†		
Milwaukee County General	E. H. Ellison	116	5,587†	227	68	21,175							4364-6754	P
Veterans Admin. (Wood)	A. S. Close	106	1,826	133	83	6,551								
Lutheran Hospital of Milwaukee	R. H. Lillie	52	1,590	73	48	3,852							4364-6754	P
Columbia	P. H. Seefeld	86	3,265†	54	74	14,178							4480-6910	P
Milwaukee Children's	S. Sakaguchi	22	1,366	8	63	1,564							4325-6665	FP
Mount Sinai	B. B. Becker	122	4,650†	62	35	1,201	2	2	1	1	0	6	5300-6400	FP
St. Joseph's	W. Weisel	150	7,199	96	75	2,823	2	2	2	2	0	8	6300-7200	P
Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate. Programs, 80; Residencies, 486														
FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	A. Stratton	48	1,524	28	85	8,782	4*	2	2	0	0	8	8705-10364	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Tuskegee														
Veterans Admin. ³⁰	R. S. Wilkinson	56	1,177	49	35	1,756	1	1	1	0	0	3	4610-6440	P
ARIZONA														
Phoenix														
St. Joseph's	L. M. Linkner	85	8,278	131	64	2,376	1	1	1	0	0	3	5400-6000	F
CALIFORNIA														
Los Angeles														
California	K. L. Senter	110	5,474	66	30	1,019	2	2	2	0	0	6	6000-7200	F
San Diego														
Mercy	J. Mehnert	103	5,988	104	51	4,426	1	1	1	0	0	3	4980-6780	F
San Francisco														
St. Mary's	L. Milburn	108	3,784	51	55	1,034	4*	2	2	0	0	8†	3600-4800	FP
COLORADO														
Denver														
St. Luke's	C. H. McLauthlin	60	2,208	52	54	1,329	2	1	1	0	0	4	6000-7800	P
Sisters of Mercy	B. F. Gipson	128	5,219	53	58	6,976						5	7200-8100	P
Pueblo														
Colorado State	T. J. Fogel	64	741	25	56	7,128	4	2	1	0	0	7	7200-8400	O
CONNECTICUT														
Stamford														
Stamford	J. B. Ogilvie	93	4,221	36	64	16,209	2	2	1	0	0	5	5800-6400	P
GEORGIA														
Savannah														
Memorial Hospital of Chatham County	J. K. Quattlebaum, Jr.	77	3,030†	95	39	6,760	2*	1	1	0	0	4	5100-6600	F
ILLINOIS														
Chicago														
Columbus-Cuneo Medical Center	P. F. Nora						2	2	2	0	0	6	5700-6300	FP
Columbus		135	5,175	45	49	6,426								
Frank Cuneo		45	1,463	43	51	1,081								
Grant	C. K. Solander	80	2,990	54	10	2,252	1	1	1	1	0	4	6600-7200	F
St. Joseph	E. Del Beccaro	154	4,189	66	45	4,781	2	2	2	0	0	6	6300-7440	FP
Evergreen Park														
Little Company of Mary ¹⁷⁸	J. B. O'Donoghue, Jr.	152	5,772	115	37	703	2	2	2	0	0	6	7200-7800	P
Peoria														
St. Francis ⁸²	C. D. Branch	200	5,271	97	45	9,820	2	2	2	0	0	6	5100-6000	F
LOUISIANA														
New Orleans														
Southern Baptist	V. Kroll	134	6,095	118	36	482	4	2	1	0	0	7	6000-7200	P
MARYLAND														
Baltimore														
Lutheran Hospital of Maryland	W. E. Gilmore	64	2,925	48	51	2,114	3	2	1	0	0	6	6300-6900	P
Provident	E. C. Walden	30	1,204	37	24	3,902	3	2	1	0	0	6	5400-7200	F
MASSACHUSETTS														
Beverly														
Beverly	R. E. Alt	83	2,782	84	51	16,951	2	2	1	0	0	5	3900-4500	F
Fall River														
Truesdale	D. F. Gallery	69	2,802	79	37	5,355	1	1	1	0	0	3	5100-7500	F
Malden														
Malden	W. Garrey	116	4,597	86	44	1,252	3	2	1	0	0	6	4200-5600	F
Quincy														
Quincy City	M. Sargent	126	3,846	134	29	1,192	2	2	1	0	0	5	4500-5900	F

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance F P O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN														
Detroit														
Alexander Blain	A. Blain, W. M. Taylor	37	1,413	11	36	2,107	2	2	1	0	0	5	6000-7200	F
Metropolitan	J. Weiksmar	28	1,577	29	51	27,235	2	2	1	0	0	5	5500-8500	F
St. Joseph Mercy	L. J. Gregory	111	4,800	115	32	698	1	1	0	1	0	3	5760-6660	P
Flint														
McLaren General	W. F. Dwyer	142	7,181	102	51	1,267	2	2	1	0	0	5	5700-6300	P
Kalamazoo														
Bronson Methodist	E. P. Ajemian	...	3,230	82	53	578	2	2	1	0	0	5	5700-6300	F
Pontiac														
Pontiac General	C. H. Birkelo	154	6,847	111	60	622	2	2	2	0	0	6	6300-7200	FP
St. Joseph Mercy	R. R. Wessels	115	5,676	76	59	1,407	2	2	2	0	0	6	6900-7500	P
Saginaw														
Saginaw General	V. E. Cortopassi	92	3,562	63	36	552	1	1	1	0	0	3	6360-6960	FP
Southfield														
Providence	F. Harrington	138	5,731	63	57	468	2	2	2	0	0	6	6300-6900	O
MINNESOTA														
Minneapolis														
Mount Sinai	A. Kremen	89	4,003	41	56	3,634	2	2	1	0	0	5	3960-4680	F
St. Barnabas Hospital-Swedish	L. J. Hay	...	...	...	...	...	4	4	2	0	0	10	4320-5520	F
St. Barnabas Swedish	...	81	3,060	48	63	111	...	...	...	...	...	...	...	...
Swedish	...	270	6,100	81	49	254	...	...	...	...	...	...	...	...
MISSOURI														
Kansas City														
Menorah Medical Center	P. Halperin	113	4,964	70	47	519	2	2	2	0	0	6	6370-7690	P
St. Louis														
Deaconess	V. T. Houston	141	5,924	128	56	23,747	4	2	1	0	0	7	5400-6600	F
NEBRASKA														
Lincoln														
Veterans Admin.	I. B. Margolis	30	571	16	82	696	2	2	2	0	0	6	4610-8230	O
NEW JERSEY														
Atlantic City														
Atlantic City	M. Rosenblatt	147	5,767	116	75	19,745	2	1	1	0	0	4	4800-5700	F
Camden														
West Jersey	K. L. Athey	147	5,859	69	22	2,474	1	1	1	0	0	3	5500-6100	P
Englewood														
Englewood ⁸¹	G. Halsted	130	6,742	74	48	3,014	2	2	2	0	0	6	4860-5460	FP
Hackensack														
Hackensack	R. Grant	183	8,002	122	28	4,055	3	1	1	0	0	5	3900-4500	F
New Brunswick														
Middlesex General	N. Rosenberg	127	5,781	120	48	4,205	4	2	1	1	0	8	5200-5900	P
St. Peter's General	R. W. Powers	112	6,485	80	48	1,980	4*	2	1	0	0	7	4560-6360	FP
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	J. G. Whitcomb	91	4,595	96	53	13,000	3	1	1	0	0	5	5500-5900	P
NEW YORK														
Albany														
Memorial	P. G. Gasier	108	4,508	52	35	13,853	1	1	1	0	0	3	5700-6300	FP
St. Peter's	M. J. Stapleton	144	6,198	75	45	14,903	3	3	2	0	0	8	5880-6480	P
Buffalo														
Deaconess Hospital of Buffalo	D. R. Becker	152	5,172	103	49	13,565	2	2	2	0	0	10	4300-4900	FP
Johnson City														
Charles S. Wilson Memorial	G. Voigt	102	3,640	74	43	12,820	3	2	2	0	0	7	5100-5700	P
Mount Vernon														
Mount Vernon	J. F. Bagg	195	4,827	145	39	5,436	1	1	1	0	0	3	4800-5700	FP
Newburgh														
St. Luke's	O. Wahl	44	1,600	57	58	1,239	1	1	1	0	0	3	4800-5400	F
New Rochelle														
New Rochelle	W. J. McCann	152	6,275	166	41	2,476	2	1	1	0	0	4	4500-5100	F
New York City														
Jewish Memorial	H. C. Baron	61	2,509	67	39	5,524	3	3	2	0	0	8	4800-6000	F
Mary Immaculate	N. D. Tiscione	104	4,057	69	44	3,436	3	2	1	0	0	6	4200-5400	F
Sydenham	D. Casten	52	1,651	32	59	2,822	2	1	1	0	0	4	4980-6400	F
NORTH CAROLINA														
Durham														
Watts	J. E. Davis	115	4,114	72	60	1,861	2	2	1	0	0	5	5100-6000	F
Wilmington														
New Hanover Memorial	L. B. Mason	148	7,533	...	...	2,250	2	1	1	0	0	4	5400-6600	FP
OHIO														
Canton														
Aultman	W. H. Kasserman	155	6,514	135	55	1,417	5	5	2	1	0	13	4800-6600	P
Mercy	P. E. Smith	177	8,003	200	44	15,688	3	3	3	0	0	9	4200-6000	F
Cleveland														
Evangelical Deaconess ²⁷⁵	P. Pipik	96	3,505	80	35	1,800	1	1	1	1	0	4	5100-5700	F
Lakewood														
Lakewood	J. Magisano	121	5,748	67	49	1,793	4	4	1	0	0	9	5400-6600	FP
Toledo														
St. Vincent Hospital and Medical Center	G. Stark	111	4,051	122	59	1,149	4	1	1	0	0	6	6300-6900	P
Warren														
Trumbull Memorial	D. A. Miller	138	5,408	134	46	1,332	4	2	1	0	0	7	5100-5700	F
OKLAHOMA														
Tulsa														
Hillcrest Medical Center	F. Clingan	200	7,884	213	39	1,202	1	1	1	0	0	3	8064-9072	P
St. John's	C. T. Thompson	223	7,870	241	27	2,934	1	1	1	0	0	3	8100-9000	P

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA															
Allentown															
Sacred Heart	C. Holland	168	6,591	177	40	1,639	1	1	1	0	0	3	5000-6000	F	
Easton															
Easton	J. Updegrave	95	4,298	172	45	3,717	2	1	1	0	0	4	4800-5400	F	
Erie															
St. Vincent	E. J. Bajorek	153	7,040†	171	31	1,547	2*	1	1	0	0	4	4200-4800	FP	
Harrisburg															
Harrisburg Polyclinic	E. O. Daue, Jr.	215	6,828	128	40	8,105	1	1	1	0	0	3	6600-7800	F	
McKeesport															
McKeesport	F. R. Bondi	173	173	219	35	4,047	2*	1	1	0	0	4	6000-8100	FP	
Norristown															
Sacred Heart	R. Buyers	94	3,100	40	55	8,435	2	1	1	0	0	4	4800-6000	FP	
Philadelphia															
Episcopal	L. H. Stahlgren	77	2,052	68	35	7,292	4	2	2	2	0	10	4500-5220	P	
Frankford	A. L. Colley	65	2,951	77	45	4,950	1	1	1	0	0	3	4800-5820	F	
Mercy-Douglass	M. W. Allen	61	2,158	34	39	14,243	1	2	1	0	0	4	5400-8000	F	
Nazareth	P. R. Casey	104	4,066	61	38	13,618	2	2	2	0	0	6	5000-5700	F	
Pittsburgh															
Montefiore	S. A. Rosenburg	167	7,071	92	53	4,205	4	3	1	0	0	8	6000-7000	P	
Reading															
Reading	W. K. Runyeon	151	2,420	69	52	972	3	1	1	0	0	5	4980-5580	F	
Wilkesburg															
Columbia	J. R. Duncan	118	4,526	108	32	27,127	1	1	1	0	0	3	7200-7200	F	
Williamsport															
Williamsport	F. G. Wade	...	8,785	71	36	819	1	1	1	0	0	3	5000-6600	FP	
PUERTO RICO															
Ponce															
Hospital de Damas	L. F. Sala	57	2,963	33	24	3,552	1	1	1	0	0	3	3600-4800	...	
Ponce District General	J. Colón-Bonet	115	2,801	87	53	20,782	4	4	4	0	0	12	6000-10800	F	
SOUTH CAROLINA															
Columbia															
Columbia Hospital of Richland County	W. C. Cantey	108	3,759	153	24	13,603	1	1	1	0	0	3	6240-6720	P	
SOUTH DAKOTA															
Yankton															
Sacred Heart	C. B. McVay	34	1,304	26	57	1,560	2	1	1	0	0	4	5400-6600	O	
TEXAS															
Austin															
Brackenridge	B. F. Simms	57	2,241	76	37	3,757	1	1	1	0	0	3	5400-6600	F	
VIRGINIA															
Alexandria															
Alexandria	J. D. Hoyle	104	6,726†	80	41	4,046	2	1	1	0	0	4	3600-4800	P	
Richmond															
Johnston-Willis	W. A. Johns	102	3,877	62	55	5,483	2	2	2	0	0	6	5400-6600	F	
Roanoke															
Community Hospital of Roanoke Valley	H. Trout	...	...	...	...	...	4	2	1	0	0	7	7500-8100	F
Roanoke Memorial Hospitals	M. A. Johnson, III	286	9,699	115	36	6,450	3	2	2	0	0	7	6000-6600	F	
WASHINGTON															
Seattle															
Providence ¹⁵	J. Finley	129	7,227†	99	56	3,795	4*	2	2	0	0	7†	4200-6000	FP	
WEST VIRGINIA															
Phillippi															
Broadus	H. C. Myers	42	1,493	31	64	13,826	1	1	1	0	0	3	5700-7200	F	
WISCONSIN															
Madison															
Madison General	O. V. Hibma	64	2,288†	46	61	...	2	2	2	0	0	6	3900-4500	F	

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for ONE year of training as an integral part of the approved program of four or more years' duration in the specific hospital indicated by the footnote reference following the listing below.
 Programs, 6; Residencies, 44

NONFEDERAL AND VETERANS ADMINISTRATION

MASSACHUSETTS															
Boston															
Labey Clinic	J. W. Braasch	129	3,894	65	55	12,831	0	0	0	9	0	9	5400-6000	O	
Chelsea															
Lawrence F. Quigley Memorial	G. F. Miller	33	586	22	68	3,637	...	...	...	...	...	...	4800-6600	P
MISSOURI															
Columbia															
Ellis Fischel State Cancer	J. S. Spratt, Jr.	...	2,053	72	45	10,543	0	0	0	2	2	4	4000-6000	FP	
NEW YORK															
New York City															
Francis Delafield	G. H. Humphreys	53	724	154	37	4,285	...	...	...	...	...	...	4980-6400	P
Memorial Hospital for Cancer and Allied Diseases-James Ewing	E. J. Beattie	278	7,213	424	42	39,265	0	0	27	0	0	27	7550-10500	O	
OHIO															
Columbus															
Children's	H. W. Clatworthy	56	2,892	50	92	4,722	0	0	0	0	2	4†	6000-7200	P	

APPROVED RESIDENCIES

26. SURGERY — Continued

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates. Programs, 20; Residencies, 96

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Duarte															
City of Hope Medical Center	R. L. Byron	28	866	78	68	11,243	0	0	2	2	1	5	6000-9600	P	
DISTRICT OF COLUMBIA															
Washington															
Children's	J. Randolph	39	2,307†	27	91	7,317	0	0	0	0	2	2	5000-5000	P	
ILLINOIS															
Chicago															
Children's Memorial	O. Swenson	22	938	18	100	10,503	0	0	1	2	2	5†	4200-6000	P	
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center	R. E. Gross	61	2,159	57	75	26,621	7	2	3	1	0	13	4800-7500	P	
Norfolk															
Pondville	M. Yatsuhashi	76	1,250	163	66	16,858	0	0	0	1	0	1	10168-10168	O	
Westfield															
Western Massachusetts	O. T. Pace	48	931	117	38	8,763	0	0	0	2	1	3	9594-13650	O	
MICHIGAN															
Detroit															
Children's	C. Benson	52	2,125	39	...	4,145	0	0	0	0	2	2	5400-6600	P	
MISSOURI															
Columbia															
Ellis Fischel State Cancer ⁸⁹	J. S. Spratt, Jr.	...	2,053	72	45	10,543	0	0	0	2	2	4	4000-6000	FP	
NEW JERSEY															
Newark															
United Hospitals of Newark-Babies	C. Clemente	7	194	15	87	1,400	1	0	0	0	0	1	7000-7000	P	
NEW YORK															
Buffalo															
Children's Hospital of Buffalo	T. C. Jewett	31	2,195	17	82	7,195	0	0	0	0	2	2	5000-7500	P	
Roswell Park Memorial Institute	G. E. Moore	86	1,513	134	100	12,605	0	0	0	6	6	12	5020-5870	O	
New York City															
Francis Delafield Memorial Hospital for Cancer and Allied Diseases-James Ewing ⁶⁴	E. J. Beattie	281	7,360	437	44	39,751	0	0	0	0	24	24	...	...
Presbyterian	T. Santulli	...	...	...	...	...	0	0	0	0	1	1	6500-6500	O	
OHIO															
Columbus															
Children's ⁹²	H. W. Clatworthy	56	2,892	50	92	4,722	0	0	0	0	2	4†	6000-7200	P	
PENNSYLVANIA															
Philadelphia															
Children's Hospital of Philadelphia	C. E. Koop	27	1,856	40	90	2,391	0	0	1	1	0	2	1200-2400	F	
St. Christopher's Hospital for Children	S. L. Cresson	20	1,527	16	87	3,166	...	...	...	...	...	...	5800-5800	O	
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh															
Children's Hospital of Pittsburgh	W. B. Kieseewetter	23	1,311	21	66	5,262	0	0	0	2	2	4	5208-5600	O	
PUERTO RICO															
Hato Rey															
I. González Martinez Oncologic	L. A. Vallecillo	...	...	...	...	...	0	0	0	1	1	2	6600-7200	P	
TEXAS															
Houston															
University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	117	3,101	167	56	31,400	0	0	0	6	3	9†	8000-10000	O	

Residency programs in the following hospitals are approved by the Council on Medical Education as offering satisfactory training of ONE or TWO years' duration in preparation for residency training IN THE SURGICAL SPECIALTIES ONLY. Applicants intending to qualify for examination by the American Board of Surgery should refer to the four lists of approved services immediately preceding this list. Programs, 100; Residencies, 321

UNITED STATES AIR FORCE

DISTRICT OF COLUMBIA															
U. S. Air Force, Washington	P. A. Cox	82	2,340	10	80	...	2	0	0	0	0	2	...	...
OHIO															
U. S. Air Force, Dayton	W. J. Pories	24	1,024	13	100	5,908	2	0	0	0	0	2	...	...
UNITED STATES ARMY															
CALIFORNIA															
U. S. Army, Fort Ord	E. Turan	141	10,943	12	83	103,049	4	0	0	0	0	4	...	...
GEORGIA															
Martin Army, Fort Benning	T. H. Nicholas	64	2,294	20	55	10,461	6	0	0	0	0	6	...	...

26. SURGERY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY															
	U. S. Army, Fort Campbell	M. Kaku	110	2,860	7	100	36,840	4	0	0	0	0	4		
	Ireland Army, Fort Knox	J. C. Sandefur	163	5,003	22	73	154,763	4	0	0	0	0	4		
NEW JERSEY															
	Walson Army, Fort Dix	F. J. Heck	145	8,474	32	67	173,515	4	0	0	0	0	4		
NORTH CAROLINA															
	Womack Army, Fort Bragg	R. E. George	205	8,015	24	75	75,138	5	0	0	0	0	5		
OKLAHOMA															
	Reynolds Army, Fort Sill	J. H. Gray	44	2,304	14	78	42,091								
TEXAS															
	Darnall Army, Fort Hood	W. Dippel	123	4,936	16	44	14,178	6	0	0	0	0	6		
VIRGINIA															
	DeWitt Army, Fort Belvoir	J. Sandler	80	2,658	7	58	14,167	6	0	0	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
	Phoenix														
	Good Samaritan	D. James	113	12,510	52	61	19,361	3	1	1	1	0	6	7800-9300	F
ARKANSAS															
	Little Rock														
	Arkansas Baptist Medical Center	W. G. Cooper	153	6,321	105	43	500	2	0	0	0	0	2	6900-6900	F
CALIFORNIA															
	Daly City														
	Mary's Help Hospital—St. Joseph's	H. H. Lindner, G. Torassa						2	2	0	0	0	4		
	Mary's Help	G. Torassa	38	2,384	41	31	173							6600-7800	F
	St. Joseph's	H. H. Lindner	56	2,526	23	52	3,807							5400-6000	FP
	Glendale														
	Glendale Adventist	R. S. Vannix	111	5,593	68	25	2,017	2	0	0	0	0	2	10980-10980	P
	Long Beach														
	Memorial Hospital of Long Beach	R. T. Fox	141	6,766	94	57	539	3	0	0	0	0	3	6000-6600	P
	Los Angeles														
	Hospital of the Good Samaritan Medical Center	C. J. Berne	175	6,564	126	44	1,703	4	0	0	0	0	4	6000-7200	FP
	Santa Fe Memorial	L. Chaffin	28	830	14	764	17,533	3	0	0	0	0	3	6780-6780	P
	Pasadena														
	Huntington Memorial	W. E. Delphey	153	7,161	98	44	14,125	3	0	0	0	0	3	6000-7800	FP
	San Bernardino														
	San Bernardino County General	E. A. Dainko	95	5,441	141	57	26,554	8	4	0	0	0	12	6000-7200	F
	San Francisco														
	French	R. E. Gardner	78	2,979†	68	60	7,818	2	2	0	0	0	4	4200-5400	FP
	St. Joseph's—See Mary's Help Hospital—St. Joseph's, Daly City														
	Santa Monica														
	St. John's	R. T. Smith	116	6,135	42	18	246	1	0	0	0	0	1		
CONNECTICUT															
	Danbury														
	Danbury	J. Cherry	105	6,434	145	46	1,343	2	0	0	0	0	2	4200-4200	F
	Greenwich														
	Greenwich	F. J. Christie	123	4,902	130	72	2,457	3	0	0	0	0	3	5300-5300	FP
	New London														
	Lawrence and Memorial Hospitals	F. B. Hartman	113	5,599†	61	59	303	5	0	0	0	0	5	5400-5700	F
	Norwalk														
	Norwalk	M. Beinfeld	79	2,735†	34	38	1,579	6	0	0	0	0	6	4200-4200	F
DISTRICT OF COLUMBIA															
	Washington														
	Eastern Dispensary and Casualty	J. H. Choi	117	4,162	384	22	9,118	3	3	0	0	0	6	6000-6600	F
	Sibley Memorial	D. C. Riehmeyer	55	2,448	37	65	5,175	1	1	0	0	0	2	6500-7000	P
FLORIDA															
	Fort Lauderdale														
	Broward General	R. L. Foster	166	7,146	129	23	383	3	0	0	0	0	3	6000-6000	P
	Miami Beach														
	St. Francis	R. A. Torrado	66	2,437	55	47	862	3	0	0	0	0	3	4440-4800	P
	St. Petersburg														
	Mound Park	H. Reese	191	6,422	233	33	696	3	0	0	0	0	3	6300-6300	P
ILLINOIS															
	Berwyn														
	MacNeal Memorial	R. G. Mrazek	149	6,157	111	36	3,497	3	0	0	0	0	3	5400-5400	FP
	Chicago														
	American	P. Thorek	53	2,700	19	21	626	3	1	0	0	0	4	6700-7200	F
	Hospital of St. Anthony de Padua	F. Donlon	52	5	24	25	5,480	2	0	0	0	0	2	6000-7200	F
	Norwegian-American	F. Vicari	70	2,342	76	30	1,607	3	0	0	0	0	3	9000-9000	O
	Ravenswood	R. F. Cunningham	113	4,804	60	28	354	2	0	0	0	0	2	7600-7600	P
	St. Anne's	P. F. Fox	89	3,425	72	33	438	4	0	0	0	0	4	6600-6600	O
	St. Elizabeth's	L. G. Khedroo	79	3,136	17	8	72							7000-7200	
	Peoria														
	Methodist Hospital of Central Illinois	W. H. Eastman	194	7,189	131	38	2,420	3	0	0	0	0	3	5400-...	F
INDIANA															
	Fort Wayne														
	Lutheran Hospital of Fort Wayne	R. Lloyd	153	5,100	26	38	1,753	2	0	0	0	0	2	5100-5100	FP
	Indianapolis														
	St. Vincent's	J. C. Finneran	80	3,977	70	47	188	1	1	1	0	0	2	5700-6000	P

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
INDIANA—Continued															
Muncie															
Ball Memorial	R. O. Butz	180	6,587	98	45	1,959	2	0	0	0	0	2	5700-5700	P	
KANSAS															
Wichita															
Wesley Medical Center	G. J. Mastio	186	11,043	72	47	6,950	4	2	0	0	0	6	6000-6300	F	
KENTUCKY															
Louisville															
John N. Norton Memorial Infirmary	H. S. Collier	75	3,987	52	46	111	6	0	0	0	0	6	6600-7200	FP	
MAINE															
Lewiston															
Central Maine General	D. L. Anderson	88	3,021	70	69	1,302	1	0	0	0	0	1	5000-5000	F	
MARYLAND															
Baltimore															
Bon Secours	S. G. Sullivan	76	3,844	73	24	16,665	3	1	1	0	0	5	6600-7200	P	
Greater Baltimore Medical Center	G. L. Stonesifer, Jr.	61	1,971	69	30	1,018	4	0	0	0	0	4	7200-7200	O	
Bethesda															
Suburban	J. O. Robben	104	7,760	121	55	710	2	2	0	0	0	4	7080-7440	O	
MASSACHUSETTS															
Fitchburg															
Burbank	F. P. Ross	52	2,087	67	54	1,688	1	0	2	0	0	3	4800-5400	FP	
MICHIGAN															
Dearborn															
Oakwood	J. C. Carlisle	147	7,173	80	50	...	5	0	0	0	0	5	4800-4800	F	
Detroit															
Evangelical Deaconess	T. W. Baumgarten	76	3,193	88	28	498	2	0	0	0	0	2	6300-6900	P	
Grosse Pointe															
Bon Secours	R. Royer	78	4,595	66	42	8,805	4	2	0	0	0	6	5400-6000	FP	
Kalamazoo															
Borgess	R. Hodgman	92	4,893	43	47	0	2	0	0	0	0	2	5700-5700	F	
Lansing															
Edward W. Sparrow	H. J. Schmidt	163	6,578	164	43	536	2	0	0	0	0	2	7800-7800	P	
MINNESOTA															
Minneapolis															
Northwestern	R. Utendorfer	183	7,993	30	73	4,718	2	0	0	0	0	2	5000-5000	O	
St. Paul															
St. Joseph	J. Beer	29	697	17	50	2,504	2	0	0	0	0	2	5880-5880	O	
NEBRASKA															
Lincoln															
St. Elizabeth	R. W. Gillespie	74	3,960	51	41	328	2	0	0	0	0	2	4200-4200	F	
NEW JERSEY															
Montclair															
Mountainside	C. A. Beling	129	5,587†	83	37	1,138	3	0	0	0	0	3	4800-4800	F	
Morristown															
Morristown Memorial	S. H. M. Plum	113	4,662	71	48	1,359	2	0	0	0	0	2	6000-6000	F	
Neptune															
Jersey Shore Medical Center-Fitkin	P. Guthorn	120	4,708	139	46	1,688	2	0	0	0	0	2	4200-5400	F	
Newark															
United Hospitals of Newark-Presbyterian	T. A. Stanley	52	1,651	127	47	327	3	0	0	0	0	3	5000-5000	P	
St. Michael	A. Sarno	89	3,224	53	36	2,482	3	0	0	0	0	3	3900-5580	F	
NEW YORK															
Buffalo															
Mercy	J. Persse	153	6,665	85	39	833	3	0	0	0	0	3	5200-6400	FP	
New York City															
Jewish Chronic Disease	H. A. Kaplan	33	394	38	18	2,099	...	...	...	...	...	4	4800-6600	F
New York Infirmary	L. Loseke	57	1,964	36	31	2,623	2	2	1	1	0	6†	4850-6000	F	
Port Chester															
United	F. J. Murphy	93	3,883	135	28	1,181	2	0	0	0	0	2	4800-4800	FP	
White Plains															
White Plains															
NORTH DAKOTA															
Bismarck															
Bismarck	G. E. Tolstedt	70	2,530	96	38	1,315	4	0	0	0	0	4	8500-8500	F	
Fargo															
St. Luke's	C. H. Hall	76	3,489	48	43	28,450	3	0	0	0	0	3	7500-7500	F	
OHIO															
Elyria															
Elyria Memorial	R. E. Hayes	84	4,939	93	44	313	3	3	0	0	0	6	6000-6600	F	
Mansfield															
Mansfield General	J. B. Jackson	82	3,726	60	26	...	6	0	0	0	0	6	6000-6000	F	
Toledo															
Flower	W. H. Meffley	89	4,237	53	38	97	1	0	0	0	0	1	7200-7200	P	
OKLAHOMA															
Oklahoma City															
Presbyterian	E. R. Munnell	60	2,576	39	56	500	4	0	0	0	0	4	2600-7800	P	
OREGON															
Portland															
Providence	J. Vandenberg	176	7,929†	111	52	1,001	2	0	0	0	0	2	5400-5400	P	

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA															
Altoona															
Altoona	J. M. Stowell	130	4,517†	151	38	7,381	2	0	0	0	0	2	6420-6420	F	
Greensburg															
Westmoreland	W. B. Courtney	97	1,519†	26	58	6,144	2	0	0	0	0	2	7800-9000	P	
Hazleton															
Hazleton State General	V. F. Greco	90	2,407	80	30	2,119	2	2	0	0	0	4	7772-8163	P	
St. Joseph	S. Matsko	70	3,334	37	25	9,022	2	2	0	0	0	4	6000-6000	F	
Johnstown															
Conemaugh Valley Memorial	R. Zimmerman	176	6,137	96	57	1,360	2	0	0	0	0	2	6000-6000	F	
Philadelphia															
Jeanes	W. Y. Inouye	68	2,568	68	60	8,507	3	0	1	0	0	4	8000-10000	O	
St. Joseph's	W. A. D'Alonzo	86	3,011	71	31	2,566	3	0	0	0	0	3	4800-4800	FP	
St. Mary's Franciscan	F. Volk	82	3,125	24	14	2,947	2	0	0	0	0	2	5400-5400	P	
Pittsburgh															
St. Margaret Memorial															
Uniontown															
Uniontown	R. M. Maher	100	4,068				2	0	0	0	0	2	7200-7200	F	
Wilkes-Barre															
Wilkes-Barre General	H. C. Smith	81	2,492	75	41	1,251	1	1	0	0	0	2	4200-5400	F	
TENNESSEE															
Chattanooga															
Newell Clinic	R. M. Landry	46	2,632	60	18	24,481	3	0	0	0	0	3	7200-8400	P	
TEXAS															
Dallas															
Gaston Episcopal	J. V. Goode	95	4,818	84	40		3	0	0	0	0	3	4200-5100	P	
Fort Worth															
St. Joseph	W. S. Lorimer, Jr.	126	6,173	95	25		2	0	0	0	0	2	...-5100	F	
Houston															
Southern Pacific	J. R. Gandy	28	996	8	13	4,498	2	0	1	0	0	3	4800-5400	F	
UTAH															
Ogden															
Thomas D. Dee Memorial	W. J. Gardner	150	7,816	44	86	7,871	1	0	0	0	0	1	5100-6600	FP	
Salt Lake City															
Holy Cross	J. A. Gubler	135	7,247	101	56	65	2	0	0	0	0	2	4200-4200	FP	
St. Mark's	J. H. Clark	101	5,812	37	62	1,879	1	0	0	0	0	1	3900-3900	P	
VIRGINIA															
Newport News															
Riverside	J. A. Lawson	138	6,506	122	35	1,356	2	0	0	0	0	2	7200-9600	FP	
Richmond															
St. Elizabeth's	W. R. Hill	33	1,108	7	71		3	3	0	0	0	6	5100-8400	FP	
WASHINGTON															
Seattle															
Doctors	C. Powell	53	9,133	209	41		1	0	0	0	0	1	6600-6600	FP	
Spokane															
Sacred Heart	C. F. Baxter	174	12,169	158	47	800	2	0	0	0	0	2	5400-6600	F	
WISCONSIN															
La Crosse															
Lutheran Hospital Gundersen Clinic	G. B. Murphy	100	4,733	96	35	46,118	3	0	0	0	0	3	6000-6000	F	
Marshfield															
St. Joseph's	B. R. Lawton	136	4,988	78	60		2	0	0	0	0	2	6000-6000	F	
Milwaukee															
Evangelical Deaconess	J. H. Johnson	127	5,559†	35	71	1,935	6	0	0	0	0	6	5400-5700	F	
St. Luke's	J. Zimmer	121	4,410	85	44	4,045	4	0	0	0	0	4	7200-7500	FO	

27. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the Board of Thoracic Surgery, and the American College of Surgeons, through the Residency Review Committee for Thoracic Surgery, as offering acceptable training in the specialty. The new policy on approval of "mixed" programs was stated in the Special Announcement Section following the Annual Report in the 1964 Directory of Approved Internships and Residencies. Programs, 94; Residencies, 288

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1968-1969 Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits				
UNITED STATES AIR FORCE										
TEXAS										
Wilford Hall USAF, San Antonio	R. H. Hood	22	513	29	86	146	2	4		
UNITED STATES ARMY										
CALIFORNIA										
Letterman General, San Francisco	E. M. Aronstam	15	240	20	90	1,222	2	4		
COLORADO										
Fitzsimons General, Denver	A. R. Hopeman	12	215	6	83	328	2	2		
DISTRICT OF COLUMBIA										
Walter Reed General, Washington	E. J. Jahnke	24	485	12	100	1,680	2	3		
TEXAS										
Brooke General, San Antonio	G. W. Fisher	18	336	27	70	423	2	4		

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1968-1969 Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits				
UNITED STATES NAVY										
CALIFORNIA										
U. S. Naval, San Diego	M. J. Trummer	32	671	40	72	1,853	2	2		
MARYLAND										
U. S. Naval, Bethesda	D. H. Gaylor	16	153	19	89	249	2	2		
NEW YORK										
U. S. Naval, St. Albans	D. J. Doohen	19	241	10	8	252	2	2		
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
Birmingham										
University of Alabama Medical Center	J. W. Kirklin	31	287	11	73	632	2	4		
University of Alabama Hospitals and Clinics	J. W. Kirklin								6900-6900	P
Veterans Admin.	T. H. Allen								4610-8230	O
ARKANSAS										
Little Rock										
University of Arkansas Medical Center	G. S. Campbell							2	5500-5550	O
University										
Veterans Admin. Consolidated		15	208	27	33	260			7110-8230	P
CALIFORNIA										
Duarte										
City of Hope Medical Center	F. X. Byron	18	229	25	98	651	2	2	6000-9600	P
Long Beach										
Veterans Admin.—See University of California, California College of Medicine Affiliated Hospitals, Orange										
Los Angeles										
Los Angeles County General, Unit I	J. Kay	22	1,057	44	39	1,007	2	2	9600-15832	P
University of California	J. V. Maloney, Jr.	12	405	52	87		2		4368-7956	O
Veterans Admin. Center—Wadsworth ¹⁰⁹	J. D. Steele	22	392	28	82	457	2	4	8760-8760	P
Oakland										
Highland General ³⁶	D. J. Dugan	11	297	32	41	597	2	4	8700-8700	P
Olive View										
Los Angeles County Olive View	N. C. Hamel	51	1,625	28	65	924	1	4	14832-14832	O
Orange										
University of California-California College of Medicine							2	4		
Affiliated Hospitals										
Orange County Medical Center (Orange)	J. E. Connolly	32	15,820	10	8	255			7296-9312	
Veterans Admin. (Long Beach)	E. A. Stemmer	19	279	25	76	180			5920-8760	O
San Francisco										
University of California Program in Thoracic Surgery										
H. C. Moffitt—University of California Hospitals	B. B. Roe	15	485	37	100	432	1	1	7692-7692	O
Torrance										
Los Angeles County Harbor General	W. Bloomer	11	145†	9	77	1,331	1	1	9000-9600	P
COLORADO										
Denver										
Veterans Admin.	R. K. Brown			Inc. in Surgery			1			
CONNECTICUT										
New Haven										
Hospital of St. Raphael	M. G. Carter	14	355	39	69	275	1	1	6020-6920	P
Yale-New Haven Medical Center										
Yale-New Haven	J. W. Cole, G. Lindskog	27	212	34	68	189	2	1	4000-5000	P
DISTRICT OF COLUMBIA										
Washington										
District of Columbia General Hospital— George Washington University	B. B. Blades						2	4		
District of Columbia General									4500-6500	P
George Washington University		15	590	17	79				4500-6000	P
FLORIDA										
Gainesville										
William A. Shands Teaching Hospital and Clinics	M. W. Wheat, Jr.	27	889	107	86	1,390	2	4	6000-8000	O
Miami										
University of Miami Affiliated Hospitals										
Jackson Memorial ¹⁶⁴	J. Jude	22	772	63	46	632	2	6	5796-6672	O
GEORGIA										
Atlanta										
Emory University Affiliated Hospitals ⁷⁵	O. A. Abbott						2	7		
Emory University		26	1,009†	53	71	0			5700-8000	P
Grady Memorial		11	400	15	20				5100-5700	P
Augusta										
Medical College of Georgia Hospitals	R. G. Ellison						2	4		
Eugene Talmadge Memorial	R. G. Ellison	21	349	32	85	1,496			7000-7000	P
Veterans Admin.	I. N. Anabtawi	8	66	3	100	240			4610-8230	P
Battley State (Rome)	R. A. Corpe	24	221	2	0				8544-11436	P
Rome										
Battley State—See Medical College of Georgia Hospitals, Augusta										
ILLINOIS										
Chicago										
Chicago State Tuberculosis Sanitarium	H. T. Langston	40	261			150	1	1	5040-5700	P
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	63	328	18	67	1,183	1	4	5064-5316	P
Cook County	M. Weinberg, Jr.	34	1,076	81	42	1,512	2	4	6300-6300	F
Presbyterian-St. Luke's	O. C. Julian	76	1,471	84	81	326	2	8	6500-8000	P
Hines										
Veterans Admin.	W. E. Neville	30	338	78	58	586	2	2†	8230-8230	O
Hinsdale										
Suburban Cook County Tuberculosis Sanitarium District	A. A. Reimann	10	90	1	100	100	1	1	7200-7200	O

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Includes Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969	Salary per Year	Main-tenance
				Number	Autopsy Per cent					
								Total All Years	Min.-Max.	F P O
IOWA										
Iowa City										
University Hospitals	J. L. Ehrenhaft	40	950	44	98	1,803	2	2†		P
KANSAS										
Kansas City										
University of Kansas Medical Center	A. Albritten		Inc. in Surgery				2	2	6000-6480	P
KENTUCKY										
Louisville										
University of Louisville Affiliated Hospitals	J. S. Harter						2	2		
Children's	F. Rubel	4	153	14	93	197				
Jewish	R. J. Noer		133	4	25				7000-7500	P
Louisville General	J. S. Harter	9	223	10	50	597			4730-5730	PO
Veterans Admin.	H. T. Ransdell	8	121	13	69	213			4610-7110	O
LOUISIANA										
Monroe										
E. A. Conway Memorial—See Ochsner Foundation, New Orleans										
New Orleans										
Charity Hospital of Louisiana										
Louisiana State University Division	L. H. Strug	7	209	20	50	729	2	2	6000-8000	F
Tulane University Division	O. Creech	6	175	42	43	786	2	2	6000-6000	F
Ochsner Foundation	J. L. Ochsner		Inc. in Surg.				2			
E. A. Conway Memorial (Monroe)	J. Ochsner	10	304	9	27	2,704				
MARYLAND										
Baltimore										
University	R. Cowley	13	291	29	43	332	2	6	5700-6600	P
Veterans Admin.	R. A. Kieffer, Jr.	25	73	9	78	167	1	2	4610-8230	P
MASSACHUSETTS										
Boston										
Boston City Hospital-Boston Sanatorium							2	2		
Boston City	J. A. Bougas	18	288	32	56	761			4200-4800	O
Boston Sanatorium										
New England Deaconess	R. H. Overholt	20	1,090	44	70	6,500	2	4	4200-7500	O
MICHIGAN										
Ann Arbor										
University	C. Haight	30	634	37	78	1,407	2	8	5851-6541	O
Dearborn										
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit										
Detroit										
Henry Ford	C. R. Lam	45	1,239	125	71	1,053	2	8	6000-6600	P
Herman Kiefer	J. C. Day	90	718	7	57	277	2	6	8331-9293	O
Wayne State University Affiliated Hospitals	A. J. Walt						2	4		
Veterans Admin. (Dearborn)		8	108	35	80	224			4610-8230	O
Detroit General									5600-6500	P
Lansing										
Ingham Medical	A. L. Stanley	40	480	27	10	5,874	1	2	4800-6600	F
MINNESOTA										
Minneapolis										
Veterans Admin.	E. Humphrey		Inc. in Surg. 189	32	75	458	2	2†	4610-8230	O
Rochester										
Mayo Graduate School of Medicine	F. H. Ellis, Jr.	54	1,598	125	90	5,833	2	4	6000-7500	P
Rochester Methodist										
St. Mary's										
MISSISSIPPI										
Jackson										
University of Mississippi Medical Center	J. D. Hardy						2	4		
University	J. D. Hardy	2	41	3	67				5500-5800	P
Veterans Admin.	J. H. Conn	11	223	11	64	1,065			8230-8230	O
Mississippi State Sanatorium (Sanatorium)	H. K. Stauss	11	128	5	40	170			7200-7200	F
Sanatorium										
Mississippi State Sanatorium—See University of Mississippi Medical Center, Jackson										
MISSOURI										
Columbia										
University of Missouri Medical Center	J. W. MacKenzie	11	261	20	95	528	2	2	6100-6700	O
Mount Vernon										
Missouri State Sanatorium-St. Francis							2			
Missouri State Sanatorium	J. W. Polk								8000-8000	O
St. Francis (Roslyn, N.Y.)	E. P. Mannix, Jr.	17	633	52	70	817			5400-6600	F
St. Louis										
Barnes Hospital Group	T. Burford	30	1,008	68	52	4,700	2	4	5100-5400	O
NEW JERSEY										
Browns Mills										
Deborah—See Hahnemann Medical College and Hospital, Philadelphia, Pa.										
Jersey City										
Berthold S. Pollak Hospital for Chest Diseases	J. J. Timmes	14	301	36	44	807	2	2	7000-7000	F
NEW YORK										
Albany										
Albany Medical Center	A. Stranahan	23	952	43	49	16	2	2	4900-6900	P
Veterans Admin.	A. Stranahan	9	146	21	57	407			4480-8000	O
Buffalo										
Veterans Admin.	W. M. Chardack		228	16	44		2	2	8230-8230	O
Children's Hospital of Buffalo										

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969 Total All Years	Salary per Year Min. - Max.	Main-tenance
				Number	Autopsy Per cent					
NEW YORK—Continued										
New Hyde Park										
Long Island Jewish Hospital Training Program	W. L. Phillips	5	134	18	50	0	2	4	5000-6750	O
Long Island Jewish	W. L. Phillips	25	339	33	44	103			5890-6310	F
Queens Hospital Center (New York City)	P. Craatnopol									
New York City										
Albert Einstein College of Medicine Affiliated Hospitals							2	2		
Bronx Municipal Hospital Center	D. State	25	400	23	57	1,150			6400-6620	F
Hospital of the Albert Einstein College of Medicine										
Columbia University Affiliated Hospitals	R. Wylie						2	2		
Presbyterian	R. Wylie		Inc. in Surgery						6500-8500	O
Francis Delafield										
Harlem Hospital Center									4980-6400	F
Jewish Hospital and Medical Center of Brooklyn										
Maimonides Medical Center	A. Kantowitz		Inc. in Surg. 105	16	47	140	1	1	6750-6750	P
Montefiore Hospital and Medical Center	G. Robinson	21	325	22	45		2	2	6680-6880	P
Mount Sinai	R. S. Litwak	34	527	24	75	407	2	2	7500-7750	F
New York Medical College-Metropolitan Hospital Center	I. A. Sarot						2	5	5580-5780	F
Unit 1—Flower and Fifth Avenue Hospitals										
Unit 2—Metropolitan		7	108	9	44	298				
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park							2	6†		
State University-Kings County Medical Center	K. Karlson	21	453	94	39	897			4980-6400	P
Kings County Hospital Center										
State University										
Veterans Admin. (Bronx) ²⁰⁴	P. Cooper	19	202	33	79	296	2	2	7200-8230	O
Veterans Admin. (Brooklyn)	R. Klopstock	20	177	20	80	526	2	2	6170-8230	O
Roslyn										
St. Francis—See Missouri State Sanatorium-St. Francis, Mount Vernon, Mo.										
NORTH CAROLINA										
Chapel Hill										
North Carolina Memorial	R. M. Peters	11	341†	28	64	957	2	2	5700-...	O
Charlotte										
Charlotte Memorial	P. W. Sanger	29	1,108†	44	86	429	2	4	6600-6600	P
Durham										
Duke	W. C. Sealy	23	713	61	64	1,259	2		4500-5400	P
Oteen										
Veterans Admin.	T. Takaro	105	1,774	105	71	2,400	2	4	8230-8230	O
Winston-Salem										
North Carolina Baptist Hospitals	H. Bradshaw	13	359	24	95	184	2	3	7000-7000	P
OHIO										
Cleveland										
Cleveland Clinic	D. B. Effer	42	1,210	77	67	2,429	2	6	6000-6600	P
Cleveland Metropolitan General	J. H. Kennedy	8	179	17	31	612	2	2	5800-6760	P
St. Vincent Charity	E. B. Kay	19	412	36	81	315	2	5	4620-4800	P
Western Reserve University Affiliated Hospitals	H. J. Mendelsohn						2	4		
University Hospitals of Cleveland		17	578†	10	41				6000-6500	P
Veterans Admin.		12	90	21	57	312			5460-6440	P
Sunny Acres Cuyahoga County Tuberculosis			Inc. in Int. Med.						3100-3100	FP
Columbus										
Ohio State University Affiliated Hospitals	K. Klassen						2	4		
Ohio State University Hospitals	K. Klassen	27	1,095	76	85	620			6086-7296	P
Ohio Tuberculosis	N. C. Andrews, J. S. Vasko	17	112	2	100	0			6296-7296	O
OKLAHOMA										
Oklahoma City										
University of Oklahoma Medical Center	G. R. Williams						2	2		
University of Oklahoma Hospitals	G. R. Williams	11	104	2	50	500			6000-8200	P
Veterans Admin.	L. J. Greenfield	5	31	10	40	318				
OREGON										
Portland										
University of Oregon Medical School Hospitals and Clinics	A. Starr	16	361	37	91		2	2	4200-8000	FP
Veterans Admin.	J. C. Bigelow	8	94	11	82				4610-8230	P
PENNSYLVANIA										
Philadelphia										
Hahnemann Medical College and Hospital	H. Nichols	11	170	17	75		2	4	3900-4200	P
Deborah (Browns Mills, N.J.)	H. Nichols	12	200	14	93	460			3600-3600	P
Presbyterian-University of Pennsylvania Medical Center	R. Trout	13	202†	19	85	122	2	2	5360-5360	P
Temple University	J. C. Davis	7	164	20	80		2	4	3900-4800	P
St. Christopher's Hospital for Children	J. C. Davila									
Pittsburgh										
Health Center Hospitals of the University of Pittsburgh	H. T. Bahnson						2	4		
Children's Hospital of Pittsburgh	H. T. Bahnson	8	174	26	92	82			5000-7800	O
Presbyterian-University	H. T. Bahnson	10	184	19	63				5500-7500	O
Allegheny General	E. M. Kent	29	675†	53	49	470			8400-8400	P
St. Francis General	J. W. Giacobine	19	645	58	50	741	2	6	8400-8400	P
Shadyside	W. B. Ford	27	633	57	44	8			6300-7800	F
SOUTH CAROLINA										
Charleston										
Medical Center Hospitals										
Medical College	W. H. Lee, Jr.	14	503	59	60	429	2	3	4560-6300	O
TENNESSEE										
Memphis										
University of Tennessee Affiliated Hospitals	J. W. Pate						2	6		
City of Memphis Hospitals	J. W. Pate	28		22	73	718			3600-4080	F
Veterans Admin.	F. A. Hughes	41	904	83	77	425			4610-8230	O
West Tennessee Tuberculosis	F. H. Cole	66	267	5	40	228			7080-7440	F

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1968-1969		Salary per Year Min. - Max.	Main-tenance P O
				Number	Autopsy Per cent			Total All Years			
TEXAS											
Dallas											
University of Texas Southwestern Medical School Affiliated Hospitals	W. R. Webb						2	2			
Parkland Memorial	W. R. Webb	10	418	28	39	1,013			6000-6300	P	O
Baylor University Medical Center	D. Paulson	28	950	41	66	222			6000-6000	P	O
Children's Medical Center	M. V. Davis					58				O	
Veterans Admin.	R. H. Holland	26	316	63	62	331			7110-8230	P	
Galveston											
University of Texas Medical Branch Hospitals	J. B. Derrick	17	489	30	50	769	2	2	5088-5088	P	
Houston											
Baylor University Affiliated Hospitals	M. E. De Bakey						2	6			
Ben Taub General		6	196	20	55	369			5100-5100	P	
Methodist		165	4,376	214	62				5400-5700	P	O
St. Luke's Episcopal		44	1,223	83	71				5400-5700	O	
Texas Children's		14	389	45	82	798			5400-5700	O	
Veterans Admin.		1	168	48	46	242			7110-8230	P	
UTAH											
Sale Lake City											
Latter-day Saints	R. M. Nelson	38	1,525	68	78	87	2	4	5700-6300		
VIRGINIA											
Charlottesville											
University of Virginia	W. H. Muller	25	856	81	59	501	2	2	4200-5400	O	
Richmond											
Veterans Admin.	Y. H. Zimberg	11	238	23	55	927	1	1	7110-8230	P	
WISCONSIN											
Milwaukee											
Marquette University Affiliated Hospitals	W. Weisel						2	4			
Milwaukee Children's	B. G. Narodick	4	106	20	100	113					
Milwaukee County General	B. G. Narodick	9	546	3	66				7754-8754	P	
Veterans Admin. (Wood)	W. Weisel	12	139	18	72	1,022			8230-8230	P	

28. UROLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Urology, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution. Programs, 187; Residencies, 985

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min. - Max.	Main-tenance P O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U. S. A. F., San Antonio	J. R. Robison	45	1,399	3	100	12,160	1	1	1	1	0	4		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	C. A. Moore	16	530	3	67	8,522	0	1	1	1	0	3		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	K. E. VanBuskirk	58	660	20	65	15,576	0	2	2	2	0	6		
HAWAII														
Tripler General, Honolulu	E. J. O'Shaughnessy	38	1,019	5	80	16,714	0	1	1	1	0	3		
TEXAS														
Brooke General, San Antonio	P. D. Beach	31	1,007	16	75	9,810	0	2	2	2	0	6		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Cakland ¹¹⁹	J. D. Real	21	763	5	80	6,134	1	1	1	1	0	4		
U. S. Naval, San Diego	M. Rottner	60	2,132	24	46	18,654	2	1	2	1	0	6		
MARYLAND														
U. S. Naval, Bethesda	H. Hubbard	30	570	10	70	10,512	1	1	1	1	0	4		
NEW YORK														
U. S. Naval, St. Albans	M. Edson	27	587	8	6	3,182	1	1	1	1	0	4		
PENNSYLVANIA														
U. S. Naval, Philadelphia	E. Sacher	26	690	19	53	5,516	1	1	1	1	0	4		
UNITED STATES PUBLIC HEALTH SERVICE														
NEW YORK														
U. S. Public Health Service (Staten Island), New York City ²⁸⁷	M. W. Justice	48	1,146	13	69	6,800	1	1	1	1	0	4		

APPROVED RESIDENCIES

28. UROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Maintenance	
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights.....	W. Austerman	11	267	9	65	4,826	0	1	1	1	0	3	8705-10364	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist.....	H. C. Hudson	19	1,009†	12	67	7,457	1	0	1	1	0	3	5400-7800	P
University of Alabama Medical Center.....	S. W. Shirley	69	2,730	34	69	7,115	0	3	3	3	0	9	4980-6300	P
University of Alabama Hospitals and Clinics.....													4610-8230	O
Veterans Admin.....													4610-8230	O
ARKANSAS														
Little Rock														
University of Arkansas Medical Center.....	J. Mobley	14	437	17	35	1,382	2	2	2	0	0	6	3900-4500	O
University.....													4610-7110	P
Veterans Admin. Consolidated.....													4610-7110	P
CALIFORNIA														
Downey														
Rancho Los Amigos—See White Memorial Medical Center, Los Angeles														
Fresno														
Fresno General—See Presbyterian Medical Center, San Francisco														
Long Beach														
Veterans Admin. ⁶⁶	A. J. Bischoff	43	631	31	61	3,061	2	2	2	2	0	8	5920-8760	O
Los Angeles														
Kaiser Foundation.....	J. F. Cooper	23	1,701	9	55	16,951	0	2	2	2	0	6	6600-7800	P
Los Angeles County General, Unit I ¹¹⁰	J. W. Morrow	55	2,059	61	36	23,721	3	3	3	3	0	12	7200-9000	P
Los Angeles County General, Unit II.....	P. Getzoff	14	370†	9	33	2,124	1	1	1	1	0	4	7200-9000	P
University of California Medical Center.....	W. E. Goodwin						2	2	2	2	2	10		
University of California.....	W. E. Goodwin	21	895	15	67	5,765							4368-7956	O
Veterans Admin. Center-Wadsworth.....	M. Mims	61	1,906	30	77	6,855							6600-8760	P
Los Angeles County Harbor General (Torrance).....	A. Cockett	16	521†	16	67	4,747							7200-9600	P
White Memorial Medical Center.....	T. Bergman	9	453	7	57	3,001	1	1	1	1	0	4	6060-7860	P
Rancho Los Amigos (Downey).....	A. E. Comarr					8,016							7200-9600	P
Riverside General (Riverside).....	S. Farley	10	282	10	60	1,286								
Martinez														
Veterans Admin. ¹¹⁹	J. S. Elliot	37	590	35	66	2,820	1	1	1	0	0	3	5460-7110	O
Oakland														
Highland General.....	C. F. Humphreys	16	427	22	59	2,832	1	1	1	0	0	3	7200-8200	P
Orange														
Orange County Medical Center.....	C. K. Pearlman	10	561	10	80	2,274	0	1	1	1	0	3	6200-7700	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals.....	T. A. Stamey						3	3	3	3	0	12		
Palo Alto-Stanford Hospital Center.....	T. A. Stamey	27	1,048	9	44	4,761							4900-6900	O
Veterans Admin.....	G. E. Duker	19	215	14	79	2,024								
San Mateo County General (San Mateo).....	T. F. Conroy	3	93	1	100	837							4896-6192	F
Santa Clara Valley Medical Center (San Jose).....	T. A. Stamey	14	247	14	57	2,406								
Riverside														
Riverside General—See White Memorial Medical Center, Los Angeles														
San Diego														
San Diego County-University ⁶⁸	R. J. Prentiss	19	546	31	52	5,117	1	1	1	1	0	4	5076-7032	P
San Francisco														
Presbyterian Medical Center.....	H. Weyrauch	7	299	1	0	609	1	1	1	0	0	3	4800-5700	P
Fresno General (Fresno).....	L. Prendergast	7	273	13	5	1,864							8136-10188	P
University of California Program in Urology.....	D. R. Smith						3	3	3	0	0	9		
H. C. Moffitt-University of California Hospitals.....	D. R. Smith	18	835	5	80	4,153							5436-7060	O
San Francisco General.....	F. Hinman	27	481	39	51	1,163							4368-7692	P
Southern Pacific Memorial.....	C. S. Harrod	18	534	1	100	2,575							5880-8700	FP
Veterans Admin.....	J. W. Schulte	26	452	7	86	2,108							4710-8230	O
San Jose														
Santa Clara Valley Medical Center—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
Torrance														
Los Angeles County Harbor General—See University of California Medical Center, Los Angeles														
COLORADO														
Denver														
Denver General.....	D. Newland	9	301	13	39	2,104	1	1	1	0	0	3	4392-5256	P
University of Colorado Affiliated Hospitals.....	O. G. Stonington						1	1	1	0	0	3		
University of Colorado Medical Center.....	O. G. Stonington	10	487	11	91	1,913							3500-4500	O
Veterans Admin.....	T. E. Starzl	22	503	13	85	887							4610-8230	O
CONNECTICUT														
Hartford														
Hartford.....	C. Mirabile	29	1,714	9	77		1	1	1	0	0	3	4800-6600	P
New Haven														
Yale-New Haven Medical Center.....	B. M. Harvard						0	2	2	2	0	6		
Yale-New Haven.....	B. M. Harvard	37	1,369	14	79	4,202							4000-5000	P
Veterans Admin. (West Haven).....	B. M. Harvard	13	423	9	67	1,070								
Waterbury (Waterbury).....	J. K. Shearer	16	552	12	16	312							5400-5400	F
Waterbury														
Waterbury—See Yale-New Haven Medical Center, New Haven														
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Wilmington Medical Center.....							1	1	1	0	0	3	6000-7800	P
Delaware Division.....	J. Furlong	9	329	5	100	1,588								

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
DISTRICT OF COLUMBIA														
Washington														
Freedmen's	C. W. Clark	21	381	28	32	2,755	0	1	1	1	0	3	6941-8702	O
Georgetown University Affiliated Hospitals	R. Baker	27	921	10	70	2,900	2	2	2	2	0	8	4500-6500	P
District of Columbia General		21	1,040	2	100								4068-4980	P
Georgetown University		30	566	5	80	2,740							4480-8000	O
Veterans Admin.														
George Washington University Affiliated Hospitals ¹⁴⁸	L. R. Culbertson	18	331	14	43	2,537	2	2	2	0	0	6	4500-6500	P
District of Columbia General		24	1,095	13	62	645							5000-8000	P
George Washington University		28	321†	17	76	2,783							4610-8230	P
Veterans Admin.		48	2,636	19	42	1,236	1	1	1	0	0	3	4860-5820	P
Washington Hospital Center	W. D. Jarman	10	1,157†	1	100	685								
Children's	D. Jarman													
FLORIDA														
Bay Pines														
Veterans Admin.—See Tampa General, Tampa														
Gainesville														
William A. Shands Teaching Hospital and Clinics	G. H. Miller	10	460	8	45	2,497	1	1	1	1	0	4	3600-5600	O
Veterans Admin. (Lake City)	W. P. Jordan	28	325	19	75								4610-8230	O
Jacksonville														
Duval Medical Center-St. Vincent's	W. A. Van Nortwick	10	284	17	63	6,853	0	1	1	0	0	2	6300-6600	P
Duval Medical Center		19	1,148†	3	100	623	1	0	0	0	0	1	5700-6700	P
St. Vincent's														
Lake City														
Veterans Admin.—See William A. Shands Teaching Hospital and Clinics, Gainesville														
Miami														
University of Miami Affiliated Hospitals	V. Politano	53	1,687	45	40	6,362	3	3	3	0	0	9	4856-5916	O
Jackson Memorial ¹⁵³														
Miami Beach														
Mount Sinai Hospital of Greater Miami	S. Goldman	35	942	13	46	597	1	1	1	0	0	3	4500-8000	P
Orlando														
Orange Memorial	T. Frazier	39	1,824	31	36	1,332	1	1	1	0	0	3	5100-5700	P
Tampa														
Tampa General	A. Stevenson	37	1,798	30	43	2,243	1	1	1	0	0	3	5400-8400	FP
Veterans Admin. (Bay Pines)	J. L. Davis	36	604	23	48	504							7100-7100	
GEORGIA														
Atlanta														
Grady Memorial	C. Rieser	31	587	11	73	8,700	2	2	2	0	0	6	4800-5700	P
Veterans Admin.	E. Haltiwanger												4610-8230	P
St. Joseph's Infirmary ⁹³	R. C. Coleman	21	1,109†	11	45	678	1	1	1	0	0	3	5820-6600	P
Augusta														
Medical College of Georgia Hospitals	J. R. Rinker	19	426	11	38	2,282	0	1	1	1	1	4	4500-7000	P
Eugene Talmadge Memorial														
Savannah														
Memorial Hospital of Chatham County	I. Victor	26	1,202†	19	58	2,408	1	1	1	0	0	3	5100-6600	F
ILLINOIS														
Chicago														
Cook County	I. Bush	80	1,977	91	35	8,068	0	3	3	3	0	9	4980-5700	F
Mercy Medical Center ¹⁶⁰	E. T. Wilson	19	644	17	44	1,640	1	0	1	0	0	2	4500-5100	P
Michael Reese Hospital and Medical Center ¹⁷⁶	D. Presman	36	1,093	25	44	2,065	1	1	1	1	0	4	4200-6900	P
Mount Sinai Hospital Medical Center ⁹⁸	H. Goldberg	20	649	13	38	1,258	1	1	1	0	0	3	4600-5700	P
Northwestern University Medical Center	J. T. Grayhack					2,342	0	2	3	0	0	5		
Chicago Wesley Memorial	V. O'Connor, Jr.	16	604	14	43								4800-6000	O
Children's Memorial	L. R. King	11	598	5	80	822							4200-6000	P
Passavant Memorial	J. T. Grayhack	12	582†	3	66	1,704							3900-4800	P
Veterans Admin. Research	J. T. Grayhack	36	712	20	50	2,739							4610-8230	O
Presbyterian-St. Luke's	C. F. McKiel, Jr.	21	1,240	9	44	1,722	1	1	1	1	0	4	5000-7000	P
University of Chicago Hospitals and Clinics	C. W. Vermeulen	13	504	15	40	5,680	1	1	1	0	0	3	5500-7500	O
University of Illinois Research and Educational Hospitals ¹⁷⁶	J. H. McDonald	18	398	9	77	3,364	1	1	1	0	0	3	5300-6200	P
Hines	F. A. Lloyd	70	1,275	72	40	4,226	0	3	3	3	0	9	5460-7110	O
Veterans Admin. ¹⁷³														
INDIANA														
Indianapolis														
Indiana University Medical Center	R. A. Garrett						3	3	3	0	0	9		
Indiana University Hospitals	R. A. Garrett	14	471	13	15	1,374							4050-4850	P
Marion County General	M. H. Nourse	12	275	19	43	4,879							5220-6159	P
Veterans Admin.	R. A. Garrett	21	331	28	46	953							4610-8230	O
Methodist Hospital of Indiana	J. H. O. Mertz	57	2,503†	30	57	499	1	1	1	1	0	4	5880-6780	P
IOWA														
Des Moines														
Veterans Admin. ⁴⁵	L. J. Arduino	31	2,424	32	69	1,040	1	1	1	0	0	3	4610-8230	P
Iowa City														
University Hospitals	R. H. Flocks	80	2,341	43	44	11,602	3	3	3	3	3	15	4500-6500	P
KANSAS														
Kansas City														
University of Kansas Medical Center	W. Valk	20	770	11	46	3,615	2	2	2	0	0	6	4200-5400	P
Veterans Admin. (Kansas City, Mo.)	W. K. Mebust	31	522	32	59	719							4610-7110	O
Wadsworth														
Veterans Admin.	L. Becker	28	438	17	82	4,016	1	1	1	0	0	3	5460-7110	P
St. Luke's (Kansas City, Mo.)	A. Mitchell	24	1,070	10	40									
Wichita														
Veterans Admin.	M. E. Jacobson	25	386	20	45	1,157	1	1	1	1	0	4	4610-7110	F
St. Francis	D. C. Reed	35	1,472	24	42								6032-6968	FP
Sedgwick County Hospital and Clinic	F. Matassarini	4	93	1	1	323								

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY														
Lexington														
Good Samaritan Hospital-St. Joseph	R. M. Slabaugh	14	728	6	33	...	1	1	1	0	0	3	4400-4200	F
Good Samaritan	R. M. Slabaugh	11	897	6	33	421	...	...	...	...	...	...	4260-6060	P
St. Joseph	N. L. Bosworth	...	...	...	...	...	1	1	1	0	0	3	5160-6360	P
University of Kentucky Medical Center	E. H. Ray	16	205	3	0	1,659	...	...	...	...	...	...	...	...
University	E. H. Ray	8	169	2	100	656	...	...	...	...	...	...	...	...
Veterans Admin.	W. G. Malette	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisville														
University of Louisville Affiliated Hospitals	R. Lich, Jr.	3	161	1	100	318	2	2	1	1	0	6	...	...
Children's	R. Lich, Jr.	10	332	10	40	5,458	...	...	...	...	...	...	4230-5730	PO
Louisville General	R. Lich, Jr.	23	527	16	88	964	...	...	...	...	...	...	4610-7110	O
Veterans Admin.	H. I. Berman	...	...	...	...	...	...	...	...	...	...	...	...	...
LOUISIANA														
Alexandria														
Veterans Admin.—See Veterans Admin., New Orleans	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Orleans														
Charity Hospital of Louisiana	G. C. Tomskey	41	975	40	40	10,910	...	...	...	...	...	9	5400-6000	F
Louisiana State University Division	J. U. Schlegel	39	1,038	44	43	11,506	...	...	...	...	...	8	5400-6000	F
Tulane University Division	W. E. Kittredge	23	927	2	100	13,821	2	2	2	0	0	6	4800-...	P
Ochsner Foundation ¹⁸⁷	J. U. Schlegel	36	519	21	71	2,128	2	2	2	2	0	8	4610-8230	O
Veterans Admin.	J. Fischman	24	1,087	15	53	1,412	...	...	...	...	...	...	5500-6500	P
Touro Infirmary	J. U. Schlegel	24	338	19	42	632	...	...	...	...	...	...	...	...
Veterans Admin. (Alexandria)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shreveport														
Confederate Memorial Medical Center	B. E. Trichel	26	1,206	23	31	4,854	2	1	1	1	0	5	5400-6000	F
MARYLAND														
Baltimore														
Johns Hopkins ¹⁹⁰	W. W. Scott	40	1,389†	22	68	5,160	0	4	2	2	2	10	3600-...	P
Sinai Hospital of Baltimore	M. A. Robbins	27	830	7	56	1,408	2	1	1	0	0	4	5700-7000	P
University	J. Young	28	1,006	22	59	5,006	2	2	2	0	0	6	4100-5500	P
Fort Howard														
Veterans Admin. ¹⁹⁷	H. C. Kramer	29	231	19	58	2,196	1	0	0	0	0	1	4610-8230	P
MASSACHUSETTS														
Boston														
Boston University Medical Center ²¹⁰	G. Austen	45	809	21	48	6,951	2	2	2	0	0	6	4200-5600	O
Boston City	G. M. Dixey	8	305	3	...	676	...	...	...	...	...	...	4200-6500	O
University	L. Zinman	47	1,574	13	69	8,407	2	3	2	0	0	7	4200-5400	O
Lahey Clinic	L. M. Woodruff	...	318	4	75	...	...	...	...	...	...	...	5100-5100	O
New England Deaconess	L. Woodruff	10	182	4	25	1,460	...	...	...	...	...	...	4800-6600	P
Lawrence F. Quigley Memorial (Chelsea)	S. Koczera	1	497	11	10	439	...	...	...	...	...	...	...	...
St. Luke's (New Bedford)	W. Leadbetter	61	2,091†	34	62	6,488	2	2	2	0	0	6	3600-6000	P
Massachusetts General	H. M. Wise, Jr.	7	258	3	100	1,176	1	1	1	0	0	3	4200-5600	O
New England Medical Center Hospitals	J. H. Harrison	...	...	...	...	...	2	2	2	0	0	6	4800-6500	P
Peter Bent Brigham Hospital-Veterans Admin. (West Roxbury) ¹¹⁻²⁰²	J. H. Harrison	...	...	...	...	...	...	...	...	...	...	...	4610-8230	O
Peter Bent Brigham	H. S. Talbot	11	324	8	100	971	...	...	...	...	...	...	...	...
Veterans Admin. (West Roxbury)	R. Chute	28	833	18	50	2,036	1	1	1	0	0	3	5460-7110	O
Veterans Admin. (Jamaica Plain) ⁴⁷	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chelsea														
Lawrence F. Quigley Memorial—See Lahey Clinic, Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Bedford														
St. Luke's—See Lahey Clinic, Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MICHIGAN														
Ann Arbor														
University of Michigan Medical Center	R. M. Nesbit	35	1,439	21	71	5,426	3	3	3	0	0	9	4500-5851	O
University	J. Lapides	...	...	17	80	...	...	...	...	...	...	...	4610-8230	O
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Detroit														
Grace	M. N. Stewart	41	1,416†	23	39	967	...	...	...	...	...	4	6300-6900	P
Harper	E. J. Shumaker	36	1,319	21	62	1,272	2	1	1	0	0	4	6900-7500	P
Henry Ford	A. W. Bohne	25	1,155	16	47	17,314	2	2	2	0	0	6	4800-5400	P
Wayne State University Affiliated Hospitals	J. M. Pierce	...	...	...	...	...	0	0	2	2	2	6	4610-8230	O
Veterans Admin. (Dearborn)	...	26	554	25	60	2,520	...	...	...	...	...	...	5600-6500	P
Detroit General	...	25	563	33	58	4,523	...	...	...	...	...	...	...	...
Eloise														
Wayne County General Hospital and Infirmary	J. Lapides	24	526	18	17	1,325	0	1	1	1	0	3	6852-8500	F
Royal Oak														
William Beaumont	H. E. Lichtwardt	22	1,079	8	50	54	1	1	1	0	0	3	9360-10500	P
MINNESOTA														
Minneapolis														
Hennepin County General	B. A. Smith	10	565	9	67	2,453	1	1	1	0	0	3	4800-5800	P
University of Minnesota Hospitals	C. D. Creedy	20	558	11	99	1,239	2	1	2	0	0	5	4500-4500	O
Veterans Admin. ⁶²	G. Mellinger	48	1,349	22	95	7,252	2	2	3	2	0	9	4610-8230	O
Rochester														
Mayo Graduate School of Medicine	O. S. Culp	151	3,776	25	72	45,652	6	6	6	6	0	24	4200-5400	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul														
St. Paul-Ramsey Hospital-Charles T. Miller ⁶⁴	E. J. Richardson	21	448	26	50	2,327	2	1	0	1	0	4	4500-6500	O
St. Paul-Ramsey	...	11	553	3	60	460	...	...	...	...	...	...	...	...
Charles T. Miller	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	T. Ainsworth	11	357	2	100	3,243	1	1	1	0	0	3	4600-5200	P
University	L. E. Deddens	25	345	19	53	2,260	...	...	...	...	...	...	4610-6440	O
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 279 through 282.

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969						Total All Years	Salary Per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
MISSOURI																
Columbia																
University of Missouri Affiliated Hospitals.....	I. M. Thompson.....	3	3	3	3	0	12
University of Missouri Medical Center.....	I. M. Thompson.....	19	702	8	62	4,381	4000-5000	O	
Kansas City General Hospital and Medical Center (Kansas City).....	I. Thompson.....	18	426	26	46	2,519	5700-7500	FP	
Kansas City																
Kansas City General Hospital and Medical Center—See University of Missouri Affiliated Hospitals, Columbia																
St. Luke's—See Veterans Admin., Wadsworth, Kansas																
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas																
St. Louis																
Homer G. Phillips.....	M. Abrams.....	24	386	34	13	3,276	2	1	1	0	0	4	5305-5849	P		
St. Louis City ⁸⁷	D. Mehan.....	23	495	20	58	3,171	2	2	1	0	0	5	5845-6448	O		
St. Louis University Group of Hospitals.....	W. Melick.....	26	669	16	52	1,057	2	2	2	0	0	6	4800-6000	O		
Washington University Affiliated Hospitals.....	J. J. Cordonnier.....	...	...	...	...	...	2	2	2	0	0	6	...	O
Barnes Hospital Group.....	...	29	1,127	16	69	2,882	...	...	...	...	...	...	4800-6720	O
Veterans Admin.....	...	23	624	23	48	1,809	...	...	...	...	...	...	4610-7110	O
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals.....	L. J. Morin.....	1	1	1	0	0	3	
Mary Hitchcock Memorial.....	...	15	749	9	100	1,943	...	...	...	...	...	...	4800-6500	O
Veterans Admin. (White River Junction, Vt.).....	...	13	319	4	75	957	...	...	...	...	...	...	5460-7110	P
NEW JERSEY																
East Orange																
Veterans Admin. ²⁶²	M. Malamant.....	40	721	39	54	1,439	1	1	1	0	0	3	5460-8230	O		
Jersey City																
Jersey City Medical Center.....	J. D. Katz.....	29	641	34	12	2,121	1	1	1	1	0	4	6500-7700	O		
Newark																
Newark City.....	B. Rothhouse.....	34	652	6	50	3,420	1	1	1	0	0	3	5600-7800	F		
NEW YORK																
Albany																
Albany Medical College Affiliated Hospitals.....	W. Milner.....	2	1	1	0	0	4	
Albany Medical Center.....	...	23	1,164	24	63	657	...	...	...	...	...	...	4600-6600	P
Veterans Admin.....	...	18	450	19	79	1,017	...	...	...	...	...	...	4480-8000	O
Buffalo																
State University of New York at Buffalo Affiliated Hospitals ⁶⁸																
Buffalo General.....	W. J. Staubitz.....	28	927	24	21	827	3	3	3	3	0	12	
Children's Hospital of Buffalo.....	W. J. Staubitz.....	10	312	0	0	243	...	...	...	...	...	...	5300-7500	O
Edward J. Meyer Memorial.....	W. J. Staubitz.....	22	649	21	38	2,027	...	...	...	...	...	...	5550-6660	P
Veterans Admin.....	M. J. Gonder.....	35	649	18	50	1,756	...	...	...	...	...	...	6440-7110	O
Millard Fillmore ²⁸⁷	P. A. Greco.....	25	850	17	41	418	1	1	1	0	0	3	5300-6200	P		
Roswell Park Memorial Institute-Sisters of Charity.....	M. Woodruff.....	...	...	...	...	...	1	1	1	0	0	3	...	...
Roswell Park Memorial Institute.....	M. Woodruff.....	24	452	14	100	4,445	...	...	...	...	...	...	5020-5870	O
Sisters of Charity.....	G. J. Hardner.....	18	563	14	29	397	...	...	...	...	...	...	5250-7200	FP
East Meadow																
Meadowbrook.....	M. Goldfarb.....	16	512	21	47	2,070	1	1	1	0	0	3	5453-8248	F		
New Hyde Park																
Long Island Jewish Hospital Training Program.....	S. Rothfeld.....	1	1	1	0	0	3	
Long Island Jewish.....	S. Rothfeld.....	9	404	1	0	156	...	...	...	...	...	...	5000-6750	O
Queens Hospital Center (New York City).....	C. R. Neier.....	29	596	42	32	4,835	...	...	...	...	...	...	4750-5720	F
New York City																
Albert Einstein College of Medicine Affiliated Hospitals																
Bronx Municipal Hospital Center.....	H. R. Newman.....	22	709	20	55	4,063	0	3	3	3	0	9	5580-6220	F		
Hospital of the Albert Einstein College of Medicine, Lincoln.....	
Beth Israel.....	L. Orkin.....	50	1,382	19	26	1,863	3	2	1	0	0	6	5850-6650	P		
Brooklyn-Cumberland Medical Center.....	F. C. Hamm.....	...	...	...	...	...	1	1	1	0	0	3	5460-6660	FP
Brooklyn.....	...	28	1,197	13	8	
Cumberland.....	...	...	...	...	...	...	...	...	...	...	...	...	5640-6660	P
Francis Delafield ⁶⁶	R. J. Veenema.....	53	868	36	47	5,382	2	2	2	0	0	6	4980-6400	P		
Jewish Hospital and Medical Center of Brooklyn.....	S. Weinberg.....	41	1,073	29	12	1,492	1	1	1	0	0	3	5000-8000	O		
Long Island College.....	H. C. Harlin.....	26	958	16	19	1,393	1	1	1	0	0	3	4500-7000	F		
Maimonides Medical Center.....	H. Hermann.....	42	1,294	25	16	939	1	1	1	0	0	3	5500-6750	P		
Misericordia-Fordham Training Program.....	E. Adlerman.....	40	935	22	11	1,920	1	1	1	0	0	3	5910-6710	F		
Misericordia.....	
Fordham.....	
Montefiore Hospital Training Program.....	S. Freed.....	...	...	...	...	...	2	2	2	0	0	6	5620-6580	P
Montefiore Hospital and Medical Center.....	...	32	802	20	35	1,758	
Morrisania City.....	...	10	259	6	...	2,997	
Mount Sinai Hospital Training Program.....	3	3	3	0	0	9	
Mount Sinai.....	H. Brendler.....	62	1,296	28	67	3,409	...	...	...	...	...	...	5500-7000	P
City Hospital Center at Eimhurst.....	M. Pincus.....	18	243	22	46	3,126	...	...	...	...	...	...	5700-6700	FP
New York.....	V. Marshall.....	41	1,259	8	50	9,583	0	2	2	1	0	6	5000-8500	P		
New York Medical College-Metropolitan Hospital Centers ⁵⁷																
Unit 1—Flower and Fifth Avenue Hospitals.....	G. R. Nagamatsu.....	...	...	...	...	...	0	2	2	2	0	6	5580-8000	F
Unit 2—Metropolitan.....	...	19	443	10	63	6,368	
New York Polyclinic Medical School and Hospital.....	F. A. Beneventi.....	28	903	33	55	915	1	1	1	0	0	3	5400-6300	P		
New York University-Bellevue Medical Center.....	R. S. Hotchkiss.....	5	3	2	3	0	13	
Bellevue Hospital Center.....	...	22	845	16	14	3,457	...	...	...	...	...	...	4980-6400	P
University.....	...	34	1,285	11	27	...	...	...	...	...	...	...	6690-7930	P
Presbyterian.....	J. Lattimer.....	77	249	13	54	10,135	4	3	3	3	0	13	5500-8500	O		
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park	
Roosevelt.....	P. B. Snyder.....	25	710	23	32	2,054	1	1	1	0	0	3	5500-7000	P		
St. Luke's Hospital Center.....	J. Draper.....	38	896	11	55	4,018	1	1	2	0	0	4	5500-6500	P		
State University-Kings County Medical Center ²⁴⁹	K. Waterhouse.....	0	1	4	2	2	9	
Kings County Hospital Center.....	...	44	1,246	43	12	7,088	...	...	...	...	...	...	4980-6400	P
State University.....	
Veterans Admin. (Bronx) ²⁶⁷	J. K. Lattimer.....	47	950	26	46	2,762	2	2	1	0	0	5	6690-8230	O		
Veterans Admin. (Brooklyn) ²⁶⁷	J. J. Ippolito.....	35	920	21	33	2,350	2	2	2	0	0	6	6170-8230	O		
Veterans Admin. (Manhattan) ²⁶⁶	P. Morales.....	54	901	43	51	...	2	1	2	2	0	7	6690-8230	O		

Numerical and other references are listed on pages 279 through 282.

APPROVED RESIDENCIES

28. UROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1968-1969					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK—Continued														
Rochester														
Strong Memorial Hospital of the University of Rochester ¹⁵	D. F. McDonald.....	22	897	...	1,522	0	1	1	2	2	6	4000-7500	O	
Syracuse														
State University of New York Upstate Medical Center	O. M. Lilien.....	55	1,456	35	46	2,183	0	2	1	1	0	4	5500-6400	O
Veterans Admin.....	O. M. Lilien.....	28	639	12	67	1,046	..	..	..	..	..	..	4610-7110	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial.....	P. L. Bunce.....	11	449†	7	86	2,611	1	1	0	0	0	2	4000-5700	O
Charlotte														
Charlotte Memorial.....	H. Baird.....	54	2,310†	16	37	1,403	1	1	1	1	0	4	5400-6600	P
Durham														
Duke University Affiliated Hospitals.....	J. F. Glenn.....	..	..	..	..	..	3	3	2	0	0	8	..	..
Duke.....	J. F. Glenn.....	25	872	18	50	4,026	..	..	..	..	..	..	4500-5400	P
Veterans Admin.....	S. Boyarsky.....	20	433†	10	20	..	..	..	..	..	..	..	4610-8230	O
Watts.....	J. Hughes.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Lincoln.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Winston-Salem														
North Carolina Baptist Hospitals.....	W. Boyce.....	32	1,234	15	46	3,653	1	1	1	1	0	4	6000-7000	P
OHIO														
Akron														
Akron City ²⁷⁴	W. A. Keitzer.....	40	1,592	14	57	908	0	1	1	1	0	3	5100-6240	P
Akron General ²⁷⁴	K. F. Hausfeld.....	30	1,184	17	47	332	0	1	1	1	0	3	5100-6240	FP
Cincinnati														
Good Samaritan.....	W. Mulvaney.....	36	1,513	26	62	207	1	1	1	0	0	3	5400-6900	P
University of Cincinnati Hospital Group.....	A. T. Evans.....	..	..	..	..	..	4	4	3	3	3	12	..	..
Cincinnati General.....	A. T. Evans.....	17	760	20	50	3,825	..	..	..	..	..	..	4000-5204	FP
Children's.....	A. T. Evans.....	8	613	..	..	257	..	..	..	..	..	..	..	..
Christ.....	H. Kohler.....	43	1,170	28	39	145	..	..	..	..	..	..	..	..
Veterans Admin.....	A. T. Evans.....	24	409	13	77	..	..	..	..	..	..	..	4610-8230	O
Cleveland														
Cleveland Clinic.....	R. A. Straffon.....	53	2,878	38	66	9,703	3	3	3	0	0	9	4200-5400	P
Huron Road.....	V. C. Laughlin.....	21	722	13	77	859	1	1	1	0	0	3	4500-5700	FP
University Hospitals of Cleveland.....	L. Persky.....	28	1,306†	13	81	2,539	2	2	2	0	0	6	6000-6000	P
Cleveland Metropolitan General.....	L. Persky.....	11	313	5	50	4,887	..	..	..	..	..	..	4800-6260	P
Veterans Admin.....	..	32	598	21	76	1,378	..	..	..	..	..	..	4610-6440	P
Columbus														
Ohio State University Hospitals.....	C. C. Winter.....	30	902	14	36	5,743	2	2	2	2	0	8	3624-5724	P
Dayton														
Veterans Admin.....	C. Winter.....	25	305	24	92	761	1	1	1	0	0	3	5460-8230	O
Toledo														
St. Vincent Hospital and Medical Center ¹⁴	E. F. Ockuly.....	22	873	18	22	219	1	1	1	0	0	3	6600-7200	P
Maumee Valley.....	E. F. Ockuly.....	7	154	6	50	779	..	..	..	..	..	..	6000-6000	F
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center.....	W. R. Parry.....	..	..	..	..	..	2	2	2	2	0	6†	..	..
University of Oklahoma Hospitals.....	..	19	547	9	44	3,075	..	..	..	..	..	..	4805-5905	P
Veterans Admin.....	..	30	440	8	63	2,162	..	..	..	..	..	..	..	..
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics.....	C. V. Hodges.....	24	815	14	71	3,773	3	3	3	3	0	12	4200-6000	FP
Veterans Admin.....	C. V. Hodges.....	30	572	9	90	1,600	..	..	..	..	..	..	4610-7110	P
PENNSYLVANIA														
Erie														
Hamot.....	R. C. Lyons.....	20	1,002	7	43	4,920	1	1	1	1	0	4	4200-5400	F
St. Vincent.....	R. B. Roth.....	33	1,648†	20	75	9,705	2	2	2	0	0	6	4500-5400	FP
Philadelphia														
Albert Einstein Medical Center.....	H. Lipshutz.....	52	1,535†	32	53	1,274	1	1	1	0	0	3	3900-4800	FP
Episcopal ¹⁸	G. D. Shoup.....	8	234	10	40	587	1	0	1	0	0	1	4500-4890	P
Graduate Hospital of the University of Pennsylvania.....	H. Burros.....	17	510	4	50	1,294	1	0	1	0	0	2	4400-5000	P
Hahnemann Medical College and Hospital.....	G. J. Giasagon.....	16	509	10	25	1,557	1	1	1	0	0	3	3600-4200	P
Hospital of the University of Pennsylvania.....	J. J. Murphy.....	33	1,353	16	38	2,587	2	2	2	2	0	8	3600-7500	F
Jefferson Medical College.....	W. W. Baker.....	40	1,091	19	31	4,711	2	2	2	0	0	6	4600-5600	O
Pennsylvania.....	B. L. Haylar.....	19	499	16	31	1,796	1	1	0	0	0	2	4500-5100	O
Philadelphia General.....	P. Leberman.....	25	585	31	32	..	2	2	2	0	0	6	5800-6700	P
Temple University.....	K. B. Conger.....	30	859	18	66	1,856	1	1	1	0	0	3	3900-4800	P
Veterans Admin.....	M. Bogash.....	35	686	33	49	1,371	1	1	1	0	0	3	4610-7110	O
Pittsburgh														
Allegheny General.....	J. L. Hamilton.....	23	1,106†	23	30	852	1	1	1	1	0	4	7500-8400	P
Health Center Hospitals of the University of Pittsburgh.....	..	..	..	..	..	..	0	1	1	1	0	3	..	..
Presbyterian-University.....	R. A. Hancock.....	17	557	11	54	1,207	..	..	..	..	..	..	5500-7500	O
Mercy.....	C. C. Altman.....	25	756	17	71	959	1	1	1	0	0	3	6300-7200	P
Veterans Admin.....	C. A. Kuehn.....	22	531	14	7	1,847	1	1	1	1	0	4	4610-7110	O
Western Pennsylvania ²⁰⁷	S. H. Johnson.....	18	989	12	33	329	1	1	1	0	0	3	5700-6500	FP
Wilkes-Barre														
Wilkes-Barre General.....	M. U. Rumbaugh.....	51	714	13	46	903	1	1	1	0	0	3	4200-5400	F
PUERTO RICO														
Rio Piedras														
Municipal Hospital Dr. Rafael López Nussa.....	L. Sanjurjo.....	14	331	5	60	4,814	2	2	2	0	0	6	5700-6900	P
University District.....	B. Gonzalez Flores.....	14	300	2	50	3,105	2	2	2	0	0	6	6300-7500	P
RHODE ISLAND														
Providence														
Rhode Island.....	E. K. Landsteiner.....	25	815	31	16	2,920	1	1	1	0	0	3	4600-6000	P

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1968-1969					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
Medical College	K. M. Lynch, Jr.	11	419	2	50	2,150	1	0	0	1	0	2	4580-6300	O
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals	S. Raines						2	2	2	0	0	6		
City of Memphis Hospitals	S. Raines	23	669	12	33	7,913							4560-5880	F
Veterans Admin.	A. W. Biggs	45	593	28	64	2,682							4610-8230	O
Nashville														
George W. Hubbard Hospital of the Meharry Medical College	D. V. Bradley	5	118	9	75	885	1	1	1	0	0	3	4800-5400	F
Vanderbilt University Affiliated Hospitals	R. K. Rhamy						2	2	2	0	0	6		
Nashville Metropolitan General	R. K. Rhamy	5	83	1		1,951							3000-4000	
Vanderbilt University	R. K. Rhamy	8	272	6	50	2,382							3000-3600	O
Veterans Admin.														
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	H. M. Spence						0	2	2	2	0	6		
Parkland Memorial	H. M. Spence	20	677	23	61	5,727							4680-5640	P
Baylor University Medical Center	H. M. Spence	51	2,697	27	67	463							5700-5700	O
Veterans Admin.	P. A. Duff	34	628	38	45	3,007							4610-7110	P
Galveston														
University of Texas Medical Branch Hospitals	C. A. Hooks	19	493	6	33	3,935	1	1	1	0	0	3	5088-6288	P
Houston														
Baylor University Affiliated Hospitals	R. Scott, Jr.						4	4	4	0	0	12		
Ben Taub General		19	460	24	50	5,056							3900-4500	P
St. Luke's Episcopal	R. Scott, Jr.	48	2,649	22	55	283							4500-5100	O
Texas Children's		11	991	2	50	240							4500-5100	O
Veterans Admin.		34	676	16	88	3,259							4610-6440	P
Hermann ²¹⁰	C. M. Crigler	32	1,833	18	17	3,154	2	2	1	1	0	6	5100-6300	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	R. G. Weaver						1	1	1	0	0	3		
University		13	560	10	80	2,466							4200-7200	P
Veterans Admin.			293	6	66								4610-8230	O
VERMONT														
Burlington														
Medical Center Hospital of Vermont	P. R. Powell						1	1	1	1	0	4	5000-6800	P
Mary Fletcher Unit		12	498	4	50	645								
DeGoesbriand Unit		10	359	9		506								
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA														
Charlottesville														
University of Virginia	A. J. Paquin	27	959	13	38	4,196	2	2	2	2	0	8	4200-5400	O
Danville														
Memorial	R. R. Landes	30	1,490	27	53	1,680	1	1	1	0	0	3	9000-9000	
Norfolk														
Norfolk General	P. Devine	26	977	18	33	1,066	1	1	1	0	0	3	7200-7800	F
Richmond														
Medical College of Virginia Affiliated Hospitals ⁶⁸							3	3	3	0	0	9		
Medical College of Virginia—Hospital Division	G. R. Prout, Jr.	28	897	30	50	3,193							4500-5400	P
Veterans Admin.	R. C. Bunts	42	1,206	34	68	2,400							4610-8230	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ²¹⁴	J. S. Ansell						0	3	3	3	0	9		
King County	N. Zinner	14	546	7	70	2,965							6000-8760	F
University	J. S. Ansell	5	341†	1	0	1,653							6000-8760	P
Veterans Admin.	J. S. Ansell	18	367	8	88	1,085							4610-8230	P
WEST VIRGINIA														
Charleston														
Memorial Hospital—Charleston General ¹²	D. Gilbert						1	1	1	0	0	3		
Memorial		16	687	8	63	364							4800-5400	F
Charleston General		23	1,016	10	60	367							3900-4800	P
Morgantown														
West Virginia University Medical Center	D. F. Milam	11	325	2	0	1,238	1	1	1	0	0	4†	4800-6000	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	J. B. Wear, Jr.						2	2	2	2	0	8		
Madison General	A. P. Schoenenberger	23	936†	7	28								4160-6250	P
University Hospitals	J. B. Wear, Jr.	29	664	17	65	2,427							4150-6250	P
Veterans Admin.	P. O. Madsen	36	594	19	80	737							4610-6440	P
Milwaukee														
Marquette University Affiliated Hospitals ⁶⁹	N. B. Hodgson						2	2	2	2	0	8		
Milwaukee County General	N. B. Hodgson	18	1,113†	14	43	1,945							4364-6124	P
Veterans Admin. (Wood)	J. Kearns	34	495	21	76	2,906							4610-7110	P

NUMERICAL AND OTHER REFERENCES

The footnote references and other symbols listed below are intended to provide additional information on approved residencies, as listed in the preceding pages. The footnote number following the listing of a program may indicate the name of the hospital, or hospitals, to which residents are rotated. It is not intended to indicate the reverse relationship—hospitals from which residents are rotated to the listed residency program.

Program directors may request the listing of other hospitals by footnote reference if residents are rotated from the parent hospital to the footnoted hospital for periods of six months to a year on a full-time basis as an integral part of the program. Shorter assignments or part-time assignments are not indicated in this Directory. Longer full-time assignments may be more accurately indicated by indenting the name of the affiliated hospital under that of the parent hospital in the listing of the approved residency.

If a footnote reference in this list does not seem appropriate, the program director of the residency involved should request a change in the listing of his program, submitting an outline of the full-time rotations to the Graduate Section, Council on Medical Education. Change in the listing of an approved residency generally requires the approval of the appropriate residency review committee, or concurrent action of the specialty board involved and the Council on Medical Education.

* Indicates number includes appointments made for residents preparing for training in other fields.

† Indicates special training available beyond the period for which program is approved.

‡ Indicates discharges instead of admissions.

ABC (in lists of Anesthesiology Residencies):

A. Research approved by the program director.

B. Training in clinical anesthesia that is more advanced and developed than the usual experience gained during the course of the approved two-year programs.

C. Study in a basic science or a clinical discipline other than anesthesia.

ACF (in lists of Orthopedic Surgery residencies):

A. Adult Orthopedics

C. Children's Orthopedics

F. Fractures

1. Appointments restricted to men only.
2. U. S. Citizenship required.
3. Appointments not available to graduates of foreign medical schools.
4. All clinical and laboratory services and educational programs are supervised by Mount Sinai Hospital, New York City.
5. May include one-year fellowships in the Department of Cardiology.
6. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
7. May include one year of surgical research at Louisiana State University School of Medicine.
8. Includes fellowships.
9. Includes six months at one of the following: City of Chicago Municipal Tuberculosis Sanitarium or Cook County Hospital, Chicago, Ill.
10. Approved for affiliate training as a part of a fully approved plastic surgery residency program of two or three years duration.
11. Co-ordinated three year program: Peter Bent Brigham Hospital affords 18 months; Veterans Admin. Hospital (West Roxbury), Boston, 18 months. Residents should apply to either hospital.
12. One year of training to be provided at West Virginia University Medical Center, Morgantown, W. Va.
13. Residents will spend one year at Vanderbilt University Hospital, Nashville, Tennessee.
14. Co-ordinated three-year program: St. Vincent's Hospital affords two years; Maumee Valley Hospital, one year. Residents should apply to St. Vincent's Hospital.
15. First year residents to spend six months at Rochester General Hospital, Northside Division and senior residents to spend six months at Genesee Hospital, Rochester, N. Y.
16. John Wesley County Hospital, Los Angeles; Santa Monica Hospital, Santa Monica, Calif.
17. Residents must complete entire program of three and one-half years.
18. Approved for one year of training as an affiliate of University of Texas Southwestern Medical School Affiliated Hospitals, Dallas, Tex. program.
19. In addition to three years in Internal Medicine, one year of training in Hematology is available.
20. Credit is limited to six months training.
21. State Hospital Number 2, St. Joseph, Mo.
22. Sutter Community Hospitals, Sacramento, Calif.
23. The academic year will be completed at an institution approved for training in Public Health.
24. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
25. One year of clinical investigation available.
26. The University teaching service at Veterans Administration Hospital consists of only ninety-six beds; in addition, residents rotate to Columbia or Lutheran Hospitals for three months during their second or third year. Residents should apply to Milwaukee County General Hospital.
27. Orange County Medical Center, Orange, Calif.
28. Hartford Hospital, Hartford, Conn.; Newington Hospital for Crippled Children, Newington, Conn.; James Lawrence Kernan Hospital, Baltimore, Md.; Gillette State Hospital for Crippled Children, St. Paul, Minn.; Eastern New York Orthopaedic Hospital-School, Schenectady, N. Y.
29. The laboratory is affiliated with the Department of Pathology, Harvard Medical School.
30. Grady Memorial Hospital, Atlanta, Ga.
31. Includes six months training during the second year at Bergen Pines County Hospital, Paramus, N. J.
32. Peoria State Hospital, Peoria, Ill.
33. La Rabida Jackson Park Sanitarium, Municipal Contagious Disease Hospital, St. Joseph Hospital, St. Vincent's Infant Hospital, Chicago.
34. Methodist Hospital of Central Illinois and St. Francis Hospital Divisions, Peoria, Ill.; University of Kansas Medical Center, Kansas City, Kansas.
35. Six months rotation in the first year at National Jewish Hospital, Denver.
36. Children's Hospital Medical Center of Northern California, Samuel Merritt Hospital, Oakland, Calif.
37. Jewish Hospital of St. Louis, St. Louis, Mo.
38. Oak Forest Hospital of Cook County, Oak Forest, Ill.
39. Columbia Hospital, Lutheran Hospital of Milwaukee, Milwaukee Children's Hospital, Milwaukee, Wis.
40. Postmortem part of pathologic anatomy.
41. St. Mary's Hospital, Grand Rapids, Mich.
42. Approved for one year of training in surgical pathology part of anatomic pathology.
43. Ben Taub General Hospital, Veterans Admin. Hospital, Houston, Tex.
44. Applicants for residency positions should apply to the Department of Internal Medicine of the State University of Iowa College of Medicine.
45. Includes one year of training at University Hospital, Iowa City.
46. Includes one year affiliated training at Georgetown University Hospital, Washington, D. C.
47. Boston City Hospital, Boston, Mass.
48. West Jersey Hospital, Camden, N. J.
49. Mercy Hospital, Durango, Colo.
50. Nebraska Psychiatric Institute, Omaha.
51. Hospital offers a year or more of additional training in the specialty beyond the basic three years required to fulfill the residency requirement of the Board.
52. Harper Hospital, Detroit.
53. First year of training provided at City of Memphis Hospitals, Memphis, Tenn.
54. Combined three year program: Two years afforded at St. Paul-Ramsey Hospital, one year afforded at Charles T. Miller Hospital. Residents should apply to St. Paul-Ramsey Hospital.
55. Approved as a third year of training following two years of residency in a fully approved three year program.
56. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.
57. Bird S. Coler Memorial Hospital and Home, New York City.
58. Program offers a year or more of additional training for those residents who wish to qualify for certification under Plan I of the American Board of Anesthesiology. This listing does not necessarily indicate that this additional training is approved or disapproved. Applicants should correspond directly with the Chief of the Service.
59. Fordham Hospital, New York City.
60. Institute for the Crippled and Disabled, St. Barnabas Hospital for Chronic Diseases, Veterans Admin. Hospital (Manhattan), New York City; New York State Rehabilitation Hospital, West Haverstraw, N. Y.
61. Applicants for residency positions should apply to Georgetown University Hospital, Washington, D. C.
62. University of Minnesota Hospitals, Minneapolis.
63. Purpose of program is the training of individuals entering careers in public health research. The second year of the residency provides full tuition for attendance at a school of public health for work leading to the M.P.H. degree.
64. Bridgeport Hospital, Bridgeport, Conn.; St. Francis Hospital, Hartford, Conn.; Freedmen's Hospital, Washington, D. C.; St. Barnabas Medical Center, Livingston, N. J.; Latter-day Saints Hospital, Salt Lake City, Utah.
65. Duke Hospital, Durham, N. C.
66. Orange County Medical Center, Orange, Calif.
67. Children's Mercy Hospital, St. Luke's Hospital, Kansas City, Mo.
68. Resident is required to serve four years in the program in order to obtain credit for three years of training in Urology.

APPROVED RESIDENCIES

69. An optional third year of training is offered at Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City.
70. Cardinal Glennon Memorial Hospital for Children, St. Louis.
71. University Hospitals, Madison, Wis.
72. One year of program to be spent at Washington University and Barnes Hospital, St. Louis, Mo.
73. One year affiliated training at Milwaukee County General Hospital, Milwaukee, Wis.
74. University of Kansas Medical Center, Kansas City, Kans.
75. Henrietta Egleson Hospital for Children, Veterans Admin. Hospital, Atlanta, Ga.
76. Program includes assignments to affiliated Veterans Admin. Hospital, Hines, Ill., and Veterans Admin. Hospital (Wood), Milwaukee.
77. Approved for four residents, one resident to be appointed every nine months.
78. Approved as a first year of a two-year program.
79. Program designed for training of persons interested in academic medicine, epidemiological research, and international health. Stipend offered is available only to those who meet the criteria of postdoctoral research training program. Master of science degree offered to those completing the 3-year program or its equivalent and writing a satisfactory research thesis.
80. Detroit General Hospital, Herman Kiefer Hospital, Detroit.
81. Residents must complete five years of training to receive Board credit for four years of training.
82. Ohio State University Hospitals, Columbus, Ohio; Veterans Admin. Hospital, Dayton, Ohio.
83. The program includes a rotation for three months at Central State Griffin Memorial Hospital, Norman, Oklahoma, in the senior year.
84. St. Louis City Hospital, St. Louis, Mo.
85. Applicants for residency positions should apply to the Department of Neurology of the State University of Iowa College of Medicine.
86. Applicants for residency positions should apply to the Department of Surgery of the State University of Iowa College of Medicine.
87. Three months rotation to Children's Hospital and six months rotation to Colorado General Hospital, Denver. Residents must complete entire program of thirty-nine months in order to obtain credit for three years of training.
88. Includes one year of training at Montefiore Hospital and Medical Center, New York City.
89. St. Louis County Hospital, Clayton, Mo.; University of Missouri Medical Center, Columbia, Mo.; Barnes Hospital Group, Jewish Hospital of St. Louis, St. Louis City Hospital, St. Louis, Mo.
90. Boston City Hospital, Boston; Newton-Wellesley Hospital, Newton Lower Falls, Mass.
91. City Hospital Center at Elmhurst, New York City.
92. Hospital of the Albert Einstein College of Medicine, Lincoln Hospital, New York City.
93. Approved for one year of specialized training in community psychiatry, to be taken as a third year of training following completion of two years of residency in a fully approved three year program.
94. Eastern Pennsylvania Psychiatric Institute, Philadelphia, Pa.
95. Henry R. Landis State Hospital, Philadelphia, Pa.
96. Pittsburgh Hospital, Pittsburgh, Pa.
97. In order to fulfill the requirement of the American Board of Surgery for a year of senior responsibility, residents should complete the entire five year program.
98. University of Alabama Medical Center, Birmingham, Ala.
99. Crippled Children's Hospital, Phoenix, Ariz.
100. Veterans Admin. Hospital, Tucson, Ariz.
101. University Hospital, Little Rock, Ark.
102. Rancho Los Amigos Hospital, Downey, Calif.
104. Glendale Adventist Hospital, Glendale, Calif.
105. Veterans Admin. Hospital, Livermore, Calif.; Veterans Admin. Hospital, Martinez, Calif.; Children's Hospital Medical Center of Northern California, Peralta Hospital, Samuel Merritt Hospital, Oakland, Calif.
106. Veterans Admin. Hospital, Livermore, Calif.; Mercy Hospital, Sacramento, Calif.; Kaiser Foundation Hospital, San Francisco, Calif.
107. Veterans Admin. Hospital, Long Beach, or Orange County General Hospital, Orange, Calif.
108. Cedars-Sinai Medical Center, Los Angeles.
109. Childrens Hospital of Los Angeles, Los Angeles.
110. Childrens Hospital of Los Angeles, Hospital of the Good Samaritan Medical Center, Los Angeles.
111. Childrens Hospital of Los Angeles, Doheny Eye Foundation, Los Angeles.
112. Childrens Hospital of Los Angeles, University of California Hospital, Los Angeles.
113. Childrens Hospital of Los Angeles, University of California Hospital, Los Angeles; St. John's Hospital, Santa Monica, Calif.
114. Los Angeles County General Hospital, Mount Sinai Hospital, University of California Hospital, Los Angeles; Los Angeles County Harbor General Hospital, Torrance, Calif.
115. Los Angeles County General Hospital, University of California Hospital, Los Angeles.
116. Queen of Angels Hospital, Los Angeles.
117. University of California Hospital, Los Angeles.
118. Veterans Admin. Center-Wadsworth Hospital, Los Angeles; Johns Hopkins Hospital, Baltimore, Md.; or Mayo Graduate School of Medicine, Rochester, Minn.
119. Highland General Hospital, Oakland, Calif.
120. Highland General Hospital, U. S. Naval Hospital, Oakland, Calif.; H. C. Moffitt-University of California Hospitals, San Francisco.
121. Highland General Hospital, Oakland, Calif.; Southern Pacific Memorial Hospital, San Francisco, Calif.
122. Los Angeles County Olive View Hospital, Olive View, Calif.
123. Orange County Medical Center, Orange, Calif.
124. Stanford Convalescent Home, Palo Alto, Calif.
125. Stanford Convalescent Home, Palo Alto, Calif.; San Mateo County General Hospital, San Mateo, Calif.
126. Veterans Admin. Hospital, Palo Alto; Santa Clara Valley Medical Center, San Jose, Calif.
127. San Diego County-University Hospital, San Diego, Calif.
128. H. C. Moffitt-University of California Hospitals, San Francisco.
129. H. C. Moffitt-University of California Hospitals, San Francisco General Hospital, San Francisco, Calif.
130. Presbyterian Medical Center, San Francisco.
131. St. Luke's Hospital, San Francisco, Calif.
132. San Jose Hospital, San Jose, Calif.
133. Santa Clara Valley Medical Center, San Jose, Calif.
134. Los Angeles County Harbor General Hospital, Torrance, California.
135. Children's Hospital, Denver.
136. Children's Hospital, Presbyterian Medical Center, Denver, Colo.
137. St. Luke's Hospital, Denver.
138. U. S. Army Hospital, Fort Carson, Colo.
139. Weld County General Hospital, Greeley, Colo.
140. J. J. McCook Memorial Hospital, Hartford, Conn.
141. Yale-New Haven Hospital, New Haven, Conn.
142. Yale-New Haven Hospital, New Haven, Conn.; Newington Hospital for Crippled Children, Newington, Conn.; Southbury Training School, Southbury, Conn.
143. Newington Hospital for Crippled Children, Newington, Conn.
144. Veterans Admin. Hospital, Wilmington, Del.; Pennsylvania Hospital, Philadelphia General Hospital, Philadelphia, Pa.
145. Armed Forces Institute of Pathology, Washington, D. C.; Children's Hospital of Philadelphia, Philadelphia.
146. Armed Forces Institute of Pathology, Children's Hospital, St. Elizabeths Hospital, Washington, D. C.
147. Delaware Hospital, Wilmington, Del.
148. Children's Hospital, Washington, D. C.
149. District of Columbia General Hospital, Washington, D. C.
150. Veterans Admin. Hospital, Washington, D. C.
151. Walter Reed General Hospital, Washington, D. C.; U. S. Naval Hospital, Bethesda, Maryland.
152. Veterans Admin. Hospital, Bay Pines, Fla.
153. Veterans Admin. Hospital, Coral Gables, Fla.
154. Veterans Admin. Hospital, Coral Gables, Fla.; Southeast Florida Tuberculosis Hospital, Lantana, Fla.
155. Varley Children's Hospital, Miami, Fla.
156. Emory University Hospital, Veterans Admin. Hospital, Atlanta, Ga.
157. Eugene Talmadge Memorial Hospital, Augusta, Ga.
158. Georgia Warm Springs Foundation, Warm Springs, Ga.; University Hospital (Institute of Physical Medicine and Rehabilitation), Veterans Admin. Hospital (Bronx), New York City.
159. Kaplalani Maternity and Gynecological Hospital, Honolulu, Hawaii.
160. Chicago State Hospital, Chicago.
161. Chicago State Hospital, Salvation Army Booth Memorial Hospital, Chicago.
162. Children's Memorial Hospital, Chicago.
163. Children's Memorial Hospital, Columbus Hospital, Chicago.
164. Children's Memorial Hospital, Henrotin Hospital, Chicago; Community Memorial General Hospital, La Grange, Ill.
165. Experimental Laboratory, Stritch School of Medicine, Chicago.
166. Cook County Hospital, Chicago.
167. Cook County Hospital, Mount Sinai Hospital, Chicago.
168. Cook County Hospital, Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Chicago.
169. Cook County Hospital, Chicago; Little Company of Mary Hospital, Evergreen Park, Ill.
170. Illinois Eye and Ear Infirmary, Chicago.
171. Michael Reese Hospital and Medical Center, Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Chicago; Veterans Admin. Hospital, Hines, Ill.
172. Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Chicago.
173. Northwestern University Medical Center, Chicago.
174. Passavant Memorial Hospital, St. Anne's Hospital, Chicago.
175. University of Illinois Research and Educational Hospitals, Chicago.
176. Veterans Admin. Hospital (West Side), Chicago.
177. Silver Cross Hospital, Joliet, Ill.
178. Kankakee State Hospital, Kankakee, Ill.
179. Veterans Admin. Hospital, Indianapolis.
180. Broadlawns Polk County Hospital, Des Moines, Ia.
181. Iowa Methodist Hospital, Mercy Hospital, Des Moines, Ia.
182. Veterans Admin. Hospital, Iowa City, Ia.
183. Children's Hospital, Louisville General Hospital, Louisville, Ky.
184. Cardinal Hill Convalescent Hospital, University Hospital, Veterans Admin. Hospital, Lexington, Ky.
185. Lake Charles Charity Hospital, Lake Charles, La.
186. E. A. Conway Memorial Hospital, Monroe, La.
187. E. A. Conway Memorial Hospital, Monroe, La.; Huey P. Long Charity Hospital, Pineville, La.
188. Charity Hospital of Louisiana, New Orleans.
189. Charity Hospital of Louisiana (Tulane University Division), New Orleans.
190. Baltimore City Hospitals, Baltimore, Md.
191. Baltimore City Hospitals, Children's Hospital, Baltimore, Md.
192. Baltimore City Hospitals, Veterans Admin. Hospital, Baltimore, Md.

193. James Lawrence Kernan Hospital, Baltimore, Md.; United Hospitals of Newark-Hospital for Crippled Children, Newark, N. J.
194. Johns Hopkins Hospital, Baltimore, Md.
195. Johns Hopkins Hospital, University Hospital, Baltimore, Md.
196. Mercy Hospital, University Hospital, Baltimore, Md.
197. University Hospital, Baltimore, Md.
198. University Hospital, Veterans Admin. Hospital, Baltimore, Md.
199. Veterans Admin. Hospital, Baltimore, Md.
200. Boston City Hospital, Children's Hospital Medical Center, New England Baptist Hospital, New England Deaconess Hospital, Boston.
201. Boston Hospital for Women, Children's Hospital Medical Center, Veterans Admin. Hospital (West Roxbury), Boston.
202. Children's Hospital Medical Center, Boston.
203. Children's Hospital Medical Center, New England Medical Center Hospitals, Boston, Mass.; Providence Lying-in Hospital, Providence, R. I.
204. Children's Hospital Medical Center, Boston; Burbank Hospital, Fitchburg, Mass.
205. Faulkner Hospital, New England Deaconess Hospital, Veterans Admin. Hospital (Jamaica Plain), Boston; Pondville Hospital, Norfolk, Mass.
206. Lahey Clinic, Boston, Mass.
207. New England Medical Center Hospitals, Boston, Mass.
208. Veterans Admin. Hospital (Jamaica Plain), Boston, Mass.
209. University Hospital, Veterans Admin. Hospital (Jamaica Plain), Boston; Framingham Union Hospital, Framingham, Mass.
210. Veterans Admin. Hospital (Jamaica Plain), Boston, Mass.; Pondville Hospital, Norfolk, Mass.; Veterans Admin. Hospital, Providence, R. I.
211. Pondville Hospital, Norfolk, Mass.
212. University Hospital, Ann Arbor, Mich.
213. Children's Hospital, Detroit.
214. Detroit General Hospital, Detroit.
215. Detroit General Hospital, Detroit, Mich. or Bellevue Hospital Center, New York City.
216. Hennepin County General Hospital, Minneapolis, Minn.; St. Paul-Ramsey Hospital, St. Paul, Minn.
217. Kansas City General Hospital, Kansas City, Mo.; University Hospitals of Cleveland, Cleveland, Ohio.
218. University of Minnesota Hospitals, Minneapolis; John Gaston Hospital, Memphis Tenn.
219. Veterans Admin. Hospital, Minneapolis.
220. St. Paul-Ramsey Hospital, St. Paul, Minn.
221. Mississippi Baptist Hospital, Jackson, Miss.
222. Ellis Fischel State Cancer Hospital, Columbia, Mo.
223. Children's Mercy Hospital, Kansas City, Mo.
224. Barnes Hospital Group, St. Louis.
225. St. Louis City Hospital, St. Louis.
226. St. Louis University Group of Hospitals, St. Louis.
227. Veterans Admin. Hospital, East Orange, N. J.
228. Hackensack Hospital, Hackensack, N. J.; Babies Hospital, Newark, N. J.
229. Margaret Hague Maternity Hospital, Jersey City, N. J.
230. Margaret Hague Maternity Hospital, Jersey City, N. J.; Manhattan State Hospital, New York City.
231. Orange Memorial Hospital, Orange, N. J.
232. Bergen Pines County Hospital, Paramus, N. J.; Coney Island Hospital, New York City.
233. Carrie Tingley Crippled Children's Hospital, Truth or Consequences, N. M.
234. Albany Medical Center Hospital, Albany, N. Y.
235. Veterans Admin. Hospital, Albany, N. Y.
236. Buffalo General Hospital, Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
237. Roswell Park Memorial Institute, Buffalo, N. Y.
238. Veterans Admin. Hospital, Castle Point, N. Y.
239. Meadowbrook Hospital, East Meadow, N. Y.
240. Kings Park State Hospital, Kings Park, N. Y.; St. Barnabas Hospital for Chronic Diseases, New York City.
241. Veterans Admin. Hospital, Montrose, N. Y.; Bellevue Hospital Center, New York City.
242. Long Island Jewish Hospital, New Hyde Park, N. Y.
243. Long Island Jewish Hospital, New Hyde Park, N. Y.; Long Island College Hospital, New York City.
244. Beekman-Downtown Hospital, Memorial Center for Cancer and Allied Diseases—James Ewing Hospital, St. Luke's Hospital Center, New York City.
245. Bellevue Hospital Center, New York City.
246. Bellevue Hospital Center or University Hospital, New York City.
247. Bronx Municipal Hospital Center, New York City.
248. Brooklyn Eye and Ear Hospital, Long Island College Hospital, New York City.
249. Brooklyn Hospital, Maimonides Medical Center, Veterans Admin. Hospital (Brooklyn), New York City.
250. Flower and Fifth Avenue Hospitals, New York City.
251. Flower and Fifth Avenue Hospitals, Metropolitan Hospital, New York City.
252. Francis Delafield Hospital, New York City.
253. Francis Delafield Hospital or Goldwater Memorial Hospital, New York City.
254. Francis Delafield Hospital, Presbyterian Hospital, New York City.
255. Harlem Hospital Center, New York City.
256. Hospital for Joint Diseases and Medical Center, New York City.
257. Kings County Hospital Center, New York City.
258. Henrietta Egleston Hospital for Children, Atlanta, Ga.
259. Lincoln Hospital, New York City.
260. Long Island College Hospital, New York City.
261. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City.
262. Metropolitan Hospital, New York City.
263. Metropolitan Hospital, Montefiore Hospital and Medical Center, New York City.
264. Montefiore Hospital and Medical Center, New York City.
265. Montefiore Hospital and Medical Center, Morrisania City Hospital, New York City.
266. New York University-Bellevue Medical Center, New York City.
267. Presbyterian Hospital, New York City.
268. Presbyterian (Babies) Hospital, New York City.
269. Queens Hospital Center, (Jamaica) New York City.
270. Veterans Admin. Hospital (Bronx), New York City.
271. St. Charles Hospital, Port Jefferson, N. Y.
272. Genesee Hospital, Rochester, N. Y.
273. Strong Memorial Hospital of the University of Rochester, Rochester, N. Y.
274. Children's Hospital of Akron, Akron, Ohio.
275. Veterans Admin. Hospital, Brecksville, Ohio.
276. Children's Hospital, Cincinnati.
277. Longview State Hospital, Cincinnati.
278. Cleveland Clinic Hospital, Cleveland, Ohio.
279. Cleveland Metropolitan General Hospital, Cleveland.
280. Cleveland State Hospital, Cleveland.
281. Lutheran Hospital, Cleveland.
282. University Hospitals of Cleveland, Cleveland.
283. Veterans Admin. Hospital, Cleveland.
284. Children's Hospital, Columbus, Ohio.
285. Children's Hospital, Columbus, Ohio; St. Elizabeth Hospital, Dayton, Ohio.
286. Ohio State University Hospitals, Columbus, Ohio.
287. Ohio State University Hospitals, Columbus, Ohio or Miami Valley Hospital, Dayton, Ohio.
288. University of Oklahoma Hospitals, Oklahoma City, Okla.; Vanderbilt University Hospital, Nashville, Tenn.
289. Veterans Admin. Hospital, Oklahoma City, Okla.
290. University of Oregon Medical School Hospitals and Clinics, Portland, Ore.
291. Oregon State Hospital, Salem, Oregon.
292. Children's Hospital of Philadelphia, Philadelphia.
293. Graduate Hospital of the University of Pennsylvania, Philadelphia.
294. Jefferson Medical College Hospital, Philadelphia.
295. Philadelphia General Hospital, Philadelphia.
296. Wills Eye Hospital, Philadelphia.
297. Children's Hospital of Pittsburgh, Pittsburgh.
298. C. Howard Marcy State Hospital, Pittsburgh.
299. Municipal Hospital Dr. Rafael Lopez Nussa, Rio Piedras, P. R.
300. University District Hospital, Rio Piedras, P. R.
301. Rhode Island Hospital, Providence, R. I.
302. City of Memphis Hospitals, Memphis, Tenn.
303. University of Tennessee Affiliated Hospitals, Memphis, Tenn.
304. Nashville Metropolitan General Hospital, Veterans Admin. Hospital, Nashville, Tenn.
305. Vanderbilt University Hospital, Nashville, Tenn.
306. Baylor University Medical Center, Children's Medical Center, Dallas, Texas.
307. Children's Medical Center, Dallas, Tex.
308. Ben Taub General Hospital, Houston, Tex.
309. St. Joseph Hospital, Houston, Tex.
310. Southern Pacific Hospital, University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Tex.
311. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Tex.
312. Veterans Admin. Hospital, Temple, Tex.
313. Primary Children's Hospital, Shriners Hospital for Crippled Children, Salt Lake City.
314. U. S. Public Health Service Hospital, Seattle, Wash.
315. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
316. Children's Orthopedic Hospital and Medical Center, Swedish Hospital Medical Center, Seattle, Wash.
317. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.; Northern State Hospital, Sedro Woolley, Wash.
318. Firland Sanatorium, U. S. Public Health Service Hospital, Seattle, Wash.
319. Firland Sanatorium, Seattle, Wash.; Northern State Hospital, Sedro Woolley, Wash.
320. Columbia Hospital, Lutheran Hospital of Milwaukee, Milwaukee, Wis.
321. Milwaukee County General Hospital, Milwaukee, Wis.

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical divisions of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

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| 1. Anesthesiology | 15. Physical Medicine and Rehabilitation |
| 2. Colon and Rectal Surgery | 16. Plastic Surgery |
| 3. Dermatology | 17. Preventive Medicine |
| 4. General Practice | General Preventive Medicine |
| 5. General Surgery | Aerospace Medicine |
| 6. Internal Medicine | Occupational Medicine |
| 7. Neurological Surgery | Public Health |
| 8. Neurology | 18. Psychiatry and Neurology |
| 9. Obstetrics and Gynecology | Child Psychiatry ² |
| 10. Ophthalmology | 19. Radiology |
| 11. Orthopedic Surgery | Diagnostic Radiology |
| 12. Otolaryngology | Therapeutic Radiology |
| 13. Pathology | 20. Thoracic Surgery ³ |
| 14. Pediatrics | 21. Urology |
| Allergy ¹ | |
| Cardiology ¹ | |

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house physicians to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

*Previous versions of this publication were given the caption "Approved Residencies and Fellowships." Because of the multiple meanings of Fellowship, this part of the caption has been deleted. There is no accompanying intent to change the Council's relationship to programs identified by the sponsoring institution under this term.

1. Candidates may be certified by either the American Board of Internal Medicine or by the American Board of Pediatrics: applicants must fulfill the certification requirements of the board concerned before they are eligible for examination in the subspecialty.

2. In most instances, candidates must be certified in psychiatry by the American Board of Psychiatry and Neurology before they are eligible for certification in the subspecialty.

3. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

1. GENERAL REQUIREMENTS

Hospitals conducting or applying for approved residency programs should be accredited by the Joint Commission on Accreditation of Hospitals.

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, *i. e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

Size and Type.—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions, in the understanding and management of which they are acquiring additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

I. STAFF

The teaching staff should be composed of ethical licensed physicians holding the degree of doctor of medicine from medical schools acceptable to the Council on Medical Education of the American Medical Association. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the supervision and direction of the residency program, and for correlating the activities of the resident staff in

various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff conferences, in addition to meetings of the staff at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section VI).

2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no re-

sponsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section VI).

4. MEDICAL LIBRARY

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs of the latest edition of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.

5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indices. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the Standard Nomenclature of Diseases and Operations is recommended for all medical records, although Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records. For coding or indexing, either the Standard Nomenclature of Diseases and Operations (SNDO) or the International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases

and Operations (ICDA) may be used.

Clinical records must be complete and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, condition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

6. SELECTION OF RESIDENTS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resident staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health, and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hospital must be for the patients' welfare.

For those applicants who have had their prior medical training in the United States or Canada, evaluation of qualifications is usually not difficult. Personality characteristics can be assessed through interview, letters of recommendation, and communication with the hospital where internship was served, and the dean's office of the medical school. The medical school accreditation and internship review programs of the Council on Medical Education of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council. Before appointment of such a candidate to a

residency position, the hospital should assure itself that he has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

[Beyond July 1, 1961, no hospital should expect to maintain an approved internship or residency program unless its appointees who are graduates of foreign medical schools either:

1. Have a full and unrestricted state license to practice, or
2. Have secured a standard certificate from ECFMG.

After July 1, 1961, the Council will recommend to the Internship and Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medical schools who do not satisfy requirement 1 or 2 above.

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

7. TRAINING PROGRAM

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e. g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Supervision.—The educational effectiveness of a residency depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the department heads and a representative committee of the medical staff. Heads of departments should be responsible for their own services, the committee assuming a larger role in directing and correlating the various aspects of the educational program. The department head should have qualifications and breadth of experience which will enable him to carry out an effective training program. Those members of the attending staff who assist in supervising the resident's work should also have had acceptable training in the specialty and should demonstrate an interest and ability in teaching. In some hospitals, where the number of men on the staff who have had advanced training in the specialty is limited, it may be desirable to assign responsibility for the supervision of the training program to physicians recognized in their field, on a consulting basis. In such instance, it is expected that the consultant assuming this responsibility will devote sufficient time to the residency program to assure the close and continuing supervision of all phases of the resident's work.

Resident Responsibility.—Aside from the daily contact with patients and the attending staff, and participation in the organized educational program, the assumption of responsibility is a most important aspect of residency training. Accordingly, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents in diagnosis and in treatment, as well as in the teaching of interns and medical students. In surgery and the surgical

specialties, the resident should be given ample opportunity to perform major surgical procedures under supervision, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Methods of Instruction.—It is important that methods of instruction be employed in the training program which are best suited to the special field. Emphasis should be placed on personal instruction at the bedside, in the operating room and in the delivery room, on related laboratory studies, teaching rounds, departmental conferences or seminars, clinical-pathological conferences, demonstrations and lectures.

Clinical-pathological conferences should be held preferably each week for the general staff, or, in larger hospitals it may be advisable to arrange separate meetings for each of several departments in order that all of the available material may be presented properly. The program should include the demonstration of pathological material from the operating room and from autopsies. The amount of material to be reviewed will usually require a weekly meeting and permit the more extensive use of the fresh and frozen specimens which are preferred to fixed specimens for demonstration and study. Details of the program and its manner of presentation may vary but the following procedure represents the plan followed in many hospitals:

- a. Presentation of abstract reports of selected cases.
- b. Demonstration of gross and microscopic pathology.
- c. Correlation of clinical and pathological findings.
- d. Comparison of reports with the literature.
- e. Summary of findings and conclusions.

The success of the clinical-pathological conference lies chiefly in the ability of the pathologist to teach and to interpret pathological lesions in terms of clinical manifestations of the disease.

A record of all conferences of the medical staff should be kept by every hospital for both current and future reference.

Journal Club.—Familiarity with and critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments. Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in

patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of large hospitals. Regardless of the size of the service, advantage should be taken of this opportunity for the resident staff to obtain experience in the care of these types of cases. Being available in the hospital at all times, they may be called on to take the initiative in making differential diagnosis, rendering first aid treatment, and assuming the major responsibility for the immediate care of a variety of traumatic conditions. They must also decide when patients should be admitted to the hospital. Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents.

Operating Room Assignment.—In surgery and the surgical specialties, work in the operating room constitutes an important part of the resident's responsibility. During the course of his training, the resident should be given sufficient operating responsibility to acquire surgical skill and judgment. This experience should be progressively graded to the end that, on completion of his training, the resident is able to assume individual responsibility for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospitals affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the preparation of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An under-

standing of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

9. BASIC SCIENCE TRAINING

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the path-

ological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

10. HOSPITAL-RESIDENT AGREEMENT

A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and when terminated by mutual consent, the hospital should provide a statement of release from the agreement or contract. Contracts for one year, renewable by mutual consent, are preferable.

The Council urges that all inducements, representations, and agreements made with respect to the offer and acceptance of a residency be embodied in the terms of a written agreement which should specify at a minimum the following:

1. The term of the residency.
2. The salary.
3. The conditions under which living quarters, meals, and laundry or their equivalent are to be provided.

4. Whether the hospital will provide professional liability (malpractice) insurance for the resident, or whether he will be expected to provide such insurance at his own cost if he desires this coverage.
5. Whether the hospital will provide hospitalization and health insurance for the resident and his family.
6. Vacation periods.
7. Hours of duty, or the method by which this is to be determined.
8. The content of the educational phase of the residency, including duration and sequence of the specified assignments to clinical, laboratory or ambulatory care facilities.

The residency agreement imposes ethical, moral and legal obligations upon both the hospital and the resident. No residency should be terminated prior to its expiration date without the opportunity for both parties to discuss freely any differences or grievances that may exist.

Under particular circumstances, the hospital or the resident may be justified in terminating a residency prior to the expiration of its term. If the resident fails to perform the normal and customary services of a residency or fails to comply with the reasonable rules that are necessary in the orderly operation of the hospital, the hospital may be justified in taking such action. Likewise, a physician should be entitled to rely upon representations with respect to opportunity for educational experience, conditions of service, living quarters, agreed vacation periods, etc., that are made to induce him to apply for the residency.

A breach of the agreement by either a hospital or a resident is not condoned by the Council.

Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's records, and are made available upon request to authorized agencies.

NOTE: Certain sections of this document have been renumbered, and "Special Requirements" is now Section IV.

II. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervised his work, and such detailed information as may be necessary in rating the resident's total accomplishment at the end of his training. The close personal contact which exists between department heads and the resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

III. MISCELLANEOUS

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

IV. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an

annual report to the Council on Medical Education of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close collaboration between the Council on Medical Education, the various American Boards responsible for the examination and certification of the specialists, and the Advisory Board for Medical Specialties. In this way the study and appraisal of residencies leads to the formulation of lists approved by the Council and acceptable to the respective boards. These lists may be obtained from the Council on request. In most instances, there is indicated for the hospitals on the approved lists the amount of credit (one to three or more years) which is allowed by the appropriate American board toward qualifying for the certification examination.

The specialty boards listed below have been approved by the Council in accordance with the following resolutions of the House of Delegates:

Resolved, That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

Resolved, That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approval of Examining Boards in Medical Specialties.")

American Board of Anesthesiology

Forrest E. Leffingwell, M.D., Secretary-Treasurer
100 Constitution Plaza, Hartford, Conn., 06103

American Board of Colon and Rectal Surgery

Stuart T. Ross, M.D., Secretary
520 Franklin Avenue, Garden City, N.Y.

American Board of Dermatology

Clarence S. Livingood, M.D., Secretary
Henry Ford Hospital, Detroit, Mich., 48202

American Board of Internal Medicine

Palmer H. Fitcher, M.D., Executive Director
3930 Chestnut St., Philadelphia, Pennsylvania, 19104

American Board of Neurological Surgery

Guy L. Odom, M.D., Secretary-Treasurer
Duke University Medical Center, Durham, N.C.

American Board of Obstetrics and Gynecology

Clyde L. Randall, M.D., Secretary-Treasurer
100 Meadow Road, Buffalo, New York 14216

American Board of Ophthalmology

Office of the Secretary-Treasurer
Box 236, Cape Cottage Branch, Portland, Maine

American Board of Orthopaedic Surgery

Wm. A. Larmon, M.D., Secretary-Treasurer
29 E. Madison St., Chicago, Ill., 60602

American Board of Otolaryngology

Dean M. Lierle, M.D., Secretary-Treasurer
University Hospitals, Iowa City, Iowa, 52241

American Board of Pathology

A. James French, M.D., Secretary-Treasurer
University of Michigan Dept. of Pathology
1335 E. Catherine St., Ann Arbor, Michigan, 48104

American Board of Pediatrics

John McK. Mitchell, M.D., Executive Secretary
6 Bryn Mawr Ave.,
Bryn Mawr, Pa., 19010

American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
200 First St., S.W., Rochester, Minn., 55901

American Board of Plastic Surgery
Minot P. Fryer, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis, Mo. 63108

American Board of Preventive Medicine
Harold V. Ellingson, M.D., Secretary-Treasurer
410 W. 10th Ave., Columbus, Ohio 43210

American Board of Psychiatry and Neurology
David A. Boyd, Jr., M.D., Executive Secretary-Treasurer
Box 1157, Rochester, Minn. 55901

American Board of Radiology
H. Dabney Kerr, M.D., Secretary
Kahler Hotel Bldg., Rochester, Minn.

American Board of Surgery
Robt. M. Moore., M.D., Secretary-Treasurer
1617 John F. Kennedy Blvd., Philadelphia, Pa., 19103

American Board of Urology
Wm. N. Wishard, Jr., M.D., Secretary-Treasurer
30 Westwood Rd., Minnetonka, Minn., 55343

Board of Thoracic Surgery
O. T. Clagett, M.D., Secretary-Treasurer
1151 Taylor Ave., Detroit, Mich., 48202

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields must first fulfill the general certification requirements of the American board concerned, including the examinations.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

V. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For one specialty, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

VI. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing,

required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

Objectives.—An approved three-year training program in anesthesiology is expected to provide instruction and experience of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods employed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

General Considerations for a Three Year Program.— 1. Three-year programs should expand the scope of education to include more thorough preparation in the pertinent basic sciences and related fields of general medicine which are mentioned in succeeding paragraphs than is possible in a two-year program. Requests for three-year approval which do not conform to this purpose will not be favorably considered.

2. Institutions applying for three-year approval should supply a prospectus for a three-year program with the application. The added training material permitted by the added year need not, and perhaps should not, comprise the third chronological year of the program. Those portions of the program designed to increase the scope of training beyond ordinarily clinical anesthesia experience should be described in some detail, specifying time allotment, place, names of instructors, and such other information as may be of importance in assessing the training value of the program.

General Consideration for a Two Year Program.—With the exception of the additional instruction secured in the three-year program, which is essentially non-clinical, the following requirements apply to two-year programs also.

Staff.—The most important element in the staffing of a training program is the genuine interest of the staff in instruction of residents in all the aspects of the field of anesthesiology. The need and desire to teach must be the primary motive for the development of a training program. Those programs in which the evidence points toward the acquisition of residents primarily to satisfy the needs of the clinical work load will be seriously questioned as will those programs in which the number and variety of patients available to the resident are limited. The staff should be of sufficient number so that any resident may expect direct supervision at any time. The ratio of staff to residents is subject to so many variables that a fixed number cannot be assigned. Ordinarily, a program in which there is only one functioning staff person as far as the training program is concerned will not be approved.

The staff should ideally be composed of physicians with different interests and capabilities. Included should be those

who are interested in and proficient in clinical management of anesthesia, the basic sciences, general medicine, and research.

The director should be capable of administering the program and given the power to do so. His position as director should be determined on the basis of his interest and facility as a teacher and not primarily upon the basis of his seniority or control of private practice.

Clinical Material.—Through the parent hospital and/or the affiliated hospital, a sufficient variety of anesthetic problems should be available to the resident to provide the basis for instruction and experience in anesthetic management of patients undergoing thoracic, pediatric, obstetrical and neurosurgical procedures, as well as in problems arising from all other types of surgical cases.

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the responsibility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and postoperative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

Didactic Program.—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the resident training program should provide instruction in the following general areas:

a. **The Basic Sciences** (*physiology, pharmacology, anatomy, biochemistry*). The instruction should not be based

only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. **General Medicine.** The instruction in this area should emphasize the importance of acquaintance with the fundamental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. **Technic.** Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

Research.—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident. For those residents in the two-year program, emphasis should be in clinical training. Direct participation in research by residents in a three-year program is not required but should be encouraged.

Records.—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which he has participated. The director of the program must validate this record.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program

to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

Through appropriate arrangements with other services, the resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consultations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that

an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lectures, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology, and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

4. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduates intending to enter general practice. General practice residency programs, following the internship, should provide for additional experience and responsibility in those branches of medicine which are of primary importance to the general practitioner.

Duration and Scope of Training.—General practice residencies should be flexible, both as to content and duration, depending upon the special needs of the individual resident. It is recommended that residency programs be of at least two years' duration. In a two-year residency, the first year should be devoted to general medicine: *i.e.*, internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The second year may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, traumatic surgery, fractures, and operative gynecology. Any service offered during this second year must be of at least three months' duration. Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the medical management of ambulatory patients. Hospitals which have no organized outpatient department should provide the resident with an opportunity to compensate for this deficiency, such as that provided in a home care program or preceptorship.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. These hospitals should have at least 2,500

annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

5. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in general surgery which are designed to meet the requirements of the Council on Medical Education, the American College of Surgeons, and the American Board of Surgery, should include, after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the Board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions acceptable to the Board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the Board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the Board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery is recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. Scope of Training.—Residencies in general surgery should offer a broad surgical training and should preferably

include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the specialties most commonly included. However, other surgical specialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. Application of Basic Medical Sciences in Surgical Training.—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

D. Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. The members of the staff should have a real interest in teaching and must be willing to give the time and effort required by the educational program.

The staff must be organized, and the chief of the service must be responsible for the quality of work done in the department, and the supervision of the resident training program. Continuity of this responsibility and supervision of the residents is highly desirable. Therefore, the appointment or election of the chief of service should not be considered as honorary, and should be of such duration as to insure this continuity.

E. Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient out-

patient services where they exist and by well developed follow-up services in all hospitals.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

6. Special Requirements for Residency Training in Internal Medicine

Residencies in internal medicine should be organized on a broad basis to include instruction in the various specialties which combine to form internal medicine. Accordingly, the program should not be limited entirely to internal medicine and its subdivisions but might well include a reasonable amount of training in psychiatry, neurology, dermatology, and pediatrics, even though they are organized as independent residencies.

In institutions offering residencies in internal medicine and its special fields, emphasis should be placed on the educational features of the program and residents should receive regular instruction from members of the staff in all diagnostic and therapeutic methods. Particular emphasis should be placed on the study of etiology, pathogenesis, symptoms, and the course of the various diseases so that the residents may develop skill and accuracy in diagnosis as well as a mature judgment and resourcefulness in therapy.

Under the supervision of qualified members of the staff, the residents should assume individual responsibility in actual case management. They should also be required to correlate clinical studies not only with post-mortem pathology, but also with the other allied basic science fields; review medical literature and take an active part in regular teaching rounds, departmental seminars, and clinical-pathologic conferences.

Requirements.—For approval, a residency in internal medicine should have an adequate number and variety of annual admissions to the Department of Medicine.

Allied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, biophysics, pathology, pharmacology, physiology, and other areas are especially desirable and should be closely correlated with clinical experience. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the Secretary of the Board. Those who wish certification by a subspecialty board in medicine must first qualify in internal medicine and should then apply to the Secretary of the subspecialty board, through the office of the American Board of Internal Medicine.

7. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 verified intracranial neoplasms, for each resident completing his training each year. Close contact must be maintained between the staff neurosurgeons and the resident staff. It is essential that the resident participate actively in the diagnostic study, operative treatment, and postoperative care

of patients. The period of training consists of four years and must be preceded by at least one year of approved internship, preferably in surgery, although a rotating internship is acceptable. If the neurosurgical training is begun after a rotating internship, additional training of at least six months in surgery must be arranged by the chief of the neurosurgical service.

The residency period must be chiefly clinical and not didactic, and there must be concurrent instruction in neurology and the basic sciences, particularly as they relate to neurosurgery. To qualify for the full four years of approval, a residency must provide broad experience in neurosurgery.

The residency program should be adequate to insure competence and skill. Under supervision the resident should be given the responsibility for the diagnostic studies and some of the operations, especially in his final year.

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

Applied Basic Science Instruction.—Organized basic science work as applied to neurological surgery is especially desirable in neuroanatomy, neuropathology, neurophysiology, neuroradiology and neuroophthalmology. This should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

8. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

9. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of Newborn Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident should have performed. It must be stated that no amount of

assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In the absence of such certification, the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services with graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the non-operative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

After July 1, 1962, the Residency Review Committee for Obstetrics and Gynecology will not approve residencies of less than three years' duration providing training in this specialty. While training in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years' required clinical program in obstetrics and gynecology. A minimum of 18 months in obstetrics and 18 months in gynecology is required. Likewise, formal courses in the basic sciences which separate the resident from clinical training should not be included in the three-year minimal clinical training program.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program

or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

The principle of the "parallel" (or "non-pyramidal") residency assignment is the policy of the Residency Review Committee for Obstetrics and Gynecology in reviewing programs for approval. However, non-parallel programs will not necessarily be disapproved on this basis alone.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

10. Special Requirements for Residency Training in Ophthalmology

Duration of training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have

daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

Basic Medical Sciences.—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology, biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if possible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

Staff.—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency in ophthalmology should include a well organized and supervised active outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

11. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they

should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent hospital, with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complimentary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Staff.—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. In the absence of such certification, the Residency Review Committee may approve programs when the Chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head of chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for

the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skills and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

13. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, both clinical pathology and anatomic pathology, and special fields of clinical pathology and anatomic pathology.

Scope of Training.—The training program in pathology should be designed to acquire a broad knowledge of the subject matter in the fields of clinical and anatomical pathology, as well as the techniques and methodology required to gain this information. Experience in interpretation of laboratory data, in directing a laboratory, in teaching, and in investigation are all objectives of a good program.

Every attempt should be made to gain correlative experience in anatomic pathology and clinical pathology in addition to relating these experiences to the patient.

Systematic instruction in anatomic pathology should be accomplished primarily through the use of fresh tissues, microscopic slides, and photographs, supplemented by museum specimens and seminar material when available. Proficiency in frozen-section diagnosis and in exfoliative cytology are important aims. The teaching material must be sufficient in quantity and variety to afford adequate training in gross and microscopic pathology. Special emphasis, however, should be placed on the quality of the supervision and instruction rather than the quantity of material.

The training in clinical pathology should emphasize methodology and techniques because the result of a laboratory test is no more valuable than the accuracy of performance. Interpretation of these tests for assistance in the diagnosis and management of patients, and the development of administrative ability are of especial value in the division of clinical pathology.

Instruction should include, but not be limited to, training in bacteriology, immunology, blood banking, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the person in training, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of

the laboratory, and to the number of medical and non-medical personnel in relation to the volume of work.

In general, the qualitative standards will determine whether a laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of training.

It is expected that the director of the program be a fully qualified specialist in the branches of the specialty for which training is approved, and that he provide adequate supervision of the hospital laboratory. Adequate supervision is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program. In special instances, the equivalent of full time direction by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of technicians and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to function efficiently. There should be facilities in all hospitals for tests usually performed in clinical pathology, for the study of surgical specimens, and for the performance of autopsies. In larger hospitals the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

Institutions with an autopsy percentage of less than 25 will not ordinarily be approved, and those institutions with percentages between 25 and 40 will be given special scrutiny.

Fixed anatomic and pathological specimens in proportion to the size of the hospital, should be available for study by the staff. Properly filed and indexed color photographs may in part be substituted for museum specimens.

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of the material and the size of the staff justifies. A clinicopathological conference should be held at least every two weeks.

In institutions offering training in both anatomic and clinical pathology, the program should be so arranged as to assure even division of the residents' training and experience in anatomic and clinical pathology. Ordinarily, this can best be achieved by a series of exclusive, or nearly exclusive, assignments to the various departments of the laboratory.

Quantitative Requirements.—In the field of anatomic pathology there should be sufficient volume and variety of autopsy, surgical and cytological material (except in special programs) to insure adequate education, training, and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material does not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

Approval is granted for residency training in pathology in the following categories.

Category APCP-4. In both anatomic and clinical pathology for a total of four years.

Category APCP-2. In both anatomic and clinical pathology for a total of two years.

Category AP-3. In anatomic pathology only for three or more years.

Category AP-1. In anatomic pathology only for one year.

Category CP-3. In clinical pathology only for three or more years.

Category CP-1. In clinical pathology only for one year.

Category SP. Special pathology only, usually for one year.

This designation includes forensic pathology, research only, and such other special programs as may be approved.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

14. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and outpatient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient and in those with neurological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

Quantitative Requirements.—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.

Applied Basic Science Instruction.—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Allergy. (See also Requirements for Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Pediatric Cardiology.—Residencies in pediatric cardiology should be closely associated with approved residency training programs in pediatrics, thereby assuring availability of all facilities and personnel necessary for the complete care of the infant and child. Thorough understanding of human growth and development and the response of the young patient to environmental factors, both intrinsic and extrinsic, is a fundamental prerequisite for the proper management of infants and children with cardiovascular problems. The purpose of a residency in pediatric cardiology is to equip the trainee to manage children with problems of a cardiovascular nature, whether congenital or acquired, in relation to the patient's rehabilitation and with emphasis on the adaptation of the whole individual rather than the specific disease process or the body system involved.

Duration of Training.—Two years of training in an approved pediatric cardiology training center are required to meet the minimal standards of the Sub-Board of Cardiology of the American Board of Pediatrics. Training need not be confined to a single approved center, although it is essential that the resident who splits his training between two approved residencies in pediatric cardiology receive progressive education, experience and responsibilities in the specialty rather than two years as a beginner with virtual duplication of instruction at an elementary level.

Scope of Training.—Residencies in pediatric cardiology should offer broad and inclusive training in the specialty. This should include fundamentals of clinical diagnosis with special emphasis on auscultation and physical examination and the role of roentgenology and roentgenoscopy, electrocardiography, vectorcardiography, phonocardiography and other laboratory tests used in diagnosis and management. Thorough understanding of embryology and anatomy of the normal heart and vascular system as well as the deviations from normal that may occur should be mastered. Knowledge of normal and abnormal cardiovascular physiology should be required. Experience and instruction in technics of and understanding of the limitations of cardiac catheterization and selective angiocardiography are necessary. Experience with pre and post-operative care of patients having cardiac surgery, both by closed and open methods, in close cooperation with the cardiovascular surgical staff is required. Opportunity for long-term follow-up observation of post-operative patients must be afforded the trainee. Study of rheumatic fever and other infections and metabolic condi-

tions resulting in abnormalities in cardiovascular function should be combined with experience in management of patients in sufficient numbers to demonstrate the typical and atypical features of each.

Basic Medical Sciences.—The resident should be assigned for a period of service in pathology with instruction by a qualified pathologist. Specimens demonstrating the various types of congenital cardiovascular anomalies should be classified and readily available for study. Conferences involving current pathologic material should be held regularly and closely correlated with clinical experience; such conferences should include clinicians, surgeons, physiologists, roentgenologists and pathologists. Thorough training in cardiovascular physiology is essential and participation by the resident in cardiac catheterization procedures is necessary. Such experience should be intimately related to clinical diagnosis and management. Regularly scheduled conferences involving clinicians, surgeons, roentgenologists and cardiovascular physiologists should be an integral part of the residency teaching program. Residency programs should provide ample opportunities for basic research, and participation in a specific laboratory or clinical research project should be encouraged.

Staff.—Highly qualified teachers should be available in pediatric cardiology as well as in roentgenology, pathology and physiology. The chief of service should be certified by the Sub-Board of Cardiology of the American Board of Pediatrics or, lacking such certification, should be of recognized ability and possess high professional standing in the specialty. The educational value of a residency depends largely on the quality and extent of supervision of the residents by teachers who are not only fully qualified but who are interested in teaching and willing to devote adequate time to this endeavor.

Clinical Material and Facilities.—A satisfactory number of patients must be available to provide the resident with a wide variety of cardiovascular problems in children. While there is no need to perform special tests such as cardiac catheterization or angiocardiography on all patients with cardiac problems there should be a sufficient number of diagnostic problems to justify such procedures in an adequate number of patients per year, thus reflecting a reasonably large case load, in-patient and out-patient, during the course of a year. A minimum number of cardiac operations in children is required to provide depth of experience in pre and post-operative management needed by a properly trained resident in pediatric cardiology. If these minimal numbers of special procedures and operations are reached or exceeded, the total number of clinical cases should be adequate for proper instruction of a resident.

Equipment, staff and availability of ancillary services such as good nursing care, properly staffed post-operative units, social service facilities, etc., should conform to the recommendations of the Council of Rheumatic Fever and Congenital Heart Disease of the American Heart Association in "Standards for Centers Caring for Patients with Congenital Cardiac Defects," published in *Circulation*, Vol. XXI, April, 1960.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

15. Special Requirement for Residency Training in Physical Medicine and Rehabilitation

Scope of Training.—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physi-

cally handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

Duration of Training.—A minimum of three years of residency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved institution. The Department of Physical Medicine and Rehabilitation should be organized as a major service, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas. The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. Hospital beds should be assigned to the Department of Physical Medicine and Rehabilitation conducting an approved residency in this specialty.

Quantitative Requirements.—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admissions and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

16. Special Requirements for Residency Training in Plastic Surgery

Duration of Training.—Residency training programs which are designed to meet the requirements of the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experience in the various methods of excisional reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hands, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal re-

search by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aerospace Medicine, Occupational Medicine and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Section I to 10) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

General Preventive Medicine

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and coordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic

study in which the candidate is enrolled as a graduate student, in residence; and a second phase in which the candidate secures field training and experience. These two phases may be carried on consecutively or separately.

Academic training: The academic phase of the residency training must be at least one year of graduate study. The character and quality of advanced study engaged in by the resident should be equivalent to that of students seeking advanced degrees. However, the content of the residency program may differ from the curriculum required for an advanced degree, and achievement of such a degree is not a requirement. The program of instruction should be individualized as far as possible to the needs of each resident, and when feasible, conducted on a tutorial basis.

The content of courses offered should include but not be limited to: principles and practices of preventive medicine, medical and public health administration, human ecology, environmental medicine, and both basic and advanced study in biometry and epidemiology. Every effort should be made to strengthen the resident's competence in the clinical and laboratory disciplines and to provide an effective integration of the clinical sciences in relation to human health problems with that of epidemiology. Supplementary courses should be available to the resident in such areas as microbiology, immunology, genetics, cytology, biophysics, and the social sciences; especially, sociology, anthropology, economics and psychology.

Field training: Field training should be under the supervision of staff qualified to provide guidance and graduate instruction in preventive medical practice or research, either directly under an educational institution or an organization or agency affiliated with the educational institution. Each resident should have progressively graded responsibility, under competent direction, of at least one year's duration.

In selecting field training experience for the resident, the training institution may use a field training area partially or entirely under its own jurisdiction and supervision or it may use an affiliated organization or agency most suitable to the needs of the individual resident. The resources and organization of the affiliated agency must satisfy basic requirements for graduate training purposes; the calibre of supervisory professional staff members and their competence and interest in residency level training should be the determining factors in the assignment of residents to their charge.

The third year of the preventive medicine residency training program may be allotted to academic study, field training, clinical residency in a field closely related to preventive medicine, research, or a combination of such experiences.

Since research methods and scientific inquiry play so large a part in the practice of preventive medicine, special attention should be given to the development of research competence in the residency period. As a part of the three years of residency training, the resident should be required to undertake an independent and original investigation in a special field and to present the results of this research in a thesis acceptable to the responsible institution.

Facilities: The facilities of the training institution need not conform to any rigid pattern; educational institutions, research centers or operating agencies may qualify, provided the residency program is appropriately affiliated with and supervised by an approved and accredited academic institution. A plan of affiliation between two or more of these categories will be necessary in most instances. In every case, the combination must provide:

1. An educational environment capable of providing the breadth of instruction outlined above;
2. Laboratory space, supplies, and technical assistance for research by the resident;
3. A well-stocked, up-to-date medical library;
4. Facilities for field training of sufficient size and scope to provide experience in each of the major areas of preventive medicine and to exemplify good administrative

organization. The staff members associated with residency programs should have demonstrable interest in and capacities for teaching, as well as high competence in their respective fields.

Personnel and Organization: The Director of the residency training program should be qualified in preventive medicine and have established competence in teaching and graduate training. There should be at least one person on the training staff who has established competence and continuing experience in each of the major fields of instruction. The training staff members should be selected by the Director and should be directly responsible to him for their participation in the program. There should be specific commitments concerning the time to be contributed by each staff member and the content of training which he is to provide. There should be a Residency Advisory Committee composed of the Director and the heads of the departments primarily concerned with the training of the resident, and selected consultants. This Committee should concern itself with the development, content and improvement of the training program, the policies, procedures and conduct of the program inclusive of instructional techniques, and the periodic evaluation of all phases of the resident's training. It should report periodically, at least annually, to the head of the training institution.

Eligibility of Applicants: In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the qualification of each applicant for an appointment to an approved residency in general preventive medicine without designation of specialized field should be reviewed by an appropriate committee appointed by the training institution or agency. The committee should make special effort to evaluate each candidate's suitability for career training in preventive medicine on the basis of preliminary and medical education, including internship, professional motivation and career objectives.

Aerospace Medicine

A formal training program in Aerospace medicine should include academic training in the fundamental disciplines of preventive medicine and public health; it should also include training and experience in the basic and clinical sciences related to aerospace operations and ground support, and in administrative support of aerospace medicine programs. The formal training program should be of at least three years' duration. One year should be devoted to academic study in preventive medicine and public health, and two years to a residency in aerospace medicine. The residency should include an academic component and an applicatory component; the entire residency should normally be under sponsorship of a school of aerospace medicine, a medical school, a school of public health, or a graduate school. An approved government or civilian agency or institution may also serve as the agency responsible for residency training. It should normally be responsible for the maintenance of the health of a sufficiently large number of flying and ground support personnel to provide the residents with the broad experience in the various phases of the specialty. There should be a sufficient amount and variety of aeronautical equipment available to enable the resident to familiarize himself with its use. A well-staffed hospital to which aerospace-medicine problems are referred should be available. If not, such training should be provided through affiliation. Experience in the examination, care, and management of ambulatory patients should be provided through the facilities of an adequately staffed and well-equipped outpatient department. The agency should have access to an adequately equipped laboratory in which studies on problems relating to aircraft accidents and hazards of flight can be carried out. The applicatory component may be secured through affiliation with the sponsoring agency.

Academic Program—Public Health and Preventive Medicine. Courses should normally be such as to satisfy requirements for the Master of Public Health Degree or its equivalent.

These courses should normally cover the following fields:

1. **Epidemiology:** the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. **Public health administration or practice:** organization and administration of programs for promotion of health.
3. **Evaluation and control of environmental hazards to health.**
4. **Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.**
5. **Such other subjects as may be required for the Master of Public Health degree or equivalent and such desired elective subjects as may be applicable to aerospace medicine.**

Residency.

The residency should provide training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which may be encountered. The residency should include an academic component which covers the following subjects:

1. **Aviation physiology:** responses of the body to changes in temperature, pressure, and oxygen concentration, and to acceleration, which may be encountered in flight.
2. **Selection of aircrews:** medical examination and selection of persons to be trained for flying or aerospace activities.
3. **Maintenance of aircrews:** recognition, prevention, and treatment of disorders related to flight; influence of specific disorders on fitness for flying; consideration of these problems from viewpoints of clinical specialties such as internal medicine, surgery, ophthalmology, otorhinolaryngology, and neuropsychiatry.
4. **Flying safety, including accident prevention and medical support of accident investigation (aviation pathology).**
5. **Environmental hazards faced by flyers and ground support workers; devices, equipment, and procedures for protection of personnel concerned.**
6. **Aerial transportation of patients: contraindications for air travel by patients; medical problems in movement of patients by air.**

The applicatory component of the residency should provide an opportunity for the planned and supervised application of the knowledge and concepts of preventive medicine and aerospace medicine gained in the academic phases of the program. The program should impose definite responsibilities upon the resident. The program may be in a civilian or military organization having responsibility for the health of a reasonable number of flying personnel and/or personnel concerned with ground support of aeronautical or aerospace operations. It should encompass experience in the following fields:

1. **Clinical aerospace medicine:** diagnosis, prevention, and treatment of disorders resulting from flight or ground support activities; evaluation of disorders having a bearing on capabilities or qualification for duties in aviation or ground support.
2. **Administrative aerospace medicine:** planning, administration, and supervision of a broad health program for flying and/or ground support personnel.

The entire residency training program should be under the supervision of a Director of Training who is certified in aerospace medicine, and a Residency Advisory Committee. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General

Requirements, Section 1). The committee should be made up of persons of recognized capabilities in aerospace medicine and/or related medical fields. Should any portion of the program be arranged through affiliation, the resident should during such period be under the direct supervision of an individual certified in aerospace medicine and/or a related clinical specialty. The supervisor in such a situation should be furnished a clearly defined statement of experience and responsibility required during the period of affiliation.

Eligibility of Applicants.

In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for an appointment to an approved residency in aerospace medicine should have completed at least one academic year of graduate study in preventive medicine, or training and study deemed by the American Board of Preventive Medicine to be substantially equivalent to such graduate study.

Occupational Medicine

Residencies in occupational medicine, as a specialized branch of preventive medicine, should include training in the principal divisions of preventive medicine and public health, such as administration, health education, epidemiology (control of communicable and degenerative diseases), accident prevention, and sanitation. The training should not neglect the broad problems of community health but should emphasize their relation to the industrial population as an important part of the general population and to occupational hazards and disease.

The training period comprises a period of specialized training of three years' duration, one year of which is carried out in supervised practice in an industrial medical organization. Ordinarily these programs should be conducted under the sponsorship of an educational institution. They may be organized in a school of medicine, a school of public health, or an associated graduate school, in which the facilities of a university as a whole are available for intramural instruction. Extramural training should be provided by an organization affiliated with the educational institution, and having a satisfactory medical service. The intramural and extramural phases may be carried on simultaneously or as separate periods.

1. Content of Intramural Training Program.

A. Basic Disciplines. The basic disciplines may vary in their content to some degree (and in their emphasis on matters of general importance in the field of preventive medicine and of special significance to the industrial physician) in accordance with the availability of facilities for instruction in various institutions of learning. Courses should be offered to include the following:

1. Preventive Medicine as it relates to community health generally, rather than to industrial health specifically, includes microbiology, control of communicable diseases and their transmission, and various aspects of administrative medicine.

2. Industrial health practice which concerns itself with the medical problems and practices of industry, as well as other activities of the industrial physician in his professional, advisory, and administrative relationship to industrial employees in all categories, to his immediate and more general professional associates, to the hygienic authorities, and to management.

3. Industrial hygiene, under which term is included all measures for the determination of the significant and extent of occupational stresses and hazards, and for the development and application of means of controlling such stresses and hazards, so as to promote and maintain industrial health.

4. Physiology and other basic sciences with particular

reference to the manner in which the occupation and environment affect man.

5. Epidemiology and biostatistics and their application to the health problems of the industrial population.

B. Related Fields

1. Special fields of medicine such as mental health, rehabilitation, and gerontology.

2. Legal and insurance aspects of industrial medical practice.

3. History, structure, and functions of industry.

4. Social studies (human relations) including such subjects as personnel relations, industrial relations, labor relations, and public relations.

C. *Clinical Training.* Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study. Organized and well-staffed clinics in industrial establishments, as well as many other organized medical services in the community, may be utilized. Clinical training should provide experience in at least the following areas:

1. Medical appraisal of abilities and disabilities in relation to the requirements of job, job placement, and adjustment of worker to job.

2. Management of occupational injury and diseases to include etiology, pathology, diagnosis, prognosis, therapy, rehabilitation, and prevention.

3. Medical appraisal of the individual with particular reference to qualitative standards and compensation for disability.

4. Rehabilitation. Adequate training in rehabilitation can best be provided in an institution in which there is a properly staffed department of rehabilitation. Well-developed services in medicine, surgery, and the medical and surgical specialties should be available. The efforts of these services and the department of rehabilitation should be co-ordinated in achieving the objective of the rehabilitative process, the return of the industrial casualty to a suitable and useful occupation.

D. *Research.* Investigation of the industrial environment and the response of individuals to it, studies of new materials and new sources of energy, and training in the significance of research are an essential part of professional instruction. The resident may be required to prepare a thesis worthy of publication based on his own study.

II. Type and Contents of Training Industry.

A. General Type and Duration of Residency in Industry.

The resident must serve for a year, preferably in continuous service, in one or more industrial medical organizations approved for scope and quality of service.

B. Professional and Facilities.

1. *Personnel.* An industrial medical organization which participates in the training of residents in occupational medicine should be under the direction of a competent physician having position and authority in the organization commensurate with his responsibilities, including that of assuming a high level of ethical conduct and practice within the medical department. All of the activities of the industry relating to the health of employees, industrial hygiene and sanitation, and the hygiene problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

The staff of the medical department, including nurses and technical assistants, should be adequate in numbers, competent to perform the work which is required of them, and should have such relationship to the chief of the medical staff and such functions in the performance of the work of the medical department as are in keeping

with sound professional standards.

The local professional relationships of the medical staff should be such as to insure appropriate liaison with private physicians of the employees. The services of fully qualified consultants in specialized fields of medical and surgical practice should be utilized as necessary.

2. *Facilities.* The quarters and facilities of the medical department should be adequate in location, arrangement, and equipment to provide freedom from noise, to insure comfort, cleanliness, and orderliness in the conduct of the medical work, and especially to yield complete privacy for interviews, medical examinations, and the maintenance of wholly confidential medical records.

Laboratories, equipment for the conduct of clinical and environmental observations and investigations, and appropriate reference books and periodicals shall be available within the medical or other plant facilities, or in such proximity elsewhere as to meet adequately the needs of the practice of medicine and industrial hygiene.

3. *Industrial Medical Practice.* The type of medical practice conducted by the industrial medical department shall be of a high professional quality and shall extend into all of the fields of medical activity that are appropriate to the needs of the industry concerned.

The medical examinations and the medical records should be such as to reveal the hygienic status of the population of the plant or industry in a reasonably effective manner, with respect to injury, illness, and disease of non-occupational or occupational origin. They should also be adequate in respect to the medical problems of the individual employee. The information on the respective occupations, hygienic problems, and hazards associated with specific occupations and operations within the plant or industry should be comprehensive and up-to-date; the means by which such information is kept current, through reports, trips of inspection, analytical and other environmental data, should be part of the regular mechanisms of the medical operations and relationships within the industrial organization.

4. *Adaption and Utilization of Personnel and Facilities for Medical Instruction.* In addition to the general adequacy of the medical personnel and facilities for the performance of their necessary duties, the conditions within the medical department and the industrial organization which it serves must be such as to provide time for the training of medical residents. The competence of the preceptors within industry and the affiliation of the personnel of the medical department with the institution responsible for professional instruction must be such as to insure the fulfillment of an educational function, rather than to provide a means of delegating the less exacting and less responsible work of the medical department to a subordinate in training.

Eligibility of Applicants.—In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicants for an appointment to an approved residency in occupational medicine should have completed one academic year in an accredited school of public health leading to a degree of Master of Public Health or have had equivalent training. In some cases, residency training may proceed the year of formal academic training.

The provisions of the section on General Requirements (Sections 1 to 9) must also be met for approval.

Board Requirements.—Candidates for examination in occupational medicine must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in occupational medicine. One of these years must have been devoted to graduate study leading to a degree of Master of Public Health in an approved School of Public Health

(or other similar training and study satisfactory to the Board). Another year must have been spent in graduate study in occupational medicine or in a closely related field acceptable to the Board. (Section I).

At least one of the remaining four years must have been spent in an approved occupational medicine program in one or more industrial medical organizations approved for scope and quality of service. (Section II, 16.)

Public Health

Residencies in this field should include training in the principal divisions of public health, such as administration, health education, epidemiology (control of infections and degenerative diseases), maternal health, infant and child health, accident prevention, and sanitation. Approval for residency training in the specialty is ordinarily extended to training areas organized under a state plan, although recognition may be given to a local health department offering acceptable training in one or more of the major branches. An acceptable program should be for a period of one or more years' duration. If the training is limited to a single field of public health, the length of the training should be at least two years, one of which may be spent in residency training in an appropriate clinical specialty.

The health department in which training is given should be well-established and should serve an area large enough to offer comprehensive experience in the several aspects of community health. A program of sufficient scope and diversity is not likely to be provided in communities of less than 50,000 population.*

The department should be efficiently organized on a basis which will assure the provision of public health services of a superior quality as well as proper supervision of the residents' training. It should co-operate actively with other agencies, official and non-official, in the development and conduct of a community-wide health program.

The facilities of the health department, including office and laboratory space, should be adequate for the efficient functioning of the public health service. When the work of the resident involves considerable travel, adequate transportation should be provided. The department should maintain a basic collection of reference texts and periodicals in public health and associated fields, even if more complete library facilities are available outside the department.

An efficient system of records must be maintained. Since much of the resident's later responsibility is likely to be administrative in nature, it is essential that he has a thorough indoctrination in the preparation and maintenance of reports, registers, and other required records.

Residency training at the state and local level should be under the direction of a qualified physician trained in public health who has demonstrated his ability to administer a comprehensive public health program. His professional qualifications should meet the standards required of the staff of hospitals approved for residency training in other specialties (General Requirements, Section 1). His staff should include a sufficient number of well-trained personnel to provide adequate health service to the community and assistance in the training program. A state department of health responsible for the organization and conduct of a training plan should make available consultative service in the several basic and special public health fields.

The residency training should include planned observation of and active participation in the various public health programs operating within the community. It should include experience in the collection of vital statistics, control of communicable disease, promotion of child and adult health, regulation of the environment, and education of the

public with respect to personal and community health. Training in these several fields should be such as to provide familiarity with the planning, development, and methods of operation of public health programs and the duties and techniques used by the members of the staffs of the responsible public health agencies.

Eligibility of Applicants. In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for appointment to an approved residency in public health should have completed one academic year, leading to a degree of Master of Public Health, in an accredited school of public health, or have had equivalent advanced training. In some cases, the year of residency may precede the year of formal academic training.

Board Requirements.—Candidates for examination in public health must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in public health.

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equivalent training and study satisfactory to the Board) and at least two years of supervised field experience in public health practice in an approved residency. The remaining three years must have been limited to the practice of public health, preferably under the supervision of a well-qualified specialist in that field.

It is recognized that an individual may obtain suitable training in programs other than those of an official health department: among such are the federal services, industry, and certain voluntary agencies. The training of such persons will be adjudged on an individual basis.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of patients. The service functions of the residents should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic science are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and

*For a method of evaluating the scope and quality of a public health program see "Health Practice Indices," 1950 edition, and the "Evaluation Schedule," November, 1947, published by the American Public Health Association, 1790 Broadway, New York 19.

specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single, narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis, and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiological therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.
- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.
- E. Sufficient experience in child psychiatry is essential for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and

childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.

- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserve a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.
- G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.
- H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.
- I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.
- J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, sociology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment

of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, pediatric, and psychiatric services and their sub-specialties. The neurological outpatient clinics and the consultation services should be supervised by an experienced neurologist, and, where feasible, their activities should be co-ordinated with those of the neurosurgical, pediatric, and psychiatric clinics so that reciprocal consultative services can be readily exchanged between the clinics. There should be an especially close relationship with neurosurgery so that the residents can follow their patients through whatever neurosurgical operations are performed in the hospitals.

During their period of training the residents should have experience with problems of child neurology, including the neurological examination of newborns and infants. Particular attention should be paid to the changes incident to growth and development of the child and his nervous system.

It is important that the residents should have sufficient opportunities to acquaint themselves with the content and procedures of physical medicine and rehabilitation services.

The residents in neurology should have organized instructions in the examination of the mental status of patients and should be acquainted with the symptomatology and differential diagnosis of the more frequently encountered psychiatric syndromes, especially those associated with the known and demonstrable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatric facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

Whenever feasible, the career Child Psychiatrist should receive a block of two years of training in Child Psychiatry following his two years in general psychiatry. However, to achieve greater flexibility in the sequence of training for the career Child Psychiatrist, and to assist in recruitment, the training experience for a career Child Psychiatrist may be initiated in any of the three years of General Psychiatric residency training provided that the training be full-time, a block of time spent at any one time is not less than six months, and that if a six-month block is chosen it be followed at another time by not less than an 18-month block of full-time training in Child Psychiatry; two separate 12-month full-time blocks in Child Psychiatry may also be chosen.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training. After July 1, 1968, training programs approved in Child Psychiatry must be an integral part of a General Psychiatric training program approved for three years or must have a formal educational affiliation with such a program. The written agreement of such affiliation must be signed by the training directors of both programs, and a copy of it filed with the Executive Secretary-Treasurer of the American Board of Psychiatry and Neurology, Incorporated.

The setting in which the training in Child Psychiatry takes place should maintain its own identity and not be so concealed in a larger institution that its training program becomes diffused and not subject to the direction of the child psychiatrist who heads it up. The necessity for basic direction of the clinical and training programs by the child psychiatrist is imperative, no matter what the administrative setting of the training facility is. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems including mental retardation. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children and adolescents. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative

work with children and adolescents on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportunities for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequate equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic text and periodicals, both historical and current, in the field of Child Psychiatry and related fields. There should be an adequate record system.

The core of the training experience lies in the quality of the supervision of the fellow's clinical work. The training supervisor should be competent, engaged in the practice of diagnosis and treatment of children and their parents. He should not only be professionally competent, but should understand the supervisory process. It is desirable in the two-year period that the fellow have experience with more than one supervisor. Each trainee should have at least two hours of supervision per week.

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, psychotherapy, the collaborative treatment of the child and his family, the roles and specific contributions of the psychiatric social worker and clinical psychologist, the literature of the field, normal and deviant personality development, and special diagnostic and treatment techniques, etc. Since the areas of practice in Child Psychiatry are manifold, child psychiatric activities take place in a number of different settings and under a number of different administrative auspices. These include community child guidance clinics, university teaching centers, private practice, public health, state hospital systems (inpatient, outpatient clinics, and state-wide administration), consultative work with various types of special disease problems such as cerebral palsy, epilepsy, or pediatric services, and in the teaching of the principles of Child Psychiatry to non-psychiatric medical practitioners, in courts and school systems. It is a part of the obligation of the training center to make sure that a trainee who has already selected his area of activity in Child Psychiatry get some teaching in the areas of administration, etc., which would be appropriate.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American

board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology

Residencies of three years' duration should provide training in all divisions of the specialty: diagnostic roentgenology, therapeutic radiology (including therapy by means of radium or one of its substitutes), and nuclear medicine.

The training should be systematic and progressive in character with gradual assignment of responsibility. It should also include an active participation in radiologic conferences, staff meetings and joint conferences with other departments.

During the three-year period of training, the resident will spend 24 months in diagnostic roentgenology and 12 months in therapeutic radiology. It is expected that during this time the resident will receive instruction in diagnostic and therapeutic nuclear medicine, in radiation physics, in health physics and protection, in radiation biology, in pathology, in the pertinent areas of electrical engineering, in special as well as the more common diagnostic roentgenologic procedures and in the use of all accepted modalities of radiation therapy.

The radiologic training in the organ systems should be on a plane that requires the resident to become conversant with physiology of the normal individual and the pathologic physiology of disease. This should include knowledge of the biological and pharmacological action of contrast media and other drugs used in radiologic procedures.

In view of the importance of pathology as a basis for radiologic diagnosis and therapy, stress should be placed on its study. Credit will be given for pathology up to a maximum of three months. The pathology may be taught concurrently throughout the three years or as a separate full-time assignment. Instruction in radiation physics and radiobiology may run concurrently with part or all of the training program.

The relationship of the radiology department to residencies in other fields is stated in Sections 1 and 2 of these Essentials.

Quantitative Requirements.—In residencies covering the entire field of radiology, it is desirable that there be a minimum of 20,000 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems) and a minimum of 1,500 radiotherapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). Experience with a variety of surface, intracavitary and interstitial treatments by means of radioactive substances must be provided. The caliber of the training program in a fairly wide field is of more importance than the exact number of examinations and treatments.

Applied Basic Science Instructions.—In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, physiology, radiation physics and radiobiology. Such work should be closely related with clinical experience.

Diagnostic Radiology

The residency in diagnostic radiology should provide advanced training in the diagnostic aspects of the field of radiology with the intent of producing a highly trained clinical specialist. The scientific environment in which the training occurs should be sufficiently broad to permit experience in the fields of research and teaching as it concerns diagnostic radiology.

Definition.—Diagnostic radiology is understood to encompass all aspects of roentgen diagnosis as well as diagnostic applications of nuclear medicine.

Duration of Training Period.—The minimal training period

in diagnostic radiology shall be three years. It shall provide a program of graded study, experience and responsibility in all facets of roentgen diagnosis, clinical applications of diagnostic nuclear medicine and health physics and protection.

Institutional Requirements.—The institution offering a residency in diagnostic radiology should be of such size and composition as to be able to provide ample clinical material for training purposes. The program should provide adequate opportunity for the trainee to participate in and personally perform neuroradiologic, cardiovascular and other specialized roentgen diagnostic studies.

Departmental Requirements.—**STAFF.**—The attending staff has the responsibility to insure a system of graded experience commensurate with the level of training. Increasing resident responsibility in respect to patient care should be an important feature of the training period. While various functions of the resident training program may be delegated to one or several members of the attending staff, the training program should be under the supervision of a full-time staff member who is recognized as a specialist in radiology or diagnostic radiology.

Education Requirements of the Residency:

(1) One full-time radiologist per each two residents in training would seem to provide adequate opportunity for teaching and supervision.

(2) The residency program should be so planned that residents receive adequate instruction and individual training in all of the diagnostic subspecialties, as well as health physics and protection, radiation therapy and pathology.

Formal instruction in physics and radiobiology, and experience in diagnostic nuclear medicine are required.

(3) It is important that appropriate emphasis be placed on the necessity for correlated teaching rounds or conferences. The number of such teaching rounds should include at least one weekly conference for each of the major clinical departments. In addition, there should be frequent intra-departmental teaching conferences.

(4) **Research.**—It is expected that the resident participate in the research opportunities of the department. This is perhaps best accomplished by the assignment of the resident for a specific period to the research facilities of the department.

(5) **Library Facilities.**—A departmental library is essential and must contain a sufficient variety of texts and journals to meet the needs of the various levels of resident training. There should also be easy access to a general library.

(6) **Teaching-Film Museum.**—A film museum indexed, coded and currently maintained with continuing follow-up should be available for resident use.

A well-balanced educational program at this level requires diversity of clinical material, continuous clinical teaching and an active investigative and research effort.

Therapeutic Radiology

Purpose of Residency in Therapeutic Radiology.—The practice of therapeutic radiology is, in major degree, the management of patients with malignant disease with special competence in the therapeutic use of ionizing radiation. The residency program in this specialty should be designed to give the residents:

(1) Experience in the actual use of all accepted common modalities of radiation therapy of the various types and locations of cancer.

(2) Knowledge of diagnostic radiology and the basic sciences related to radiation therapy and malignant disease.

(3) General knowledge of the techniques, methods and results of other forms of cancer management so that he may be able to assess the merits of all methods of treatment of malignant disease.

Duration of Training Period.—The minimal training period in therapeutic radiology shall be three years.

General Requirements.—The caliber of all facets of the training program is of extreme importance. Guides to be used for approval of such a training program in therapeutic radiology follow:

(1) **INSTITUTIONAL REQUIREMENTS:** The institution offering the residency should have active programs in cancer surgery and cancer chemotherapy as well as in radiotherapy. The institution should have a tumor registry. The institution applying for approval will be expected to fulfill the requirements without recourse to establishing affiliated programs with other institutions.

(2) **DEPARTMENTAL REQUIREMENTS:**

(a) The training program should be under the supervision of a full-time radiologist who is recognized as a specialist in radiation therapy.

(b) The department should be staffed so that full-time supervision may be given to the resident. There should be at least one staff radiotherapist per each three residents in training.

(c) A full-time radiological physicist must be available.

(d) Experience in all of the major modalities of radiotherapy must be provided. These include superficial, orthovoltage and supervoltage teletherapy, interstitial and intracavitary gamma-ray therapy and therapeutic nuclear medicine.

(e) Patient material should be of sufficient magnitude to provide a broad experience in the actual treatment and follow-up of the various types of cancer amenable to radiation therapy. Departments which specialize in the treatment of cancer in certain anatomic areas to the practical exclusion of other areas do not provide a well-rounded program for training in the entire field.

(f) The radiotherapist should be in control of his in-patient service and out-patient clinic.

(3) **ALLIED BASIC SCIENCES:** Allied basic sciences pertinent to the radiation therapy include radiation physics, radiation biology, pathology with emphasis on neoplasia, and medical statistics.

It is suggested that the resident be assigned for a six-month period to the department of Pathology on a full-time basis.

Radiation physics and radiation biology may be taught in the form of didactic lectures, seminars, and practical laboratory exercises.

(4) **ALLIED CLINICAL FIELDS:** Paramount allied clinical fields are diagnostic radiology, cancer surgery and cancer chemotherapy. The resident should become familiar with the methods, techniques and results in these fields. These may be done by regular attendance at tumor conferences, departmental conferences and/or by actual assignment.

(5) **RESEARCH:** The resident should participate in research opportunities either at the clinical level or in one of the allied basic sciences. At least one research project should be completed and certified to by the program director.

It should be emphasized that the above recommendations provide only minimal standards.

The American Board of Radiology certifies physicians in the entire field of radiology including nuclear medicine, diagnostic radiology and therapeutic radiology.

An applicant for the examination in any radiologic field must have completed, after an approved internship, a period of study of at least three years in a department approved for radiologic training, followed by one year of additional experience (practice, training or research) in radiology or allied sciences.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appro-

priate board, as listed in Section IV, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Thoracic Surgery

Thoracic surgery residencies should be so organized as to provide experience and tutelage in all aspects of surgical diseases of the thorax, thereby relating pathology, physiology and the basic sciences to clinical experience.

The surgical experience must encompass two years of graded responsibility, likewise, as nearly as possible, in all aspects of the field. To achieve this, affiliations between complementing services or institutions and utilization of cardiopulmonary laboratories as well as research facilities are to be encouraged.

Prerequisites. Residents in approved programs should have completed the training requirements for examination by the American Board of Surgery or should have completed such requirements at the conclusion of a specified period of the training in thoracic surgery. The moral and ethical standards of the candidate must be acceptable.

Duration of Training. Programs should preferably be of two years' duration during which time the candidate's surgical experience should by preference be exclusively in the field of thoracic disease, and the twenty-four months should by preference be consecutive.

When affiliations occur between services or institutions where special emphasis is placed on particular segments of the field, (cardiovascular, neoplasms, tuberculosis, etc.) rotation should be spaced so that proper benefit will be obtained from each training period. Simultaneous service at more than one institution is deemed ill-advised because continuity of experience is sacrificed and the resident may well become an "unessential" part of the staff and assume the role of an itinerant observer.

Where the thoracic surgery experience is obtained on a program which integrates general and thoracic surgery, the adequacy of this experience must be evaluated on an individual basis. Candidates for examination whose training is acquired on such "mixed" services should request a review on an individual basis of their experience by the Board of Thoracic Surgery.

Scope of Training. The training must be so planned as to fulfill the following objectives:

(a) Thorough understanding of the basic sciences as they apply to thoracic surgery.

(b) Graded and progressive assumption of operative responsibility.

(c) Finally, assumption of relatively complete responsibility for the patient's care under proper supervision.

Clinical Material. Since few hospitals are capable of providing uniform experience in all aspects of this field, affiliations are encouraged between diverse services. These areas of varying emphasis include: cardiovascular diseases, pulmonary diseases (non-tuberculous), diseases of the mediastinum including the esophagus, tuberculosis, and the chest wall, including diaphragm. Training in endoscopic techniques should be included.

Where services are highly developed in one particular area such as cardiovascular disorders or tuberculosis, approval can be given for a total of one year only, diversification of experience being essential during the remainder of the training program.

Approved residencies should include no more than six months of intensified activity in research (animal surgery), cardiopulmonary laboratories or on medical (non-surgical) services.

Due consideration is given to the value of experience obtained on private services, particularly when combined with "ward" or "free" beds but preceptorship type training alone is not approved.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

SPECIAL NOTE: Certain sections of the "Essentials of Approved Residencies" have been renumbered, and now precede the section on "Special Requirements." These include: II. Personal Record; III. Miscellaneous; IV. Recording of Credit.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education of the American Medical Association and the Advisory Board for Medical Specialities on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies under consideration by the Council on Medical Education of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Three boards also certify candidates in subspecialties. Certification in the primary field is a requirement for certification in the subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy and cardiology. The American Board of Psychiatry and Neurology certifies candidates in child psychiatry. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by six boards. The American Board of Obstetrics and Gynecology has issued certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in anatomic pathology, clinical pathology, a combination of these two fields, anatomic pathology and medical microbiology, anatomic pathology and neuropathology, medical microbiology and medical chemistry, neuropathology, medical microbiology, hematology, medical chemistry, and forensic pathology. The American Board of Preventive Medicine issues certificates in public health, aerospace medicine, occupational medicine, and general preventive medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neu-

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Medical Schools								Foreign Medical Graduates Special or Additional Requirements			All Graduates						
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Medical Society Membership	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Application or Registration Fee	Total Fee	Stated Limitation (years) on Applicant's Eligibility*	
Anesthesiology		x	x	x	2-3	4-1			x		x	x		x	75	175	7	
Colon and Rectal Surgery	x	x	x	x	4-5		x				x	x		x	25	175		
Dermatology	x	x	x	x	3	1	x				x	x	x	x	25	150	2	
Internal Medicine ¹		x	x	x	3	2	x	x	x		x	x		x	60	125	5	
Neurological Surgery		x	x	x	4	2					x	x	x		25	200	3	
Obstetrics and Gynecology	x	x	x	x	3	2				x	x				25	200	3	
Ophthalmology		x	x	x	3	1		x	x		x	x		x	100	150	2	
Orthopedic Surgery	x	x	x	x	4	2	x	x			x	x	x		25	225	3	
Otolaryngology ²		x		x	4					x	x			x	125	255	3	
Pathology		x	x		4	1	x	x	x		x				150	150	3	
Pediatrics ³		x	x	x	2	2	x	x			x	x		x	125	125		
Physical Medicine and Rehabilitation		x	x	x	3	2	x		x		x	x		x	25	175	7	
Plastic Surgery	x	x		x	5	2	x	x	x		x	x			50	175	3	
Preventive Medicine		x	x	x	3	3					x	x	x		35	175	3	
Psychiatry and Neurology ⁴		x	x	x	3-5	2-1	x			x	x	x	x		100	200	3	
Radiology	x	x	x	x	3	1		x			x	x		x	200	200		
Surgery		x	x	x	3-4	2-0	x	x			x				x	25	175	3
Thoracic Surgery ⁵		x	x	x	2		x				x			x	25	175	3	
Urology		x	x	x	4	2	x				x	x		x	75	175		

1. Also certifies in the subspecialties of Allergy, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease.

2. Limited certification granted at the discretion of the Board.

3. Also certifies in subspecialties of Allergy and Cardiology.

4. Also certifies in subspecialty of Child Psychiatry.

5. Certification by American Board of Surgery prerequisite.

6. Applicant may be considered "Board eligible" only for number of years indicated; thereafter, new application must be submitted.

NOTE: In this table, those items are marked "X" on which the Board makes specific statement. In most instances, there are additional qualifying statements not indicated in this table. In all instances, refer for details to the board requirements which follow. While all boards may accept the foreign medical graduate under certain circumstances, they do not all specify that ECFMG certification is required. ALL FOREIGN GRADUATES WHO CONTEMPLATE SPECIALTY BOARD CERTIFICATION SHOULD CORRESPOND WITH THE APPROPRIATE BOARD AT THE EARLIEST POSSIBLE MOMENT.

TABLE 2.—Approved Examining Boards in Medical Specialties

Name of Board	CERTIFICATES AWARDED		ACTIVE CERTIFICATES
	7/1/66 through 6/30/67	Total to 6/30/67	
American Board of Anesthesiology.....	301	4,151	3,705
American Board of Colon and Rectal Surgery	8	369	306
American Board of Dermatology.....	94	2,675	2,190
American Board of Internal Medicine.....	813	18,277	15,669
American Board of Neurological Surgery.....	83	1,315	1,123
American Board of Obstetrics and Gynecology	598	9,508	7,916
American Board of Ophthalmology.....	165	6,562	5,022
American Board of Orthopaedic Surgery....	364	5,105	4,227
American Board of Otolaryngology.....	140	6,250	3,946
American Board of Pathology.....	506	8,087	5,314
Anatomic Pathology.....** (166)		(3,794)	
Anatomic Pathology and Medical Microbiology.....	(0)	(1)	
Anatomic Pathology and Clinical Pathology.....	(195)	(2,462)	
Anatomic Pathology and Neuropathology..	(5)	(15)	
Medical Chemistry.....	(2)	(23)	
Medical Microbiology.....	(1)	(31)	
Medical Microbiology and Medical Chemistry.....	(0)	(1)	
Clinical Pathology.....	(122)	(1,509)	
Forensic Pathology.....	(7)	(164)	
Hematology.....	(4)	(23)	
Neuropathology.....	(4)	(64)	
American Board of Pediatrics.....	718	11,711	9,525
American Board of Physical Medicine and Rehabilitation.....	48	657	451
American Board of Plastic Surgery.....	57	802	652
American Board of Preventive Medicine....	84	2,576	1,840
Aerospace Medicine.....	(23)	(503)	
Occupational Medicine.....	(22)	(516)	
Public Health.....	(27)	(1,514)	
General Preventive Medicine.....	(12)	(43)	
American Board of Psychiatry and Neurology	355	9,274	7,848
Psychiatry.....	(308)	(7,481)	
Neurology.....	(47)	(800)	
Psychiatry and Neurology.....	(0)	(993)	
American Board of Radiology.....	459	9,638	7,099
Diagnostic Roentgenology.....	(1)	(930)	
Diagnostic Radiology.....	(37)	(55)	
Medical Nuclear Physics.....	(0)	(7)	
Radiological Physics.....	(12)	(96)	
Radiology.....	(395)	(7,196)	
Radium Therapy.....	(0)	(8)	
Roentgen Ray and Gamma Ray Physics....	(0)	(25)	
Roentgenology.....	(0)	(1,018)	
Therapeutic Radiology.....	(14)	(298)	
Therapeutic Roentgenology.....	(0)	(5)	
American Board of Surgery.....	761	16,047	13,786
Board of Thoracic Surgery (Affiliate of the American Board of Surgery).....	150	1,951	1,762
American Board of Urology.....	144	3,572	2,865
Totals.....	5,848	118,527	95,246
Certification in Subspecialties			
American Board of Internal Medicine			
Allergy.....	21	231	
Cardiovascular Disease.....	68	903	
Gastroenterology.....	18	555	
Pulmonary Diseases.....	23	342	
Total.....	130	2,031	
American Board of Pediatrics			
Allergy.....	30	219	
Cardiology.....	19	210	
Total.....	49	429	
American Board of Psychiatry and Neurology			
Child Psychiatry.....	42	493	
American Board of Surgery			
Proctology.....	0	81*	
Total Subspecialty Certifications.....	221	3,034	
Special Certification			
American Board of Obstetrics and Gynecology			
Obstetrics.....	0	24	
Gynecology.....	0	15	
Total.....	0	39	
American Board of Otolaryngology			
Endoscopy.....	0	4	

* Independent board approved in 1949.

** Numbers in parentheses () are included in totals opposite name of Board.

rology or a combined certificate for those qualified in both fields. This Board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic radiology, radium therapy, radiological physics, roentgen ray and gamma ray physics, and medical nuclear physics.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, and indicates that each specialty board will accept the foreign graduate under certain conditions. This table is incomplete because the varying requirements of the boards cannot be shown in full detail.

Most of the American Specialty boards have published booklets containing a list of their officers together with statements regarding organization, purposes, and qualifications that determine eligibility for certification. These details are also included for each board in the Directory of Medical Specialists described below.

TABLE 3.—Annual Specialty Board Certification, 1947-1967.

Year (Ended March)	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
1947.....	15	2,424	28,496
1948.....	16	3,002	31,498
1949 (June 30).....	19*	4,479	35,977
1950 (June 30).....	19	3,827	39,804
1951 (June 30).....	19	4,552	44,346
1952 (June 30).....	19	4,116	48,464
1953 (June 30).....	19	4,022	52,486
1954 (June 30).....	19	4,133	56,619
1955 (June 30).....	19	3,843	60,464
1956 (June 30).....	19	3,083	63,727
1957 (June 30).....	19	5,424	69,151
1958 (June 30).....	19	3,970	73,121
1959 (June 30).....	19	4,306	77,427
1960 (June 30).....	19	3,985	81,408
1961 (June 30).....	19	4,234	85,642
1962 (June 30).....	19	4,826	90,468
1963 (June 30).....	19	5,376	95,844
1964 (June 30).....	19	5,598	101,442
1965 (June 30).....	19	5,386	106,827
1966 (June 30).....	19	5,852	112,679
1967 (June 30).....	19	5,848	118,527

* One board, the American Board of Proctology, did not certify any candidates during this period.

In this issue of the Directory, there are published with the consent of each board concerned, only the names of the current members of each board plus those sections from the booklets pertaining to the requirements for certification in each specialty. This information is published for the convenience of those physicians who are planning to seek board certification. Any specific inquiry concerning certification by a specialty board should be addressed to the appropriate official whose name and address are listed in table 4.

Table 2 has been revised to delete the column for year of activation, now shown in table 4, and to add two new columns of data. The new first column indicates the certificates awarded for the year July 1, 1966, to June 30, 1967. The second column shows, as before, the total certificates awarded to June 30, 1967, by each board, including certificates in the sub-specialties and those special certificates granted by the boards in obstetrics and gynecology otolaryngology, pathology, preventive medicine, psychiatry and neurology, and radiology.

The new third column is entitled "Active Certificates, December 31, 1966". These data have been obtained from the improved data processing system of the AMA Circulation and Records Department, and are based on information received regularly from each of the approved specialty boards. As of December 31, 1966, a total of 95,246 individual specialty board certifications have been recorded on the biographical records of living physicians. There were 210,221 living physicians who had not been certified by an approved specialty board. When these two figures are added, the total is greater by 2,926 than the total of all physicians, which was 302,541 as of December 31, 1966, including those in either active practice or inactive, or whose address

Table 4.—Names and Addresses of Corresponding Officers of Approved Specialty Boards

Name of Board	Date Activated	Corresponding Officer	Address	Data Begin on Page
American Board of Anesthesiology	1937	Forrest E. Leffingwell, M.D., Secretary-Treasurer	100 Constitution Plaza Hartford, Conn. 06103	313
American Board of Colon and Rectal Surgery	1949	Stuart T. Ross, M.D., Secretary	520 Franklin Avenue Garden City, N.Y. 11530	315
American Board of Dermatology	1932	Clarence S. Livingood, M.D., Secretary	Henry Ford Hospital Detroit, Mich. 48202	316
American Board of Internal Medicine	1936	Palmer H. Fitcher, M.D., Executive Director	3930 Chestnut Street Philadelphia, Pa. 19104	317
American Board of Neurological Surgery	1940	Guy L. Odom, M.D., Secretary-Treasurer	Duke University Medical Center Durham, N.C. 27706	321
American Board of Obstetrics and Gynecology	1930	Clyde L. Randall, M.D., Secretary-Treasurer	100 Meadow Road Buffalo, N.Y. 14216	323
American Board of Ophthalmology	1916	Office of Secretary-Treasurer	Box 236, Cape Cottage Branch Portland, Me. 04107	327
American Board of Orthopaedic Surgery	1934	William A. Larmon, M.D., Secretary-Treasurer	29 E. Madison Street Chicago, Ill. 60602	329
American Board of Otolaryngology	1924	Dean M. Lierle, M.D., Secretary-Treasurer	University Hospital Iowa City, Iowa 52241	332
American Board of Pathology	1936	A. James French, M.D., Secretary-Treasurer	Department of Pathology University of Michigan 1335 E. Catherine Street Ann Arbor, Mich. 48104	334
American Board of Pediatrics	1933	John McK. Mitchell, M.D., Executive Secretary	6 Bryn Mawr Avenue Bryn Mawr, Pa. 19010	337
American Board of Physical Medicine and Rehabilitation	1947	Earl C. Elkins, M.D., Secretary-Treasurer	200 First Street, S.W. Rochester, Minn. 55901	341
American Board of Plastic Surgery	1937	Minot P. Fryer, M.D., Secretary-Treasurer	4647 Pershing Avenue St. Louis, Mo. 63108	343
American Board of Preventive Medicine	1948	Harold V. Ellingson, M.D., Secretary-Treasurer	410 W. 10th Avenue Columbus, Ohio 43210	346
American Board of Psychiatry and Neurology	1934	David A. Boyd, Jr., M.D., Executive Secretary-Treasurer	Box 1157 Rochester, Minn. 55901	349
American Board of Radiology	1934	H. Dabney Kerr, M.D., Secretary	Kahler Hotel Bldg. Rochester, Minn. 55901	352
American Board of Surgery	1937	Robert M. Moore, M.D., Secretary-Treasurer	1617 John F. Kennedy Blvd. Philadelphia, Pa. 19103	354
American Board of Urology	1935	William N. Wishard, Jr., M.D., Secretary-Treasurer	30 Westwood Road Minnetonka, Minn. 55343	357
Board of Thoracic Surgery	1949	O. T. Claggett, M.D., Secretary-Treasurer	1151 Taylor Avenue Detroit, Mich. 48202	356

was unknown. It is presumed, therefore, that there were actually 92,320 physicians certified by specialty boards as of December 31, 1966, and of these, 2,926 had been certified by more than one board.

Table 3 shows that a cumulative total of 112,679 certificates was awarded by the 19 specialty boards to June 30, 1966. Thereafter, 5,848 certificates were issued, bringing the total to 118,527 on June 30, 1967. In the sub-specialties, 221 certificates were issued, for a total of 3,034 on the same date.

The current, twelfth edition of the Directory of Medical Specialists, compiled by the Advisory Board for Medical Specialties and published by Marquis-Who's Who, Chicago, in 1965 contained biographical and educational information on each living specialist (including those retired from practice) who had been certified by an examining board approved by the American Medical Association. The Secretary of the Advisory Board for Medical Specialties is Louis A. Buie, Sr., M.D., Kahler Center, Suite J, Rochester, Minnesota 55901.

The Advisory Board for Medical Specialties serves approved American specialty boards in an advisory capacity and cooperates with other organizations that seek its advice concerning certification of medical specialists. In this manner, it attempts to advance the standards of the medical profession and to provide assurance that only those physicians who possess appropriate qualifications will be certified by approved specialty boards. The Advisory Board is composed of two representatives selected by each of its member organizations.

The Advisory Board and the Council on Medical Education of the American Medical Association jointly issued in June 1963 a revision of the "Essentials for Approval of Examining Boards in Medical Specialties," which document was approved by the House of Delegates of the American Medical Association. It was published in the JAMA Volume 186,

p.688, November 16, 1963, and in Volume 194, pages 784-786, November 15, 1965. Copies of the "Essentials" may be obtained from the Secretary of the Advisory Board, or from the Department of Graduate Medical Education, American Medical Association, Chicago.

AMERICAN BOARD OF ANESTHESIOLOGY

ROBERT D. DRIPPS, President, Philadelphia
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DAVID M. LITTLE, JR., Hartford, Conn.
JAMES H. MATTHEWS, Minneapolis
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MILTON C. PETERSON, Kansas City, Mo.
FORREST E. LEFFINGWELL, Secretary-Treasurer, Pasadena, California; Office of the Board, 100 Constitution Plaza, Hartford, Conn. 06103

METHOD OF MAKING APPLICATION

Application for admission to the examination may be made only after a physician has completed two years of approved training. Application must be made to the Secretary on a form prescribed by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made only by the entire Board on recommendation of the appropriate committees. This activity is not a function of the Secretary.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been screened by organizations acceptable to the Board (ECFMG or National Board of Medical Examiners); and

2. Establish in a manner satisfactory to the Board that (a) he is a physician duly licensed by law to practice medicine, (b) he has completed a satisfactory internship, (c) he is of high ethical and professional standing; and

3. Submit proof to the Board that he has acquired special training in Anesthesiology according to either of the two plans outlined in the succeeding paragraphs.

Plan 1

A residency or fellowship in Anesthesiology of not less than three years, at least two of which must be devoted to clinical training. The residency or fellowship must be in a hospital or other institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc. The two years of clinical training may be received in a hospital or other institution approved for only two years of training. The additional training (described under "Equivalents") must be obtained in a hospital or other institution approved for three years of training.*

In a three-year residency or fellowship, the Board will require any of the following equivalents for not more than one year of the total three year training period.

Equivalent (a)

Training and study in one of the following disciplines: physiology, pharmacology, biochemistry, anatomy, pathology, internal medicine, general surgery.

Equivalent (b)

Approved advanced training in a subspecialty in Anesthesiology, such as anesthesia for pediatric surgery or anesthesia for cardiovascular surgery.

The applicant may spend all or a part of a year in one or more of the equivalents.

In addition, one year of practice acceptable to the Board over and above the period of residency training including the equivalents.

Plan 2

A residency or fellowship in anesthesia of not less than two years, both of which must be devoted to clinical training. The residency or fellowship must be in a hospital or institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc.

In addition, four years of practice acceptable to the Board over and above the period of residency or fellowship training. Three years of practice time credit may be granted at the discretion of the Board for work outside the field of anesthesiology in the following categories, providing that such is achieved within five years of starting the residency in clinical anesthesiology;

- a) a year of scientific work, post-baccalaureate
- b) a year of approved residency training in any medical specialty accredited by the Advisory Board For Medical Specialties
- c) a Ph.D. in the field of science

4. Prove to the satisfaction of the Board by such examinations and investigations as the Board may prescribe that he is qualified to practice Anesthesiology; and

5. Personally prepare such case history abstracts of personally conducted procedures pertaining to Anesthesiology as the Board may specify; and

6. In July of each year submit annual reports of anesthesia experience on forms provided by the Board.

Each applicant shall be classified for the purposes of ex-

amination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. Written Examination.—Eligible applicants may take this examination upon completion of either (a) two years of approved residency training plus one year of practice acceptable to the Board, or (b) three years of approved training including one of the above equivalents. Written examinations are held annually in approximately 18 locations throughout the United States on the second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

2. Survey Examination.—The Board may require a survey in addition to the letters and annual reports which it currently requires.

3. Oral Examination.—After the appropriate period of practice acceptable to the Board the candidate's qualifications are reviewed and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in the spring and fall. Examiners consist of Directors of the Board, and Diplomates who assist as associate examiners. Oral examinations cover all phases of Anesthesiology, including the basic sciences and clinical applications.

Applicants are entitled to three opportunities at yearly intervals to take the written examination. This three-year period begins on the date an applicant is first declared eligible for the written examination.

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A fee of seventy-five dollars (\$75) will be charged for each repeat in the written and oral examination. The Board may, however, at its discretion deny a candidate the privilege of re-examination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examinations, his application will be declared void and reapplication will not be allowed.*

The Board reserves the right to limit the number of candidates to be admitted to any examination.

*The Residency Review Committee for Anesthesiology is currently reviewing those programs desiring to be listed as being approved for three years of training. Those seeking such approval should submit an application together with a detailed description of the facilities and training activities which are being offered for the additional year to the Secretary, Residency Review Committee for Anesthesiology, % Council on Medical Education, 535 North Dearborn Street, Chicago, Illinois 60610. The director of each training program should take note that, until he has received official notice from the Committee Secretary that his program has been approved for three years of training, he and his trainees should continue to make prior arrangements individually with the Board as to credit allowable for the trainees' proposed activities beyond two years of clinical training.

FEE

The fee shall be one hundred seventy-five dollars (\$175). At least seventy-five dollars (\$75) shall be paid upon filing the application, of which sum thirty-five dollars (\$35) shall be returned if the candidate is not accepted for examination. The remainder of one hundred dollars (\$100) shall be paid before taking the examination.

The Board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

Proper forms for making application and other information may be obtained by writing to the Secretary, Forrest E. Leffingwell, M. D., 100 Constitution Plaza, Hartford, Conn., 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY**

PATRICK H. HANLEY, President, New Orleans
HYRUM R. REICHMAN, Vice President, Salt Lake City
J. EDWIN ALFORD, Buffalo, N.Y.
HARRY E. BACON, Philadelphia
FRANCIS J. BURNS, St. Louis, Mo.
ANDREW J. McADAMS, Pittsburgh
NORMAN D. NIGRO, Detroit
ROBERT J. ROWE, Dallas, Tex.
STUART T. ROSS, Secretary, 520 Franklin Avenue,
Garden City, N.Y. 11530

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. He shall possess full citizenship in the country in which he practices.
3. He shall limit his practice to proctology, shall appear personally before the Board, and shall submit to the required examinations.
4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of the application.
5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association.
2. He shall possess a license to practice medicine in the country of his residence.
3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education of the American Medical Association.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. The candidate shall have completed three years of an approved general surgical residency and two years of an approved residency in colon and rectal surgery, or:
2. He shall have passed Part I of the examinations of the American Board of Surgery, and shall have completed one year of an approved residency in colon and rectal surgery.
3. Applicants who have passed the Part I examination of the American Board of Surgery, upon special application and subsequent approval by the American Board of Colon and

*The reapplication privilege may still be granted those who filed their original application prior to February, 1958, if they submit proof of an additional year of approved clinical training.

**Formerly American Board of Proctology.

Rectal Surgery, may be admitted to examination after completing two years of an approved preceptorship in colon and rectal surgery.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's pre-medical and medical training; internships; residencies; preceptorships; other postgraduate study; hospital and dispensary appointments; teaching positions; service in the armed forces; service in federal, state or local government; membership in medical societies, and any additional information considered valuable by the Board.

The application shall be signed by two specialists in colon and rectal surgery. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources, and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in *THE JOURNAL of the American Medical Association*.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers, and the examiners do not know the identity of the examinees.

Part 1: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology, and biochemistry. The examination is held in the fall of the year simultaneously in several cities of the United States.

Upon approval of the American Board of Colon and Rectal Surgery, candidates who have been certified by the American Board of Surgery and who have completed required training in colon and rectal surgery may not be required to take Part 1 of the examinations of the American Board of Colon and Rectal Surgery.

Part 2: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes the inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part 3: This consists of comprehensive written and oral examinations on the theory and practice of colon and rectal surgery and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part 3 examinations until he has completed the requirements of Part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEEES

Application fee: A fee of twenty-five dollars (\$25) shall accompany the application.

Examination fee: A fee of one hundred fifty dollars (\$150) is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee. A fee of \$50.00 is due and payable

when the candidate is notified that he has been approved for re-examination.

Candidates for re-examination in Part 2 may be held responsible for payment of expenses incurred by the Board in conducting the re-examination.

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Colon and Rectal Surgery and shall be sent to the Secretary.

AMERICAN BOARD OF DERMATOLOGY

EDWARD P. CAWLEY, President, Charlottesville, Virginia
 WILEY M. SAMS, Vice President, Miami, Florida
 HARRY L. ARNOLD, JR., Honolulu, Hawaii
 RUDOLF L. BAER, New York, New York
 LOUIS A. BRUNSTING, SR., Tucson, Arizona
 RAY O. NOOJIN, Birmingham, Alabama
 REES B. REES, San Francisco
 WALTER B. SHELLEY, Philadelphia
 CLARENCE S. LIVINGOOD, Secretary, American Board of Dermatology, Inc. Henry Ford Hospital, Detroit, Michigan 48202

REQUIREMENTS FOR REGULAR CERTIFICATION

Each applicant must satisfy the following requirements before he is eligible for the written and oral examinations, upon which certification depends.

A. General Qualifications

1. High moral and ethical standing in the medical profession.

2. Graduation from an approved medical school in the United States of America or in Canada. Graduates from foreign medical schools are required to have the standard certificates of the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).

3. Satisfactory completion of an approved internship.

4. A State license to practice in the United States of America or Licentiate of the Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or by regular status in the Armed Forces of the United States or Canada.

5. Citizenship in the United States or Canada.

B. Residency Training Requirements and Experience Qualifications

1. Formal training in clinical dermatology and related subjects of thirty-six months is required. This training must be obtained as a resident, fellow, or graduate student in a Dermatology Residency Training Program of an institution approved by the joint action of the Board and the Residency Review Committee of the American Medical Association. Candidates who take part of their training at an institution approved for less than three years, must spend at least twelve months of the thirty-six months training period full time in a program approved for three-year training. Up to one month of each year during the thirty-six months may be taken as vacation without cumulative privileges. Training must be completed within five years except where military service or other compelling circumstances shall intervene.

2. Preceptee training is a part of the program in some three-year training centers. The Preceptorship in the private office of a staff member at a given three-year training center is the direct responsibility of the Director of the Training Program. Under this plan, up to one-half time each day is spent in the office of the Preceptor; the remainder of the time is spent in the clinics and teaching sessions of the co-operating three-year center. Precepteeships are limited to one year during the second or third year of training. Preceptees are selected by the mutual agreement of the Director of the co-operating Training Center, and the Preceptor.

3. Training Credit of six months is allowed for Diplomates of the American Board of Internal Medicine, the American Board of Pathology and the American Board of Pediatrics.

4. Completion of an additional twelve months of experience in dermatology, *after* completion of the training requirements, is required. Thus, candidates who complete their training on or about October 15th of a given year are eligible to take the written examinations in June of the following year.

5. All training must be completed in a manner satisfactory to the Board.

REQUIREMENTS FOR SPECIAL HOMELAND CERTIFICATION

Graduates of foreign medical schools, not citizens of the United States of America or Canada, *who will return to their* homeland after completion of approved residency training in dermatology must satisfy the following requirements before they are eligible for the written and oral examination, upon which certification depends.

1. High moral and ethical standing in the medical profession.

2. Graduation from a Medical School listed in the World Directory of Medical Schools (World Health Organization).

3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).

4. Citizenship of the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

5. Satisfactory completion of three full years of training in an institution or institutions approved by the Board and the AMA Residency Review Committee for graduate training in Dermatology, and passing the written and oral examinations given by the American Board of Dermatology.

THE BOARD EXAMINATIONS

A. Preliminaries

Candidates who have completed their formal three-year training in Dermatology by October 15th of any given year are eligible to take the examinations the *following* year. Those candidates who are applying for the Special Homeland Certificate do not require one year of experience, and therefore are eligible to take the examinations at the end of three years of formal training.

Toward the end of three years of formal training, it is essential that the candidate request an Application for Certification form from the office of the Secretary of the Board. This completed form must be filed with the Secretary of the Board before March 1st of any given year in which the examination is to be given. The Application is then submitted to the Committee on Requirements with the letters of recommendation and the annual training reports from the Director of the candidate's Training Center. The members of the Requirements Committee appraise the qualifications of all candidates and decide as to their eligibility for examinations. Information regarding the exact time and place of the examinations is published twice a month in the Examinations and Licensure column of the Journal of the American Medical Association and in the Archives of Dermatology.

B. The Writtens

The written examination is held in various centers throughout the country in June. It is three hours in length and is of the objective, multiple-choice, machine-scorable type. Every effort is made to avoid "tricky" or ambiguous questions. This examination is designed to test the candidate's knowledge of clinical dermatology, as well as his understanding of anatomy, physiology, chemistry, pathology, microbiology, radiology, hematology, genetics and pharmacology as related to dermatology. Considerable emphasis is placed on extensive reading of the literature. Special atten-

tion is also directed toward internal medicine as it pertains to dermatologic problems. A sampling of questions asked during the previous written examinations of the Board is available from the Secretary's office on request; the cost is \$2.00, payable in advance.

C. Orals

The oral examination is held every September or October for those candidates who have successfully passed the written examination. It is given at one of the major training centers and is a half-day in length for each candidate. Here the candidate appears before each member of the Board for practical questioning concerning clinical problems. The candidate will be asked to examine and evaluate patients, interpret slides of clinical and histopathologic material, equipment, laboratory reports and actual cultures. The examination has heavy clinical weighting with one section on internal medicine. It also includes demonstration of competency in the fields of histopathology, allergy, immunology, microbiology and therapy, including physical treatment modalities and dermatologic surgery.

The decision of the Board is final as to whether the candidate passes, fails or is conditioned. Such decisions are based on the results of both the written and oral examinations, and the annual training reports from the Director of the candidate's Training Center.

RE-EXAMINATION

A candidate who fails the written examination or who fails or is conditioned in the oral examinations is automatically eligible the following year for a second examination without formal application, but with payment of a re-examination fee of \$50.00

If a candidate fails to complete successfully all or part of the examination on TWO occasions, he must present evidence of additional training and experience in an institution approved for three years of training, before being eligible for further examination. The candidate must then file a new Application and pay another fee of \$150.00. All candidates seeking re-examination must apply before the closing date of March 1st.

If a candidate who has failed or has been conditioned does not appear for re-examination before the expiration of three ensuing years, he must then make a new application and pay an additional fee of \$150.00 before he can be re-examined.

GENERAL INFORMATION

All queries concerning training programs, requirements, etc., should be made in writing and directed to the Secretary of the Board. In view of the nature and significance of the decisions made, group action is necessary and hence all communications between the Secretary and the candidate must be in writing.

It is the responsibility of the candidate to make early contact with the Board by requesting a Preliminary Registration form. This is to be filed at the beginning of training by the trainee and returned with the registration fee of \$25.00 to the office of the Secretary of the Board. The filing of the Preliminary Registration form will establish the identity and status of the candidate and will begin his permanent file. This makes it possible to assess the preliminary training plan of the candidate, and to call his attention to deficiencies which should be corrected. In addition, an evaluation of progress in training is made possible by annual reports from the Director of the Training Center to the Board.

Training programs in Dermatology are passed upon by the American Medical Association Dermatology Residency Review Committee.

In addition to its natural concern with training programs, the Board acts as an advisor to prospective residents and

residents in training. Finally, it conducts both written and oral examinations for candidates, and it issues certificates to those who successfully meet the requirements listed.

AMERICAN BOARD OF INTERNAL MEDICINE

- JACK D. MYERS, Chairman, Pittsburgh, Pa.
- WALTER B. FROMMEYER, JR., Vice Chairman, Birmingham, Alabama
- CRAIG W. BORDEN, Secretary-Treasurer, Chicago
- JOHN C. BECK, Montreal, P.Q., Canada
- RICHARD V. EBERT, Minneapolis
- EDMUND B. FLINK, Morgantown, W.Va.
- WILLIAM J. HARRINGTON, Miami, Florida
- JOHN B. HICKAM, Indianapolis
- SOLOMON PAPPER, Albuquerque, New Mexico
- C. THORPE RAY, Columbia, Mo.
- ARNOLD S. RELMAN, Boston
- TRUMAN G. SCHNABEL, JR., Philadelphia
- HAMILTON SOUTHWORTH, New York City
- GENE STOLLERMAN, Memphis, Tennessee
- SCOTT N. SWISHER, JR., Lansing, Michigan
- JAMES V. WARREN, Columbus, Ohio
- PALMER H. FUTCHER, Executive Director
3930 Chestnut Street, Philadelphia, 19106

GENERAL QUALIFICATIONS

1. All candidates must be licensed to practice medicine in a state, territory, province or possession of the United States or Canada, or if non-citizens they must be licensed in the country of origin.
2. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession, and appreciate the importance of good interpersonal relationships in patient care.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the American Medical Association or the Canadian Medical Association at the date of graduation.
2. Satisfactory completion of an approved internship of not less than twelve months.*
3. Satisfactory completion of training and experience according to PLANS A, B or C.

NOTE: See requirements for Graduates of Foreign Schools on page 319.

QUALIFICATIONS FOR WRITTEN EXAMINATION

Plan A

Candidates who will have satisfied the general and professional qualifications listed above, and who on or before October 1 will have had three years of preparation after the completion of an approved internship, are eligible in their third year to apply for the October examination.

The three (3) years of required formal training which must, supplemented by the training during the internship, provide the required minimum training in the broad field of Internal Medicine (see *Definitions* below), are as follows:

- A1) Three years of residency training in Internal Medicine in a program approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education of the American Medical Association; or
- A2) Two years of residency training in Internal Medicine in an approved program as described in Paragraph A1, and One year of full time graduate education in a field related to Internal Medicine, provided the assignment is

*During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

REQUIREMENTS FOR CERTIFICATION

in an approved medical school or medical school hospital or in a hospital approved for three years of residency in Internal Medicine by the Residency Review Committee in Internal Medicine. The Board may recognize a third year of training in other institutions; however, such institutions must have a nationally recognized reputation for advanced training programs and provide this in an academic atmosphere. Assignments for this year of graduate (usually fellowship) education may be devoted to:

- a) Basic or clinical research,
- b) Assignments in basic science departments of approved medical schools in the United States or Canada,
- c) Subspecialty training, or
- d) Twelve months of formal study in Internal Medicine in a postgraduate medical school in the United States or Canada, recognized by the national accreditation bodies; or

A3) One year of approved residency in Internal Medicine
Two years of graduate education as described under Plan A2.

Of those candidates whose internship began after June 30, 1967, only those who have participated in an approved straight medical internship may apply under Plan A3.

Graduates of foreign medical schools cannot qualify under Plan A3.

Plan B

Graduates of approved medical schools in the United States and Canada not eligible under Plan A may apply for the October examination under Plan B if they will have completed on or before October 1 an approved internship and the following training and experience, which must provide the required minimum training in the broad field of Internal Medicine (see *Definitions* below):

- B1) Two years of approved residency in Internal Medicine
Five years of experience devoted to work in any clinical, investigative, or basic science area related to Internal Medicine,
or
Four years of experience if the candidate has had an approved straight medical internship. These years of experience must follow the formal training years and not precede them, except in the case of "Obligated Military Service" as explained below under *Qualifications for Oral Examination*. Graduates of foreign medical schools cannot qualify under Plan B1.

Plan C

Plan C has been devised to broaden the opportunity for graduate education in terms of the requirements of the Board. This plan is exclusive. It is reserved for the use of Chairmen of Departments of Medicine, in approved medical schools in the United States and Canada, who may wish to recommend for admission to examination certain men in full-time academic medicine, whose training may not have satisfied the requirements of other "Plans" authorized by the Board.

Candidates may not elect Plan C. Specific recommendation that a candidate be qualified under this plan must be made by the Chairman of a Department of Medicine in an approved medical school in the United States or Canada. This recommendation must assure that the candidate has been trained for a minimum of five years after internship, and that during the training period the candidate has had adequate direct responsibility for patient care in the broad field of Internal Medicine. This plan is intended for the unusual candidate. Each application will be considered individually by the Executive Committee of the Board. The candidate's curriculum vitae, including his bibliography and reprints, should be included.

If the candidate wishes to qualify after a minimum of five years of training, it will be the responsibility of the Head of the Department of Medicine concerned to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to the examination. It will be the Head of the Department will require additional years of training beyond the minimum before recommending the candidate to the Board. A candidate qualifying under the foregoing provisions will be examined by the Board in the broad field of Internal Medicine.

QUALIFICATIONS FOR ORAL EXAMINATION

Plans A1, A2, an A3

Candidates are eligible for oral examination when the following conditions have been met:

The written examination has been passed
and

A minimum of five years has elapsed following completion of an approved internship. (A minimum of three of these years are to be devoted to formal training. The remaining time may be devoted to experience in any clinical, investigative, or basic science area related to Internal Medicine, and must follow completion of the three years of formal training. An exception is experience accruing from OBLIGATED MILITARY SERVICE, which under Plan A and Plan B may be undergone at any point in the five year minimal interval. Such military service in the Armed Forces of the United States or Canada or in the United States Public Health Service may be credited as clinical experience but not as formal training).

Plans B1 and C

Candidates are eligible for oral examination after passing the written examination.

CREDIT FOR SERVICE IN THE MEDICAL CORPS OF THE ARMED FORCES OF THE UNITED STATES OR CANADA

Active duty as a commissioned officer in the Medical Corps for the periods December 7, 1941, to January 1, 1947, and June 1, 1950, to July 1, 1954, may be applied as one year of residency credit or one year of clinical experience regardless of assignment.

DEFINITIONS

- 1) *As applied to Requirements of This Board Required minimum training in the broad field of Internal Medicine* is defined as 24 months of general Internal Medicine with *primary patient responsibility*. Rotations through the medical subspecialties during the residency can contribute toward this requirement provided such rotations specifically involve primary patient responsibility.
- 2) *An approved internship* is defined as an internship of not less than one year approved by the Council on Medical Education of the American Medical Association. To meet the training requirements of the Board in relation to specific Plans, special types of approved internships are required.
- 3) *A straight medical internship* is an internship under the direction of a Department of Medicine providing a minimum of eight months' experience in Internal Medicine.
- 4) *An approved residency in Internal Medicine* is defined as postgraduate training approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education.
- 5) *Obligated military service* is defined as service under the requirements of an Act of Congress governing the "Doctors Draft."

METHOD OF EXAMINATION

1. The WRITTEN EXAMINATION is held simultaneously in different sections of the United States, Canada, and outside the continental limits of the United States where sufficient eligible candidates are located. Only one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into morning and afternoon periods of three hours each. The questions are framed in such manner as the Board elects, and are designed to test the candidate's basic clinical acumen and his knowledge of physiology, anatomy, biochemistry, pathology, bacteriology, and pharmacology as related to Internal Medicine.

2. The ORAL EXAMINATIONS are held several times each year at such times and places as the Board may designate. The oral examinations are given by the members of the Board with the assistance of such guest examiners as may be selected, and are conducted at the bedside of patients assigned each candidate.

Candidates will be expected to present in a concise, orderly fashion pertinent facts in the history and diagnosis. Demonstration of important physical findings will be requested by the examiner. During the oral examination, questions will be asked concerning diagnostic and therapeutic procedures related to the problems under discussion. Conciseness and clarity of statement as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret roentgenologic, pathologic, hematologic, electrocardiographic and other diagnostic material related to his patients.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

1) Candidates in this classification not licensed to practice in a state, territory, province or possession of the United States or Canada, or who have not passed the examinations of the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany application for admission to examination.

2) All candidates are required to complete an internship of one year approved by the Council on Medical Education of the American Medical Association. Twelve months of an approved residency may be substituted for this requirement. However, in this event the additional requirements in paragraph 3 must still be fulfilled.

3) Candidates are required to complete 36 months of formal training as described under Plan A1 and A2 before they are eligible for the written examination. They must meet the requirements of Plan A1 and A2 for oral examination. (Plans A3 and B1 are not available to graduates of Foreign Schools.)

4) Graduates of Foreign Medical Schools may also be proposed under Plan C.

5) Candidates who are accepted for the written examination may take this examination in the United States or at designated installations of the United States in foreign countries.

6) All oral examinations will be given in the United States and Canada.

7) United States Citizenship is no longer a requirement for admission to examination.

SUBSPECIALTY BOARDS

Allergy, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease are recognized subspecialties.

Candidates must first be certified in Internal Medicine before applying for examination by the Subspecialty Boards.

Further information may be secured by writing to the Executive Office of the Board.

RE-EXAMINATIONS

1) The interval between written and oral re-examinations will be not less than one year.

2) Any candidate failing three (3) written examinations, one or more of which occurred after February 1, 1966, must present to the Board evidence of having completed one full year of formal residency or clinical fellowship training subsequent to the third failure, before re-admission to the written examinations of the Board.

3) Candidates failing three (3) oral examinations, one or more of which occurred after February 1, 1958, must apply for and pass another written examination before admission to further oral examinations.

Re-examination fees for Written \$25.

Oral \$65.

CANCELLATIONS

Candidates who cancel or fail to keep appointments for either written or oral examinations after assignments have been completed are subject to forfeiture of their fees and may also be required to wait 24 months before re-assignment to another examination. Those related to the military services are therefore advised *not* to apply for written examination during the early months of their service, or before their service, when their location and military commitments in October are unknown.

INACTIVE CANDIDATES

After July 1, 1966, any candidate whose record reveals inactivity (i.e., failure to take an examination, either written or oral) for five years or more, will revert to the same status as a new applicant and must re-apply for admission to the written examination of the Board and comply with all current regulations then in force for new candidates.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive Director.

The closing date for requesting initial admission to the written examination is March 1 of the year concerned. The closing date for requesting written re-examination is also March 1.

The attention of those whose commitments at the time of the October examination are uncertain is invited to the section on "Cancellations."

The application must be accompanied by a recent signed photograph of the candidate and the registration and written examination fee of sixty (\$60.00) dollars. Forty-five (\$45.00) dollars will be refunded if the application is disapproved.

The oral examination fee of sixty-five (\$65.00) dollars is due when applying for admission to the oral examination.

Please address all official correspondence to:

Executive Director
American Board of Internal Medicine
3930 Chestnut Street
Philadelphia, Pennsylvania 19104

SUBSPECIALTY BOARDS

Allergy, Cardiovascular Disease, Gastroenterology and Pulmonary Disease are recognized subspecialties.

Candidates must first be certified in Internal Medicine before applying for examination by the Subspecialty Boards. Further information may be secured by writing to the Executive Office of the Board.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

PAUL M. SEEBOHM, Chairman, Iowa City, Iowa

CARL E. ARBESMAN, Buffalo, N.Y.

K. FRANK AUSTEN, Boston

EUGENE A. HILDRETH, Philadelphia
 THOMAS E. VAN METRE, JR., Baltimore, Md.

REQUIREMENTS

A. **PREREQUISITE**—The applicant must previously have been certified by the American Board of Internal Medicine before he is eligible to apply for the Subspecialty Board examination.

B. **TRAINING**—There are three acceptable schedules for training in Allergy.

Schedule 1: Two years' full-time training in a hospital approved for residency training in internal medicine, under the supervision of a physician competent in allergy, preferably a certified allergist; the program must have active teaching in basic sciences related to allergy.

Schedule 2: One year's full-time residency or fellowship in allergy in a program as above, plus two additional years of similar training on a half-time basis. Private office practice is not an acceptable substitute for part-time training.

Schedule 3: Five years' part-time training and experience in an acceptable allergy program as above. Applicants intending to utilize part-time programs should obtain prior approval for their program from the Subspecialty Board. Other programs of training and experience may be accepted if, in the opinion of the members of the Board, they are equivalent to those outlined.

For admission to the certifying examination in Allergy, a candidate must have specialized knowledge and particular skills which entitle him to be consulted as an expert in this specialty. Expertness includes knowledge of all phases of science underlying the specialty, as well as proficiency in the clinical practice of allergy. The candidate must be prepared for examination in the aspects of anatomy, chemistry, microbiology, immunology, pathology, physiology and pharmacology relating to allergy and in the laboratory procedures pertinent to diagnosis and treatment of allergic disease. The candidate will at the same time be expected to have maintained his proficiency in general aspects of internal medicine, especially in those aspects bearing most closely on diseases of allergy.

C. **REFERENCES**—A candidate should give as references names of physicians who are familiar with his training and experience in the field of allergic diseases. Such information will allow the Board to give a fair appraisal of the candidate's qualifications.

D. **RE-EXAMINATION**—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

CERTIFICATION IN SUBSPECIALTY OF CARDIOVASCULAR DISEASE

J. WILLIS HURST, Chairman, Atlanta, Ga.
 HOWARD BURCHELL, Rochester, Minn.
 NOBLE O. FOWLER, Cincinnati,
 EDWARD S. ORGAIN, Durham, N.C.
 T. JOSEPH REEVES, Birmingham, Ala.
 FRANCIS F. ROSENBAUM, Milwaukee
 CONGER WILLIAMS, Boston

REQUIREMENTS

A. **PREREQUISITE**—The applicant must previously have been certified by the American Board of Internal Medicine. One year must have elapsed following such certification before he is eligible to be admitted to the Subspecialty Board examination.

B. **TRAINING**—The candidate should have devoted at least one full year but preferably two years to post-graduate education in cardiovascular disease, under the guidance of

a person known by the members of the Subspecialty Board to be experienced and sound in the field of cardiovascular disease. This period of training may be in several forms.

1. It may constitute one or more years spent in cardiovascular disease as a fellow or resident as part of or immediately after completion of a residency in internal medicine; the total period of such training of the individual in internal medicine including one or more years in cardiovascular disease must be at least four years after completion of internship.

2. It may include a consecutive twelve month or longer period devoted to training in cardiovascular disease under the type of auspices noted above some years after completion of the period of training required for certification in internal medicine. The Board may waive these prerequisites only in exceptional circumstances.

Before admission to the certifying examination in cardiovascular disease, the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be known as a consultant in cardiovascular disease. He must have an intimate knowledge of the normal and pathological anatomy and normal and pathological physiology of the circulatory system; be adept in history taking and in the physical examination; be proficient in the interpretation of electrocardiograms and in cardiovascular roentgen diagnosis; and be familiar with special procedures and techniques used in the study of cardiovascular problems. Above all, he must be able to assimilate the information obtained from all of these sources in such a way as to lead logically to the correct diagnosis. He must also have a thorough knowledge of the pharmacology and therapeutic applications of drugs used in the treatment of cardiovascular diseases and an intelligent comprehension of the place of and indications for other forms of treatment including surgery. He must demonstrate an intimate familiarity with contemporary cardiovascular literature.

C. **REFERENCES**—The candidate should give as references the names of physicians sufficiently familiar with his training and experience in the field of cardiovascular disease as to be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above. In particular, it will be required that references be listed by the applicant and obtained by the Board from the physician(s) who were responsible for the specialty training of the applicant.

D. **RE-EXAMINATION**—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

CERTIFICATION IN SUBSPECIALTY OF GASTROENTEROLOGY

HUGH R. BUTT, Chairman, Rochester, Minn.
 FRANZ J. INGELFINGER, Boston
 HENRY D. JANOWITZ, New York City
 FRED KERN, JR., Denver, Colo.
 ALBERT MENDELOFF, Baltimore, Md.

REQUIREMENTS

A. **PREREQUISITE**—The applicant must previously have been certified by the American Board of Internal Medicine. Two years should have elapsed following such certification before he is eligible for admission to the Subspecialty Board examination. The Subspecialty Board may at its discretion shorten this interval under exceptional circumstances.

B. **TRAINING**—The candidate should have devoted at least one full year to post-graduate education in gastrointestinal disease, during which time his training program should preferably be under the supervision of a physician competent in the field of gastroenterology, preferably a certified gastroenterologist. Following this the candidate should

participate actively for at least two years in a gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted under the supervision of a qualified gastroenterologist. The applicant should demonstrate an interest in teaching his subspecialty.

In the above paragraph the candidate may, at the discretion of the Suspecialty Board of Gastroenterology, be accepted for examination after five years of active participation in gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted preferably under the supervision of a certified gastroenterologist. Details of attendance at conferences, clinics, postgraduate courses, etc., must be submitted by the applicant.

Before admission to the certifying examination in gastroenterology the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must be prepared to demonstrate that his training has given him special ability in gastroenterology and adequate understanding of the basic sciences underlying this branch of internal medicine as well as proficiency in its clinical practice. He will be expected to demonstrate familiarity with the literature of gastroenterology and must submit proof of adequate supervised training in the recognized gastroenterological procedures and in gastrointestinal radiology (film interpretation).

The candidate must be able to assimilate information obtained from all these sources in such a way as to lead logically to the correct diagnosis and proper treatment. He must have a thorough knowledge of the pharmacologic and therapeutic application of drugs used in the treatment of gastrointestinal diseases and intelligent comprehension of the place and indications for other forms of treatment, especially surgery. He must have a working knowledge of physiology, pathology, microbiology, and biochemistry as it has practical application to disease of the digestive tract and liver.

C. REFERENCES—The candidate must submit at least three letters from recognized internists. At least one of these must be from a recognized gastroenterologist who has served as the candidate's director during a significant portion of his training in gastroenterology.

D. RE-EXAMINATION—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before readmission to examination.

CERTIFICATION IN SUBSPECIALTY OF PULMONARY DISEASE

JOHN H. McCLEMENT, Chairman, New York City
DAVID W. CUGELL, Chicago
ROBERT L. MAYCOCK, Philadelphia
DONALD E. OLSON, Portland, Ore.
ATTILIO D. RENZETTI, JR., Salt Lake City

REQUIREMENTS

A. PREREQUISITE—The applicant must previously have been certified by the American Board of Internal Medicine, before he is eligible to apply for admission to the Subspecialty Board examination.

B. TRAINING—The candidate should have devoted at least one full year to postgraduate training in a hospital or postgraduate program devoted primarily to pulmonary disease, or in a general hospital with the facilities for the care of patients with tuberculosis and other pulmonary diseases, and no less than another year in the practice of internal medicine with pulmonary disease as a major element of such practice.

Before admission to the certifying examination in pulmonary diseases, a candidate must possess certain special-

ized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must have a thorough and intimate knowledge of normal and pathologic anatomy and physiology of the pulmonary system; to be adept in history taking and in physical examination; to be proficient in interpretation of pulmonary function tests; and proficient in interpretation of roentgen diagnosis of thoracic conditions; and to be familiar with special procedures and techniques used in the study of pulmonary diseases.

Above all he must be able to assimilate the information obtained from all of these sources in such a way as to lead logically to the correct diagnosis. He must also have a thorough knowledge of pharmacologic and therapeutic application of drugs used in the treatment of pulmonary diseases and intelligent comprehension of the place and indications for other forms of treatment, especially surgery.

C. REFERENCES—The candidate should give as references names of physicians who are familiar with his training and experience in the field of pulmonary disease as to be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above.

D. RE-EXAMINATION—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

C. HUNTER SHELDON, Chairman, Pasadena, California
E. S. GURDJIAN, Vice-Chairman, Detroit
RICHARD L. DESAUSURE, JR., Memphis, Tennessee
LYLE A. FRENCH, Minneapolis
J. GARBER GALBRAITH, Birmingham, Alabama
WILLIAM F. MEACHAM, Nashville, Tennessee
RICHARD C. SCHNEIDER, Ann Arbor, Michigan
HENRY G. SCHWARTZ, St. Louis
OSCAR SUGAR, Chicago
FRANK TURNBULL, Vancouver, B. C., Canada
ARTHUR A. WARD, JR., Seattle
BENJAMIN B. WHITCOMB, Hartford, Conn.
GUY L. ODOM, Secretary-Treasurer, Duke University Medical Center, Durham, N. C. 27706

GENERAL QUALIFICATIONS

(1) Moral, ethical, professional standing and practice satisfactory to the members of the Board.

(2) Completion of a minimal prescribed period of formal training in approved centers in the United States or Canada as described below.

(3) It shall be discretionary with the Board to accept for examination neurosurgically trained candidates who have been in neurosurgical practice in the United States or Canada more than six years, but whose formal training fails to meet the full requirements.

(4) Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States or Canada may apply for certification by the American Board of Neurological Surgery. All graduates of foreign medical schools who are candidates for certification by the American Board of Neurological Surgery must have passed the examinations given by the Educational Council for Foreign Medical Graduates.

(5) A special certificate may be issued to foreign candidates (not American or Canadian citizens) who have received their training in neurological surgery in the United States or Canada and who are returning to their own country

at the end of their training period. Examination for this Foreign Certificate may be taken without completion of the requirement of two years in the practice of neurological surgery. All foreign applicants, as the regular applicants, must have one year of general surgical training in an approved program of general surgery in the United States or Canada. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

(6) This special certificate shall be designated the Foreign Certificate of the American Board of Neurological Surgery. It will be forwarded to each foreign candidate who has passed the examination only when he has returned to his own country and forwarded to the Secretary-Treasurer evidence of license to practice in his own country. If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice, he must forfeit this Foreign Certificate and re-appear before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada.

PRELIMINARY PROFESSIONAL STANDING

(I)

1) Graduation from a medical school which is acceptable to the American Board of Neurological Surgery, Incorporated.

(II)

(1) Completion of training in general surgery of not less than one year in a hospital acceptable to the American Board of Neurological Surgery, or its equivalent in the opinion of the American Board of Neurological Surgery. No credit can be applied for rotating or medical internship.

Plus

(2) A period of graduate study of not less than four years, following completion of the training in general surgery in a hospital or recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. Of this training period at least thirty months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training in clinical neurological surgery be obtained in one institution. The American Board of Neurological Surgery will not ordinarily approve training in any hospital or graduate school of medicine for periods of less than six months.

Upon recommendation of the head of an approved neurosurgical training program and individual ratification by the Board, credit may be given retroactively for training if a candidate:

- a) transfers from one approved neurosurgical training center to another by arrangement between the chiefs of the two programs.
- b) before entering a training program has had in other approved centers substantially more than the prerequisite training in general surgery, medical neurology or in the basic neurological sciences.

These provisions in no way alter the basic minimum requirements of 4 years training in neurosurgery including 30 months of clinical neurosurgery of which 24 months must be in one institution.

The candidate must prepare himself to pass examinations given by the Board in neurological surgery, general surgery, medical neurology (including neuro-ophthalmology and electroencephalography), neuropathology, neuroanatomy, neurophysiology, and neuroradiology.

The Board does not accept training by preceptorship.

Credit for partial training in foreign or other non-approved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of, and

with, the advice and approval of, the director of the candidate's clinical neurosurgical program.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory practice of neurological surgery in one community is required prior to examination.

At the time of examination the candidate will be required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon. Only those upon whom neurosurgical diagnostic or operative procedures have been carried out during the two years immediately preceding examination should be listed. Information must include:

1. Identifying hospital number and date of admission
2. Clinical diagnosis
3. Definitive diagnostic procedures, if performed
4. Operations, if performed
5. Result, including, when applicable, all complications and autopsy findings

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material be readily available when requested. The candidate should bring this list with him to the examination. He should not send it to the Secretary-Treasurer ahead of time. The Board will request reference letters from physicians who have known the candidate during this period of practice. The Board at its discretion may send representatives to call upon the candidate for a review of his practice.

APPLICATIONS

An application on the official application blank, in such form as may be adopted from time to time by the Board of directors, must be in the hands of the Secretary-Treasurer of the Board not less than nine (9) months prior to the date the applicant wishes to present himself for examination. In most instances, therefore, a candidate should write to the Secretary-Treasurer for the official application blank after he has been in practice about one year.

The Secretary-Treasurer on receipt of an application shall forthwith make inquiries from the candidate's references and from such other persons as the Secretary-Treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary-Treasurer of its recommendation. The application shall then be acted upon by the members of the entire Board at a regular meeting and the applicant promptly notified of the Board's decision. If accepted, the candidate shall be scheduled for examination as soon as the schedule permits after completion of his training and practice requirements. He must take the examination within 3 years of the time he is eligible or re-apply as a new candidate. If he fails and wishes to repeat the examination he must do so within 3 years, but the Board requires a waiting period of 1 year to allow time for further preparation. If a candidate has failed twice and wishes to re-apply, he must first withdraw from practice and take a minimum of six (6) months period of formal study which shall be consecutive and shall be carried out in an approved center for neurosurgical training. Foreign and other centers may be employed only by specific permission of the Board. He shall re-apply as soon as his study period has been completed and, if his credentials are in proper order, must take the examination within one year. Failure of the total examination shall require a further six (6) months of formal training and re-application as before. Candidates who have been examined under the six-year practice rule and who fail twice will be required to obtain additional training under the candidate's own initiative.

PAYMENT OF FEES

The fee for Certification shall be two hundred dollars (\$200.). The candidate for examination on filing his application shall accompany it with an application fee of twenty-five dollars (\$25.). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination, he shall send the examination fee of one hundred seventy-five dollars (\$175.) to the Secretary-Treasurer at least two weeks before the date of the examination.

A candidate who has failed in one examination is eligible for re-examination in the subject, or subjects, in which he failed within three years, on payment of a re-examination fee of one hundred fifty dollars (\$150.). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and re-appears before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada, he shall pay a re-examination fee of one hundred fifty dollars (\$150.).

If the candidate has failed twice and wishes to re-apply, his application must be submitted with an application fee of twenty-five dollars (\$25.). When notified by the Secretary-Treasurer that he is eligible for examination, he will send the examination fee of one hundred seventy-five dollars (\$175.) to the Secretary-Treasurer at least two weeks before the date of examination. If the candidate should sustain a partial failure and is eligible for re-examination in the subject or subjects in which he failed within three years, he must repeat that portion of the examination that he failed by the payment of re-examination fee of one hundred fifty dollars (\$150.).

AMERICAN BOARD OF
OBSTETRICS AND GYNECOLOGY

CARL P. HUBER, Chairman of the Board, Indianapolis
ANDREW A. MARCHETTI, President, Washington, D. C.
WILLIAM C. KEETTEL, Vice-President, Iowa City, Ia.
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W. NORMAN THORNTON, JR., Charlottesville, Va.
J. ROBERT WILLSON, Ann Arbor, Mich.
CLYDE L. RANDALL, Secretary-Treasurer, 100 Meadow Road,
Buffalo, N. Y. 14216

REQUIREMENTS FOR ADMISSION
TO THE EXAMINATION

THE PART I (WRITTEN) EXAMINATION.

For U.S. and Canadian citizens, the following are required:

1. The possession of the degree of Doctor of Medicine (or equivalent degree) from an institution of learning acceptable to the Council on Medical Education of the American Medical Association.
2. The completion of a *progressive* residency in obstetrics and gynecology of three or more years duration approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada, an experience which must include the usual length of time as senior or chief resident in the program as approved.

For foreign graduates not intending to practice in the United States or Canada, the following are required:

1. Possession of a permanent E.C.F.M.G. (Educational Council for Foreign Medical Graduates) certificate.
2. Completion of an approved residency experience as currently required of the graduates of U.S. and Canadian schools.

For foreign graduates now in the practice of obstetrics-gynecology in the United States, one of its territories, or Canada, the following are required in lieu of an approved residency in the United States or Canada:

1. Documentation of an educational in-hospital experience comparable to that of an approved residency.
2. A notarized statement attesting to full citizenship in the United States or Canada.
3. Documentary evidence of unlimited licensure to practice medicine in at least one of the United States, one of its territories, or a province of Canada.
4. Not less than 18 months of practice limited to obstetrics-gynecology in one of the United States, one of its territories, or a province of Canada.

A candidate must take the written examination at one of the next three regularly scheduled written examinations after he becomes eligible. Failure to write the examination within the prescribed time makes a candidate permanently ineligible. An exception to this ruling can only be made by action of the Board of Directors.

SPECIAL NOTICE REGARDING
THE THREE-YEAR RULE

An applicant who completed an approved residency on or anytime before June 30, 1967 must have written Part I in July 1967 or do so in either July 1968 or July 1969.

An applicant completing an approved residency between July 1, 1967 and June 30, 1968 must write the examination in July 1968, July 1969 or July 1970.

For a residency completed on a date other than June 30, the permitted three-year period includes the next three July examinations.

THE ORAL EXAMINATION

Because of the time-limitation regarding the Oral Examination, candidates are urged to apply for the Oral Examination as soon as they have passed the written examination and have fulfilled all other requirements. The three-year limitation to pass the Oral Examination begins when the requirements have been fulfilled.

To be eligible to apply for the oral examination, the candidate must have fulfilled the following requirements:

1. A passing grade in the written examination.
2. Full citizenship in the U.S. or Canada.
3. Unlimited license to practice medicine in one of the states or a province of Canada.
4. Not less than eighteen consecutive months of post-residency practice, limited to the specialty.

Approvable post-residency experience may also occur in governmental service or in an institutional setting that provides clinical responsibility.

Periods of residency in excess of the currently required minimum may not be substituted for any part of the required post-residency time in practice. The same applies to any fellowship that does not meet the previously stated requirement of clinical responsibility.

5. The candidate's good ethical and professional character, standing and reputation must be established to the satisfaction of the Board. The Board will request comment by administrative officers of organizations and institutions in which the candidate is known. *Endorsements and testimonials in support of a candidate's application are usually regarded as information of lesser significance than that gained in answer to the confidential inquiries made by the Board.*

6. A foreign-born candidate eligible to apply for the cer-

tification examination must supply a notarized statement with his application (not a copy of original citizenship papers), attesting to full citizenship in the United States or Canada. A candidate so qualified must also submit, with his application to take the oral examination, documentary evidence of the date of unlimited licensure to practice medicine in at least one state or a province of Canada.

No application to take the oral examination will be acceptable until *after* the candidate has passed the written examination and fulfilled all other requirements as described in the foregoing paragraphs.

APPLICATIONS

Only one ruling on any application will be made within a period of twelve months. Each application will be considered in accordance with the requirements effective in the year admission to the examination is requested. The Board will make a final decision concerning the applicant in the light of all circumstances affecting his eligibility.

THE WRITTEN EXAMINATION

Upon completion of an approved residency program (as listed by the Council on Medical Education of the American Medical Association) a candidate is immediately qualified to take the next scheduled written examination.

All candidates must write the examination within three years after completion of an approved residency program. An exception to this ruling can be made only by action of the Board of Directors.

Application forms for the written examination scheduled for early July of each year may be obtained from the office of the Board. The application, completed in all details, together with an application fee of \$25 must be received in the Board office on or before November 30th of the year preceding the examination. *Applications postmarked after November 30th can not be processed for the next examination but will be considered for the succeeding examination, a year later.*

Endorsement and verification of residency experience will be requested by the Board from (a) the Director or Superintendent of the hospital, and (b) the current Chief of the obstetric-gynecologic residency program indicating:

1. That the candidate is making satisfactory progress as a resident.
2. The anticipated date on which the candidate will complete his residency program.

If his application is approved, the candidate will be notified and requested to remit the \$75 examination fee promptly. This examination fee is in addition to the \$25 application fee. Shortly before the date of the examination the candidate will receive an Admittance Slip. He must return the lower half to the Board Office, 100 Meadow Road, Buffalo, N.Y. 14216, promptly to acknowledge acceptance of his examination assignment.

On the day of the examination the candidate must present to the proctor the upper portion of the Admittance Slip, *which must have been signed by the Administrator of the hospital, certifying that the candidate has satisfactorily completed his residency program.*

REAPPLICATION TO TAKE WRITTEN EXAMINATION

A candidate failing the written examination may request re-examination within two years. (See Re-Examinations.)

A letter requesting readmission to the next written examination must be postmarked no later than November 30th, if the applicant is to be rescheduled to take the next written examination the following July.

"BOARD ELIGIBLE"

In the viewpoint of this Board a candidate is "Board eligible" when he

1. Has passed the written examination, and
2. by virtue of citizenship, licensure, and limitation of practice is currently qualifying to take the oral examination.

THE ORAL EXAMINATION

Application forms may be obtained from the office of the Board. Applications to take the oral examination will not be considered for the oral examination in November of the year of application if (1) the application is incomplete or (2) is postmarked after February 28th.

CASE LISTS

Each application or reapplication to take the oral examination must be accompanied by duplicate certified typewritten lists of *all patients dismissed from the candidate's service in each hospital* where he has practiced during the twelve months immediately preceding the month of application. The patients listed must be only those for whom the candidate assumed the major responsibility. Interpretation of "major responsibility" implies that the candidate has personally operated upon, attended the delivery or maintained control of the patient's management. *The case lists will be used as a basis for questions during the oral examination.* Candidates are urged to review their lists prior to the oral examination.

For each hospital, separate lists of obstetric and gynecologic patients should be prepared across unbound sheets of white paper 8½ x 11 inches which conform *in all details* to the format illustrated in the Bulletin.

STATEMENT OF CLINICAL RESPONSIBILITY

A candidate in a full-time institutional position or in governmental service at the time of application to take the oral examination may be requested to submit a Statement of Clinical Responsibility in addition to case lists.

WHEN CANDIDATE POSTPONES ORAL EXAMINATION

An applicant declared eligible who fails to exercise the privilege of examination in the same year is required to submit current duplicate certified typewritten lists of all patients dismissed from his service in each hospital where he has practiced during the twelve months immediately preceding his request to be scheduled again to take the oral examination. Such a request should be made of the Board office, with re-submission of new and current lists of hospital dismissals, on or before February 28th of the year of examination. *Such letters and case lists postmarked after the last day of February will be too late and can not be considered for the next oral examination the following November. New and current case lists will be due with each request for reexamination* (See back cover of Bulletin issued by Board.)

TIME LIMITATION TO PASS ORAL EXAMINATION

A candidate who fails to pass the oral examination *within 3 years after the requirements have been fulfilled*, must reapply for the written examination. Only by again passing the written examination can he regain eligibility to reapply for the oral examination.

FEEES

The fees, which are not refundable, have been computed to cover the cost of examinations and administrative expense. The fees must be paid in U.S. currency.

THE WRITTEN EXAMINATION

Applications to take the written examination must be accompanied by payment of the application fee of \$25.

The candidate will be notified when his application has been approved.

Before the candidate is scheduled to write the written examination, he will be required to have paid the examination fee of \$75.

A candidate failing the written examination may take it again by a written request to the Board office. He must again pay the examination fee of \$75 when he has been notified that he is being scheduled to take the re-examination (see Re-examinations).

THE ORAL EXAMINATION

Application to take the oral examination must be accompanied by payment of the application fee of \$25. A candidate accepted to take the oral examination will then be required to pay the \$75 examination fee when notified that he is being scheduled.

This examination fee is payable each time a candidate is notified of the date he will be admitted to the oral examination. When unusual circumstances have accounted for the failure of an eligible candidate to appear for examination, the Board may permit rescheduling of the candidate to take the oral examination the following year without payment of additional fee. However, current lists of patients must be submitted with each request for re-examination.

THE EXAMINATIONS

WRITTEN

The written examination, scheduled for early July each year, consists of a comprehensive written examination in obstetrics-gynecology as well as related basic sciences, and is given within a single three-hour period. (See back cover of Bulletin.) This examination will be conducted by selected proctors at designated centers throughout the United States and Canada.

Special arrangements may be made, by correspondence with the Board office, with a senior officer to supervise the examination of a candidate in governmental service or similar foreign duty for the United States or Canada, provided such a candidate keeps the Board Office informed of his address. Such special arrangements will only be made for candidates in governmental service or for those eligible for re-examination.

Each applicant accepted for the written examination will be required to achieve a passing grade of 75 per cent.

ORAL

The oral examination is designed to test the general qualifications of the candidate as a specialist in obstetrics-gynecology, the extent of his experience and knowledge in clinical obstetrics-gynecology as well as in related basic sciences, and his familiarity with recent obstetrics-gynecologic literature. The candidate is expected to recognize and discuss photographs illustrating the gross pathology of obstetric-gynecologic disease. The candidate is also expected to identify and describe microscopic preparation illustrating obstetrics-gynecologic pathology.

After the examination, written reports are submitted to the assembled Board and all other Examiners. Each candidate is then passed or failed by the vote of the Directors of the Board.

After the decision is made that a candidate failed or passed the examination, no records are preserved that will permit later review of the candidate's oral examination. In the event of failure, a candidate may request re-examination at the next regularly scheduled oral examination but to do so he must apply in writing on or before February 28 preceding the next November examination. Such re-examination will be conducted by a different group of examiners who will have no knowledge of the candidate's previous failure.

RE-EXAMINATIONS

WRITTEN RE-EXAMINATIONS

A reapplication will be considered under the requirements effective in the year readmission to the examination is requested.

A candidate notified of his failure to pass the written examination may write and ask, before November 30, to be rescheduled for the next written examination the following July. *Such requests postmarked after November 30 will be considered late and will not be acted upon until the following year.* (See Time-Limitation ruling).

A candidate to take the written examination, once notified that he is being scheduled, will not be required to submit a new application (1) to write the examination at a later date, or (2) having failed, to write it again—but no more than two years may elapse between the dates a candidate will still be considered eligible to write the examination.

ORAL

A candidate who fails the oral examination may write and ask, before February 28, to be rescheduled to take the next oral examination. *If such a request is postmarked after the last day of February, it will be considered late and will not be acted upon until the following year.* Duplicate typewritten lists of all patients dismissed from his care in all hospitals during the twelve months preceding the month of his request to take the oral examination are required *with each request.*

Once a candidate has been scheduled to take the oral examination, the same application will be acceptable for admission to each of the oral examinations scheduled during the three years in which the candidate must pass the oral.

POSTPONED ELIGIBILITY

When the Board notifies a candidate of his ineligibility or postpones his admission to an examination for one or two years, a candidate may as directed request reopening of his application *without payment of additional fee.* Such written request should be accompanied by evidence that the reasons for the previous ruling of ineligibility or postponement, as stated in the letter to the candidate from the Board, have been corrected.

A candidate desiring reconsideration of his application to take the oral examination must submit before February 28 with his letter indicating such request, duplicate certified typewritten lists of all patients dismissed from his service in each hospital where he has practiced *during the twelve months preceding the month of his request* for readmission to the oral examination.

TYPES OF BOARD APPROVAL

CERTIFICATE—BY PASSING THE WRITTEN EXAMINATION

Each certificate attesting to the passing of the written examination does not of itself confer or purport to confer upon any person any degree, legal qualifications or privileges. It merely acknowledges that the individual has completed an approved residency in obstetrics-gynecology and has passed the written examination of this Board.

DIPLOMA—BY PASSING THE ORAL EXAMINATION

Each diploma granted or issued does not of itself confer or purport to confer upon the individual any degree or legal qualifications, privileges or license to practice obstetrics-gynecology; nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by this Board. The privileges granted physicians in the practice of obstetrics-gynecology in any hospital are the prerogative of that hospital, not of this Board.

The major objective of the Board is to maintain established qualifications for specialists in obstetrics-gynecology by certifying as specialists those who, in accord with the stated regulations and requirements, voluntarily appear before the Board for the purpose of recognition and certification.

Diplomates of this Board are listed in the Directory of

Medical Specialists* and are so designated in the American Medical Directory.

REVOCATION OF DIPLOMA

Each candidate, when making application, signs an agreement regarding disqualification or revocation of diploma for cause. Revocation may occur whenever:

1. The physician shall not in fact have been eligible to receive the diploma, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, Directors, examiners, officers, or agents at or before the time of issuance of such diploma.

2. Any rule governing examination for the diploma shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of the diploma.

3. The physician shall violate the standards of the ethical practice of medicine then accepted by organized medicine in the locality in which he shall be practicing, and, without limitation of the foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in any County or District Society shall be evidence of a violation of such standards of ethical practice of medicine.

4. The physician shall fail to comply with or violate, or the issuance or receipt by him of such diploma shall have been contrary to or in violation of, the Certificate of Incorporation, the By-Laws or the Rules and Regulations of this Board.

Upon revocation of any diploma by this Board as aforesaid, the holder shall return his diploma and all other evidence of qualification to the Secretary of the Board and his name shall be removed from the list of Diplomates.

RESIDENCY PROGRAMS

The contents of the Essentials of Approved Residencies as well as of the Guide for Residency Programs in Obstetrics and Gynecology, published by the Council on Medical Education of the American Medical Association, should be known by those who desire to conduct an approved program.

Application for approval of a residency program must be made on special forms obtainable from the Secretary of the Residency Review Committee for Obstetrics and Gynecology in the office of the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Following inspection of the proposed program by a representative of the Council, the application will be submitted to the Residency Review Committee for consideration and action.

The Residency Review Committee, sponsored jointly by the American Board of Obstetrics and Gynecology, the American College of Obstetricians and Gynecologists, and the Council on Medical Education of the American Medical Association, is composed of twelve Diplomates of this Board who have had experience in the organization and supervision of sound programs for graduate education in this field. The sponsors have reviewed and approved the policies of the Committee and have delegated to it full authority to act.

To be approved, a program must be designed to provide an educational opportunity for the resident that is progressive both in experience and responsibility. All such programs must achieve a balance between academic activities and the clinical experiences acquired through the care of patients. The total number of residents in an approved program must not exceed the number indicated in the notice of current effective approval by the Residency Review Committee for Obstetrics and Gynecology unless such change has been agreed to and acknowledged by correspondence with the Residency Review Committee.

DIRECTOR OF PROGRAM

There must be a single administrative head of obstetrics-gynecology responsible for all aspects of the residency program. This director and at least one additional member of the staff should be Diplomates of this Board. When obstetrics-gynecology are not a combined department, the chief of each division and at least one of his associates must be Diplomates of this Board. If gynecology exists as a subdivision of general surgery the program will be approved only if the chief gynecologist and at least one other member of the subdivision meet the above requirements. When the divisions of obstetrics-gynecology are not combined in a given institution or when one or the other of the divisions is located in an affiliated institution, approval for residency training is contingent upon the direction of a single chief to assure integration of teaching and a satisfactory rotation of residents between obstetrics and gynecology.

CONTENT OF RESIDENCY PROGRAM

1. The American Board of Obstetrics and Gynecology requires not less than three years of progressive residency experience in clinical obstetrics-gynecology.

2. In the final year the resident's experience must include the responsibilities of the chief or senior resident of the program.

3. The Board recognizes that some residency programs, in order to fulfill the minimal requirements described in the preceding paragraphs, may extend beyond three years. It is emphasized that a residency longer than three years must provide progressive responsibility in both obstetrics-gynecology for each resident in the program.

4. If a program allows a resident who has completed its requirements to remain in an administrative or teaching capacity, his duties must not detract from the graduated responsibilities of the other residents.

5. Education in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to total care of the patient. Assignment to a basic science course which removes the candidate from clinical obstetrics-gynecology cannot be permitted within the required minimal time of clinical responsibility in an approved program. When, however, the resident's internship experience has been gained in a hospital conducting an approved residency in obstetrics-gynecology, a four or more months assignment to the obstetrics and/or gynecologic service is time acceptable as a portion of the clinical experience required of the resident obstetrician-gynecologist. This accredited time during the internship will not be acceptable as a means of shortening the total post-internship time required in the residency experience, but will be acceptable as a provision enabling variation in the content of the individual resident's program, e.g. assignment to such allied services as anesthesia, radiation therapy, endocrinology, etc.

6. Exchange of residents between approved programs of obstetrics-gynecology is acceptable. Exchange into other specialties cannot be permitted within a three-year residency designed to fulfill only the minimum of required clinical experience in obstetrics-gynecology.

7. Assignment of residents to the clinical services of institutions not approved for residency training cannot be permitted unless the work of such service is carefully supervised by the chief of the approved residency program to which the resident has been appointed. Such an arrangement must have been described in the hospital information form supplied to the Residency Review Committee and have been approved by the Committee when the program was considered.

*The DIRECTORY OF MEDICAL SPECIALISTS is published by the A. N. Marquis Company, 200 East Ohio Street, Chicago, Illinois 60611. For lists of certificate holders consult the current issue.

8. Each resident is expected to keep a record of the number and type of obstetric and gynecologic procedures he performs during his entire residency to demonstrate the adequacy of his operative experience.

9. A resident may not be considered as properly fulfilling his educational duties if he maintains his own private practice. This statement is not to be construed as preventing the resident from assuming the responsible or major role in the management of patients assigned to him in his capacity as a resident.

RULINGS AND INFORMATION

RESIDENCY EXPERIENCE

This Board requires a minimum of three years approved and progressive residency in clinical obstetrics-gynecology, including the usual length of time as senior or chief resident in that program as it had been approved, to complete the requirements for admission to the written examination.

RESIDENT'S CONTRACTS

Any physician who formally obligates himself to enter a residency program approved by the Residency Review Committee and who breaks his contract without justifiable cause, either before or during his period of service, except by mutual consent of the candidate and the hospital, may be required to render an explanation satisfactory to this Board.

GOVERNMENTAL SERVICES

An applicant on service in obstetrics-gynecology under orders in a governmental hospital, may be credited with residency experience only if that hospital is conducting a currently approved residency program in obstetrics and gynecology.

A candidate's time-in-practice requirements may be fulfilled while on active duty in governmental services providing the Board receives favorable appraisal of his activities.

SINGLE CERTIFICATION

Physicians otherwise qualified, who were graduated before January 1, 1939, whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for the last five years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. Knowledge of both obstetrics and gynecology will be required during the examination and no candidate for such single certification will be accepted after 1969.

EMERGENCY CARE: LIMITATION OF PRACTICE

It is permissible for candidates and Diplomates of the American Board of Obstetrics and Gynecology to participate in emergency care.

The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics-gynecology, except when this is related to governmental services or emergency care.

TIME LIMITATIONS

The written examination must be taken at one of the next three regularly scheduled examinations after completion of an approved residency program.

A candidate who passes the written examination and has fulfilled all other requirements for the oral examination is urged to apply to take the oral examination at the earliest opportunity. *If such a Board-eligible candidate does not pass the oral examination within three years after the requirements to take it have been fulfilled, his eligibility is forfeited. He may thereafter regain eligibility only by applying for and again passing the written examination.*

AMERICAN BOARD OF OPHTHALMOLOGY

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- MISS LEA M. STELZER, Registrar, Box 236, Cape Cottage Branch, Portland, Me., 04107

REQUIREMENTS

All applicants must comply with current regulations of the American Board of Ophthalmology.

Applicants must be of high moral, ethical and professional standing.

Applicants must be graduates of a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association. Applicants from countries other than the United States and Canada must provide evidence of satisfactory medical education and must be certified by the Educational Council for Foreign Medical Graduates. This latter requirement is waived for citizens of the United States who are graduates of foreign medical schools and who are licensed to practice in one of the States of the United States of America or who have passed the examination of the National Board of Medical Examiners.

Applicants must have completed an internship of not less than one year in a hospital approved by the Council on Medical Education.

Applicants must have a valid license to practice medicine in the State, Province or nation wherein they permanently reside, except in those situations in which a license to practice is not required.

Applicants are required to have completed a satisfactory course of postgraduate studies including active clinical experience and didactic instruction. Individuals who have completed a minimum of 36 months of residency and basic science courses in ophthalmology may apply for the written qualifying test after completion of 12 additional months of institutional work or ophthalmic practice. Applicants must have completed a minimum total of 48 months of ophthalmology *by the date of the written test.*

Individuals with less than 36 months of formal training may take the qualifying written test after completion of 60 months in ophthalmology solely or after 72 months of combined ophthalmology and otolaryngology. Credit for completion of basic science courses may not exceed 12 months.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the Secretary's office before the published deadline date.
2. Fee of \$100.00 remitted with application.
3. A list of papers or books published.
4. Written qualifying test.
5. Practical examination.
6. Special review of ophthalmic surgery.

FEEES

For original written test, \$100.00, payable with application.

For original clinical examination, \$50.00, payable on successful completion of the written test.

Repeating written test, \$65.00.

Repeating clinical examination, \$65.00.

Single conditions, \$25.00.

Two or more conditions, \$35.00.

The fees have been carefully computed on a basis of cost of examinations, and are used entirely for administrative expenses. Examiners serve without compensation other than actual expenses.

TIME LIMIT

Applicants must take the written test within two years after acceptance of application. If the written test is not taken within this 24 month period, the application is considered expired and must be resubmitted with fee of \$100.00.

Applicants must complete successfully the written test and oral examination within six years after acceptance of application. After six years, a new application, credentials, and application fee are required.

SPECIAL OPHTHALMIC TRAINING

Specialized training leading to competence in ophthalmology may be obtained by graduate studies in the medical sciences, by research, and by residency training. A candidate is expected to be familiar with the fundamental sciences pertaining to ophthalmology and with their application in the diagnosis and treatment of ocular diseases and abnormalities. The following studies are considered fundamental to the adequate practice of ophthalmology:

1. Anatomy, histology, and embryology of the eye and ocular adnexa
2. Developmental abnormalities of the eye and ocular adnexa and their enzymatic, genetic and chromosomal basis
3. Biochemistry, nutrition, and metabolism of the eye
4. Physiology of the eye and ocular adnexa
5. Microbiology and immunology as related to ophthalmology
6. Physical, physiologic, and geometric optics
7. Histopathology
8. Systemic diseases and their ocular manifestations
9. Pharmacology, toxicology and therapeutics
10. Neuro-ophthalmology
11. Principles of ophthalmic surgery

Special training in ophthalmology may be obtained in a variety of ways.

1. By study in systematic course of the basic sciences related to ophthalmology.
2. By means of organized study of basic topics with appropriate laboratory aids during the period of residency training.
3. By research carried out in an established laboratory under the supervision of an experienced investigator, with the development of special skills in certain of the basic sciences. It must be recognized that investigation frequently involves a limited sphere of knowledge and that an applicant must make provision for instruction in areas of knowledge which is not encompassed by his research experience.
4. Individual courses in basic sciences are provided by various institutions and permit the candidate intensive instruction in special areas.
5. The Home Study Course in ophthalmology of the American Academy of Ophthalmology and Otolaryngology may be used to supplement other courses. It constitutes a valuable method of organizing and applying the results of one's reading.

CLINICAL EXPERIENCE

Clinical experience can be obtained only by means of the examination, diagnosis, and care of many patients having a wide variety of ocular disorders. A residency, fellowship,

or traineeship in an approved hospital provides the most effective way of obtaining adequate clinical skill.

MILITARY SERVICE

Credit for military service is based upon individual consideration of the medical activities of the applicant by the American Board of Ophthalmology. Full information concerning the type of assignment, the clinical experience and the supervision must be provided with the application.

WRITTEN QUALIFYING TEST

Before being accepted for oral examination, each applicant must pass a written qualifying test. This is a multiple choice test usually consisting of 200 questions which may cover any topics of ophthalmology and are especially devoted to the following subjects:

1. Anatomy and histology
2. Embryology and developmental anomalies
3. Biochemistry, nutrition and metabolism
4. Physiology
5. Microbiology, immunology, and external diseases
6. Optics and refraction
7. Medical ophthalmology (systemic diseases)
8. Ocular motility
9. Neuro-ophthalmology
10. Pharmacology, toxicology and therapeutics
11. Histopathology
12. Surgery

The test has been described by Adler in Transactions of the American Ophthalmological Society 56:45, 1958.

The written test is given simultaneously in a number of designated cities in January of each year. Applicants who pass the written test are considered "Board eligible" and will be notified to appear for a subsequent oral examination. Candidates who fail the written test must repeat it within two years after the first failure. Applicants who fail two tests may reapply following acceptable additional training.

ORAL EXAMINATIONS

Oral examinations are usually held twice annually at a time and place determined by the American Board and shall be announced in the Journal of the American Medical Association. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined. *The clinical examination must be taken within two years after passing the written.*

If candidates fail to pass all subjects within three attempts, they must reapply, obtain approval of the Board, and pass another written qualifying test before being admitted to the oral examinations.

The oral examination is divided into the following topics:

1. External diseases
2. Medical ophthalmology
3. Histopathology
4. Refraction
5. Ocular motility
6. Neuro-Ophthalmology
7. Principles of ophthalmic surgery

1. EXTERNAL DISEASES OF THE EYE AND ADNEXA. Kodachrome pictures or slides of common conditions affecting the external eye and its adnexa are used as a basis for discussion. Candidates are expected to be familiar with the principles of instruments used in biomicroscopy and in gonioscopy. Methods of examination, diagnoses and treatment will be discussed.

2. MEDICAL OPHTHALMOLOGY. Candidates are expected to demonstrate a broad knowledge of systemic diseases with particular reference to their manifestations in the eye and

adnexa. It is anticipated that candidates will be familiar with the advantages of the various types of ophthalmoscopes and with other methods of examining the ocular fundus. A series of illustrations of abnormalities of the ocular fundus will be used as a basis for discussion of various ocular and systemic diseases.

3. **HISTOPATHOLOGY.** Candidates are expected to be familiar with the general pathology as well as with the pathogenesis and pathophysiology of diseases of the eye. They should recognize normal histologic appearance and pathologic changes, and are expected to carry out microscopic examination of a series of sections of eyes with a variety of disorders. They should be familiar with various micro-organisms causing ocular disease and the methods used to demonstrate them.

4. **REFRACTION.** Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optical principles of refraction and retinoscopy;
- (b) The various types of spectacles lenses and the effects of decentration, tilting, and the like;
- (c) The indications for various methods of examination;
- (d) Contact lenses, visual aids for low visual acuity, colored lenses, and various types of safety lenses.

5. **OCULAR MOTILITY.** Candidates should understand the anatomy and physiology of the neuromuscular mechanism for binocular vision. They should be able to discuss in detail the onset, course, and management of various types of comitant and non-comitant deviations. They are expected to discuss in detail abnormal sensory mechanisms and the methods of diagnosis and treatment.

6. **NEURO-OPHTHALMOLOGY.** Candidates are expected to be familiar with ophthalmic manifestations of various neurologic disorders. They are expected to know the anatomy and physiology of the central connections of the eye and their variation in disease. They should recognize the common abnormalities involving the orbit and related structures as demonstrated on roentgenographic examination. They should understand the diagnostic measures required to demonstrate various neurologic disorders and the manifestations of disease as demonstrated on the perimeter and tangent screen.

7. **PRINCIPLES OF OPHTHALMIC SURGERY.** Candidates should understand the principles of ophthalmic surgery including the pathogenesis, course, and treatment of various surgical disorders of the eye. They should understand the use of radiant energy in the management of ocular disease. They are expected to be familiar with the management of trauma to the orbit and its soft tissues. They should be able to indicate the methods of diagnoses, the differential diagnoses, and the management of various ocular disorders. They should be familiar with the indications, the prognosis, the complications and their management, and the long-term results of various surgical procedures.

RE-EXAMINATION

Individuals who fail the written test or the entire oral examination cannot be admitted in less than 12 months. They must, however, be re-examined within 24 months upon presentation of evidence of acceptable additional training and payment of re-examination fee. The Board at its discretion may deny candidates the privilege of re-examination. If a candidate should fail to pass one or more subjects in the clinical examination, but not the entire examination, the Board decides on an individual basis when he may appear for re-examination after additional acceptable preparation.

CERTIFICATION

The certificate is issued only to those who have successfully passed the written test and the oral examination.

Physicians who have received the certificate are DIPLOMATES (not members) of the Board. Members of the American Board of Ophthalmology are elected by the three component societies.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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II. MINIMAL EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in Orthopaedic Surgery. The minimal educational requirements of the Board should not be interpreted as restricting programs to the minimal standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order to achieve the necessary degree of competence in Orthopaedic Surgery. In order to establish satisfactory competence in the specialty of Orthopaedic Surgery it has been necessary to define the minimal educational requirements, which are as follows:

1. A candidate must be a graduate from a medical school of the United States or Canada approved by the Council on Medical Education of the American Medical Association, with the degree of Doctor of Medicine.
2. A candidate holding a degree of Doctor of Medicine from a foreign medical school, who has obtained the certificate of the Educational Council for Foreign Medical Graduates, may be acceptable to the Committee on Eligibility of the American Board of Orthopaedic Surgery. (Inquiries relative to the examination are to be sent to the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa. 19104.)
3. Five years of post-doctoral educational experience including the following:
 - (a) A candidate must have completed a twelve-month internship approved at that time by the Council on Medical Education of the American Medical Association. In instances of foreign graduates who have obtained the regular certificate of the Educational Council for Foreign Medical Graduates, the institution in which the internship was served must be considered satisfactory by the Committee on Eligibility of the American Board of Orthopaedic Surgery.
 - (b) Four years of orthopaedic surgery education are required following internship. While some approved programs may elect to schedule two or more subject areas concurrently, it is necessary that clearly defined education and training experiences are included in the categories of adult orthopaedics, children's orthopaedics, fractures and trauma, and basic science. The cumulative record of experience in these categories is to be maintained jointly by the Director of the educational program and the resident to facilitate review as required by the Eligibility Committee of the Board.
 - (c) Three of the required four years of orthopaedic surgery education are required to conform to the

REQUIREMENTS FOR CERTIFICATION

following relative distribution of subject areas, determined either on the basis of specific time of assignments or by proportion of experience in those cases where the concurrent or integrated plan is used.

Adult orthopaedics	(1/4) 9 months
Children's orthopaedics	(1/4) 9 months
Fractures and Trauma	(1/6) 6 months
Basic Science	(1/6) 6 months

The subject areas to be included are anatomy, pathology, microbiology, physiology, biochemistry, biomechanics, and other basic sciences related to the musculoskeletal system. This educational program should facilitate the study of what is known in these fields as they relate to orthopaedic surgery and, if possible, to provide opportunities for the trainee to apply these basic sciences to all phases of orthopaedic surgery.

Elective (1/6) 6 months

The elective period may be fulfilled by additional assignments in areas previously described, or by hand surgery, prosthetics and orthotics, rheumatology, rehabilitation, neurology, or other areas related to orthopaedic surgery as approved by the Residency Training Committee of the Board.

- (d) The fourth year of additional residency education (which most frequently occurs between internship and the three stipulated years outlined in (c) above, but which may occur at any stage in the complete program) may be obtained from the following categories:
- (1) Assistant resident in general surgery.
 - (2) Assistant in orthopaedic surgery in any of the subject areas described in (c) above.
 - (3) Assistant resident in related medical and surgical areas, including neurological surgery, genitourinary surgery, plastic surgery and pediatric surgery.
 - (4) Extra year of internship.
- (e) Work in military service. Credit is granted only after termination of military service and presentation of a Professional Training Record, letters from Chiefs of Services and a list of operations performed by the candidate. Credit may be granted on the basis of one month of credit for one month of training when obtained on approved programs. One month of credit may be granted for two months of training, not to exceed twelve months, when the candidate is assigned to unapproved hospital services if approved by the Committee on Eligibility. An Officers Professional Training Record, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D.C.
- (f) Research or study (one year) in laboratory or clinical research. This requires review of the documentation of the research problem by the Committee on Eligibility.

Note: The educational experience must be on programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in Directory of Approved Internships and Residencies). The Board also accepts training in Canada taken on services approved by the Royal College of Physicians and Surgeons of Canada for training in orthopaedic surgery.

III. REQUIREMENTS FOR EXAMINATION

In order to be eligible for the examination a candidate must meet the following requirements:

1. Completion of the minimal educational requirements as listed in Section II.

2. Licensure to practice medicine in the United States or Canada, or full time service in the Federal government, which customarily does not require licensure. Special provisions detailed later in this section permit foreign graduates who are returning to their homelands to practice orthopaedic surgery to qualify in lieu of licensure in the United States or Canada.

3. Acceptable ethical and professional standards and satisfactory moral standing within the community. Such qualifications will be determined by the Committee on Eligibility after review of the application, letters of recommendation and other data pertaining to these matters.

4. A candidate must devote full time for one year to orthopaedic surgery in a manner which is consistent with local health needs of the community and hospital practice requirements.

5. A candidate is required to be actively engaged in practice, teaching or research in Orthopaedic Surgery for twelve months in one locality immediately prior to the examination. Representatives of the Board may visit a community in order to evaluate the work of a candidate.

6. A candidate in military service must have been assigned as an orthopaedic surgeon in a hospital setting for one full year to fulfill practice requirements, unless the Committee on Eligibility rules otherwise.

7. A candidate must be prepared to submit as a part of his application to the Committee on Eligibility, if requested, an unbound list of all patients admitted to his care in the hospital or hospitals in which he has practiced prior to the filing of his application. Such a list shall include the name of the hospital, the hospital number for each patient, the patient's age, definitive diagnosis, the treatment, the end result and the period of time covered. The authenticity of the patient list shall be certified by the hospital administrator or record librarian. A candidate engaged in practice in a partnership or assigned full time in a private or governmental hospital must, upon request, submit a list of patients cared for primarily by the candidate. This list must also be certified by the hospital administrator or record librarian.

8. A candidate practicing in Canada is required to pass the qualifying examinations in Orthopaedic Surgery of the Royal College of Physicians and Surgeons of Canada before he can apply for the examination of the American Board of Orthopaedic Surgery, unless he has obtained three or more years of his approved orthopaedic surgery education in the United States.

9. A candidate originating in a country requiring other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate Orthopaedic Organizations in the country in which he has had his orthopaedic surgery education.

Note: The Committee on Eligibility shall be the sole arbiter on determining a candidate's acceptability. The Secretary may answer questions pertaining to Rules and Procedures. Notification of acceptance will be mailed to the candidate in advance of the examination.

Date and place of the examination is announced in the Journal of the American Medical Association and in the Journal of Bone and Joint Surgery and in the Bulletin of the American Academy of Orthopaedic Surgeons.

IV. PROCEDURE FOR APPLICATION

1. A completed application for examination must be received in the office of the American Board of Orthopaedic Surgery before July 1 of the year preceding the examination. The application must be accompanied by a non-refundable fee of \$25.00.

2. Once an application is accepted it shall remain in force for three years unless some gross error or intentional

fraud is subsequently discovered in the application. The examination must be taken within three years following the completion of the educational program unless a reason which is acceptable to the Committee on Eligibility is established.

3. The decision of the Committee on Eligibility is mailed to the applicant at least 30 days in advance of the examination.

4. Upon notification of eligibility for the examination the candidate must submit a fee of \$225.00, which shall be forfeited if the candidate fails to appear for the examination or if he cancels after being scheduled.

V. SCOPE OF THE EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery.

VI. RESULTS OF THE EXAMINATION

A. *Successful Candidates*

A candidate who has successfully passed the examination receives a Certificate indicating that he is certified to practice the specialty of Orthopaedic Surgery as of the date of issuance of the Certificate. The Certificates will be mailed to successful candidates as soon as feasible.

B. *Unsuccessful Candidates*

1. A candidate who fails will be required by the Board to repeat any part or all of the examination.

2. A candidate who is required to repeat a part of the examination must do so within two years. A fee of \$50.00 will be charged. If the partial examination is not completed successfully within the ensuing two years, the entire examination must be repeated.

3. A candidate who is required to repeat the entire examination will be given the opportunity to take the examination on two additional occasions. The Committee on Eligibility will consider candidates for re-examination upon receipt of a \$25.00 fee for reactivation of the application. This fee must be received in the Board office before July 1 of the year preceding the examination. Upon receipt of notification of acceptance by the Committee on Eligibility for a repeat examination the candidate will submit to the Board a fee of \$225.00.

4. A candidate who fails to pass the examination on three occasions, or to repeat the examination within two years, will be required to obtain the equivalent of six months additional education, subject to the decision of the Committee on Eligibility.

5. After obtaining the equivalent of six months of additional education the candidate must repeat the examination within a three-year period or he will be required to take an additional year of education on a full-time basis in an approved residency program. A new application with fee of \$25.00 must be submitted for each additional examination, followed by payment of the \$225.00 examination fee upon notification of acceptance.

VII. FOREIGN GRADUATES

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. Physicians who do not practice in the United States or Canada may be considered individually for examination, and if successful, will be issued a Certificate.

2. Such a candidate must meet all of the requirements for the examination with the exception of those pertaining to practice.

3. The Committee on Eligibility may require the presentation of documents, either in original form or sworn and

notarized translation, which substantiate a candidate's claims and allegations.

4. A candidate who is returning immediately to the country where he intends to practice upon completing the required residency education may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled examination.

5. Each candidate must make a sworn statement that his application for a Certificate is based upon his intention, without mental reservation, to return to practice in a specified foreign country. He will also pledge that should he return to practice in the United States or Canada under visa, exchange, immigration quota, or by any other means, he will surrender his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirements of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

6. Application and examination fees are the same as those required from candidates from the United States and Canada and are payable in the currency of the United States of America.

7. Examinations are the same as those given to candidates from the United States and Canada.

VIII. CERTIFICATION BY THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a Certificate to a candidate who successfully passes the certifying examination, confines his practice to orthopaedic surgery and is acceptable on the basis of his moral and ethical standing. This portion of the Board's responsibility is discharged by issuing a Certificate to an individual found qualified as of the date of certification. A Certificate may be revoked because of intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility.

2. In signing his application the candidate agrees to the revocation of his Certificate upon request by the Board on grounds of his violation of standards of ethical practice and/or any cause resulting in forfeiture of his license to practice.

3. Before the revocation of a Certificate is carried out the Diplomate will be informed of the basis of such action and will be afforded a hearing following procedures as formulated by the American Board of Orthopaedic Surgery.

4. Should the circumstances which were considered in justification for revocation or surrender of the Diplomate's Certificate be corrected, the Board may subsequently reinstate the Certificate after appropriate review of the individual's qualifications and performance, using the same standards as for other candidates for certification.

IX. MILITARY SERVICE

Medical officers who have elected service in the military forces as their life career apply for certification on the same basis as physicians in civilian practice. The practice requirement may be met by hospital assignments in which their duties are limited to the practice of orthopaedic surgery.

X. APPROVED ORTHOPAEDIC SURGERY RESIDENCIES

1. Education in orthopaedic surgery in the United States must be obtained in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. A list of approved institutions is published annually in the Directory of Approved Internships and Residencies, and is obtainable from the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. Credit for time spent in institutional residency education will be granted only for the period the institutions are on the approved list. (Credit may be given from the start of the resident education period if the institution becomes approved during the time the candidate is in training.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will receive education credit for the entire period during which his contract is in force.

4. The term "fellow" is considered synonymous with "resident" and is recognized by the Board only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows engaged in resident education for credit must not exceed the number approved by the Residency Review Committee for a given program.

5. Institutions approved for residency education in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of institutions not individually approved for residency education, provided the resident spends at least half of the minimum time required in each category of education in institutions approved by the Committee for that type of training.

Note: The Residency Review Committee will periodically inspect and approve every hospital used for education by a given program regardless of the length of time of such services. Hospitals giving six months or more of education may be listed in the Directory of Approved Internships and Residencies.

XI. REQUIREMENTS OF INSTITUTIONS OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full programs and including all parts of the education requirements may integrate all parts so that they may be given concurrently. The Chief of the program or the supervising committee is entirely responsible for comprehensive education in all aspects of the specialty for each resident.

2. Individual hospitals approved for portions of a total program are expected to confine their education primarily to the categories approved by the Residency Review Committee.

3. The institutions which offer orthopaedic surgery education are responsible for providing educational setting and physical facilities which are in keeping with the objectives of the minimal requirements as outlined in Section II.

4. The Board considers that active participation in patient care is an essential feature in teaching the objectives outlined in the minimal educational requirements by the Board.

5. The educational program shall provide adequate staff and facilities to carry out basic science education as outlined in Section II.

6. Candidates in residency education may not engage in private practice.

Note: The Board looks with disfavor upon candidates who have completed their residency requirements by education for short periods of time in several approved institutions, even though all of the requirements are satisfied.

XII. PROCEDURE FOR OBTAINING APPROVAL OF INSTITUTIONS FOR RESIDENCY EDUCATION IN ORTHOPAEDIC SURGERY

The Residency Review Committee for Orthopaedic Surgery is composed of four representatives from each of the two sponsoring organizations, namely, The American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. The Committee is assigned the responsibility for evaluating and approving

residency education programs in relation to their education value and technical content. Programs which are approved by this Committee are listed in the Directory of Approved Internships and Residencies published by the American Medical Association.

1. Necessary application forms are obtainable from the Secretary of the Residency Review Committee for Orthopaedic Surgery at the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. The completed forms are returned to the Secretary of the Residency Review Committee for Orthopaedic Surgery at the above address. An inspection of the proposed program will be carried out by a representative of the Council. The report and related data will be directed to the Residency Review Committee for action. The Secretary of the Committee will then convey the decision of the Residency Review Committee to the petitioning hospital. The Residency Review Committee meets twice yearly, usually in April and October.

3. Programs tentatively approved are also inspected as soon as feasible by a Diplomate of the American Board of Orthopaedic Surgery. His report is submitted to the Residency Review Committee for further evaluation of education program.

4. Hospitals seeking extension of approved education services or the reinstatement of approval of services following withdrawal of same will follow the same procedures outlined above.

5. The number of residents assigned to any education program must be approved by the Residency Review Committee.

AMERICAN BOARD OF OTOLARYNGOLOGY

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HAROLD G. TABB, New Orleans
DEAN M. LIERLE, Executive Secretary-Treasurer, University Hospital, Iowa City, Iowa 52241

GENERAL REQUIREMENTS

The following general qualifications are required of applicants for examination by the American Board of Otolaryngology.

1. An applicant shall possess moral, ethical and professional qualifications acceptable to the members of the Board.

2. An applicant shall be a graduate of a medical school approved by the Council on Medical Education of the

American Medical Association or by the Canadian Medical Association.

3. An applicant shall have completed an internship of at least one year's duration which has been approved by the Council on Medical Education of the American Medical Association or the Canadian Medical Association.

4. An applicant who has received some or all premedical and/or medical instruction outside of the United States or Canada, shall present documented evidence of the satisfactory completion of such study.

5. An applicant from a country other than the United States or Canada, who has received acceptable foreign premedical and medical training and who has served an approved residency in Otolaryngology in the United States or Canada, is eligible for examination provided he meets all other requirements of the Board.

6. An applicant who has received premedical, medical and residency training, other than in the United States or Canada, will be considered on an individual basis by the members of the Board

SPECIAL REQUIREMENTS

1. An applicant must have completed four years of graduate training in addition to the internship. This training must include a minimum of one year in general surgery and three years in otolaryngology, both in approved programs.

The year of general surgical residency should be taken before the residency in otolaryngology. However, it may be taken between the first and second years or second and third years, but not following completion of the residency in otolaryngology.

2. The course of study must include anatomy, biochemistry, embryology, microbiology, pathology, physiology, pharmacology, and the communication sciences, including audiology and speech.

3. In exceptional circumstances certain candidates who do not meet the prescribed requirements may be accepted for examination by special action of the Board.

LIMITED CERTIFICATION

At the discretion of members of the Board, a limited certificate may be issued to a physician who possesses all the prerequisites for certification by the Board, but practices solely, one branch of the specialty. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

APPLICATION FOR EXAMINATION

1. An applicant for examination shall complete and submit the application forms supplied by the Executive Secretary of the Board. They shall contain records of the following: personal and medical education, internships, residencies, and other postgraduate studies, hospital and outpatient department appointments, teaching positions, memberships in medical societies, personal publications, and any additional information that the candidate feels might be of value.

The application shall be signed by two diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two recent (made within six months of the date of the application) photographs of the applicant, 4"x3½", unmounted, dated for time when taken, and autographed on the front; (b) three letters of endorsement from responsible citizens of the United States or Canada, two of which must come from diplomates of the American Board of Otolaryngology; (c) a list of operations and assists performed by the applicant during his residency training, attested to by the Chief of Service or the Head of the Department; (d) proper certification of training; (e) the application fee.

The application, complete with the exception of the list of operations and assists, shall be mailed to the Executive Secretary not less than nine months prior to the probable

date of examination. The list of operations and assists must be submitted not earlier than one month prior to completion of the residency. The date for the applicant's examination will not be assigned until after this list has been received by the Executive Secretary.

2. An accepted application remains active for three years from the date of the mailing of the notification of acceptance by the Secretary of the Board. If at the termination of this period of time, a candidate has failed to appear for examination, the application fee is forfeited and the application is canceled.

3. No final statement of eligibility for examination can be given until after the formal application has been completed and reviewed by the Credentials Committee of the Board.

4. The proper authorities of the Board reserve the right to reject any application.

FEES FOR EXAMINATION

The fee for the examination is \$255.00. Of this sum, \$125.00 must accompany the application. No part of this \$125.00 is refundable and no application will be processed until this amount is received by the Secretary-Treasurer of the Board. The remaining \$130.00 of the fee must be remitted to the Secretary-Treasurer immediately upon notification of acceptance for examination. No part of this \$130.00 is refundable once the applicant has been notified of his/her acceptance for examination, and the fee has been paid.

Applicants who meet the requirements to take the Board examinations will be notified as early as possible as to probable date of examinations. Inasmuch as the number of candidates who can be admitted to a course of examinations at any one time is limited, appointments are made in the order in which the applications are received and processed.

EXAMINATION PROCEDURE

The time and place of the examinations are determined by members of the Board. Advance notices of examinations are published in the Journal of the American Medical Association and certain journals devoted to the specialty of otolaryngology. Insofar as is possible, examinations are held at a time near that of the annual meetings of the American Academy of Ophthalmology and Otolaryngology, or other national ear, nose and throat societies. The time allotted for these examinations is from three to five days. They are usually conducted orally, and are divided into three parts: oral, clinical, and pathological.

Oral examinations and observations of the candidate's clinical evaluation techniques are utilized to personal knowledge, understanding skill, habits and attitudes in the following general categories:

1. Morphology, physiology, pathology, microbiology, biochemistry and pharmacology, relevant to the head and neck, air and upper food passages, and the sensory, motor and autonomic nervous systems as related to these areas.

2. Abnormal function and disease of the regions and systems enumerated in paragraph 1.

3. Medical management of such abnormality and disease.

4. Surgical management of such abnormality and disease, including pre- and post-operative care. The technique of surgery in congenital, inflammatory, neoplastic and traumatic states.

5. Diagnoses and diagnostic methods, including related laboratory procedures.

6. Diagnostic and therapeutic radiology, including the interpretation of radiographs (with or without contrast media) of the nose, accessory sinuses, neck, larynx, lungs and esophagus, and skull with particular reference to the temporal bone.

7. Knowledge of the current literature especially pertaining to the areas mentioned in paragraph 1 above.

RE-EXAMINATION APPLICATION

A candidate who fails one course of examinations may be permitted to take a subsequent course of examinations after a period of eleven months, but before the expiration of forty-eight months, from the date of notification of his/her first failure, provided that such a request for re-examination is approved by the members of the Board, and an additional fee of \$255.00 is paid when the candidate is notified of his/her acceptance. An application to appear for re-examination must be mailed to the Secretary-Treasurer at least nine months prior to the time for the examination.

A candidate who failed a second examination, may apply for a third. A new application must be filed. Acceptance depends upon recommendation of the Credentials Committee of the Board and the Board as a whole. The applicant is advised to submit evidence of further study and professional progress with this application. The fee for the third examination is \$255.00, \$125.00 of which must accompany the application. The balance of the fee, \$130.00, will be due upon notification of acceptance for the examinations.

A candidate who is being re-examined is required to take the complete course of examinations.

CERTIFICATION BY THE BOARD

A certificate is granted by the American Board of Otolaryngology to a candidate who has met all the requirements and has satisfactorily passed its examinations.

A candidate who is being re-examined must take the complete examination.

AMERICAN BOARD OF PATHOLOGY

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EDWARD B. SMITH, Ann Arbor, Mich.

A. JAMES FRENCH, Secretary-Treasurer, Department of Pathology, University of Michigan, 1335 E. Catherine Street, Ann Arbor, Michigan 48104

GENERAL REQUIREMENTS

1. The candidate must possess moral and ethical standing in the medical profession.

2. The candidate must hold a permanent, unlimited license to practice medicine.

3. The candidate must devote time principally and primarily to the practice of pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education of the American Medical Association, or graduation from medical schools acceptable to the Board in other countries.

2. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools in accordance with the policy followed by the American Medical Association.

SPECIAL TRAINING AND EXPERIENCE

1. The Board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience:

(a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board.

(b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) *Anatomic and Clinical Pathology:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic and clinical pathology by the Council on Medical Education of the American Medical Association, or by the Board. It is immaterial whether the trainee holds the title of intern, resident, fellow, trainee, or assistant, etc.

The four years of training are divided equally as follows: two years of anatomic pathology and two years of clinical pathology.

The American Board of Pathology sometimes grants credit for time spent in pathology other than in a residency training program as follows:

A. Training in a department of pathology of an approved school of medicine or in a hospital officially affiliated with an approved medical school. Such training must be after the second year of undergraduate study. The maximum credit which may be granted is 12 months.

B. A fellowship or instructorship in a preclinical department of a medical school if, in the opinion of the Board, the experience was applicable to the practice of pathology. The maximum credit which may be granted is 12 months.

C. Candidates holding a master's degree or a doctor's degree in a special discipline of pathology may obtain credit for not more than 12 months toward this work, regardless of whether it was received before or after the medical degree. The evaluation of time credits will depend on how much of pathology was covered in the graduate work.

Such credits are evaluated on an individual basis. To avoid misunderstanding, trainees desiring credit for undergraduate study or graduate degrees should communicate with the Office of the Secretary of The American Board of Pathology early in the training period.

Research with a direct application to the practice of anatomic and clinical pathology may be accepted for credit not to exceed one-third of the time requirement. The Board encourages research and believes that all candidates should carry on investigation, teaching and the publication of scientific papers during their training.

(2) One additional year, which may be a rotating or straight clinical internship, or further training in pathology, or the independent practice of anatomic and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(b) *Anatomic pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. In addition, training in a pathology department of an approved medical school after the second year of undergraduate study may be credited as outlined under 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of anatomic pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(c) *Clinical pathology only:*

(1) Four years of supervised study and training in an

institution approved for residency training in clinical pathology. Candidates may substitute not to exceed 12 months of a clinical internship, a fellowship or instructorship in a preclinical department of a medical school for one of the four years. The credit for undergraduate training or a master's or doctor's degree also applies, as outlined in 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of clinical pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(d) *Medical Chemistry, Medical Microbiology, Hematology, Neuropathology, and Forensic Pathology:*

The Board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had one of the following types of training:

(1) For qualification in medical chemistry, medical microbiology, or hematology, applicants already holding a certificate of the Board in anatomic and clinical pathology, or the certificate in clinical pathology only, one additional year of supervised training in the special field of choice in an institution approved by the Council on Medical Education of the American Medical Association, or by the Board, or one additional year of full-time experience or its equivalent, (in the special fields of medical chemistry, medical microbiology, or hematology) under circumstances satisfactory to the Board.

For qualification in neuropathology, applicants already holding the certificate of the Board in anatomic and clinical pathology, or the certificate in anatomic pathology only, two years of supervised training in neuropathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. One of the two years may be substituted for the fifth year toward regular certification. The Board admits to examination in anatomic pathology and neuropathology candidates with approved training consisting of two years in anatomic pathology and two years in neuropathology with adequate experience in diagnostic neuropathology, plus a fifth year (internship, practice, or further training). The Board also admits to examination candidates with one year of approved internship, one year of approved training in anatomic pathology, two years of approved training in neuropathology with adequate experience in diagnostic neuropathology, and a fifth year which may be spent in an approved residency or research related to neurological science, approved training in neuropathology, or practice of neuropathology. The Board will also consider for examination candidates with 11 years of practice of neuropathology under circumstances acceptable to the Board.

For qualification in forensic pathology, applicants already holding a certificate in anatomic and clinical pathology or in anatomic pathology only, or, in special instances, in clinical pathology only—one year of supervised training in forensic pathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. The Board will accept the combination of approved training in anatomic, clinical and forensic pathology after five years on the basis of two years in anatomic pathology, two years in clinical pathology, and one year in forensic pathology. For details, write the Secretary of the Board.

(2) Applicants not holding a certificate in pathology from the Board—five years of training in the special field of their choice, provided four of the five years have been in institutions approved for training in special fields of pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a

medical school, for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the specialty in a hospital approved by the American Medical Association, or in other institutions acceptable to the Board.

3. The requirements for those acceptable under the so-called "11 year rule" of the Board are: The practice of pathology under circumstances acceptable to the Board for a period of not less than 11 years. At the election of the candidate, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For the candidate in this category who has had some special study and training in anatomic or clinical pathology acceptable under paragraphs 2-(a), (b), (c) or (d), double time credit will be allowed. Thus, if a candidate had two years of acceptable supervised study and training, only seven years of practice would be required.

If a candidate has become certified in anatomic pathology, the rule for eligibility by experience is as follows: Six years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board after the date of certification in anatomic pathology. The same requirements would apply for eligibility in anatomic pathology after certification in clinical pathology.

4. Certification without examination.

(a) As of January 1, 1966, the Board no longer certifies without examination.

CREDIT FOR MILITARY SERVICES

Training or experience, or both, of reserve officers in the military services is evaluated on an individual basis. Credit depends upon the assignment the applicant has had, e.g., in a military institution approved for training in pathology by the Council on Medical Education of the American Medical Association as compared with an assignment to an unapproved location. For evaluation of credit for military service, write to the Secretary of the Board.

BOARD ELIGIBLE

For the purposes of the American Board of Pathology "Board Eligible" for examination is to be defined as applicable to a pathologist, a) who has sent in a formal application, including fee, to the American Board of Pathology, b) whose application has been evaluated by the Board and found to meet the requirements for examination by the American Board of Pathology, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board Eligible" for examination is valid for three years only, after which a new application, with additional fee, re-evaluation and new statement for examination are required.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be obtained from the Secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the Board unless it is accompanied by the application fee.

The application or examination fee for candidates is one hundred fifty dollars (\$150). If the candidate fails in the examination, admission to a second examination is permitted after one year. The applicant must pay an additional fee of one hundred dollars (\$100) before a second examination will be given.

The application fee of one hundred fifty dollars (\$150) has been determined after careful consideration and is based on actual estimates of the expense of examination and administration. None of the Board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the Board, his fee will be returned; how-

ever the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

Candidates who fail to appear for examination and have not notified the Office of the Secretary of the American Board of Pathology at least one month prior to the date of the examination will be subject to forfeiture of the examination fee.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technique. The applicant may apply for certification in anatomic and clinical pathology, in anatomic pathology only, in clinical pathology only, or in a special field.

After February 1, 1967, a candidate who is eligible for examination in anatomic and clinical pathology, having fulfilled the minimum requirements of 24 months of approved training in anatomic pathology and 24 months of approved training in clinical pathology, will receive certificates only after both parts (anatomic pathology and clinical pathology) of the examination have been passed. The two parts may be taken at one session or at separate sessions of the American Board of Pathology within a three-year time limit of "Board Eligibility."

A candidate who has fulfilled the requirements for anatomic pathology only, or clinical pathology only (i.e., internship, plus three years approved training and an additional year of further training, practice or research in pathology) will receive the certificate immediately after passing the total examination in anatomic pathology or clinical pathology.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the *Directory of Approved Internships and Residencies of the American Medical Association each year*.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and to the associates and assistants, the supervision of work of the trainee, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the Board.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except

in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In most hospitals, it is expected that the medical staff of the Department of Pathology will include clinical pathologists to implement the subspecialties represented in clinical pathology.

2. Medical Technologists:

There are no absolute criteria, but it is expected that the number of medical technologists will be proportional to the volume of laboratory work and that, insofar as possible, the medical technologists will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of Laboratory:

The Board recognizes the complexity and diversity of tests performed in a modern pathology laboratory. To insure optimal working conditions, adequate space should be provided for personnel and equipment. The Board does not specify the exact amount of space in a given laboratory. However, programs in general hospitals with a ratio of less than 20 sq. ft., per hospital bed will be scrutinized closely.

4. Equipment for the Laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of necropsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Percentage of necropsies:

No institution with a necropsy rate of less than 25 per cent will be approved, and those institutions with a rate between 25 and 40 per cent will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so, e.g., teeth, metallic or other foreign bodies, etc.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and necropsy material. Indices of selected diagnoses of tests in clinical pathology are equally valuable for teaching and research,

8. Museum:

There should be available gross pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Educational program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of mate-

rial and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

In the field of anatomic pathology there should be sufficient volume and variety of necropsy, surgical and cytological material (except in special programs) to insure adequate education, training and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of pathologic material do not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversity and variety of clinicopathologic specimens.

Approval is granted for residency training in pathology in the following categories:

CATEGORY APCP-4. In both anatomic and clinical pathology, for a total of four years.

CATEGORY APCP-2. In both anatomic and clinical pathology, one year in each, for a total of two years.

CATEGORY AP-3. In anatomic pathology only, for three or more years.

CATEGORY AP-1. In anatomic pathology only, for one year.

CATEGORY CP-3. In clinical pathology only, for three or more years.

CATEGORY CP-1. In clinical pathology only, for one year.

CATEGORY SP. Special pathology only, usually for one year. This designation includes forensic pathology, neuropathology, research only, and such other special programs as may be approved.

AMERICAN BOARD OF PEDIATRICS

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REQUIREMENTS FOR ADMISSION TO EXAMINATION
GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All candidates for examination for certification must meet the following requirements:*

1. Graduation from an approved medical school.
2. Licensure to practice in the United States prior to issuance of a certificate except in those situations in which a license to practice is not required.
3. One year of rotating, pediatric, or other internship in an approved hospital.
4. Two years of specialized residency-type training in an approved pediatric center. However, the Board strongly recommends that if the internship is other than a straight pediatric internship, a full three years of hospital training in pediatrics be secured.
5. In addition to the three years of internship and residency, two years are required in the practice of pediatrics or its equivalent.
6. Thus, the examination may be taken five years after graduation from medical school.

7. **RESIDENCY TRAINING:** The straight pediatric intern can complete both his required and his recommended hospital experience by serving two years in pediatric residency after his internship. At the end of this period he will be well informed about pediatrics, although his general medical competence may be narrow. The rotating intern will, after two years of pediatric residency, have had a broader exposure but his pediatric experience may be somewhat limited. For such a physician we recommend, but do not require, an additional year of pediatric training.

The core of pediatric training is a period of two years spent in intensive, closely supervised work with both sick and well children in a hospital setting. For the candidate who had a straight pediatric internship, at least twelve months of the two years of required residency training must be a full-time pediatric inpatient *residency* in an approved institution. For the candidate who had a rotating internship, both years must be so constituted. Thereafter the Board feels that pediatric training may properly take different paths.

7-a. For the man who intends a career in the *practice of pediatrics*, many skills are needed beyond those which are gained in the two core years of hospital care of the sick. We recommend for him an additional year spent in the problems of behavior, of school and family life, of chronic and handicapping illness, and in contact with other community health resources. This type of program should be emphasized for the final year of the trainee who starts with a straight pediatric internship. The man who starts with a rotating internship is advised to seek an additional year of this type to supplement his two years of pediatric residency.

7-b. *Subspecialization* is another important career avenue, whether the candidate intends to become a practitioner, teacher, investigator, psychiatrist, neurologist, allergist, cardiologist, or to enter the special fields of pediatric public health, mental retardation or rehabilitation. Training for approved subspecialty areas such as cardiology, allergy, etc., usually requires at least two years. The Board permits subspecialty training (usually in the form of a fellowship) to begin after the two core years of pediatric internship and/or residency. In the case of the straight pediatric intern, the first year of the fellowship may be concurrent with the required third year of hospital training, provided that the subspecialty continues for two or more years and that at least one-half of the work is clinical work with children.

The rotating intern can begin his subspecialty training after his two core years of pediatric training, i.e., after the completion of Board requirements for hospital training. Three months credit may be allowed for full-time residency-type training in each of the following pediatric subspecialties: allergy, cardiology, endocrinology, hematology, neurology, pathology, psychiatry, radiology, and on contagious disease and newborn and premature infant services. Program directors are encouraged to submit their plans for incorporating the equivalent of the third year of hospital training in pediatrics into the two or more years of the subspecialty program, to the American Board of Pediatrics for review and advice.

7-c. Trainees who are expecting to subspecialize may interrupt their required pediatric residency for the purpose of *research* provided the requirements are eventually met, and provided the program proposed is approved by the training director.

*To avoid misunderstanding, the Board urges any candidate whose training is not clearly covered in these regulations to communicate with the office of the Executive Secretary. Whenever possible, this should be done before entering upon the appointment in question.

The individual who chooses to specialize in a laboratory research field, and whose fellowship program does not include an assignment of at least fifty per cent of the trainee's time in work with patients, must complete the required clinical training before taking the examination.

8. **GRADUATE SCHOOL COURSES:** It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of sick children. The Board believes further that this purpose can best be accomplished through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or postgraduate school which does not carry the essential ingredient of responsibility for patient care is, in the opinion of the Board, inconsistent with this principle. Accordingly, the Board will accept such courses as part of an approved residency program in pediatrics only in exceptional cases authorized by the Board.

9. **PRACTICE REQUIREMENTS:** Graduate school courses, research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of practice or further study requirements. Portions of such residencies not applicable for residency training credit may thus be carried over for practice credit.

Preceptorships may not be accepted for credit toward the residency requirement, but are accepted toward practice requirements.

10. **CREDIT FOR MILITARY SERVICE:** Credit for one year of the practice requirement is allowed for medical military service regardless of assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics provided he has completed his residency training. It must be noted further, that the maximum credit that any candidate may receive toward the practice requirement for work done prior to completion of residency training is 18 months.

Military hospital assignment will not be accepted in lieu of approved residency training unless the candidate is definitely assigned as a resident to a military hospital approved for residency training in pediatrics.

11. **CANDIDATES NOT MEETING REQUIREMENTS:** Exceptionally, a physician may have worked in a pediatric field for many years, yet be deficient in the formal prerequisites for examination. If such a man presents evidence of outstanding competence and wishes to take the examination, he may apply for permission to do so. The Credentials Committee will review his record and decide whether or not he should be given permission to take the examination.

12. **SPECIAL SITUATIONS:** The Board recognizes that situations may arise which are not clearly covered in the foregoing statement. In such cases, the program director should present his question to the Executive Secretary who will submit any problems to the Credentials Committee of the Board for its consideration.

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States: Candidates who are graduates of medical schools other than those in the United

States and Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They hold the standard certificate of the Educational Council for Foreign Medical Graduates.

2. They hold a license to practice in the United States.

3. They meet the internship, residency training, and practice or further study requirements of the Board as detailed above.

Citizens of Other Countries: Properly qualified candidates who are permanent residents in and citizens of other countries, are licensed to practice there, and have fulfilled the internship and residency training requirements listed above in the United States or Canada, may apply for examination for certification by the American Board of Pediatrics.

All such candidates must hold the standard certificate of the Educational Council for Foreign Medical Graduates before being admitted to the Board examinations.

Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of two full years in the practice of pediatrics.

The certificate of this Board will be issued to candidates who have passed successfully the examinations of this Board after they have completed a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

PART I-WRITTEN

Written examinations are objective in type and are given once each year, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Candidates may apply for admission to written examination when approaching the conclusion of two years of pediatric house officership. They must do so before October 15, 1967 if they wish to take their written examination in January 1968. After 1968 they must apply prior to March 15th of the year in which they wish to take the written examination which will be given in June of each year. Results in each of five areas of examination will be reported to them as soon as possible after grading has been completed. It is hoped that by taking the examination earlier in this program of training, the individual candidate will be able to discover his areas of weakness and take appropriate measures to correct any such deficiencies before appearing for the final oral examination. The written examination may be retaken without an additional fee for the purpose of improving the grade at any time up to five years after the original trial.

In order to provide candidates with a knowledge of specific areas of strength or weakness in their training, the American Board of Pediatrics will make the following changes in the written examination to be offered in January 1968, and subsequent years in June.

1. The length of the examination will be increased from three hours to six hours, i.e., two three hour sessions with a luncheon break between. Questions of the morning session must be completed and turned in before the luncheon break; a second set of questions will be issued for the afternoon portion of the examinations.

2. Candidates' examinations will be graded on the full performance, but will also be scored in the following subdivisions of pediatric knowledge, including diagnosis and treatment:

I. The Newborn

To include prenatal care and obstetric practices as they relate to the offspring; embryology, physiology and pathology of the fetus and newborn; infant feeding; vitamin requirements and deficiencies, infections and metabolic disorders peculiar to the new born; anomalies and other disorders which require attention in early life.

II. Metabolic Disorders

Principles of fluid and electrolyte balance and management; inborn and acquired errors of metabolism; molecular and chemical disorders; endocrinology; renal and genitourinary disease; malabsorption syndromes.

III. Growth and Development

General genetic theory; physical, mental and behavioral development; neurology, psychology and psychiatry; school problems; adolescence; family medicine, mental retardation; perceptual handicaps.

IV. Infectious Disease

Bacterial, viral, fungal and protozoal disease; infectious and inflammatory disease of uncertain origin; "auto-immune" diseases; principles of immunity; immunization; public health measures; allergy; mechanical respiratory problems; dermatology.

V. Other Pediatric Areas

Cardiology; hematology; pathology; coagulation defects; surgery and orthopedics; anaesthesia; emergencies; burns; poisonings and drugs; nutrition of the older child; obesity.

Foreign graduates who will complete two core years of residency training by June 1968 may be admitted to the written examination in January 1968. However, in subsequent years, they will not be eligible for admission to written examination until after full completion of two core years of pediatrics.

In cases where this would impose a hardship on foreign candidates, the Board will accept appeals for special consideration.

CLOSING DATE FOR RECEIPT OF APPLICATIONS FOR THE 1968 WRITTEN EXAMINATION IN JANUARY IS THE PRECEDING OCTOBER 15, 1967.

PART II—ORAL

Oral examinations are held five or six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. As far as possible, candidates are given a choice of locations, taking into account date application is filed, date of eligibility, and proximity to the examination site.

There will be no change in the requirements for admission to the oral examination. American candidates must wait until the conclusion of their full five years of training and/or practice. Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of the final two years of practice or further study in pediatrics, but the certificate of the Board will not be issued to them until they (1) pass the oral examination and (2) complete the same 5-year period of training as required of American candidates.

APPLICATION

Applications must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of anticipated eligibility date; they will not be accepted earlier.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the applica-

tion but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

FEEES

The application fee is \$125.00. The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is \$75.00.

Fees are subject to change at any time and are non-refundable.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure, examination will again be permitted after one year. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Board.

Candidates will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

POSTPONEMENT OF EXAMINATIONS

After acceptance of his application a candidate is expected to take the next written examination offered. Such examinations are given annually at a time and place to be announced by notice mailed to eligible candidates. If desired, the candidate may postpone this written examination for one additional year upon written notice to the Executive Secretary of the Board.

After having passed the written examination, a candidate must then appear for oral examination within three years. This three-year period may be extended upon written request by the candidate for such period of time as the Board, in its sole discretion, deems advisable.

After failure in either Part I (written) or Part II (oral) of the examinations, a candidate must appear for reexamination within three years, unless such time is extended upon written request of the candidate for such period as the Board, in its sole discretion, deems advisable.

In case of failure to appear for examination within the periods specified above, a candidate will be placed on an "Inactive Status" for a period of five years, during which time he will no longer be notified of examination places and dates. At any time during this five-year period he may, however, upon written request to the Board, be reinstated as an active candidate. If he fails to take advantage of this opportunity he will be dropped from the rolls and if he wishes reinstatement, must file a new application and pay a fee of \$50.00.

All reinstated candidates must present themselves for examination within a period determined by the Board. Failure to appear for examination within such period, unless excused by the Board, will result in loss of eligibility. In order to again be reinstated, a candidate must submit a new application and a new fee.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high qual-

ity. Emphasis is therefore placed on practical aspects but since good practice is founded on sound scientific knowledge, the candidate must be prepared to demonstrate that he can utilize basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "clinical cases."

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination.

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC ALLERGY

HARRY LOUIS MUELLER, Chairman, Boston
 SUSAN C. DEES, Durham, N.C.
 WILLIAM A. HOWARD, Washington, D.C.
 WALTER R. KESSLER, New York City
 ABE MATHESON, Chicago
 SHELDON C. SIEGEL, Los Angeles

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before being admitted to examination in allergy. The candidate may embark on his training in pediatric allergy after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of pediatric allergy training may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty training continues for two or more years, and that at least half the time spent is in clinical allergy experience with children.

Each application is individually considered and must be accepted by the Sub-Board of Pediatric Allergy.

INFORMATION CONCERNING EXAMINATIONS

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the Sub-Board. Ample notice will be sent to candidates.

FEES

The application fee for certification in allergy is one hundred twenty-five dollars (\$125.00).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75.00) each.

Fees are subject to change at any time.

LETTERS OF RECOMMENDATION

Letters from two competent pediatric allergists recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

REQUIREMENTS

1) Certification by the American Board of Pediatrics. Training in Allergy may be carried out prior to such certification.

2) Two years of full-time training in an approved allergy training program and its associated hospital. At least half of such training must be in pediatric allergy. Three types of

training programs have been approved:

- (a) Pediatric
- (b) Adult
- (c) Mixed

Two years in training programs of type (a) or (c), or one year in each, or one year in (a) and one year in (b) is acceptable. One year in (b) and the other in (c) is not acceptable.

In place of (2) the candidate may take:

3) One year full-time training in an approved allergy training program plus two years part-time training at least once a week for not less than 200 hours each year in an approved part-time allergy training program and hospital. At least half of the total experience must be in pediatric allergy. Thus, training which consists only in a combination of (b) and (c) as defined above does not qualify. THIS PROVISION IS BEING WITHDRAWN. CANDIDATES MUST HAVE STARTED THIS PROGRAM PRIOR TO JULY 1, 1971.

OR

4) Five years, part-time at least once a week for not less than 200 hours each year, in an approved pediatric or mixed allergy training program. THIS PROVISION IS BEING WITHDRAWN. CANDIDATES MUST HAVE STARTED THIS PROGRAM PRIOR TO JANUARY 1963 AND HAVE COMPLETED IT BY JANUARY 1973.

RESEARCH: If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy in an approved training program or in a combination of the two.

PRECEPTORSHIP: Preceptorship alone is not acceptable, but part of a full-time training program (50 per cent or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of an approved training program and the preceptorship and clinic training run concomitantly.

CREDIT FOR COURSES: Established courses or seminars in allergy and immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy, are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over 20 per cent of required part-time training hours may be so credited each year.

Candidates should be prepared for written and oral examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infection, experimental hypersensitivity, the clinical manifestations of allergic disease, especially as they appear in infants and children, and also allergic factors that may be present in other diseases. They must be prepared to discuss diagnostic procedures and methods of treatment, and the pharmacology of drugs and physiology of respiration as they relate to allergic diseases. In controversial matters, they should be familiar with arguments on both sides of such questions.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the Sub-Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure, examination will again be permitted after one year. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Sub-Board.

Candidates will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

TRAINING PROGRAMS

The candidates should consult the Directory of Approved Internships and Residencies, published by the American Medical Association each Fall, for listing of hospitals approved for residency training in allergy.

PART-TIME TRAINING

All hospitals approved for full-time training in pediatric allergy are also approved for part-time training. In addition, clinics of the following hospitals have been approved for part-time training: D. C. General Hospital, Washington, D. C., R. B. Scott; Jackson Memorial Hospital, Miami, Fla., M. Marks; Children's Memorial Hospital, Chicago, G. Lanoff; Charity Hospital, New Orleans, V. J. Derbes; Bronx Municipal Hospital, New York City, H. Rapaport; Long Island Jewish Hospital, New Hyde Park, N. Y., E. Pearlman; Metropolitan Hospital, New York Medical College, New York City, S. Untracht; New York Hospital, New York City, P. DeGara; Children's Memorial Hospital, University of Oklahoma, Oklahoma City, L. Burroughs; University of Oregon Medical School Hospital, Portland, A. Wert; Jefferson Medical College Hospital, Philadelphia, H. Leopold; Vanderbilt University Hospital, Nashville, J. Overall.

APPLICATIONS

Application forms will be forwarded in duplicate on request to the Executive Secretary of the American Board of Pediatrics, Six Bryn Mawr Avenue, Bryn Mawr, Pennsylvania, 19010.

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

FORREST H. ADAMS, Chairman, Los Angeles
 SIDNEY BLUMENTHAL, New York City
 JAMES W. DUSHANE, Rochester, Minn.
 PAUL R. LURIE, Los Angeles
 DAN G. MCNAMARA, Houston, Texas
 ABRAHAM M. RUDOLPH, San Francisco

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before submitting an application for examination in cardiology. The candidate may embark on his training in pediatric cardiology after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of the pediatric cardiology fellowship may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty continues for two or more years and that at least half the work is clinical work with children.

Each cardiology application is individually considered and must be accepted by the Sub-Board.

INFORMATION CONCERNING EXAMINATIONS

Cardiology examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the Sub-Board. Advance notice will be sent to candidates.

FEEES

The application fee for certification in cardiology is one hundred twenty-five dollars (\$125.00).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75.00) each.

Fees are subject to change at any time.

LETTERS OF RECOMMENDATION

Letters from two competent pediatric cardiologists recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

REQUIREMENTS

- 1) Certification by the American Board of Pediatrics.
- 2) Complete two years full-time training in an approved training program in pediatric cardiology.
- 3) Special cases not meeting the above requirements in full may be considered for examination only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the Sub-Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure, examination will again be permitted after one year. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Sub-Board.

Candidates will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

TRAINING PROGRAMS

Approximately 50 approved training programs in pediatric cardiology exist. Candidates should consult the Directory of Approved Internships and Residencies, published by the American Medical Association each Fall, for listing of hospitals approved for residency training in pediatric cardiology.

APPLICATIONS

Application forms will be forwarded in duplicate on request to the Executive Secretary of the American Board of Pediatrics, Six Bryn Mawr Ave., Bryn Mawr, Pennsylvania, 19010.

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

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 200 First St., S.W., Rochester, Minn.

GENERAL QUALIFICATIONS

1. High moral and ethical standings in the medical profession.

2. Graduation from a medical school approved by the Council on Medical Education of the American Medical Association, or graduation from a foreign school which, in the opinion of the Board, offers medical education equivalent to an approved school (a foreign graduate must successfully complete the examination of the Educational Council for Foreign Medical Graduates before he will be considered eligible for either examination unless he holds a license to practice in the United States or Canada.)

3. A legal license to practice medicine in one or more of the states of the United States, its territories or the District of Columbia, or one or more of the provinces of Canada. (The foregoing requirement is waived in the case of a foreign medical graduate who has completed three years of approved residency training in this country and who is returning to his native country to practice.)

4. Completion of an internship in a hospital approved by the Council on Medical Education, or of training which, in the opinion of the Board, is comparable or equivalent to such an approved internship.

5. Three years of training in a residency approved by the Residency Review Committee for Physical Medicine and Rehabilitation, representatives of the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation.

6. Two years of full-time practice in the specialty of physical medicine and rehabilitation after completion of eligibility of the first part of the Board. In selected cases, full-time practice in physical medicine and rehabilitation may be substituted in whole or in part, for "5" above. In those cases, two years of full-time practice in the specialty is considered the equivalent of one year of approved training.

Up to one year of credit may be given for (a) one or more years of approved training in other recognized and approved specialties, or (b) four or more years of general practice, and would count toward "5" above. (Provision (b) applies only to physicians who began approved training in physical medicine and rehabilitation on or after July 1, 1961. The allowing of credit to foreign physicians, under this provision, will be considered on an individual basis by the Board.)

EXAMINATION

The examination for certification by the American Board of Physical Medicine and Rehabilitation is given in two parts. Part I is written; Part II, oral. Part I alone may be taken after the completion of six units of credit (three years of residency training or six years of full-time practice in the specialty, or a combination of both; see paragraph "5"). Part II may be taken after an additional two units of credit are obtained (two years of full-time practice in physical medicine and rehabilitation; see paragraph "6" above). Parts I and II combined may be taken only after a total of eight units of credit have been obtained, by means indicated above.

The written and oral examinations will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation. The basic sciences will include:

1. ANATOMY, including kinesiology and functional anatomy.

2. PHYSICS, including radiation physics related to the field, electronics and instrumentation.

3. PHYSIOLOGY, including physiology of movement and physiologic effect of the various physical agents and pathologic physiology of the various conditions treated by physical medicine and rehabilitation.

4. PATHOLOGY

5. Other fundamental sciences. The applicant will be examined concerning his knowledge of such subjects as biochemistry and bacteriology as related to physical medicine and rehabilitation.

The clinical aspects will include:

1. Those diseases and conditions that come within the field of physical medicine and rehabilitation. These include arthritis and the various rheumatic diseases, neuromuscular diseases such as poliomyelitis, cerebral palsy, paraplegia, musculoskeletal diseases including the large group of traumatic and orthopedic conditions.

2. The clinical usage of such physical agents as heat, water, electricity, ultraviolet radiation, massage and exercise, rehabilitation techniques.

3. A knowledge of the role of associated personnel within the field of physical medicine and rehabilitation, such as the physical therapist, occupational therapist, clinical psychologist, social service worker, vocational guidance counselor, and the ability to coordinate the services of such personnel.

4. An understanding of the basic principles of physical medicine and rehabilitation, and the ability to prescribe specific treatment to be executed by technical and other allied personnel.

The Board shall administer the examination once a year at its discretion, generally the last part of June or the early part of July. Those qualifying for Part I or II of the examination must have finished their years of formal training by August 31 of the year of the examination and such training must be authenticated by appropriate authorities.

APPLICATION

An application form may be obtained by writing to the Secretary of the Board. The completed application shall contain a record of the candidate's premedical and medical training as well as of internship, graduate study, hospital or dispensary staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, medical papers published, names of three well-known physicians to whom the Board may write for professional and character reference.

A fee of \$100 shall accompany the application if the candidate is applying for Part I only, \$175 if applying for Parts I and II. (In case of rejection of application, evaluation fee of \$25 will be retained and examination fee will be refunded. If the candidate is declared eligible for examination, the fees are not refundable. If, for any reason, a candidate does not take the examination after having been declared eligible, fees paid may remain on deposit for a period up to three years. After that period of time, the deposit becomes the property of the Board and the candidate must reapply for re-evaluation and examination.)

The fee for re-examination in Part I alone or Part II alone is \$75; for both parts, \$150.

The Board is a non-profit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. The Board reserves the right to change the fee when necessary.

ELIGIBILITY AND RE-EXAMINATION

Designation of eligibility of all applicants for Board accreditation by the American Board of Physical Medicine and Rehabilitation is a privilege of the Board and is contingent upon the following conditions:

- 1) filing by the applicant of educational credentials and application for examination with the Secretary of the Board,
- 2) payment of a fee for the examination, and
- 3) transmission of a letter of confirmation of eligibility from the Secretary of the Board to the candidate.

Upon establishment of such eligibility, the candidate will then be notified of an examination date and place for Part I or II, or both as may be the case. A candidate for Part I who fails to pass the initial examination may then reapply for re-examination the following year, and thus re-establish eligibility for such examination. If the candidate is unsuccessful in passing Part I on this second effort, he (or she) will be required to enroll in a one-year full-time approved program of additional Physical Medicine and Rehabilitation specialty training before eligibility for a third re-examination the following year may be allowed. Failure to pass a third Part I examination permanently excludes the candidate from any further designation of eligibility by the Board for examination or accreditation.

Eligibility for Part II of the examination must be similarly confirmed by the Board after successful completion of Part I and after

- 1) filing application and educational credentials,
- 2) payment of the examination fee, and
- 3) after receipt of notification of acceptance of eligibility from the Secretary of the Board.

The candidate will then be notified of an appointment time for Part II of the examination. If the result is failure, the candidate must reapply for eligibility for re-examination the following year and again a third year if still unsuccessful. If, after three unsuccessful oral Part II examinations, eligibility for a fourth and final Part II examination may be re-established only after completion of an additional one year of full-time training in Physical Medicine and Rehabilitation. Failure to pass successfully the fourth Part II examination excludes the candidate from any further privilege for examination. In no case shall successful completion of Parts I and II of the examination exceed a period of seven (7) years. Failure to appear for an annual examination once eligibility is established for either Parts I or II shall result in forfeiture of the fee deposited, and shall be considered as a failure to pass the examination for that year. Only under extraordinary circumstances and for reasons justifiable in the judgment of the Board shall the Board vary from this policy in the granting of extensions.

This policy becomes effective June 1, 1967.

CERTIFICATE

A certificate granted by this Board does not of itself confer any degree or legal qualifications, privileges, or license to practice physical medicine and rehabilitation. The Board does not limit or interfere with the professional activity of any duly licensed physician. The chief aim of of Board is to standardize qualification for specialists in physical medicine and rehabilitation and to certify as specialists those who voluntarily appear before the Board for such recognition and certification, according to its regulations and requirements.

A certificate is issued when the candidate has successfully completed the written and oral examination.

LIMITED CERTIFICATE

A foreign medical graduate who has completed three years of approved residency training in this country and who is returning to his native country to practice, may be granted limited certification upon passing Part I of the Board examination. Such a certificate will show that the candidate has completed approved training in physical medicine and rehabilitation and has passed the Board written examination in basic and clinical sciences.

AMERICAN BOARD OF PLASTIC SURGERY

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 MRS. ESTELLE M. VAPPAS, Corresponding Secretary,
 4647 Pershing Avenue, St. Louis, Mo. 63108

GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the Board.

The Board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This Board will accept as candidates for examination for the standard domestic certificate only those who are full citizens of the United States of America or Canada.

PROFESSIONAL REQUIREMENTS

The Board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education of the American Medical Association, or graduation from a foreign school considered acceptable by the Board.

The American Board of Plastic Surgery will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Three years of training in general surgery beyond the intern year, as a resident or an assistant resident, in a hospital approved by the Conference Committee on Graduate Education in General Surgery. Of the required three years of approved training in general surgery, a minimum of 24-months must be in clinical general surgery, which may include the usual rotation of one or more of the following: orthopedic, urological, neurological, thoracic, gynecological, and other divisions of surgery as well as general surgery. The Board may give credit up to one year towards this three-year requirement to those who have had extensive approved qualifying training in disciplines other than general surgery, e.g., orthopedic, urological, otolaryngological, gynecological, etc., each case to be evaluated by the Board on its own merits. The training in general surgery of those candidates who have been certified by the American Board of Surgery fulfills the requirements of this Board for general surgery.

4. Training in general plastic surgery, including maxillo-facial surgery, for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery (composed of 3 representatives from the Council on Medical Education of the American Medical Association, 3 from the American College of Surgeons, and 3 from the American Board of Plastic Surgery), or in a preceptorship approved by the American Board of Plastic Surgery. To be accredited, training in plastic surgery must be obtained in the United States or Canada. In fulfilling this requirement there is a limit of one year's credit given for all work done in governmental plastic surgery residencies (Army, Navy, V.A., etc.) regardless of the time put in by trainees in such residencies. It is required that all such trainees take one additional year of approved training in plastic surgery in civilian residency or preceptorship.

Residencies approved by the Tripartite Residency Review Committee for Plastic Surgery as two-year programs of training in plastic surgery are recognized as the minimum training required in plastic surgery. If a hospital wishes to be approved for a three-year program of training in plastic surgery, then candidates accepting training in such programs must complete the entire three years in order to receive full credit, so as to have at least one year of senior responsibility. One of the three years will be credited as the first of the required two years of practice in plastic surgery.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performances of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit only for training in plastic surgery received in the United States or Canada but may, at its discretion, give credit toward the required private practice period for training in plastic surgery received in countries other than the United States and Canada, each case being determined individually.

The above training in plastic surgery may be taken as a resident in an approved hospital or under an approved preceptorship offering equivalent training (a list of currently approved preceptorships is available from the Board office).

The period of special training should emphasize the relation of the basic sciences—atomy, pathology, physiology, biochemistry, and bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The Board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific

data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the Board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements or by the entire Board where necessary after a review of the candidate's formal application for such rulings to make the rounds of the Committee.

In 1960, the Board began to issue special Foreign Certificates (nonresident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States and who have passed the regular examinations of the Board, and who will return to their homeland to practice. Candidates who finish their training in plastic surgery after Jan. 1, 1961, will be required to have the certificate of the ECFMG. All candidates must possess a valid license to practice medicine in their home country. Requirements for the Foreign Certificate (nonresident certification) may be obtained from the office of the Board.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery does not assume the responsibility for independent inspection and approval of the residency programs in plastic surgery, but recognizes those residencies in plastic surgery approved by the Residency Review Committee for Plastic Surgery. This Committee is a tripartite body composed of representatives from the Council on Medical Education of the American Medical Association, from the American College of Surgeons, and from the American Board of Plastic Surgery, the secretary of the Committee being a member of the Council on Medical Education of the American Medical Association.

Any Diplomate of the Board desiring approval of a residency program of training under his supervision should apply, or have his hospital administrator apply, to the Residency Review Committee for Plastic Surgery c/o Council on Medical Education of the American Medical Association, 535 N. Dearborn Street, Chicago 60610. He will be sent a regular application blank to be filled out and returned to that Committee. The Committee will appoint inspectors to go to the hospital to inspect the program. The question of approval will then be considered at the next semiannual meeting of the Residency Review Committee and the applicant informed of the result. It usually takes a period of six to twelve months to process an application.

A list of approved residencies in plastic surgery is published annually in the Directory of Approved Internships and Residencies and in the *Bulletin of the American College of Surgeons*. The list may also be obtained from the office of the Board, but the Board assumes no responsibility for placing men who wish to enter training. Such men should apply directly to the chiefs of residency programs in which they might be interested, or to the chiefs of preceptorship programs, to ascertain if openings exist and if they will be accepted to fill such openings.

Preceptorships.—In certain instances the Board will accept, in lieu of the required two years' training in an approved residency, training in a preceptorship program approved by the Board. A list of the existing preceptorship programs may be obtained from the office of the Board. The chiefs of these preceptorship programs have been urged to convert the programs into approved residencies when the local situation permits, since the aim of the Board is to approve training in residencies only and not in preceptorship programs.

All trainees, whether residents or preceptees, must submit an annual report to the Board of the training being received.

Report forms for this purpose may be obtained from the office of the Board upon request.

It should be kept in mind by all that the primary interest of the Board is to encourage well-rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the Board, both for preliminary general surgery and for specialized plastic surgery training are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice, and the examinations of the Board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the Board, that is, three years of residency training in general surgery after the internship year.

The training in plastic and maxillo-facial surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic surgery, as to both type and anatomic distribution. It should include experience in the treatment of congenital and acquired defects and deformities of the face, neck, body, and extremities, for both functional and aesthetic reasons. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the Board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, should be given an opportunity to operate independently on suitable cases under more remote supervision.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits, and the amount of credit allowed is determined by the Board when the information is submitted with the application.

The Medical Officer's Professional Training Record (DD Form 408) is a record maintained by individual Medical Corps officers for presentation to the various authorized accrediting boards toward certification. This record is presented by the officer to the boards for evaluation of the military experience acquired by Medical Corps officers while serving in the Army Medical Service. This form has been prepared by the surgeons general of the armed services with the assistance of the Council on Medical Education of the American Medical Association and is distributed by the offices of the surgeons general to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the Board.

CASE REPORTS

After evaluation of the candidate's training and upon approval by the Board of his application for examination and certification, the candidate will be required to submit twelve major case reports indicative of his independent work in the field of plastic surgery. Do not submit more than twelve. Case reports should be submitted within one year from the time of completion of the two-year private practice period; otherwise a new application should be filed. The case reports shall conform to conditions which the Board may from time to time specify. All case reports

become the property of the Board, but may be returned on request.

To be accepted, case reports must be assembled according to the following instruction; if instructions are not followed they will be returned for proper preparation.

The case reports should be assembled during the two-year private practice period, and may be submitted at any time near the completion of the practice period. They should be submitted not later than the deadline date of November 1, preceding the annual May examinations. All case reports must be from period after completion of residency training.

Upon official notification of approval of case reports, the candidate is eligible to take the examinations of the Board (at completion of the required two-year practice period).

Case reports furnish the Board with documentary evidence of the candidate's abilities, so the material should be prepared and presented with the same painstaking and exacting attitude that one would display in writing a thesis. The group must include a variety of material from the entire body rather than a number of cases of one type, and must carry the candidate's personal deductions, conclusions and comments, and must be sufficiently detailed to demonstrate that the conclusions drawn indicate a grasp of the subject and that the results justify the procedure.

Case reports are graded in each of the following four categories. The passing grade on the case reports is 75%.

1. **Completeness of work-up.** A well organized scientific presentation, including history, physical examination, pertinent laboratory reports, pathological specimens and reports, x-ray findings and follow-up management.

2. **Photographs, illustrations and schematic drawings.**

3. **Originality** of approach to plastic surgery problems, **judgment** exercised, and **knowledge** displayed of the literature as demonstrated at the end of each case report.

4. **Excellence** of surgical technique as evidenced by final result.

The diversified nature of the twelve case reports is evidence of the candidate's training in the representative areas of general plastic surgery. The case reports must include cases from seven of the eight following categories. Even though every type of case in this list cannot be included, the candidate should submit the case reports, appending a note explaining any deficiency.

1. Cleft lip and/or cleft palate.
2. Traumatic defects requiring reconstructive surgery:
 - (a) Face and neck.
 - (b) Body and extremities.
3. Acute burns.
4. Facial bone fractures (excepting nasal fractures).
5. Aesthetic operations.
6. Malignancies or conditions prone to malignancies:
 - (a) Of the face.
 - (b) Of the body and extremities.
7. Plastic surgery of the hand.
8. Congenital anomalies:

Examples: Syndactylism, congenital absence (partial or total) of external ear, hypospadias, thyroglossal duct cysts, extensive nevi, congenital bands, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The Board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

In instances where a candidate submits case reports that do not meet the standards of the Board, he will be required to submit additional case reports or an entirely new set of 12 within a period of one year. If this second series of new case reports again does not meet the standards of the Board, the candidate may be required to take additional training (of length and type specified by the Board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate may be visited at his place of practice by a member or members of the Board to observe him operate and to examine a number of his preoperative and postoperative cases.

The qualifying examinations are given yearly, usually in May, immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons. Candidates are required to go to the designated center for the qualifying examination, which will last two days. These centers will be in the city in which the meeting of this organization is held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available.

The written examination will consume half of the first day and will consist of questions of the "Multiple Choice" type. The subjects of the written examination are: (1) Theory and Practice of Plastic Surgery; (2) Applied Anatomy, Applied Physiology; (3) Pathology, Bacteriology, Micro-pathology, Clinical Laboratory Methods, Pharmacology; (4) Reaction of Tissue to Injury, Surgical Accidents, Anesthesia. The afternoon of the first day and all of the second day will be taken up by oral examination. A general oral examination pertaining to plastic surgery will be given and an oral examination in anatomy, using cadavers, may be given. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be shown on a screen and the candidate requested to make the diagnosis.

GRADES

To be considered as passing, a candidate must receive a grade of not less than 65% in any one part of the examination, and a combined average grade of not less than 75% on the entire written and oral examination. This applies also to complete re-examinations. If only one part is re-examined, the grade must be 75%.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued to him by the Board, signed by its officers and having the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FOREIGN CERTIFICATION

In 1960 the Board began to issue special Foreign Certificates (non-resident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States or Canada and who

have passed the regular examinations of the Board, and who will return to their homeland to practice.

Candidates for the special foreign certificates must have three years of training in general surgery before beginning training in plastic surgery. The training in general surgery may be foreign training. Letters should be sent to the Board from the chiefs under whom the training was obtained, describing the quality and quantity of such training in general surgery, and attesting to the training.

Such foreign certificates will not be valid in the United States or Canada. Such candidates must possess the standard certificate from the Educational Council for Foreign Medical Graduates or a license to practice in any state in the U.S. and must possess a valid license to practice medicine in their home country.

Important:

Before beginning the training in plastic surgery, the prospective candidate should have an evaluation of his training to date made by this Board. Application forms for this purpose are obtainable from the Office of the Board, and a Booklet giving the requirements for the foreign certificate is also available from the Board Office.

FEEES

The fee for application and examination is one hundred seventy-five dollars (\$175). Of this sum fifty dollars (\$50) must accompany the application, and the remaining one hundred twenty-five dollars (\$125) must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it is necessary for a limited time to request a voluntary annual contribution from Diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

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 410 West 10th Avenue, Columbus, Ohio 43210.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education of the American Medical Association, or a foreign hospital internship satisfactory to the Board; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of at least two years of field experience in general public health practice; which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;
4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of not less than two years, in addition to 1 above, which shall have provided planned instruction in the principles of aerospace medicine, and supervised participation in a comprehensive program of aviation medicine approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; a period of experience deemed by the Board to be substantially equivalent to the year of supervised experience under some circumstances may be acceptable in lieu of the second year of training.
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training or research in, or the teaching or practice of, aerospace medicine.
4. Three years of the experience outlined in 2 and 3 above

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually by the American Medical Association. Copies may be obtained from the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching or research in, or practice of, aerospace medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.
2. *Residency (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; or a period of experience deemed by the Board to be substantially equivalent to such year of residency.
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in, or teaching or practice of, occupational medicine;
4. Three years of the experience outlined in 2 and 3 above, must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate education in residence at a medical school with a program of training in preventive medicine recommended by the joint Residency Review Committee for Preventive Medicine and approved by the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine, or at a school of public health accredited for the purpose of such study by the American Public Health Association, or in Canada, an equivalent academic program approved by the Board; and
2. Residency (after internship) of at least two years of instruction, observation and supervised experience in a comprehensive organized Preventive Medicine Residency Training Program approved for this type of residency training by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the American Medical Association's Council on Medical Education, or an equivalent Canadian residency, in a field directly related to preventive medicine;
3. A period (after internship) of not less than three years (in addition to 1 and 2 above) of special training or research in, or teaching or practice in, some area (or areas) of preventive medicine;
4. Three years of the six-year requirement of graduate

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education, residency and additional experience shall have been obtained within the five-year period immediately prior to application for certification;

5. Limitation of practice to full-time teaching, practice or research in preventive medicine as a specialty.

APPLICATIONS FOR EXAMINATION AND RE-EXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine) and must be filed with the Secretary by November 30 in order for eligibility to be established for the examination in the spring of the next year. It must be accompanied by the required documentation, application fee, and one recent, clear, unmounted, autographed photograph of the applicant which should be attached to the application.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued, regardless of when his original application was filed.

Properly qualified applicants may take Parts I and II of the examination together following the six years of graduate education, residency and additional specialized experience, or may elect to take Part I of the examination after completion of the graduate study and the required residency training. In either situation, an applicant will not be admitted to examination until he has completed satisfactorily all requirements of graduate study and residency.

Following successful completion of Part I of the examination an applicant may become eligible to take Part II of the examination, provided he or she has continued full time in his or her field of concentration and has submitted evidence of completion of at least three years of further special training or research, teaching or practice acceptable to the Board, in addition to the academic and residency training required for Part I. Ordinarily, the filing of a reapplication form with the Board will fulfill the requirement for such evidence. Reapplication must be made not later than November 30 of the year prior to taking Part II of the examination the following spring.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three years of the date of the first examination for which he or she is declared eligible, except as specified above, is required to file a new application, and to pay a new application fee.

Candidates failing the examination, may, upon timely application and payment of appropriate fee, be admitted to re-examination within a three-year period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty (e.g. Public Health), may apply for certification in another affiliated specialty (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than the year of formal graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES*

Application fee	\$35
Must be submitted with application; is not refundable. For those electing to take Parts I and II of the examination separately, an additional fee of \$10.00 must be submitted with the application for Part II.	
Examination fee	\$130
Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.	
Certificate fee	\$10
Payable prior to issuance of certificate.	
Re-examination fees:	
Each part taken	\$50
Examination fees for additional affiliated specialties: Each specialty	
	\$65

*This fee schedule goes into effect January 1, 1966. All applications received before December 31, 1965 will be processed under the current fee schedule (application fee—\$25, examination fee—\$100, certification fee—\$10, re-examination fee—\$25 for each part, examination fee for additional affiliated specialties—\$50 for each specialty).

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consists of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part II is a comprehensive written examination or, in the case of candidates being examined in General Preventive Medicine, a comprehensive oral examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral interview or practical examination is also required of candidates being examined in Public Health, Aviation Medicine, or Occupational Medicine which usually will be held at the completion of Part II of the examination. An endeavor will be made to adapt the details of the oral interview or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written and/or oral examination relating specifically to such field, i.e. Part II only.

The examiners will submit a report upon each candidate to the assembled Board, by which the result of the examination will be determined finally.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that the applicant has been found to be possessed of special knowledge in the field specified in his application. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching, research, or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

CERTIFICATION OF FOREIGN MEDICAL GRADUATES

The Board may issue special certificates to graduates of foreign medical colleges indicating the possession of special knowledge in Preventive Medicine, or a field thereof. Such certificates are issued only to individuals not authorized to practice medicine in the United States or Canada.

To be eligible for such certification, the individuals must make application for special certification and establish to the satisfaction of the Board that (1) he has been graduated with the degree of Doctor of Medicine, or a degree determined by the Board to be equivalent, from a medical school not located in the United States or Canada; (2) he has satisfactorily passed the qualifying examination given by the Educational Council for Foreign Medical Graduates; and (3) he has had not less than six (6) years of training and experience in Preventive Medicine or a field thereof, which included (a) at least one year of study in a School of Public Health, or a school determined by the Board to offer equivalent training and (b) at least three (3) years of Residency Training or supervised field experience in Preventive Medicine or a field thereof, except that one year of such training and experience may be satisfied by a clinical Residency judged by the Board to be directly related to Preventive Medicine or a field thereof.

The application procedure, the examination process and the fees are the same as those required for all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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APPLICATION FOR CERTIFICATES

An application, in order to be considered for Part I of the examination, which is given about May 1 each year, must be in the hands of the Secretary of the Board *no later than December 31*. A proper application form may be obtained from the Secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

- Each application for a certificate must establish that:
- (a) He is a physician duly licensed by law to practice medicine.
 - (b) He is of acceptable ethical and professional standing.
 - (c) He is now a member of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the Board for good and sufficient reasons.
 - (d) He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a speciality.

APPLICANTS

Applicants shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.
2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics or a rotating service.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, all undertaken in the United States or Canada, three years of which must be specialized training satisfactorily completed in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, all undertaken in the United States or Canada, five years of which must be specialized training satisfactorily completed in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in Psychiatry or Neurology and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in a training program or different programs approved for at least two years of residency training in the specialty in which they seek certification.

For those individuals whose training began after June 30, 1964, a resident in training must spend at least two of his three years of training in a single program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological and pharmacological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the

psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, neurochemistry, neuropharmacology, and neuroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

Experience credit will not be given for work performed before the applicant has had at least one year of accredited training in psychiatry or neurology except that an applicant may substitute two or more consecutive years spent in formal accredited training in any one of the medical or surgical specialties for one year of experience in psychiatry or neurology. This training may have been acquired prior to the training in psychiatry or neurology.

Since the emphasis of the Board examination is in the clinical aspects of psychiatry and neurology, the candidate is advised to obtain adequate clinical experience during the two years following his training. Under certain circumstances, experience credit will be given for investigative work in any of the basic sciences. Documentation of these two years must be submitted.

The Board will give credit for one year of training in Child Psychiatry providing it is taken in a center approved by this Board for training in Child Psychiatry.

The lists of training programs approved by this Board and by the Council on Medical Education of the American Medical Association may be found in the current issues of the Directory of Approved Internships and Residencies.

The Board is unable to inspect and evaluate resident training programs outside the United States and Canada. Therefore, neither training nor experience credit will be granted for work undertaken after July 1, 1962 in programs or practice outside the United States and Canada.

EXAMINATIONS

Dates and places of examinations shall be set by the Board at its discretion and shall be announced in the Journal of the American Medical Association, in the American Jour-

nal of Psychiatry, in the Journal of Nervous and Mental Diseases, and in the Archives of Neurology, and in the Archives of General Psychiatry.

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. Part II (the practical examination) will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. The examination for Certification in Psychiatry will differ from the examination for Certification in Neurology. Written examinations (Part I) will be given.

The neurologist should have acquired skill to conduct a diagnostic psychiatric interview, to summarize his findings, and formulate a diagnostic statement. He should be acquainted with other diagnostic procedures used in psychiatry, when they are useful, and their limitations (psychologic tests, narcosynthesis). He should have a reasonable knowledge of general psychopathology and a sufficient awareness of psychodynamic forces to make it possible for him to manage the emotional problems of a patient with a neurological illness. His information of psychiatry should include as well knowledge of the major forms of psychiatric therapy, their indications and contraindications. The neurologist must be aware as well of such medico-legal issues as competency and responsibility. Formal provision should be made in neurologic training programs so that the trainee may acquire the knowledge and skills described before.

EXAMINATIONS—PART I

After March 1, 1967, all candidates seeking eligibility for the oral examination in Psychiatry or Neurology first must successfully complete Part I (written) which will be a multiple-choice type of examination.

The written examination will be given once a year, about May 1, on a regional basis throughout the United States and Canada as well as in selected sites outside the continental limits of the United States. Every effort will be made to accommodate candidates in their locale, but the candidate may not select the site of his examination, and no transfer to another area can be made during the three-month period preceding the written examination.

Approximately six weeks after the written examination, candidates will be notified by the Executive Office of the American Board of Psychiatry and Neurology, Inc. whether they passed or failed.

Candidates who have passed the written examination will be assigned to Part II (oral) within six to nine months after the written examination and may not select either the site or the date. It is the candidate's privilege to decline the assigned examination and request consideration for a later date, but there is no guarantee that another date or location will be more satisfactory to the candidate.

The candidate who successfully completes his written examination but does not appear for his oral examination within a three-year period loses his eligibility. Should he wish to appear for the oral examination at a later date, he must reapply, pay another application fee, reestablish his eligibility, pay examination fees and successfully complete another written examination.

Applications for candidates declared eligible but who do not elect to take Part I of the examination remain valid for three years from the date they are received in the Executive Office. The candidate who does not appear for examination during this three-year period forfeits his application and written examination fees. When he reapplies, he must pay another application and written examination fee.

The candidate who passes Part I (written) but fails Part II (oral) has a second opportunity for another oral examination within one year after his first unsuccessful attempt and payment of another Part II examination fee. Should he fail the second time, he must wait two years before reapplying, pay the necessary fees and repeat the written examination.

Candidates who do not appear for their assigned written examination forfeit the \$25.00 fee and are required to pay an additional written examination fee should they request scheduling for the written examination at a later date.

A candidate who fails his first written examination may on payment of \$25.00 take his second written examination the following year or the year thereafter. Two failures will necessitate reapplication with a new fee and reevaluation by the Credentials Committee.

Physicians who will achieve eligibility (three years of residency followed by two years of experience) no later than July 1 may submit their formal application before the preceding December 31 and request consideration for the May written examination.

Written examinations will be given annually on a regional basis, the first one to be held in May, 1967. Every effort will be made to schedule written examinations near the area in which the candidate resides, but this may not always be possible. The candidate will be notified in advance of the site of the written examination to which he is assigned. No alternate sites can be allowed because of the large number of candidates.

Candidates who successfully complete the written examination will be notified by the Executive Office and scheduled for the first available place in the oral examination schedule. The candidate may not select the site or date of examination. Candidates who are scheduled for the oral examination and cancel or fail to appear will be placed at the bottom of the list of accepted candidates.

There are some cancellations at each examination. Most of these develop within the six weeks preceding the oral examination. If a candidate wishes to be called to fill such a vacancy (if one occurs) on short notice, he should notify the Executive Office and supply his telephone number as well as his address.

PAYMENT OF FEES

The candidate upon filing his application shall accompany it with a fee of \$100.00. If the applicant is found not eligible, the written examination fee of \$25.00 will be returned to him. The application fee of \$75.00 is not refundable. When the candidate has successfully completed his written examination, the Executive Office will notify him that he has been accepted for the oral and practical examination. The candidate must then send to the Executive Office an additional examination fee of \$100.00. A candidate who has been certified in either psychiatry or neurology and who has been admitted to the supplementary examination for the other certificate must pay an additional fee of \$100.00.

A candidate who has failed the written examination may request permission to repeat the written examination. Such requests must be accompanied by a written examination fee of \$25.00 which must be received in the Executive Office no later than December 31 prior to the scheduled date of the examination.

A candidate who has failed in one oral examination is eligible for re-examination within one year upon payment of a re-examination fee of \$100.00. After the year has elapsed, he must submit a new application and pay new

application and examination fees. If he fails the re-examination, he may, after two years have elapsed, submit a new application and \$100.00 fee, present evidence of further training, and pay an examination fee of \$100.00, repeating both the written and oral examinations.

A candidate who fails in one or two subjects conditions the oral examination and is eligible for re-examination in those subjects within one year upon payment of a re-examination fee of \$75.00. After the year has elapsed, he must submit a new application, pay new application and examination fees and repeat both the written and the entire oral examination. If he fails the re-examination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of a fee of \$100.00. If declared eligible by the Credentials Committee, he will be required to complete successfully the written examination before being admitted to the oral examination, at which time he must pay a new examination fee of \$100.00.

Any candidate who finds himself unable to attend Part II of the examination to which he has been admitted and does not notify the Secretary at least three months before the date of the examination will forfeit his Part II examination fee. Any candidate who fails to appear for examination within a period of three years following the date of application shall be required to submit a new application and pay the applicable fees.

COMMENT ON TRAINING WHICH FUFILLS THE SPECIALIZED REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATION IN CHILD PSYCHIATRY

Certification in General Psychiatry is a prerequisite for eligibility for examination for Certification in Child Psychiatry, which requires a minimum of four years of approved residency training credit, two of which should be in general psychiatry and two in child psychiatry, and two additional years of experience in child psychiatry. If already certified in general psychiatry, the trainee will need two additional years in an approved child psychiatric residency training program if he has not had training in a program which has been concurrently approved by the Committee on Certification in Child Psychiatry.

One year of the training credit toward the general psychiatric residency training requirements may simultaneously be used as one of the years of training in child psychiatry, provided the program is approved by the Board and its Committee on Certification in Child Psychiatry in both areas. Training in child psychiatry taken during the regular residency training period in an approved general program will count only toward training credit in general psychiatry, unless the program is concurrently approved by the Committee on Certification in Child Psychiatry of this Board.

(Institutions identified with an asterisk in this *Directory* hold dual approvals: 1) for one year of training in child psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in child psychiatry offered independently.)

APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An application on official forms, in order to be considered at any meeting of the Committee, must be in the office of the Secretary of the Board not less than ninety (90) days before the date of such meeting. The proper application forms may be obtained from the Secretary of the Board. Applications will be formally considered only when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable, after which he shall forward the application to the Committee on Credentials in Child Psychiatry. This Committee shall consider the application and

any other information available and notify the Secretary whether the application is accepted. The certification of a candidate shall be approved by a majority of the members of the Committee on Certification in Child Psychiatry at any meeting held for such certification.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for Certification in Child Psychiatry must establish that:

- (a) He is a physician possessing an unlimited license for the practice of medicine in some state of the United States or province of Canada.
- (b) He is of acceptable ethical and professional standing.
- (c) He is a Diplomate in Psychiatry of the American Board of Psychiatry and Neurology, Inc.
- (d) He has satisfactorily completed the required training and experience in child psychiatry as a specialty.

APPLICATION AND FEES

Applicants shall make application on official forms. Such applications must be accompanied by an application fee of \$75.00. This fee is not refundable.

Applicants must satisfy the Committee of the adequacy of their specialized training and experience in Child Psychiatry. Further, their major interest and activities in their current practice must be devoted to psychiatric problems of children and adolescents. Should they have left the field of Child Psychiatry for other types of practice but otherwise fulfill the training and experience requirements, they must show that the two years prior to application have been in specialized practice of Child Psychiatry.

TRAINING AND EXPERIENCE REQUIREMENTS

Applicants must be Diplomates in Psychiatry of the American Board of Psychiatry and Neurology, Inc. Admission to examination requires a total of six (6) years of psychiatric training and experience. Of these, four (4) years shall be in approved psychiatric training, two (2) of which shall be in Child Psychiatry training programs acceptable to this Committee. It is advisable that those seeking the certificate as specialists in Child Psychiatry who receive their primary training in Psychiatry should have training in the pediatric aspects of general medicine. Such training may be offered in lieu of two years of practice experience.

In the third year of basic training in psychiatry, the applicant may complete one (1) year of the two years of specialized training in Child Psychiatry.

All candidates beginning their specialized training in Child Psychiatry after June 30, 1965, must have two years of training in Child Psychiatry Centers approved by the Committee on Certification in Child Psychiatry in conjunction with the Residency Review Committee for Psychiatry and Neurology. Approved residency training in Pediatrics may be applied to the experience requirements. Otherwise the applicant must have a minimum of two (2) years of specialized practice in Child Psychiatry. Experience in Child Psychiatry must follow at least one (1) year of formal training in Child Psychiatry. In the interim he must have achieved certification in Psychiatry by the American Board of Psychiatry and Neurology, Inc.

The Committee may require, at its discretion, as part of the qualifications of eligibility for examination for Certification in Child Psychiatry, the publications of the applicant and/or a series of case reports of children treated by the applicant.

APPLICATION AND FEES

Applicants shall make application on official forms. Such applications must be accompanied by an application fee of seventy-five dollars (\$75). This fee is not refundable.

Those applicants accepted for examination will be notified and scheduled for examination. The examination fee of one hundred dollars (\$100) is payable when such payment is requested by the Secretary of the Board. If a written exami-

nation is required, an additional examination fee of twenty-five dollars (\$25) will be requested.

Should the applicant be found not eligible for examination for certification in Child Psychiatry, he will be notified of his deficiencies so that these may be corrected before expiration of application. The application remains valid for three (3) years from date of submission. After this period, the applicant must submit a new application and pay a new application fee to receive further consideration.

EXAMINATIONS

Examinations will be held whenever there are a sufficient number of candidates. These will be oral and/or written examinations and will include examination in all areas relating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, including mental retardation, etiological mechanisms and therapeutic measures and planning. Knowledge of the history and literature of child psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to organize a practical program of therapy and management from these data.

Should the candidate not be successful in the initial examination, he may be re-examined within one year after payment of a one hundred dollar (\$100) re-examination fee. If he does not appear for re-examination within one year, the application lapses, and he may receive further consideration only after submitting a new application and a new application fee of seventy-five dollars (\$75).

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of child psychiatry as defined above and undertake such further preparation which will correct the deficiencies which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three (3) years from the date of submission of application shall be required to submit a new application and pay the attendant fee.

AMERICAN BOARD OF RADIOLOGY

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CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of six forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all of its branches, or
2. A certificate to the effect that the applicant has been found qualified to practice radiology in one of the following categories: (a) diagnostic radiology; (b) therapeutic radiology.
3. A certificate to the effect that the applicant has been found qualified to practice radiological physics in all of its branches.
4. A certificate to the effect that the applicant has been found qualified to practice radiological physics in one of the following categories: (a) roentgen-ray and gamma-ray physics; (b) medical nuclear physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, gamma rays, and radionuclides.
2. *Diagnostic Radiology* is that branch of radiology which deals with the diagnostic application of roentgen rays and radionuclides.
3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen rays, gamma rays, and radionuclides.
4. *Radiological Physics* is that branch of physics which deals with the medical application of roentgen rays, electron beams, radionuclides, nuclear reactions and particle accelerators.
5. *Roentgen-Ray and Gamma-Ray Physics* is that branch of radiological physics which deals with roentgen rays, electron beams, and discrete radioactive sources.
6. *Medical Nuclear Physics* is that branch of radiological physics which deals with radionuclides, other than discrete sources included in (5) above, nuclear reactions and particle accelerators.

GENERAL REQUIREMENTS FOR CERTIFICATE IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements.

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.
2. A license to practice medicine in the state or country in which he resides, or of which he is a citizen.
3. Assurance that the applicant holds himself out to be a specialist in Radiology or one of its branches as defined under "Definitions" and that he limits his practice within the field of Radiology.
4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country of which he is a bona fide resident.

B. General Professional Education:

1. Graduation from a medical school recognized by the Council on Medical Education of the American Medical Association. If the applicant is a resident of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency approved by the Executive Committee.

2. Completion of an internship of not less than one year in a hospital approved by the same Council or a foreign hospital experience acceptable to the Executive Committee.

C. Special Training:

1. After completion of the internship there shall be a period of special training in a department of radiology recognized and approved by the American Board of Radiology and the Council on Medical Education of the American Medical Association as competent to provide a satisfactory training in radiology. This period of special training shall be as the Board of Trustees of the American Board of Radiology by resolution or motion shall determine from time to time.

RADIOLOGY

1. Candidates must have had three years' formal residency training in an approved department of Radiology, plus an additional year of either further training or practice.
2. The three-year training period must include training in Pathology. This can either be co-ordinated throughout the entire three years or it can be taken separately in a Department of Pathology. Maximum credit for training in Pathology, however, is three months.
3. Candidates must receive training in Nuclear Medicine. Time spent in Nuclear Medicine may be credited either to Diagnosis or Therapy in accordance with the wishes of the program director. Credit, however, may not exceed three months.
4. During the three-year training period in Radiology a minimum equivalent of twelve months must be spent in Therapeutic Radiology and eighteen months in Diagnostic Radiology.

DIAGNOSTIC RADIOLOGY

Candidates must have had three years' formal residency training in Diagnostic Radiology in an approved department of Radiology, plus an additional year of either further training or practice. The three-year training period must include training in Pathology and training in Nuclear Medicine. Credit for training in either subject may not exceed three months.

Presently all candidates applying for examination in Diagnosis will be examined in Diagnostic Radiology, which includes diagnostic Nuclear Medicine. They may expect also to be examined in Physics.

THERAPEUTIC RADIOLOGY

Candidates must have had three years' formal residency training in Therapeutic Radiology in an approved department of Radiology, plus an additional year of either further training or practice. The three-year training period must include training in Pathology and training in Nuclear Medicine. Credit for training in either subject may not exceed three months. Candidates applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources, as well as proficiency in roentgen and other teletherapy modalities.

APPLICATION AND FEE

Application for examination must be made in duplicate on forms which may be obtained from the Secretary. These forms shall be forwarded with the required data, three unmounted autographed photographs, and the application fee of two hundred dollars (\$200) by the deadline established for filing. In the event of withdrawal of an application sixty dollars (\$60) is retained for processing. A candidate who does not accept an appointment within three years after becoming eligible, except for a reason acceptable to the Board, will be required to submit another application and application fee.

EXAMINATIONS

Examinations are usually conducted in June and December.

Appointments are offered to candidates in the following order of priority:

1. American citizens.
2. Foreign candidates who intend to return to their country of citizenship.
3. Foreign candidates who show evidence they intend to become American or Canadian citizens.

The examination consists of film interpretation, problems regarding the clinical applications of roentgen rays, gamma rays, and radionuclides, and questions in pathology, physiology, radiobiology, and radiological physics. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

AMERICAN BOARD OF SURGERY

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REQUIREMENTS FOR ADMISSION TO EXAMINATION GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
 Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from a medical school acceptable to the Board in another country.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Education in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner. While the management of conditions relating to the gastrointestinal tract and other abdominal conditions continues to form the bulwark of general surgery, candidates are expected to have knowledge of the basic principles applied in the management of fractures, head injuries or other forms of trauma, and of the more common problems in cardiovascular, gynecologic, neurologic, orthopedic, pediatric, plastic, thoracic, and urologic surgery.

BASIC SCIENCES

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly

organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three- or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

SENIOR YEAR

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, *the Board requires that the candidate have had this senior year in order to become eligible for examination.*

TYPES OF PROGRAMS

The requirements for examination may be fulfilled by either of two programs. These are considered to be minimal in attaining the purposes of the Board and do not preclude additional desirable educational experiences which may strengthen the individual residency training program.

The Board may, at its discretion, require that a member of the Board, or other designated Diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board requires a candidate to submit a list of the operative procedures performed by him during his training period.

GROUP I PROGRAM

Satisfactory completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four or more years of training by the Conference Committee on Graduate Education in Surgery is required.

An approved four-year residency may include a research project or an assignment to a basic science department such as pathology, physiology, or anatomy, provided this is an integral part of the program. The program must include at least three years of clinical surgery.

The Board accepts training of not more than one year's duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four or more years by the Conference Committee. *The senior year must have been spent in the parent institution holding the approval of the Conference Committee, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Conference Committee, equivalent in training value to the senior year in the parent institution and is under the same supervision.*

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his qualifications for special considera-

tion by the Credentials Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group 1 or Group 2, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four or more years by the Conference Committee.

GROUP 2 PROGRAM

Satisfactory completion of a graded residency in general surgery of at least three years' duration including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Education in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day-to-day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and *the final year must have been spent in the capacity of senior or chief resident in general surgery.*

Satisfactory completion of *two additional years* of training beyond the three years of residency to complete a total of five is necessary to meet the requirements for examination. *At least one of these two additional years must embrace patient responsibility and major operative work performed by the candidate under acceptable supervision.* The two years may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement, approved by the Board in advance, with a preceptor acceptable to the Board who informs the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full-time basis. Training credit in excess of twelve months will not be granted in this category.

Credit not to exceed six months may be granted for the study of a single basic science such as pathology, physiology, or anatomy.

Credit may be granted for a maximum of twelve months spent in full-time research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship training, either in general surgery or in a recognized surgical specialty.

N.B: Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which Group 2 candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than

those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery was carried out under the supervision of a surgeon acceptable to the Board. For Group 2 candidates any such credit will be considered preceptorship credit.

CREDENTIALS COMMITTEE

The Credentials Committee of the Board, which ordinarily meets each January and June, is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the requirements specified above. It is recognized that some flexibility and well-considered experimentations are essential to progress in surgical education.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates must communicate with the Board at least three months before completing their training requirements (and in no instance later than June 1st), if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada must submit the Evaluation Form not later than March 1 of the year in which examination is desired.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications must be returned by Aug. 1 if consideration is desired for examination in Part I in December of the same year.

Candidates completing their training requirements after Sept. 30 must await consideration for admission to the December Part I examination one year later.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training, but also upon information available to the Board concerning their professional ability as surgeons and their ethical standing.

Candidates are notified of their eligibility for the Part I examination when their applications have been approved, and subsequently are sent a list of examination centers from which to choose. Candidates are not eligible for the Part 2 examination until they have made a passing grade in Part 1.

A candidate who has been notified of eligibility to take the Part 1 or the Part 2 examination and who does not exercise this option within three years shall apply for re-evaluation of his eligibility for examination.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATION

The qualifying examination is divided into Part 1 (written) and Part 2 (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART I

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The Part 1 examination is of the objective, multiple-choice type, and is administered during a one-half day session. This examination is designed to cover general surgical problems and the sciences basic to surgery. Questions are of various types, and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the American Board of Surgery with the technical assistance of the National Board of Medical Examiners.

PART 2

Examinations usually are held in ten different centers in the United States each year, September through May or June. These examinations are conducted by members of the American Board of Surgery and selected Diplomates acting as guest examiners.

The Part 2 examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in clinical surgery, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease processes and their clinical implications. The identification of microscopic lesions and the interpretation of roentgenograms also may be included.

REEXAMINATION

Candidates who fail Part 1 or Part 2 are required to wait one year before they can be eligible for reexamination.

Should a candidate fail a reexamination in Part 1 or in Part 2, the Credentials Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

FEES

The fee for examination is one hundred seventy-five dollars (\$175) payable as follows: twenty-five dollars (\$25) for registration, seventy-five dollars (\$75) for Part 1 and seventy-five dollars (\$75) for Part 2.

The fee for reexamination in Part 1 or in Part 2 is seventy-five dollars (\$75).

Each fee for examination or re-examination includes a processing charge which is not refunded in case of withdrawal (\$10.00 for Part I; \$15.00 for Part II).

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

LICENSE TO PRACTICE

The Board requires, prior to issuance of a certificate, that candidates have a valid license to practice medicine except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy, or Public Health Services of these countries.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, Dr. O. T. Clagett, 1151 Taylor Ave., Detroit, Mich., 48202. This board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

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DR. BEATTIE, JR., Vice-Chairman, New York City

O. T. CLAGETT, Secretary-Treasurer, Rochester, Minn.

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MISS LOUISE SPER, Executive Assistant, 1151 Taylor Ave., Detroit, Mich., 48202

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Adequate training in thoracic and cardiovascular surgery.

Definition of what constitutes adequate training.

To qualify for examination in thoracic surgery, the candidate shall have had two years of training on an active Thoracic Surgery Service that is approved by the Council on Medical Education of the American Medical Association in collaboration with the Board of Thoracic Surgery or training deemed equivalent by the Board of Thoracic Surgery.

Training obtained on Surgical Services where the experience with thoracic and non-thoracic cases is mixed can qualify the candidate for examination, but only after favorable review by the Credentials Committee on an individual basis. Requests for such evaluation should be directed to the Secretary, O.T. Clagett, M.D., 1151 Taylor Avenue, Detroit, Michigan 48202.

Preceptorships alone are not considered to provide adequate training.

Even though emphasis on one or another facet of thoracic surgery, (esophagus, tumor, tuberculosis, cardiovascular, etc.) may have characterized the candidate's training experience, he is nevertheless held accountable for knowledge concerning all phases of the field. Not more than one year of training credit is to be allowed for experience that is confined to any one such segment.

Since few hospitals are capable of providing adequate experience in all facets of thoracic surgery, affiliation between diverse institutions is recommended. By preference the twenty-four months of training should be consecutive, and rotation through affiliated institutions or services should be appropriately spaced for proper benefit from each. It is also required that the candidate be familiar with the basic sciences as they relate to thoracic surgery. His moral and ethical standards must be acceptable.

FOREIGN TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for training in thoracic surgery acquired on services outside of the United States.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training but also upon information available to the Board concerning their professional ability as Thoracic Surgeons and their ethical standing.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part I is written, and Part II is an oral examination in clinical surgery, X-ray interpretation and pathology.

Part I. This examination will be given simultaneously at least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Candidates examined by the American Board of Surgery in Part I (written examination) on or after October 26, 1955, who are certified by the American Board of Surgery will be required to take only the Part II examination of the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in Part I prior to October 26, 1955 will be required to take Part I (written examination) of the Board of Thoracic Surgery before taking its oral examination.

Part II. In order to be eligible for Part II a candidate must have successfully completed Part I if required to take this preliminary examination. Examinations in Part II are held near the time and place of the annual meetings of the American Association for Thoracic Surgery and the American College of Surgeons.

It is the policy of the Board of Thoracic Surgery to examine candidates in Part II only upon the completion of their thoracic surgery residency unless circumstances require their returning to a foreign country, departure as a medical missionary, etc.

Dates of written and oral examinations are regularly published in the Examination and Licensure column of the Journal of the American Medical Association and the Journal of Thoracic and Cardiovascular Surgery.

RE-EXAMINATIONS

Those individuals who fail Part I or Part II are required to wait for a period of one year before they are eligible again to take the part which they have failed. Those who fail twice in Part I or Part II will be required to wait for a period of two years. In addition they will be required to submit evidence of additional study and preparation prior to admission to re-examination. A candidate must give at least 60 days' notice requesting reconsideration for examination. The Board may at its discretion deny the candidates the privilege of further re-examination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Furthermore, a candidate who has failed in an examination (Part I or Part II) and who does not apply for re-examination within three years shall be required to make a new application and pay a new examination fee.

FEEES

For the special examination in thoracic surgery and the issuing of a certificate, the fee is \$125.00. Twenty-five dollars of this fee is to accompany the application and will be considered as a registration fee. It is non-returnable to the applicant in case he is disapproved for examination.

The fee for re-examination is \$50.00.

AMERICAN BOARD OF UROLOGY

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- THOMAS E. GIBSON, San Francisco
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- WM. NILES WISHARD, JR., Secretary-Treasurer, Indianapolis

or

MRS. RUBY L. GRIGGS, Executive Secretary, 30 Westwood Road, Minnetonka, Minn., 55343

REQUIREMENTS FOR ALL APPLICANTS

A. APPLICATION FOR CERTIFICATION MUST BE MADE ON A SPECIAL FORM provided by the Secretary. This shall be returned to him accompanied by other required data and credentials and by \$75.00 of the examination fee. (See Article VII. Fee.)

B. The applicant must have graduated from a medical school of the United States or Canada recognized by The Council on Medical Education of The American Medical Association and must have completed an internship of not less than one year in a hospital approved by this Council.

Requirements of graduates of foreign Medical Schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

Graduates of foreign medical schools are required to acquire the standard certificate issued by the Educational Council for Foreign Medical Graduates or to be licensed by examination to practice in this country.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special graduate training as follows:

1. An approved internship of at least one year.
2. One year in the basic sciences or clinical studies basic to Urology; or one year residency in general surgery or internal medicine, on an approved service.
3. An approved graduated three-year residency in Urology, leading to competency in all its phases. The American Board of Urology, Inc., prohibits "moonlighting."

Any formally integrated service may permit some variation on the one-year basic science, general surgery and internal medicine requirement, provided it is completed prior to the senior year.

E. Applicant must have an additional period of not less than two years in the practice of Urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full time practice of Urology.

G. After January 1, 1968, except in unusual instances and at the discretion of the Board, formal application will be required within five years of completion of training in Urology. After a five year period, additional training may be recommended by the Board. Applicants will be expected to submit case reports within three years of the date of formal application.

FEE

The examination fee is \$175.00. (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) Seventy-five dollars should accompany the application. One hundred dollars should be paid when the application has been processed. Neither fee is returnable. The cost of the preparation and mailing of the certificate will be charged to the candidate.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, but he must give sixty day's notice of his intention to appear for re-examination. A NEW group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a

new application after two years and shall pay a second full fee.

A candidate who has been failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination. A candidate who has been conditioned in one or more parts of the examination will be charged a fee of \$25.00 for each re-examination.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

1. Evidence of Hospital Practice
 - A. A list of all major and minor hospital cases during the most recent two-year post-residency period. These lists should include the name of the hospital, identification of the patient, date of admission and designation of the specific surgical procedure.
 - B. A detailed presentation of 25 representative (not necessarily consecutive) major urological cases chosen from the above-mentioned list.
 - C. The Board may request photostatic copies of the complete hospital record on any case listed.
2. Written Examination

The written examination is designed to demonstrate the candidate's urological preparation and his knowledge of the entire field of urology and allied subjects; i.e., clinical Urology, embryology, anatomy, physiology, pathology, bacteriology, physiological chemistry, endocrinology, etc.

This examination may be held simultaneously on a specified date in different parts of the country at places convenient for candidates.
3. Pathology Examination

The examination in pathology will consist of the identification of gross and microscopic morphology and urinary sediments.

It will be held at the time of the oral-clinical examination.
4. Oral-clinical Examination

This will consist of a discussion of urological problems. The subjects forming the basis of this examination include all phases of urography and clinical urology (male, female and child) encompassing metabolic, physiologic, biochemical and bacteriologic aspects of clinical urology.

It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

The Board is fully cognizant that all operative results are not always perfect, so the candidate need not be fearful reporting undesirable results or deaths. In the latter instance, a necropsy report is desirable to complete the clinical picture.

Having selected a variety of major urological surgical procedures the candidate's next problem is preparation of the reports. The reports must be done personally and the final typewritten material proofread and a statement included to verify this fact. Particular attention should be given to the use of descriptively clear grammatically correct English including punctuation, spelling, paragraphing, dating and careful numbering of pages.

If the records are not bound, the case reports should be stapled individually, bearing the numbers 1 through 25 so that the examiner can easily identify each, in grading the set.

Carbon copies of the entire group are to be brought to the Oral-clinical Examination.

Each case report should begin with the following headings:

1. Identification of the patient
2. Age, sex, occupation, race and marital status
3. Name of hospital, city, state and referring physician
4. Date of hospital admission
5. Preoperative diagnosis
6. Operative procedure and date
7. Final diagnosis
8. Complications
9. Final result
10. Date of hospital discharge

The body of the record should contain the following:

1. History
 - A. Chief Complaint

This is to be stated as subjective symptom and not an objective or laboratory observation.
 - B. Present Illness

This is to be presented, fully dated, as a historical record of the patient's complaints and their development.
 - C. Past Personal History

An account of the patient's previous illnesses, operative procedures, injuries, venereal infections, allergic manifestations and a review of symptoms. Such information as marital status, menstrual history, personal habits should be included.
 - D. Family History

Facts relevant directly or indirectly, to the present illness should be recorded.
 - E. The case reports must be received on or before August 1st. These should be sent to the office in Minnetonka, Minnesota.

PREPARATION OF CASE REPORTS

Preparation of case reports by candidates for examination by the American Board of Urology, Inc., is requested in order to give the Board a view of the competency of the candidate in his daily practice and to acquaint the examiner with candidate's abilities in working up patients having undergone a *variety* of major urological surgical procedures.

It is essential that the greatest possible variety of major surgical urological disorders be presented. Any specific surgical procedure must not exceed 25 per cent of the entire group of case reports. The Board is interested in the candidate's abilities throughout the entire scope of Urology (male, female and children) rather than the candidate's interest or abilities in a small segment of urological practice. The case reports may deal with post-residency, private or ward patients under the candidate's charge and upon whom he has personally operated.

These reports must reveal the candidate's competency, not only in the presentations of facts, but also portray the candidate's ability to think, to express himself in clear well written English and specify, to the examiner, the patient's problem, the reasons for and the interpretation of the various diagnostic procedures, the decision for the particular surgical procedure and the final patient result. Furthermore, there should be included a 6 month post-hospital follow-up, and in its absence, a statement as to the inability (in rare instances) of the candidate to follow the patient for this length of time. In short, the candidate must present the material, adequately dated, in such a way that the examiner need not rely on his own imagination to complete or supplement any of the details in the candidate's case reports.

2. Physical Examination

The physical examination should be presented in significant detail under proper headings paragraphed for ease of reading. At its beginning the patient's blood pressure, temperature and pulse is to be stated.

3. Laboratory Data
Clinical laboratory data must be reported in detail and not recorded as "normal." It is to be reported under proper headings; i.e., blood count, urinalysis, blood chemistries, x-ray, renal function studies, etc.
Urographic and angiographic studies are to present the interpretation of the candidate and not a copy of the radiologist's report.
4. Preoperative Hospital Period
This should be presented in detail with significant dates and the several diagnostic procedures described including their indications. Again this should be presented under appropriate headings; i.e., laboratory data, cystoscopic examinations, excretory urograms, etc.
Any omission of indicated laboratory or x-ray data because of economic reasons or lack of available facilities should be so stated.
5. Provisional Diagnosis
6. Indications for Operation
The specific indications for a particular operation should be stated with supporting subjective and objective data in order to completely justify the anticipated surgery.
7. Operative Procedure
The operative procedure should be described in detail including the type of anesthesia, preparation of patient, etc.
8. Pathology
 - A. Tissue Examination
The tissue removed should be described by the candidate as to the gross appearance, its weight, size, and the histologic findings. This is to be the observation of the candidate rather than a copy of the pathologist's report.
 - B. Chemical Examination
Such findings as the composition of stones, etc.
 - C. Bacteriologic Reports
The report of any specific infection which may have been demonstrated in the operative specimen, operative wound, urine obtained in the event of stones or an obstructive uropathy, etc.
9. Postoperative Course
This should be carefully dated and portray in detail this portion of the patient's hospital illness. It must include all complications, unusual febrile reactions, their cause and consultations along with specific findings and recommendations.
The postoperative therapy should be specifically outlined including reasons for such therapy. The time of removal of sutures, the drain and the catheter should be recorded along with the final condition of the wound.
Postoperative laboratory data or x-rays should be recorded stating their indications, the results and their influence on further therapy.
10. Final Diagnosis
11. Final Hospital Summary
A concise statement stating patient's admission date and the primary problem along with the date of operation and its indication and a brief summary of the postoperative period and the date of discharge.
12. Postoperative Post-hospital Follow-up
This should include a period of 6 months with significant dates, specific therapy, laboratory and x-ray studies and their indications. In the event the patient was not or could not be followed for six months (in rare instances) the reasons should be stated. The final condition of the patient should be recorded.
13. Final Case Summary
This summary should provide the examiner with evidence of the candidate's achievements which either sup-

port or deny the efficacy of the preoperative, operative, and postoperative decisions and any intervening irregularities which may have influenced the ultimate handling of the particular patient problem.

14. Statements from the administrators of the hospitals attesting that the candidate was the operator must be included.

FINAL ACTION OF THE BOARD

Final action concerning each applicant is made by the entire Board and is based on the applicant's training, his professional record, his attainments in the field of Urology, and the results of the examinations. This Board is organized not to prevent qualified urologists from obtaining certificates but to assist them in becoming recognized in their communities as men competent to practice in the special field of Urology.

THE ACTIVITIES DESCRIBED IN THE FOREGOING PROCEED FROM THE CERTIFICATE OF INCORPORATION IN WHICH IS STATED THE NATURE OF THE BUSINESS, OBJECTS, AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED OUT BY THIS CORPORATION.

REVOCATION OF CERTIFICATE

Certificates issued by this Board are subject to the provisions of the Articles of Incorporation and the By-laws. According to Article IX, Section 4, of the By-laws, "Each Certificate shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, The American Board of Urology, Inc., or of the By-laws; or

B. The physician or party certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the directors of the Board at the time of the issuance of such certificate; or

C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The physician so certified, at any time while continuing to practice, shall cease to practice Urology; or

E. The physician so certified shall at any time have neglected to maintain the degree of competency in the practice of the specialty of Urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or

F. The physician so certified has been found to be guilty of unethical practices or immoral conduct or of conduct leading to revocation of his license.

The Board of Trustees of this Corporation shall have the sole power, jurisdiction and right to determine and decide whether or not the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation. The Board of Trustees may, however, in its discretion, require any physician so certified to appear before the Board of Trustees or before any one or more of them or before any individual or individuals designated by the Board of Trustees, upon not less than twenty (20) days written notice, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked upon any one or more of the above-described grounds specified in such notice. The failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Trustees, shall constitute, *ipso facto*, cause for revocation of his certificate. The decisions of the Board of Trustees relating to all matters under this Section 4 shall be final and binding.

MEDICAL LICENSURE REQUIREMENTS*

Temporary and Educational Permits, Limited and Temporary Licenses Issued by Licensing Boards

Forty-one boards provide for the issuance of temporary and educational permits, limited and temporary licenses, or other certificates for the practice of medicine. The terms for the issuance of such certificates vary. This limited registration may apply to hospital training, to those ineligible for licensure who seek further educational training, or for regular practice until the next regular session of the licensing board. A few states, such as Michigan and Kentucky, which require full citizenship for permanent licensure, will issue limited licenses to graduates of foreign schools on successfully passing board examinations. These permits must generally be renewed once a year with a maximum number of renewals (usually five years).

In February 1967 boards of medical examiners were asked whether there was a "mechanism for registration or limited licensure which authorizes employment of foreign trained physicians who have neither certification by the Educational Council for Foreign Medical Graduates nor a regular license (a) in a state hospital or (b) in private and other governmental hospitals." Eighteen boards replied that there was authorization for employing these foreign graduates in their state hospitals, and 14 stated that they could be employed in private or other governmental hospitals. Eleven states answered both of these questions in the affirmative, that there was authorization for employing these foreign physicians in all three categories of hospitals.

Licensure or Registration Requirements for Interns and Residents

In general, physicians serving internships are not required to be licensed in the state in which the hospital where they are interning is located. Puerto Rico is the only board which does require a license for interns. Indiana, Missouri, Rhode Island, South Carolina, and Texas require interns to obtain a temporary permit. Other boards have a requirement of registration with the licensing board or a stipulation that the physician must be eligible for licensure. In all, 20 states require some form of registration for interns.

Thirty-seven boards require that physicians serving as residents in hospitals be licensed or registered in the state. Seven boards (Minnesota, Mississippi, Nebraska, South Dakota, Utah, Vermont, and Wisconsin) state that hospital residents must hold a

regular license. Other boards do not require licensure but stipulate some form of registration with the licensing board. West Virginia specifies that only graduates of foreign medical schools are required to have a temporary permit. In some instances, hospitals will take the initiative to register residents with state boards, but it is the responsibility of the individual resident to inquire into the policy of any given state in order that he may obtain a temporary permit if such is the requirement.

Basic Requirements for Initial Medical Licensure for Graduates of U.S. Medical Schools

	Written Exam	Basic Science Certificate	Endorsement of National Boards	Citizenship ²	Internship ³
Alabama	x	x	x	x	x
Alaska	x	x	x	x	x
Arizona	x	x	x	x	x
Arkansas	x	x	No	x	x ⁹
California	x	x	x	x	x
Canal Zone	x	x	x	x	x
Colorado	x	x	x	x	x
Connecticut	x	x	x	D	x
Delaware	x	x	No	x	x
District of Columbia	x	x	x	x	x
Florida	x	x	No	x	x
Georgia	x	x	x ¹	x	x
Guam	x	x	x	D	x
Hawaii	x	x	x	D	x
Idaho	x	x	x	D	x
Illinois	x	x	x	x	x ⁶
Indiana	x	x	No	D	x
Iowa	x	x	x	D	x
Kansas	x	x	x	x	x
Kentucky	x	x	x	x	x
Louisiana	x	x	No	x	x
Maine	x	x	x	x	x
Maryland	x	x	x	D	x
Massachusetts	x	x	x	D	x
Michigan	x	x	No	D	x
Minnesota	x	x	x	D	x
Mississippi	x	x	x	x	x
Missouri	x	x	x	x	x
Montana	x	x	x	x ⁵	x
Nebraska	x	x	x	x	x
Nevada	x	x	x	x ⁵	x
New Hampshire	x	x	x	D	x ⁷
New Jersey	x	x	x	x	x
New Mexico	x	x	x	D	x
New York	x	x	x	D	x
North Carolina	x	x	No	x	x
North Dakota	x	x	x	x	x
Ohio	x	x	x	x	x
Oklahoma	x	x	x	x	x ⁸
Oregon	x	x	x	D	x
Pennsylvania	x	x	x	D	x
Puerto Rico	x	x	x	x	x
Rhode Island	x	x	x	D	x ⁷
South Carolina	x	x	x	x	x
South Dakota	x	x	x	D	x
Tennessee	x	x	x	x	x
Texas	x	x	No	D	x
Utah	x	x	x	x	x ⁹
Vermont	x	x	x	D	x
Virgin Islands	x	x	No	x	x ⁷
Virginia	x	x	x	D	x
Washington	x	x	x	x	x
West Virginia	x	x	x	x	x
Wisconsin	x	x	x	D	x
Wyoming	x	x	x	x	x

x—Implies yes, or required.

¹—Only if issued prior to October 15, 1953.

²—D indicates a declaration of intention to become a citizen of United States. No entry (.) indicates no requirement.

³—Declaration of citizenship adequate for citizens of Canada.

⁴—Canadian graduates exempt.

⁵—All states indicated by x only require one year of straight or rotating internship; those indicated by x⁷ require rotating internship. No entry (.) indicates no requirement.

⁶—Straight internship accepted if applicant furnishes proof he has finished residency training in approved hospital training program or has been accepted for such training.

⁷—One-year rotating service or 2-year straight internship. At least 3 months rotating service must be in general surgery, 3 months general medicine, and 6 weeks obstetrics.

⁸—Straight internship accepted except in pathology and psychiatry.

⁹—At the discretion of the board.

*Information on this page and subsequent pages reprinted with permission from the STATE BOARD NUMBER of JAMA, Vol. 200, No. 12, pp. 1055-1120.

Temporary and Educational Permits, Limited and Temporary Licenses, or Other Certificates Issued by State Licensing Boards

Alaska	Temporary permits issued for 6 months while processing permanent licensure, for physicians employed in the summer cannery season and for locum tenens work.
Arizona	Temporary permits issued on basis of community emergency for term not more than 6 months, and only once renewable.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard ECFMG certification.
Delaware	Temporary emergency license granted for 4 months, subject to renewal, for emergency shortage and for locum tenens practice provided physician is licensed in another state.
Georgia	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
Hawaii	Temporary license issued only if a community requires a pathologist or radiologist and the County Medical Society so certifies.
Idaho	Temporary license until next board meeting.
Illinois	Temporary certificate for residency training for applicants not qualified for permanent registration. Issued for period of 1 year, may be extended. Permit issued for service in state hospitals to physicians eligible for licensure.
Indiana	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued foreign medical graduates for graduate education training, must have standard or temporary ECFMG certification. Temporary medical permit granted to interns and residents until they can obtain a regular license.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for one year issued at discretion of board.
Kansas	Temporary permit until next board meeting. Not renewable.
Kentucky	Temporary permits issued to applicants by endorsement for 6-month period to serve until investigations completed and meeting of board. Limited licenses issued to graduates of foreign medical schools upon successfully passing board examination, for one year, renewable for special place, purpose, and time.
Louisiana	Temporary permit is granted to physicians possessing the necessary credentials who file application for examination or reciprocity and who locate in Louisiana between the regular semiannual meetings of the board. Temporary permits also issued to foreign graduates with ECFMG certificate who wish to be employed in state institutions.
Maine	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
Massachusetts	Limited registration covering appointment as intern, resident, or fellow in specific hospital, or as assistant in medicine while a student in medical school.
Michigan	Temporary annual license for resident and postgraduate training renewal each year, not to exceed 5 years. Internship Permits issued to graduates of foreign medical schools for a period of 1 year.
Minnesota	A certificate of Graduate Training issued if requirements of law have been met. No authority to practice nor licensure rights.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to foreign graduates, noncitizen who is awaiting citizenship. Temporary license issued to interns, residents, fellows, or house officers.
Montana	Temporary license is granted to physicians to practice anywhere in the state in the interim between license meetings. Must appear at next board meeting to have temporary license made permanent.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
New Hampshire	Temporary license or until full citizenship or a maximum of 5 years for foreign-trained physicians.
New Jersey	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of the state.
New Mexico	Institutional permit issued for practice in state hospitals only. Permits for interns and residents. Temporary licenses issued until next board meeting.
New York	Temporary certificate for 2 years of residency training required for graduates of United States and Canadian schools, except in public hospitals. ECFMG required of foreign graduates on immigrant visas. Eligibility for examination is prerequisite.
North Carolina	Limited license issued for duration of residency, renewable annually, to physicians not eligible for licensure by endorsement.
North Dakota	Temporary permit for United States and Canadian graduates until next board meeting and for locum tenens. Limited license for physicians employed in state hospitals. Does not apply to foreign graduates.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for 2 additional years.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign Postgraduate Registration for physician in United States on Educational Visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit issued for intern and residency training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting. Temporary permits issued to foreign graduates for employment in state hospitals. Must hold ECFMG certificate.
South Dakota	Temporary license issued for 4 years to graduates of unapproved medical schools for practice in State Institutions provided applicant passes Basic Science and Medical Board examination.
Texas	Temporary license issued to next Board Meeting date, after completed application for permanent license has been filed and it has been checked, processed, and found to be in order. Institutional Permits issued to Interns and Residents. Foreign graduates must be ECFMG certified.
Vermont	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Conditional certificate or license for employment by the Department of Institutions if licensed in another state.
West Virginia	Temporary license issued until next board meeting to qualified applicants.
Wisconsin	Temporary educational permit issued to graduates of foreign medical schools for residency training. May be renewed annually for not more than 5 years.
Wyoming	Temporary permit until next board meeting. Citizenship requirement may be waived and temporary license granted on annual basis at the discretion of the Board provided the applicant successfully completes ECFMG examination or Board's written examination; citizenship must be obtained within 5 years.

Status of Requirements for Medical Licensure for Physicians Trained in Foreign Countries Other than Canada*

	Written Examination	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Basic Science Certificate	Internship	Certification by Educational Council for Foreign Medical Graduates	Additional Requirements	Examination Fee, Dollars
Alabama	x		x	x	x	x	x	25
Alaska	x	x		x	x			35
Arizona	x		x	x	x	x	x	50
Arkansas		not accepted						
California	x				x		x	40
Canal Zone	x					x	x	10
Colorado	x		x	x	x	x	x	50
Connecticut	x		D	x				50
Delaware	x	x	x		x	x	x	50
District of Columbia	x	x		x		x	x	35
Florida	x		x	x		x	x	50
Georgia	x	x	x		x	x	x	50
Guam	x	x			x	x	x	50
Hawaii	x		D		x	x	x	50
Idaho	x		D		x	x	x	100
Illinois	x		D		x		x	75
Indiana	x		D	x	x	x	x	25
Iowa	x	x	D	x	x	x	x	50
Kansas	x		x	x	x	x	x	50
Kentucky	x		x		x	x	x	50
Louisiana		not accepted						
Maine	x				x	x	x	100
Maryland	x		D		x	x	x	50
Massachusetts	x		D			x	x	75
Michigan	x	x	D	x	x	x	x	30
Minnesota	x		D	x	x	x	x	50
Mississippi	x				x	x	x	35
Missouri	x		x		x	x	x	50
Montana	x	x	x		x	x	x	75
Nebraska	x							
Nevada		not accepted						
New Hampshire	x		D		x	x	x	50
New Jersey	x		D		x	x	x	100
New Mexico	x		D	x		x	x	40
New York	x	x	D		x	x	x	50
North Carolina	x		D		x	x	x	100
North Dakota	x		D		x	x	x	50
Ohio	x	x	x		x	x	x	25
Oklahoma	x		D	x	x	x	x	50
Oregon	x		D	x	x	x	x	150
Pennsylvania	x		D		x	x	x	50
Puerto Rico	x		D	x	x	x	x	30
Rhode Island	x	x	D	x	x	x	x	50
South Carolina	x		D	x	x	x	x	100
South Dakota	x	x	D	x	x	x	x	40
Tennessee	x	x	D	x	x	x	x	50
Texas	x	x	D	x	x	x	x	50
Utah	x		D	x	x	x	x	25
Vermont	x		D		x	x	x	20
Virgin Islands	x				x	x	x	65
Virginia	x		D		x	x	x	50
Washington	x	x		x	x	x	x	25
West Virginia	x		D		x	x	x	25
Wisconsin	x		D	x	x	x	x	75
Wyoming	x	x	x		x	x	x	75

This summary should be verified by direct communication with the secretary of the licensing board of the state in which the physician is interested.

* See separate table applicable to Canadian Citizens.
 x Implies yes.
 D Declaration of intention to become citizen of the United States.

Additional Requirements

Alabama. Candidate is eligible if he is certified by the National Board of Medical Examiners and approved.
Arizona. Two years of approved internship in United States' hospitals required.
California. Non-Citizens—Two-year internship in an approved hospital in the United States, one of the said years being in California, followed by an oral and clinical examination. Citizens—one year approved internship in an approved hospital in the United States followed by oral and clinical examination; if satisfactory internship already completed, all three parts of examination (written, oral, clinical) may be taken at the same time.
Canal Zone. Acceptable at the discretion of the Board.
Colorado. Credentials must be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being visaed by the U. S. Consul in the country wherein the school of graduation is or was located. Two years of approved residency.
Connecticut. For graduates of unapproved medical schools, minimum of three years of hospital training in approved hospital in United States or Canada required, one year of which must be in general medicine. Maintains list of acceptable medical schools.
Delaware. Residence for one year required.
District of Columbia. Examinees must pass D.C. examination or be exempt therefrom by virtue of having passed a basic science examination elsewhere.
Florida. One year approved internship or 5 years private practice in United States.
Georgia. Reciprocity applicants may furnish certification of passing examination of Educational Council for Foreign Medical Graduates in lieu of acceptable medical school, and applicants are given consideration on an individual basis. Must appear before licensing board for interview. \$50 examination fee for nonresidents.
Guam. Residence for one year required. Diplomates of National Board eligible on endorsement basis.
Hawaii. Residence for one year required. Diplomates of National Board eligible on endorsement basis. Graduates of other schools considered if in practice for 7 of 11 years as licensed physician.
Idaho. Considered on individual basis.
Illinois. Considers applications on an individual basis from graduates of schools not on approved list. The fact a graduate from an unapproved school has been accepted may be due to the reason he was accepted on basis of postgraduate training in this country or applicant may have been admitted on basis of court order.
Indiana. Two years postgraduate training in approved hospital in United States required, and citizenship.
Iowa. The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all of the following: (a) a diploma issued by a medical college which college has been neither approved nor disapproved by the medical examiners; and (b) completion of three years of training as a resident physician which training has been approved by or is acceptable to the medical examiners; and (c) recommendation of the ECFMG.
Kansas. Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul. ECFMG certificate has a favorable bearing on acceptance.
Kentucky. Applicant required to complete at least five years' training in the United States in an institution approved by the board.
Maine. Maintains list of acceptable medical schools.

Maryland. Three years hospital service in the United States required, one year of which must be a rotating internship or one year of residency in internal medicine; also one of the three years must have been spent in an approved hospital in Maryland.
Massachusetts. If a candidate is a diplomate of an approved specialty board, he may be admitted to the examination for licensure without being required to hold an ECFMG certificate.
Michigan. Applicants with first papers who meet all requirements of this board for permanent licensure are granted a temporary license. This license is renewable annually on July 1, not to exceed 5 years.
Minnesota. Two years graduate training.
Mississippi. Interview by examining board prior to examination required.
Missouri. Temporary license issued noncitizens awaiting citizenship.
New Hampshire. Diplomates of National Board of Medical Examiners eligible on endorsement basis. Temporary license valid until citizenship is completed may be given. Considered on individual basis. Certified copies of credentials and translations must be filed with application.
New Jersey. Candidates required to have not less than three years training in a hospital approved by the board.
New York. ECFMG examination or equivalent plus 1 or 2 years approved hospital training required.
North Carolina. Considered on an individual basis.
North Dakota. Considered on an individual basis.
Ohio. Must serve at least two years as intern or resident in approved hospital in United States.
Oregon. Must show evidence of internship and/or residency of not less than two years in not more than two hospitals approved for such training. Less than an unqualified recommendation from the heads of these training programs shall preclude further consideration.
Pennsylvania. Graduates of foreign medical schools are considered on an individual basis.
Rhode Island. In addition to year of rotating internship a second year of either internship or residency in an approved hospital in United States or Canada is required.
South Carolina. Residency training is required as specified by the board.
South Dakota. Applicant required to practice in a State Institution for four years under a temporary license and reappear before the board for permanent licensure, if unable to meet ECFMG and internship requirement.
Tennessee. All applicants must be from medical schools whose curriculum equals that of the University of Tennessee. Each applicant considered on an individual basis, and must appear before the Board of Medical Examiners at regular annual meeting before certification to the Licensing Board for a license to practice medicine in Tennessee.
Texas. All foreign-trained physicians (with exception of Canada) must appear for personal interview.
Utah. Applicant required to have 3 years of internship or residency, 1 year spent in Utah, and hold certificate of National Board of Medical Examiners.
Virgin Islands. Residence of six months required.
Virginia. Applicant must be licensed to practice medicine and surgery in country in which school of graduation is located or must have completed the course of study and passed examinations equivalent to those required for a diploma or license conferring such full rights to practice. Two years of accredited hospital training in approved hospital in the United States or Canada within the five years prior to application. If citizenship is not acquired within seven years after licensure, the license automatically becomes void.
West Virginia. Applicant must be resident of the state for three years preceding application and recommended by local society. ECFMG recommended by Board, not required by law.
Wisconsin. 1953 Legislature established One Year Temporary Educational Permit which authorizes graduates of unapproved foreign schools to obtain residency training in approved hospitals. May be renewed for four additional years.

**Schedule for Written Examination and Issuance of Licenses by
Reciprocity or Endorsement of Credentials**

	Written Examinations	Licenses Issued by Reciprocity or Endorsement
Alabama	Annually	Monthly
Alaska	On application	Continuously
Arizona	June and December	January and July
Arkansas	June and November	June and November
California	Quarterly	Once a week
Canal Zone	Quarterly	Quarterly
Colorado	June and December	January, April, July and October
Connecticut	March, July, and November	Continuously
Delaware	January and July	Monthly
District of Columbia	Twice annually	Monthly
Florida	January and July	No reciprocity
Georgia	June and October	June and October
Guam	No examination given	On application
Hawaii	January and July	Continuously
Idaho	Semiannually	Semiannually
Illinois	Quarterly	Quarterly
Indiana	Annually, June	Once a month
Iowa	June and January	Monthly
Kansas	January and June	January and June
Kentucky	Biannually	Continuously
Louisiana	June and December	June and December
Maine	March, July, and November	March, July, and November
Maryland	June and December	Once a Month
Massachusetts	January and July	Monthly except August
Michigan	January and June	Continuously
Minnesota	Quarterly	Quarterly
Mississippi	Annually, June	June and December
Missouri	Twice annually	Eight times annually
Montana	January and July	Continuously
Nebraska	Annually in June	Continuously
Nevada	Quarterly	Quarterly
New Hampshire	Twice annually	Twice annually
New Jersey	Feb., June and Oct.	Monthly
New Mexico	May and November	May and November
New York	July and December	Continuously
North Carolina	Annually, June	Five times annually
North Dakota	January and July	January and July
Ohio	June and December	Six times annually
Oklahoma	Annually, June	Quarterly
Oregon	January and July	Quarterly
Pennsylvania	May and November	Continuously
Puerto Rico	Twice annually	Continuously
Rhode Island	Quarterly	Eight times annually
South Carolina	June and November	May, June, and November
South Dakota	Twice annually	Continuously
Tennessee	June and December	Continuously
Texas	Biannually	Quarterly
Utah	Annually, May	February, June, Au- gust, and November
Vermont	January and June	Continuously
Virgin Islands	Twice annually	Twice annually
Virginia	June and December	June and December
Washington	January and July	Quarterly
West Virginia	January and July	Quarterly
Wisconsin	January and July	Quarterly
Wyoming	February, June, and October	February, June, and October

Medical License Fees

	Exami- nation	Reciprocity or Endorsement
Alabama	\$ 25	\$100
Alaska	35	110
Arizona	50	150
Arkansas	50	100
California	40	100 ^f
Canal Zone	50	10
Colorado	25	50
Connecticut	50	100 ^h
Delaware	50	150
District of Columbia	35	50 ^a
Florida	50	..
Georgia	20 ^g	100
Guam	..	50
Hawaii	50	50
Idaho	25	150
Illinois	75	150
Indiana	25	100
Iowa	50	100
Kansas	50	..
Kentucky	50	75
Louisiana	25	100
Maine	100	100
Maryland	50	50
Massachusetts	75	75
Michigan	30	100
Minnesota	50	100
Mississippi	35	50
Missouri	50	100
Montana	75	100
Nebraska	50	50
Nevada	100	200
New Hampshire	30	50
New Jersey	60 ^a	50
New Mexico	100	100
New York	40	40
North Carolina	50	100
North Dakota	100	100
Ohio	50	100
Oklahoma	25	100
Oregon	75 ^e	100 ^e
Pennsylvania	50	75
Puerto Rico	30	30
Rhode Island	50	50
South Carolina	50	100
South Dakota	40	90
Tennessee	50	100
Texas	50	100
Utah	25	50
Vermont	20	50
Virginia	50	100
Virgin Islands	65	65
Washington	25	25
West Virginia	25	100
Wisconsin	50 ^d	100
Wyoming	75	75

- Endorsement fee, \$35.
- Sum equal to fee of endorsing state.
- Endorsement fee, \$50.
- Foreign graduates, \$75.
- Nonresident, \$50.
- Foreign graduates, \$150. (Filing fee, \$25. Oral practical, \$50. Written examination, \$75).
- Plus \$10 filing fee and \$18 initial fee.
- \$100 for graduates of foreign medical colleges.
- \$50 for National Board applicants.

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Corresponding Officers of Boards of Examiners in Basic Sciences

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- Wisconsin:** Dr. B. H. Kettelkamp, Secretary, P.O. Box 73, River Falls 54022.

Citizenship Requirements for Permanent Licensure

No Requirement		
California	Guam	Utah
Canal Zone	Illinois	Virgin Islands
District of Columbia	Maine	Washington
Declaration of Intention		
Connecticut	Massachusetts	Pennsylvania
Hawaii	Minnesota	Rhode Island
Idaho	New Hampshire	South Dakota
Indiana	New Mexico	Texas
Iowa	New York	Vermont
Maryland	Oregon	Virginia
		Wisconsin
Full Citizenship		
Alabama	Kentucky	North Carolina
Alaska	Louisiana	North Dakota
Arizona	Michigan	Ohio
Arkansas	Mississippi ²	Oklahoma
Colorado	Missouri	Puerto Rico
Delaware	Montana ³	South Carolina
Florida	Nebraska	Tennessee
Georgia	Nevada ³	West Virginia
Kansas	New Jersey	Wyoming

2. U. S. Citizenship not required of Canadian citizens.
 3. Declaration of citizenship adequate for citizens of Canada.

Basic Science Registration Fees*

Alabama	\$25 ³	Nebraska	\$10 ³
Alaska	25	Nevada	25
Arizona	20	New Mexico	50 ⁴
Arkansas	25 ¹	Oklahoma	15 ⁴
Colorado	25	Oregon	25
Connecticut	25	Rhode Island	10
District of Columbia	25	South Dakota	15 ⁶
Florida	10	Tennessee	25 ⁵
Iowa	20	Texas	25 ²
Kansas	25	Utah	10
Michigan	10 ⁶	Washington	10 ⁶
Minnesota	25 ²	Wisconsin	20

*Fee for registration by examination and reciprocity: (1) non-residents \$50; (2) reciprocity \$50; (3) waiver \$15; (4) reciprocity and waiver \$75; (5) reciprocity \$10; (6) waiver \$25.

States Requiring Annual or Biennial Registration

State	Fee, \$	State	Fee, \$
Alabama	5.00 ^a	Montana	10.00 ⁱ
Alaska	10.00	Nebraska	10.00
Arizona	5.00 ^b	Nevada	10.00
Arkansas	^b	New Hampshire*	5.00
California*	18.00 ^b	New Mexico	5.00 ^f
Colorado	^c	New York*	15.00
Connecticut*	10.00 ^d	North Carolina*	5.00
Delaware	15.00 ^e	North Dakota	5.00
District of Columbia	4.00	Oklahoma	8.00
Florida	10.00 ^d	Oregon	20.00 ^j
Georgia	3.00	Pennsylvania*	10.00
Hawaii	5.00	Rhode Island	5.00
Idaho	10.00	South Carolina*	5.00
Illinois*	10.00	South Dakota	5.00
Indiana*	^f	Tennessee	5.00
Iowa	5.00	Texas	10.00
Kansas	10.00	Utah	10.00
Louisiana	10.00	Vermont	2.00
Maine*	5.00 ^g	Virginia	3.00
Maryland	5.00 ^h	Washington	7.00
Michigan	5.00	West Virginia*	5.00
Minnesota	5.00	Wisconsin	5.00
Missouri	10.00	Wyoming	7.50

*Biennial registration.
 a. Required by licensing board for the healing arts.
 b. Residents \$2, nonresidents \$4.
 c. Residents \$2, nonresidents \$10.
 d. Required by Board of Medical Examiners, but must also register with State Board of Health and pay \$1 fee annually.
 e. State tax requirement.
 f. Residents \$5, nonresidents \$10.
 g. Every three years.
 h. Residents \$5, nonresidents \$20.
 i. Inactive or out-of-state \$3.
 j. Residents \$20, nonresidents \$5.

Policies by Licensing Boards in the United States for Citizens of Canada

	Graduates of Approved Canadian Medical Schools Considered for License by Examination on Same Basis as Graduates of Approved Medical Schools in U.S.	Graduates of Approved Canadian Medical Schools Certified by Medical Council of Canada Acceptable for Licensure by Reciprocity or Endorsement	Canadian Internship Accepted as Equivalent to Internship Served in a Hospital in U.S.	Citizenship
Alabama	x		x	x
Alaska	x		x	x
Arizona	x		x	x
Arkansas	x	x	x	x
California	x		x	
Canal Zone	x	x	x	
Colorado	x		x	x
Connecticut	x	x	x	D
Delaware	x	x	x	D
District of Columbia	x		x	
Florida	x		x	x
Georgia	x		x	x
Guam				
Hawaii	x			D
Idaho	x			D
Illinois	x	x	x	
Indiana	x		x	D
Iowa	x	x	x	D
Kansas	x		x	x
Kentucky	x			x
Louisiana	x		x	x
Maine	x	x	x	
Maryland	x		x	D
Massachusetts	x		x	D
Michigan	x		x	D
Minnesota	x		x	
Mississippi	x	x	x	
Missouri	x	x	x	x
Montana	x		x	D
Nebraska	x		x	x
Nevada	x			D
New Hampshire	x	x	x	D
New Jersey	x		x	x
New Mexico	x			D
New York	x	²	x	D
North Carolina	x		x	x ¹
North Dakota	x		x	D
Ohio	x		x	D
Oklahoma	x		x	x
Oregon	x		x	D
Pennsylvania	x		x	D
Puerto Rico	x			x
Rhode Island	x		x	D
South Carolina	x		x	x
South Dakota	x		x	D
Tennessee	x		x	x
Texas	x	³	x	D
Utah	x		x	
Vermont	x	x		D
Virgin Islands	x			
Virginia	x		x	D
Washington	x		x	
West Virginia	x		x	x
Wisconsin	x		x	D
Wyoming	x	x	x	x ¹

x—Implies yes. D—Declaration of intention to become citizen of the United States.
¹—May be waived at discretion of the board.
²—Partial—since 1956, must pass Group 1 and Pathology in New York State Examination. Recognized specialty board certificate may be accepted in lieu of required subjects.
³—Must have provincial license by written examination.