

Medical Education in the United States and Canada

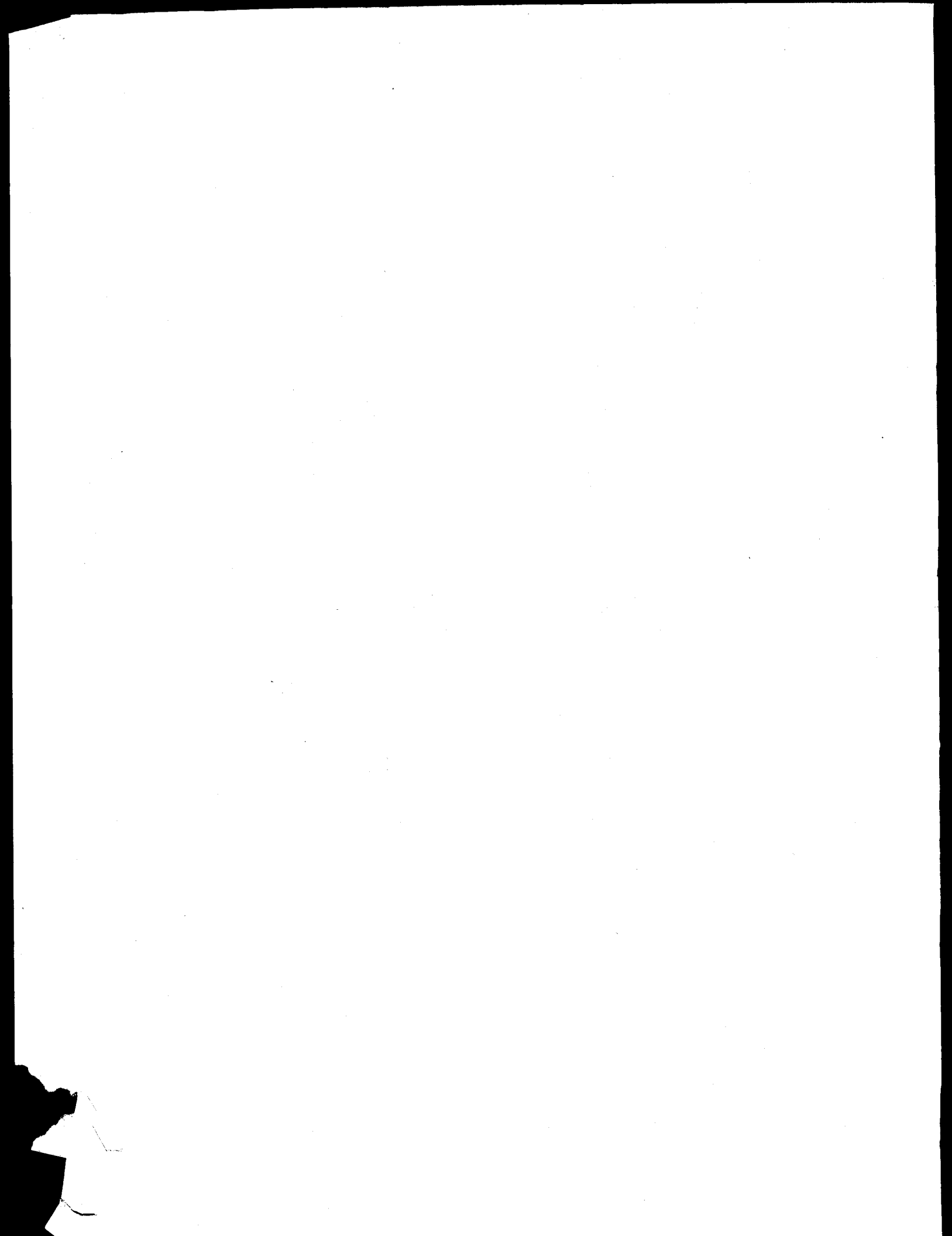
1942 – 1943

Reprinted from the
Educational Number
of the
Journal of the American Medical Association
August 14, 1943

Forty-Third Annual Presentation of Educational
Data by the Council on Medical
Education and Hospitals

Including Lists of Approved Internships,
Residencies and Fellowships





MEDICAL EDUCATION IN THE UNITED STATES AND CANADA

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MEDICAL EDUCATION AND THE WAR

A Series of Articles by Federal Authorities Concerning the Medical Services of Wartime and the Selection and Training of Premedical and Medical Students

THE UNITED STATES ARMY AND MEDICAL EDUCATION

Major General Norman T. Kirk
Surgeon General, U. S. Army

The Army Specialized Training Program, explained more in detail elsewhere in this issue, is the result of planning for the future by the War Department. Recognizing that the present demands on the Medical, Dental and Veterinary Corps will be definitely increased as the war continues, it is necessary to prepare for future eventualities before critical needs arise.

An announcement of the projected plan of the Army Specialized Training Program was made by the Commanding General, Army Service Forces. This was followed by a meeting between the Council on Medical Education and Hospitals and the Surgeon Generals in Washington. It was the feeling at this meeting that subsidization of medical education had certain drawbacks, but there were other considerations which outweighed these. It should be a source of pride to the medical profession that the educational program is carried to completion and a degree granted to graduates only in the case of physicians, dentists and veterinarians. Those soldiers attending engineering schools, electronics, physics and so on may not be granted a degree.

The recognition of the requirements of medically qualified graduates set the pace for mutual agreement and understanding of medical problems between the Council and the War Department. Many problems have arisen regarding the accelerated medical educational program. My office has had to seek the cooperation of hospitals and medical schools in the solving of some of these problems. The hearty response to any request leads me to express my deep appreciation to those members of the profession who have worked so unselfishly to make this planned program a success.

It was estimated early in the war that the planned army would require 63,000 physicians by the end of 1943. However, when the total number of physicians in the United States is considered, it is estimated by reliable sources that the Army will not be able to secure more than 48,000 without subjecting the civil

population to considerable hardship. Every position calling for a medical officer in the Army Ground Forces, Army Air Forces and Army Service Forces was considered in order to determine where the services of such officers could be done away with. As a result of this work we have developed an effective plan for the utilization of the 48,000 medical officers to give the best possible care to the members of the Army. A close study of assignments must be maintained at all times in order to utilize fully the professional abilities of the physicians and leave administrative work, as far as possible, to those not qualified as medical officers.

We must further consider the normal attrition of medical officers, which is similar to that in civilian life but augmented by the increased casualty expectancy of armed forces. In the recent African campaign the casualty rate was much lower than expected, owing to careful negotiations and prearranged plans between the leaders of the Allied Nations and the French government in North Africa. Such a state of cooperation cannot be expected in forthcoming activities on the European continent, and this will never be true in the Pacific theater of operations. It is obvious that the offensive role in this war will increase tremendously the casualty rate of both enlisted and commissioned personnel. This means that the present attrition of medical officers will assume higher proportions as a result of losses of wounded, prisoners of war, killed or missing in action.

The increased tempo of warfare in the Southwest Pacific will also add to the casualty rate in that theater of operations. With the battle fronts extending over every part of the globe, the work of the Medical Department is assuming tremendous proportions and the strain, both mentally and physically, adds to the normal attrition of medical officers.

The augmented medical program will increase the number of available physicians per year. Of this num-

ber it is contemplated that approximately 55 per cent of the medical graduates will be necessary to maintain the strength of the Medical Corps at a properly functioning level (48,000). Assuming that 6,000 (plus) graduates are available each year, this means that 3,300 physicians will be needed as replacements in the Army. Our present figure for separations from the service has increased in 1943 over the figure of 1942. The average rate of separations from the service from all causes is approximately 35 per week. This will probably be increased to 45 per week within the next twelve months, or a total of 2,340 losses for the Medical Corps.

When we consider that at the present time 25 to 35 per cent of all applicants for commission are rejected by reason of physical disqualification alone, the figure 3,300 (representing an estimated 55 per cent of the yearly graduates of medicine) is just enough to provide the estimated replacements required in the Medical Corps, with a small leeway for adjustment. In other words, the War Department is faced with the absolute necessity of obtaining that number of replacements every year without regard to increasing the overall number of medical officers on active duty.

THE ARMY SPECIALIZED TRAINING PROGRAM

Colonel Francis M. Fitts, M. C.

Army Service Forces

A review of the problems of medical education during 1942-1943 cannot disregard those occasioned by the educational programs adopted by the Army and the Navy with a view to assuring for the armed forces an uninterrupted supply of young medical officers during the period of the national emergency. It is too early to judge results; possibly an early termination of hostilities may obviate the necessity of observing the operation of the more radical features of the program's departure from normal peacetime procedures.

In December 1942 the Secretary of War and the Secretary of the Navy, in a joint statement, recommended the utilization of college facilities in specialized training for the Army and the Navy. The objective of the Army program was announced to be "To meet the need of the Army for specialized technical training of soldiers on active duty for certain Army tasks for which its own facilities are insufficient in extent or character. To that end the Army will contract with selected colleges and universities for the use of their facilities and faculties in effecting such training of selected soldiers in courses prescribed by the Army."

The reason for this action is apparent: under existing conditions the constant and adequate supply of medical officers required by the Army as replacements for anticipated losses among those on active duty could not be assured. Established civilian sources are being rapidly depleted. Additional medical officers must be procured through the specialized training of potential physicians already in, or entering, the military service.

It was not considered practicable to continue the training of members of the military establishment in medicine and premedicine on a purely voluntary basis and on an inactive duty status. Since the facilities of the Army are not those required for the training of physicians, the Army Specialized Training Division of the Army Service Forces was requested to make the necessary arrangements for the selection and training of qualified enlisted men in medicine, and in the prepa-

Thus we can see the necessity of a plan which will furnish the required physicians for duty with the Army. The Army Specialized Training Program embodies this program. Civilian medical care will not be depleted to the danger stage, since approximately 20 per cent of the graduates will be available for civilian replacements while many of those physicians separated from the service will be fully capable of carrying on an average civilian medical practice. One great danger in such a program lies in the postgraduate training of the individual physicians.

Present postwar plans are being formulated to combat this weakness and enable physicians to secure advanced training. After the war many physicians will decide to remain in the service, as happened in the past war, and no doubt will be privileged to increase their training by proper assignment to professional duties within the Army. Civilian hospitals and schools will be able to provide adequately for the advanced training of those physicians who return to civilian life. Close study of this program will show the need of cooperation between the members of the medical profession, both within and without the military service.

ration for the study of medicine, in sufficient numbers to assure the loss replacements required to maintain an adequate medical service for the Army.

The same problem confronted the War Department in 1917: provisions were imperative to guarantee the continued supply of physicians to the Army. The solution was quite analogous to that adopted in 1942 for the continuation of nonprofessional training, at the college level, of potential officer candidates: enlistment in the Enlisted Reserve Corps and deferment of call to active duty for the purpose of the completion of the academic preparation for military duties. On the establishment of the Student Army Training Corps in 1918 and the activation of units of that corps in colleges and universities throughout the country, the members of the Medical Department Enlisted Reserve were called to active duty and assigned to the Student Army Training Corps to pursue their professional studies in uniform. No provisions were made for premedical training as such or for selective procedures for assignment to Student Army Training Corps units at medical schools for the purpose of pursuing instruction in medicine, nor did the government assume the responsibility of paying for this specialized training. A month after the inauguration of the program the armistice was signed, and shortly thereafter the enlisted men of the Students Army Training Corps were discharged to return to their briefly interrupted studies.

In 1939, with the same end in view, the War Department approved measures whereby, during a national emergency, medical students then holding commissions in the Officers' Reserve Corps would not be called to active duty until after the completion of their professional studies. This was followed in 1941 by provisions for placing other medical students and premedical students accepted for admission to the next ensuing class in approved schools of medicine under Army jurisdiction. This was accomplished through their voluntary appointment in the Medical Administrative Corps. Their call to active duty has been deferred in order

that they may complete their professional training with a view to appointment in the Medical Corps, Army of the United States. Approximately 60 per cent of the students in these schools availed themselves of this opportunity to complete their medical education and accepted the obligation of future military service.

No similar provisions could be considered for premedical students whose admission to the study of medicine was not assured. However, under the general preinduction training program adopted in 1942 this group was permitted to enlist in the Enlisted Reserve Corps and, prior to the initiation of the Army Specialized Training Program, were permitted to continue their studies on an inactive duty status. Those who had not been accepted for matriculation for future entering classes in medicine have been called to active duty. They are eligible for the resumption of collegiate training if selected for assignment to the Army Specialized Training Program at the completion of their basic military training, thirteen weeks in duration. The probability of their resuming premedical studies, however, is no greater than that which they would have had of entering on the formal study of medicine in civil life.

The majority of the premedical students who were members of the Medical Administrative Corps or the Enlisted Reserve Corps and who have assured vacancies in medical schools through their formal acceptance for admission to future entering classes are continuing the premedical studies prerequisite to such matriculation on an inactive status at their own expense; others have been assigned to Army Specialized Training units for the completion of their premedical training. Still others who have completed their premedical studies are receiving basic military training or are serving in military hospitals pending transfer to the Army Specialized Training unit at the institution by which they have been matriculated.

WOMEN NOT INCLUDED

It is anticipated that training in medicine under the Army Specialized Training Program will have been initiated by July 23, 1943 in all approved schools of medicine with the exception of the Woman's Medical College of Pennsylvania. It is not contemplated that the utilization of the facilities of this school will be requested or that female enlisted personnel of the Army will be assigned to the Army Specialized Training Program for training in medicine. Since women are not under the potential compulsion of Selective Service, their entrance into the military service is purely voluntary. There is no cause for either the interruption or the postponement of their medical education. The supply of women physicians should not be affected by the national emergency.

SELECTION OF MEDICAL STUDENTS

The assignment of enlisted men to the Army Specialized Training units at approved schools of medicine is, until further notice, restricted to those who are currently enrolled in, and to those who have been accepted by, such schools for future entering classes. This restriction of selection for the continuation of premedical training and assignment for professional training to the enlisted men for whom there are assured vacancies in a medical school is necessitated by the fact that freshman classes have been filled for 1943, the first half of 1944 and, in a number of schools, for late 1944. If these applicants are in, or enter, the active military service they will be assigned to the Army Specialized Training Program for the completion of prerequisite

premedical training and subsequent timely transfer to the Army Specialized Training unit at the school by which they have been accepted.

It is obvious, however, that medical schools cannot continue to fill their entering classes from civilian sources only: many students contemplating or preparing for the study of medicine will have been inducted into one of the armed forces before acceptance by an accredited school is possible. Others will be unwilling to remain out of the military service for the purpose of preparing themselves for the study of medicine. If the supply of physicians not only to meet the requirements of the armed forces during the current emergency but also for postwar civilian needs is to continue beyond those now in or accepted for medical training, appropriate steps must be taken by the Army and by the Navy to assure necessary preparatory studies by qualified individuals in active military service with a view to subsequent training in medicine.

PREMEDICAL TRAINING

In order that detailed plans may be made for such premedical training under the Army Specialized Training Program the War Department is taking steps to determine the number of Army trainees who may be assigned to Army Specialized Training units at medical schools for instruction in future freshman classes. The program of the Army will require at least 55 per cent of the vacancies in medical schools. The possibility is being explored of a mutual agreement whereby carefully selected enlisted men, not accepted as individuals by the individual schools of medicine, may be assigned to fill these vacancies with a view to receiving the degree of doctor of medicine and to being appointed in the Medical Corps of the Army of the United States.

The procedures involved in the selection and training of the enlisted men whom the medical schools will be requested to train in medicine may be briefly outlined as follows:

On entering the Army the recently inducted soldier is given certain general classification tests, the results of which are entered on the record which accompanies him to the unit or installations in which he receives his basic military training. Those with certain high scores (115 or better on the Army General Classification Test) will then appear before Army Specialized Training Program field selection boards to determine whether they should be assigned to this program for training at the college level. The actual field of such training and the academic level at which training should begin will be determined at the classification and assignment units to which these selected soldiers are first assigned (Specialized Training and Reassignment unit, referred to as a STAR unit).

From the STAR unit candidates who are manifestly suitable for or interested in the study of medicine will be transferred to appropriate training units to begin premedical studies at the basic level. The premedical curriculum in the first two terms, of twelve weeks each, is common to that followed by trainees tentatively selected for engineering specialties. This basic curriculum includes mathematics, physics, general chemistry and English, as shown in the accompanying table. Descriptions of the courses listed are available from the Army Specialized Training Division.

It is during the second term that the real selection for premedical training is to be made for subsequent training in medicine. Representatives of all the approved schools of medicine will participate in this

selection. It is on them that the War Department is depending for expert advice in determining the enlisted men who should receive training in premedicine. Since premedical training is, per se, of little value in the military service, attrition must be held to a minimum. At this level trainees not considered fully qualified, especially as regards fitness and aptitude for and attitude toward the study of medicine, appointment in the Medical Corps of the Army of the United States and the practice of the profession of medicine in civil life, may be considered for other fields of specialized training under the Army Specialized Training Program.

Outline of Army Premedical Curriculum

Subject	AST	Total Hours per Week ^a	Required Distribution	
			Class	Laboratory
1st Term				
Mathematics.....	AST-406	6	6	0
Physics.....	AST-304	7	4	2(1*)
Chemistry.....	AST-205	3	3	0
English.....	AST-111	3	3	0
History.....	AST-133	3	3	0
Geography.....	AST-163	2	2	0
Total.....		24	21	3
2d Term				
Mathematics.....	AST-407	5	5	0
Physics.....	AST-305	7	4	2(1*)
Chemistry.....	AST-206	6	2	4
English.....	AST-111	2	2	0
History.....	AST-133	2	2	0
Geography.....	AST-163	2	2	0
Total.....		24	17	7
3d Term				
Qualitative Analysis.....	AST-211	9	3	6
Physics.....	AST-306	7	4	2(1*)
Biology.....	AST-951	7	3	4
English.....	AST-111	2	2	0
History.....	AST-133	2	2	0
Geography.....	AST-163	2	2	0
Total.....		29	16	13
4th Term				
Organic Chemistry.....	AST-261	9	3	6
Biology.....	AST-952	7	3	4
English.....	AST-112	2	2	0
Psychology.....	AST-904	4	4	0
Selected Courses ^b		6	6	0
Total.....		28	18	10
5th Term				
Organic Chemistry.....	AST-262	9	3	6
Comparative Anatomy.....	AST-953			
or				
Embryology.....	AST-954	7	3	4
English.....	AST-113	2	2	0
Psychology.....	AST-905	4	4	0
Selected Courses ^b		6	6	0
Total.....		28	18	10

^a Required by contract.

* One hour for writing reports.

^b 1. French, German, Spanish for students who have studied one of these in high school or college—must continue in 5th Term.

2. Economics—must continue in 5th Term.

3. Public administration.

4. Quantitative analysis.

5. Physical chemistry.

The trainees selected for future training in medicine begin their biologic studies in the third term and continue them through term five, the last term of the premedical curriculum. Organic chemistry and psychology are added in the fourth and fifth terms. In these two terms eight semester hours are available for subjects selected by the institution based on the interest and special aptitude of the trainee. This will permit a brief refresher course in a modern foreign language for trainees who have had appropriate previous instruction. It has not been considered possible to include a language as a prescribed subject to the exclusion of other universal requirements.

While it is felt that the complete task of preparing physically qualified male students for the study of medicine will devolve principally on the Army and the Navy, it is certain that premedical students will continue to enter the military service at various academic levels. At the completion of their basic military training these enlisted men must be given serious consideration for the continuation of their premedical training and subsequent training in medicine under the Army Specialized Training Program. The selection of these enlisted men for such training will be made at STAR units if they are to be assigned for premedical studies in terms above the second. This selection must be conducted with the same care as—indeed even greater care than—in the case of trainees who are assigned to the Army Specialized Training Program at the basic level. Separate curriculums designed to complete premedical training previously begun in civil life have been arranged for these trainees.

The progress of the premedical trainee will be checked both by the usual faculty examinations and by periodic nationwide Army tests. The enlisted men who satisfactorily complete the premedical curriculum will be considered available for transfer to Army Specialized Training units for training in medicine or dentistry.

Such assignments must necessarily be governed by timely regional vacancies. The Army trainee will not make application for admission for the study of medicine, nor will he be accepted as an individual for a class in which vacancies are reserved for the War Department. His general fitness and acceptability for the study of medicine have been determined. If recommended at the completion of premedical training, he will be academically qualified. If it is proved that he cannot continue satisfactory progress in his medical studies, he will be relieved from the Army Specialized Training Program for assignment to other duties.

Because of the necessity of assigning Army trainees to fill vacancies which have been reserved for the War Department on a strictly numerical basis; rather than by name, no assurance can be given that individual students accepted for classes in which reservations have been specifically made for the Army will be assigned to the Army Specialized Training unit at that school. It is realized that such a policy will limit the personal selection of medical students which has proved so satisfactory and successful in previous years.

The question of individual assignment has been given careful consideration by the War Department. Measures designed to place trainees in medical schools best suited to their abilities and their possibilities for development, or to avoid assignment to particular environments for which the trainee appears unsuited, must necessarily be not only preferential but also prejudicial in character. They would also open the door to unlimited political pressure and universal dissatisfaction. No plan for individual selection and assignment appears feasible.

The transfer of medical trainees from one unit to another is not contemplated, except, of course, in the case of those who have successfully completed their instruction in the schools of the basic medical sciences. It is felt that such trainees may advantageously be transferred as individuals, and to this end it has been requested that arrangements now in force between the deans of the various approved schools of medicine be continued.

Negro enlisted men qualified for medical training will be assigned to fill vacancies reserved for the War Department at Howard University and Meharry Medical College.

The preceding paragraphs present a brief outline of the general plan of medical and premedical training under the Army Specialized Training Program. The adaptation of the general Army program to the existing scheme of medical education has necessitated modifications in War Department directives governing the selection and assignment of trainees and the academic curriculums and schedules under which the training of military personnel is conducted by individual institutions, other than schools of medicine, dentistry and veterinary medicine.

As previously stated, medical training under the Army Specialized Training Program consists of two distinct phases: a premedical phase of five terms of twelve weeks each with one week furlough between terms and a medical phase which conforms to the accelerated program of medical education adopted by the several schools on the recommendation of the Council on Medical Education and Hospitals of the American Medical Association and by the Association of American Medical Colleges.

THE CURRICULUM

No change is desired in the standard curriculum under which the individual medical school has been teaching medicine. However, in view of the wide variations in premedical curriculums it has been necessary to formulate one which will be followed in the colleges and universities in which Army trainees will be prepared for its logical sequel the study of medicine. Careful selection of the enlisted men who are to receive premedical instruction will reduce the enormous wastage which unfortunately has characterized collegiate preparation for the study of medicine.

Premedical training will conform to the daily, weekly and term schedule prescribed for all other Army Specialized Training. Preliminary basic military training,

group housing and messing, military instruction, physical training and supervised study will assure that such trainees be and continue to be soldiers in fact, not in name only: soldiers in college, not students in uniform. The military aspect of the program, however, is secondary to the academic in the premedical as well as in the medical phase.

In the latter, for the time being, Army trainees will unfortunately be at a distinct disadvantage: they will have had little or no preliminary military instruction; they may fail to realize that they are soldiers, with all the responsibilities of a soldier as well as the prerogatives. Only in the exceptional cases in which facilities for group housing and messing are available at the individual institution will medical trainees live in dormitories. They will nevertheless be under careful military discipline and control. They are assigned to a definite unit and detailed to the study of medicine. The satisfactory pursuit and completion of such studies is their military duty, their contribution, at this time, to the successful prosecution of the war.

The prescribed military instruction of medical trainees has been reduced to that hitherto required in medical units of the Reserve Officers' Training Corps. Physical training is not mandatory. It is hoped, however, that satisfactory arrangements may be made at each school for their maintenance in creditable physical condition. This will certainly contribute to the academic progress of the trainee.

On graduation the trainee will be discharged from his enlisted status in order to accept a commission in the Medical Corps, Army of the United States. He will not, however, be ordered to active duty as an officer before the completion of twelve months hospital internship, on an inactive duty status. Arrangement for such internships must be made, as in previous years, by the individual trainee.

On completion of the internship the young officer will be ordered to active military duty. He has completed his specialized training; he is now ready and prepared for service.

THE UNITED STATES NAVY AND MEDICAL EDUCATION

Rear Admiral Ross T. McIntire
Surgeon General, U. S. Navy

The Navy V-12 Program as it relates to medical education went into operation on or shortly after July 1 in sixty-four approved medical schools throughout the nation. The medical schools have the important responsibility of offering medical education of the highest quality to the students assigned them and of helping these students put forth their best efforts so that the Navy and the country will have a continuous reservoir of outstanding medical officers to meet the needs of the service and of the civilian postwar period.

The ultimate goal of the medical phase of the Navy V-12 Program is to insure a constant flow of medical officers for the naval service, to give these prospective naval doctors the benefits of the very best medical education and, while doing this, to preserve the normal pattern of medical school life and to safeguard the scholastic integrity and identity of medical education. The medical schools are not asked or required to change their curriculums or methods of teaching and are not asked to lower their high standards. It is the Navy's responsibility to defray the cost of the student's educa-

tion and the school's responsibility to give this education unhampered.

The students assigned to schools will have been found morally, physically and intellectually fit to enter medical education as the result of a previous thorough screening by the Navy in cooperation with the deans or their representatives. The Navy will accept the recommendation of the school for withdrawal of a student for scholastic failure, inaptitude or other sufficient reason.

It is believed that this program will not alter medical education or have a deleterious effect on the student and future doctor by way of softening him, robbing him of his initiative or destroying for him the satisfaction experienced by previous students in medical schools who obtained their education through their own endeavors.

The faculties of medical schools already depleted by many members having joined the armed forces will be heavily burdened with extra teaching responsibilities, owing to the accelerated teaching program and increased enrolments. It is hoped that they will be able to main-

tain the same degree of efficiency, vigor and cheerfulness of other years.

The Navy desires the schools to reserve at least 25 per cent of the enrolment of entering classes in each medical school for the Navy premedical students. The contract with medical schools provides for the payment of tuition, laboratory fees, rental of microscopes, other required equipment and the utilization of the existing Student Health Programs. Not more than one textbook in each subject in which a textbook has previously been required by the faculty of the school will be paid for by the Navy and assigned to each student. This textbook will remain the property of the student while he remains in medical school.

The Navy medical student is classified as an Apprentice Seaman, Class V-12(S), U. S. Naval Reserve, on active duty, receiving the pay and allowances of this rate; also a per diem allowance in lieu of subsistence and quarters. He will wear a uniform similar to the Midshipman's uniform with an appropriate insignie and thin gold stripes on his sleeve to designate his class. It is not intended that the student be required to take time away from his normal course of studies for military drills or indoctrination courses. Although in the other V-12 Educational Units physical training is compulsory, it will not be required of medical students. However, it is my fervent hope that the medical student will carry out a voluntary program of physical exercise, swimming and similar conditioning exercises as often as the opportunity presents, so that when he is assigned to active service as a doctor his physical tone will be comparable to that of the other officers and men with whom he will be serving.

A medical student is not prohibited from marrying while he is in attendance at medical school. If he fails to maintain satisfactory standards he will be assigned to other duty for which qualified. A senior medical student may accept externships if the externship is approved by the dean and is given credit by the school, and if the student receives no financial remuneration

for it. The medical student will continue to seek an internship, as has been the practice in the past. He may either contract for civilian internship or make application for examination for appointment as Acting Assistant Surgeon for internship in the Medical Corps of the U. S. Navy. On satisfactory completion of his medical education he will be commissioned Lieutenant (junior grade) MC-V(G), U. S. Naval Reserve, and placed on inactive duty for the purpose of attending his internship or, if qualified and selected, will be appointed Acting Assistant Surgeon in the Medical Corps of the U. S. Navy and assigned to active duty in a U. S. naval hospital for his intern training. Internships will be of twelve months' duration.

As a result of the Navy's assumption of all the financial obligations for the student's medical education, the payment of a salary plus allowances, the provision of full medical care and hospitalization when sick, there should be fewer scholastic failures, an upswing in scholastic attainments and a physically and emotionally healthier student. The type of military uniform worn by the medical student is in keeping with his scholastic seniority and the kind of education pursued. Being in uniform will protect the student from unwarranted criticism and help to combat and ameliorate the restless, unpleasant feeling that young men of this age group have experienced; that is, the impatience at not being more actively engaged in and directly identified with the armed services.

The medical student who, because of a physical handicap, has not been selected to participate in the Navy's Medical Educational Program, should not develop feelings of inferiority or have a feeling of not belonging to an organization, for he is being educated to serve in a medical capacity which is as important as that of his classmate in uniform.

I feel confident that the Navy's alliance with medical schools for the training of needed medical officers will be successfully accomplished in mutual cooperation and respect and concluded with great benefit to both.

THE NAVY PREMEDICAL PROGRAM

Commander B. W. Hogan (MC)

Bureau of Medicine and Surgery; Navy College Training Program

The Navy V-12 Program, which became effective on July 1 with units established in one hundred and thirty-one colleges and universities and in approved medical and accredited dental schools throughout the nation, is designed to protect the source of officer candidates and to produce a continuous supply of officers for the several branches of naval service.

Undergraduate V-12 units, eighty-nine of which include quotas of premedical students, conform to certain general policies and regulations. The students live in college dormitories and fraternity houses, selected and approved by the Navy, eat together in Navy messes, follow curriculums prescribed in full or in part by the Bureau of Naval Personnel and, except for members of the N. R. O. T. C. and men enlisted in Marine Corps Reserve, Class III(d), are uniformed as apprentice seamen. All students in the V-12 Program, including medical and dental students, receive the pay and allowances of apprentice seamen on active duty.

The primary purpose of the Navy V-12 Program is education. Military discipline and procedures are

kept to a minimum consistent with the successful operation of a naval activity, as most V-12 students will receive specialized naval training later while attending the indoctrination schools or in naval training schools. Hence the undergraduate phase of the V-12 Program, by preserving, so far as possible, the normal pattern of college life, protects premedical students in the early stages of their education, permitting them to pursue their studies without undue distraction.

There are approximately 6,500 Navy premedical students assigned to eighty-nine universities and colleges throughout the country. They are scattered through the various years of premedical education. The premedical students for the V-12 Program were selected with procedures similar to those used for other students. Students who entered the program on July 1 came from three sources:

1. The enlisted reserves constituted the first group. These were enrolled in the premedical curriculums in colleges and universities approved for the V-1 Program. The members of this group who were near the end of their fourth semester of work or who had com-

pleted four or more semesters were given a comprehensive achievement examination late in April. Students standing in the lowest 10 per cent of the distribution of scores on this examination were eliminated. The remaining students were permitted to continue with their premedical courses or to enter a medical school, provided they were accepted for admission.

2. The second group of students came from among the enlisted men in service. These students were selected on recommendation of their commanding officers, provided they had attained a specified minimum score on the General Classification Test.

Outline of Navy Premedical Curriculum

	Periods per Week	
	1st Term	2d Term
First College Year		
Chemistry I, II (C1,2).....	4 (6)	4 (8)
Physics I, II (PH1,2).....	4 (6)	4 (6)
Mathematical analysis I or III, II or IV (M1 or 3, 2 or 4).....	5*(5)	5*(5)
Modern foreign language I-II (L1,2).....	3 (3)	3 (3)
Naval organization I, II (N1,2).....	1 (1)	1 (1)
	17 (21)	17 (23)
Physical Training	18 (9½)	17 (8½)
	35 (30½)	34 (31½)
* Mathematical Analysis I and II, combination course in mathematical analysis for students entering with 2 or less units of mathematics. Mathematical Analysis III and IV, algebra, trigonometry and analytic geometry or analytic geometry and calculus for students entering with 2½ or more units of mathematics.		
Second College Year		
Chemistry III, quantitative analysis (C3).....	4 (8)	.....
Organic chemistry I (C4).....	.....	4 (8)
Biology I, II (B1,2).....	4 (8)	4 (8)
Modern foreign language III-IV (L3-4).....	3 (3)	3 (3)
English I-II (E1-2).....	3 (3)	3 (3)
Historical background of present war I-II (H12)	2 (2)	2 (2)
Psychology I, general (PS1).....	2 (2)	2 (2)
	18 (26)	18 (26)
Physical training	17 (8½)	17 (8½)
	35 (34½)	35 (34½)
Third College Year		
Biology III (embryology or Biology IV (comparative anatomy) (B3 or 4).....	5 (9)	
Organic chemistry II (C5).....	4 (8)	
Modern foreign language V or VI (L5 or 6)...	3 (3)	
Psychology II, abnormal (PS2).....	3 (3)	
Elective	3 (3)	
	18 (26)	
Physical training	17 (8½)	
	35 (34½)	

Figures in parenthesis indicate contact hours per week in class and laboratory. Figures outside parenthesis indicate the number of meetings per week in class and laboratory.

3. A third group of students were selected directly from civil life. These were chosen in terms of a rigid screening procedure which included (a) a scholastic aptitude test given at approximately eighteen thousand centers throughout the country, (b) a physical examination, (c) an interview by a naval officer in the Office of Naval Officer Procurement and (d) final selection by a committee of three, including a naval officer, a business man and an educator. This committee considered all the information available on each applicant. From those finally selected for the V-12 Program, only the highest ranking students with a preference for premedical training were admitted to the premedical curriculum.

Further screening of premedical students will be done on the basis of scholastic records and comprehensive achievement examinations. An achievement examination similar to that given late in April of this year will be given to other students from the V-12 group during the fourth term of work. Also students entering the prescribed premedical curriculum directly from civil life will be given an achievement examination near the end of their first two terms. Final selection of students for medical schools will be made in cooperation with the medical schools on the basis of these records. The details of this procedure are to be completed in the near future.

The premedical curriculum was worked out on the basis of past practices in colleges and universities and has the wholehearted approval of the Council on Medical Education and Hospitals and the Association of American Medical Colleges. It is generally believed that it represents the best type of premedical education that has been offered at colleges and universities. It extends over five terms of sixteen weeks each, a total of twenty months of premedical preparation. A detail outline of the curriculum is presented in the accompanying table. Course descriptions are given in detail in Bulletin No. 1 "The Navy College Training Program, V-12, Curricula Schedules," issued by the Training Division of the Bureau of Naval Personnel of the United States Navy, Washington, D. C.

The method of selecting the qualified premedical student for medical education and his assignment to a medical school is, as has been stated, not yet finally determined. The proposed plan is to assign students to medical schools within the naval district where they are at present pursuing premedical education. A committee of the deans or their representatives of the medical schools in a naval district would select from the premedical students in that district who are finishing their preprofessional training those who are qualified for admission to medical school. These successful students would then be assigned by the Navy Department to fill the Navy's quota in the medical schools of that district. There might be in some naval districts a surplus of well qualified premedical students, and in other naval districts there might not be a sufficient number to fill the Navy's quota in the medical schools of that district. In these instances it is the suggestion of the Navy that a reciprocity agreement be established between naval district screening boards in order to fill existing vacancies with Navy premedical students found qualified by screening boards in other areas.

Premedical students who have been accepted for admission to an approved medical school and have several months to wait before matriculating in medical school will be assigned to naval hospitals under instruction in the laboratory fields of medicine and in addition at certain hospitals they will assist the educational officer in the Navy's Hospital Educational Program for convalescent patients.

I am quite sure that, from the standpoint of both selection of students and the curriculum, the Navy Program will provide a very high grade type of doctor to serve in the Navy and later in civil life. Great care has been taken to insure the selection of only those men best qualified to study medicine, regardless of their economic status, and to give these men the best possible medical education.

THE UNITED STATES PUBLIC HEALTH SERVICE AND THE WAR

Thomas Parran, M.D.

Surgeon General, U. S. Public Health Service

The wide range of activities in the U. S. Public Health Service calls for a diversification of medical talent seldom encountered in a single organization. At the present time more than 1,800 physicians are employed full time in the Public Health Service. Almost as many hold commissions in the inactive reserve or are serving part time or on a consultant basis.

The legal functions of the service cover the three broad divisions of medicine, namely research, clinical practice and public health practice. During the war these activities have been greatly expanded and new tasks have fallen to the lot of Public Health Service physicians. In fact, 90 per cent of our manpower, material and money have been channeled into direct war work. Virtually all of the research has been turned to new problems arising from the conditions of global war. Many confidential studies have been undertaken at the request of other branches of the government. Tropical medicine, industrial toxicology, aviation medicine and nutrition have captured the interest of our physicians in the research arm of the service. The production of vaccines, blood plasma and other biologic products has expanded greatly.

In our hospitals nearly 80 per cent of the patients are members of the Merchant Marine, the Coast Guard, the Army and the Navy. The Public Health Service furnishes medical care for the entire personnel of the Coast Guard in the same way in which the Navy Medical Corps provides medical care for the personnel of the Navy. Coast Guard patients treated in our hospitals have more than doubled in number since Pearl Harbor. Medical care is now extended by law to the families of coast guardsmen.

An increasing number of women and children are applying for admission to the marine hospitals, principally dependents of coast guardsmen. The addition of this valuable experience has made possible the development of clinical research in our hospitals, and with dramatic results. In 1942 a method for relieving the pain of childbirth was developed by Drs. Hingson and Edwards, two of our young officers at the Marine Hospital, Stapleton, N. Y. Leaders in the medical profession consider this an outstanding contribution. Possibilities exist for the use of continuous caudal analgesia in surgical fields and are being explored. The originators of the method have demonstrated their technique at a number of medical schools.

In our cooperative program with the War Shipping Administration for medical care of trainees and members of the Merchant Marine we have expanded psychiatric work in the Public Health Service. Already an important field in our hospitals for the treatment of narcotic drug addicts, in the medical and psychiatric service of federal prisons and in St. Elizabeths Hospital, psychiatry is now being turned to the prevention and treatment of psychic effects of enemy attack on merchant seamen.

Public Health Service physicians are now on duty in practically every theater of war. Many are seeing actual combat as medical officers of the Coast Guard cutters. Others have been assigned to the Army in India and in the Southwest Pacific under the command of Generals Stilwell and MacArthur.

Another group of young physicians is doing a superb job under exceedingly arduous conditions. They are responsible for the medical care of 20,000 men who are constructing the Alaska Highway. Their patients are dispersed over a distance of 1,500 miles of virgin territory. As the highway has progressed northward they have had to move hospital supplies and equipment over great distances with inadequate transportation and in subarctic weather.

Other medical officers are serving with the United States Typhus Commission in Africa, with the Army in Panama in connection with venereal disease work and in Trinidad as members of the Anglo-American Commission.

Four of our doctors are in the first health expeditionary force to enter a foreign country after the reoccupation of Axis held territory. Assigned to the Office of Foreign Relief and Rehabilitation, they are in Africa and are working with local public health authorities and physicians to assure adequate medical supplies, allot food to combat widespread nutritional diseases among the native population and to improve native sanitation, malaria and typhus control for the protection of American troops in the area. The Office of Foreign Relief and Rehabilitation has requested the service to undertake the recruitment and training of the medical and sanitary personnel who will be needed as this important work expands to other war areas.

At the request of the Army a number of additional officers have attended the course in military government at the University of Virginia, and those who have completed the training are now on active duty.

For now and for the future, I would recommend to the medical student that he devote as much time and effort as possible to the study of public health methods and administrative medicine. In the past there has been scant attention to these subjects in our undergraduate schools. Yet their importance both in this country and in our international relationships is apparent. The day is rapidly passing when the training of public health physicians by the trial and error method of "experience" will suffice. Already postgraduate training in public health is being required of young physicians who have no compensating experience as a qualification for employment in state and local agencies.

The emergency made it necessary for the Public Health Service to recruit hundreds of physicians for assignment to public health positions in the states. To compensate, at least to some degree, for deficiencies in public health training, as well as to inculcate new employees in the policies and procedures of the Public Health Service, an orientation course was developed. Recruits were assigned to the course for the first six weeks of their employment. Lectures by experts in various fields, seminars, problem solving and field practice under supervision of a state health department were the methods utilized in the intensive training of physicians, many of whom were soon to be "on their own" in war communities which had never had a public health service before.

Within the total field of public health practice, two other specialties are expanding with amazing speed under the pressure of war. These are industrial hygiene and nutrition.

In 1942 the chairman of the Council on Industrial Health of the American Medical Association stated that teaching in this field is inadequate in most of our medical schools. He pointed out that, ironically enough, the Woman's Medical College of Pennsylvania devotes more time to the subject than any other school. Medical students and interns should certainly obtain a sufficient grounding in industrial medicine to recognize the possibilities in the field.

The United Nations Conference on Food and Agriculture, held at Hot Springs, Va., May 18 to June 8, 1943, placed an important responsibility on public health and medicine in seeking the national and worldwide goal of better nutrition. The conference recognized that at all stages of a nutrition program, from the recognition of malnutrition in a community to its elimination, knowledge of the human body is essential. Because they possess and can contribute this knowledge, physicians have a primary responsibility in the development and application of a nutrition policy. The medical

student can look forward to making an even more significant contribution through the study of human nutrition. Modern nutrition—already one of the scientific miracles of our time—is a dynamic science on the threshold of fresh discoveries. It offers the student a rich field for exploration and practice.

In the past, war with all its destruction has been a catalyzer in the progress of medicine, surgery and public health. Already important changes are being reported in military medicine. On the public health front, advances are being made. We are gaining new knowledge, devising new methods and new approaches. Our attacks on malaria, tuberculosis and venereal diseases have been sharpened by the development of new weapons. Today, in the protection of our armed forces and the civilian populations, and tomorrow, in the reconstruction to peace, the public health physician is an essential man whose knowledge and skill serve his country through constructive teamwork with the military surgeon and the private practitioner.

THE PROCUREMENT AND ASSIGNMENT SERVICE—CURRENT POLICIES

Harold S. Diehl, M.D.
Member, Directing Board
MINNEAPOLIS

The basic policy of the Procurement and Assignment Service relative to medical education remains unchanged from that enunciated in earlier issues of *THE JOURNAL*.¹ This is "to retain adequate teaching staffs for the medical schools, but to do so without withholding from military service more than a minimum number of men who are physically qualified for such service."

In the application of this policy, however, certain modifications of points of view and criteria of essentiality are inevitable as a result both of increases in the size and the activity of the armed forces and the depletions in teaching staffs combined with increased teaching loads in the medical schools.

The assumption of the offensive by our armed forces requires the services of far more young medical officers than are now available. At the same time critical shortages of medical services exist in certain war industries and civilian communities. These conditions demand that medical schools, hospitals and other agencies which utilize the services of physicians again review their staffs and release as many young physicians as possible for duty with the armed forces or to meet critical civilian needs.

Both the Army and the Navy report a dangerous shortage of young medical officers. In time of war the needs of these services must be given first priority. Unless the war is won, the maintenance of civilian institutions will be futile; and unless the boys who are fighting the war are supplied with adequate medical care, lives will be unnecessarily lost and the prosecution of the war handicapped. This situation requires that medical schools and hospitals declare immediately available all physicians whose services are not absolutely essential and all who can be replaced by physicians who are ineligible for military service.

It is reported that some institutions have made little or no reduction in their staffs because many physicians ineligible for military service are available to them. This is obviously an unjustifiable position when certain war industries and civilian communities and even other

hospitals are seriously short of physicians. Any institution which retains on its staff more physicians than are absolutely necessary is guilty of hoarding and is prejudicing the war effort and the national welfare.

On the other hand, medical schools have an equally great, or even greater, responsibility to maintain effective instructional programs for the students who are being trained as the physicians of the future. With the condensation of the medical course into three calendar years, with increases in the number of students and with depletions of teaching staffs, this is no easy assignment. Yet to fail to meet this responsibility would mean inadequately trained and incompetent physicians for both the armed forces and the civilian population. This would be a major tragedy. Medical schools are now engaged in war production and the product must not be defective. Incompetent medical officers are a hazard and liability just as are defective planes, tanks or guns.

INTERNSHIPS

The maintenance of twelve month internships with students graduating from medical schools at nine month intervals has resulted in an overlap of three months in the services of interns. Reports from many hospitals indicate that it is frequently an impossibility to utilize the services of interns effectively during this three month period. The result is unsatisfactory intern training and waste of medical manpower, neither of which can we afford at this time. Possibilities of adjustments in the internships are being studied by various groups with a view to the elimination of the unsatisfactory features of the present program.

RESIDENCIES

According to the policy of the Army, the Navy, Selective Service and the Procurement and Assignment Service, the deferment of hospital residents is justified only if they are essential for the adequate care of hospital patients or for the clinical instruction of undergraduate medical students.

1. J. A. M. A. 119: 1262 (Aug. 15) 1942, 121: 635 (Feb. 27) 1943.

The Procurement and Assignment Service is keenly aware of the necessity of providing essential medical services in hospitals and is doing everything within its power to accomplish this. On the other hand, residents are physicians in the age group most urgently needed by the Army and the Navy. As such those who are physically qualified have an obligation to go into service after a year of internship unless they are needed to fill essential hospital positions for which it is impossible to secure residents who are ineligible for military service.

Approximately six months ago hospitals were requested not to appoint as residents physicians who have failed to make bona fide applications for commissions. In order to provide for essential hospital services the Army and the Navy have granted a year's deferment of active military duty to certain residents who hold commissions and who have been recommended for deferment by the Procurement and Assignment Service. Some requests were denied because they were received too late and some because they did not seem to meet the conditions for deferment as set forth in the Procurement and Assignment Service memorandum on this subject.

Residents who do not hold commissions or who have not been officially rejected for commissions should be urged to apply for commissions at once and should not be appointed unless they do so. The Surgeon Generals

of the Army and Navy have assured the Procurement and Assignment Service that they will grant deferment of active duty until completion of the year of residency for residents who are granted commissions and whose applications for commissions are accompanied by Procurement and Assignment form 218, recommending that they be granted deferment as essential hospital residents.

There is evidence that some physically fit young physicians are avoiding military service by offering their services to hospitals as residents on condition that hospitals recommend deferment to Selective Service for them. If hospitals are parties to such practices, it may become impossible to secure deferment for residents who really should be deferred.

SUMMARY

The difficulties of maintaining effective medical schools and hospitals are becoming increasingly acute. To meet these problems it is essential that deans of medical schools, superintendents of hospitals and officials of the Procurement and Assignment Service be aware of the many urgent needs for physicians and assume a public spirited and statesmanlike attitude in passing on the availability or essentiality of individual members of medical school and hospital staffs. Only if this is done can the limited and dwindling supply of physicians be utilized effectively for the prosecution of the war and the safeguarding of the national welfare.

FORTY-THIRD ANNUAL PRESENTATION OF EDUCATIONAL DATA BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS

Victor Johnson, M.D., Secretary

In this annual compilation of data on medical education, the Council includes the latest information available on the relationships of medical education to the war in the preceding statements from military and other government officials. The collaboration between the armed services, government agencies and institutions concerned with medical education must become even more intimate in the months ahead than it has been in the past. Successful solution of the complex problems of providing medical officers and civilian physicians in large numbers and in a relatively short period of time, consistent with a high quality of training, can come only through a continuation and expansion of the present excellent cooperation between the agencies involved.

This presentation also includes data on the military status of students, now undergoing a change, developments under the accelerated program, including the staggered admission and graduation dates, and an account of faculty participation in war activities. In addition there are data on enrolments, graduates, pre-medical education, licensure, internships, fees, continuation courses and specialty boards. Medical schools are described and recent educational developments discussed.

Reduced in volume through restrictions on the use of paper, the Educational Number of *THE JOURNAL* still provides essential material of great value to military and government agencies, the medical profession, medical educators, hospital officials, students, interns, residents and those concerned with specialty certification and graduate and postgraduate medical education. Reprints of the entire study as well as copies of the lists of hospitals are available and are widely distributed.

The Council and *THE JOURNAL* express thanks and appreciation to the military officials, the officers of the institutions mentioned and others for their cordial

cooperation in supplying the material submitted in this presentation and for other records furnished throughout the year to the office of the Council and the members of its staff on inspection or visitation, enabling the Council to maintain its medical student and hospital registers efficiently and to carry on its activities as outlined by the House of Delegates of the American Medical Association and to serve the profession.

SOLDIERS AND SAILORS IN MEDICAL SCHOOLS

In close cooperation with the Army and the Navy, the medical schools of America have zealously assumed a major wartime responsibility: the training of adequate replacements of medical officers for the armed forces. In June of this year nearly 15,000 medical students held army commissions in the Medical Administrative Corps and about 5,000 held ensign commissions in the Hospital Volunteers (Probation) of the Navy (see table 1 for distribution by schools). Only one school was without Army students and only three without Navy enrolments. This total number of nearly 20,000 medical students earmarked for military service represented nearly 87 per cent of the medical students in America, with approximately 65 per cent having Army affiliations and approximately 22 per cent having Navy affiliations.

The transfer of most of these students from the inactive commissioned status to the active status as privates and apprentice seamen is now being completed. In the active status they will be soldiers and sailors in school, not students in uniform. Data on the numbers actually in uniform are not yet available, since the processing of students is still progressing.

All Navy students are on commutation of rations and quarters. Of sixty-nine schools which have completed arrangements with the Army, in only nine are all

students housed in barracks and fed at common mess. Common housing and messing would seem to be educationally undesirable in most instances. Especially students in clinical work must of necessity follow an irregular program of meals and sleep. Such men are essentially student-physicians, responsible for sick

if a student is prevented from following an experiment to an inadvertently delayed conclusion by fixed times for meals. Taps at a regular hour may seriously interfere with study. It is gratifying that so small a proportion of medical students are subject to common housing and mess.

TABLE 1.—Students Enrolled in Army or Navy Units on an Inactive Status in June 1943

Figures are incomplete in some instances, because of pending applications for commissions. Many groups listed in this compilation have now been transferred to the active status and are in uniform as privates or apprentice seamen.

	Army	Navy
University of Alabama.....	65	33
University of Arkansas.....	171	66
University of California.....	161	70
College of Medical Evangelists.....	158	17
University of Southern California.....	173	56
Stanford University.....	105	102
University of Colorado.....	134	48
Yale University (Connecticut).....	131	58
Georgetown University (District of Columbia).....	229	67
George Washington University.....	190	73
Howard University.....	119	0
Emory University (Georgia).....	157	75
University of Georgia.....	147	56
Loyola University (Illinois).....	199	82
Northwestern University.....	358	130
University of Chicago, The School of Medicine.....	136	96
University of Illinois.....	425	150
Indiana University.....	428	44
State University of Iowa.....	209	71
University of Kansas.....	198	96
University of Louisville (Kentucky).....	264	79
Louisiana State University.....	215	79
Tulane University of Louisiana.....	266	190
Johns Hopkins University (Maryland).....	182	56
University of Maryland.....	255	58
Boston University (Massachusetts).....	166	44
Harvard Medical School.....	343	151
Tufts College Medical School.....	244	129
University of Michigan.....	198	65
Wayne University.....	178	42
University of Minnesota.....	351	94
University of Mississippi.....	27	23
University of Missouri.....	66	7
St. Louis University.....	366	86
Washington University.....	273	73
Creighton University (Nebraska).....	176	63
University of Nebraska.....	242	68
Dartmouth Medical School (New Hampshire).....	15	33
Albany Medical College (New York).....	100	41
Long Island College of Medicine.....	287	52
University of Buffalo.....	217	34
Columbia University.....	310	119
Cornell University.....	214	80
New York Medical College.....	225	75
New York University.....	387	86
University of Rochester.....	105	96
Syracuse University.....	122	54
University of North Carolina.....	55	29
Duke University.....	155	106
Bowman Gray School of Medicine.....	100	40
University of North Dakota.....	42	9
University of Cincinnati (Ohio).....	220	69
Western Reserve University.....	253	48
Ohio State University.....	237	26
University of Oklahoma.....	160	62
University of Oregon.....	43	46
Hahnemann Medical College (Pennsylvania).....	354	94
Jefferson Medical College.....	378	107
Temple University.....	265	117
University of Pennsylvania.....	348	124
Woman's Medical College.....	..	..
University of Pittsburgh.....	262	48
Medical College of South Carolina.....	115	47
University of South Dakota.....	28	12
University of Tennessee.....	277	72
Meharry Medical College.....	212	0
Vanderbilt University.....	174	19
Baylor University (Texas).....	141	37
University of Texas.....	193	104
University of Utah.....	76	35
University of Vermont.....	128	3
University of Virginia.....	154	87
Medical College of Virginia.....	188	75
West Virginia University.....	34	18
University of Wisconsin.....	150	71
Marquette University.....	215	112
Totals.....	14,644	4,989

In conformity with orders from Army and Navy authorities, it seems apparent that drill and purely military instruction are sufficiently subordinated to the regular curriculum in most schools to present no interference with the chief responsibility of the medical school: providing the prospective medical officer with the best in medical training. In only a few schools do such nonmedical activities involve as much as five or six hours a week, although in one school it totals ten hours a week.

THE ACCELERATED PROGRAM

Realizing the greatly expanding needs for medical officers and the continuing demand for civilian doctors—even anticipating such needs—many of the medical schools of the country increased their enrolments and adopted an accelerated curriculum even before Pearl Harbor. At present virtually all medical schools in the United States (including schools of basic medical sciences) are on the accelerated program, admitting a new class approximately every nine months and condensing the traditional four academic years of the medical curriculum into three calendar years by eliminating summer vacations, without a reduction in total classroom, laboratory or clinic hours. The only exceptions to this are the University of Michigan Medical School, which is on the full accelerated program but admits new freshman students once a year, the Woman's Medical College of Pennsylvania, which is on an accelerated program for the junior and senior years only and admits new first year students once a year, the University of Tennessee College of Medicine, which is on a full accelerated program and admits students approximately every three months, and the schools of basic medical sciences, all of which are accelerating in that work which is offered and are admitting new students approximately every nine months.

Details of dates of admission and dates of graduation for the recognized four year schools are included in table 2. Admission dates for the schools of basic medical sciences follow in table 3. Of the latter schools two have developed four year programs: Bowman Gray now has junior and senior classes in operation, and Utah has a junior class in session. It is noted that throughout the country new freshman classes will enter one or more medical schools during every month from September 1943 to January 1945 with the sole exception of the month of December 1944 (see table 4). Dates of graduation will also be staggered throughout these months. Table 4 includes estimates of numbers of graduates to January 1945. Most students will graduate in the months of December 1943 and September 1944, although some students will complete their work and be available for internships in every month of this period with the exception of the months of September 1943, May and November 1944 and January 1945.

LICENSURE UNDER THE ACCELERATED PROGRAM

All states in the Union as well as the District of Columbia, Alaska, Hawaii and Puerto Rico have now adjusted their licensure legislation or practices, where such adjustments were required, so that graduates under the accelerated medical program will be eligible

patients, whose hours of work are dictated by the unpredictable course of the illness of the patients assigned them. Although such considerations are less applicable to students in the basic sciences, it is true nonetheless that much of the value of an experiment may be lost

TABLE 2.—Admission and Graduation Calendars of Medical Schools in the United States

School	Present Freshmen Session Began (1943)	Dates of Next Two Entering Classes		Dates of Next Two Graduating Classes ¹	
ARKANSAS					
University of Arkansas School of Medicine.....	July 1	April 3, 1944	Jan. 2, 1945	March 27, 1944	Dec. 1944
CALIFORNIA					
University of California Medical School.....	Feb. 11	Oct. 28, 1943	June 29, 1944	Oct. 23, 1943	June 1944
College of Medical Evangelists.....	July 1	April 1944	Jan. 1945	Dec. 19, 1943	Oct. 1944
University of Southern California School of Medicine.....	June 28	Feb. 21, 1944	Nov. 6, 1944	Oct. 15, 1943	June 16, 1944
Stanford University School of Medicine.....	June 28	April 12, 1944	Jan. 8, 1945	Dec. 1943	Sept. 1944
COLORADO					
University of Colorado School of Medicine.....	March 29	Jan. 3, 1944	Oct. 2, 1944	Dec. 24, 1943	Sept. 23, 1944
CONNECTICUT					
Yale University School of Medicine.....	April 5	Dec. 27, 1943	Sept. 25, 1944	Dec. 18, 1943	Sept. 16, 1944
DISTRICT OF COLUMBIA					
Georgetown University School of Medicine.....	March 15	Jan. 3, 1944	Oct. 1, 1944	Dec. 15, 1943	Oct. 1, 1944
George Washington University School of Medicine.....	March 1	Nov. 22, 1943	Sept. 1944	Nov. 10, 1943	Aug. 1944
Howard University College of Medicine.....	June 14	March 25, 1944	Jan. 3, 1945	March 1944	Dec. 1944
GEORGIA					
Emory University School of Medicine.....	March 23	Jan. 3, 1944	Oct. 1944	Dec. 1943	Sept. 1944
University of Georgia School of Medicine.....	April 7	Jan. 3, 1944	Sept. 27, 1944	Dec. 20, 1943	Sept. 1944
ILLINOIS					
Loyola University School of Medicine.....	April 19	Jan. 3, 1944	Oct. 1944	Dec. 18, 1943	Sept. 1944
Northwestern University Medical School.....	March 29	Dec. 28, 1943	Sept. 25, 1944	²	²
University of Chicago, The School of Medicine.....	March 29	Jan. 2, 1944	Oct. 1, 1944	³	³
University of Illinois College of Medicine.....	June 28	April 12, 1944	Jan. 8, 1945	Dec. 1943	Sept. 1944
INDIANA					
Indiana University School of Medicine.....	Jan. 7	Sept. 4, 1943	May 1944	Aug. 22, 1943	April 1944
IOWA					
State University of Iowa College of Medicine.....	March 1	Jan. 3, 1944	Oct. 1944	Dec. 22, 1943	Sept. 1944
KANSAS					
University of Kansas School of Medicine.....	May 24	March 1, 1944	Nov. 1, 1944	Jan. 27, 1944	Oct. 1944
KENTUCKY					
University of Louisville School of Medicine.....	April 1	Jan. 5, 1944	Sept. 27, 1944	Nov. 13, 1943	Sept. 2, 1944
LOUISIANA					
Louisiana State University School of Medicine.....	March 11	Jan. 1944	Oct. 1944	Dec. 1943	Sept. 1944
Tulane University of Louisiana School of Medicine.....	July 1	March 1, 1944	Nov. 1, 1944	Feb. 12, 1944	Oct. 1944
MARYLAND					
Johns Hopkins University School of Medicine.....	March 1	Nov. 29, 1943	Sept. 5, 1944	Nov. 25, 1943	July 27, 1944
University of Maryland School of Medicine and Coll. of P. and S.....	April 8	Jan. 13, 1944	Oct. 17, 1944	Dec. 23, 1943	Sept. 20, 1944
MASSACHUSETTS					
Boston University School of Medicine.....	March 31	Dec. 31, 1943	Sept. 1944	Dec. 23, 1943	Sept. 1944
Harvard Medical School.....	March 8	Jan. 3, 1944	Oct. 1944	Dec. 1943	Oct. 1944
Tufts College Medical School.....	April 7	Jan. 1944	Oct. 1944	Dec. 1943	Sept. 1944
MICHIGAN					
University of Michigan Medical School.....	Oct. 25	Oct. 1944	Oct. 1945	Oct. 1943	June 1944
Wayne University College of Medicine.....	April 5	Jan. 10, 1944	Oct. 1944	Dec. 9, 1943	Sept. 1944
MINNESOTA					
University of Minnesota Medical School.....	March 29	Jan. 4, 1944	Sept. 1944	Dec. 16, 1943	Sept. 1944
MISSOURI					
St. Louis University School of Medicine.....	Feb. 23	Nov. 29, 1943	Aug. 1944	Nov. 20, 1943	Aug. 1944
Washington University School of Medicine.....	March 29	Jan. 3, 1944	Oct. 2, 1944	Dec. 1943	Sept. 1944
NEBRASKA					
Creighton University School of Medicine.....	March 18	Jan. 4, 1944	Sept. 1944	Dec. 20, 1943	Sept. 1944
University of Nebraska College of Medicine.....	March 26	Jan. 3, 1944	Oct. 2, 1944	Dec. 18, 1943	Sept. 23, 1944
NEW YORK					
Albany Medical College.....	March 29	Jan. 3, 1944	Oct. 2, 1944	Dec. 1943	Sept. 1944
Long Island College of Medicine.....	March 29	Jan. 3, 1944	Oct. 1944	Dec. 30, 1943	Sept. 1944
University of Buffalo School of Medicine.....	July 6	April 3, 1944	Jan. 2, 1945	Dec. 1943	Sept. 1944
Columbia University College of Physicians and Surgeons.....	March 22	Jan. 1, 1944	Oct. 1944	Dec. 1943	Sept. 1944
Cornell University Medical College.....	April 5	Jan. 3, 1944	Sept. 28, 1944	Dec. 23, 1943	Sept. 1944
New York Medical College, Flower & Fifth Avenue Hospitals.....	March 29	Jan. 3, 1944	Sept. 25, 1944	Dec. 20, 1943	Sept. 16, 1944
New York University College of Medicine.....	April 5	Jan. 3, 1944	Oct. 1944	Dec. 1943	Sept. 1944
University of Rochester School of Medicine.....	March 29	Jan. 3, 1944	Sept. 29, 1944	Dec. 18, 1943	Sept. 23, 1944
Syracuse University College of Medicine.....	July 1	April 1944	Jan. 1945	Dec. 1943	Sept. 1944
NORTH CAROLINA					
Duke University School of Medicine.....	April 1	Jan. 3, 1944	Sept. 29, 1944	Dec. 22, 1943	Sept. 25, 1944
OHIO					
University of Cincinnati College of Medicine.....	March 22	Dec. 1943	Sept. 1944	Dec. 1943	Sept. 1944
Western Reserve University School of Medicine.....	March 1	Nov. 22, 1943	Aug. 14, 1944	Oct. 28, 1943	July 28, 1944
Ohio State University College of Medicine.....	March 30	Jan. 4, 1944	Oct. 3, 1944	Dec. 19, 1943	Sept. 11, 1944
OKLAHOMA					
University of Oklahoma School of Medicine.....	May 10	Jan. 6, 1944	Sept. 1944	Dec. 23, 1943	Aug. or Sept. 1944
OREGON					
University of Oregon Medical School.....	March 29	Jan. 3, 1944	Oct. 6, 1944	Dec. 22, 1943	Sept. 1, 1944
PENNSYLVANIA					
Hahnemann Medical College and Hospital of Philadelphia.....	April 5	Jan. 3, 1944	Sept. 25, 1944	Dec. 23, 1943	Sept. 4, 1944
Jefferson Medical College of Philadelphia.....	April 12	Jan. 10, 1944	Oct. 1944	Jan. 7, 1944	Sept. 14, 1944
Temple University School of Medicine.....	April 1	Jan. 3, 1944	Oct. 2, 1944	Dec. 16, 1943	Sept. 15, 1944
University of Pennsylvania School of Medicine.....	April 5	Jan. 3, 1944	Oct. 2, 1944	Dec. 22, 1943	Sept. 1944
Woman's Medical College of Pennsylvania.....	Aug. 30	Sept. 1, 1944	Sept. 1, 1945	March 16, 1944	Dec. 1944
University of Pittsburgh School of Medicine.....	April 5	Jan. 3, 1944	Oct. 2, 1944	Dec. 1943	Sept. 1944
SOUTH CAROLINA					
Medical College of the State of South Carolina.....	March 29	Jan. 3, 1944	Sept. 1944	Dec. 22, 1943	Sept. 1944
TENNESSEE					
University of Tennessee College of Medicine.....	July 8	Sept. 23, 1943	Jan. 3, 1944	³	³
Meharry Medical College.....	June 14	March 1944	Jan. 1945	March 25, 1944	Dec. 1944
Vanderbilt University School of Medicine.....	March 24	Jan. 1944	Sept. 1944	Dec. 1943	Aug. or Sept. 1944
TEXAS					
Baylor University College of Medicine.....	July 12	April 3, 1944	Jan. 2, 1945	March 13, 1944	Dec. 18, 1944
University of Texas Medical Branch.....	March 15	Nov. 1, 1943	July 1, 1944	July 31, 1943	June, 1944
VERMONT					
University of Vermont College of Medicine.....	April 12	Jan. 3, 1944	Oct. 1944	Dec. 21, 1943	Sept. 1944
VIRGINIA					
University of Virginia Department of Medicine.....	March 29	Dec. 29, 1943	Sept. 25, 1944	Dec. 16, 1943	Sept. 15, 1944
Medical College of Virginia.....	April 5	Dec. 30, 1943	Sept. 1944	Dec. 18, 1943	Sept. 1944
WISCONSIN					
University of Wisconsin Medical School.....	July 1	April 1944	Jan. 1945	Nov. 1943	Sept. 1944
Marquette University School of Medicine.....	March 1	Nov. 1943	July 1944	Nov. 1, 1943	June 1944

1. Or completion of senior year.

2. August and December 1943; March, June, August and December 1944.

3. September and December 1943; March, June 1944.

for admission to licensure, at least for the duration of the emergency. In Georgia no legislation has been introduced as yet. However, licensure difficulties in that state will not occur, according to a ruling of the Attorney General.

With the introduction of the Army and Navy pre-medical programs the question arises of licensure legis-

TABLE 3.—Admission Calendars of Schools of Basic Medical Sciences in the United States

School	Present Freshmen Session Began (1943)	Dates of the Next Two Entering Classes for Freshmen	
ALABAMA			
Univ. of Alabama School of Med...	March 11	Dec. 6, 1943	Sept. 11, 1944
MISSISSIPPI			
Univ. of Mississippi School of Med.	Feb. 1	Sept. 27, 1943	June 1944
MISSOURI			
Univ. of Missouri School of Med..	March 22	Dec. 18, 1943	Sept. 1944
NEW HAMPSHIRE			
Dartmouth Medical School.....	Feb. 7	Oct. 31, 1943	July 1, 1944
NORTH CAROLINA			
University of North Carolina School of Medicine.....	March 22	Dec. 1943	Sept. 1944
Bowman Gray School of Medicine of Wake Forest College ¹	March 22	Jan. 3, 1944	Sept. 27, 1944
NORTH DAKOTA			
University of North Dakota School of Medicine	June 14	March 27, 1944	Jan. 2, 1945
SOUTH DAKOTA			
University of South Dakota School of Medical Sciences.....	March 8	Dec. 6, 1943	Sept. 12, 1944
UTAH			
Univ. of Utah School of Med. ² ...	March 20	Dec. 1943	Sept. 1944
WEST VIRGINIA			
West Virginia Univ. School of Med.	March 22	Dec. 27, 1943	Sept. 27, 1944

1. Now operating full four years; classes graduate Dec. 21, 1943 and Sept. 23, 1944.
2. Now operating clinical program; first class graduates August 1944.

lation as it applies to the preliminary training of students admitted to medical schools. Present legislation in all states of the Union, the District of Columbia, Alaska, Hawaii and Puerto Rico makes it possible for students with two years of premedical training to become eligible for admission to licensure on completion of the medical curriculum. In general two academic premedical years have sufficed, even though this work may have been completed in less than two calendar years, by student attendance at summer sessions or by carrying more than the normal load of academic work per term or both. The Army Specialized Training Program for premedical studies calls for a total of fifteen calendar months of work, and the Navy V-12 program for premedical students provides for eighteen calendar months of training. In both of these programs the work is essentially continuous, without the long summer vacation, and provides for the student carrying more than the normal peacetime load of work per term. Both the Army and Navy programs provide for work well in excess of the sixty semester hours constituting the normal two academic years of premedical work required for licensure. Therefore it would seem that the Army and Navy premedical programs should offer no licensure difficulties.

It would also appear probable that requirements in specific premedical licensure fields, such as chemistry, biology and physics, will probably be adequately met by the Army and Navy programs.

In the past state licensing boards have accepted the statement of the dean of the medical school from which the applicant graduated which certified his premedical training. Presumably this practice will continue.

PREMEDICAL EDUCATION

The Army and Navy premedical programs fully satisfy the minimum requirements for admission to an approved medical school as these have been formulated

by the Council on Medical Education and Hospitals, as regards both total work and coverage of specific subjects. Heretofore most medical schools have required more than two academic years of premedical training for admission. In the academic year 1941-1942, only eight schools required but two years of premedical work, and in that year only 1.2 per cent of all freshmen entering medical schools in the United States had this minimum training.

However, all medical schools at the present time have decided that the completion of the Army or Navy premedical curriculum will fully meet their minimum admission requirements, in the cases of students in active service who have been assigned to the Army Specialized Training Program or V-12 premedical programs.

While recognizing the adequacy of the Army and Navy premedical programs for the admission of men in active military service, most schools desire also to publish admission requirements in terms of academic years or semester hours for civilian applicants. In tables 5 and 6 the present civilian premedical requirements are shown for each medical school in the United States and Canada. A degree is required by two schools, three years of work by twenty schools and a variable amount of work in excess of two years by five schools. The remaining fifty-nine schools require two preclinical years or less, even for civilian students applying for admission.

THE SUPPLY OF PHYSICIANS

The accelerated program and enrolment increases are now producing excellently trained medical graduates for military and civilian needs in numbers far exceeding the production of doctors at any time in the history of this country. In figure 1 is plotted the number of

TABLE 4.—Distribution of Admission Dates by Schools and Estimated Number of Graduates for the Months of July 1943 Through January 1945, in the United States; Schools of Basic Medical Sciences Are Not Included

(Revised Figures)	Number of Schools Admitting New Freshmen Classes	Estimated Number of Graduates From All Schools
1943		
July.....	9	86
August.....	0	125
September.....	2	0
October.....	1	305
November.....	6	502
December.....	6	3,470
1944		
January.....	37	220
February.....	1	123
March.....	4	337
April.....	8	122
May.....	1	0
June.....	1	421
July.....	2	149
August.....	2	216
September.....	21	3,756
October.....	25	490
November.....	3	0
December.....	0	631
1945		
January.....	10	0
Total.....		10,953

medical graduates since 1905 including the estimated number of graduates in 1943 and 1944. Developments of far reaching importance in medical education in the United States, all pertinent to the present war effort, may be read from these data.

In 1905 the one hundred and sixty medical schools produced 5,606 graduates. There followed a decrease in graduates parallel with the decrease in schools, result-

ing from the closure of many proprietary schools and the enforcement of educational standards.

Despite the reduced number of schools in recent years there has been a sustained increase in graduates, with a transient decrease in the years following 1939 resulting in part from the survey of medical schools conducted by the Council on Medical Education and Hospitals during 1934-1936.

Before the results of the accelerated program were manifest in 1942 there were essentially as many graduates from seventy-seven approved schools maintaining high standards of medical training as there were thirty-five or forty years ago, when over twice the present number of medical schools operated, mainly without control over enrolments or standards.

In the years 1943 and 1944 the number of graduates will far exceed the number at any time in the past history of this country. This wartime high may be contrasted with the all time low in medical graduates in

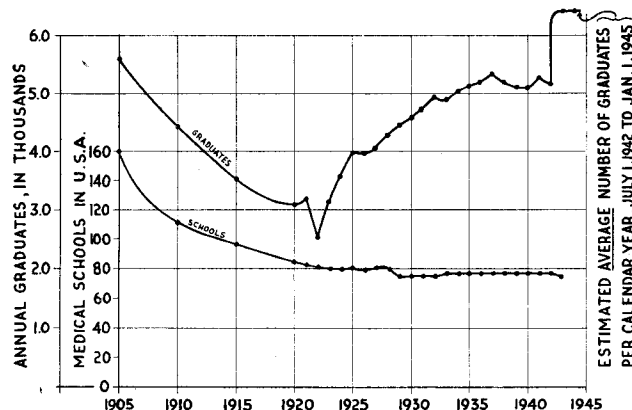


Figure 1. Numbers of medical schools and medical graduates in the United States, 1905-1942, and estimated for 1942-1945.

1922, which also resulted from war: the low enrolment of freshman medical students in wartime 1918.

Further data on the estimated future supply of physicians will be found under "Graduates" on p. 1102.

FACULTY MEMBERS IN WAR SERVICES

The accelerated program, increases in enrolment and decreases in resident personnel, have considerably increased the demands on medical school faculties. These demands are being met by faculties seriously depleted in numbers. On July 1, 1943 the seventy-six medical schools and schools of basic medical sciences in the United States had contributed a total of 5,637 of its faculty members to the armed forces.¹ This number is far in excess of the number of faculty members reported to be in active military service on July 1, 1942.² Although the figure 5,637 includes some men who are not physicians, it seems probable that more than 10 per cent of the medical officers in the armed forces (estimated at more than 47,000) have come from our faculties of medicine, which include in the neighborhood of 10 per cent of the physicians of the country. The interpretation and evaluation of these data are difficult, since many if not most of the teachers in active service were on a part time basis, in some instances contributing only an hour or two per week to instruction. Yet it

1. Over 1,400 of these men are in the affiliated general hospital, evacuation hospital and surgical hospital units of forty-one medical schools. A list of these schools may be found in *THE JOURNAL*, Aug. 15, 1942, p. 1266, table 4.

2. Three thousand and sixty faculty members from sixty-four schools were reported to be in active service at that time by Dr. Harold Diehl (*J. A. Am. M. Coll.* 18:15, 1943).

is apparent that medical schools seem to have contributed approximately as large a proportion of their faculty members to the armed forces as the proportion of physicians not engaged in academic work who have been commissioned.

Further depletion of faculties has resulted from participation in war research. In twenty-one of the seventy-six medical schools there are 130 faculty members engaged in full time war research. This relatively small figure represents serious losses in teaching staff in some critical areas, since practically all these men were recruited from the full time faculty members mainly in the basic sciences. Furthermore, this figure includes only those on full time war research. The total loss in teaching manpower is much greater, since even larger numbers of teachers are devoting a considerable part, but not all, of their time to war research.

DEVELOPMENTS IN MEDICAL EDUCATION

The most noteworthy educational developments of the past year relate to the war and include the changes in premedical education, the transfer of students to an active military status, the adoption of the accelerated program by still more schools, and other wartime developments discussed in the earlier sections of this presentation.

Practically all schools report that, while the basic medical curriculum remains essentially unchanged, subjects of war significance are being stressed or have been added. The most commonly mentioned subjects in this category are Tropical Medicine and Parasitology, First Aid, Shock and Blood Substitutes, Burns and War Wounds, Venereal Diseases, Aviation Physiology and Medicine, Industrial Medicine and Public Health, Chemical Warfare, Military Medicine, Chemotherapy.

Two generalizations may be made from scanning this list: First, the subjects are not limited to clinical topics of a purely "practical" nature but involve as well material of basic scientific importance. Second, many of these subjects will continue to be of great medical importance after the war, so that these wartime additions to the curriculum are not simply necessary educational concessions to an emergency but will probably continue to justify their inclusion in our educational programs after the war.

Great impetus to the teaching of Tropical Medicine was given by grants from the John and Mary R. Markle Foundation, administered by a committee of the Association of American Medical Colleges, for the training of teachers of Tropical Medicine at the Army Medical School in Washington and Tulane University. Intensive courses of two months each are given at each school. Men from many of the medical schools have taken these courses and are in charge of the teaching of Tropical Medicine in their own schools.

The Baylor University College of Medicine has moved its entire equipment, including laboratory desks, microscopes, instruments, museums and library, from Dallas to Houston. Preclinical laboratories and class rooms have been established in a spacious, well lighted building which will be utilized for these purposes during the war. Clinical work will be carried out at the Jefferson Davis (City-County) Hospital and the Hermann Hospital. Generous grants have been made the school by the M. D. Anderson Foundation and the Houston Chamber of Commerce, to finance operations during the war and to construct buildings adjacent to Hermann Hospital to house the preclinical departments after the war. Dr. Walter H. Moursund continues as

dean, and Dr. James A. Greene, formerly of Iowa, is professor and chairman of the department of medicine and dean of the clinical faculties, on a full time basis. His present major responsibility is the development of the program of clinical instruction.

Utilizing the former Baylor clinical facilities, including the Parkland Hospital, a new medical school has been organized in Dallas. Preclinical laboratories and class rooms are in operation or being established adjacent to Parkland Hospital in temporary quarters which will be used during the war. Funds raised by the Southwestern Medical Foundation and the Dallas Chamber of Commerce will support the new school in its temporary quarters during the war and in the construction of new buildings after the war. Most of the former Baylor faculty and many of its students remain in Dallas. The acting dean is Dr. Donald Slaughter, formerly of Baylor and more recently of Vermont.

A new medical school is also projected in Florida. On June 14 a bill became law in that state providing for the establishment of the University of South Florida, which is to be a state university having as its primary purpose the creation of a school of medicine, a school of pharmacy and a school of dentistry. The law further provides that the medical and dental schools shall be maintained and operated in accordance with the standards of education approved by the American Medical Association and the American Dental Association.

Despite the added demands made by the accelerated program and an expanding curriculum on faculties seriously reduced in numbers, developments of educational importance are projected by many schools, some of which involve basic principles of medical education in this country.

Increases in clinical facilities not only have strengthened weak spots at a number of schools but are fostering further extensions of the concept that effective clinical teaching must center about a physician-patient relationship between student and patient. Ward work and outpatient department assignments continue to increase. Purely didactic clinical instruction continues to decrease.

Several schools report the appointment of faculty committees to review the curriculum and make recommendations for closer collaboration between instruction in the various fields of medicine. In general, there are two definite tendencies:

First, the line of demarcation between "preclinical" and "clinical" is becoming less sharply drawn. Medical instruction is being viewed as a four year unit rather than as two units of two years each. Introduction of well selected clinical material into the instructional program of the basic sciences is serving to emphasize the unity of the ends sought in medical education. Incorporation of material from the basic sciences into the work of the junior and senior years is stimulating a continued student interest in medicine as a science.

Second, there is increased interdepartmental collaboration in the presentation of related material, with the elimination of accidental, needless repetition and provision for planned, desirable repetition. A given system or organ, for example the kidney, is being considered as a complex of problems the presentation of which requires the resources of collaborating biochemists, anatomists, physiologists, pathologists and renovascular clinicians rather than as a subject to be presented in turn by departments of biochemistry, anatomy, physiology, pathology and medicine.

A noteworthy development in the schools of basic medical sciences (see table 6) is the tendency toward expansion into schools offering the full four year curriculum. Bowman Gray is at present operating both senior and junior classes. It will graduate its first class in December 1943. Utah has started a junior class, which will graduate in August 1944. In Alabama a bill has been passed providing for the establishment of a four year medical school in that state, and appropriating \$1,000,000 for buildings and equipment and \$366,000 annually for maintenance. In at least two other states there has been discussion of expansion of the two year schools.

An arrangement has been consummated between West Virginia and the Medical College of Virginia whereby "15 to 20 students completing the work of the second year in the West Virginia School of Medicine in Morgantown will transfer to the Medical College of Virginia in Richmond for the completion of the four years curriculum, effective January 1944." This experiment in interschool collaboration may well yield results of value to other schools of basic medical sciences. It is becoming increasingly difficult to place students who have completed the basic sciences into schools with facilities adequate to accept transfer students and provide clinical instruction of high quality.

APPROVED MEDICAL SCHOOLS

Medical schools and schools of the basic medical sciences in the United States and Canada approved by the Council on Medical Education and Hospitals of the American Medical Association for the academic session 1942-1943 are listed in tables 5 and 6, pages 1100, 1101 and 1102. The table includes quantitative premedical requirements for applicants not in the A. S. T. P. or V-12 premedical programs. The enrolment by classes, including fifth year students interning or engaged in research, the total attendance, which does not include fifth year students, and the number of graduates apply to the academic year immediately preceding the date of entrance of the first class entering in 1943. The data are treated in this way because of the irregularities in dates of commencement of the academic year and in dates of graduation, which have resulted from the adoption of the accelerated program. The name of the dean or acting dean is also given. Figures for the sixth year enrolment in Canadian schools are given in a footnote.

Four schools on a probationary status are indicated by asterisks. The University of Georgia School of Medicine has been reinstated on the list of approved schools, not on probation.

Three schools, Loyola, Wayne and Marquette, have discontinued the fifth year intern requirement for the M.D. degree. The numbers listed as graduating from these schools are high, since they include students who completed their four years of work in the last two academic sessions.

The fifth or intern year is now required for the M.D. degree by only six schools in the United States: College of Medical Evangelists, Southern California, Stanford, Northwestern, Minnesota and Duke.

The number of approved medical schools in the United States has been reduced to sixty-six, since no classes have been in operation at the Rush Medical College since June 1942, when the last class graduated.

Historical information regarding all institutions on the approved list of medical schools maintained by the Council is given on pages 1111 to 1118.

TABLE 5.—Approved Medical Schools in the United States and Canada

Name and Location of School	Students by Classes, Session Preceding										Graduates to Date of Entrance of First Class in 1943	Executive Officer		
	1943-1944		1st Year		2d Year		3d Year		4th Year				5th Year or Intern	
	Prerequisite by Years #	Hrs.	Year	Year	Year	Year	Year	Year	Year	Year			Year	Totals
1 *University of Arkansas School of Medicine, Little Rock.....	60 Sem. Hrs.	82	71	61	70	...	...	...	...	...	...	284	70	Byron L. Robinson, M.D., Dean.....
ARIZONA														
CALIFORNIA														
2 University of California Medical School, Berkeley-San Francisco.....	3	74	66	65	55	...	...	...	...	...	...	260	53	Francis Scott Smyth, M.D., Dean.....
3 College of Medical Evangelists, Loma Linda-Los Angeles.....	3	97	78	77	67	82†	...	...	...	...	...	319	82	Newton G. Evans, M.D., Dean, Loma Linda, W. F. Norwood, Ph.D., Assistant Dean, Los Angeles.....
4 University of Southern California School of Medicine, Los Angeles.....	3	61	54	54	49	45†	...	...	...	...	...	218	45	Burrell O. Raulston, M.D., Dean.....
5 Stanford University School of Medicine, Stanford University-San Francisco.....	3	62	60	60	57	61†	...	...	...	...	...	239	62	Loren Roscoe Chandler, M.D., Dean.....
COLORADO														
6 University of Colorado School of Medicine, Denver.....	3	61	54	58	49	...	...	...	...	...	...	222	49	Maurice H. Rees, M.D., Dean.....
CONNECTICUT														
7 Yale University School of Medicine, New Haven.....	2	59	53	54	48	...	...	...	...	...	...	214	44	Francis G. Blake, M.D., Dean.....
DISTRICT OF COLUMBIA														
8 Georgetown University School of Medicine, Washington.....	2	97	69	63	68	...	...	...	...	...	...	297	69	David V. McCauley, S.J., Ph.D., Dean.....
9 George Washington University School of Medicine, Washington.....	2	70	76	64	71	...	...	...	...	...	...	281	71	Walter A. Bloodorn, M.D., Dean.....
10 Howard University College of Medicine, Washington.....	2	75	73	51	27	...	...	...	...	...	...	226	27	John W. Lawlah, M.D., Dean.....
GEORGIA														
11 Emory University School of Medicine, Atlanta.....	2	68	55	50	53	...	...	...	...	...	...	226	52	Russell H. Oppenheimer, M.D., Dean.....
12 University of Georgia School of Medicine, Augusta.....	2	78	72	46	46	...	...	...	...	...	...	242	46	G. Lombard Kelly, M.D., Dean.....
ILLINOIS														
13 Loyola University School of Medicine, Chicago.....	90 Sem. Hrs.	88	80	69	53	65†	...	...	...	...	...	290	114†	Francis J. Braceland, M.D., Dean.....
14 Northwestern University Medical School, Chicago.....	2	132	134	132	163	133†	...	...	...	...	...	581	138	J. Roscoe Miller, M.D., Dean.....
15 University of Chicago, The School of Medicine.....	80 Sem. Hrs.	67	61	53	70	...	...	...	...	...	...	251	42	B. C. H. Harvey, M.D., Dean of Students.....
16 University of Illinois College of Medicine, Chicago.....	2	177	171	164	149	...	...	...	...	...	...	661	151	Raymond B. Allen, M.D., Dean.....
INDIANA														
17 Indiana University School of Medicine, Bloomington-Indianapolis.....	§	131	118	120	117	...	...	...	...	...	...	486	104	Willis D. Gatch, M.D., Dean.....
IOWA														
18 State University of Iowa College of Medicine, Iowa City.....	3	100	80	66	65	...	...	...	...	...	...	311	63	Ewen Murchison MacEwen, M.D., Dean.....
KANSAS														
19 University of Kansas School of Medicine, Lawrence-Kansas City.....	3 & Degree	104	84	85	82	...	...	...	...	...	...	355	92	H. R. Wahl, M.D., Dean.....
KENTUCKY														
20 University of Louisville School of Medicine, Louisville.....	2	93	91	89	92	...	...	...	...	...	...	365	92	John Walker Moore, M.D., Dean.....
LOUISIANA														
21 Louisiana State University School of Medicine, New Orleans.....	60 Sem. Hrs.	97	88	78	81	...	...	...	...	...	...	344	78	Beryl I. Burns, M.D., Dean.....
22 Tulane University of Louisiana School of Medicine, New Orleans.....	2	141	125	123	121	...	...	...	...	...	...	510	121	Hiram W. Kostmayer, M.D., Dean.....
MARYLAND														
23 Johns Hopkins University School of Medicine, Baltimore.....	2	75	67	73	73	...	...	...	...	...	...	288	73	Alan M. Chesney, M.D., Dean.....
24 University of Maryland School of Medicine and Coll. of Phys. and Surg., Baltimore.....	2	94	91	90	98	...	...	...	...	...	...	373	98	Robert U. Patterson, M.D., Dean.....
MASSACHUSETTS														
25 Boston University School of Medicine, Boston.....	2	71	62	46	46	...	...	...	...	...	...	225	44	Bennett F. Avery, M.D., Dean.....
26 Harvard Medical School, Boston.....	2	128	133	135	144	...	...	...	...	...	...	540	148	C. Sidney Burwell, M.D., Dean.....
27 Tufts College Medical School, Boston.....	2	111	103	101	96	...	...	...	...	...	...	411	94	Dwight O'Hara, M.D., Acting Dean.....
MICHIGAN														
28 University of Michigan Medical School, Ann Arbor.....	30 Sem. Hrs.	155	115	119	100	...	...	...	...	...	...	489	98	A. C. Furstenberg, M.D., Dean.....
29 Wayne University College of Medicine, Detroit.....	2	69	64	59	65	67†	...	...	...	...	...	257	135†	Edgar H. Norris, M.D., Dean.....
MINNESOTA														
30 University of Minnesota Medical School, Minneapolis.....	2	127	141	111	119	113†	...	...	...	...	...	498	111	Harold S. Diehl, M.D., Dean.....
MISSOURI														
31 St. Louis University School of Medicine, St. Louis.....	2	131	109	112	112	...	...	...	...	...	...	464	112	Alphonse M. Schwifalla, S.J., Ph.D., Dean.....
32 Washington University School of Medicine, St. Louis.....	2	85	76	116	97	...	...	...	...	...	...	374	94	Philip A. Shaffer, Ph.D., Dean.....

33	Creighton University School of Medicine, Omaha	61 Sem. Hrs.	72	95	64	61	44	241	44	Charles M. Wilhelmj, M.D., Dean	33
34	University of Nebraska College of Medicine, Omaha	2	95	58	88	75	74	332	74	C. W. M. Poynter, M.D., Dean	34
NEW YORK											
35	Albany Medical College, Albany	2	44	30	30	30	33	155	34	R. S. Cunningham, M.D., Dean	35
36	Long Island College of Medicine, Brooklyn	2	105	106	106	97	88	299	88	Jean A. Curran, M.D., President and Dean	36
37	University of Buffalo School of Medicine, Buffalo	2	77	70	63	63	60	278	66	Edward W. Koch, M.D., Dean	37
38	Columbia University College of Physicians and Surgeons, New York	2	110	126	109	109	97	448	95	Willard C. Rappleye, M.D., Dean	38
39	Cornell University Medical College, New York	2	84	82	82	82	76	314	75	Joseph C. Hinsley, Ph.D., Dean	39
40	New York Medical College, Flower and Fifth Avenue Hospitals, New York	2	36	35	35	35	35	240	68	J. A. W. Hetrick, M.D., President and Dean	40
41	New York University College of Medicine, New York	2	134	130	122	119	119	505	124	Donald Sheehey, M.D., Acting Dean	41
42	University of Rochester School of Medicine and Dentistry, Rochester	3	66	64	64	58	55	243	50	George H. Whipple, M.D., Dean	42
43	Syracuse University College of Medicine, Syracuse	2	56	48	48	38	42	184	41	H. G. Weiskotten, M.D., Dean	43
NORTH CAROLINA											
44	Duke University School of Medicine, Durham	2	66	72	65	65	61	264	61	Wilburt C. Davison, M.D., Dean	44
OHIO											
45	University of Cincinnati College of Medicine, Cincinnati	2	86	72	73	73	77	308	76	Stanley Dorst, M.D., Dean	45
46	Western Reserve University School of Medicine, Cleveland	2	90	78	69	69	69	300	69	Torald Solihmann, M.D., Dean	46
47	Ohio State University College of Medicine, Columbus	2	84	78	71	71	67	300	67	R. C. Baker, Ph.D., Acting Dean	47
OKLAHOMA											
48	University of Oklahoma School of Medicine, Oklahoma City	60 Sem. Hrs.	76	57	57	51	61	245	59	Tom Lowry, M.D., Dean	48
OREGON											
49	University of Oregon Medical School, Portland	82 Sem. Hrs.	75	69	69	69	60	273	58	D. W. E. Baird, M.D., Dean	49
PENNSYLVANIA											
50	Hahnemann Medical College and Hospital of Philadelphia	90 Sem. Hrs.	157	113	116	116	126	512	126	William A. Pearson, M.D., Dean	50
51	Jefferson Medical College of Philadelphia	§	153	127	134	142	142	556	142	William H. Perkins, M.D., Dean	51
52	Temple University School of Medicine, Philadelphia	2	119	102	122	122	119	463	120	William N. Parkinson, M.D., Dean	52
53	University of Pennsylvania School of Medicine, Philadelphia	90 Sem. Hrs.	130	118	131	132	132	511	130	William Pepper, M.D., Dean	53
54	Woman's Medical College of Pennsylvania, Philadelphia	3	41	34	22	22	22	119	22	Marion Fay, Ph.D., Acting Dean	54
55	University of Pittsburgh School of Medicine, Pittsburgh	2	91	85	85	85	75	336	72	William S. McElroy, M.D., Dean	55
SOUTH CAROLINA											
56	Medical College of the State of South Carolina, Charleston	2	50	48	43	43	48	189	48	Robert Wilson, M.D., Dean	56
TENNESSEE											
57	University of Tennessee College of Medicine, Memphis	2	133	132	116	109	109	510	109	O. W. Hymen, Ph.D., Dean	57
58	Memphis Medical College, Nashville	2	65	65	62	50	50	242	50	Michael J. Bent, M.D., Dean	58
59	Vanderbilt University School of Medicine, Nashville	3 & Degree	53	52	52	52	52	269	52	Walter S. Leathers, M.D., Dean	59
TEXAS											
60	Baylor University College of Medicine, Houston (formerly Dallas)	80 Sem. Hrs.	84	78	79	77	77	318	77	Walter H. Moursund, M.D., Dean	60
61	*University of Texas Medical Branch, Galveston	72 Sem. Hrs.	99	109	98	98	87	393	87	Chauncey D. Leake, Ph.D., Dean	61
VERMONT											
62	University of Vermont College of Medicine, Burlington	§	36	32	34	31	31	133	31	Clarence H. Beecher, M.D., Dean	62
VIRGINIA											
63	University of Virginia Department of Medicine, Charlottesville	2	77	66	57	58	58	258	55	Harvey E. Jordan, Ph.D., Dean	63
64	Medical College of Virginia, Richmond	2	80	81	74	71	71	306	68	J. P. Gray, M.D., Dean	64
WISCONSIN											
65	University of Wisconsin Medical School, Madison	2	77	77	60	63	63	277	63	Walter J. Meek, Ph.D., Acting Dean	65
66	Marquette University School of Medicine, Milwaukee	2	100	97	71	77	77	345	150†	Eben J. Carey, M.D., Dean	66
CANADA											
67	University of Alberta Faculty of Medicine, Edmonton, Alta.	2	...	22	33	36	36	160	33	John James Ower, M.D., Acting Dean	67
68	University of Manitoba Faculty of Medicine, Winnipeg, Man.	2	61	50	55	62	62	228	50	A. T. Mathers, M.D., Dean	68
69	Dalhousie University Faculty of Medicine, Halifax, N. S.	2	50	50	34	37	37	171	37	H. G. Grant, M.D., Dean	69
70	Queen's University Faculty of Medicine, Kingston, Ont.	1	48	47	48	41	47	279	45	Frederick Etherington, M.D., Dean	70
71	University of Western Ontario Medical School, London, Ont.	2	49	45	31	38	31	224	30	F. J. H. Campbell, M.D., Dean	71
72	University of Toronto Faculty of Medicine, Toronto, Ont.	1	149	139	123	127	107	753	107	W. E. Galle, M.D., Dean	72
73	McGill University Faculty of Medicine, Montreal, Que.	3	116	98	100	95	95	409	94	J. R. Fraser, M.D., Dean	73
74	University of Montreal Faculty of Medicine, Montreal, Que.	Degree	85	56	45	51	51	237	53	Albert LeSage, M.D., Dean	74
75	Laval University Faculty of Medicine, Quebec, Que.	Degree	127	73	63	58	43	364	47	Charles Vézina, M.D., Dean	75

Statistics of approved schools of the basic medical sciences will be found in table 6, page 1102.

* On probation.
 † These premedical requirements apply to civilian applicants in most instances. All schools in the United States will consider completion of the Army or Navy premedical program, by male applicants on active duty, as fulfilling academic admission requirements.
 ‡ Fifth year (internship) enrollment not included in the total column.
 § Completion of Army or Navy premedical curriculum.
 ¶ Sixth year enrollment: Alberta, 33; Toronto 108; Queens 48, and Western Ontario 30.
 † Intern year no longer required for degree. Figure is essentially for two classes of graduates.

ENROLMENTS

Enrolment figures by classes for the academic year ending with the admission of the first class in 1943 are given in tables 5 and 6 and recapitulated in table 7. In the seventy-six schools in the United States there were 22,631 students studying medicine (excluding the fifth year), which is an increase of 600 students, or 2.7 per cent above the preceding academic session. In the Canadian schools there were 2,386 students (excluding the fifth and sixth years), an enrolment increase of 48 students, or 2.0 per cent. In addition there were 566 fifth year students in schools of the United States plus 403 fifth year and 219 sixth year students in Canada.

STUDENTS BY CLASSES, 1931-1943

The number of students enrolled in preclinical and clinical classes and in internships when required for graduation in medical schools of the United States is shown in table 9, covering the past thirteen years. The numbers in each of the four classes in 1942-1943 show a substantial increase over the preceding academic session. The sophomore and junior classes were larger than at any other time for this period. The freshman class was larger than last year's on three occasions from 1930 to 1934. The senior class was larger in 1936-1937 than that of last year. The number interning as a requirement for the degree continued to fall because of schools dropping this requirement for the degree.

TABLE 6.—Approved Schools of the Basic Medical Sciences in the United States and Canada

Name and Location of School	1943-1944 Premedi- cal Require- ment by Years #	Students by Classes, Session Preceding First Class Entering in 1943			Executive Officer
		1st		Totals	
		Year	2d		
ALABAMA					
1 University of Alabama School of Medicine, University (Tuscaloosa).....	60 sem. hrs. 52	47	99	Stuart Graves, M.D., Dean.....	1
MISSISSIPPI					
2 University of Mississippi School of Medicine, University.....	3	30	28	B. S. Guyton, M.D., Dean.....	2
MISSOURI					
3 University of Missouri School of Medicine, Columbia.....	2	44	31	Dudley S. Conley, M.D., Dean.....	3
NEW HAMPSHIRE					
4 Dartmouth Medical School, Hanover.....	‡	22	24	John P. Bowler, M.D., Dean.....	4
NORTH CAROLINA					
5 University of North Carolina School of Medicine, Chapel Hill.....	3	49	42	W. Reece Berryhill, M.D., Dean.....	5
6 †Bowman Gray School of Medicine of Wake Forest Coll., Winston-Salem.	2	49	32§	C. C. Carpenter, M.D., Dean.....	6
NORTH DAKOTA					
7 *University of North Dakota School of Medicine, Grand Forks.....	2	28	25	H. E. French, M.D., Dean.....	7
SOUTH DAKOTA					
8 *University of South Dakota School of Medical Sciences, Vermillion....	3	27	22	Joseph C. Ohlmacher, M.D., Dean....	8
UTAH					
9 †University of Utah School of Medicine, Salt Lake City.....	3	44	35	A. Cyril Callister, M.D., Dean.....	9
WEST VIRGINIA					
10 West Virginia University School of Medicine, Morgantown.....	3	30	26	Edward J. Van Liere, M.D., Dean....	10
CANADA					
11 University of Saskatchewan School of Medical Sciences, Saskatoon, Sask.	2	24	20	W. S. Lindsay, M.B., Dean.....	11

* On probation.

† These premedical requirements apply to civilian applicants in most instances. All schools in the United States will consider completion of the Army or Navy premedical program, by male applicants on active duty, as fulfilling academic admission requirements.

‡ Have started four-year programs.

§ Completion of Army and Navy requirements.

¶ Third year students 33.

In schools offering the complete four years of work the three schools in the United States with the highest enrolments were Illinois 661, Northwestern 581 and Jefferson 556. The three with the lowest enrolments were Woman's Medical College 119, Vermont 133 and Albany 155. In Canada the highest enrolment occurred at Toronto with 753 students in the six years, and the lowest at Alberta with 160 students in its five year course.

In no school of the basic medical sciences did the enrolment in either the freshman or the sophomore class exceed 50, with the sole exception of the freshman class at Alabama, which was 52.

The enrolment in the classes now in session in the United States is shown for each school in table 8. For comparison with enrolments in the two preceding sessions, total figures are also given in the last column of table 7. There are now 23,204 students in the schools in the United States. This is 573 students more than were in school in the academic session last completed, an increase of 2.5 per cent. The tendency toward increased enrolments each year continues. This serves the desired end of providing more medical officers and civilian physicians. However, each school should consider carefully whether available facilities warrant further increases and whether the quality of the educational product might not be inferior to that which is desirable not only in a medical officer but in civilian practice.

TABLE 7.—Total Enrolments by Classes in Medical Schools of the United States and Canada for the Academic Year Ending with the Admission of the First Class in 1943. Students in the Intern Year Are Not Included.

	Fresh- men	Sophs.	Jrs.	Srs.	Total	Total Last Ses- sion Present (1941- 1942)	Total Session (1943)
66 Medical Schools (U. S.)	6,050	5,516	5,245	5,100	21,911	21,392	22,379
10 Basic Science Schools (U. S.)	375	312	33*	....	720	693	825†
Total (U. S.).....	6,425	5,828	5,278	5,100	22,631	22,081	23,204
9 Medical Schools (Can.)†	685	580	532	545	2,342	2,290	
1 Basic Science School (Can.)	24	20	....	....	44	48	
Total (Can.)	709	600	532	545	2,386§	2,338	
Total U. S. and Can.	7,134	6,428	5,810	5,645	25,017	24,369	

* At Bowman Gray.

† The first four years in some Canadian schools do not correspond to those years in schools of the United States.

‡ Includes juniors at Utah and juniors and seniors at Bowman Gray.

§ Does not include 483 students in fifth and sixth years.

GRADUATES

In table 5 are included all graduates since July 1, 1942 until the opening of the first academic session commencing in 1943. Such sessions opened in different schools anywhere from January to July. In the period thus defined there were 5,223 graduates. To this figure

may be added the estimated 10,889 students who will graduate as shown in table 4 between the time of the opening of the first academic session in 1943 and January 1945. The total figure, 16,112, is the number of students who have graduated or will graduate in a

TABLE 8.—Enrolment, 1943; Classes Now in Session

	1st Year	2d Year	3d Year	4th Year
University of Alabama.....	55	56	..	..
University of Arkansas.....	82	75	67	60
University of California.....	72	74	68	66
College of Medical Evangelists.....	95	90	72	75
University of Southern California.....	65	64	54	54
Stanford University.....	62	62	60	60
University of Colorado.....	65	54	55	56
Yale University (Connecticut).....	60	62	46	54
Georgetown Univ. (District of Columbia).....	99	92	64	63
George Washington University.....	83	70	76	64
Howard University.....	75	75	73	51
Emory University (Georgia).....	69	69	60	50
University of Georgia.....	76	75	60	46
Loyola University (Illinois).....	88	80	80	71
Northwestern University.....	131	134	158	154
University of Chicago.....	65	67	61	53
University of Illinois.....	166	165	165	160
Indiana University.....	130	116	120	120
State University of Iowa.....	88	87	76	64
University of Kansas.....	104	104	84	82
University of Louisville (Kentucky).....	96	89	89	89
Louisiana State University.....	100	78	82	77
Tulane University.....	141	131	137	121
Johns Hopkins University (Maryland).....	75	74	73	81
University of Maryland.....	101	83	96	90
Boston University (Massachusetts).....	78	67	56	45
Harvard Medical School.....	122	123	141	136
Tufts College Medical School.....	110	102	100	101
University of Michigan.....	170	146	118	119
Wayne University.....	73	65	66	59
University of Minnesota.....	126	122	138	109
University of Mississippi.....	30	25	..	..
St. Louis University (Missouri).....	135	130	100	113
University of Missouri.....	44	35	..	..
Washington University.....	86	85	105	115
Creighton University (Nebraska).....	70	68	60	59
University of Nebraska.....	91	87	86	76
Dartmouth Med. School (New Hampshire).....	23	25	..	..
Albany Medical College (New York).....	51	41	40	38
Long Island College of Medicine.....	113	105	103	92
University of Buffalo.....	86	78	70	61
Columbia University.....	119	114	122	109
Cornell University.....	84	77	79	78
New York Medical College.....	100	98	92	83
New York University.....	142	126	131	120
University of Rochester.....	68	62	64	62
Syracuse University.....	56	53	46	38
Duke University (North Carolina).....	77	67	72	65
University of North Carolina.....	49	41	..	..
Bowman Gray School of Medicine.....	51	44	36	34
University of North Dakota.....	28	25	..	..
University of Cincinnati (Ohio).....	86	81	81	75
Western Reserve University.....	91	86	74	67
Ohio State University.....	84	78	69	70
University of Oklahoma.....	76	69	56	51
University of Oregon.....	76	72	70	63
Hahnemann Med. College (Pennsylvania).....	154	138	113	116
Jefferson Medical College.....	160	140	138	133
Temple University.....	110	119	102	122
University of Pennsylvania.....	133	118	133	132
Woman's Medical College.....	45	42	34	21
University of Pittsburgh.....	86	80	78	84
Medical College of South Carolina.....	50	46	49	43
University of South Dakota.....	25	20	..	..
University of Tennessee.....	105	90	107	81
Meharry Medical College.....	65	61	62	62
Vanderbilt University.....	51	52	54	50
Baylor University (Texas).....	84	65*	60*	60*
University of Texas.....	100	105	110	96
University of Utah.....	42	42	40	..
University of Vermont.....	40	36	32	34
University of Virginia.....	73	62	73	54
Medical College of Virginia.....	80	81	78	72
West Virginia University.....	30	25	..	..
University of Wisconsin.....	72	78	61	57
Marquette University.....	97	93	85	72
Totals.....	6,440	6,016	5,560	5,188

* May require revision.

period of thirty months from July 1, 1942 to Jan. 1, 1945. For comparison with the figures on graduates of preceding classes, which have been expressed per calendar year, the figure 16,112 for thirty months may be converted into an average of 6,445 graduates per calendar year, which far exceeds the number ever graduated from schools in the United States even at the time when one hundred and sixty schools were operating, in 1905.

This figure is a conservative expression of the probabilities, since there will probably be an additional 4,500

graduates in the first six months after Jan. 1, 1945, totaling over 20,000 graduates in a period of exactly three years from July 1, 1942 to July 1, 1945, or nearly 7,000 a year. The latter figure is that estimated by Dr. H. G. Weiskotten a year³ ago on the basis of far less information than is now available.

From table 5 it is seen that the three schools graduating the most students in the last academic session are Illinois 151, Harvard 148 and Jefferson 142. Marquette had 150 graduates, but these included students from two classes, because of the elimination of the internship requirement for the M.D. degree. The smallest numbers were graduated from Vermont 31, Howard 27 and Woman's Medical College 22.

From the nine medical schools of Canada there were 496 graduates. The largest number, 107, graduated from Toronto and the smallest number, 30, received degrees from Western Ontario.

TABLE 9.—Students in the United States by Years, Including the Intern Year When Required for Graduation, 1931-1943

	Preclinical		Clinical		Intern Year	Total
1930-1931.....	6,456	5,538	5,080	4,908	1,025	23,007
1931-1932.....	6,260	5,462	4,932	4,885	1,067	23,202
1932-1933.....	6,426	5,479	5,017	4,948	1,106	23,572
1933-1934.....	6,457	5,571	4,988	4,937	1,183	23,982
1934-1935.....	6,356	5,624	5,142	4,905	1,233	24,121
1935-1936.....	6,005	5,458	5,230	5,020	1,213	23,777
1936-1937.....	5,910	5,269	5,140	5,158	1,255	23,350
1937-1938.....	5,791	5,225	4,986	5,036	1,132	22,719
1938-1939.....	5,754	5,160	4,947	4,921	1,152	22,454
1939-1940.....	5,794	5,177	4,921	4,894	1,152	22,423
1940-1941.....	5,837	5,254	4,969	4,849	1,058	22,437
1941-1942.....	6,218	5,406	5,087	4,942	767	22,798
1942-1943.....	6,425	5,828	5,278	5,100	639	23,270

TABLE 10.—Schools, Students and Graduates by States*

	Schools	Students	Graduates
Alabama.....	1	99	..
Arkansas.....	1	284	70
California.....	4	1,036	242
Colorado.....	1	222	49
Connecticut.....	1	214	44
District of Columbia.....	3	804	167
Georgia.....	2	468	98
Illinois.....	4	1,783	445
Indiana.....	1	486	104
Iowa.....	1	311	63
Kansas.....	1	355	92
Kentucky.....	1	365	92
Louisiana.....	2	854	199
Maryland.....	2	661	171
Massachusetts.....	3	1,176	286
Michigan.....	2	746	233
Minnesota.....	1	498	111
Mississippi.....	1	38	..
Missouri.....	3	913	206
Nebraska.....	2	573	118
New Hampshire.....	1	46	..
New York.....	9	2,864	641
North Carolina.....	3	469	61
North Dakota.....	1	53	..
Ohio.....	3	914	212
Oklahoma.....	1	245	59
Oregon.....	1	273	58
Pennsylvania.....	6	2,497	612
South Carolina.....	1	189	48
South Dakota.....	1	49	..
Tennessee.....	3	961	211
Texas.....	2	711	164
Utah.....	1	79	..
Vermont.....	1	133	31
Virginia.....	2	564	123
West Virginia.....	1	56	..
Wisconsin.....	2	622	213
Totals.....	76	22,631	5,223

* Excluding fifth or intern year students.

GRADUATES BY STATES

The seventy-six schools in the United States are located in thirty-six states and the District of Columbia. The numbers of schools, students and graduates by states are shown in table 10. Each of five states enrolled

over a thousand students in their schools. Students and graduates of the twenty-six schools in these five states total just over 40 per cent of all students and graduates in the United States. In order, these states are New York, nine schools, 2,864 students, 641 graduates; Pennsylvania, six schools, 2,497 students, 612 graduates; Illinois, four schools, 1,783 students, 445 graduates; Massachusetts, three schools, 1,176 students, 286 graduates, and California, four schools, 1,036 students, 242 graduates.

Seven of the thirty-six states with schools had no graduates, since their schools do not offer the complete medical course. Twelve other states had less than 100 graduates, the lowest being Vermont with 31 graduates from its one medical school.

RESIDENCE OF STUDENTS

The permanent home residence of all students in medical schools of the United States and Canada is indicated in table 11. It is felt that a tabulation of the permanent residence of students may give a better indication of the geographic source of medical students than would a tabulation of the birthplace, since many students, like others, may leave the state of their birth

TABLE 12.—Enrolment from States in Which There Are no Medical Schools

	Students Enrolled	No. of Schools	School with Greatest Number from State and Number of Students
Arizona.....	63	29	Northwestern (7)
Delaware.....	43	17	Jefferson (10)
Florida.....	228	35	Emory (44)
Idaho.....	100	28	Oregon (15)
Maine.....	88	25	Tufts (18)
Montana.....	93	30	St. Louis (16)
Nevada.....	20	13	Northwestern (3)
New Jersey.....	826	54	New York Univ. Coll. of Med. (77)
New Mexico.....	43	14	Baylor (12)
Rhode Island.....	104	24	Tufts (28)
Washington.....	362	42	Oregon (63)
Wyoming.....	34	15	Northwestern (7)
Total.....	2,004		

and become identified with another state through years of residence. On the other hand, the home residence at the time of admission to a medical school might have been of relatively recent origin in some cases.

Included in the tabulation are the 22,631 students in schools of the United States and 2,386 students in the first four years plus 483 fifth and sixth year students in Canada, totaling 25,500. Students in the fifth or intern year are not included.

Every state in the Union, including the District of Columbia, has 20 or more medical students in the schools listed. Residents of New York provided the greatest number of students, 2,777. Next in order are Pennsylvania 1,868, Illinois 1,375, Ohio 1,197 and California 1,099. These five states supply a total of 8,316 students, or nearly a third of the registration of the eighty-six schools in the United States and Canada. However, these states provide facilities for the training of well over a third of all students in the United States and Canada, since 9,094 students are enrolled in the twenty-six schools in these five states.

Of the 2,869 students in Canadian schools in all six years, 195, or nearly 7 per cent, came from the United States. Most of these, 133, were enrolled at McGill, nearly one third of whose student body of 409 comes from the United States.

There were 202 students from the United States territories and possessions in forty-two schools in the United States and two in Canada. Students from Canada numbered 2,640, of whom 2,604 were in the ten

TABLE 13.—Resident and Nonresident Students

	Resident Students	Nonresident Students	Totals
University of Alabama.....	91	8	99
University of Arkansas.....	253	31	284
University of California.....	255	5	260
College of Medical Evangelists.....	100	219	319
University of Southern California.....	206	12	218
Stanford University.....	121	118	239
University of Colorado.....	199	23	222
Yale University (Connecticut).....	53	161	214
Georgetown Univ. (District of Columbia).....	20	277	297
George Washington University.....	82	199	281
Howard University.....	30	196	226
Emory University (Georgia).....	138	88	226
University of Georgia.....	242	0	242
Loyola University (Illinois).....	162	128	290
Northwestern University.....	208	373	581
Univ. of Chicago, The School of Medicine.....	100	151	251
University of Illinois.....	640	21	661
Indiana University.....	470	16	486
State University of Iowa.....	304	7	311
University of Kansas.....	334	21	355
University of Louisville (Kentucky).....	167	198	365
Louisiana State University.....	294	50	344
Tulane University of Louisiana.....	148	362	510
Johns Hopkins University (Maryland).....	63	225	288
University of Maryland.....	180	193	373
Boston University (Massachusetts).....	141	84	225
Harvard Medical School.....	105	435	540
Tufts College Medical School.....	305	106	411
University of Michigan.....	349	140	489
Wayne University.....	244	13	257
University of Minnesota.....	451	47	498
University of Mississippi.....	58	0	58
University of Missouri.....	75	0	75
St. Louis University.....	72	392	464
Washington University.....	130	244	374
Creighton University (Nebraska).....	40	201	241
University of Nebraska.....	327	5	332
Dartmouth Med. School (New Hampshire).....	6	40	46
Albany Medical College (New York).....	123	32	155
Long Island College of Medicine.....	302	97	399
University of Buffalo.....	239	37	276
Columbia University.....	194	254	448
Cornell University.....	151	163	314
New York Medical College.....	240	100	340
New York University.....	366	139	505
University of Rochester.....	140	103	243
Syracuse University.....	157	27	184
University of North Carolina.....	69	22	91
Duke University.....	70	194	264
Bowman Gray School of Medicine.....	84	30	114
University of North Dakota.....	47	6	53
University of Cincinnati (Ohio).....	219	89	308
Western Reserve University.....	228	78	306
Ohio State University.....	299	1	300
University of Oklahoma.....	238	7	245
University of Oregon.....	184	89	273
Hahnemann Med. College (Pennsylvania).....	272	240	512
Jefferson Medical College.....	328	228	556
Temple University.....	270	193	463
University of Pennsylvania.....	278	233	511
Woman's Medical College.....	30	89	119
University of Pittsburgh.....	331	5	336
Medical College of South Carolina.....	178	11	189
University of South Dakota.....	45	4	49
University of Tennessee.....	271	239	510
Meharry Medical College.....	16	226	242
Vanderbilt University.....	71	138	209
Baylor University (Texas).....	282	36	318
University of Texas.....	393	0	393
University of Utah.....	79	0	79
University of Vermont.....	102	31	133
University of Virginia.....	165	93	258
Medical College of Virginia.....	167	139	306
West Virginia University.....	56	0	56
University of Wisconsin.....	263	14	277
Marquette University.....	144	201	345
Totals.....	14,254	8,377	22,631

Canadian schools and 36 in sixteen schools in the United States. Nineteen Canadians attended the College of Medical Evangelists. In no other school in the United States were more than 3 Canadians registered.

Foreign students numbered 235, of whom 167 attended thirty-seven schools in the United States and 68 were enrolled in five Canadian schools. Schools enrolling the largest numbers of foreign students were Harvard 29, Dalhousie 23 and McGill 23.

There are twelve states in the Union in which no medical schools are located. These states are listed in table 12, which also shows the number of students from each state entering medical schools, as well as the number of schools to which these students went. There were 2,004 such students, over half of whom came from New Jersey and Washington. From New Jersey 826 students attended fifty-four medical schools. The greatest number, 77 students, attended New York University College of Medicine. From Washington there were 362 students in forty-two schools; of these, 63 students attended Oregon.

Table 13 gives the resident and nonresident enrolment in each of the seventy-six schools in the United States. More than one third of the students were enrolled in schools outside the state of their residence. The following twenty-three schools enrolled more nonresident students than students from the state in which the school is located:

College of Medical Evangelists	St. Louis
Yale	Washington
Georgetown	Creighton
George Washington	Dartmouth
Howard	Columbia
Northwestern	Cornell
Chicago	Duke
Louisville	Woman's Medical College
Tulane	Meharry
Johns Hopkins	Vanderbilt
Maryland	Marquette
Harvard	

Six schools admitted no students nonresident in the state: Georgia, Mississippi, Missouri, Texas, Utah and West Virginia.

REQUIRED INTERNSHIPS

The medical schools requiring a hospital internship for the M.D. degree are shown in table 14, and licensing boards with this requirement for licensure are shown in table 15.

Six schools in the United States and four in Canada require an internship for graduation. Loyola, Wayne and Marquette have dropped the internship requirement in the past year. Graduates of those schools during the 1942-1943 academic session (see figures in table 5)

TABLE 14.—*Internship Required by Medical Schools*

College of Medical Evangelists
University of Southern California School of Medicine
Stanford University School of Medicine
Northwestern University Medical School
University of Minnesota Medical School
Duke University School of Medicine
University of Alberta Faculty of Medicine ¹
University of Manitoba Faculty of Medicine
Dalhousie University Faculty of Medicine
University of Montreal Faculty of Medicine

1. Effective for 1942-1943 freshmen students.

include students who completed their academic work during the 1942-1943 session and students who have served at least part of the internship.

There were 639 students in the United States and 139 in Canada, a total of 778, reported as completing the fifth or intern year in fulfilment of the internship requirement for the M.D. degree.

Although there is a trend in the medical schools toward dropping the internship requirement for the degree, and no schools in the United States have added the requirement in recent years, an internship is required for licensure in twenty-two states and the District of Columbia, Alaska, Hawaii and Puerto Rico. In the

TABLE 15.—*Internship Required by Medical Licensing Boards of All Candidates*

Alabama	Montana	Rhode Island
Alaska	Nevada	South Dakota
Delaware*	New Hampshire	Utah
District of Columbia	New Jersey	Vermont
Hawaii	North Dakota	Washington
Idaho	Oklahoma	West Virginia
Illinois	Oregon	Wisconsin
Iowa	Pennsylvania*	Wyoming
Michigan	Puerto Rico	

Some states require the internship of graduates of medical faculties abroad and reciprocity or endorsement applicants.

* Internship requirement shortened to nine months for the duration of the war.

past year the requirement of one year's hospital internship had been added for licensure in Montana and Nevada. In Delaware and Pennsylvania the internship requirement has been reduced to nine months for the duration of the war. Some states require the internship of graduates from schools abroad and applicants for reciprocity or endorsement. The licensing boards of Illinois, Michigan, North Dakota, Pennsylvania and Washington require that the internship must be a rotating service, while New Jersey recommends this type of service.

A few of the medical schools and licensing boards maintain their own list of hospitals acceptable for intern training, but the list of approved internships compiled by the Council on Medical Education and Hospitals is generally used.

Government restrictions on the use of paper necessitated omission of the Council's list from the Educational Number of THE JOURNAL. However, copies of the revised list of hospitals approved for internships and residencies have been printed and will be sent to all approved medical schools, medical libraries, approved hospitals, state licensing bodies, specialty boards and other interested agencies. The list is also included in this reprint edition of the Educational Number.

DISTRIBUTION BY SEX

Students and graduates in the United States and Canada classified according to sex are shown in table 16. The enrolment was 24,183 men and 1,317 women. Graduates numbered 5,448 men and 271 women. All but nine of the eighty-six medical schools reported women students. Seven of these schools (one Canadian) do not admit women students. These are Georgetown, Emory, Harvard, St. Louis, Dartmouth, Jefferson and Queen's. Although North Dakota and South Dakota have been coeducational since their beginning, no women have attended those schools in the past three years. Both of these institutions are schools of basic medical sciences. All other basic science schools (except Dartmouth) report women students.

In the seventy-seven schools there were 1,317 women enrolled. Women students in the United States numbered 1,150 as compared with 21,481 men. In Canada there were 167 women and 2,702 men students. In the one medical college for women there were 119 students and 22 graduates.

TABLE 16.—*Distribution by Sex*

	Students		Graduates	
	Men	Women	Men	Women
University of Alabama.....	95	4	..	..
University of Arkansas.....	278	6	67	3
University of California.....	233	27	49	4
College of Medical Evangelists.....	301	18	79	3
University of Southern California.....	213	5	45	0
Stanford University.....	229	10	57	5
University of Colorado.....	208	14	47	2
Yale University (Connecticut).....	196	18	41	3
Georgetown Univ. (District of Columbia).....	297	0	69	0
George Washington University.....	259	22	65	6
Howard University.....	214	12	24	3
Emory University (Georgia).....	226	0	52	0
University of Georgia.....	234	8	43	3
Loyola University (Illinois).....	276	14	110	4
Northwestern University.....	563	18	135	3
Univ. of Chicago, The School of Medicine	241	10	41	1
University of Illinois.....	624	37	141	10
Indiana University.....	470	16	103	1
State University of Iowa.....	290	21	60	3
University of Kansas.....	332	23	85	7
University of Louisville (Kentucky).....	357	8	90	2
Louisiana State University.....	321	23	75	3
Tulane University of Louisiana.....	490	20	116	5
Johns Hopkins University (Maryland).....	252	36	63	10
University of Maryland.....	354	19	95	3
Boston University (Massachusetts).....	203	22	38	6
Harvard Medical School.....	540	0	148	0
Tufts College Medical School.....	395	16	92	2
University of Michigan.....	462	27	92	6
Wayne University.....	245	12	130	5
University of Minnesota.....	465	33	106	5
University of Mississippi.....	55	3	..	..
University of Missouri.....	73	2	..	..
St. Louis University.....	464	0	112	0
Washington University.....	353	21	89	5
Creighton University (Nebraska).....	232	9	41	3
University of Nebraska.....	325	7	72	2
Dartmouth Med. School (New Hampshire).....	46	0	..	..
Albany Medical College (New York).....	140	15	33	1
Long Island College of Medicine.....	374	25	84	4
University of Buffalo.....	261	15	62	4
Columbia University.....	421	27	87	8
Cornell University.....	298	16	71	4
New York Medical College.....	303	37	64	4
New York University.....	465	40	117	7
University of Rochester.....	229	14	46	4
Syracuse University.....	176	8	39	2
University of North Carolina.....	85	6	..	..
Duke University.....	256	8	58	3
Bowman Gray School of Medicine.....	112	2	..	..
University of North Dakota.....	53	0	..	..
University of Cincinnati (Ohio).....	293	15	71	5
Western Reserve University.....	294	12	66	3
Ohio State University.....	286	14	64	3
University of Oklahoma.....	233	12	57	2
University of Oregon.....	267	6	56	2
Hahnemann Medical College (Pennsylvania).....	495	17	126	0
Jefferson Medical College.....	556	0	142	0
Temple University.....	429	34	116	4
University of Pennsylvania.....	489	22	123	7
Woman's Medical College.....	0	119	0	22
University of Pittsburgh.....	324	12	70	2
Medical College of South Carolina.....	184	5	47	1
University of South Dakota.....	49	0	..	..
University of Tennessee.....	497	13	109	0
Meharry Medical College.....	230	12	49	1
Vanderbilt University.....	204	5	50	2
Baylor University (Texas).....	307	11	73	4
University of Texas.....	372	21	79	8
University of Utah.....	77	2	..	..
University of Vermont.....	127	6	31	0
University of Virginia.....	249	9	53	2
Medical College of Virginia.....	284	22	65	3
West Virginia University.....	53	3	..	..
University of Wisconsin.....	261	16	58	5
Marquette University.....	337	8	144	6
University of Alberta (Canada).....	144	16	30	3
University of Manitoba.....	210	18	43	7
Dalhousie University.....	166	5	37	0
Queen's University.....	279	0	45	0
University of Western Ontario.....	205	19	27	3
University of Toronto.....	693	60	97	10
McGill University.....	387	22	92	2
University of Montreal.....	226	11	48	5
Laval University.....	354	10	47	0
University of Saskatchewan.....	38	6	..	..
Totals.....	24,183	1,317	5,448	271

Seven medical schools, including one in Canada, each enrolled more than 30 women, with 60 attending Toronto and 40 at New York University.

There were 271 women graduates from sixty-three of the seventy-five four year schools. In the United States there were 241 women graduates and 4,982 men. Canadian schools graduated 30 women and 466 men.

Table 17 shows the distribution of students and graduates by sex over a period of eight years. Women students have not increased in numbers in the past year, so that the small increase in total enrolments, discussed earlier, is entirely due to an increase in the number of men in medical schools.

The percentages of women enrolled and graduating in the United States since 1905 are shown in table 18.

TABLE 17.—*Distribution by Sex in the United States and Canada, 1936-1943*

Year	Students		Graduates	
	Male	Female	Male	Female
1935-1936.....	24,219	1,254	5,388	268
1936-1937.....	23,787	1,244	5,024	261
1937-1938.....	23,234	1,307	5,439	252
1938-1939.....	22,919	1,293	5,290	285
1939-1940.....	22,903	1,291	5,430	273
1940-1941.....	22,853	1,308	5,527	310
1941-1942.....	23,551	1,333	5,397	305
1942-1943.....	24,183	1,317	5,448	271

TABLE 18.—*Women in Medicine in the United States*

Year	Women Students	Percentage of All Students	Women Graduates	Percentage of All Graduates
1905.....	1,073	4.1	219	4.0
1910.....	907	4.0	116	2.6
1915.....	592	4.0	92	2.6
1920.....	818	5.3	122	4.0
1925.....	910	5.0	204	5.1
1926.....	935	5.0	212	5.4
1927.....	964	4.9	189	4.7
1928.....	929	4.5	207	4.9
1929.....	925	4.4	214	4.8
1930.....	955	4.4	204	4.5
1931.....	990	4.5	217	4.6
1932.....	955	4.3	208	4.2
1933.....	1,056	4.7	214	4.4
1934.....	1,020	4.5	211	4.2
1935.....	1,077	4.7	207	4.1
1936.....	1,133	5.0	246	4.7
1937.....	1,113	5.1	238	4.4
1938.....	1,161	5.4	237	4.6
1939.....	1,144	5.4	260	5.1
1940.....	1,145	5.4	253	5.0
1941.....	1,146	5.4	280	5.3
1942.....	1,164	5.3	279	5.4
1943.....	1,150	5.1	241	4.6

For the academic year 1942-1943 the percentage of women enrolled was 5.1, a figure slightly lower than the percentages since 1937. The percentage of graduates who were women was 4.6, which is somewhat smaller than the percentages since 1938.

Recent changes in Army regulations permit the commissioning of women physicians, although at present women students are not included in the Army or Navy medical or premedical programs. Dr. Margaret Craighill, dean of Woman's Medical College of Pennsylvania, was the first woman physician to be commissioned in the United States Army. Major Craighill is on leave of absence from the school.

There is a women's division of the Procurement and Assignment Service, through which agency women are cooperating in the relocation of physicians. In addition, women physicians are contributing greatly to the war

effort by carrying heavier loads than ever before, assuming the added responsibilities of men who have left for the armed forces.

At the present time it is not anticipated that women will be included in the A. S. T. or Navy V-12 Programs.

LOAN FUNDS AND SCHOLARSHIPS

Under the accelerated program, the student with limited means faced the problem of financing his education without opportunities for earning money during summer vacations.

Students were able to meet these needs largely because of the generous grants made by the W. K. Kellogg Foundation and loan funds made available by

TABLE 19.—Medical Schools Reporting Part Time, Special and Graduate Students, 1942-1943

	Part Time	Special	Graduate
University of Alabama.....	8	..	..
University of California.....	..	..	33
Emory University (Georgia).....	..	1	..
University of Georgia.....	3	..	..
Loyola University (Illinois).....	..	3	..
Northwestern University.....	..	42	78
University of Chicago, The School of Medicine.....	..	9	..
University of Illinois.....	..	..	70
Indiana University.....	..	1	..
State University of Iowa.....	1	..	..
University of Kansas.....	..	9	..
University of Louisville (Kentucky).....	..	..	1
Louisiana State University.....	3	1	..
Johns Hopkins University (Maryland).....	8	12	4
Harvard Medical School (Massachusetts).....	..	4	..
Tufts College Medical School.....	..	1	..
University of Michigan.....	13	3	1
Wayne University.....	10	1	..
University of Mississippi.....	..	4	..
Washington University (Missouri).....	..	2	..
University of Nebraska.....	..	..	1
Albany Medical College (New York).....	..	3	..
University of Buffalo.....	7	1	..
Columbia University.....	..	5	24
New York Medical College.....	..	..	7
New York University.....	..	9	70
Bowman Gray School of Med. (North Carolina).....	3	..	..
University of Cincinnati (Ohio).....	..	3	..
Western Reserve University.....	2	2	..
University of Oklahoma.....	1	2	2
University of Oregon.....	..	2	7
Woman's Medical College (Pennsylvania).....	2	2	..
University of Pittsburgh.....	7	..	..
University of South Dakota.....	2	..	..
University of Tennessee.....	..	34	19
Meharry Medical College.....	..	..	76
University of Texas.....	..	29	5
University of Virginia.....	..	..	8
University of Western Ontario (Canada).....	..	5	..
University of Toronto.....	..	..	28
Totals.....	70	190	434

the federal government. Eighty-four schools in the United States and Canada received from the Foundation a total of \$977,700 in amounts ranging from \$5,000 granted to seven schools of basic medical sciences to \$16,000. These timely awards not only assisted deserving and needy medical students but constituted an important contribution to the war effort of the medical schools in carrying out the accelerated program.

Of the \$5,000,000 appropriated by Congress for loans to students in various accelerated curriculums training for war participation, the largest single allotment was granted to students in medicine. Through the United States Office of Education 3,628 loans were made to medical students in sixty-four medical schools and schools of basic medical sciences. The total lent was \$1,063,573.75 for the fiscal year ended June 30, 1943.

The Canadian government lent approximately \$150,000 to the students in six of the medical schools in that country.

With the transfer of Army and Navy students to an active status in the United States, the need for

TABLE 20.—Graduates with Baccalaureate Degrees

	Graduates	Degrees
University of Arkansas.....	70	19
University of California.....	53	52
College of Medical Evangelists.....	82	40
University of Southern California.....	45	40
Stanford University.....	62	61
University of Colorado.....	49	38
Yale University (Connecticut).....	44	44
Georgetown University (District of Columbia).....	69	66
George Washington University.....	71	37
Howard University.....	27	11
Emory University (Georgia).....	52	36
University of Georgia.....	46	33
Loyola University (Illinois).....	114	64
Northwestern University.....	138	90
University of Chicago, The School of Medicine.....	42	41
University of Illinois.....	151	61
Indiana University.....	104	49
State University of Iowa.....	63	44
University of Kansas.....	92	88
University of Louisville (Kentucky).....	92	68
Louisiana State University.....	78	65
Tulane University of Louisiana.....	121	105
Johns Hopkins University (Maryland).....	73	65
University of Maryland.....	98	80
Boston University (Massachusetts).....	44	43
Harvard Medical School.....	148	143
Tufts College Medical School.....	94	93
University of Michigan.....	98	83
Wayne University.....	135	132
University of Minnesota.....	111	33
St. Louis University (Missouri).....	112	86
Washington University.....	94	81
Creighton University (Nebraska).....	44	24
University of Nebraska.....	74	41
Albany Medical College (New York).....	34	34
Long Island College of Medicine.....	88	80
University of Buffalo.....	66	50
Columbia University.....	95	89
Cornell University.....	75	75
New York Medical College.....	68	67
New York University.....	124	118
University of Rochester.....	50	46
Syracuse University.....	41	34
Duke University (North Carolina).....	61	41
University of Cincinnati (Ohio).....	76	65
Western Reserve University.....	69	69
Ohio State University.....	67	62
University of Oklahoma.....	59	36
University of Oregon.....	58	58
Hahnemann Medical College (Pennsylvania).....	126	107
Jefferson Medical College.....	142	142
Temple University.....	120	107
University of Pennsylvania.....	130	127
Woman's Medical College.....	22	18
University of Pittsburgh.....	72	62
Medical College of South Carolina.....	48	34
University of Tennessee.....	109	63
Meharry Medical College.....	50	48
Vanderbilt University.....	52	51
Baylor University (Texas).....	77	45
University of Texas.....	87	63
University of Vermont.....	31	30
University of Virginia.....	55	42
Medical College of Virginia.....	68	52
University of Wisconsin.....	63	38
Marquette University.....	150	90
University of Alberta (Canada).....	33	0
University of Manitoba.....	50	20
Dalhousie University.....	37	14
Queen's University.....	45	5
University of Western Ontario.....	30	10
University of Toronto.....	107	29
McGill University.....	94	80
University of Montreal.....	53	48
Laval University.....	47	47
Totals.....	5,719	4,352

scholarship and loan aid is no longer acute. A relatively small number of students (perhaps 15 to 20 per cent of the total) will be civilians. Needy students in this group can probably be provided for by the local loan funds available in most schools. In many instances

university and college funds set aside for loan purposes have increased in amount in the past year for several reasons. The Kellogg scholarship and loan funds for medical students and the government loan funds for students in several fields have resulted in a conservation of local funds. It should be emphasized that college loan funds would have been entirely inadequate to meet last year's emergency. In addition, large numbers of men in uniform in a variety of curriculums are having their expenses paid by the Army or Navy and need no loans. Finally, generally improved economic conditions have lessened the demand for loans.

There still remain funds for loans to students in the appropriation made by Congress for last year. Of the \$5,000,000 allocated for loans in several fields, about \$2,000,000 has not been lent. This sum is still available but may be used for loans only to those students who have previously received assistance through this appropriation. No new borrower is eligible for a loan from the fund this year.

PART TIME, SPECIAL AND GRADUATE STUDENTS

Students in these categories, shown in table 19, are included in none of the preceding tabulations. Part time and special students in the past year numbered about half as many as in 1941-1942. Under the acceler-

TABLE 21.—Fees, 1942-1943

	Schools
Under \$99.....	3
\$100 to 199.....	4
200 to 299.....	21
300 to 399.....	14
400 to 499.....	18
500 or over.....	26
Total.....	86

ated program and the programs for soldiers and sailors in school, part time students are now essentially limited to women and to men with no Army or Navy affiliation. Schools encouraging part time programs for superior students carrying research along with the work of the medical school regret this war casualty but recognize it as a necessity. In fourteen schools in the United States and Canada there were 70 such students in 1942-1943, as compared with last year's 132.

Special students include those carrying work in such fields as public health, physicians reviewing for specialty board examinations, and students preparing to become physical therapists or laboratory technicians. Curriculums in these and other fields may involve some work in the medical school. There were 190 such special students reported from twenty-six medical schools as compared with 416 in 1941-1942. Forty-two took work at Northwestern, 34 at Tennessee and 29 at Texas. Other schools reported 12 or less.

There were 434 students not candidates for the medical degree pursuing medical subjects in seventeen medical schools in the United States and Canada. A number of these are students enrolled in the graduate school of the University. Over 70 such students were enrolled in each of four schools: Illinois, Northwestern, New York University and Meharry.

GRADUATES WITH BACCALAUREATE DEGREES

At the present time no school in the United States requires a degree for admission, although four schools (Kansas, Dartmouth, Western Reserve and Vander-

bilt) in 1942-1943 required the student to earn a degree during the first year in medical school. Two Canadian schools (Montreal and Laval) required the degree for admission. Yet 76 per cent of all graduates from the seventy-five four year schools in the United States and Canada also held baccalaureate degrees, as shown in table 20. This does not include those earning the B.S. in Medicine, which are presented in the next section.

In the United States 4,099 of the 5,223 medical graduates also held baccalaureate degrees, and in Canada 253 of the 496 medical graduates also held the additional degree. The percentage of graduates in Canada holding both degrees was approximately half that of the graduates of medical schools in the United States. All the graduates of the following seven schools held both degrees: Yale, Albany, Cornell, Western Reserve, Oregon, Jefferson and Laval. Three schools having a degree requirement graduated 10 students with less than their stated college education. None of the graduates of Alberta held the baccalaureate degree.

GRADUATES WITH THE B.S. IN MEDICINE

Certain graduates of twenty-seven medical schools in the United States and 1 in Canada received the Bachelor of Science degree in Medicine. There were 416 such degrees awarded in the United States and 2 in Canada, a total of 418. The largest single group to receive the degree were 87 graduates of Illinois. Minnesota awarded 74 degrees and Indiana 46. Other schools granted 34 or less and eighteen schools granted less than 10 each.

FEEES

The eighty-six medical schools and schools of basic medical sciences in the United States and Canada have been arranged in six groups in table 21 according to the tuition fees charged resident students for the session of 1942-1943. The data are based on the average tuition fee charged for the complete medical course and includes minor charges as for matriculation, breakage, diploma and graduation.

Three medical schools, Oklahoma, Texas and West Virginia, charged less than \$99 for the year. Twenty-six schools, most of which are in the Eastern section of the country, had fees of \$500 or more: College of Medical Evangelists, Yale, George Washington, Georgetown, Loyola, Tulane, Johns Hopkins, Maryland, Tufts, Mississippi, St. Louis, Washington, Albany, Columbia, Cornell, Long Island, New York Medical, New York University, Syracuse, Buffalo, Rochester, Cincinnati, Western Reserve, Hahnemann, Pennsylvania and Pittsburgh. Mississippi is the only addition to this group in the last year. The total number in the group has not changed, since Rush is no longer in the list.

The trend toward increases in tuition continues. The average resident fees charged by medical schools in the United States in the past four years, ending with the year 1942-1943, have been \$378, \$386, \$395 and \$407.

Thirty-one schools in the United States and six in Canada make an additional charge for nonresidents. These sums vary considerably in amount. Toronto charges \$5 for first year students and \$10 for others. Four schools charge \$50 or less annually. Louisiana and Michigan charge \$400 annually. South Carolina charges \$420.50 for each of its two years, and Texas has a \$600 fee for each of the third and fourth years.

DESCRIPTION OF MEDICAL SCHOOLS

ARKANSAS

Little Rock

UNIVERSITY OF ARKANSAS SCHOOL OF MEDICINE, 1209 McAlmont Street.—Organized in 1879 as the Medical Department of Arkansas Industrial University. Present title in 1899. In 1911 the College of Physicians and Surgeons united with it and it became an integral part of the University of Arkansas. The first class was graduated in 1880. Clinical teaching was suspended in 1918 but resumed in 1923. Coeducational since organization. The faculty consists of 30 professors and 112 lecturers and instructors, a total of 142. The curriculum covers four sessions of nine months each. Entrance requirements are two years of collegiate work. The B.S. Degree is conferred at the end of the second year. An accelerated program was adopted July 1, 1943, involving the admittance and graduation of a class approximately every nine months. The fees for the four years for residents of Arkansas are \$280 per year; nonresidents are charged \$225 additional each year. The registration for 1942-1943 was 284; graduates, 70. The present session began July 1, 1943, and ends March 27, 1944. The Dean is Byron L. Robinson, M.D.

CALIFORNIA

Berkeley-San Francisco

UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL, University Campus, Berkeley; Medical Center, San Francisco.—Organized in 1864 as the Toland Medical College. The first class graduated in 1864. In 1873 it became the Medical Department of the University of California. In 1909, by legislative enactment, the College of Medicine of the University of Southern California, at Los Angeles, became a clinical department but was changed to a graduate school in 1914. In 1915 the Hahnemann Medical College of the Pacific was merged, and elective chairs in homeopathic materia medica, and therapeutics were provided. Coeducational since organization. Three years of collegiate work are required for admission. For the emergency students may be accepted who have completed premedical work in two years or six terms. The work of the first year is given at Berkeley and that of the last three years at San Francisco. An accelerated program has been adopted consisting of three terms of sixteen weeks in each academic year. The medical course may now be completed in two and two-thirds years. The faculty is composed of 171 professors and 306 associates and assistants, a total of 477. The fees average \$318 per academic year; nonresidents are charged \$250 additional each year. The registration for 1942-1943 was 260; graduates, 53. The present session began February 11, 1943, and will end October 23, 1943. The subsequent session begins October 28, 1943. The Dean is Francis S. Smyth, M.D., San Francisco.

Loma Linda-Los Angeles

COLLEGE OF MEDICAL EVANGELISTS, Loma Linda; Boyle and Michigan Avenues, Los Angeles.—Organized in 1909. The first class graduated in 1914. The laboratory departments are at Loma Linda; the clinical departments at Los Angeles. Coeducational since organization. Three years of collegiate work are required for admission. The faculty is composed of 45 professors and 350 associate professors, assistant professors, instructors and assistants—making a total of 395. The course covers a period of three years of four nine-month academic sessions and an additional twelve-month internship in an approved hospital. The total fees are, respectively, \$602, \$590, \$612 and \$617. The registration for 1942-1943 was 319; graduates, 82. The present session for the sophomore, junior, and senior sessions began April 4, 1943 and will end December 1944; the freshman session will begin July 1, 1943 and will end March 1944. The subsequent junior and senior sessions begin January 1944; freshmen and sophomore sessions begin April 1944. The President is Walter E. Macpherson, M.D., Los Angeles. The Dean in Newton Evans, M.D., Loma Linda. The Assistant Dean is W. F. Norwood, Ph.D., Los Angeles.

Los Angeles

UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE, 3551 University Avenue.—Organized in 1895 as the University of Southern California College of Medicine. First class graduated in 1888. In 1908 it became the Los Angeles Medical Department of the University of California. In 1909 the College of Physicians and Surgeons, established in 1904, became the Medical Department of the University of Southern California. Its activities were suspended in 1920; reorganized in May 1928, under present title. During present national emergency will operate the year round on accelerated three term basis, each term continuing for sixteen weeks. The 1943 entering class began instruction on June 28, 1943. Subsequent entering classes will begin at 8-month intervals during the emergency. The faculty consists of 156 professors and 239 instructors, assistants, and others—a total of 395, 129 of whom are now on active duty with the armed forces. An internship is required for graduation. Coeducational since organization. Annual fees (1½ academic years) amount to \$842. The registration for 1942-1943 was 218; graduates, 45. The present session began June 28, 1943 and will end January 15, 1944. The Dean is Burrell O. Raulston, M.D.

Stanford University-San Francisco

STANFORD UNIVERSITY SCHOOL OF MEDICINE, University Campus, Stanford University; 2398 Sacramento Street, San Francisco. The main buildings are in San Francisco. The laboratories of anatomy, bacteriology and experimental pathology, chemistry, and physiology are located on the campus at Stanford University, which is thirty miles southeast of San Francisco adjoining the City of Palo Alto. The post office is

Stanford University. Organized in 1908, when by agreement the interests of Cooper Medical College were taken over. The first class graduated in 1913. Coeducational since organization. The faculty consists of 138 professors and 190 lecturers, assistants and others, a total of 328. Three years of collegiate work are required for admission. The quarter plan is in operation admitting one class each year. An internship is a requirement for graduation. The fees for the four years, respectively, are \$474, \$438, \$418 and \$418. The registration for 1942-1943 was 239; graduates, 62. During 1943-1944 the quarters begin June 28, October 11, January 10, April 12, July 10. The Dean is Loren Roscoe Chandler, M.D.

COLORADO

Denver

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE, 4200 East Ninth Avenue.—Organized in 1883. Classes were graduated in 1885 and in all subsequent years except 1898 and 1899. Denver and Gross College of Medicine was merged Jan. 1, 1911. Coeducational since organization. The faculty is composed of 57 professors and 130 lecturers, instructors and assistants, a total of 187. The accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The entrance requirements for nonmilitary students are three years of collegiate work. The fees average \$289 per academic year. Nonresidents are charged \$245 additional each year. The registration for 1942-1943 was 222; graduates, 49. The present session began March 29, 1943, and will end December 1943. The subsequent session will begin January 3, 1944. The Dean is Maurice H. Rees, M.D.

CONNECTICUT

New Haven

YALE UNIVERSITY SCHOOL OF MEDICINE, 333 Cedar Street.—Chartered in 1810 as the Medical Institution of Yale College. Organized in 1812; instruction began in 1813; first class graduated in 1814. A new charter in 1879 changed the name to the Medical Department of Yale College. In 1884, the Connecticut Medical Society surrendered such authority as had been granted by the first charter. In 1887, Yale College became Yale University. Coeducational since 1916. The faculty consists of 199 professors and 187 lecturers and assistants, a total of 386. Of this number, 23 are on leave of absence for war service and about 75 other staff members are in the armed forces. The requirements for admission are two years of collegiate work. An accelerated program has been adopted involving the admittance and graduation of a class every nine months. The fees average \$506 per academic year. The registration for 1942-1943 was 214; graduates, 44. The present session began April 5, 1943, and will end December 18, 1943. The subsequent session will begin December 27, 1943. The Dean is Francis G. Blake, M.D.

DISTRICT OF COLUMBIA

Washington

GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE, 3900 Reservoir Road, N.W.—Organized in 1851. First class graduated in 1852. The faculty is composed of 61 professors, 42 associate professors, 13 assistant professors, 18 adjunct professors and 146 instructors, a total of 280, of whom 65 are on military leave. Minimum requirements for admission are the complete premedical Army Specialized Training Program or Navy College Training Program. Civilian students must finish at least two full years of premedical work in an approved college of arts and sciences. The accelerated program permits admission and graduation of a class every nine months. The fees average \$520 per academic year. The registration for 1942-1943 was 297; graduates, 69. The present session began March 15, 1943, and will end December 15, 1943. The subsequent session begins January 3, 1944. The Dean is David V. McCauley, S.J., Ph.D.

GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, 1335 H Street, N.W.—Organized in 1825 as the Medical Department of Columbian College. Also authorized to use the name National Medical College. Classes were graduated in 1826 and in all subsequent years except in 1834 to 1838, and 1861 to 1863, inclusive. The original title was changed to Medical Department of Columbian University in 1873. In 1903 it absorbed the National University Medical Department. In 1904, by an Act of Congress, the title of George Washington University was granted to the institution. Coeducational since 1884. The faculty is composed of 81 professors and 150 instructors, demonstrators and assistants, a total of 231. Sixty semester hours of collegiate work are required for admission. An accelerated program has been adopted involving the admittance and graduation of a class every nine months. The fees average \$550 per academic year. The registration for 1942-1943 was 281; graduates, 71. The present session began March 1, 1943, and will end November 6, 1943. The subsequent session will begin November 22, 1943. The Dean is Walter A. Bloedorn, M.D.

HOWARD UNIVERSITY COLLEGE OF MEDICINE, Fifth and W Streets, N.W.—Chartered in 1867. Organized in 1869. The first class graduated in 1871. Coeducational since organization. Negro students compose a majority of those in attendance. The faculty comprises 41 professors and 61 instructors and assistants, a total of 102. The admission requirements are at least two years of collegiate work. The course covers four years of thirty-three weeks each. The fees are, respectively, \$269, \$269, \$259 and \$266. Registration for 1942-1943 was 226; graduates, 27. The curriculum was accelerated with the beginning class of September 1942. Classes will be admitted every 9 months as follows: June 1943, March 1944, January 1945. The 1943-1944 session began June 12, 1943 and ends March 18, 1944. The Dean is John Wesley Lawlah, M.D.

GEORGIA**Atlanta**

EMORY UNIVERSITY SCHOOL OF MEDICINE, 50 Armstrong Street.—Organized in 1854 as the Atlanta Medical College. Classes graduated 1855 to 1861, when it suspended. Reorganized in 1865. A class graduated in 1865 and each subsequent year except 1874. In 1898 it merged with the Southern Medical College (organized in 1878), taking the name of Atlanta College of Physicians and Surgeons. In 1913 it merged with Atlanta School of Medicine (organized in 1905), reassuming the name of Atlanta Medical College. Became the Medical Department of Emory University in 1915; assumed present title in 1917. Two years of collegiate work are required for admission. The course of study is four academic years of thirty-two weeks each. By the use of the long summer vacation as a teaching quarter, the time required for the completion of these four academic years has been reduced from four to three calendar years. This is in line with the accelerated program adopted by most medical schools during the present emergency. The fees for each of the four academic years are \$357. The registration for 1942-1943 was 226; graduates, 52. Classes this year began on March 23, 1943 and will end December 23, 1943. The subsequent session will begin January 3, 1944 (tentative). The Dean is Russell H. Oppenheimer, M.D.

Augusta

UNIVERSITY OF GEORGIA SCHOOL OF MEDICINE, University Place.—Organized in 1828 as the Medical Academy of Georgia, the name being changed to the Medical College of Georgia in 1829. After 1873 it was known as the Medical Department of the University of Georgia. On July 1, 1933, the name was changed to the University of Georgia School of Medicine. Property transferred to the University in 1911. Classes were graduated in 1833 and all subsequent years except 1862 and 1863. Coeducation was begun in 1920. The faculty includes 62 professors and 24 assistants, a total of 86. Three years of collegiate work are required for admission (except that for the duration of the present war the minimum requirement will be two years). An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees average \$225 per academic year for residents of Georgia; nonresidents are not admitted. The registration for 1942-1943 was 242; graduates, 46. The present session began April 7, 1943, and will end December 20, 1943. The subsequent session will begin January 3, 1944. The Dean is G. Lombard Kelly, M.D.

ILLINOIS**Chicago**

LOYOLA UNIVERSITY SCHOOL OF MEDICINE, 706 South Wolcott Avenue.—Organized in 1915 by acquisition of Bennett Medical College, which had been organized in 1869. Facilities enlarged upon by acquisition of Chicago College of Medicine and Surgery, faculties in basic medical sciences put on full time basis and present title assumed in 1917. Operated as an organic part of Loyola University. Coeducational since organization. The faculty is composed of 38 full time professors and 288 associate and assistant professors, associates, instructors and assistants, a total of 326. Ninety semester hours of collegiate work are required for admission. The fees average \$515 per academic year. The registration for 1942-1943 was 290; graduates, 114. The present session for all classes began on April 19, 1943 and will end December 31, 1943. The subsequent session will begin January 3, 1944. The Dean is Francis J. Braceland, M.D.

NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, 303 East Chicago Avenue.—Organized in 1859 as the Medical Department of Lind University. First class graduated in 1860. In 1864 it became independent as the Chicago Medical College. It united with Northwestern University in 1869 but retained the name of Chicago Medical College until 1891, when the present title was taken. Became an integral part of Northwestern University in 1905. Coeducational since 1926. The faculty comprises 31 professors, 139 associate and assistant professors and 493 associates, instructors and clinical assistants, a total of 663. For the duration of the war the requirement for admission is two years of collegiate work. The B.S. in medicine degree may be conferred before the end of the sophomore year. An accelerated program has been adopted involving the acceptance of a class every nine months. A hospital internship is required for graduation. The total fees are \$414 each year. The registration for 1942-1943 was 581; graduates, 138. The present session began March 29, 1943 and will end December 18, 1943. The subsequent session will begin December 28, 1943. The Dean is J. Roscoe Miller, M.D.

UNIVERSITY OF CHICAGO, THE SCHOOL OF MEDICINE, Fifty-Eighth Street and Ellis Avenue.—Organized in 1924, as a part of the Ogden Graduate School of Science of the University of Chicago. In 1932, when the University of Chicago reorganized its departments, the medical departments were included in the Biological Sciences Division. The work of the first two years in the medical courses has been given on the University Quadrangles since 1899; but the last two years were offered only at Rush Medical College which was affiliated with the university until 1927 when actual work in the clinical departments on the campus began. After that time, candidates for the degree of Doctor of Medicine could take the work of the first two years on the campus and the work of the third and fourth years either on the campus or at the Rush Medical College. In June 1940 Rush Medical College became affiliated with the University of Illinois College of Medicine. All undergraduate instruction is now given only on the campus of the University of Chicago. The faculty of the School of Medicine is composed of 90 professors, 125 associates, instructors and others, a total of 215. The requirements for admission are 80 semester hours of collegiate work or completion of the Army or Navy premedical program, whether or not the applicant is actually in the Army or Navy. The B.S. degree may be obtained during the second year. The curriculum covers twelve quarters of work.

Sixty-five students are admitted to the first year class every nine months. The tuition fee averages \$450. The registration for 1942-1943 was 251; graduates, 42. During the academic year 1943-1944 the quarters will begin June 22, September 28, January 3 and March 27. Classes will be admitted only in January and September 1944. All correspondence relating to general policies should be addressed to W. H. Taliaferro, Ph.D., Dean of the Division of Biological Sciences, or to A. C. Bachmeyer, M.D., Associate Dean, and that pertaining to student affairs to B. C. H. Harvey, M.D., Dean of Medical Students.

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE, 1853 West Polk Street.—Organized in 1882 as the College of Physicians and Surgeons. The first class graduated in 1883. It became the Medical Department of the University of Illinois by affiliation in 1897. Relationship with the university was cancelled in June 1912, and was restored in March 1913, when the present title was assumed. Coeducational since 1898. Two years of collegiate work are required for admission. The accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The B.S. in medicine degree is conferred at the end of the second year. The faculty is composed of 165 professors and 394 associates, instructors and assistants, a total of 559. The fees for residents of Illinois average \$288 per academic year; nonresidents pay an additional fee of \$150. The registration for 1942-1943 was 661; graduates, 151. The present session for juniors and seniors began March 29, 1943 and will end December 17, 1943. Freshmen and sophomores enrolled June 28, 1943 and will complete the year March 25, 1944. The Dean is David J. Davis, M.D., until September 1, 1943; Raymond B. Allen, M.D., after September 1, 1943.

INDIANA**Bloomington-Indianapolis**

INDIANA UNIVERSITY SCHOOL OF MEDICINE, Bloomington; 1040 West Michigan Street, Indianapolis.—Organized in 1903 but did not give all the work of the first two years of the medical course until 1905. In 1907, by union with the State College of Physicians and Surgeons, the complete course in medicine was offered. In 1908 the Indiana Medical College, which was formed in 1905 by the merger of the Medical College of Indiana (organized in 1878), the Central College of Physicians and Surgeons (organized in 1879), and the Fort Wayne College of Medicine (organized in 1879) merged into it. The first class was graduated in 1908. Coeducational since organization. The faculty consists of 334 professors, lecturers, associates and assistants. The B.S. degree in medicine is conferred. The school has been on an all-time program since May 11, 1942. Each calendar year is divided into three terms. The work given in two terms is equivalent to the work formerly given in a year. The work of the first two terms is given at Bloomington; the remainder of the work at Indianapolis. Regular fee for two terms of work is \$217 for residents of Indiana and \$422 for nonresidents. The registration for the session 1942 was 486; graduates, 104. The next regular class will start work on September 6, 1943. The Dean is Willis D. Gatch, M.D., Indianapolis.

IOWA**Iowa City**

STATE UNIVERSITY OF IOWA COLLEGE OF MEDICINE, University Campus.—Organized in 1869. First session began in 1870. First class graduated in 1871. Absorbed Drake University College of Medicine in 1913. Coeducational since 1870. The faculty is made up of 56 professors, 74 lecturers, demonstrators and assistants, a total of 130. Three years of collegiate work are required for admission. The B.A. degree in the combined course of liberal arts and medicine is conferred. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The tuition fee is \$226 each year for residents of Iowa and \$490 for nonresidents. The registration for 1942-1943 was 311; graduates, 63. The present session began March 1, 1943 and will end December 18, 1943. The subsequent session begins January 3, 1944. The Dean is Ewen Murchison MacEwen, M.D.

KANSAS**Lawrence-Kansas City**

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE, Lawrence; 39th Street and Rainbow Boulevard, Kansas City.—Organized in 1880. It offered only the first two years of the medical course until 1905, when it merged with the Kansas City (Mo.) Medical College, founded in 1869, the College of Physicians and Surgeons, founded in 1894, and the Medico-Chirurgical College, founded in 1897. Absorbed Kansas Medical College in 1913. The first class graduated in 1906. The clinical courses are given at Kansas City. Coeducational since 1880. The faculty includes 78 professors and 136 instructors, assistants and others, a total of 214. The requirement for admission is three years of collegiate work. The B.S. degree in medicine is conferred at the end of the second year. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees for residents of the state average \$229.50; nonresidents \$439.50. The registration for 1942-1943 was 355; graduates, 92. The present session for freshmen began May 24, 1943. Upper classmen were enrolled May 19, 1943 and will complete the year January 27, 1944. The Dean is H. R. Wahl, M.D., Kansas City.

KENTUCKY**Louisville**

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE, 101 West Chestnut Street.—Organized in 1837 as Louisville Medical Institute. The first class graduated in 1838, and a class graduated each subsequent year except 1863. In 1846 the name was changed to University of Louis-

ville Medical Department. In 1907 it absorbed the Kentucky University Medical Department; in 1908, the Louisville Medical College, the Hospital College of Medicine and the Kentucky School of Medicine. In 1922 it changed its name to the University of Louisville School of Medicine. Coeducational since organization. Two years of collegiate work are the minimum requirement for admission. Preference is given applicants with a degree or three college years leading to a degree. The faculty numbers 72 professors, and 76 assistants, instructors and others, a total of 148. An accelerated program has been adopted involving the admittance and graduation of a class every nine months. Fees average \$452 per academic year. The registration for 1942-1943 was 365; graduates, 92. The present session began April 1, 1943 and will end December 4, 1943. The subsequent session will begin January 5, 1944. The Dean is John Walker Moore, M.D.

LOUISIANA New Orleans

LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE, 1542 Tulane Avenue.—Organized January 1931 as Louisiana State University Medical Center. Present title in 1939. Coeducational. First session October 1931, with students of first and third year. Faculty comprises 25 professors and 103 associate professors, assistant professors, instructors, and assistants, a total of 128. Course covers four sessions of not less than 32 weeks each. Under the accelerated program adopted for the duration of the war, a first year class will be admitted each nine months, and the entire course will be completed within a period of three years. A minimum of two years' collegiate work is required for admission. Total fees, \$134 each year for residents of Louisiana; additional tuition of \$400 each year for nonresidents. The registration for 1942-1943 was 344; graduates, 78. The present session began March 11, 1943 and will end December 15, 1943. The Dean is B. I. Burns, M.D.

TULANE UNIVERSITY OF LOUISIANA SCHOOL OF MEDICINE, 1430 Tulane Avenue.—Organized in 1834 as the Medical College of Louisiana. Classes were graduated in 1835 and in all subsequent years except 1863-1865, inclusive. It became the Medical Department of the Tulane University of Louisiana in 1884. Present title in 1913. Coeducational since 1915. The faculty comprises 31 professors and 220 associate and assistant professors, instructors and assistants, a total of 251. An accelerated program has been adopted involving the admittance of a class at the beginning of each ninth month, and the graduation of a class approximately every eight months. A minimum of two years of collegiate work is required for admission. Total fees average \$547 per academic year. The registration for 1942-1943 was 510; graduates, 121. The present session began July 1, 1943 and will end February 12, 1944. The Dean is Hiram W. Kostmayer, M.D.

MARYLAND Baltimore

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, 710 North Washington Street.—The nucleus of a Medical Faculty was constituted in 1883. Systematic postgraduate instruction in pathology and bacteriology was begun in 1886. School was fully organized and opened in 1893. The first class graduated in 1897. Coeducational since organization. The faculty consists of 70 professors and 397 instructors, assistants and others, a total of 467. The requirement for admission is temporarily two college years. An accelerated program has been adopted involving the admittance and graduation of a class every nine months. The fees average \$627 per academic year. The registration for 1942-1943 was 288; graduates, 73. The present session began March 1, 1943 and will end November 25, 1943. The subsequent class will begin November 29, 1943. The Dean is Alan M. Chesney, M.D.

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE AND COLLEGE OF PHYSICIANS AND SURGEONS, Lombard and Greene Streets.—Organized in 1807 as the College of Medicine of Maryland. The first class graduated in 1810. In 1812 it became the University of Maryland School of Medicine. Baltimore Medical College was merged with it in 1913. In 1915 the College of Physicians and Surgeons of Baltimore was merged and the present name assumed. Coeducational since 1918. The faculty consists of 52 professors and 332 associate and assistant professors and others, a total of 384, of which 137 are now absent serving with the Armed Forces. Premedical college training reduced from three to two years for the duration of the war. The medical school is now running under an accelerated program for the duration of the war, and requires the admission of a freshman class approximately every nine months. The tuition fees average \$501 for residents of the state; for nonresidents approximately \$150 additional. The registration for 1942-1943 session was 373; graduates, 98. Present session began April 8, 1943 and will end December 23, 1943. The next subsequent session will begin January 13, 1944. The Dean is Robert U. Patterson, M.D.

MASSACHUSETTS Boston

BOSTON UNIVERSITY SCHOOL OF MEDICINE, 80 East Concord Street.—Organized in 1873 as a homeopathic institution. In 1874 the New England Female Medical College, founded in 1848, was merged into it. The first class was graduated in 1874. Became nonsectarian in 1918. Coeducational since organization. Two years of collegiate work are required for admission. The faculty includes 22 professors, 207 associates and others, a total of 229. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. Total fees average \$480 per year. The registration for 1942-1943 was 225; graduates, 44. The present session began March 31, 1943 and will end December 7, 1943 for first year students, December 14, 1943 second and third year students and December 11, 1943 for fourth year students. The subsequent session begins December 31, 1943. The Dean is Bennett F. Avery, M.D.

HARVARD MEDICAL SCHOOL, 25 Shattuck Street.—Organized in 1782. The first class graduated in 1788. It has a faculty of 205 members, and 480 other instructors and assistants, a total of 685. Two years of collegiate work are required for admission. The accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees average \$420, plus \$5 the first year for matriculation. The registration for 1942-1943 was 540; graduates, 148. The present session began March 8, 1943 and will end December 18, 1943. The subsequent session begins January 3, 1944. The Dean is C. Sidney Burwell, M.D.

TUFTS COLLEGE MEDICAL SCHOOL, 416 Huntington Avenue.—Organized in 1893 as the Medical Department of Tufts College. The first class graduated in 1894. Coeducational since 1894. It has a faculty of 107 professors and 335 assistants, lecturers and others, a total of 442. At least two academic years of college study are required for admission. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The total fees for each of the four years, respectively, are \$512, \$507, \$507 and \$517. The registration for 1942-1943 was 411; graduates, 94. The present session began April 7, 1943 and will end December 18, 1943. The subsequent class will begin about January 1, 1944. The Acting Dean is Dwight O'Hara, M.D.

MICHIGAN Ann Arbor

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL.—Organized in 1850 as the University of Michigan Department of Medicine and Surgery. The first class graduated in 1851. Present title assumed in 1915. Coeducational since 1870. It has a faculty of 29 professors, 18 associate professors, 32 assistant professors, 100 assistants, instructors and lecturers; a total of 179. The entrance requirements are ninety semester hours. An accelerated program has been adopted involving the admittance of a class annually and the graduation of a class every nine months. The fees average \$250 per academic year; for nonresidents \$400 a year. The registration for 1942-1943 was 498; graduates, 98. The present session for upper classes began June 28, 1943 and will end February 19, 1944. Freshmen will enroll October 25, 1943. The Dean is A. C. Furstenberg, M.D.

Detroit

WAYNE UNIVERSITY COLLEGE OF MEDICINE, 1516 St. Antoine Street.—Organized as the Detroit College of Medicine in 1885 by consolidation of the Detroit Medical College (organized in 1868) and the Michigan College of Medicine (organized in 1879). Reorganized with the title of Detroit College of Medicine and Surgery in 1913. The first class graduated in 1869. In 1918 it became a municipal institution under the control of the Detroit Board of Education. In 1934 the name was changed by action of the Detroit Board of Education to Wayne University College of Medicine, as a part of the program of consolidation of the Detroit city colleges into a university system. Coeducational since 1917. Entrance requirement is 60 semester hours from an accredited college or university for the duration of the war. The faculty consists of 46 professors, 302 lecturers and others, a total of 348. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees average \$325 for Wayne County residents, and for nonresidents, \$425. The registration for 1942-1943 was 257; graduates, 135. The present session began April 5, 1943 and will end December 18, 1943. The Dean is Edgar H. Norris, M.D.

MINNESOTA Minneapolis

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL.—Organized in 1883 as the University of Minnesota College of Medicine and Surgery, reorganized in 1888 by absorption of St. Paul Medical College and Minnesota Hospital College. The first class graduated in 1889. In 1908 the Minneapolis College of Physicians and Surgeons, organized in 1883, was merged. In 1909 the Homeopathic College of Medicine and Surgery was merged. Present title in 1913. Coeducational since organization. The faculty includes 214 professors, of whom 79 are on full time appointment and 135 on part time, and 143 instructors, 35 of whom are on full time appointment and 108 on part time, a total of 357. An accelerated program has been adopted involving the admittance and graduation of a class every nine months. The entrance requirements are three years of university work, which must include six semester credits of rhetoric, eight semester credits of physics; thirteen credits of general chemistry, qualitative and quantitative analysis, organic and physical chemistry; eight credits of general zoology and genetics and eugenics; four credits of general psychology, and a reading knowledge of scientific German, with a "C" average in all subjects and in the sciences. For the duration of the war entrance requirements have been reduced to two years of college work, and physical chemistry, genetics and eugenics, psychology, and German may be waived by the admission committee. Students are required to meet the requirements for a degree of B.S. or B.A. before receiving the degree of Bachelor of Medicine (M.B.), which is granted at the end of the course. The M.D. degree is conferred after a year of intern work, of advanced laboratory work, or of public health work has been completed. Total fees are \$252 per academic year for residents and \$477 for nonresidents. The registration for 1942-1943 was 498; graduates, 111. The academic year 1943 began March 29 and will end December 16, 1943. The subsequent class will begin January 4, 1944. The Dean is Harold S. Diehl, M.D.

MISSOURI St. Louis

ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE, 1402 South Grand Boulevard. Organized in 1901 as the Marion-Sims-Beaumont Medical College by union of Marion-Sims Medical College, organized in 1890, and

Beaumont Hospital Medical College, organized in 1886. First class graduated in 1902. It became the Medical School of St. Louis University in 1903. The faculty is composed of 79 professors and 291 instructors and assistants, a total of 370. The completion of three years of college study is the minimum admission requirement but students presenting meritorious credits in excess of the minimum are accepted by preference. During the war period the minimal entrance requirements, however, are two years of college with 60 semester hours of credit. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees average \$536 per academic year. The registration for 1942-1943 was 464; graduates, 112. The present session for freshmen began February 23 and for upper classmen March 2, 1943 and will end November 28, 1944. The subsequent session begins November 29, 1944. The Dean is Alphonse M. Schwitalla, S.J., Ph.D.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, Kingshighway and Euclid Avenue.—Organized in 1842 as the Medical Department of St. Louis University. The first class graduated in 1843. In 1855 it was chartered as an independent institution under the name of St. Louis Medical College. In 1891 it became the Medical Department of Washington University. In 1899 it absorbed the Missouri Medical College. Coeducational since 1918. The faculty comprises 142 professors and 303 lecturers, instructors and others, a total of 445. For the duration of the war the entrance requirement has been reduced to two years of collegiate work. The B.S. degree in medicine is conferred at the end of the third or fourth year. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees average \$526. The registration for 1942-1943 was 374; graduates, 94. The present session began March 29, 1943 and will end December 18, 1943. The subsequent session begins January 3, 1944. The Dean is Philip A. Shaffer, Ph.D.

NEBRASKA

Omaha

CREIGHTON UNIVERSITY SCHOOL OF MEDICINE, 306 North Fourteenth Street.—Organized in 1892 as the John A. Creighton Medical College. The first class graduated in 1893. Present title in 1921. Coeducational since organization. It has a faculty of 79 professors and 76 instructors, lecturers and assistants, a total of 155. Sixty-four semester hours of collegiate work are required for admission. The B.S. degree in medicine is conferred at the end of the second year. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees average \$376 per academic year and \$100 additional each year for students who have not taken the major part of their work at Creighton University. The registration for 1942-1943 was 241; graduates, 44. The present session began March 18, 1943 and will end December 20, 1943. The subsequent session will begin January 4, 1944. The Dean is Charles M. Wilhelm, M.D.

UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE, Forty-Second Street and Dewey Avenue.—Organized in 1881 as the Omaha Medical College. The first class graduated in 1882. It became the Medical Department of Omaha University in 1891. In 1902 it affiliated with the University of Nebraska, with the present title. The instruction of the first two years was given at Lincoln and of the last two at Omaha until 1913, when the work of all four years was transferred to Omaha. Coeducational since 1882. The faculty is composed of 78 professors and 54 lecturers and instructors, a total of 132. Two years of collegiate work are required for admission. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The B.S. degree in medicine is conferred at the end of the second year. The fees average \$250 per academic year. The registration for 1942-1943 was 332; graduates, 74. The present session began March 26, 1943 and will end December 18, 1943. The subsequent session will begin January 3, 1944. The Dean is C. W. M. Poynter, M.D.

NEW YORK

Albany

ALBANY MEDICAL COLLEGE, 47 New Scotland Avenue.—Organized in 1838. The first class graduated in 1839. It became the Medical Department of Union University in 1873. In 1915 Union University assumed educational control. Coeducational since 1915. The faculty is composed of 93 professors and 118 instructors, assistants and others, a total of 211. For the duration students who have completed two years of college and who have the proper specific qualifications will be admitted. This change in the requirements for admission has been instituted for the duration of the present national emergency. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The fees average \$532 per academic year. The registration for 1942-1943 was 155; graduates, 34. The present session began March 29, 1943 and will end December 24, 1943. The subsequent session will begin January 3, 1944. The Dean is R. S. Cunningham, M.D.

Brooklyn

LONG ISLAND COLLEGE OF MEDICINE, 350 Henry Street.—Chartered in 1930, was originally organized in 1858 as The Long Island College Hospital. From the collegiate department the first class was graduated in 1860 and the last class in 1930. The first class of the Long Island College of Medicine was graduated in 1931. It is coeducational. It has a faculty of 131 professors, associate, assistant, clinical and assistant clinical professors, and 196 lecturers, associates, instructors, assistants, and others, a total of 327. For the duration of the war two years of collegiate work, including specified courses, are required for admission. The medical course covers four academic years but is being given in three calendar years for the duration of the war. The fees average \$610 per academic year. The registration for 1942-1943 was 399; graduates,

88. The present session began March 29, 1943 and will end December 23, 1943. The subsequent session begins January 3, 1944. The President and Dean is Jean Alonzo Curran, M.D.

Buffalo

UNIVERSITY OF BUFFALO SCHOOL OF MEDICINE, 24 High Street.—Organized in 1846. The first class graduated in 1847. It absorbed the Medical Department of Niagara University in 1898. Coeducational since organization. The faculty is composed of 99 professors and 177 associates, assistants and others, a total of 276. The minimum requirement for admission is two years of collegiate work including certain prescribed science subjects. An accelerated program has been adopted admitting a freshman class every nine months. The fees for the entire course are \$2,000. The registration for 1942-1943 was 276; graduates, 66. The present session for freshmen began July 6, 1943 and ends March 25, 1944. The subsequent session for freshmen begins April 3, 1944. The Dean is Edward W. Koch, M.D.

New York

COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS, 630 West One Hundred and Sixty-Eighth Street.—The medical faculty of Columbia College, then known as King's College, was organized in 1767. Instruction was interrupted by the War of the Revolution. The faculty was reestablished in 1792 and merged in 1814 with the College of Physicians and Surgeons, which had received an independent charter in 1807. In 1860 the College of Physicians and Surgeons became the Medical Department of Columbia College. This merger became permanent by legislative enactment in 1891. Columbia College became Columbia University in 1896. The medical school has been coeducational since 1917. The faculty is composed of 290 professors and 614 instructors, demonstrators and others, a total of 904. Two years of collegiate work are required for admission. During the war, the school will remain in session throughout the year and entering classes will be enrolled at intervals of approximately nine months. Fees average \$538 per academic year. The registration for 1942-1943 was 448; graduates, 95. The present session began March 22, 1943 and will end December 23, 1943. The subsequent session begins January 1, 1944. The Dean is Willard C. Rappleye, M.D.

NEW YORK MEDICAL COLLEGE, FLOWER AND FIFTH AVENUE HOSPITALS, 1 East 105th Street.—Organized in 1858. Incorporated in 1860 as the Homeopathic Medical College of the State of New York. The title New York Homeopathic Medical College was assumed in 1869; the title New York Homeopathic Medical College and Hospital in 1887; the title New York Homeopathic Medical College and Flower Hospital in 1908; the title New York Medical College and Flower Hospital in 1936; the present title of New York Medical College, Flower and Fifth Avenue Hospitals, June 22, 1938. The first class graduated in 1861. Coeducational since 1919. Two years of college work are required for admission. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. It has a faculty of 67 professors and associate professors, 48 assistant professors, 291 lecturers and assistants, a total of 406. The fees average \$663 per academic year. The registration for 1942-1943 was 340; graduates, 68. The present session began March 29, 1943 and will end Dec. 20, 1943. The subsequent session begins January 3, 1944. The President and Dean is J. A. W. Hetrick, M.D.

NEW YORK UNIVERSITY COLLEGE OF MEDICINE, 477 First Avenue.—The Medical Department of New York University (then called the University of the City of New York) was organized in 1841. In 1898 it united with the Bellevue Hospital Medical College, organized in 1861, under the name of University and Bellevue Hospital Medical College. In 1935 the name was changed to New York University College of Medicine. Coeducational since 1919. The faculty is composed of 203 professors, associate, assistant, clinical and assistant clinical professors and 348 lecturers, instructors and others, a total of 551. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. Entrance requirements are two full years of study in an approved college of arts and sciences. The fees average \$600 per academic session. The registration for 1942-1943 was 505; graduates, 124. The present session began April 5, 1943 and will end in December 1943. The subsequent session begins January 3, 1944. The Acting Dean is Donal Sheehan, M.D.

CORNELL UNIVERSITY MEDICAL COLLEGE, 1300 York Avenue.—Organized in 1898. Coeducational since organization. First year teaching was given formerly to approximately one third of the class at Ithaca but in 1938 this division was discontinued and all instruction is now in New York City. The faculty is composed of 171 professors and 354 instructors, assistants and others, a total of 525. All students admitted are from approved colleges for premedical training. In the past students accepted have been holders of a college degree or candidates for the degree on successful completion of the first year of medicine. A thorough premedical training is still regarded as a desirable attainment but for the duration of the present emergency students may be accepted who have completed only two years of college. An accelerated program has been adopted whereby a class graduates and a new class enters every nine months. The fees average \$622 per academic year. The registration for 1942-1943 was 314; graduates, 75. The present session began April 5, 1943. The subsequent session will begin January 3, 1944. The Dean is Joseph C. Hinsey, Ph.D.

Rochester

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY, 260 Crittenden Boulevard.—Organized in 1925 as the Medical Department of the University of Rochester. Coeducational since organization. The faculty is composed of 74 professors, 207 lecturers, assistants, instructors and others, a total of 281. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. Three years of collegiate work are required for admis-

sion. The fees average \$500 per academic year. The registration for 1942-1943 was 243; graduates, 50. The present session began March 29, 1943 and will end December 18, 1943. The subsequent session begins January 3, 1944. The Dean is George Hoyt Whipple, M.D.

Syracuse

SYRACUSE UNIVERSITY COLLEGE OF MEDICINE, 766 Irving Avenue.—Organized in 1872, when the Geneva Medical College, chartered in 1834, was removed to Syracuse, under the title "The College of Physicians and Surgeons of Syracuse University." Present title assumed in 1875, when a compulsory three-year graded course was established. The first class graduated in 1873 and a class graduated each subsequent year. In 1889 the amalgamation with the university was made complete. Course extended to four years in 1896. Coeducational since organization. The faculty is composed of 64 professors and 192 associate and assistant professors, lecturers and instructors, a total of 256. Two years of a recognized college course are required for admission. An accelerated program has been adopted involving the completion of the four year course in three years; admitting a freshman class every nine months. The fees average \$600 per academic year. The enrollment for 1942-1943 was 184; graduates, 41. The present session for upper classmen began April 5, 1943 and will end December 1943 and for freshmen July 1943. The subsequent session will begin in April 1944. The Dean is H. G. Weiskotten, M.D.

NORTH CAROLINA

Durham

DUKE UNIVERSITY SCHOOL OF MEDICINE.—Organized in 1925. The first class was admitted October 1, 1930. Coeducational. The faculty is composed of 11 professors and 213 associate and assistant professors, lecturers, instructors and assistants, a total of 224. The premedical requirement is two years of college work. The academic year consists of four quarters of eleven weeks each, which must be taken consecutively, with graduation in three calendar years. The B.S. degree in medicine may be conferred for special work after six quarters. Students are urged to spend three years in hospital or laboratory work after graduation and must give assurance satisfactory to the executive committee that they will spend at least two years. Active duty with the Army, Navy or Public Health Service can replace the second year. The fees are \$450 for each year of three quarters. The registration for 1942-1943 was 264; graduates, 61. During 1943-1944 the quarters begin July 1, September 27, January 3, March 31 and end September 22, December 20, March 26 and June 22. The first year students will be enrolled January 3, 1944 and September 29, 1944. The Dean is Wilburt C. Davison, M.D.

OHIO

Cincinnati

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE, Eden and Bethesda Avenues.—Organized in 1909 by the union of the Medical College of Ohio (founded in 1819) with the Miami Medical College (founded in 1852). The Medical College of Ohio became the Medical Department of the University of Cincinnati in 1896. Under a similar agreement, March 2, 1909, the Miami Medical College also merged with the University when the title of Ohio-Miami Medical College of the University of Cincinnati was taken. Present title assumed in 1915. Coeducational since organization. Candidates for admission to the freshman class will be accepted in accordance with the Army and Navy plan for the training of medical students for the duration of the war. Liberal Arts students of the University of Cincinnati may sign up for the seven year combined Liberal Arts and Medical program. The B.S. degree is granted on the joint recommendation of the faculties of the College of Liberal Arts and Medicine at the end of the first medical year. The faculty consists of 112 professors, associate and assistant professors, 350 instructors, etc., a total of 462. During the period of the war emergency the college will operate on an accelerated program. A new class will be admitted every nine months. Each session will consist of thirty-six weeks of work and there will be a short recess between the major sessions. The present session began March 22, 1943 and will end December 1943. The subsequent class will be admitted December 1943. Tuition is as follows: For legal residents of Cincinnati \$485 a year plus breakage fees (\$50 additional for those not legal residents). The registration for 1942-1943 was 308; graduates, 76. The Dean is Stanley Dorst, M.D.

Cleveland

WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, 2109 Adelbert Road.—Organized in 1843 as the Cleveland Medical College in cooperation with Western Reserve College. The first class graduated in 1844 (a celebration of the Centenary is planned for October 27, 1943). The school assumed the present title in 1881. In 1910 the Cleveland College of Physicians and Surgeons was merged. Coeducational since 1919. The faculty includes 101 professors and 276 lecturers, assistants and others, a total of 377. The curriculum covers four scholastic years of 38 weeks each, including four weeks of intermission. During the war emergency, these will be continuous, so that the entire course will be completed in 150 weeks. For the duration of the war, the entrance requirements have been reduced to two years of college work. The fees average \$529 per academic year. The registration for 1942-1943 was 306; graduates, 69. The present session began March 1, 1943 and will end October 28, 1943. The subsequent session begins November 22, 1943. The Dean is Torald Sollmann, M.D.

Columbus

OHIO STATE UNIVERSITY COLLEGE OF MEDICINE, Neil and Eleventh Avenues.—Organized in 1907 as the Starling-Ohio Medical College by the union of Starling Medical College (organized in 1847 by charter granted by the State Legislature changing the name from Willoughby Medical College, which was chartered March 3, 1834) with the Ohio

Medical University (organized 1890). In 1914 it became an integral part of the Ohio State University with its present title. Coeducational since organization. The faculty consists of 93 professors, associate and assistant professors, 119 lecturers, instructors, demonstrators and others, a total of 212, of whom 70 are on military leave. Two years of collegiate work are required for admission. An accelerated program has been adopted involving the admittance and graduation of a class every nine months. Tuition fees average \$318 per academic year and \$150 additional for nonresidents. The registration for 1942-1943 was 300; graduates, 67. The present session began March 30, 1943 and will end December 17, 1943. The subsequent session will begin January 4, 1944. The Acting Dean is Rollo C. Baker, Ph.D.

OKLAHOMA

Oklahoma City

UNIVERSITY OF OKLAHOMA SCHOOL OF MEDICINE, 801 East Thirteenth Street.—Organized in 1900. Until 1910 gave only the first two years of the medical course at Norman, Okla., after which a clinical department was established at Oklahoma City by taking over the Medical School of Epworth University. The first class graduated in 1911. Coeducational since organization. A new medical school building and a second teaching hospital became available in 1928, and since September of that year the entire four year course has been given in Oklahoma City. It has a faculty of 28 professors, 24 associate professors, 26 assistant professors and 120 associates, lecturers, visiting lecturers, instructors and assistants, a total of 198. Two years of college work are a prerequisite for admission during the war. The course covers four years of nine months each. An accelerated program was adopted beginning May 10, 1943 involving admission and graduation of a class every nine months. Fees: \$50 "maintenance and incidental fee" per semester. Other annual course fees average \$128, \$95, \$53 and \$58, in the order given, beginning with the freshman year. For students not residents of Oklahoma there is a tuition charge of \$350 a year, plus laboratory and course fees as indicated for the different years. The registration for 1942-1943 was 245; graduates, 59. The present session began May 10, 1943 and ends in December 1943. The next session begins January 6, 1944 and ends in September 1944. The Dean is Tom Lowry, M.D. The Acting Dean is Harold A. Shoemaker, Ph.D.

OREGON

Portland

UNIVERSITY OF OREGON MEDICAL SCHOOL, Marquam Hill.—Organized in 1887. The first class graduated in 1888, and a class graduated each subsequent year except 1898. The Willamette University Medical Department was merged in 1913. Coeducational since organization. It has a faculty of 91 professors and 164 lecturers, assistants and others, a total of 255. Entrance requirements are 82 semester hours of collegiate work. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The total fees are, respectively, \$380, \$375, \$370 and \$376 for residents of Oregon, and \$60 a year additional for nonresidents. The registration for 1942-1943 was 273; graduates, 58. The present session began March 29, 1943 and will end December 23, 1943. The subsequent session will begin January 3, 1944. The Dean is D. W. E. Baird, M.D.

PENNSYLVANIA

Philadelphia

THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF PHILADELPHIA, 235 North Fifteenth Street.—Organized in 1848 as The Homeopathic Medical College of Pennsylvania. In 1869 it united with The Hahnemann Medical College of Philadelphia, taking the latter title. Assumed present title in 1885. The first class graduated in 1849. Coeducational beginning with 1941-1942 session. Three years of collegiate work in an approved college of arts and sciences are required for admission. It has a faculty of 113 professors and 114 lecturers, instructors, and others, a total of 227. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. Fees are, respectively, \$515, \$512, \$512 and \$535. The registration for 1942-1943 was 512; graduates, 126. The present session began April 5, 1943 and will end December 23, 1943. The subsequent session will begin January 3, 1944. The Dean is William A. Pearson, M.D.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA, 1025 Walnut Street.—Organized in 1825 as the Medical Department of Jefferson College, Canonsburg, Pa. It was chartered with its present title in 1838. Classes have been graduated annually beginning 1826. In 1838 a separate university charter was granted without change of title, since which time it has continued under the direction of its own board of trustees. It has a faculty of 92 professors, associate and assistant professors and 228 associates, lecturers, demonstrators and instructors, a total of 320. The bachelor's degree requirement for admission has been suspended for the duration. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The total fees for the current session are, respectively, \$505, \$490, \$430, \$430, (Transfers, \$480). The registration for 1942-1943 was 556; graduates, 142. Registration for the present session is 571. The current session for freshmen and sophomores extends from April 12, 1943 to December 14, 1943; for juniors and seniors from May 3, 1943 to January 7, 1944. The subsequent session for freshmen, sophomores and juniors begins January 10, 1944 and for seniors, January 17, 1944. The Dean is William Harvey Perkins, M.D.

TEMPLE UNIVERSITY SCHOOL OF MEDICINE, 3400 North Broad Street.—Organized in 1901. The first class graduated in 1904. Coeducational since organization. The faculty numbers 33 professors and 223 associates, assistants and others, a total of 256. An accelerated program has been

adopted involving the admittance and graduation of a class approximately every nine months. Two years of collegiate work are required for admission. The fees average \$492 per academic year. The registration for 1942-1943 was 463; graduates, 120. The present session for upper classes began April 1, 1943 and will end December 16, 1943. The subsequent session begins January 3, 1944. The Dean is William N. Parkinson, M.D.

UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE, Thirty-Sixth and Pine Streets.—Organized in 1765. Classes were graduated in 1768 and in all subsequent years except 1772 and 1775-1779, inclusive. The original title was the Department of Medicine, College of Philadelphia. The present title was adopted in 1909. It granted the first medical diploma issued in America. In 1916 it took over the Medico-Chirurgical College of Philadelphia to develop it as a graduate school. Coeducational since 1914. The faculty consists of 130 professors, associate and assistant professors, and 448 lecturers, associates, instructors and others, a total of 578. Three years of collegiate work are required for admission. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The tuition fee is \$500 each year, with a deposit fee of \$15, a general fee including student health of \$15 and a matriculation fee of \$5. The registration for 1942-1943 was 511; graduates, 130. The present session began April 5, 1943, and will end December 22, 1943. The subsequent session begins January 3, 1944. The Dean is William Pepper, M.D.

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA, Henry Avenue and Abbottsford Road, East Falls.—Organized in 1850. Classes were graduated in 1852 and in all subsequent years except 1862. It has a faculty of 87 professors and 61 assistants, lecturers and others, a total of 148. At least three years of collegiate work are required for admission and candidates with a degree are given preference. The curriculum covers four years of eight and one-half months each. Total fees are \$500 yearly. The registration for 1942-1943 was 119; graduates, 22. The present session for third and fourth year students began July 5, 1943, and will end March 16, 1944. For first and second year students the next session will begin September 1, 1943, and end May 20, 1944. The Dean is Margaret D. Craighill, M.D., who is on leave of absence for military service. The Acting Dean is Marion Fay, Ph.D.

Pittsburgh

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE, Bigelow Boulevard.—Organized in 1886, as the Western Pennsylvania Medical College and in 1908 became an integral part of the University of Pittsburgh, removing to the university campus in 1910. The first class graduated in 1887. Coeducational since 1899. The faculty is composed of 30 professors and 370 associates, assistants and others, a total of 400. Entrance requirements are two years of collegiate work. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. The total fees are \$500 each year. The registration for 1942-1943 was 336; graduates, 72. The present session began April 5, 1943 and will end about December 18, 1943. The subsequent session will begin January 3, 1944. The Dean is W. S. McElroy, M.D.

SOUTH CAROLINA

Charleston

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA, 16 Lucas Street.—Organized in 1823 as the Medical College of South Carolina. The first class graduated in 1825. In 1832 a medical college bearing the present title was chartered and the two schools continued as separate institutions until they were merged in 1838. Classes were graduated in all years except 1862 to 1865, inclusive. In 1913, by legislative enactment, it became a state institution. Coeducational from 1895 to 1912, when privileges for women were withdrawn, being restored in 1917. It has a faculty of 43 professors and 73 associates, instructors and others, a total of 116. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. Two years of collegiate work are required for admission. The total fees are \$272 each year. Fees for nonresidents of the state, \$422 each year. The registration for 1942-1943 was 189; graduates, 48. The present session began March 29, 1943 and will end December 22, 1943. The subsequent class will begin January 3, 1944. The Dean is Robert Wilson, M.D.

TENNESSEE

Memphis

UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE, 874 Union Avenue.—Organized in 1876 at Nashville as Nashville Medical College. First class graduated in 1877, and a class graduated each subsequent year. Became Medical Department of University of Tennessee in 1879. In 1909 it united with the Medical Department of the University of Nashville to form the joint Medical Department of the Universities of Nashville and Tennessee. This union was dissolved in 1911. The trustees of the University of Nashville by formal action of that board named the University of Tennessee College of Medicine as its legal successor. In 1911 it moved to Memphis, where it united with the College of Physicians and Surgeons. The Memphis Hospital Medical College was merged in 1913. Lincoln Memorial University Medical Department was merged in 1914. Coeducational since 1911. The faculty includes 139 professors and 157 assistants, instructors and others, a total of 296. Two years of collegiate work are required for admission. The B.S. degree in medicine is conferred at the end of the second year. The fees are \$120 quarterly. For residents of the state the charge is reduced \$50 each quarter. The registration for 1942-1943 was 510; graduates, 109. During the academic year of 1943-1944 the quarters

begin July 5, September 23, January 3 and March 23, and end September 22, December 11, March 18 and June 7. The Dean is O. W. Hyman, Ph.D.

Nashville

MEHARRY MEDICAL COLLEGE, Eighteenth Avenue North and Heffernan Street. (For Negro Youth.)—This school was organized in 1876 as the Meharry Medical Department of Central Tennessee College, which became Walden University in 1900. First class graduated in 1877. Obtained new charter independent of Walden University in 1915. Coeducational since 1876. The faculty is made up of 49 professors and 30 instructors and lecturers, a total of 79. Two years' work in a college of liberal arts are required for admission. Tuition fees are, respectively, \$325, \$315, \$305 and \$315 each year. The curriculum covers four academic years of thirty-four weeks each. Registration for 1942-1943 was 242; graduates, 50. The next session begins March 1944. In September 1942, Meharry Medical College instituted the quarter system. Meharry initiated an accelerated schedule in July 1943. The Dean is Michael J. Bent, M.D.; the President is Edward L. Turner, M.D.

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE, Twenty-First Avenue South at Edgehill.—This school was founded in 1874. The first class graduated in 1875. Coeducational since 1925. The faculty numbers 255. For matriculation, civilian students must be graduates of collegiate institutions of recognized standing or seniors in absentia, who will receive the bachelor degree from their college after having completed successfully one year of work in the school of medicine. Army and Navy students will be accepted on completion of the Army or Navy premedical program. The course covers four academic years of nearly nine months each, but due to the accelerated program, the four year course is now completed in three calendar years. The fees average \$465 per academic year. The registration for 1942-1943 was 209; graduates, 52. The present session began March 24, 1943 and will end December 22, 1943; the following session begins January 3, 1944. The Dean is Waller S. Leathers, M.D.

TEXAS

Galveston

UNIVERSITY OF TEXAS MEDICAL BRANCH, 912 Avenue B.—Organized in 1891. The first class graduated in 1892. Coeducational since organization. It has a faculty of 61 professors (including associate and assistant professors) and 106 instructors and assistants, a total of 167. The Medical Branch is operating on an accelerated program offering three terms of 16 weeks each per calendar year to correlate it with the needs of the Army and Navy for medical education. The fees average \$92.50 per academic year, including health fees for medical care and hospitalization. The registration for 1942-1943 was 393; graduates, 87. The present freshman class was matriculated March 15, 1943. There will be a second freshman class to matriculate about November 1, 1943. The last class graduated July 31, 1943. Plans now call for the acceptance of new students about every eight months. The Dean is Chauncey D. Leake, Ph.D.

Houston

BAYLOR UNIVERSITY COLLEGE OF MEDICINE, 509 Lincoln Street, Houston, Texas.—Organized in 1900 at Dallas as the University of Dallas Medical Department. In 1903 it took its present name and became the Medical Department of Baylor University. It acquired the charter of Dallas Medical College in 1904. The school was moved to Houston in 1943. Coeducational since organization. The first class graduated in 1901. Entrance requirements are 80 semester hours of collegiate work. The course covers four years of eight months each. An accelerated program has been adopted beginning July 12, 1943, involving the admittance and graduation of a class every nine months. The fees are, respectively, \$423, \$413, \$403, \$428. The registration for 1942-1943 was 318; graduates, 77. The present session began July 12, 1943 and ends March 13, 1944. The Dean is W. H. Moursund, M.D.

VERMONT

Burlington

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, Pearl Street, College Park.—Organized with complete course in 1822. Classes graduated in 1823 to 1836, inclusive, when the school was suspended. It was reorganized in 1853 and classes were graduated in 1854 and in all subsequent years. Coeducational since 1920. It has a faculty of 57 professors and 45 instructors, and assistants, a total of 102. Army and Navy premedical curricula accepted for admission. An accelerated program has been adopted involving the admittance and graduation of a class every nine months. For residents of Vermont the tuition fee is \$400 each session. Nonresidents are charged an additional \$150 each session. A \$25 fee is charged for the doctor's degree. The registration for 1942-1943 was 133; graduates, 31. The present session began April 12, 1943 and will end December 21, 1943. The subsequent session begins January 3, 1944. The Dean is Clarence H. Beecher, M.D.

VIRGINIA

Charlottesville

UNIVERSITY OF VIRGINIA DEPARTMENT OF MEDICINE—Organized in 1827. Classes were graduated in 1828 and in all subsequent years except 1865. Coeducational since the session of 1920-1921. An accelerated program has been adopted involving the admittance and graduation of a class approximately every nine months. It has a faculty of 47 professors and 47 lecturers, instructors, assistants and others, a total of 94. Two years of college work are required for admission. For residents of Virginia the total fees average \$388 per academic year. Nonresidents are charged an additional \$50 each year. The registration for 1942-

1943 was 258; graduates, 55. The present session began March 29, 1943 and will end December 20, 1943. The subsequent session will begin December 29, 1943. The Dean is Harvey Ernest Jordan, Ph.D.

Richmond

MEDICAL COLLEGE OF VIRGINIA, Twelfth and Marshall Streets.—Organized in 1838 as the Medical Department of Hampden Sydney College. Present title was taken in 1854. In 1913 the University College of Medicine was merged. In 1914 the North Carolina Medical College was merged. Coeducational since 1918. Classes were graduated in 1839 and in all subsequent years. It has a faculty of 92 professors and 166 lecturers, instructors and others, a total of 258. Of this group 10 professors and 77 lecturers, instructors and others are on military leave. Two years of collegiate work are required for admission. An accelerated program has been adopted involving the admission and graduation of a class approximately every nine months. Fees average \$382 per academic year. Nonresidents are charged an additional \$125 each year. The registration for 1942-1943 was 306; graduates, 68. The present session began April 5, 1943 and will end December 22, 1943. The subsequent session will begin December 30, 1943. The Dean is J. P. Gray, M.D.

WISCONSIN

Madison

UNIVERSITY OF WISCONSIN MEDICAL SCHOOL, 418 North Randall Avenue.—Organized in 1907. Gave only the first two years of the medical course until 1925, when the clinical years were added. Coeducational since organization. The requirement of three years of collegiate work for admission has been reduced to two years for the duration. Beginning July 1, 1943, a class is being admitted every nine months. An accelerated program has been adopted permitting the completion of four years of academic work in three calendar years. It has a faculty of 64 professors and 67 lecturers, instructors and others, a total of 131. The fees average \$206 per academic year. An additional fee of \$200 each year is charged nonresidents. The registration for 1942-1943 was 277; graduates, 63. The present session for freshmen began July 1, 1943 and the following session will begin April 1944. The Acting Dean is Walter J. Meek, Ph.D.

Milwaukee

MARQUETTE UNIVERSITY SCHOOL OF MEDICINE, 561 North Fifteenth Street.—Organized in December 1912 by the merger of the Milwaukee Medical College and the Wisconsin College of Physicians and Surgeons. Coeducational since organization. It has a faculty of 192. Three years of collegiate work are normally required for admission. During the duration students are admitted in accordance with the prescribed Army and Navy programs. The accelerated program will include three semesters each calendar year, and complete the equivalent of four years of eight and a half months each in three calendar years. The fees average \$450 per academic year. The registration for 1942-1943 was 345; graduates, 150. The present session began March 1, 1943 and will end October 31, 1943. The subsequent session begins November 1, 1943. The Dean is Eben J. Carey, M.D.

CANADA

Alberta

UNIVERSITY OF ALBERTA FACULTY OF MEDICINE, Edmonton.—Organized in 1913. Coeducational since organization. Has given the complete six-year medical course since 1924. New course—three years premedical, four years medicine, one year internship for medical degree—has been offered beginning with the session 1942-1943. The faculty includes 23 full time and 45 part time professors, instructors, assistants and others, a total of 68. Tuition for the second, third and fourth years is \$257.50, for the fifth and sixth years \$267.50. The registration for 1942-1943 was 160; graduates, 33. The present session (accelerated) began February 1, 1943 and will end September 1, 1943. All medical classes are accelerated. The following session opens September 27, 1943. The Acting Dean is John James Ower, M.D.

Manitoba

UNIVERSITY OF MANITOBA FACULTY OF MEDICINE, Bannatyne Avenue, Winnipeg.—Organized in 1883 as Manitoba Medical College; first class graduated in 1886, and a class graduated each subsequent year. The college transferred all its property to the University of Manitoba in 1919 and assumed the present title. Coeducational since organization. The faculty includes 36 professors and 103 instructors and assistants, a total of 139. Matriculation requirements include two years of collegiate work in the faculty of arts and science of a recognized university. An accelerated program has been adopted. The course extends over four years of eight months each and a hospital internship. The fees average \$254 yearly. The registration for 1942-1943 was 228; graduates, 50. The present session began for first year, August 21; second year, March 29; third year, April 5; fourth year, April 12, and will end April 1944, December 18, 1943, January 8 and January 15, 1944. The Dean is A. T. Mathers, M.D.

Nova Scotia

DALHOUSIE UNIVERSITY FACULTY OF MEDICINE, Morris Street, Halifax.—Organized in 1867. Incorporated as the Halifax Medical College in 1875. Reorganized as an examining faculty, separate from the Halifax Medical College, in 1885. In 1911, in accordance with an agreement between the Governors of Dalhousie University and the Corporation of the Halifax Medical College, the work of the latter institution was discontinued and a full teaching faculty was established by the university. First class graduated in 1872. Coeducational since 1871. It has a faculty of 39 professors and 38 demonstrators, lecturers and others, a total of 77, 9 of whom are in active service, and are on leave for the

duration. Requires for matriculation two years of arts. The regular medical course covers four years and a hospital internship of one year. In order to meet the needs of the Canadian Armed Forces the classes in the last three years have been accelerated. The content of the third and fourth years remains the same but holidays have been practically eliminated. The final year internship has for the time being been reduced to eight months. The third year began their studies on May 10 and continue until the end of December. The fourth year began their studies on January 4 and continue until the middle of August. The first and second years will begin on September 8, 1943 and end on May 11, 1944. The fees average \$314 yearly; \$250 additional registration fee payable by students outside the British Empire. The registration for 1942-1943 was 171; graduates, 37. The Dean is H. G. Grant, M.D.

Ontario

QUEEN'S UNIVERSITY FACULTY OF MEDICINE, Kingston.—Organized 1854, first class graduated in 1855, and a class graduated each subsequent year. The faculty numbers 65. Fees for the first year amount to \$231, and for the following years \$253. The course covers six years of thirty teaching weeks each. An accelerated program has been adopted, and the course may now be completed in four and one-half years. Freshmen will be admitted annually. The registration in September 1942 was 279; graduates during the session 1942-1943, 45. The next session begins for second year students August 23, 1943; for first, fifth and sixth year students on September 27, 1943; for fourth year students on January 3, 1944; and for third year students on April 10, 1944. Classes graduated July 28, 1943 and another class will be graduated April 30, 1944. The Dean is Frederick Etherington, M.D.

UNIVERSITY OF TORONTO FACULTY OF MEDICINE, Toronto.—Organized in 1843 as the Medical Faculty of King's College. Abolished in 1853. Reestablished in 1887. In 1902 it absorbed Victoria University Medical Department, and in 1903 it absorbed the Medical Faculty of Trinity University. Coeducational since 1903. The B.Sc. (Med.) degree is conferred at the end of the third or sixth year. It has a faculty of 76 professors and 342 (including 81 on leave of absence for the duration of the war) lecturers, associates and others, a total of 418. The fees are \$240 for the first year; for the second \$315; \$315 for the third year; \$340 for the fourth and fifth years and \$348 for the sixth year. The registration for 1942-1943 was 753, graduates 107. The next first year course begins September 28, 1943 and ends May 6, 1944. Students in the final year graduated July 30, 1943 and will graduate every eight months thereafter. The Dean is W. E. Gallie, M.D.

UNIVERSITY OF WESTERN ONTARIO MEDICAL SCHOOL, Ottawa Avenue, London.—Organized in 1881 as the Western University Faculty of Medicine; first class graduated in 1883, and a class graduated each subsequent year. Present title in 1923. The medical school has been under the control of the Board of Governors of the University of Western Ontario since 1913. Coeducational since 1913. The faculty numbers 101. The normal course of study covers five years of ten months each. The total fees to residents of Canada for the last four years respectively are \$352, \$352, \$348 and \$252; nonresidents are charged \$642, \$642, \$638 and \$438 for each of the last four years. The registration for 1942-1943 was 224; graduates, 30. The next session begins for the sixth year August 30, 1943 and ends April 15, 1944. Classes for the second, third and fourth years begin August 30, 1943 and end June 17, 1944. The Dean is F. J. H. Campbell, M.D.

Quebec

LAVAL UNIVERSITY FACULTY OF MEDICINE, Quebec.—The Quebec School of Medicine, organized in 1848, became in 1852 the Laval University Faculty of Medicine; first class graduated in 1855, and a class graduated each subsequent year. An accelerated program was adopted in 1942 on account of the war. The faculty numbers 91. The fees for each of the medical years are \$200 for residents of Canada. Nonresidents are charged an extra fee of \$200 each year. The premedical requirement is a B.A. degree or its equivalent. The registration for 1942-1943 was 364; graduates, 47. The next class will graduate in September 1943. Freshmen will enrol Sept. 1, 1943. The Dean is Charles Vézina, M.D.

MCGILL UNIVERSITY FACULTY OF MEDICINE, 3640 University Street, Montreal.—Founded in 1823 as Montreal Medical Institution; became the Medical Faculty of McGill University in 1829; first class graduated under the university auspices in 1833. No session between 1836-1839, owing to political troubles. In 1905 it absorbed the Faculty of Medicine of the University of Bishop's College. Coeducational since 1919. Three years of collegiate work are required for admission. An acceleration program has been adopted for the upper classes. The faculty consists of 82 professors and 204 lecturers and others, a total of 286. The total fees for each of the four medical years are \$391 plus \$100 for non-British subjects. The registration for 1942-1943 was 409; graduates, 94. The present session began for sophomores June 7, juniors February 17 and seniors May 6, 1943. Freshmen will enroll September 7, 1943. The next class will graduate November 1943. The Dean is J. R. Fraser, M.D.

UNIVERSITY OF MONTREAL FACULTY OF MEDICINE, 2900 Mount-Royal Boulevard, Montreal.—Organized in 1843 as the Montreal School of Medicine and Surgery. In 1891, by Act of Parliament, the Medical Faculty of Laval University (organized in 1878) was absorbed. Present name by Act of Parliament in 1920. A class was graduated in 1843 and each subsequent year. Coeducational since 1925. The faculty numbers 150. The B.A. or B.S. degree, or its equivalent, is the premedical requirement. An accelerated program has been adopted. An internship is required for graduation. The fees average \$235 yearly. The registration for 1942-1943 was 237; graduates, 53. The present session for juniors and seniors began June 1, 1943 and will end Nov. 30, 1943. Freshmen and sophomores will enroll Sept. 1, 1943 and will complete the year April 17, 1944. The Dean is Albert LeSage, M.D.

DESCRIPTION OF SCHOOLS OF THE BASIC MEDICAL SCIENCES

ALABAMA

University (Tuscaloosa)

UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE.—Organized in 1859 at Mobile as the Medical College of Alabama. Classes graduated in 1861 and subsequent years excepting 1862 to 1868, inclusive. Reorganized in 1897 as the medical department of the University of Alabama. Present title assumed in 1907, when all property was transferred to the University of Alabama. In 1920 clinical teaching was suspended and the medical school was removed to the university campus near Tuscaloosa. Coeducational since 1920. Minimum entrance requirements meet Army and Navy specifications. An accelerated program has been adopted and a new freshman class will be admitted approximately every nine months. The faculty includes 14 professors and 14 instructors, assistants, and others, a total of 28, of whom 7 are absent in the Armed Forces. The tuition fees are \$354 each academic year plus \$75 differential for non-residents. The registration for 1942-1943 was 99. The present session began March 11, 1943, and will end November 6, 1943. The subsequent session will begin December 6, 1943. The Dean is Stuart Graves, M.D.

MISSISSIPPI

University

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE.—Organized in 1903. Coeducational since organization. A clinical department was established at Vicksburg in 1908 but was discontinued in 1910 after graduating one class. An accelerated program has been adopted and a new freshman class is admitted each nine months. Entrance requirement is three years of collegiate work or ninety semester hours of credit. The B.S. degree in medicine is conferred at the end of the second year. The faculty includes 9 professors, 2 assistant professors, 1 adjunct professor, 17 instructors, assistants and others, a total of 29. The total fees for the first year are \$375, and for the second year \$348. The registration for 1942-1943 was 58. The present session began February 1, 1943, and will end September 20, 1943. The subsequent session begins September 27, 1943. The Dean is B. S. Guyton, M.D.

MISSOURI

Columbia

UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE.—Organized at St. Louis in 1845; was discontinued in 1855 but was reorganized at Columbia in 1872. Teaching of the clinical years was suspended in 1909. Coeducational since 1872. An accelerated program has been adopted involving the admittance of a class every nine months. The faculty includes 23 professors and 19 instructors, lecturers and others, a total of 42. The entrance requirements are 60 semester hours of collegiate work. The B.S. degree in medicine is conferred at the end of the second year. Total fees for the first year are \$266, for the second, \$224. The registration for 1942-1943 was 75. The current session began March 22, 1943 and will end December 18, 1943. The subsequent session will begin December 27, 1943. The Dean is Dudley S. Conley, M.D.

NEW HAMPSHIRE

Hanover

DARTMOUTH MEDICAL SCHOOL.—Organized by Dr. Nathan Smith in 1797. The first class graduated in 1798. It is under the control of the trustees of Dartmouth College. Courses of the third and fourth year were discontinued in 1914. The faculty consists of 22 professors and 14 instructors, a total of 36. Army and Navy premedical curricula accepted for admission. An accelerated program has been adopted admitting a freshman class approximately every nine months or eight months of actual teaching. Candidates for the A.B. degree in Dartmouth College may substitute the work of the first year in medicine for that of the senior year in the academic department. The tuition is \$450 for each year. The registration for 1942-1943 was 46. The present session began February 7, 1943 and will end October 23, 1943. The subsequent session begins October 31, 1943. The Dean is John P. Bowler, M.D.

NORTH CAROLINA

Chapel Hill

UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE.—Organized in 1890. Until 1902 this school gave only the work of the first two years, when the course was extended to four years by the establishment of a department in Raleigh. The first class graduated in 1903. A class was graduated each subsequent year, including 1910, when the clinical department at Raleigh was discontinued. Coeducational since 1914. Three years of college work are required for admission. Certificates are awarded on the completion of two years' work in medicine. The faculty is composed of 20 professors and 13 instructors, a total of 33. The fees for each year are \$300 for residents; for nonresidents an additional fee of \$100. The registration for 1942-1943 was 91. The school has gone on the accelerated schedule for the duration of the war. The 1943 session began March 22 and new sessions will begin approximately every nine months. The next session will begin December 1943. The Dean is W. Reece Berryhill, M.D.

Winston-Salem

BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST COLLEGE, WINSTON-SALEM.—Organized in 1902 at Wake Forest as a school offering only the first two years of the curriculum. In 1941 the school

was moved to Winston-Salem and expanded to a complete four year medical school under its present name. Ninety semester hours of college work are required for admission. For the duration of the present war students may be admitted who have completed only sixty semester hours. The B.S. degree is given to those who on admission have completed ninety semester hours of academic work after the completion of the first year in the medical school. Under an accelerated program classes are admitted every nine months. The next class will be admitted on January 3, 1944. The faculty numbers 119, 18 of whom are on leave of absence in active military service. Tuition for each academic session is \$450. Registration for the session 1942-1943 was 114. The present session began March 22, 1943 and will end in December 1943. The Dean is C. C. Carpenter, M.D.

NORTH DAKOTA

Grand Forks

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE.—Organized in 1905. Offers only the first two years of the medical course. Coeducational since organization. Three years work in a college of liberal arts are required for admission. (For the duration of the war about two years as per Army and Navy plans.) The B.S. degree in combined arts-medical course is conferred at the end of the second year. The faculty consists of 7 professors and 8 instructors, a total of 15. The fees are \$170 each year for resident students and \$340 for nonresidents. The registration for 1942-1943 was 53. The present session began June 14, 1943 and ends March 26, 1944. The Dean is H. E. French, M.D.

SOUTH DAKOTA

Vermillion

UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICAL SCIENCES.—Organized in 1907 as the University of South Dakota School of Medicine. Present title in 1937. Coeducational since organization. Offers only the first two years of the medical course. Three years work in a college of liberal arts are required for admission. Students who complete the third year of premedical work in the College of Arts and Sciences at the University of South Dakota may apply the work of the first year of medicine to the A.B. degree. The B.S. degree is conferred at the end of the second year on those students who do not hold a combination (Arts and Sciences and Medicine Course) A.B. degree. The faculty numbers 18. An accelerated program has been adopted involving the admittance of a class approximately every nine months. The tuition is \$150 each year for residents and \$250 for nonresidents. The registration for 1942-1943 was 49. The present session began March 8, 1943 and will end December 4, 1943. The subsequent session will begin December 6, 1943. The Dean is Joseph C. Ohlmacher, M.D.

UTAH

Salt Lake City

UNIVERSITY OF UTAH SCHOOL OF MEDICINE, University Street.—Organized in 1906. Coeducational since organization. Four-year course started in March 1943, when the first junior class began its work. The complete four-year course is now in the process of being organized. An accelerated program has been adopted involving the admittance of a class every nine months. Three years of collegiate work are required for admission. The medical faculty consists of 16 professors, 3 instructors, 35 lecturers and 5 fellows, assistants and technicians, a total of 59. The fees for each quarter are \$135; there is a nonresident fee of \$55 each year. The registration for 1942-1943 was 79. The present session began March 20, 1943 and ends December 3, 1943. The subsequent session begins December 13, 1943. The Dean is A. Cyril Callister, M.D.; C. B. Freudenberger, M.D., being Associate Dean.

WEST VIRGINIA

Morgantown

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE.—Organized in 1902, gives the first two years of the medical course, but agreement has been made for the transfer of 20 students each year to the Medical College of Virginia. Coeducational since organization. Entrance requirements are normally three years of collegiate work, but a minimum of two years will be accepted when necessary during the war emergency. The B.S. degree in medicine is conferred at the end of the second year. An accelerated program has been adopted involving the admittance of a class every nine months. Faculty numbers 24. Fees for residents of the state are, respectively, \$225 and \$265; nonresidents, \$150 additional each year. The registration for 1942-1943 was 56. The present session began March 22 and will end December 17, 1943. The subsequent session begins December 27, 1943. The Dean is Edward J. Van Liere, M.D.

CANADA

Saskatchewan

UNIVERSITY OF SASKATCHEWAN SCHOOL OF MEDICAL SCIENCES, Saskatoon.—Organized in 1926. Coeducational. Offers the first two years of the medical course. An accelerated program has been adopted. Two years of collegiate work are required for admission. The B.A. degree is conferred at the end of the second year. The medical faculty includes 7 professors and 4 lecturers and assistants, a total of 11. The fees are \$150 for each year. The registration for 1942-1943 was 44. The next session begins October 5, 1943 for the first year and ends May 12, 1944. The second year began June 1, 1943 and ends December 22, 1943. The Dean is W. S. Lindsay, M.B.

INTERNSHIPS, RESIDENCIES AND FELLOWSHIPS

(See pages 46 to 80 for lists.)

In January 1943 the civilian hospitals approved for intern training could accommodate 7,959 interns. When compared with 5,567 actually on duty it is apparent that these hospitals were operating with a shortage of 2,392 interns. Under normal conditions, however, many of these vacancies would have been filled by interns continuing beyond the usual twelve months period. For example, in January 1942 there were 7,219 interns employed, or approximately 2,000 more than the number of medical graduates in the preceding year. In the face of this continuing shortage it is becoming increasingly important that hospitals cooperate in maintaining an equitable distribution of interns by limiting appointments to actual minimum needs. As a general rule the ratio of house officers to patients should not exceed one intern to six hundred annual admissions.

NEW INTERNSHIPS

Many hospitals that were formerly employing resident physicians as general house officers are now facing a dearth of resident personnel and are considering the possibility of establishing an intern training program. The main concern in such a plan is the ability of the hospital to fulfil the requirements of the fifth year of medicine, for the internship is primarily an educational function and should not be viewed as a means of supplying personnel in relation to institutional service. It should also be taken into account that with the present scarcity of applicants it is unlikely that any new hospital entering the educational field will be able to attract a sufficient number of qualified medical graduates to establish and maintain a satisfactory rotating service. Prospective interns will naturally continue to seek appointments in hospitals whose educational services have long been established and are already favorably known. The 759 hospitals currently approved for intern training are supplying more internships than are required even under the present accelerated program of medical education.

LIMITATION OF DUTIES

With the present shortage of interns and residents, economy in the use of house officers should be observed not only from a numerical point of view but also in relation to individual assignments. If possible, therefore, the routine procedures which do not contribute materially to the training program should be transferred to nursing and technical personnel so that the intern's time may be devoted to essential hospital and educational needs. Record work can often be reduced in volume without sacrificing any of the essential clinical data. In this manner considerable time can be saved as well as through the use of dictaphones and stenographic assistance whenever available. When operating with a limited house staff it might become necessary for the attending physicians to take over some of the duties ordinarily assigned to interns and residents. While this would seem difficult under present conditions, it should be noted that the elimination of parallel services, multiple emergency assignments and other duplications of staff efforts has made it possible in some hospitals to obtain at least a partial solution to this problem.

OVERLAPPING OF INTERNSHIPS

Under the present accelerated program of medical education there is considerable difficulty in coordinating the regular one year internship with a new graduating class every nine months. The main difficulty when graduation and internship periods do not coincide is the overlapping of services that will necessarily occur. Thus hospitals may experience alternate periods of shortage and overabundance of house officers with the attendant problems of housing and readjustment of schedules. Many hospitals, however, which do not have their full quota of interns can readily accept new applicants three months before the previous group has completed its year of service. Others may find a solution in the establishment of affiliated services in neighboring hospitals that are prepared to offer satisfactory

Classification of Approved Residencies and Fellowships—1943

Specialty	Residencies		Asst. Residencies		Fellowships		Total		Number of Hospitals
	Offered	Filled	Offered	Filled	Offered	Filled	Offered	Filled	
Anesthesiology.....	77	55	29	15	22	15	128	85	43
Cardiology.....	6	1	1	..	1	..	8	1	7
Communicable diseases.....	50	32	13	5	..	..	63	37	18
Dermatology & syphilology	41	30	21	11	20	18	82	59	34
Epilepsy.....	1	1	..	..	..	..	1	1	1
Fractures.....	5	1	3	2	..	..	8	3	4
Gynecology.....	29	26	15	14	..	..	44	40	21
Malignant diseases.....	47	41	2	..	..	..	49	41	17
Medicine.....	418	297	321	192	200	168	939	657	221
Mixed.....	139	48	15	5	..	..	154	53	61
Neurology.....	43	34	26	19	21	21	90	74	30
Neurosurgery.....	27	17	13	7	20	18	60	42	27
Obstetrics.....	88	72	54	36	..	..	142	108	60
Obstetrics-gynecology.....	168	142	131	94	19	16	318	252	96
Ophthalmology.....	116	106	47	35	20	17	183	158	44
Otolaryngology.....	86	59	26	24	6	2	118	85	42
Orthopedic surgery.....	146	112	53	29	36	28	235	169	85
Otolaryngology.....	99	77	55	26	16	8	170	111	70
Pathology.....	204	124	70	34	37	29	311	187	181
Pediatrics.....	187	127	189	126	13	13	389	266	130
Physical therapy.....	1	1	1	..	3	1	5	2	3
Plastic surgery.....	2	2	1	..	3	1	6	3	4
Psychiatry.....	377	221	64	31	16	13	457	265	126
Radiology.....	166	90	71	50	44	36	281	176	134
Surgery.....	453	366	430	322	186	172	1,069	860	266
Thoracic surgery.....	26	23	7	7	8	7	41	37	20
Traumatic surgery.....	2	2	..	..	..	..	2	2	2
Tuberculosis.....	234	169	53	34	..	..	287	203	93
Urology.....	85	55	51	33	20	17	156	105	72
Totals.....	3,323	2,331	1,762	1,151	711	600	5,796	4,082	*

* Number of hospitals approved for residencies and fellowships, 722.

training. If this method is adopted, the educational assignments should be carefully planned in relation to the total internship program of the individual graduate. It should also be noted that only when a hospital is prepared to assume supervision and responsibility for the affiliated three months training will it be in position to certify the completion of the required twelve months internship. Because of the shortage of residents, it has also been possible in some institutions to give the senior interns advanced houseships during the last three months so that their work will not conflict with the assignments of the incoming group. A few hospitals are planning to assign interns to senior staff physicians in their last three months of service. Such preceptorships should be under the supervision of the hospital intern committee and so correlated with the previous training as to furnish a well rounded internship program.

In some parts of the country it has been advocated that the internship be reduced to nine months. Hospitals, however, would still be confronted with the

problem of organizing internships in relation to the various dates of graduation. Furthermore, the need for giving medical students the full experience of a twelve months internship seems even greater now that the undergraduate curriculum has been compressed into a shorter time period. The Council on Medical Education and Hospitals, the Association of American Medical Colleges, the Army and the Navy have all recommended that the internship should not be reduced below the level of twelve months. Six medical schools require the completion of an internship before the degree of doctor of medicine is awarded. Twenty-two states, the District of Columbia, Alaska, Hawaii and Puerto Rico have a similar requirement in relation to licensure, and in some ten states the medical practice acts specify that applicants must have completed an intern service of at least one year. Any reduction, therefore, in the customary one year assignment would necessitate legislative change in these particular states in order that the interns might be eligible for licensure.

RESIDENCIES AND FELLOWSHIPS

In January 1943 the hospitals approved for residency training were offering 3,323 residencies, 1,762 assistant residencies and 711 fellowships, a total of 5,796. At that time 4,082 positions were filled, indicating a shortage of 1,714 in comparison with the number of applicants desired. Reference should be made to the accompanying table showing the present classification of approved residency training programs.

Because of military requirements it has been indicated that civilian hospitals will need to reduce their resident staff to less than 50 per cent of the number employed before the war. Residencies and fellowships, therefore, should be limited to such assignments as are essential for the provision of adequate hospital care and for the clinical training of medical students. When vacancies exist it has been recommended that essential residencies be filled by women physicians, men physicians disqualified for military service, other interns or residents deferred by Selective Service and qualified graduates of foreign medical schools.

While curtailment of civilian residencies must necessarily take place, it is encouraging to note that opportunities are being provided for continued specialty training in army and naval hospitals for which credit

may be assigned in accordance with the regulations of the individual certifying boards. Many of the hospitals of the Army Air Forces, for example, have recently established well organized residency training programs under the direction of the Air Surgeon's Office. These educational services, which may extend over a period of one year, have been found to fulfil the standards of the Council on Medical Education and Hospitals and have been approved as offering acceptable residencies in medicine and in surgery.

POSTWAR NEEDS

It is anticipated that immediately after the war large numbers of physicians will be seeking opportunities for graduate or postgraduate training in medicine. Many will wish to resume courses interrupted by the call to military service, while others will enter new training programs to prepare themselves for specialty practice.

To help meet this demand the Council has initiated a preliminary survey to determine all available and potential facilities for advanced training in connection with intern and residency hospitals, undergraduate and graduate medical schools, clinics, departments of health, state medical associations and other agencies interested in graduate or postgraduate education.

A total of 1,267 institutions and agencies included in this survey were asked to indicate what educational opportunities might be available if additional needs should develop. Information was requested primarily in relation to residency and fellowship training, basic science instruction, public health education and postgraduate courses in the various divisions of medicine and surgery. It was recognized that there would be opportunities for the development of additional high grade training programs in institutions that had not yet reached their full educational capacity. However, the Council did not wish to encourage the organization of new residencies, fellowships and postgraduate courses unless satisfactory facilities could be provided.

Replies have now been received from 682. While these have not yet been tabulated and analyzed, it is apparent from individual reports that genuine interest has been created and that institutions are anxious to cooperate to the full limit of their facilities. The Council is continuing its study of the opportunities for postwar graduate medical education.

CONTINUATION STUDY FOR PRACTICING PHYSICIANS

Realizing that many scientific meetings and other programs of graduate medical education have been canceled because of war conditions, the Council on Medical Education and Hospitals has endeavored, nevertheless, to provide information regarding opportunities still available for the continuing education of practicing physicians as well as medical officers in the armed forces. It has published quarterly in *THE JOURNAL* during the past year opportunities currently available. The last such listing appeared in *THE JOURNAL* for July 3, 1943. The next will appear in a September issue. These courses have proved valuable for physicians returning to practice in the present emergency as well as for those formerly limiting their practice to a specialty but who are now assisting in the general care of patients. In presenting this material, mention is made of recent and noteworthy developments in graduate education.

Graduate and postgraduate courses have been subdivided into three groups: courses in which instruction was offered to physicians in or near their home communities, courses providing ample facilities for clinical instruction and, lastly, a group including clinical conferences, graduate assemblies, study courses and so forth.

RECENT NOTEWORTHY DEVELOPMENTS

Under the auspices of the committee representing the American Medical Association, the American College of Physicians and the American College of Surgeons, a series of War-Time Graduate Medical Meetings is being developed. These programs have been organized for physicians in the Army, Navy and Public Health Service and for physicians in civilian life who are resident within reasonable traveling distance of the camps and hospitals in which these postgraduate oppor-

tunities will be offered. For organizational purposes the country has been divided into twenty-four sections, and key committees of three men have been appointed in each section to carry on the details of the program. In order to insure the best results a group of qualified authorities has been designated to serve as national consultants in the various special fields. Likewise the Surgeon Generals of the Army, Navy and Public Health Service have appointed a committee of three, one man from each organization, to collaborate in the work of administration. This program is essentially an elaboration of a teaching plan that has been used successfully in the Boston, Chicago and Philadelphia areas, originated by the American College of Physicians. Arrangements have been made with fifty-five medical schools to participate in these teaching programs. The section committees, in conferences with commanding officers of service hospitals in their areas, are selecting subjects, dates and teaching personnel for graduate courses. A directive was issued from the office of the Surgeon General of the Army calling the attention of commanding officers to this educational project and urging their cooperation and active participation. Tentative programs have appeared in *THE JOURNAL* of June 5, June 26 and July 3.

A preliminary survey has been initiated by the Council on Medical Education and Hospitals of the American Medical Association to determine all available and potential facilities for advanced postwar training in connection with hospitals, undergraduate and graduate medical schools, clinics, departments of health and other agencies interested in graduate or postgraduate education. It is anticipated that large numbers of physicians will be seeking such opportunities. Many will wish to resume courses interrupted by entrance into military service, while others will enter new training programs to prepare themselves for specialty practice. It is recognized that there will be opportunities for the development of additional high grade training programs in institutions which have not yet reached their full educational capacity. An analysis of questionnaires sent out for this purpose is now being made by the Council.

Courses for medical officers of the Army, Navy and Public Health Service have been given repeatedly throughout the year. In addition the Public Health Service has arranged courses of six months to three years duration throughout the United States in the diagnosis and treatment of cancer for civilian physicians. Lectures sponsored by the Public Health Service and other agencies in occupational dermatoses have been held at the National Institute of Health. These facilities were available to physicians, specialists and naval medical officers. In Chicago the Dermatoses Investigation Section of the Public Health Service offered without charge to physicians a two weeks course, clinical and didactic in nature, in occupational dermatoses, using the facilities of industrial plants.

Eight universities were given subsidies by the United States Public Health Service to provide opportunities for instruction in public health including venereal diseases. These courses vary in length from three months to one year and were given throughout the year. Of these eight universities which were given subsidies, only five were active in providing these courses. The total attendance was fifteen. Weekly since June 15 the Public Health Service and the Philadelphia Lying-In Hospital have given clinical courses in continuous caudal anesthesia, with a weekly attendance of seven.

The four week course annually offered in the fall and spring at Hot Springs National Park by the Public Health Service in the clinical management and public health control of the venereal diseases was again offered during the past year. This course was made available to sixty-eight physicians and no fee was charged.

Financed by the Western Association of Industrial Physicians and Surgeons, the California State Board of Health and the California Medical Association, didactic courses in wartime industrial health were offered in seven centers. No fee was exacted, and the courses covered one day in the autumn of the year.

At Yale University School of Medicine one session a week for twelve weeks was devoted to industrial health and medicine in wartime, with a total attendance of sixty-one physicians.

Again during the past year the Georgia Warm Springs Foundation offered instruction in poliomyelitis, the course being of one week's duration.

The Institute for Psychoanalysis in Chicago, together with the University of Illinois and the Michael Reese Hospital, has developed three courses in psychiatry and neurology, emphasizing war neuroses, varying in length from two weeks to four months. The physician attendance at these courses throughout the year totaled 145.

The twenty-seventh annual assembly of the Interstate Postgraduate Medical Association of North America was held in Chicago. The assembly occupied a five day period devoted to both clinical and didactic instruction. The recorded attendance at the assembly was 2,500.

Arranged short courses as well as courses up to one year's duration, both clinical and didactic in nature, were available at the Menninger Foundation, Topeka, Kans., in psychiatry and neurology. The Topeka Psychoanalytic Society and the Southard School in that city cooperated in this endeavor in some instances.

The Maine Medical Association, together with the Bingham Associates and the Commonwealth Fund, arranged courses varying in length up to two months.

A three week course in industrial medicine was given to physicians in Michigan without fee by the Michigan Department of Health in collaboration with the Michigan State Medical Society, the Council on Industrial Health of the American Medical Association, the Social Security Agency and the Procurement and Assignment Service.

At the Center for Continuation Study at the University of Minnesota, in cooperation with the National Foundation for Infantile Paralysis, two courses were offered in the Kenny method of treatment of poliomyelitis. One course of five days' duration was offered in the autumn of 1942 and the summer of 1943. A course six days in length was offered on seven occasions also at the Center for Continuation Study. A registration of 214 physicians was reported for these courses. The fee charged was \$25. These courses are in addition to the complete program of graduate studies offered in various subjects at the Center.

Courses in obstetrics and pediatrics consisting of one day in each of eleven centers, given in the autumn of the year, were offered by the University of Nebraska College of Medicine and the Nebraska State Department of Health.

The West Virginia Medical Association and Department of Health conducted one day industrial health institutes in each of four centers of the state.

Industrial apprenticeships of one day's duration were sponsored by the Long Island College of Medicine. The facilities of industrial plants in various states were used under the direction of a director of preventive medicine and community health.

The excellent opportunities heretofore offered by organized graduate schools were again presented in various subjects at such institutions as Tulane, Hopkins, Harvard, Tufts, University of Michigan, the Center for Continuation Study of the University of Minnesota, Buffalo, Columbia, New York Eye and Ear Infirmary, New York College of Medicine, New York University, the New York Polyclinic, the University of Pennsylvania and many others.

These examples emphasize the fact that even though the staff physicians of all institutions are sorely taxed, they have been able to develop or continue opportunities for graduate education, many of which have not been mentioned. The Council welcomes information regarding graduate education for publication in its quarterly compilation of courses.

ANALYSIS OF COURSES OFFERED, 1942-1943

At least sixteen states provided opportunities for physicians to continue professional study in or near their home communities. Courses on industrial problems in medical practice were most commonly in demand, although opportunities were presented in obstetrics and pediatrics, internal medicine and tuberculosis as well as courses of interest to the general practitioner. In addition, courses of one day's duration in the treatment of gonorrhea were given by the West Virginia Department of Health and the United States Public Health Service in sixteen centers in West Virginia. The War Sessions of the American College of Surgeons, consisting of a full day's program, were available in the winter and spring months in twenty cities throughout the United States. All together, these programs were given in more than eighty centers.

Agencies which were active participants in providing these opportunities either independently or jointly included committees on graduate medical education of state and county medical societies, state departments of health, medical schools and graduate schools of medicine. Other agencies were industrial and tuberculosis associations, industrial concerns, the Commonwealth Fund, the United States Public Health Service, the United States Army, the United States Navy, the Social Security Agency, the Procurement and Assignment Service and the Council on Industrial Health of the American Medical Association.

The courses varied in length from two evening sessions to a full month of work. Sessions of one day were most common and consisted of both didactic and clinical instruction in most instances. The instructors for these extramural courses were chosen from physicians practicing in the state in which the courses were offered as well as from out of state men. The faculties of four medical schools made a large contribution to this type of instruction. The facilities used consisted of hospitals, clinics, medical schools, industrial plants and local buildings. No fee was charged in the majority of instances. The War Sessions of the American College of Surgeons attracted 14,000 physicians. The attendance reported for other opportunities was well over 4,500.

Home study courses were made available by three agencies: two courses in ophthalmology and otolaryn-

gology of nine months' duration, a year's course in public health and four courses on various subjects. These home study courses were offered by the American Academy of Ophthalmology and Otolaryngology, the Maine Medical Association and the Albany Medical College in collaboration with the New York State Department of Health. The facilities reported were the public mails and physicians' homes, while in the third instance physicians' homes, laboratories, hospitals and the medical school were used. The instruction included selected readings, quizzes, didactic work and clinical field trips. An enrollment of 265 was reported for the courses given by the American Academy of Ophthalmology and Otolaryngology. Fifty-nine physicians availed themselves of the opportunities afforded by the Maine Medical Association and fifty students were enrolled in the home study course of the Albany Medical College.

In centers where ample clinical facilities are available, 440 graduate courses of less than one year's duration were offered in twenty-three states and the District of Columbia. Eighty-three agencies or combinations of agencies participated in the planning of the programs. Of the medical schools of the country, thirty-five have given courses for practicing physicians during the year, including nine postgraduate schools or graduate departments of medical schools. Five state medical societies and eight state or local departments of health collaborated on courses or independently planned courses for physicians of the state. In nine instances hospitals were the agencies offering short periods of study. Other sponsors included three county medical societies, five special societies, the Office of Civilian Defense, the Public Health Service, the Children's Bureau of the Department of Labor, the Commonwealth Fund and more than ten other miscellaneous agencies. While the majority of courses were in various subjects as the demand seemed apparent, specific courses in ophthalmology and otolaryngology were offered in fifty-six instances, general medicine in thirty-five, obstetrics and gynecology and dermatology and syphilology both in thirty instances, military medicine in twenty-six, both surgery and gastroenterology in twenty-three, public health in twenty-two and psychiatry and neurology in twenty instances. More than ten but less than twenty courses were offered in anesthesiology, cardiology, electrocardiology, orthopedics, pathology, pediatrics, roentgenology and tuberculosis. Other courses were offered in allergy, anatomy, bacteriology, cancer, chemical warfare, diagnosis, dietetics, endocrinology, endoscopy, general practice, hematology, industrial medicine, legal medicine, physical therapy, physiology, poliomyelitis, proctology, tropical medicine, urology, venereal diseases and two which were not stated. Fifty-six definite centers in these twenty-three states were used in presenting these 440 courses, excluding the facilities made available by the Navy, the Public Health Service and the National Institute of Health. Notably, courses were offered in eleven centers in one state and in eight in another state. In presenting graduate courses, thirty-nine hospitals, thirty-eight medical schools and twenty-four clinics cooperated by placing their facilities at the disposal of instructors and students. The description of these intensive courses gave evidence that clinical instruction was emphasized. In only three instances was the work wholly didactic. The faculties of the medical schools served as instructors in most courses. Additional instructors were specialists in their fields

chosen mainly from physicians residing within the state in which the course was offered, but including as well physicians from outside the state. The duration of study in centers with clinical facilities varied from five days to one year. The majority, however, were completed within three weeks. The number registered for any one course ranged from 1 to 2,500. In seven instances the attendance was well over 200. The attendance reported, although incomplete, totaled 8,786.

Clinical conferences, graduate assemblies and study courses of less than five days were held in nineteen states. Fifty-two such opportunities were afforded. This type of study was sponsored by eleven medical schools, six state medical societies, ten county medical societies, twenty-three special societies, seven state and local governmental agencies, two hospitals, the United States Public Health Service, the Office of Civilian Defense and nine miscellaneous agencies. A specially appointed director of the clinics or chairman of the committee was responsible for most of the courses. The nature of these study courses was mainly subjects allied to war medicine, including the medical aspects of chemical warfare, aviation medicine and tropical medicine. Opportunities were also afforded in

public health, cardiovascular diseases, glaucoma, industrial health, pediatrics, health education, anesthesia, obstetrics and venereal diseases. Other assemblies surveyed pertinent topics in medicine and surgery. The assemblies were usually held in centers large enough to accommodate the registrants and with facilities for clinical and practical work and for scientific exhibits. In one state instruction was offered to medical officers of the Army and Navy in four military centers, while a three day course was offered in another state. In addition the American College of Physicians held wartime regional meetings in eight states and the District of Columbia and also conducted postgraduate nights in two states, both of which were available to members of the College and medical officers of the armed forces.

Here again the instruction was both didactic and clinical in the majority of instances. The instructors consisted of physicians residing in the state wherein the assembly was held, physicians from other states and members of the professorial faculties of medical schools. Registration fees ranged from \$2 to \$25, but for the most part no fee was charged. The largest single attendance reported was 2,453. The total recorded attendance was 15,301.

APPROVED EXAMINING BOARDS IN MEDICAL SPECIALTIES

In 1933 the Council on Medical Education and Hospitals of the American Medical Association was authorized by the House of Delegates of the American Medical Association to formulate standards and approve examining boards in the medical specialties. The resolution urged that the machinery of the American Medical Association, including the publication of the American Medical Directory, be used in furthering the work of boards accredited under this plan.

Standards governing the approval of specialty boards were compiled by the Council and approved by the House of Delegates in 1934 and have since been revised. The Essentials of Approved Examining Boards in Specialties include, in addition to regulations relating to the organization and operation of specialty boards, the minimum qualifications deemed necessary for certification as a specialist; namely, graduation from a medical school approved by the Council on Medical Education and Hospitals, an internship in a hospital approved by the Council, and a period of specialized training in a selected field.

Fifteen boards have now been organized. These boards are fully approved by the Council and represent the specialties of anesthesiology, dermatology and syphilology, internal medicine, neurologic surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, pathology, pediatrics, plastic surgery, psychiatry and neurology, radiology, surgery and urology. The American Board of Internal Medicine by special examination certifies specialists in allergy, cardiovascular disease, gastroenterology and tuberculosis. Similarly the American Board of Surgery certifies specialists in proctology.

A key number has been assigned to each approved specialty board, such as A.B.I, and the biographic records of physicians published in the American Medical Directory include by this means reference to those certified by these boards.

Early in 1939 there was published by the Advisory Board for Medical Specialties the first edition of the Directory of Medical Specialists containing the names and biographic data of all men certified by the several specialty boards as well as information regarding the organization and functions of these boards. The second edition appeared early in 1942 and contains the names of about 18,000 certified specialists, including their biographic records and hospital and teaching appoint-

Total Numbers of Certificates Awarded by the Specialty Boards to March 1, 1943

Name of Board	Certificates Awarded
American Board of Anesthesiology.....	188
American Board of Dermatology and Syphilology.....	644
American Board of Internal Medicine.....	2,905
American Board of Neurological Surgery.....	138
American Board of Obstetrics and Gynecology.....	1,656
American Board of Ophthalmology.....	2,198
American Board of Orthopaedic Surgery.....	819
American Board of Otolaryngology.....	3,570
American Board of Pathology.....	954
American Board of Pediatrics.....	1,959
American Board of Plastic Surgery.....	157
American Board of Psychiatry and Neurology.....	1,536
American Board of Radiology.....	1,923
American Board of Surgery.....	2,144
American Board of Urology.....	942
Total.....	21,738

ments. Since that time, nearly 4,000 additional physicians have been certified. The accompanying table shows the distribution of these specialists among the boards.

Each of these boards has published a booklet containing a brief statement regarding its organization, personnel, purposes and qualifications for eligibility for certification. In addition, some of the boards publish lists of specialists they have certified. Booklets and lists and other data on examinations may be obtained from the secretaries of the various boards, whose addresses are given herewith.

Under the present policies of the Procurement and Assignment Service (see p. 1093) an even greater reduction in numbers of men permitted to take residencies is to be expected. It is stipulated that residencies may not be taken for training purposes, in the case of young men qualified for military service. Any such residents must be essential as teachers or house physicians. This will greatly curtail the numbers of men preparing for specialty certification. Consideration to this problem is being given by the specialty boards, which are granting some credit toward certification for work carried by a medical officer in the armed forces. A summary of the present policies is given for each of the boards listed. In announcing these policies, the boards state that requirements will not be lowered because of war conditions.

It is highly important that prospective applicants who are in military services should obtain a copy of the "Record of Professional Assignments for Prospective Applicants for Certification by Specialty Boards" from the secretary of any board. This booklet describes procedures pertaining to military credit and will enable prospective applicants and candidates to keep an accurate account of work done in the military service and will constitute part of the credentials to be submitted to the board on application for certification.

AMERICAN BOARD OF ANESTHESIOLOGY

President: JOHN S. LUNDY, M.D., Rochester, Minn.

Secretary: PAUL M. WOOD, M.D., 745 Fifth Avenue, New York.

"To officers who are practicing anesthesia in the armed services, the American Board of Anesthesiology allows the actual time up to one year credit for training. If they are not practicing anesthesia in service, they are allowed no credit for training but may be allowed up to a maximum of one year credit for practice in anesthesiology toward the five year time requirement. If practicing anesthesia in service the candidate is allowed actual time credit towards the five year practice in anesthesia time requirement."

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOLOGY

President: HOWARD FOX, M.D., New York, N. Y.

Secretary: C. G. LANE, M.D., 416 Marlboro Street, Boston.

"The amount of credit for military service so far as training in this field is concerned will be decided in each case upon the evidence submitted by the candidate. Three years of full time training are required, and up to the present time no center in either Army or Navy has been developed where satisfactory training in this field may be obtained.

"So far as experience in dermatology and syphilology is concerned, the board will accept not more than one year of Army military or naval medical service as part of the required two years' experience, after the three years of training. For an officer who has completed or nearly completed his training in civil life, it is expected that the medical officer will file his 'Record of Professional Assignments' with his application as evidence of his service in the specialty."

AMERICAN BOARD OF INTERNAL MEDICINE

Chairman: ERNEST E. IRONS, M.D., Chicago, Ill.

Assistant Secretary: W. A. WERRELL, M.D., 1301 University Avenue, Madison, Wis.

"One year of service in the armed forces may be considered as one year of formal training or as one year in the practice of medicine. Further evaluation of service in the armed forces will be made after the emergency is over."

AMERICAN BOARD OF NEUROLOGICAL SURGERY

Chairman: HOWARD C. NAFFZIGER, M.D., San Francisco, Calif.

Secretary-Treasurer: PAUL C. BUCY, M.D., 912 South Wood Street, Chicago.

"The amount of credit to be allowed for training received while with the armed forces will be determined in each individual case by the board on the basis of the extent and nature of the training received. The only blanket concession which the American Board of Neurological Surgery has made in the cases of men in the armed service, is as follows: The Charter and By-Laws of the American Board of Neurological Surgery, Article 4, Section 1, Group B (c), page 16, states 'an additional period of not less than two years in the practice of neurological surgery' shall be required following the three year period of training in neurological surgery before the individual will be admitted to examination by the board. The board has waived this two year practice requirement and now permits men to take the examination immediately after completing the three year period of training in neurological surgery. However, men who have taken the examination under such circumstances and passed it, will have their certificates withheld by the board until they have given the board satisfactory evidence of having completed two years of practice in neurological surgery. Such practice may be in an institution, private, or in the armed services, providing that it meets with the approval of the board and is practice in neurological surgery, and not general surgery or some other specialty. This action was taken in order to permit the board to place its stamp of approval upon the training these young men have received and upon what they had learned in order that the surgeon generals of the various armed services may make the most possible use of their abilities."

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

President: WALTER T. DANNREUTHER, M.D., New York, N. Y.

Secretary: PAUL TITUS, M.D., 1015 Highland Building, Pittsburgh 6, Pa.

"An applicant in military service in the present national emergency and assigned to work in general surgery under conditions acceptable to the credentials committee may receive credit up to a maximum of six months applicable toward his three required years of special training. An applicant in service under military orders in an Army or a Navy hospital under supervision in an obstetrical and/or gynecological service will be given the same credit as if he were working under a preceptor, since most of these departments are supervised by men who are diplomates of this board or who are recognized obstetrician-gynecologists. Additional time in military service with any type of general medical assignment may be applied toward the board's years in practice requirement."

AMERICAN BOARD OF OPHTHALMOLOGY

Chairman: CONRAD BERENS, M.D., New York, N. Y.

Secretary: JOHN GREEN, M.D., 6830 Waterman Boulevard, St. Louis.

"The amount of credit for military service is determined in each individual case, depending entirely upon the amount and type of ophthalmology done while in service. In evaluating credentials much depends on the size of the hospital and whether the work is supervised by responsible ophthalmologists."

AMERICAN BOARD OF ORTHOPEDIC SURGERY

President: PHILIP D. WILSON, M.D., New York, N. Y.

Secretary: G. A. CALDWELL, M.D., 3503 Prytania Street, New Orleans.

"During the present national emergency, credits up to a maximum of two years may be allowed for experience gained in surgery and orthopedics while serving with the armed forces. Credits will be given only upon presentation of evidence that such

service has, in the opinion of the Committee on Eligibility, been equivalent to similar periods of approved hospital training. Record of all such military service should be kept in the Record of Professional Assignments prescribed by the Advisory Board for Medical Specialties and submitted with his application.

"(a) A year of orthopedic experience with the armed forces may be accepted to replace one of the three required years of orthopaedic resident training.

"(b) A second year of orthopedic service with the armed forces may be credited as a year toward the practice requirement."

AMERICAN BOARD OF OTOLARYNGOLOGY

President: HARRIS P. MOSHER, M.D., Marblehead, Mass.
Secretary: D. M. LIERLE, M.D., University Hospital, Iowa City.

"Credit for training received while in the armed forces will be governed by the merits of the individual case and will be determined by the credentials committee. Such credit is given for the time actually spent in restricted practice of otolaryngology."

AMERICAN BOARD OF PATHOLOGY

President: A. H. SANFORD, M.D., Rochester, Minn.
Secretary: F. W. HARTMAN, M.D., Henry Ford Hospital, Detroit.

"Credit is allowed for training and experience in pathology as it may be acquired by the applicant during his military service. This credit for training or experience or both is given on an individual basis and will depend upon the opportunity the applicant has had as indicated in his medical service record in the specialty of pathology."

AMERICAN BOARD OF PEDIATRICS

President: EDWARD B. SHAW, M.D., San Francisco, Calif.
Secretary: C. A. ALDRICH, M.D., 707 Fullerton Avenue, Chicago.

"Applicants are allowed credit for one year of military service toward the required two years of specialized practice. Military service cannot be substituted for preliminary training.

"Written examinations may be taken in camp under a Monitor, appointed by the commanding officer, but the applicants must appear before the board for oral examination."

AMERICAN BOARD OF PLASTIC SURGERY

Chairman: JOHN STAIGE DAVIS, M.D., Baltimore, Md.
Acting Secretary: V. P. BLAIR, M.D., 508 North Grand Boulevard, St. Louis.

"A man assigned to do plastic surgery in the armed forces, under suitable conditions, would be given credit toward requirements for the time thus spent, the final amount of credit in each individual case to be left to the discretion of the board and determined by the board after the information is submitted."

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

President: C. MACFIE CAMPBELL, M.D., Boston, Mass.
Secretary: WALTER FREEMAN, M.D., 1028 Connecticut Avenue N.W., Washington, D. C.

"A maximum of two years of appropriate military service is allowed in lieu of experience, two years being the minimum time required as experience. A maximum of one year of military service is allowed in lieu of training, three years of training being required."

AMERICAN BOARD OF RADIOLOGY

President: G. W. HOLMES, M.D., Boston, Mass.
Secretary: BYRL R. KIRKLIN, M.D., 102-110 Second Avenue S.W., Rochester, Minn.

"Full credit is allowed for all work done in an approved x-ray department of the Army, Navy or Marine Corps."

AMERICAN BOARD OF SURGERY

Chairman: ARTHUR W. ELTING, M.D., Albany, N. Y.
Secretary: J. STEWART RODMAN, M.D., 225 South Fifteenth Street, Philadelphia.

"Officers in either branch of the service are given one year's credit on the necessary five years' training required. Further credit will depend in individual instances upon the assignments and must be surgical in nature in order to be acceptable."

AMERICAN BOARD OF UROLOGY

President: HERMAN L. KRETSCHMER, M.D., Chicago, Ill.
Secretary: G. J. THOMAS, M.D., 1409 Willow Street, Minneapolis.

"Applicants who join the armed forces before they have had the required two years of private practice are accepted as candidates for the examinations without immediate fulfillment of this requirement. When other requirements are satisfactorily fulfilled and the members of the credentials committee are convinced that the candidate has had sufficient training they may recommend that he submit to the written, pathological, and oral-clinical examinations, after he has submitted twenty-five acceptable case histories that he has personally examined, operated upon, and followed while a senior resident. A candidate handled in this special manner will not become a certificatee until such time as he is able to complete the balance of the requirements; that is, two years of private practice following the completion of his training in the specialty and the preparation of an additional twenty-five acceptable case histories taken from this private practice.

"The members of this board have not established a precedent nor rigid specifications concerning the amount of credit allowed to candidates in the armed forces in lieu of training or private practice.

"Candidates who have completed as many of the requirements for certification as possible and who have taken the examinations will be furnished statements, carrying the official seal of the board, outlining their status as candidates for certification."

ADVISORY BOARD FOR MEDICAL SPECIALTIES

President: WILLARD C. RAPPLEYE, M.D., New York, N. Y.
Secretary: C. G. LANE, M.D., 416 Marlboro Street, Boston.

Organized 1933-1934 to coordinate graduate education and certification of medical specialists in the United States and Canada, this board reports directly to its member groups, and functions in close cooperation with the Council on Medical Education and Hospitals of the American Medical Association and with the Advisory Council on Medical Education.

COMING SPECIALTY BOARD EXAMINATIONS

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOLOGY: *Written*. Various centers, Sept. 27. *Oral*. Philadelphia, Nov. 5-6. Final date for filing application is August 16.

AMERICAN BOARD OF INTERNAL MEDICINE: *Oral*. San Francisco, Sept. 16-18. Final date for filing application is Aug. 15. *Written*. Oct. 18. Final date for filing application is Sept. 1.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY: *Written*. *Part I*. Locally, Feb. 12. Final date for filing application is Nov. 15.

AMERICAN BOARD OF OPHTHALMOLOGY: *Oral*. *Parts I and II*. Chicago, Oct. 8-9.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY: *Written and Oral*. *Part II*. Chicago, Jan. 21-22.

AMERICAN BOARD OF OTOLARYNGOLOGY: *Oral*. Chicago, Oct. 6-9.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY: *Written*. Locally, Oct. 30. *Oral*. Locally, Dec. 20-21. Final date for filing application is Sept. 30.

AMERICAN BOARD OF UROLOGY: *Oral*. Chicago, February. *Written*. Various centers, December. Final date for filing application is Nov. 1.

MEDICAL EDUCATION IN WARTIME

The medical students of the United States, almost all of whom have Army or Navy affiliations, are soldiers and seamen in medical school. They swell the numbers of uniformed men assigned to colleges and universities to pursue a wide variety of studies in preparation for special military duties. In one important respect, medical students will differ from most of their campus mates in uniform. Essentially they will be following the same curriculum and will receive the same degree for the same work as in peacetime. The Army and Navy have recognized that the wartime task of medical schools is the training of physicians and that this task, even as it pertains to the production of medical officers, can best be accomplished by a continuation of the well established medical program. The major change is acceleration; this was inaugurated even before Pearl Harbor and eliminates from the medical curriculum little except the long summer vacation.

In the collaborative educational-military responsibility of producing medical officers, by common agreement the military is wisely subordinated to the educational. Purely military instruction and drill are kept at a minimum. In all Navy units and in almost all medical schools so far under Army contract students live and eat where they please. Study is not abruptly terminated by taps. Common mess does not dictate the premature conclusion of an experiment or the physical examination of a patient.

Numerous courses inaugurated or especially stressed since the war began represent emphasis on topics which will justify their permanent inclusion in the medical curriculum. The shrinking of world distances through modern methods of transportation will bring tropical diseases to our doors. Industrial medicine and public health will increase in peacetime. Chemotherapy and the control of shock are not limited to war.

There are continuing tendencies away from clinical didactic teaching and also from the subdivision of medicine into isolated compartments. The line between preclinical and clinical is being less sharply drawn. Interdepartmental collaboration in the presentation of related material is replacing a philosophy of medical education which states that the human body may be divided into its anatomy, its biochemistry, its pathology and its physical diagnosis. It is encouraging to note that the stress of the accelerated program has not prevented depleted faculties from a critical scrutiny of past performance and planning for means to improve the presentation of that most complex of subjects, man, in health and in disease.

Problems of postwar adjustments in medicine deserve inclusion in the undergraduate curriculum of more schools. How, if at all, is the practice of medicine likely to be different from that of the past? How may we arrive at a sound evaluation of the innumerable plans and proposed laws for improved medical care

projected by lay and medical groups? These and related questions are being asked by medical students everywhere. A knowledge of the facts and analysis of the factors, forces and mechanisms at work, and the application of the searching scientific spirit which is the foundation of medical education, may lead more promptly to workable and acceptable methods.

PREMEDICAL EDUCATION

The accelerated programs developed by the armed forces for the training of premedical students differ in two essentials from the accelerated programs of the medical schools. First, acceleration in medical schools does not involve any basic change except the elimination of the long summer vacations. A significant increase in weekly work by the student is not required. The premedical programs, however, shorten the program mainly by a weekly increase in the quantity of work carried by the student. The Army Specialized Training Program provides for approximately 60 per cent more work per week by the student than in peacetime programs, and the Navy V-12 program also increases the weekly work considerably. Whether or not students will be able to carry this heavy load remains to be seen. These students will, however, be free from financial worries and the necessity for outside employment. They will receive medical care, and more attention will be paid to the students' physical condition.

The results of this experiment in concentrated premedical education will be watched with interest by all who are concerned with preprofessional education in every field, since it may offer a solution of the problem of reducing the long years of training required by the learned and scientific professions.

Second, all premedical students are subjected to a standardized curriculum. This is probably necessitated by the large number of participating premedical institutions, in some of which an attempt at standardization might elevate standards. By contrast, the medical curriculum prescribed by the armed forces is "do the best you know how, as you have been doing." Such liberty can probably be granted only to educational institutions whose quality and programs of instruction have been well established.

The criticism has been made that the premedical programs are too heavily weighted with "tool" courses of purely utilitarian value and that they are deficient in human values. The justification for this criticism may be questioned. Properly presented, the natural sciences are rich in human values. Honesty and integrity in science are as rigorous as the tenets of any ethical system. A carefully controlled scientific experiment, testing deductions from a hypothesis, is as illustrative of correct thinking as are syllogisms and inductions of formal logic. The history of science and scientists incorporates fully as much of cultural values as does

political, economic or military history. It would be preposterous to maintain that the natural sciences alone can provide a liberal education; it is even more obtuse to argue that these sciences lack human values.

THE SUPPLY OF PHYSICIANS

More than 4,000 seniors who entered the accelerated medical education program over a year ago are now well into their intern year and will complete that training before March 31, 1944. They will thus become available for military and civilian practice three months earlier than in normal times. Even half of these, should only that small proportion be commissioned, can care medically for over 300,000 troops. If this number of men is thereby enabled to enter active service three months early, before April of next year, the accelerated program will have justified itself in supplying the men required. All medical schools are accelerating throughout the four year program except one which limits the program to the junior and senior years. All are admitting classes every nine months except one which admits a class every year and one which admits a class each quarter.

A study of the number of graduates in the past forty years reveals trends of interest and importance. During approximately the first half of this period the number of graduates declined from over 5,000 annually to about half that number. This reduction paralleled the closing of many medical schools, one half of which disappeared during the period of enforcement of high standards in medical education. During the last two decades the number of graduates gradually rose; even before the war it again exceeded 5,000. This occurred in spite of an essentially unchanged number of medical schools. In 1942 there were about as many graduates from seventy-seven high grade schools as there were in 1905 from a hundred and sixty schools, most of which were decidedly inferior. This upward trend is probably warranted in the cases of many schools which have increased their faculties and facilities. In other instances increased enrolments and graduates, are probably not justified by proportional increases in staff and facilities.

Now the annual number of graduates far exceeds that of any period in the history of this country, approximating twice the number of physicians who die in

normal years. This present large number of graduates is to be contrasted sharply with the figure for 1922, when only 2,500 received the M.D. degree. This figure—an all time low in medical graduates—was also related to war. It followed the low registration of freshmen in 1918, when less consideration was given to the necessity for continued training of physicians in wartime. Fortunately the last war ended relatively quickly, so that this lack of adequate medical preparation was not as much in evidence as it would surely be in the present conflict.

POSTWAR EDUCATIONAL FACILITIES

Recognizing that large numbers of physicians will be seeking advanced training immediately after the war, the Council on Medical Education and Hospitals is making a careful study of the educational facilities in the graduate and postgraduate fields. A preliminary survey has already been instituted to determine what institutions and agencies will be able to expand their regular educational activities to meet additional postwar needs. Questionnaires were sent to all undergraduate and graduate medical schools, intern and residency hospitals, state medical associations, departments of health and other agencies interested in graduate or postgraduate education. The response has indeed been gratifying, for individual reports indicate that constructive planning is under way and that institutions are anxious to cooperate to the full limit of their facilities. The returns are not yet complete, but the available data are now being evaluated and will be supplemented by further studies in the near future, so that complete lists of facilities will be available to physicians returning from the war. These include hospital residencies, fellowships, basic science courses, graduate studies and short term refresher courses in the various branches of medicine. Many physicians will wish to resume courses interrupted by the call to military service, while others will enter new training programs in preparation for general or special practice. Those who remain in military service after the war will be able to increase their professional training through the educational programs of the respective services. Even under wartime conditions, opportunities are being provided for specialty training in Army and Navy hospitals for which credit may be assigned by the individual certifying boards. The large number of physicians who return to civilian life will likewise find that the medical profession, the schools and the hospitals stand ready to meet the educational needs of the postwar period.

APPROVED INTERNSHIPS

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to August 14, 1943

The following general hospitals are considered in position to furnish acceptable internships of at least one year duration. They are also accredited for mixed residencies, which represent general assignments following an approved intern service. The + sign indicates additional approval for residencies in specialties.

HOSPITALS, 760. INTERNSHIPS, 8,180

CAPACITY, 266,957 BEDS

The terms used in the column "Type of Internship" are defined as follows:

1. A rotating internship is defined as one which provides supervised experience in internal medicine, surgery, pediatrics, obstetrics and their related subspecialties, together with experience in laboratory and radiologic diagnosis.

2. A mixed internship is defined as one which provides supervised experience in two or more, but not in all, of the clinical divisions named.

3. A straight internship is defined as one which provides supervised experience in a single department, although it may include limited opportunity for work in a related subspecialty. Straight internships are now approved in internal medicine, surgery, pediatrics, obstetrics (with or without gynecology) and pathology.

ABBREVIATIONS

CyCo	City and County	NPAssn	Nonprofit association		R	Rotating
Corp	Corporation unrestricted	Op	Optional		S	Straight
	as to profit	Part	Partnership		USPHS	United States Public
M	Mixed	Req	Required			Health Service

United States Army.—Internships not available in Army hospitals 1943-1944

Letterman General Hospital San Francisco	Walter Reed General Hospital + Washington, D. C.	William Beaumont General Hospital El Paso, Texas	Brooke General Hospital San Antonio, Texas
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United States Navy.—Address applications to Surgeon General, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

U. S. Naval Hospital Corona, Calif.	U. S. Naval Hospital Long Beach, Calif.	U. S. Naval Hospital Mare Island, Calif.	U. S. Naval Hospital Oakland, Calif.	U. S. Naval Hospital San Diego, Calif.	U. S. Naval Hospital San Francisco	U. S. Naval Hospital Jacksonville, Fla.	U. S. Naval Hospital Key West, Fla.	U. S. Naval Hospital Pensacola, Fla.	U. S. Naval Hospital Great Lakes, Ill.	U. S. Naval Hospital New Orleans	U. S. Naval Hospital Annapolis, Md.	U. S. Naval Hospital Bethesda, Md.	U. S. Naval Hospital Chelsea, Mass.	U. S. Naval Hospital Portsmouth, N. H.	U. S. Naval Hospital Brooklyn	U. S. Naval Hospital St. Albans, N. Y.	U. S. Naval Hospital Norman, Okla.	U. S. Naval Hospital Philadelphia	U. S. Naval Hospital Newport, R. I.	U. S. Naval Hospital Charleston, S. C.	U. S. Naval Hospital Parris Island, S. C.	U. S. Naval Hospital Memphis, Tenn.	U. S. Naval Hospital Corpus Christi, Texas	U. S. Naval Hospital Norfolk Naval Hosp. Portsmouth, Va.	U. S. Naval Hospital Naval Operating Base, Va.	U. S. Naval Hospital Quantico, Va.	U. S. Naval Hospital Bremerton, Wash.	U. S. Naval Hospital Seattle
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Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Number of Interns	Length of Service in Months	Service Commences	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Appointments Made
ALABAMA															
Hillman Hospital +	Birmingham	County	478	8,464	100	..	R	10	12	July	No	Req	38	\$30	Oct
Jefferson Hospital	Birmingham	County	565	7,353	95	75	R	6	12	July	No	None	24	\$35	Jan
Norwood Hospital +	Birmingham	Church	264	8,009	95	..	R	6	12	Varies	No	Req	39	\$50	Nov
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company +	Fairfield	NPAssn	350	9,075	100	..	R	12	12	AprJuly	No	Req	37	\$25	Varies
City Hospital	Mobile	CyCo	150	4,241	82	85	R	5	12	Quarterly	No	Req	21	\$100(b)	Varies
ARIZONA															
Good Samaritan Hospital	Phoenix	Church	215	5,311	..	..	R	4	12	Varies	No	None	23	\$50	Varies
St. Joseph's Hospital	Phoenix	Church	244	9,709	2	98	R	6	12	July	No	None	35	\$30	Nov
ARKANSAS															
Baptist State Hospital +	Little Rock	Church	340	6,970	15	100	R	6	*12	Varies	No	None	..	\$40	Nov
St. Vincent Infirmary	Little Rock	Church	233	6,980	15	10	R	6	12	Varies	No	None	19	\$50	Nov
University Hospital	Little Rock	State	230	3,637	100	..	R	10	12	July	No	Req	34	\$25	Nov
CALIFORNIA															
San Joaquin General Hospital	French Camp	County	550	8,814	91	..	R	12	12	JanJuly	No	Req	59	\$35	JanJuly
General Hospital of Fresno County 1,3+	Fresno	County	571	7,335	100	..	R	12	12	July	No	Req	37	\$25	Varies
Glendale Sanitarium and Hospital	Glendale	Church	277	6,729	20	..	R	5	12	July	No	Req	28	\$83(a)	Varies
Loma Linda Sanitarium and Hospital	Loma Linda	Church	134	3,722	85	50	R	4	12	July	No	Req	49	\$85(a)	Sept
California Hospital	Los Angeles	Church	349	10,258	10	100	R	13	12	JanMarJuly	(4)	Req	34	\$50	Nov
Cedars of Lebanon Hospital +	Los Angeles	NPAssn	350	10,490	16	50	R	13	12	MarJuly	No	Req	40	\$25	Nov
Hospital of the Good Samaritan	Los Angeles	Church	444	11,411	7	28	R	8	12	AprNov	(5)	Req	40	\$40	Nov
Los Angeles County Hospital 1,3+	Los Angeles	County	4,011	47,215	100	..	R	124	12	Varies	No	Req	57	\$35	Varies
Presbyterian Hospital—Olmsted Memorial	Los Angeles	NPAssn	333	10,161	..	100	R	5	12	Varies	No	None	33	\$25	Varies
Queen of Angels Hospital	Los Angeles	Church	390	11,242	..	100	R	12	12	Quarterly	(6)	Req	43	\$30	6 mo adv
St. Vincent's Hospital +	Los Angeles	Church	320	10,864	..	100	R	6	12	Varies	(7)	None	43	\$40	Varies
Santa Fe Coast Lines Hospital	Los Angeles	NPAssn	197	4,396	100	..	R	8	12	July	(8)	Req	54	\$35	Dec
White Memorial Hospital +	Los Angeles	Church	290	8,718	65	100	R	16	12	July	No	Req	48	\$75(a)	Oct
Highland-Alameda County Hospital 1,3+	Oakland	County	511	8,420	100	..	R	24	12	July	(9)	Op	37	\$20	Nov
Orange County General Hospital	Orange	County	378	3,166	99	..	R	11	12	April	No	Req	52	\$50	Nov
Collis P. and Howard Huntington Memorial Hospital +	Pasadena	NPAssn	247	7,301	..	..	R	7	12	JanApr	(10)	Req	57	\$40	Varies
Sacramento County Hospital	Sacramento	County	500	7,363	100	..	R	12	12	AprDec	No	Req	34	\$35	AprJuly
San Bernardino County Charity Hospital +	San Bernardino	County	341	4,245	100	..	R	9	12	April	No	Req	48	\$40(c)	Sept
San Diego County General Hospital 3+	San Diego	County	621	7,675	100	..	R	15	12	AprJuly	No	Req	33	\$60	Nov
Children's Hospital 2+	San Francisco	NPAssn	250	5,635	14	90	R	10	12	July	No	Req	41	\$25	Jan
Franklin Hospital +	San Francisco	NPAssn	250	6,152	80	90	R	12	12	July	No	Op	51	\$25	Jan
French Hospital 1+	San Francisco	NPAssn	228	4,623	98	100	R	7	12	July	No	Req	33	\$35(d)	Varies
Mary's Help Hospital +	San Francisco	Church	155	4,536	10	100	R	5	12	July	No	Req	34	\$50	Jan

Numerical and other references will be found on page 56.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Number of Interns	Length of Service in Months	Service Commences	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Appointments Made
WASHINGTON—Continued															
Deaconess Hospital	Spokane	Church	244	6,911	10	..	R	5	12	JanAprJuly	(113)	None	41	\$50	Nov
Sacred Heart Hospital ¹	Spokane	Church	368	9,274	..	100	FF	9	12	July	No	None	27	\$50	Varies
St. Luke's Hospital ¹	Spokane	NPAssn	232	4,378	..	100	FF	4	12	July	(114)	None	32	\$50	Jan
Pierce County Hospital	Tacoma	County	239	2,776	100	..	FF	8	12	July	No	Req	23	\$60	Nov
St. Joseph's Hospital	Tacoma	Church	344	6,853	..	..	FF	4	12	Varies	No	None	49	\$100	Varies
Tacoma General Hospital ⁺	Tacoma	NPAssn	270	7,929	..	..	R	5	12	Varies	No	Req	20	\$65	Varies
WEST VIRGINIA															
Charleston General Hospital ¹⁺	Charleston	NPAssn	350	10,879	50	50	R	13	12	July	No	Req	32	\$35(f)	Nov
Kanawha Valley Hospital	Charleston	Corp	181	4,631	55	78	R	3	12	Varies	No	Req	40	\$100	Varies
Chesapeake and Ohio Hospital ⁺	Huntington	NPAssn	185	2,900	..	..	R	3	12	July	No	Req	32	\$37.50	Jan
St. Mary's Hospital	Huntington	Church	264	6,723	30	95	R	4	12	July	No	Req	21	\$87.50	Varies
Camden-Clark Memorial Hospital	Parkersburg	City	183	3,533	..	..	R	3	12	Varies	No	None	..	\$100	Varies
St. Joseph's Hospital ¹	Parkersburg	Church	147	3,039	..	100	R	3	12	July	No	None	..	\$50	Nov
Ohio Valley General Hospital ³	Wheeling	NPAssn	328	8,275	26	100	R	9	12	July	No	Req	20	\$50	Nov
Wheeling Hospital	Wheeling	Church	236	4,587	9	..	R	4	12	July	No	None	24	\$40(f)	Jan
WISCONSIN															
St. Elizabeth Hospital	Appleton	Church	215	4,741	..	80	R	3	12	June	No	None	20	\$25	Sept
Luther Hospital ¹	Eau Claire	NPAssn	176	3,888	..	25	R	5	12	Quarterly	No	None	52	\$25(f)	Quarterly
St. Agnes Hospital	Fond du Lac	Church	282	7,215	..	..	R	4	12	July	No	None	15	\$25	Varies
St. Francis Hospital ¹	La Crosse	Church	292	5,518	..	100	R	5	12	Varies	No	Req	36	\$20	Varies
Madison General Hospital ¹	Madison	NPAssn	208	7,157	..	100	R	6	12	AprJulyOct	No	None	25	\$50	Varies
Methodist Hospital	Madison	Church	127	2,856	..	90	R	4	12	July	No	Req	18	\$67.50(g)	Jan
St. Mary's Hospital ¹	Madison	Church	225	6,657	10	100	R	6	12	Quarterly	No	None	27	\$50(c)	Quarterly
State of Wisconsin General Hospital ¹⁺	Madison	State	772	12,135	100	..	R	21	12	Varies	No	Req	69	None	Varies
St. Joseph's Hospital ¹	Marshfield	Church	216	4,608	..	80	R	3	12	JanJuly	No	None	25	\$100	Oct
Columbia Hospital ⁺	Milwaukee	NPAssn	160	4,267	2	..	R	5	12	Varies	No	None	48	\$25	Varies
Evangelical Deaconess Hospital ¹	Milwaukee	Church	170	5,351	1	99	R	6	12	July	No	None	31	\$75	Nov
Milwaukee Hospital	Milwaukee	Church	359	8,472	..	100	R	7	12	July	(115)	Req	57	\$25	Nov
Misericordia Hospital	Milwaukee	Church	183	4,851	3	..	R	3	12	July	No	None	21	\$100	Dec
Mount Sinai Hospital	Milwaukee	NPAssn	195	7,903	19	100	R	5	12	July	No	Req	39	\$35	Nov
St. Joseph's Hospital ⁺	Milwaukee	Church	410	10,993	..	100	R	8	12	June	No	None	23	\$25	Nov
St. Luke's Hospital	Milwaukee	Church	135	4,644	..	100	R	3	12	JanJuly	No	None	18	\$50	Oct
St. Mary's Hospital ⁺	Milwaukee	Church	255	6,838	..	100	R	6	12	July	No	None	22	\$50	Nov
St. Michael Hospital ¹	Milwaukee	Church	175	5,043	..	..	R	4	12	June	No	Req	31	\$25	Nov
Mercy Hospital	Oshkosh	Church	224	4,783	..	..	R	4	12	Varies	No	None	..	..	Varies
St. Mary's Hospital ¹	Racine	Church	271	5,396	..	..	R	2	12	Varies	No	None	26	\$35	Varies
Milwaukee County Hospital ^{1,3+}	Wauwatosa	County	1,075	12,092	100	..	R	41	12	Varies	(116)	Req	30	\$10	Varies
CANAL ZONE															
Gorgas Hospital ⁺	Ancon	Fed	1,746	33,389	100	..	R	25	12	Varies	No	Op	68	(x)	Varies
HAWAII															
Queen's Hospital ¹⁺	Honolulu	NPAssn	336	13,373	..	..	R	11	12	Varies	(117)	None	33	\$45-90	Varies
PHILIPPINES															
Philippine General Hospital	Manila	..	..	..	..	..	..	..	..	..	..	..	..	..	..
PUERTO RICO															
Bayamón Charity District Hospital ³	Bayamón	Gov't	334	4,731	100	..	R	6	12	July	No	Req	..	\$25	Jan
Fajardo Charity District Hospital ¹	Fajardo	Gov't	335	4,789	100	..	R	6	12	July	No	Req	..	\$25	Nov
Presbyterian Hospital	San Juan	Church	141	3,006	45	90	R	4	12	July	No	Req	35	\$10	JanJune

Numerical and other references will be found on page 56.

HOSPITALS APPROVED FOR INTERNSHIPS IN THE DOMINION OF CANADA

For the benefit of graduates of approved medical colleges who desire an internship in Canada, the Council on Medical Education and Hospitals of the American Medical Association has declared that hospitals which conform to the standards of the Department of Hospital Service of the Canadian Medical Association should be regarded as giving an internship equivalent in educational value to that offered by hospitals in the United States approved for intern training by the Council. It is understood, however, that this statement applies only to hospitals that are unqualifiedly "Approved" under the Canadian plan and does not apply to that group referred to as "Commended."

The following list of hospitals, revised to Jan. 1, 1943 has been furnished by the Department of Hospital Service.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
Victoria General Hospital	Halifax, N. S.	McKellar General Hospital	Fort William, Ont.	Hotel Dieu of St. Joseph	Windsor, Ont.
St. John General Hospital	St. John, N. B.	Hamilton General Hospital	Hamilton, Ont.	Children's Hospital	Winnipeg, Man.
Hospital du St. Sacrement	Quebec, Que.	St. Joseph's Hospital	Hamilton, Ont.	Misericordia Hospital	Winnipeg, Man.
Hotel Dieu de Quebec	Quebec, Que.	Ottawa Civic Hospital	Ottawa, Ont.	Winnipeg General Hospital	Winnipeg, Man.
Hospital of the Infant Jesus	Quebec, Que.	Ottawa General Hospital	Ottawa, Ont.	St. Boniface Hospital	St. Boniface, Man.
Jeffrey Hale's Hospital	Quebec, Que.	Kingston General Hospital	Kingston, Ont.	Regina Grey Nuns' Hospital	Regina, Sask.
Children's Memorial Hospital	Montreal, Que.	Hospital for Sick Children	Toronto, Ont.	Regina General Hospital	Regina, Sask.
Homeopathic Hospital	Montreal, Que.	Mount Sinai Hospital	Toronto, Ont.	St. Paul's Hospital	Saskatoon, Sask.
Hospital Notre Dame	Montreal, Que.	St. Joseph's Hospital	Toronto, Ont.	Saskatoon City Hospital	Saskatoon, Sask.
Hospital Ste. Jeanne d'Arc	Montreal, Que.	St. Michael's Hospital	Toronto, Ont.	Holy Cross Hospital	Calgary, Alta.
Hospital Ste. Justine	Montreal, Que.	Toronto East General Hosp.	Toronto, Ont.	Edmonton General Hospital	Edmonton, Alta.
Hotel Dieu de Montreal	Montreal, Que.	Toronto General Hospital	Toronto, Ont.	Misericordia Hospital	Edmonton, Alta.
Hospital Ste. Luc	Montreal, Que.	Toronto Western Hospital	Toronto, Ont.	Royal Alexandra Hospital	Edmonton, Alta.
Jewish General Hospital	Montreal, Que.	Women's College Hospital	Toronto, Ont.	University of Alberta Hosp.	Edmonton, Alta.
Montreal General Hospital	Montreal, Que.	Brantford General Hospital	Brantford, Ont.	St. Paul's Hospital	Vancouver, B. C.
Royal Victoria Hospital	Montreal, Que.	St. Joseph's Hospital	London, Ont.	Vancouver General Hospital	Vancouver, B. C.
St. Mary's Hospital	Montreal, Que.	Victoria Hospital	London, Ont.	Royal Jubilee Hospital	Victoria, B. C.
Woman's General Hospital	(Westmount)	Grace Hospital	Windsor, Ont.	St. Joseph's Hospital	Victoria, B. C.
		Metropolitan General Hospital	Windsor, Ont.		

NOTES

- (a) In lieu of maintenance.
 (b) Bonus of \$240.
 (c) Bonus of \$120.
 (d) Bonus of \$60.
 (e) Bonus of \$300.

1. Women interns admitted.
 2. Women interns only.
 3. Dental interns employed.

- (f) Bonus of \$100.
 (g) Bonus of \$180.
 (h) Second year of straight internship available.
 (i) Plus one internship in pathology.
 (j) Bonus of \$150.
 (k) Bonus of \$75.
 (m) Bonus of \$50.
 (n) Mental Unit, 3,768 beds, 4,746 admissions.
 (o) Bonus of \$30.
 (p) Male patients only.

- (q) \$40 per month first year; \$50 per month second year; bonus of \$120.
 (r) Plus three internships in pathology.
 (s) Plus two internships in pathology.
 (t) April, July, October, December.
 (u) Bonus of \$200.
 (v) Bonus of \$125.
 (w) Total house staff, interns and residents, 235.
 (x) Salary established by government pay tables.

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

4. California Babies' and Children's Hospital, Los Angeles, pediatrics; Santa Monica Hospital, Santa Monica, emergency service.
 5. Children's Hospital, Good Hope Clinic, Los Angeles, pediatrics, outpatient service.
 6. St. Anne's Maternity Hospital, Los Angeles.
 7. Los Angeles County Hospital, obstetrics.
 8. Children's Hospital, Los Angeles Maternity Service, pediatrics, obstetrics.
 9. Fairmont Hospital of Alameda County, San Leandro, and Arroyo-Del Valle Sanatorium, Livermore, medicine, surgery, tuberculosis.
 10. Woman's Hospital, Pasadena, obstetrics.
 11. Laguna Honda Home, San Francisco, chronic diseases; Hassler Health Home, Redwood City, tuberculosis.
 12. St. Francis Hospital, Stanford University Hospitals, San Francisco, obstetrics, pediatrics.
 13. Franklin Hospital, San Francisco, obstetrics, gynecology, pediatrics.
 14. Porter Sanitarium and Hospital, Denver, general.
 15. Children's Hospital, Denver, pediatrics, orthopedics.
 16. Gallinger Municipal Hospital, Washington, obstetrics.
 17. Gallinger Municipal Hospital, communicable diseases, pediatrics.
 18. Gallinger Municipal Hospital, Children's Hospital, Washington, obstetrics, pediatrics.
 19. Grady Memorial Hospital, Atlanta.
 20. Misericordia Hospital and Home for Infants, Chicago, obstetrics.
 21. Winfield Sanatorium, Winfield, tuberculosis.
 22. Chicago Maternity Center, obstetrics, gynecology, pediatrics.
 23. Children's Memorial Hospital, Chicago, pediatrics.
 24. Peoria Municipal Tuberculosis Sanitarium.
 25. Indiana University Medical Center, Indianapolis, pediatrics.
 26. Broadlawn, Polk County Public Hospital, Des Moines, outpatient service.
 27. Watkins Memorial Hospital, Lawrence, general.
 28. Salvation Army Home and Hospital, Sedgwick County Hospital, Wichita, obstetrics, general.
 29. Sedgwick County Hospital, Wichita, general.
 30. Children's Free Hospital, Louisville General Hospital, pediatrics, obstetrics, gynecology.
 31. Children's Free Hospital, Louisville, pediatrics; Waverly Hills Sanatorium, Waverly Hills, tuberculosis.
 32. Touro Infirmary, New Orleans, obstetrics, gynecology, pediatrics.
 33. Shreveport Charity Hospital, pathology.
 34. University Hospital, Baltimore, pathology.
 35. University Hospital, Baltimore, obstetrics.
 36. Sydenham Hospital, Baltimore, communicable diseases.
 37. University Hospital, Sydenham Hospital, Baltimore, medicine, communicable diseases.
 38. Charles V. Chapin Hospital, Providence, R. I., communicable diseases.
 39. Haynes Memorial Hospital, Boston, medicine.
 40. Haynes Memorial Hospital, communicable diseases.
 41. Essex County Tuberculosis Hospital, Middleton.
 42. Wesson Maternity Hospital, Shriners Hospital for Crippled Children, Health Department Hospital, Springfield, obstetrics, orthopedic surgery, communicable diseases.
 43. Wesson Maternity Hospital, Health Department Hospital, Springfield, obstetrics, tuberculosis and communicable diseases.
 44. Herman Kiefer Hospital, Detroit.
 45. Herman Kiefer Hospital, Children's Hospital, Detroit, communicable diseases, obstetrics, pediatrics.
 46. Herman Kiefer Hospital, communicable diseases; St. Joseph's Retreat, Dearborn, psychiatry.
 47. Grace Hospital, Detroit, obstetrics, gynecology, pediatrics.
 48. Kalamazoo State Hospital, Kalamazoo, psychiatry.
 49. Ingham Sanatorium, Lansing, tuberculosis.
 50. Ingham Sanatorium, Boys' Vocational School, Lansing.
 51. Miller Memorial Hospital, Duluth, outpatient service.
 52. Maternity Hospital, Minneapolis.
 53. Children's Hospital, St. Paul, pediatrics.
 54. Shriners Hospital for Crippled Children, City Isolation Hospital, St. Louis Children's Hospital, Barnard Free Skin and Cancer Hospital, St. Louis.
 55. Robert Koch Hospital, Koch; City Isolation Hospital, St. Louis, tuberculosis, communicable diseases.
 56. Alexian Brothers Hospital, St. Louis, outpatient service.
 57. City Isolation Hospital, City Sanitarium, City Infirmary, St. Louis; Robert Koch Hospital, Koch, communicable diseases, psychiatry, tuberculosis.
 58. St. Mary's Group of Hospitals includes the Firmin Desloge Hospital, St. Mary's Hospital and Mount St. Rose Sanatorium. Communicable diseases at City Isolation Hospital.
 59. St. Elizabeth Hospital, Elizabeth, obstetrics, gynecology, pediatrics.
 60. Margaret Hague Maternity Hospital, Hudson County Tuberculosis Hospital, Jersey City.
 61. Margaret Hague Maternity Hospital, Jersey City.
 62. Fairview Sanitarium, New Lisbon, tuberculosis.
 63. Anthony N. Brady Maternity Home, Albany.
 64. Kingston Avenue Hospital, Brooklyn, communicable diseases.
 65. Sydenham Hospital, Baltimore, communicable diseases.
 66. Children's Hospital, Buffalo, pediatrics.
 67. Emergency Hospital of the Sisters of Charity, St. Mary's Maternity Hospital, Louise de Marillac Hospital.
 68. Edward J. Meyer Memorial Hospital, Buffalo, communicable diseases, psychiatry.
 69. Chemung County Sanatorium, Elmira, tuberculosis.
 70. Our Lady of Victory Infants' Home, Lackawanna, obstetrics, pediatrics.
 71. Jewish Maternity Hospital, New York City.
 72. Norwegian Lutheran Deaconesses' Home and Hospital, Brooklyn, obstetrics.
 73. Misericordia Hospital, New York City, obstetrics, pediatrics.
 74. Rotation service established between Hospital of the Good Shepherd, Syracuse Memorial Hospital, City Hospital and Syracuse Psychopathic Hospital, comprising Syracuse University Medical Center Hospitals.
 75. Children's Hospital, Akron, pediatrics; Chicago Lying-In Hospital.
 76. Children's Hospital, Akron, pediatrics.
 77. Molly Stark Sanatorium, Canton, tuberculosis; Massillon State Hospital, Massillon, psychiatry.
 78. Children's Hospital, Cincinnati, pediatrics.
 79. Hamilton County Tuberculosis Hospital, Hamilton County Home and Chronic Disease Hospital, Children's Hospital, Cincinnati, tuberculosis, chronic diseases, pediatrics.
 80. Cincinnati General Hospital.
 81. St. Ann's Maternity Hospital, Cleveland.
 82. Children's Hospital, Columbus, pediatrics.
 83. Starling-Loving University Hospital, Children's Hospital, Columbus, obstetrics, pediatrics.
 84. St. Francis Hospital, Children's Hospital, Columbus, surgery, pediatrics.
 85. Home of Redeeming Love, Oklahoma City, obstetrics.
 86. Shriners Hospital for Crippled Children, Portland.
 87. Providence Hospital, Portland, pediatrics.
 88. Hospital of the University of Pennsylvania, Philadelphia, obstetrics.
 89. Philadelphia Hospital for Contagious Diseases.
 90. Children's Hospital of the Mary J. Drexel Home, Philadelphia, pediatrics.
 91. Henry Phipps Institute of the University of Pennsylvania, Philadelphia, tuberculosis.
 92. Children's Hospital, Philadelphia, pediatrics.
 93. Pennsylvania Hospital, Department for Mental and Nervous Diseases, Philadelphia.
 94. Roselia Foundling and Maternity Hospital, Pittsburgh.
 95. Elizabeth Steel Magee Hospital, Children's Hospital, Eye, Ear, Nose and Throat Hospital, Pittsburgh.
 96. Municipal Hospital for Contagious Diseases, Pittsburgh.
 97. Berks County Tuberculosis Sanatorium, Reading.
 98. Scranton State Hospital, obstetrics.
 99. Providence Lying-In Hospital.
 100. T. C. Thompson Children's Hospital, Pine Breeze Sanatorium, Chattanooga, pediatrics, tuberculosis.
 101. Willard Parker Hospital, New York City, communicable diseases.
 102. Southern Pacific Hospital, Houston, medicine, surgery.
 103. Salvation Army Home and Hospital, San Antonio, obstetrics.
 104. Gulf, Colorado and Santa Fe Hospital, Temple, medicine, surgery.
 105. Blue Ridge Sanatorium, Charlottesville, tuberculosis.
 106. Norfolk General Hospital, obstetrics.
 107. Pine Camp Hospital, Brook Hill, tuberculosis.
 108. King County Hospital, Seattle, outpatient service.
 109. King County Hospital, King County Tuberculosis Hospital, Seattle, outpatient service, tuberculosis.
 110. Children's Orthopedic Hospital, Florence Crittenton Home, Seattle.
 111. Children's Orthopedic Hospital, Seattle.
 112. King County Hospital, Seattle, obstetrics, gynecology, pediatrics.
 113. Edgecliff Sanatorium, Spokane, tuberculosis.
 114. Edgecliff Sanatorium, Salvation Army Women's Hospital and Home, Spokane, tuberculosis, obstetrics.
 115. Salvation Army Martha Washington Women's Home and Hospital, Wauwatosa.
 116. South View Hospital, Milwaukee, communicable diseases; St. Joseph's Hospital, Evangelical Deaconess Hospital, Milwaukee, obstetrics.
 117. Kaulikeolani Children's Hospital, Honolulu.

APPROVED RESIDENCIES AND FELLOWSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10

Revised to Sept. 1, 1943

Hospitals, 722; Residencies, 5,148; Fellowships, 709

The following institutions approved by the Council on Medical Education and Hospitals are considered in position to furnish acceptable training in various specialties as indicated below. Residencies in specialties, as defined by the Council, are straight services of one or more years following an approved internship. A fellowship is a form of apprenticeship which in some cases is indistinguishable from a residency, although it usually offers greater opportunity for the study of basic sciences and research. Ordinarily a fellowship is a university rather than a hospital appointment. Mixed residencies are general hospital assignments following internship. They include services classified as general residencies and chief residencies.

The star (*) indicates hospitals that are also approved for the training of interns. All hospitals on the approved intern list are likewise accredited for general or mixed residencies.

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1. ANESTHESIOLOGY

Name of Hospital	Location	Chief of Service	Inpatients Treated ^a	Total Anesthetics	Inhalation Anesthetics	Autopsy Percentage	Residents	Assistant Residents	Fellows	Service Begins	Length of Service (Years)	Beginning Stipend (Month)
Los Angeles County Hospital * ¹	Los Angeles.....	W. W. Hutchinson.....	47,215	9,325	2,244	57	4	0	0	Varies	1	\$115.00
White Memorial Hospital *.....	Los Angeles.....	Lawrence D. Lee.....	5,718	4,656	1,382	48	1	0	0	7/1	1-2	88.00
Stanford University Hospitals * ¹	San Francisco.....	W. B. Neff.....	9,391	4,821	4,099	50	1	1	0	7/1	1-2	37.50
University of California Hospitals * ¹	San Francisco.....	H. R. Hathaway.....	7,480	5,441	3,496	75	0	1	0	3/1, 11/1	1	25.00
Hartford Hospital * ¹	Hartford, Conn.....	C. P. Hickey.....	20,724	17,913	9,110	46	12	0	0	Varies	1-2	50.00
University Hospital * ¹	Augusta, Ga.....	P. P. Volpito.....	10,892	3,852	2,957	25	1	0	0	.....	.....	.....
Michael Reese Hospital * ¹	Chicago.....	B. Stodsky.....	18,287	8,443	4,866	67	4	0	0	.....	.....	50.00
Research and Educational Hospitals * ¹	Chicago.....	W. H. Cassels.....	5,650	2,462	1,721	98	4	0	0	7/1	1	.....
University of Chicago Clinics * ¹	Chicago.....	H. Livingstone Adams.....	12,209	8,220	6,910	81	0	1	0	7/1	1-2	100.00
Wesley Memorial Hospital *.....	Chicago.....	M. Karp.....	9,261	4,791	3,262	53	0	0	3	7/1	1-2	50.00
Indianapolis City Hospital * ¹	Indianapolis.....	L. B. Mueller.....	9,921	8,035	1,794	41	1	1	0	7/1	1-2	100.00
Methodist Hospital *.....	Indianapolis.....	J. M. Whitehead.....	19,891	17,870	16,861	25	3	0	0	7/1	1-2	50.00
University Hospitals * ¹	Iowa City.....	S. C. Cullen.....	20,996	9,274	5,247	53	1	2	0	7/1	1	20.83
University of Kansas Hospital *.....	Kansas City, Kan.....	P. Lorhan.....	6,599	2,460 ^b	1,821 ^b	57	2	0	0	6/1	2-3	50.00
Louisville General Hospital *.....	Louisville, Ky.....	H. H. Hagan.....	10,272	3,958	2,084	23	1	1	0	7/1	1-2	.....
Boston City Hospital *.....	Boston.....	S. C. Wiggin.....	39,408	8,312 ^b	2,444 ^b	32	1	3	0	Varies	.....	25.00
Lahey Clinic ¹	Boston.....	U. H. Eversole.....	.....	10,000	.....	.....	0	0	5	1/1, 7/1	2-3	100.00 ^a
Massachusetts General Hospital * ¹	Boston.....	H. K. Beecher.....	7,823	5,832	2,916	55	1	0	6	.....	1-2	41.00
Massachusetts Memorial Hospitals * ¹	Boston.....	E. Ferguson.....	7,500	4,088	2,503	71	2	0	0	.....	.....	.....
New England Hospital for Women and Children * ¹	Boston.....	E. Bartlett.....	3,801	3,360	2,945	57	1	2	0	.....	.....	50.00
University Hospitals *.....	Minneapolis.....	R. Knight.....	8,259	3,943	1,959	74	0	0	2	1/1, 7/1	3-5	57.50
Mayo Foundation.....	Rochester, Minn.....	J. S. Lundy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
West Jersey Homeopathic Hospital *.....	Camden, N. J.....	K. S. Russell.....	5,775	2,616	1,473	34	2	0	0	Varies	2	150.00
Jersey City Hospital *.....	Jersey City, N. J.....	W. Gleeson.....	18,432	6,204	2,405	27	1	0	0	7/1	1+	75.00
Albany Hospital * ¹	Albany, N. Y.....	B. Etsten.....	12,065	5,246	4,043	62	1	2	0	7/1	1	50.00
Buffalo General Hospital * ¹	Buffalo.....	C. J. Durshordwe.....	11,888	9,149	5,058	45	2	0	0	7/1	1	50.00
Bellevue Hospital, Division III * ¹	New York City.....	E. A. Roventine.....	64,476	19,159	9,345	38	0	12	0	1/1, 7/1	1-3	18.00
Flower-Fifth Avenue Hospital * ¹	New York City.....	D. E. Brace.....	9,215	5,916	4,408	47	2	0	0	7/1	1	50.00
French Hospital *.....	New York City.....	S. H. Lesinger.....	6,074	2,491	1,661	31	1	0	1	7/1	1	100.00
Lincoln Hospital * ¹	New York City.....	M. Bilen.....	12,115	2,947	2,557	28	2	0	0	7/1	1-3	100.00
Metropolitan Hospital * ¹	New York City.....	D. E. Brace.....	10,899	3,085	2,468	31	3	0	0	7/1	1	100.00
New York Polyclinic Medical School and Hospital *.....	New York City.....	B. C. Sword.....	8,356	6,023	1,836	24	4	0	0	1/1, 7/1, 10/1	2	100.00
New York Post-Graduate Medical School and Hospital * ¹	New York City.....	M. C. Peterson.....	9,086	4,834	3,558	34	1	5	0	Varies	2	50.00
Presbyterian Hospital * ¹	New York City.....	V. Apgar.....	17,785	14,467	12,000	59	3	3	0	Varies	1-2	50.00
St. Luke's Hospital *.....	New York City.....	G. E. Burford.....	8,135	3,080	2,606	43	1	2	0	1/1	1	100.00
St. Vincent's Hospital * ¹	New York City.....	G. H. Van Gilluwe.....	10,974	3,548	2,764	47	1	1	0	1/1, 7/1	1-2	75.00
Grasslands Hospital *.....	Valhalla, N. Y.....	H. F. Bishop.....	4,633	1,328	625	56	0	1	0	1/1, 7/1	1-2	75.00
Cincinnati General Hospital *.....	Cincinnati, O.....	J. H. Bennett.....	15,331	4,393	2,523	59	0	1	0	7/1	.....	.....
Huron Road Hospital * ¹	East Cleveland, O.....	R. J. Whitacre.....	9,877	7,961	3,549	40	1	1	0	7/1	1-2	90.00
University Hospitals * ¹	Oklahoma City, Okla.....	H. E. Doudna.....	5,977	3,389	2,662	52	1	0	0	7/1	1	60.00
University of Oregon Medical School Hospitals and Clinics * ¹	Portland, Ore.....	J. H. Hutton.....	6,689	9,960	2,564	61	1	1	1	7/1	1-3	40.00
Hahnemann Hospital *.....	Philadelphia.....	H. S. Ruth.....	13,330	6,001	3,517	36	2	0	1	9/1	1-2	75.00
Hosp. of the University of Pennsylvania * ¹	Philadelphia.....	R. D. Dripps.....	12,170	9,447	4,232	89	2	0	0	8/1	1-2	.....
Presbyterian Hospital *.....	Philadelphia.....	F. P. Haugen.....	6,093	4,778	3,303	73	0	0	1	.....	1	50.00
Rhode Island Hospital *.....	Providence.....	M. Saklad.....	10,059	6,208	3,062	48	1	0	0	7/1	1	50.00
State of Wisconsin General Hospital * ¹	Madison, Wis.....	R. M. Waters.....	12,135	6,883	3,670	69	6	0	0	Varies	2-3	25.00
Columbia Hospital *.....	Milwaukee.....	H. Cunningham.....	4,267	2,794	2,347	48	1	0	0	7/1	4	.....

2. CARDIOLOGY

Name of Hospital	Location	Chief of Service	Inpatients Treated ^a	Outpatient Visits	Deaths	Autopsies	Residents	Assistant Residents	Fellows	Service Begins	Length of Service (Years)	Beginning Stipend (Month)
Indiana University Medical Center * ¹	Indianapolis.....	G. S. Bond.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
House of the Good Samaritan ¹	Boston.....	W. D. Smith.....	235	785	3	1	1	0	0	1/1	1-2	\$ 50.00
Massachusetts General Hospital *.....	Boston.....	P. D. White.....	500	2,000	133	0	0	1	1	9/1	1	83.33
Henry Ford Hospital *.....	Detroit.....	F. J. Smith.....	961	5,294	90	29	1	1	1	7/1	1-3	140.00
Pennsylvania Hospital *.....	Philadelphia.....	W. D. Stroud.....	.....	3,095	3	.....	1	0	0	7/1	1-3	35.00
St. Francis Hospital *.....	Pittsburgh.....	A. P. D'Zmura.....	205	44	52	5	1	0	0	.....	.....	.....
Rhode Island Hospital *.....	Providence.....	F. T. Fulton.....	2,483	556	.....	.....	1	0	0	7/1	1	50.00

Numerical and other references will be found on page 80.

3. COMMUNICABLE DISEASES

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists various hospitals like Los Angeles County Hospital, Children's Hospital, etc.

4. DERMATOLOGY AND SYPHILOLOGY

The following Services are Approved by the Council and the American Board of Dermatology and Syphilology (See footnotes 2, 3 and 4)

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists various hospitals like Los Angeles County Hospital, Stanford University Hospitals, etc.

5. EPILEPSY

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists Monson State Hospital.

6. FRACTURES

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists Denver General Hospital, City of Detroit Receiving Hospital, etc.

7. MALIGNANT DISEASES

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists Albert Steiner Clinic for Cancer and Allied Diseases, Michael Reese Hospital, etc.

Numerical and other references will be found on page 80.

8. MEDICINE

Army Air Forces Hospitals

The following hospitals of the Army Air Forces have been approved by the Council as offering acceptable residencies in Medicine for a period not to exceed one year. Residency assignments are available to medical officers for periods of six to twelve months.

Station Hospital.....	Maxwell Field.....	Montgomery, Ala.	Station Hospital.....	Army Air Base.....	Alliance, Neb.
Station Hospital.....	Luke Field.....	Phoenix, Ariz.	Station Hospital.....	.....	Kearney, Neb.
Station Hospital.....	Davis-Monthan Field.....	Tucson, Ariz.	Station Hospital.....	.....	Lincoln, Neb.
Station Hospital.....	Hammer Field.....	Fresno, Calif.	Station Hospital.....	Grenier Field.....	N. H.
Station Hospital.....	Hamilton Field.....	Calif.	Station Hospital.....	Mitchel Field.....	Roswell, N. Mex.
Station Hospital.....	March Field.....	Riverside, Calif.	Station Hospital.....	.....	Long Island, N. Y.
Station Hospital.....	Mather Field.....	Sacramento, Calif.	Station Hospital.....	.....	Greensboro, N. C.
Station Hospital.....	MacDill Field.....	Santa Ana, Calif.	Station Hospital.....	Seymour Johnson Field.....	N. C.
Station Hospital.....	Buckley Field.....	Denver, Colo.	Station Hospital.....	Patterson Field.....	Fairfield, O.
Station Hospital.....	Lowry Field.....	Denver, Colo.	Station Hospital.....	Army Air Base.....	Rapid City, S. D.
Station Hospital.....	Bradley Field.....	Windsor Locks, Conn.	Station Hospital.....	.....	Sioux Falls, S. D.
Station Hospital.....	.....	Boca Raton, Fla.	Station Hospital.....	Nashville Army Air Cen.....	Nashville, Tenn.
Regional Station Hospital.....	.....	Coral Gables, Fla.	Station Hospital.....	Amarillo Army Air Field.....	Amarillo, Tex.
Station Hospital.....	.....	Miami Beach, Fla.	Station Hospital.....	Biggs Field.....	Tex.
Station Hospital.....	Orlando Army Air Base.....	Orlando, Fla.	Station Hospital.....	Tarrant Field.....	Ft. Worth, Tex.
Regional Station Hospital.....	.....	Palm Beach, Fla.	Station Hospital.....	Army Air Base.....	Pyote, Tex.
Station Hospital.....	Drew Field.....	Tampa, Fla.	Station Hospital.....	Randolph Field.....	San Antonio, Tex.
Station Hospital.....	MacDill Field.....	Tampa, Fla.	Station Hospital.....	San Antonio Aviation.....	.....
Station Hospital.....	Hunter Field.....	Savannah, Ga.	Station Hospital.....	.....	San Antonio, Tex.
Station Hospital.....	Gowen Field.....	Boise, Ida.	Station Hospital.....	Sheppard Field.....	Wichita Falls, Tex.
Station Hospital.....	Scott Field.....	Belleville, Ill.	Station Hospital.....	.....	Kearns, Utah
Station Hospital.....	Chanute Field.....	Rantoul, Ill.	Station Hospital.....	Wendover Field.....	Utah
Station Hospital.....	Topeka Army Air Base.....	Topeka, Kan.	Station Hospital.....	Army Air Base.....	Richmond, Va.
Station Hospital.....	Barksdale Field.....	La.	Station Hospital.....	Langley Field.....	Va.
Station Hospital.....	Westover Field.....	Mass.	Station Hospital.....	Ft. George Wright.....	Spokane, Wash.
Station Hospital.....	Keesler Field.....	Biloxi, Miss.	Station Hospital.....	.....	Walla Walla, Wash.
Station Hospital.....	Gulfport Field.....	Miss.	Station Hospital.....	Truax Field.....	Madison, Wis.
Station Hospital.....	Jefferson Barracks.....	Mo.	Station Hospital.....	Army Air Base.....	Casper, Wyo.
Station Hospital.....	Army Air Base.....	Great Falls, Mont.			

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Residents Assistant Residents	Fellows	Service Begins	Length of Service (Years)	Beginning Stipend (Month)
Hillman Hospital *	Birmingham, Ala.	J. S. Mc Lester and H. R. Carter	1,730	14,448	342	110	2 0 0		7/1	1	\$ 55.00
Norwood Hospital *	Birmingham, Ala.	H. S. Ward and E. D. Lineberry	883	.....	57	21	1 0 0		7/1	1	100.00
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company *	Fairfield, Ala.	Groesbeck F. Walsh	2,113	21,894	139	33	1 0 0		7/1	1	200.00
Baptist State Hospital *	Little Rock, Ark.	Fred Wm. Harris	2,266	.....	138	16	2 0 0		7/1	1-3	75.00
General Hospital of Fresno County *	Fresno, Calif.	.....	1,435	.....	274	81	1 0 0		7/1	1-2	90.00
Cedars of Lebanon Hospital *	Los Angeles	A. Hoffman	2,572	8,432	244	85	1 0 0		7/1	1	80.00
Los Angeles County Hospital *	Los Angeles	D. D. Comstock	11,680	60,430	2,010	956	18 0 0		.....	3	150.00
White Memorial Hospital *	Los Angeles	D. D. Comstock	1,745	19,416	97	32	1 0 0		7/1	1-2	88.00
Highland-Alameda County Hospital *	Oakland, Calif.	R. T. Sutherland and H. G. MacLean	2,300	.....	406	108	1 1 0		7/1	..	40.00
Collis P. and Howard Huntington Memorial Hospital *	Pasadena, Calif.	A. A. Finch	2,025	5,794	.....	..	1 0 0		7/1	1	100.00
San Diego County General Hospital *	San Diego, Calif.	C. L. Stealy	4,445	10,491	535	125	2 0 0		7/1	1	125.00
Children's Hospital *	San Francisco	Dorothy Atkinson	453	1,690	33	5	1 1 0		7/1	1	35.00
Mount Zion Hospital *	San Francisco	R. L. Cohn and J. J. Sampson	1,372	.....	92	44	1 2 0		Varies	1	50.00
St. Luke's Hospital *	San Francisco	H. P. Hill	2,010	.....	144	42	1 0 0		.....	..	75.00
San Francisco Hospital *	San Francisco	G. D. Barnett and L. H. Briggs	4,577	.....	961	..	1 2 0		7/1	1	....
Stanford University Hospitals *	San Francisco	A. L. Bloomfield	2,211	21,035	124	67	1 6 0		7/1	1-2	37.50
University of California Hospital *	San Francisco	W. J. Kerr	1,838	33,077	74	56	1 2 0		3/1, 1/1	1	25.00
Santa Clara County Hospital *	San Jose, Calif.	G. Gray	1,777	8,919	282	..	2 0 0		7/1	..	125.00
Fairmont Hospital of Alameda County *	San Leandro, Calif.	.....	929	.....	347	82	1 1 0		7/1	..	50.00
Colorado General Hospital *	Denver	J. J. Waring	2,012	.....	142	106	2 0 0		8/1	2	45.00
Denver General Hospital *	Denver	M. Katzman	1,694	2,415	563	206	2 0 0		.....	1-2	50.00
Fitzsimons' General Hospital	Denver	.....	.....	.....	.....	.....	.....		.....	.....	.....
Grace Hospital *	New Haven, Conn.	S. J. Goldberg	969	1,279	108	24	1 1 0		.....	3	40.00
New Haven Hospital *	New Haven, Conn.	F. G. Blake	2,592	7,487	.....	..	1 5 0		7/1, 1/1	1	..
Central Dispensary and Emergency Hosp. *	Washington, D. C.	H. M. Kaufman	1,436	.....	87	21	1 1 0		7/1	1	50.00
Freedmen's Hospital *	Washington, D. C.	J. L. Hall	1,808	12,600	156	69	1 4 0		7/1	1-3	20.83
Gallinger Municipal Hospital *	Washington, D. C.	W. M. Yater	2,281	1,643	395	210	2 8 0		7/1	1	.....
Garfield Memorial Hospital *	Washington, D. C.	B. F. Weems	2,961	3,243	123	..	1 1 0		7/1	1	75.00
Georgetown University Hospital *	Washington, D. C.	W. M. Yater	1,519	8,719	116	60	1 0 1		7/1	1	75.00
George Washington University Hospital *	Washington, D. C.	W. A. Bloedorn	508	.....	38	18	0 0 3		7/1	1	83.33
Duval County Hospital *	Jacksonville, Fla.	L. Limbaugh	641	.....	168	51	1 2 0		7/1	1	30.00
James M. Jackson Memorial Hospital *	Miami, Fla.	.....	5,767	16,549	516	134	1 2 0		7/1	1	75.00
Grady Memorial Hospital *	Atlanta, Ga.	C. C. Aven	2,157	37,635	336	194	2 6 0		7/1	1	40.00
St. Joseph Infirmary *	Atlanta, Ga.	J. Hines	1,352	426	34	7	1 0 0		.....	..	.....
University Hospital *	Augusta, Ga.	V. P. Sydenstricker	2,141	4,196	224	39	2 2 0		7/1	1-2	40.00
Emory University Hospital *	Emory University, Ga.	.....	14,744	.....	57	24	1 0 0		7/1	..	.....
Cook County Hospital *	Chicago	C. C. Maher	17,603	26,562	3,723	624	20 0 0		1/1, 7/1	1-3	25.00
Mercy Hospital-Loyola University Clinics *	Chicago	.....	1,681	23,293	122	23	1 0 0		7/1	..	50.00
Michael Reese Hospital *	Chicago	W. Brams	3,085	11,882	184	103	2 3 0		7/1, 1/1	1-2	50.00
Mount Sinai Hospital *	Chicago	.....	1,847	11,247	748	38	1 0 0		6/15	1	50.00
Norwegian-American Hospital *	Chicago	F. Tice	1,406	.....	122	44	1 0 0		7/1	1	50.00
Passavant Memorial Hospital *	Chicago	L. J. Pollock	1,949	2,926	66	54	3 0 1		.....	1	.....
Presbyterian Hospital *	Chicago	R. C. Brown	3,977	42,716	138	85	3 1 0		1/1, 7/1	1-3	50.00
Provident Hospital *	Chicago	A. F. Connor	1,845	38,048	105	28	1 1 0		.....	1-3	50.00
Research and Educational Hospitals *	Chicago	R. W. Keeton	632	.....	65	65	4 0 0		7/1	1-3	50.00
St. Joseph's Hospital *	Chicago	L. E. Hines	1,588	1,278	91	14	1 0 0		7/1	1-2	100.00
St. Luke's Hospital *	Chicago	R. W. Keeton	3,070	12,271	134	87	3 0 0		7/1	1-3	25.00
University of Chicago Clinics *	Chicago	G. F. Dick	2,234	35,601	104	80	1 3 7		7/1	2-3	25.00
Wesley Memorial Hospital *	Chicago	N. C. Gilbert	.....	.....	138	62	1 0 1		.....	..	35.00
Evanston Hospital *	Evanston, Ill.	.....	2,523	13,088	99	79	1 0 0		2/15	1-2	50.00
St. Francis Hospital *	Evanston, Ill.	.....	2,491	.....	171	54	1 0 0		7/1	1	45.00
St. Francis Hospital *	Peoria, Ill.	R. King	2,754	.....	237	70	1 0 0		7/1	1	120.00
Indianapolis City Hospital *	Indianapolis	C. J. Clark	1,886	29,325	307	139	3 0 3		7/1	1-3	29.25
Indiana University Medical Center *	Indianapolis	J. O. Ritchey	1,556	6,950	146	61	2 2 0		.....	1-3	33.33
University Hospitals *	Iowa City	F. M. Smith	2,625	4,886	150	79	1 5 0		7/1	1	20.83
University of Kansas Hospitals *	Kansas City, Kan.	R. H. Major	1,392	13,989	86	39	1 0 0		7/1	1-3	50.00
Louisville General Hospital *	Louisville, Ky.	J. W. Moore	1,678	32,747	361	81	2 8 0		7/1	1-4	13.91
Charity Hospital *	New Orleans	.....	7,829	46,829	1,256	363	23 10 0		7/1	1	50.00
Touro Infirmary *	New Orleans	R. Lyons	1,732	16,604	135	71	2 1 0		Varies	1-4	25.00

Numerical and other references will be found on page 80.

9. MIXED—Continued

In addition to the hospitals listed below, all hospitals approved for intern training are likewise accredited for mixed residencies

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Contains 70 rows of hospital data.

10. NEUROLOGY

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Contains 25 rows of hospital data for Neurology.

11. NEUROSURGERY

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Contains 7 rows of hospital data for Neurosurgery.

Numerical and other references will be found on page 80.

13. OPHTHALMOLOGY AND OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residency Approved	Inpatients Treated		Outpatient Visits		Residents	Assistant Residents	Fellows	Service Begins	Length of Service (Years)	Beginning Stipend (Month)
				Oph	Otol	Oph	Otol						
Baltimore Eye, Ear and Throat Charity Hospital ¹	Baltimore		OpOt	3,712	10,647	7,609	4	0	0		7/1	1-2	.....
Johns Hopkins Hospital ^{*1}	Baltimore	A. C. Woods	Oph	1,385	19,444	.....	1	5	0	7/1, 9/1	1-4	.....
University Hospital ^{*1}	Baltimore	S. J. Crowe	Otol	.....	918	12,359	1	2	0	7/1, 9/1	1-4	.....
Beth Israel Hospital [*]	Boston	C. A. Clapp and E. A. Looper	OpOt	49	1,011	5,279	3,146	1	0	0	7/1	1-2	.....
Boston City Hospital [*]	Boston	J. J. Regan and E. J. Monahan	OpOt	.....	910	.....	4,507	1	0	0	7/1	1	.....
Lahey Clinic	Boston	W. B. Hoover	Otol	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Massachusetts Eye and Ear Infirmary	Boston	E. B. Dunphy	Oph	2,030	45,948	.....	7	0	0	6/1	1+	.....
Memorial Hospital [*]	Worcester, Mass.	L. A. Schall	Otol	.....	2,872	37,422	7	0	0	8/1	1+	.....
University Hospital ^{*1}	Ann Arbor, Mich.	G. Berry	Otol	.....	1,614	1,875	1	0	0	7/1	1-2	\$ 41.67	
City of Detroit Receiving Hospital ^{*1}	Detroit	F. B. Fralick	Oph	796	12,918	.....	2	2	0	.....	1-5	25.00	
Grace Hospital [*]	Detroit	A. C. Furstenberg	Otol	.....	1,101	10,796	1	0	0	.....	1-5	25.00	
Harper Hospital [*]	Detroit	P. Heath and J. M. Robb	OpOt	.....	923	8,648	2	0	0	7/15	1	150.00	
Henry Ford Hospital [*]	Detroit	N. Bentley	OpOt	128	2,477	3,249	1,654	1	0	0	7/1	1-3	100.00
Shurly Hospital	Detroit	P. Heath and J. M. Robb	OpOt	4,326	.....	.....	1	1	2	.....	.....	.....
Eloise Hospital and Infirmary ^{*1}	Eloise, Mich.	E. L. Whitney	OpOt	267	.....	17,026	.....	1	2	0	7/1	3	140.00
Minneapolis General Hospital ^{*1}	Minneapolis	J. L. Dill	Otol	.....	1,275	16,490	1	2	0	7/1	3	140.00	
University Hospitals [*]	Minneapolis	M. Wainger and B. R. Shurly	OpOt	95	570	7,459	2,982	.....	.....	7/1	1-2	50.00	
Mayo Foundation	Rochester, Minn.	R. Beattie	OpOt	512	.....	1,139	.....	1	1	0	7/1	1	135.00
Ancker Hospital [*]	St. Paul, Minn.	W. K. Haven	OpOt	771	.....	7,935	.....	0	0	3	1/1, 7/1	3	25.00
Children's Mercy Hospital ¹	Kansas City, Mo.	F. E. Burch	Oph	252	.....	5,272	.....	0	0	2	1/1, 7/1	3-5	57.50
Kansas City General Hospital [*]	Kansas City, Mo.	L. Boies	Otol	.....	295	4,533	0	0	2	1/1, 7/1	3-5	57.50	
Barnes Hospital [*]	St. Louis	W. L. Benedict	Oph	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Homer G. Phillips Hospital [*]	St. Louis	H. I. Lillie	Otol	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jewish Hospital ^{*1}	St. Louis	R. O. Leavenworth	OpOt	136	650	4,258	3,109	1	1	0	7/1	2	50.00
St. Louis City Hospital ^{*1}	St. Louis	R. J. Curdy and M. Simpson	OpOt	60	693	1,538	2,380	1	0	0	7/1	1-2	25.00
St. Mary's Group of Hospitals [*]	St. Louis	A. N. LeMoine and M. B. Simpson	OpOt	106	293	3,088	2,860	2	0	0	7/1	1-2	50.00
Jersey City Hospital [*]	Jersey City, N. J.	L. Post	Oph	662	.....	18,178	.....	1	1	0	1/1, 7/1	1-3	30.00
Newark City Hospital [*]	Newark, N. J.	T. E. Walsh	Otol	.....	1,231	14,160	1	7	0	7/1	1-2	.....
Newark Eye and Ear Infirmary	Newark, N. J.	W. H. Meinberg and T. Walsh	OpOt	141	349	2,189	2,298	1	1	0	7/1	1-2	75.00
Albany Hospital ^{*1}	Albany, N. Y.	S. B. Westlake	Otol	.....	539	1,250	1	0	0	7/1	1+	65.00	
Brooklyn Eye and Ear Hospital	Brooklyn	L. Post	Oph	114	.....	5,559	.....	1	0	0	7/1	1	100.00
Jewish Hospital ^{*1}	Brooklyn	A. Stutsman	Otol	.....	399	5,744	1	0	0	7/1	1	.....
Kings County Hospital ^{*1}	Brooklyn	W. H. Luedde	Oph	156	.....	7,573	.....	3	0	0	7/1	3	25.00
Long Island College Hospital ^{*1}	Brooklyn	W. E. Sauer	Otol	.....	1,029	4,513	3	0	0	7/1	3	25.00	
Buffalo General Hospital ^{*1}	Buffalo	F. X. Brophy and M. G. Borroni	OpOt	490	1,361	3,824	5,299	3	2	0	1/1, 7/1	1-2	75.00
Edward J. Meyer Memorial Hospital ^{*1}	Buffalo	R. Rogers and W. Brien	OpOt	804	195	9,778	3,428	3	0	0	2/1, 6/1, 10/1	1	.....
Queens General Hospital ^{*1}	Jamaica, N. Y.	H. K. Tebbutt	Otol	.....	888	.....	.....	0	1	0	7/1	1	25.00
New Rochelle Hospital [*]	New Rochelle, N. Y.	J. N. Evans	Oph	1,947	.....	55,268	.....	6	0	0	3/1, 7/1, 11/1	2	.....
Bellevue Hospital, Division III ^{*1}	New York City	W. S. Shattuck	Otol	.....	5,359	51,165	8	0	0	Quart.	2	.....
Flower and Fifth Avenue Hospitals [*]	New York City	E. L. Berger	Otol	.....	546	5,422	1	0	0	7/1	1	25.00	
Goldwater Memorial Hospital ^{*1}	New York City	W. Moehle	Oph	424	.....	12,694	.....	1	1	0	1/1, 7/1	1	18.00
Harlem Eye and Ear Hospital ¹	New York City	M. Myerson	Otol	.....	1,801	8,774	1	2	0	1/1, 7/1	2	15.00	
Harlem Hospital ^{*1}	New York City	J. N. Evans	Oph	256	.....	6,041	.....	1	2	2	7/1	4	25.00
Manhattan Eye, Ear and Throat Hospital ¹	New York City	R. L. Moorhead	Otol	.....	572	4,253	1	1	0	7/1	2	25.00	
Metropolitan Hospital ^{*1}	New York City	J. F. Fairbairn	Otol	.....	1,078	.....	.....	1	2	0	7/1	1	25.00
Mount Sinai Hospital ^{*1}	New York City	I. J. Koenig	Oph	112	.....	3,862	.....	1	2	0	7/1	3	59.00
New York City Hospital ^{*1}	New York City	H. E. Bozer	Otol	.....	116	3,400	1	2	0	7/1	3	59.00	
New York Eye and Ear Infirmary ¹	New York City	W. G. Frey	Oph	268	.....	8,355	.....	1	0	0	7/1	1	18.00
New York Polyclinic Medical School and Hospital [*]	New York City	M. S. Bender	Otol	.....	1,145	4,435	1	1	0	7/1	1	100.00	
New York Post-Graduate Medical School and Hospital [*]	New York City	A. L. Beck	OpOt	989	.....	1,577	1,179	1	0	0	.....	.....	.....
Presbyterian Hospital ^{*1}	New York City	D. B. Kirby	Oph	563	.....	15,742	.....	0	6	0	Varies	1-2	15.00
Roosevelt Hospital [*]	New York City	J. W. Fowlkes	Otol	.....	2,360	15,531	0	6	0	Varies	1-2	15.00	
St. Luke's Hospital [*]	New York City	J. A. W. Hetrick	Otol	.....	693	5,525	1	0	0	7/1	2	50.00	
Rochester General Hospital ^{*1}	Rochester, N. Y.	J. W. Smith	OpOt	297	1,367	16,749	12,902	3	0	0	6/1	3	100.00
Strong Memorial and Rochester Municipal Hospitals [*]	Rochester, N. Y.		Otol	.....	.....	.....	.....	7	0	0	Varies	1+	.....
Seaview Hospital ¹	Staten Island, N. Y.	C. Turtz	Oph	161	.....	4,929	62,758	6	0	0	Quart.	2	.....
Syracuse University Medical Center [*]	Syracuse, N. Y.	J. A. W. Hetrick	Otol	.....	1,140	6,289	1	0	0	7/1	1	15.00	
Grasslands Hospital [*]	Valhalla, N. Y.		Oph	.....	.....	.....	.....	1	1	0	7/1	1-2	50.00
Duke Hospital ^{*1}	Durham, N. C.	O. C. Risch	Otol	.....	877	4,384	1	0	0	7/1	1	50.00	
Cincinnati General Hospital [*]	Cincinnati		Oph	2,902	.....	69,030	.....	10	0	0	1/1	2-3	.....
City Hospital ^{*1}	Cleveland		Otol	.....	3,153	38,271	8	0	0	1/1	2-3	.....
City Hospital ^{*1}	Cleveland		Otol	.....	527	2,434	1	1	0	7/1	1-2	40.00	

Numerical and other references will be found on page 80.

15. PATHOLOGY—Continued

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Surgical Specimens, Number Examined Microscopically, Autopsy Percentage, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month).

16. PEDIATRICS

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month).

Numerical and other references will be found on page 80.

20. RADIOLOGY—Continued

The following services are approved by the Council and the American Board of Radiology (See footnotes 2, 3 and 4)

Table with columns: Name of Hospital, Location, Chief of Service, Type of Training, Roentgenographic Examinations, X-Ray Treatments, Radium Treatments, Autopsy Percentage, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Contains data for numerous hospitals across various states.

Numerical and other references will be found on page 80.

21. SURGERY—(Continued)

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists various hospitals including Children's Hospital, Mercy Hospital, Montefiore Hospital, etc.

22. THORACIC SURGERY

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists hospitals like Olive View Sanatorium, Norwich State Tuberculosis Sanatorium, etc.

23. TRAUMATIC SURGERY

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists Morrisania City Hospital and Charleston General Hospital.

24. TUBERCULOSIS

Table with columns: Name of Hospital, Location, Chief of Service, Inpatients Treated, Outpatient Visits, Deaths, Autopsies, Residents, Assistant Residents, Fellows, Service Begins, Length of Service (Years), Beginning Stipend (Month). Lists Los Angeles Sanatorium, Arroyo Del Valle Sanatorium, Barlow Sanatorium, etc.

Numerical and other references will be found on page 80.

25. UROLOGY—(Continued)

Name of Hospital	Location	Chief of Service	Inpatients Treated ^a	Outpatient Visits	Deaths	Autopsies	Residents	Assistant Residents	Fellows	Service Begins	Length of Service (Years)	Beginning Stipend (Month)
Boston City Hospital*	Boston	H. H. Howard	634		70	18	1	1	0	Varies	Varies	\$ 50.00
Lahey Clinic	Boston	E. E. Ewert					0	0	3	1/1, 7/1	1-3	100.00
Massachusetts General Hospital*	Boston	G. G. Smith			17	12	1	2	0		1-2	41.67
Massachusetts Memorial Hospitals*	Boston	S. N. Vose	434	1,856	8	5	0	1	0	Varies	1-3	41.67
University Hospital* ¹	Ann Arbor, Mich.	R. M. Nesbit	1,455	9,437	43	30	1	2	0	Varies	1-4	25.00
City of Detroit Receiving Hospital* ¹	Detroit	E. G. Martin and W. E. Keane	678	16,080			1	1	0	7/15	1-2	150.00
Grace Hospital*	Detroit	H. W. Plaggemeyer	701	542	23	6	1	0	0	7/1	1-3	100.00
Harper Hospital*	Detroit	F. H. Cole			23	10	0	0	1		1-3	
Henry Ford Hospital*	Detroit	J. K. Ormond	578	10,428	20	10	1	1	0	7/1	3	140.00
Eloise Hospital and Infirmary* ¹	Eloise, Mich.	W. L. Sherman	368	1,043	59	20	1	1	0	7/1	1	104.58
University Hospitals*	Minneapolis	C. D. Creevy	676	3,550	32	17	0	0	1	1/1, 7/1	3-5	57.50
Mayo Foundation	Rochester, Minn.	W. F. Braasch and G. J. Thompson										
Ancker Hospital*	St. Paul	F. E. B. Foley	434	2,813	41	24	1	0	0	7/1	1-2	50.00
Kansas City General Hospital*	Kansas City, Mo.	A. L. Osborn	264	1,530	26	14	1	0	0	7/1	1-2	50.00
Homer G. Phillips Hospital*	St. Louis	R. Deakins	530	2,202	47	8	1	0	0	7/1	1-2	75.00
St. Louis City Hospital* ¹	St. Louis	G. Carroll	427	2,936			1	1	0		1-3	50.00
St. Mary's Group of Hospitals*	St. Louis	C. Burford	541	2,512	20	10	3	0	0	7/1	3	25.00
Atlantic City Hospital*	Atlantic City, N. J.	O. H. Shivers	289	12,279	3	1	1	0	0	7/1	2	
Bayonne Hospital and Dispensary*	Bayonne, N. J.	S. E. Woodruff	396	319	3	1	2	1	0	1/1, 7/1	1	
Jersey City Hospital*	Jersey City, N. J.	E. J. Daly	717		34		1	1	0	1/1, 7/1	1	75.00
Newark City Hospital*	Newark, N. J.	C. R. O'Crowley	428		39	3	1	0	0	2/1	1-2	30.00
Albany Hospital* ¹	Albany, N. Y.	J. E. Heslin	754		22	11	1	0	0	7/1	1	25.00
Kings County Hospital* ¹	Brooklyn	C. Cochrane	1,743	3,540	217	25	1	1	0	7/1	2	18.00
Long Island College Hospital*	Brooklyn	F. L. Senger	597	3,688	13	4	1	1	0	7/1	2	25.00
Buffalo General Hospital*	Buffalo	F. J. Parmenter	622		19	5	1	0	0	7/1	1	50.00
Edward J. Meyer Memorial Hospital*	Buffalo	E. M. Watson	294	3,422	38	15	1	2	0	7/1	3	59.00
Queens General Hospital* ¹	Jamaica, N. Y.	F. G. Riley	734	12,950	26	17	1	1	0	7/1	1	100.00
Bellevue Hospital, Division II* ¹	New York City	H. S. Jeck	1,144	8,774	88	12	1	4	0	Varies	1	18.33
Metropolitan Hospital* ¹	New York City	S. Carleton	317	5,273	36	8	1	0	0	7/1	1-2	75.00
Morrisania City Hospital*	New York City	J. Duff	855	1,241			1	3	0	1/1, 7/1	2	18.00
New York City Hospital* ¹	New York City	T. J. Kirwin	219	2,714	39	13	1	0	0	1/1	1	50.00
New York Hospital* ¹	New York City	O. Bowsley	485	8,975	16	6	1	1	0	1/1	1-4	25.00
New York Polyclinic Medical School and Hospital*	New York City		381	3,025	17	1	1	0	0	7/1	2	
New York Post-Graduate Medical School and Hospital*	New York City	C. G. Bandler	473	5,802	20	7	1	2	0	1/1, 7/1	2	30.00
Presbyterian Hospital* ¹	New York City	G. Cahill	1,091	8,629	28	0	1	5	0	1/1, 7/1	3	20.83
Roosevelt Hospital*	New York City	S. A. Beisler	419	4,361	21	9	1	1	0	7/1	2	41.60
St. Luke's Hospital*	New York City	H. G. Bugbee	285	3,792	10	2	1	0	0	7/1	1	25.00
Strong Memorial and Rochester Municipal Hospitals*	Rochester, N. Y.	W. W. Scott	744	8,860			1	1	0	7/1	4	41.66
Sea View Hospital ¹	Staten Island, N. Y.	A. J. Greenberger	157		7	1	1	0	0	1/1, 7/1	1	100.00
Duke Hospital* ¹	Durham, N. C.	E. P. Alyea	653	4,008	20	9	1	2	0	7/1	1-3	
Watts Hospital*	Durham, N. C.	W. M. Coppridge					1	0	0	7/1	1	
City Hospital* ¹	Cleveland	H. Trautner	310	2,877	36		1	0	0	7/1	1	65.00
Cleveland Clinic Foundation Hospital*	Cleveland	W. E. Lower					2	0	0	7/1	1-3	90.00
University Hospitals* ¹	Cleveland	J. E. Williams	613	6,900	15	8	1	0	0	7/1	1-2	25.00
Starling-Loving University Hospital*	Columbus, Ohio	W. M. Taylor	432	1,191	20	10	1	1	0	7/1	1	25.00
University of Oregon Medical School Hospitals and Clinics* ¹	Portland, Ore.	J. R. Hand	462	3,626	34	25	1	2	0	7/1	3	80.00
Graduate Hospital of the University of Pennsylvania*	Philadelphia	J. C. Birdsall and W. Mackinney	158	3,608	9	2	1	0	0			
Hospital of the Univ. of Pennsylvania* ¹	Philadelphia	A. Randall	588	2,975	12	5	1	0	0	9/1	1-2	
Pennsylvania Hospital*	Philadelphia	L. Herman	440	1,203	17	8	2	0	0	7/1, 8/1	1-3	20.00
Presbyterian Hospital* ^{1,3}	Philadelphia	J. C. Birdsall	297	8,280	25	17	0	0	1	9/1	1-2	
Mercy Hospital*	Pittsburgh	E. J. McCague	573		20	5	1	0	0			
Parkland Hospital*	Dallas, Texas	A. I. Folsom	280	1,013	24	7	1	0	0			25.00
University of Virginia Hospital*	Charlottesville, Va.	S. A. Vest	474	3,308	16	4	1	2	1	7/1	1	25.00
State of Wisconsin General Hospital*	Madison	I. R. Sisk	802		15	10	3	0	0	Varies	2-3	25.00
Milwaukee County Hospital* ¹	Wauwatosa, Wis.	R. S. Irwin		4,375	15	5	2	0	0	7/1	1	50.00

Mayo Foundation Fellowships—The Mayo Foundation for Medical Education and Research, Rochester, Minn.; D. C. Balfour, director; three-year fellowships, beginning quarterly, leading to the degree of M.S. or Ph.D. with field named from the University of Minnesota; in Anesthesia, Dermatology and Syphilology, Internal Medicine, Neurology and Psychiatry, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Physical Medicine, Plastic Surgery, Proctology, Radiology, Surgery, Urology; stipend \$900 per year. (Clinical Fellowships including pathology and radiology—268).

- a. Compensation arranged by medical school and hospital.
- b. As reported in 1941.
- c. In lieu of maintenance.
- d. Additional teaching material in outside clinics.
- e. Assignments in psychosomatic medicine also available.
- f. Includes allergy, gastroenterology.
- g. Affiliated with Falk Clinic, Pittsburgh.
- h. Clinical data include neurosurgery.
- i. Outpatient and home delivery service only.
- k. Assistant residents serve four months.
- m. Obstetrical training at Herman Kiefer Hospital, Detroit.
- n. Training in gynecology at City of Detroit Receiving Hospital.
- o. Training in gynecology at Barnes Hospital, St. Louis.
- p. House staff includes 3 interns.
- q. Additional surgical material at Worcester Hahnemann Hospital.
- r. Affiliated with Washington University Clinics.
- s. Assignments in psychosomatic surgery also available.
- t. Assigned to pediatric surgery under Dr. F. Beekman.
1. Residencies open to women.

2. Approved by the Board as offering satisfactory one year training.
3. Approved by the Board as offering satisfactory two year training.
4. Approved by the Board as offering satisfactory three year training.
5. Includes orthopedics.
6. Inpatients: Numbers refer to total inpatients treated in specialty. Obstetrical admissions do not include newborns. In pathology and anesthesiology total hospital admissions are used.
7. Includes neurosurgery.
8. Includes neurology.
9. Affiliated with North Carolina Orthopedic Hospital, Gastonia.
10. Affiliated with Free Hospital for Women, Brookline, Mass.
11. Includes affiliate service at South Bend Medical Laboratory, St. Joseph Hospital, South Bend; Elkhart General Hospital, Elkhart, and St. Joseph's Hospital, Mishawaka.
12. Represents training acceptable to Board in (1) radiology, (2) roentgenology, (3) therapeutic radiology or (4) diagnostic roentgenology.
13. Includes acceptable affiliate assignment at Urologic Clinic, Philadelphia.
14. Affiliated with Northwest Clinic, Minot.