

Directory of Approved Internships and Residencies

1964

THE NATIONAL INTERN MATCHING PROGRAM FOR 1965
ESSENTIALS OF AN APPROVED INTERNSHIP
ESSENTIAL OF APPROVED RESIDENCIES
REQUIREMENTS FOR CERTIFICATION BY AMERICA SPECIALTY BOARDS
ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED
STATES

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OF
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AND RESIDENCIES

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ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

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Graduate Medical Education in the United States

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The information published in this DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES as pp. 1-28 appears in the November 14, 1964, (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers in the Index Number of JAMA

For the detailed work in preparing the lists of internships, residencies, specialty board requirements, and tables of statistics, the Council staff is specially indebted to Miss Valeda Carbonneau, Miss Dorothy Duncan, Miss Marion Gavrilis, and Miss Rita Hammes.

dated December 28, 1964.

The other material published in this Directory does not appear in the November 14, 1964, issue of JAMA, but will be indexed in the December 28 issue of JAMA with the reference abbreviation of "Dir." The DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES can thus be bound as a part of the November 14 issue, along with the regular copies of JAMA that make up Volume 190.

**Annual Report on
Graduate Medical Education in the United States**

This is the 38th Annual Report on Graduate Medical Education in the United States. It consists of a statistical and narrative analysis of the distribution and performance of approved internship and residency programs for the academic year 1963-1964. Except for certain data pertaining to foreign medical graduates, the majority of data reported here were secured from hospitals as of September 1, 1963, and are therefore one year old.

This Annual Report on Graduate Medical Education is to be published in the Education Number of THE JOURNAL for November 14, 1964. It is also included in the Directory of Approved Internships and Residencies which, because of its size, is no longer published in THE JOURNAL. The Directory includes, besides the Annual Report for the previous year, the detailed lists of all approved internship and residency programs, the Essentials of an Approved Internship and the Essentials of Approved Residencies, the requirements of the American Specialty Boards, and the full details of the National Intern Matching Program (NIMP). Certain special announcements regarding procedure or policy changes as well as editorials relating to graduate medical education are also included both in the Directory and in the Education Number of THE JOURNAL.

The Directory of Approved Internships and Residencies also serves as the Directory of the National Intern Matching Program, and is accordingly distributed to all fourth-year medical students in the United States for use by them in the NIMP. It is distributed as well to all third-year students since it represents the complete manual on programs and policies pertaining to graduate medical education with which the third-year student must become familiar by the time he enters the fourth year of undergraduate medical education. Approximately 50,000 copies of the Directory are published and distributed without cost to all institutions, organizations, and agencies in the United States having need for it. Copies are made available to the United States Department of State for use in its foreign offices, and copies have been distributed to each of the recognized foreign medical schools listed by the World Health Organization. It is intended that at least one copy of this Directory be referred to each medical school library throughout the world for binding with its own copies of the JAMA. The Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service for the Council on Medical Education in distributing "tearsheets" of lists of the approved internships and residencies to interested foreign physicians upon inquiry.

Reprints of the Directory, as well as of the sep-

arate Essentials and Board requirements are available on request. Several tables and other data pertaining to licensure for United States as well as foreign physicians have been extracted from the State Board Number of THE JOURNAL for June 8, 1964, and comprise the final pages of the Directory.

Most of the data on foreign graduates were taken from the annual questionnaire on which all of the other data was recorded. Last year certain additional studies were reported relating to foreign graduates' visas, licensure status, etc. It is planned to repeat this study in next year's report, since the Institute of International Education has discontinued separate surveys on foreign medical graduates. In this report, it has been possible to record for the first time the distribution of foreign medical graduates by specialties in affiliated and non-affiliated hospitals.

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

Internship Programs

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

During the year ending June 30, 1964, the Internship Review Committee considered 369 pr

of which 364 had been surveyed by the field staff. Of this number, continued full approval was granted to 281 programs, action was deferred on 8 programs, progress reports were accepted on 4, 58 were placed or continued on probation, approval was withdrawn from 19, and approval was withheld from 2 new applications. Seven new applications were approved.

Table 1.—Number of Internships, 1954-1963.

	No. of Hospitals	No. of Internships	No. of Positions Filled	Percentage of Positions Filled
1954-1955.....	850	11,048	9,066	82
1955-1956.....	867	11,616	9,603	83
1956-1957.....	852	11,895	9,893	83
1957-1958.....	867	12,325	10,198	83
1958-1959.....	853	12,469	10,352	83
1959-1960.....	865	12,580	10,253	82
1960-1961.....	864	12,547	9,115	73
1961-1962.....	816	12,074	8,173	68
1962-1963.....	789	12,024	8,805	73
1963-1964.....	765	12,229	9,636	79

Table 1 has been amplified slightly in comparison with previous years to show not only the number of hospitals and the number of internships available but also the number of interns on duty, and the percentages of available internships which were filled each year for the last ten years. It will be noted that last year there was another further decline with 24 less hospitals approved for internship programs, but an increase of slightly over 200 available internships. There were over 800 or more interns on duty than for the previous year, with the result that the percentage of filled positions rose from 73% to 79%.

The drop in 1960-1961 coincided with the implementation of the ECFMG certification requirements, and the increasing number of interns available each year since 1961-1962 is a reflection of the increasing numbers of foreign graduates securing certification by the ECFMG.

Compliance with the policy regarding ECFMG certification was good, and no hospital programs were disapproved during 1963-1964 because of failure to adhere to this policy.

Internships by Type of Service

Table 2 indicates there are an additional 28 individual internship programs approved, compared to the previous year, even though the number of hospitals with approved internships continues to decrease. The number of rotating internship programs declined by 36 over the previous year, while the number of mixed programs increased by 20, and the straight programs increased by 41. Thus, the total of 585 individual mixed and straight internship programs constitutes 46% of all programs, and rotating internship programs constitute 52% of all programs or a decline of 4% from the previous year.

The total of 9,636 filled internships is 831 more

Table 2.—Number of Internships, by Type of Service

Type of Internship	No. of Approved Programs	Number of Internships				Per-centage Filled
		Total Offered 1965-1966	Total Offered Sept. 1, 1963	Filled Sept. 1, 1963	Vacant Sept. 1, 1963	
Rotating.....	661	9,116	9,133	7,071	2,062	77
Mixed.....	153	948	664	529	135	80
Straight						
Internal Medicine.....	140	1,345	1,156	1,072	84	93
Surgery.....	119	817	670	536	134	80
Pediatrics.....	89	441	377	298	79	79
Pathology.....	73	188	155	89	66	57
Obstetrics and Gynecology.....	11	27	22	14	8	64
Totals.....	432	2,818	2,380	2,009	371	84
Family Practice and General Practice Programs.....	17	75	52	27	25	52
Grand Totals.....	1,263	12,957	12,229	9,836	2,593	79

than for the previous year, and represents 79% of all the positions offered. This is an increase of 6% in filling over the previous year, and is comprised almost entirely of foreign graduates, since there were only 96 more graduates of American medical schools available than were available for the previous year. If all 7,264 of the 1962-1963 graduates of United States medical schools were serving internships on September 1, 1963, then 2,372 of the filled internships would have been held by foreign graduates. As can be seen from Table 5, there were actually 2,566 foreign graduates reported on duty, so some United States graduates were not serving in approved internships as of September 1, 1963.

The three types of internships approved by the Council are (1) rotating, which includes training for 12 to 24 months on medicine, surgery, pediatrics, and obstetrics-gynecology; (2) mixed, providing training in 2 or 3 of the above 4 major clinical services as well as in pathology or psychiatry (in a mixed internship, the assignment to the major service must be not less than 6 nor more than 8 months, and the hospital must have a fully approved residency program in that specialty); and (3) straight, providing training on a single medical, surgical, pediatrics, obstetrics-gynecology, or pathology service in a hospital holding full approval for a residency program in that specialty. The family practice and general practice programs will be discussed in a subsequent section.

The number of pilot family practice and general practice programs approved as of September 1, 1963, was 17, and yet they offered only 52 positions, of which 27 or 52% were filled. The decrease in the number of approved rotating internship programs was accompanied by a decrease of almost 300 available positions. Over 400 more positions were filled, however, than the previous year, so the proportion filled increased from 71% to 77%. There was an increase in the number of mixed internship programs, and 123 more positions offered. The percentage of mixed internships filled rose from 74% the year before to 80% last year. Straight internships

were 84% filled last year, as compared to 85% the previous year.

Of the straight internships, internal medicine continued to be the most popular in terms of not only the largest total number of approved programs and the largest total number of available positions, but also in the percentage of positions filled, which was 93%. Straight internships in pathology, while increasing slightly in total number, were only 57% filled, for a decline of 12% from the previous year. For those mixed internships identified according to the major component, 47 were in internal medicine, 37 surgery, 14 pediatrics, 9 obstetrics-gynecology, 5 pathology, 1 psychiatry. There were 40 programs with optional major components. Of the 47 mixed internships with internal medicine as a major, 89% of the 210 available positions were filled. Those specifying surgery as a major filled only 62% of 95 positions.

For 1963-1964, the average number of intern positions available per hospital was 15.9 as compared to 15.2 for the previous year. Because of multiple types of internship programs in some hospitals, the average number of intern positions for each individual program was 9.7, the same as for the previous year. For the four types of programs, the averages were 13.8 positions for rotating internships, 5.5 for straight internships, 4.3 for mixed internships, and 3.0 for family and general practice programs.

In summary, Table 2 indicates that rotating internships comprise 52% of the approved programs, 75% of the positions offered, and 73% of the filled positions. Mixed internships comprised 12% of the approved programs, offered 5% of the positions, and obtained 5% of the available interns. For straight internships, the 432 programs were 34% of all programs approved, they contained 19% of the available positions, and they were filled by 21% of the available interns.

The column indicating positions offered for 1965-1966 indicates a projection of 728 more positions than were offered for September 1, 1963, but only 99 more positions than were projected last year for 1964-1965.

Table 3 is an additional table, indicating the progressive change in proportion of the varying types of internship programs for the past eight years. It will be noted that from 1956 through 1959, the totals of approved programs fluctuated very little, and the percentages remained quite constant with rotating internships comprising 75% to 77% of all programs, mixed internships comprising 3% to 4%, and straight internships comprising 20% to 22%. Beginning with the year 1960-1961, however, there developed a progressive shift in distribution with a progressively declining percentage of rotating internships and a progressively rising percentage of

Table 3.—Types of Internship Programs Offered, 1956-1963

	Types of Programs								Totals
	Rotating		Mixed		Straight		Family and General Practice		
	Num-ber	Per-centage	Num-ber	Per-centage	Num-ber	Per-centage	Num-ber	Per-centage	
1956-57..	840	76	42	4	219	20	...	...	1,101
1957-58..	842	77	34	3	217	20	...	...	1,093
1958-59..	822	75	38	3	239	22	...	...	1,099
1959-60..	816	75	33	3	246	22	...	...	1,097
1960-61..	817	70	69	6	276	24	5	...	1,167
1961-62..	737	61	107	9	359	30	9	...	1,212
1962-63..	697	56	133	11	391	32	14	1	1,235
1963-64..	661	52	153	12	432	34	17	1	1,263

mixed and straight internships. While family and general practice programs were added on a pilot basis in 1960, they have never comprised more than 1% of the total. For the past four years, therefore, rotating internships have declined from 70% to 52% of the total approved programs, mixed internships have increased from 6% to 12%, and straight internships have increased from 24% to 34% of all approved programs.

Family Practice and General Practice Programs

These pilot programs were described in the last year's Directory, in which it was pointed out that the general practice programs contain or permit a block assignment on the surgical service, unlike the family practice programs. Both types of programs consist of two unified years in one institution or two closely affiliated institutions, and they are included in the NIMP, as they take the place of a one-year internship and a subsequent one-year residency. While Table 2 indicates that as of September 1, 1963, there were 17 such programs approved, there are currently 19 listed in the Directory for 1964. Because of their pilot status, the program directors have been reluctant to substitute these programs entirely for their other existing internships, and thus the available positions per program have remained small. A further comment will be made about these programs in the Special Reports, Announcements and Notices Section, immediately following this Annual Report.

Two-Year Internships

In accord with the sentiment of the House of Delegates, the Council staff has continued to emphasize the possibility of establishing two-year internships in those hospitals having fully approved one-year internships, particularly hospitals interested in preparing young physicians for general practice, and yet not being considered eligible for designation for a pilot program in family practice or general practice. The number approved on this basis has increased to 17, in comparison to the total of four such programs approved and listed three years ago. These hospitals are identified in the list of approved internships by a special footnote indicating that the hospital may offer some

appointments of longer than 12 months' duration. Thus, the hospitals are not bound to offer any specific number of two-year internships, nor are they bound to offer a full additional 12-month appointment after the initial 12-month internship, if the trainee desires appointment for a lesser period. All such hospitals approved in this manner will continue to be listed by the NIMP as offering a 12-month rotating internship, since the NIMP is not concerned with appointments beyond the initial 12-month period.

Internships by Type of Hospital Control

Table 4 indicates that while there was over-all decrease of 24 in the number of hospitals approved for internship training, there was an increase of 1

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

Control	No. of Hospitals	No. of Programs	Number of Internships				Percentage Filled
			Total Offered 1965-1966	Total Offered Sept. 1, 1963	Filled Sept. 1, 1963	Vacant Sept. 1, 1963	
Federal							
U. S. Air Force.....	7	7	104	97	87	10	90
U. S. Army.....	9	9	230	227	199	28	88
U. S. Navy.....	13	13	176	176	176	...	100
U. S. Public Health Service.....	7	11	107	87	84	3	97
Veterans Administration	3	4	49	46	45	1	98
Other Federal.....	3	3	50	50	23	27	46
Totals.....	42	47	716	683	614	69	80
Governmental (Non-federal)							
State.....	34	140	1,140	987	812	175	82
County.....	39	69	1,308	1,265	1,078	187	85
City.....	42	98	1,309	1,231	998	233	81
City-County.....	12	21	314	300	245	55	82
Hospital District.....	4	8	114	102	95	7	93
Totals.....	131	336	4,183	3,895	3,228	657	83
Nongovernmental							
Church.....	237	310	3,049	2,975	2,084	891	70
Nonprofit Corporations.....	349	564	4,965	4,642	3,686	956	79
Totals.....	586	874	8,014	7,617	5,770	1,847	76
Proprietary							
Partnership.....	1	1	8	8	3	5	38
Corporations unrestricted as to profit.....	4	4	28	28	19	9	68
Miscellaneous.....	1	1	8	8	2	6	25
Totals.....	6	6	44	44	24	20	55
Grand Totals.....	785	1,283	12,957	12,229	9,636	2,593	79

in the federal hospital group, a decrease of 5 in the nonfederal governmental hospital group, a decrease of 3 for the proprietary hospitals, and a decrease of 17 for the large group of nongovernmental hospitals. Within this latter group, there was a decrease in 8 of the church-sponsored hospitals and a decrease of 9 for hospitals sponsored by nonprofit corporations.

The nongovernmental group of church and nonprofit corporation-sponsored hospitals totalled 586, or 77% of the total, offered 62% of the internships and secured 60% of the available interns. The 131 hospitals sponsored by nonfederal governmental agencies comprised 17% of the total, offered 32% of the internships, and secured 33% of the interns.

The 42 federally-sponsored hospitals comprised only 5% of the total, offered 6% of the internships, and secured 6% of the interns. The proprietary group of hospitals is too small for effective comparison.

As was true for the previous year, there was a very gratifying improvement in the recruitment record of the large group of nongovernmental hospitals, particularly the church-sponsored group. Table 4 reveals that the church group filled 70% of the available positions for an improvement of 17% in two years, while the nonprofit corporation group improved its performance by 12% in the past two years. The nonfederal governmental group of hospitals improved the percentage of filling by 3% over the previous years, due to an improvement in each of the categories, with the exception of county hospitals. The federal hospital group was 1% less successful than the previous year in filling internships.

Internships by Medical School Affiliation and Bed Capacity

Table 5 indicates a reversal of the trend noted for the last two years for an increase in affiliated and a decrease in non-affiliated hospitals. As of September 1, 1963, the total of 554 non-affiliated hospitals was an increase of 22 over the previous year, while the 211 affiliated hospitals represented a decrease of 46 over the previous year. Thus, only 28% of all 765 hospitals were affiliated with medical

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

Classification	No. of Hospitals	No. of Programs	Number of Internships				Percentage Filled
			Total Offered 1965-1966	Total Offered Sept. 1, 1963	Filled Sept. 1, 1963	Vacant Sept. 1, 1963	
Nonaffiliated							
Less than 200 beds..	47	51	331	327	251	76	77
200-299.....	194	231	1,947	1,864	1,363	501	73
300-499.....	280	294	3,095	2,918	2,164	754	74
500-over.....	83	176	2,091	1,873	1,522	351	81
Totals.....	554	752	7,464	6,982	5,300	1,682	76
Affiliated							
Less than 200 beds..	17	21	122	124	74	50	60
200-299.....	30	42	359	331	253	78	76
300-499.....	78	165	1,463	1,387	1,035	352	75
500-over.....	86	283	3,549	3,405	2,974	431	87
Totals.....	211	511	5,493	5,247	4,336	911	83
Grand Totals.....	765	1,263	12,957	12,229	9,636	2,593	79

schools. The decrease in number of affiliated hospitals was almost twice the total decrease in the number of hospitals with approved internships, and may represent more critical reporting by medical school deans.

Whereas for the previous year the number of internships offered was almost exactly equal for the two groups of hospitals, the non-affiliated hospitals now offer 57% and the affiliated offer only 43% of

GRADUATE MEDICAL EDUCATION

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

Census Region and State	No. of Approved Programs	No. of Hospitals	Number of Internships				Percentage Filled	Foreign Interns	
			Total Offered 1965-1966	Total Offered Sept. 1, 1963	Filled Sept. 1, 1963	Vacant Sept. 1, 1963		No. on Duty Sept. 1, 1963	Percentage in Filled Positions
New England									
Connecticut.....	23	20	233	227	208	19	92	115	55
Maine.....	3	3	24	24	12	12	50	...	...
Massachusetts.....	46	30	421	425	355	70	84	103	29
New Hampshire.....	3	1	16	16	16	...	100	...	...
Rhode Island.....	7	7	74	70	55	15	79	30	55
Vermont.....	5	2	31	28	23	5	82	7	30
Totals.....	87	63	799	790	669	121	85	255	38
Middle Atlantic									
New Jersey.....	52	39	516	497	394	103	79	297	75
New York.....	215	98	1,997	1,861	1,605	256	86	679	42
Pennsylvania.....	103	74	988	926	730	196	79	201	28
Totals.....	370	211	3,501	3,284	2,729	555	83	1,177	43
East North Central									
Illinois.....	69	37	782	685	574	111	84	203	35
Indiana.....	16	10	162	160	107	53	67	1	1
Michigan.....	45	39	603	583	414	169	71	88	21
Ohio.....	86	53	827	812	619	193	76	261	42
Wisconsin.....	23	14	202	187	120	67	64	37	31
Totals.....	239	153	2,576	2,427	1,834	593	76	590	32
West North Central									
Iowa.....	8	6	88	89	65	24	73	18	28
Kansas.....	10	5	83	68	48	20	71	3	6
Minnesota.....	15	13	248	237	176	61	74	30	8
Missouri.....	36	19	351	326	222	104	68	43	19
Nebraska.....	15	9	111	110	62	48	56	3	5
North Dakota.....	1	1	8	8	5	3	63	5	100
South Dakota.....	2	2	14	7	6	1	86	...	...
Totals.....	87	55	803	845	584	261	69	102	17
South Atlantic									
Delaware.....	2	2	20	20	11	9	55	5	45
District of Columbia.....	20	10	236	207	151	56	73	46	30
Florida.....	24	16	314	296	201	95	68	39	19
Georgia.....	32	15	269	261	196	65	75	15	8
Maryland.....	47	21	361	350	298	52	85	107	36
North Carolina.....	28	10	200	184	141	43	77	10	7
South Carolina.....	10	6	100	78	57	21	73	...	...
Virginia.....	24	12	215	217	175	42	81	15	20
West Virginia.....	10	7	87	83	43	40	52	18	42
Totals.....	197	99	1,802	1,696	1,273	423	75	255	20
East South Central									
Alabama.....	15	6	120	118	82	36	69	...	...
Kentucky.....	14	6	132	115	67	48	58	9	13
Mississippi.....	6	3	45	42	39	3	93	...	...
Tennessee.....	23	13	266	257	204	53	79	11	5
Totals.....	58	28	563	532	392	140	74	20	5
West South Central									
Arkansas.....	9	3	62	62	52	10	84	3	6
Louisiana.....	13	7	197	218	157	61	72	4	3
Oklahoma.....	10	8	88	81	53	28	65	3	6
Texas.....	41	25	469	425	351	74	83	23	7
Totals.....	73	43	816	786	613	173	78	33	5
Mountain									
Arizona.....	6	6	94	85	74	11	87	23	31
Colorado.....	16	13	179	162	118	44	73	12	10
New Mexico.....	1	1	16	12	12	...	100	1	8
Utah.....	11	6	94	98	54	44	55	2	4
Totals.....	34	26	383	357	256	99	72	38	15
Pacific									
California.....	71	53	1,113	1,071	939	132	88	20	2
Hawaii.....	6	4	76	66	44	22	67	12	27
Oregon.....	10	6	98	94	73	21	78	4	5
Washington.....	23	16	221	191	165	26	86	26	16
Totals.....	110	79	1,508	1,422	1,221	201	86	62	5
Territories and Possessions									
Canal Zone.....	1	1	16	16	10	6	63	...	...
Puerto Rico.....	7	7	90	74	53	21	72	34	...
Totals.....	8	8	108	90	63	27	70		
Grand Totals.....	1,263	785	12,957	12,229	9,638	2,593			

the available internships. The recruitment success reported last year was exactly reversed in that non-affiliated hospitals secured 55% of the available interns and the affiliated secured 45%. The non-affiliated hospitals' recruitment success is revealed by the fact that the figure of 76% filled is an increase of 11% over the previous year and 20% better than two years previously. The affiliated hospitals' recruitment increased from 82% to 83%, with the overall total standing at 79% for a 6% improvement over the previous year. The non-affiliated hospitals secured 5,300 interns, which is 55% of the total available, but which is also a 34% improvement in total interns secured over the previous year. While the number of affiliated hospitals declined by 18%, the number of interns they recruited declined by 10%.

As has been seen in past years, the larger hospitals of both groups experienced the more successful recruitment. The improvement in recruitment for those non-affiliated hospitals with less than 200 beds and those affiliated hospitals with less than 300 beds is accounted for by the elimination of almost a third of the hospitals previously approved in those categories and having the least successful recruitment records. Some of these hospitals voluntarily discontinued their programs.

For 1965-1966, 58% of the positions offered will be in non-affiliated hospitals. The actual numerical increase in positions offered in the non-affiliated hospitals is practically double the increase in the affiliated hospitals over the number offered for September 1, 1963.

Internships by Census Region and State

Table 6 reveals, as before, that the four states of Idaho, Montana, Nevada, and Wyoming offered no approved internships. While the Pacific region had the highest percentage of filled positions at 86%, this was a drop of 3% over the previous year. The Mountain region percentage of filled positions dropped 7% over the previous year. All other regions improved their recruitment percentage with the largest gain of 12% attributed to the New England region.

Table 6 also lists the number of foreign interns on duty by state and region, and the percentage these represent of all the internships filled. The leader in proportion of internships filled by foreign graduates was the Middle Atlantic region of New Jersey, New York, and Pennsylvania, as before. The 1,177 foreign medical graduates on duty as interns represented 46% of all available foreign interns, and represented 43% of all the interns on duty in those three states. This region had 29% of the approved programs, 28% of the hospitals, offered 27% of the total internships, and secured 28% of all the available interns.

While both New Mexico and New Hampshire re-

ported 100% of internships filled, each had only one hospital with approved programs. For the first time, no states reported a percentage of internships filled at a figure of less than 50%.

National Intern Matching Program

The Directory of Approved Internships and Residencies carries a full description of the operation of the Matching Program, copies of the hospital and student agreements, and dates for operation of the Matching Program for 1965. For the past four years, the results have been essentially unchanged from year to year. For that reason, annual reports have been discontinued in favor of less frequent reports combining the results of several years' experience.

In the 13th Matching Program for the year 1964-1965, there were 12,601 internships to be filled through the plan, and 7,351 participants. Seven thousand one-hundred and thirty or 57% of the available internships were filled through the NIMP, and 221 or 3% of the participants were unmatched. The total of 194 foreign medical graduates participating was nearly twice as large as any previous number, and 25 or 13% were unmatched.

Of the 725 participating hospitals, 110 received 100% of their complement; 201 received 99-50%; 94 received 49-25%; and 108 received 24-1%. No interns were received through the Matching Program by 212 or 29% of the 725 hospitals. Eighty-four per cent of students were matched to their first or second choice, while 7% were matched to their third choice. Seventy-seven per cent of hospitals received their first or second choice of students, while 14% received their third choice.

Internship Salaries

The average annual salary per program for 1964-1965, and as published in the Directory for 1965-1966, is \$3,425. For affiliated hospitals, the average is \$3,053 per annum, and for non-affiliated hospitals it is \$3,678 per annum.

Table 7 lists the annual salaries by increments of \$500, for the total of 1,263 programs in 765 hospitals. Note that data were not available on 65 of the

Table 7.—Annual Internship Salaries

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Nonaffiliated Hospitals	Total Programs
Data not available.....	27	38	65
500 or less.....	0	0	0
501-1,000.....	2	..	2
1,001-1,500.....	17	8	25
1,501-2,000.....	11	21	32
2,001-2,500.....	114	62	176
2,501-3,000.....	153	112	265
3,001-3,500.....	36	54	90
3,501-4,000.....	105	259	364
4,001-4,500.....	22	64	86
4,501-5,000.....	21	68	89
5,000+.....	3	66	69
Totals.....	511	752	1,263

programs, so that the salary range between \$2,000 and \$4,000 per annum included 895 or 75% of 1,198 programs. This same range included 84% of the programs in affiliated hospitals, but only 68% of the programs in the non-affiliated hospitals. Only 10% of the programs in affiliated hospitals offered more than \$4,000, while for the non-affiliated group, 198 or 28% of the programs paid more than \$4,000, and 66 or 9% offered more than \$5,000.

Residency Programs

Because of the continuing interest of the American Medical Association House of Delegates in residency programs, the Annual Reports since 1962 have made particular reference to this interest, and have contained additional descriptive material and tables relating to the approval of residency programs. The Annual Report for 1962 carried a detailed description of the process by which residency programs were surveyed, evaluated, and approved. In this report, Table 8 reveals the activities of the 19 different Residency Review Committees, evaluating programs in 25 specialties at 37 separate meetings throughout the year.

While a total of 2,122 individual residency programs were reviewed, the lists published in the Directory indicate only that approval was withdrawn from 117 programs and that 120 new programs were added. Approval was withheld from 58 applications, and 168 programs were placed on, or continued on, probation.

Table 9.—Survey Activities of the Field Staff

Year Ending June 30	1960	1961	1962	1963	1964
Hospitals Visited	720	843	845	922	1,115
Internships Reviewed	304	329	328	329	364
Residencies Reviewed	1,723	2,099	2,121	1,967	2,008
Total Programs Reviewed	2,027	2,428	2,448	2,296	2,372

Table 9, on the survey activities of the field staff of the Council on Medical Education for the past five years, indicates that, of the total of 1,423 hospitals, 1,115 or 78% were visited by the field staff. The field staff reviewed 2,372 individual programs, including 2,008 or 32% of all approved residencies and 364 or 29% of all approved internships.

Since less than 100 residency programs are conducted primarily outside of hospitals, the complete data on all residencies are included only in Tables 10 and 25. Most of the statistics cited for residencies apply to those specialties conducted within hospitals, and accordingly the programs in the four fields of preventive medicine and programs in forensic pathology have not been included.

The total of 6,368 approved programs is an increase of 122 over the year before. The total of approved positions offered was 37,357, for a new high. For the year 1965-1966, the projected number of available positions is 39,226, again a new grand total of available residencies.

First-year appointments filled and vacant have been eliminated from the tables, since the data do not differ significantly as compared to the total appointments for all years. Table 10 has been re-

Table 8.—Activity of Residency Review Committees—July 1, 1963, to June 30, 1964

Program:	No. of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Granted Increased or Decreased Approval	Programs on which Further Data were Required	Programs with Progress Reports for Review	Programs Placed or Continued on Probation	Programs on which Approval was Withdrawn	Programs on which Approval was Withheld	Total Programs Reviewed
Anesthesiology	2	5	55	19	23	26	10	13	6	157
Aviation Medicine	2**	0	1	0	0	0	0	0	0	1
Colon and Rectal	1	1	1	0	0	1	0	0	1	4
Child Psychiatry	2**	16	16	0	3	2	0	5	3	45
Dermatology	1	2	20	0	2	2	0	0	0	26
General Practice	2	6	4	0	1	9	22	17	1	60
General Preventive Medicine	2**	1	1	0	0	2	0	0	0	4
Internal Medicine	3	12	130	11	14	59	38	15	12	291
Neurological Surgery	2	0	24	0	8	6	5	1	0	44
Neurology	2**	2	26	7	3	10	4	1	5	58
Obstetrics-Gynecology	3	12	111	21	25	46	23	7	3	248
Occupational Medicine (Academic)	2**	0	0	1	0	1	0	0	0	2
Occupational Medicine (In-Plant)	2**	2	6	0	2	5	0	0	0	15
Ophthalmology	2	5	49	2	1	6	4	2	2	71
Orthopedic Surgery	2	7	129	—	18	27	9	1	5	196
Otolaryngology	2	7	14	0	7	9	9	2	1	49
Pediatric Allergy	2**	2	5	0	1	0	1	1	1	11
Pediatrics	2**	5	66	3	5	9	5	7	3	103
Physical Medicine	2	3	21	0	2	2	1	2	0	31
Plastic Surgery	2	8	9	4	3	14	1	2	0	41
Psychiatry	2**	8	74	4	5	36	2	7	6	142
Public Health	2**	0	2	0	0	4	0	0	0	6
Radiology	2	6	80	0	9	34	12	13	3	157
Surgery	3	5	142	9	19	50	18	17	7	267
Urology	2	5	58	0	5	18	4	3	0	93
Totals*	37	120	1,040	81	156	378	168	117	58	2,122

*Residencies in Pathology and in Thoracic Surgery are approved in collaboration with the American Board of Pathology and the Board of Thoracic Surgery, respectively, without review committees.

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

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fined, however, to include positions filled by non-foreign residents separately from those filled by foreign residents. It is thus apparent that 7,052 foreign medical graduates were serving as residents on September 1, 1963, and again, they comprised 24% of all residents on duty. The total percentage of filled residencies dropped to 79% for a loss of one percentage point as compared to the previous year.

Residencies by Specialty

Table 10 indicates that again training was offered in 29 specialty fields of which 23 were in hospitals. While separate lists of formally approved programs in pediatric cardiology are still not available, the available projected positions were included, since these positions are creditable by the American Board of Pediatrics. As for last year, the same ten major specialties supported 87% of the positions offered—surgery 6,601, internal medicine 6,408, psychiatry 4,741, otolaryngology 3,281, obstetrics-gynecology 2,728, pediatrics 2,305, radiology 1,971, anesthesiology 1,693, orthopedic surgery 1,557, and ophthalmology 1,107. Each of these specialty fields increased the positions offered except radiology, which decreased by one position.

The specialties that were more than 90% filled

were dermatology, neurological surgery, ophthalmology, and plastic surgery. Those which were less than 70% filled were general practice and physical medicine with 47% filled each, pathology with 59% filled, anesthesiology with 68% filled, and colon and rectal surgery with 67% filled. This is a decline of 3% over last year for both the specialties of anesthesiology and pathology.

Analysis of the composition of the residents in the various specialties according to foreign and non-foreign origin indicates that those with the highest percentage of filled positions, such as ophthalmology and plastic surgery, have very low percentages of foreign graduates, suggesting that the low percentage of participation by foreign physicians is based partly on lack of available positions rather than lack of interest in these specialties. On the other hand, one finds considerably higher percentages of foreign graduates in those specialties with the poorer recruitment records, such as physical medicine, general practice, pathology, and anesthesiology. The striking unpopularity of the general practice residencies, especially for American graduates, is indicated by the fact that only 47% of the available positions were filled, and 52% of the filled positions were occupied by foreign graduates. Table

Table 10.—Number of Residencies, by Specialty

Specialty	Number of Approved Programs	Total Offered 1965-1968	Total Appointments (All Years)				Positions Vacant Sept. 1, 1963	Percentage of Positions Filled	Percentage of Foreign Graduates in Filled Positions
			Total Offered Sept. 1, 1963	Filled by Non-Foreign Graduates Sept. 1, 1963	Filled by Foreign Graduates Sept. 1, 1963	Total Filled Sept. 1, 1963			
Anesthesiology.....	296	1,858	1,693	709	436	1,145	548	68	38
Colon and Rectal Surgery.....	14	25	24	8	8	16	8	67	50
Dermatology.....	115	458	447	366	44	410	37	92	11
General Practice.....	165	808	783	177	193	370	413	47	52
Internal Medicine.....	637	6,713	6,408	3,938	1,191	5,129	1,279	80	23
Neurological Surgery.....	194	475	470	367	68	435	35	93	16
Neurology.....	168	654	634	393	110	503	131	79	22
Obstetrics and Gynecology.....	483	2,794	2,728	1,923	534	2,457	271	90	22
Ophthalmology.....	229	1,054	1,017	892	77	969	48	95	8
Orthopedic Surgery.....	375	1,577	1,557	1,232	156	1,388	169	89	11
Otolaryngology.....	163	769	713	551	70	621	92	87	11
Pathology.....	789	3,457	3,281	1,274	670	1,944	1,337	59	34
Pediatrics.....	356	2,381	2,234	1,222	598	1,820	414	81	33
Pediatric Allergy.....	39	39	33	17	6	23	10	70	26
Pediatric Cardiology.....	15	40	38	21	12	33	5	87	36
Physical Medicine.....	115	420	389	126	55	181	208	47	30
Plastic Surgery.....	99	157	157	132	20	152	5	97	13
Psychiatry.....	339	4,523	4,291	2,493	781	3,274	1,017	76	24
Psychiatry-Child.....	117	546	450	286	57	343	107	76	17
Radiology.....	378	2,055	1,971	1,236	254	1,490	481	76	17
Surgery.....	779	6,888	6,601	4,127	1,529	5,656	945	86	27
Thoracic Surgery.....	135	272	253	156	68	224	29	89	30
Urology.....	298	912	851	597	115	712	139	84	16
Totals.....	6,298	38,875	37,023	22,243	7,052	29,295	7,728	79	24
Other than hospitals									
Aviation Medicine.....	3	87	79	76	.....	76	3	96	.....
Gen. Prev. Medicine.....	6	47	47	24	.....	24	23	51	.....
Occup. Medicine (Academic).....	7	56	48	20	.....	20	28	42	.....
Occup. Medicine (In-Plant).....	21	25	25	9	.....	9	16	36	.....
Public Health.....	21	117	117	54	.....	54	63	46	.....
Forensic Pathology.....	12	19	18	7	.....	7	11	39	.....
Totals.....	70	351	334	190	.....	190	144	57	.....
Grand Totals.....	8,368	39,226	37,357	22,433	7,052	29,485	7,872	79	24

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

Specialty	Number of Approved Programs	Total Appointments (All Years)							
		Total Offered 1963-1968	Total Offered Sept. 1, 1963	Filled by Non-Foreign Graduates Sept. 1, 1963	Filled by Foreign Graduates Sept. 1, 1963	Total Filled Sept. 1, 1963	Positions Vacant Sept. 1, 1963	Percentage of Positions Filled	Percentage of Foreign Graduates in Filled Positions
Affiliated									
Anesthesiology.....	161	1,175	1,073	470	274	744	329	69	37
Colon and Rectal Surgery.....	8	16	16	6	3	9	7	56	38
Dermatology.....	87	326	319	257	35	292	27	92	12
General Practice.....	20	125	130	58	6	64	66	49	9
Internal Medicine.....	280	3,692	3,541	2,521	450	2,971	570	84	15
Neurological Surgery.....	139	808	814	240	50	290	24	92	17
Neurology.....	116	474	452	288	69	357	95	79	19
Obstetrics and Gynecology.....	198	1,457	1,402	1,120	177	1,297	105	98	14
Ophthalmology.....	149	716	683	606	41	647	36	95	6
Orthopedic Surgery.....	196	897	878	714	76	790	88	90	10
Otolaryngology.....	112	501	489	390	41	431	58	88	10
Pathology.....	276	1,556	1,482	745	291	1,036	446	70	28
Pediatrics.....	167	1,494	1,406	863	325	1,208	198	86	28
Pediatric Allergy.....	24	25	23	12	3	15	8	65	20
Pediatric Cardiology.....	12	36	35	21	10	31	4	89	22
Physical Medicine.....	76	291	260	94	46	140	120	54	33
Plastic Surgery.....	63	104	97	84	9	93	4	96	10
Psychiatry.....	175	2,440	2,313	1,593	279	1,872	441	81	15
Psychiatry-Child.....	62	308	265	186	31	217	48	82	14
Radiology.....	208	1,266	1,244	832	154	986	258	79	16
Surgery.....	286	3,387	3,237	2,455	454	2,909	328	90	16
Thoracic Surgery.....	93	167	162	109	32	141	21	87	23
Urology.....	175	694	651	422	54	476	75	86	11
Totals.....	3,579	21,376	20,372	14,108	2,910	17,018	3,358	84	17
Non-Affiliated									
Anesthesiology.....	135	683	620	239	162	401	219	65	40
Colon and Rectal Surgery.....	6	9	8	2	5	7	1	88	71
Dermatology.....	28	132	128	109	9	118	10	92	8
General Practice.....	145	683	653	119	187	306	347	47	61
Internal Medicine.....	357	3,021	2,867	1,417	741	2,158	709	75	34
Neurological Surgery.....	55	167	156	127	18	145	11	93	12
Neurology.....	52	180	182	105	41	146	36	80	28
Obstetrics and Gynecology.....	290	1,337	1,326	803	357	1,160	166	87	31
Ophthalmology.....	80	338	334	286	36	322	12	96	11
Orthopedic Surgery.....	179	680	679	518	80	598	81	88	13
Otolaryngology.....	51	268	224	161	29	190	34	85	15
Pathology.....	513	1,901	1,799	529	379	908	391	50	42
Pediatrics.....	189	887	828	339	273	612	216	74	45
Pediatric Allergy.....	15	14	10	5	3	8	2	80	38
Pediatric Cardiology.....	3	4	3	...	2	2	1	67	100
Physical Medicine.....	39	129	129	32	9	41	88	32	22
Plastic Surgery.....	36	53	60	48	11	59	1	98	19
Psychiatry.....	164	2,088	1,978	900	502	1,402	576	71	36
Psychiatry-Child.....	55	238	185	100	26	126	59	68	21
Radiology.....	170	769	727	404	100	504	223	69	20
Surgery.....	493	3,601	3,364	1,872	1,075	2,747	617	82	39
Thoracic Surgery.....	42	105	91	47	36	83	8	91	43
Urology.....	123	318	300	175	61	236	64	79	26
Totals.....	3,220	17,500	16,651	8,187	4,142	12,279	4,372	74	34
Grand Totals.....	6,298	38,876	37,023	22,243	7,052	29,298	7,728	79	

11 is a further subdivision of Table 10, indicating the residencies by specialty in affiliated and non-affiliated hospitals, and including those filled by foreign graduates. Again, the first-year appointments filled and vacant have been omitted in the interests of simplifying the table. The specific data can be supplied, however, upon inquiry of the Council. While it will be noted that for September 1, 1963, the affiliated hospitals offered 55% of the positions, this was 2,001 positions less than offered the previous year. On the other hand, the non-affiliated hospitals offered 45% of the positions, and this was 2,862 more than were offered the previous year. For both groups of programs, the recruitment

success was exactly the same as the previous year—84% filled in the affiliated hospitals and 74% filled in the non-affiliated hospitals, for an over-all total of 79%. Of the total of 29,295 positions filled, 58% were in programs in affiliated hospitals while 42% were in non-affiliated hospitals. Further breakdown of these filled positions indicates that the affiliated hospitals secured 63% of the non-foreign residents, and secured 41% of the foreign residents. Foreign physicians comprised 17% of all residents on duty in affiliated hospital programs, while they comprised 34% of those on duty in non-affiliated hospital programs.

A study of the projected residencies for 1965-

1966 indicates that the affiliated hospital programs will offer fewer positions only in the specialties of general practice and neurological surgery, while the non-affiliated hospital programs will be slightly smaller in the specialties of neurology and plastic surgery. All other programs in both groups of hospitals will be either equal to or larger in size than they were last year, and the affiliated hospitals will continue to offer 55%, while the non-affiliated will offer 45% of the available residencies in specialties. The only field of residency training in which the number of filled positions in non-affiliated hospitals exceeded those in the affiliated hospitals is in the field of general practice, where 145 approved programs secured 306 residents in the non-affiliated hospitals, while 20 approved programs in the affiliated hospitals secured 64 residents.

Besides the field of general practice, there are five other areas in which the number of approved programs in non-affiliated hospitals exceeded the number approved in affiliated hospitals. These are in internal medicine, obstetrics and gynecology, pathology, pediatrics, and surgery. The total of 3,220 individual approved programs in non-affiliated

hospitals is 51% of the total of 6,298 approved programs. The non-affiliated hospital programs offered an average of 5.2 positions per program, but secured only 3.8 residents, while the affiliated hospitals offered an average of 6.6 positions per program and secured 5.5 residents on the average.

Study of the proportion of foreign graduates in programs of affiliated hospitals as compared to non-affiliated ones indicates that, for the specialty of physical medicine only, the percentage of foreign graduates in affiliated hospital programs exceeds that in the non-affiliated programs. On the other hand, there were four specialties in non-affiliated hospitals with more than twice the proportion of foreign graduates recorded for the same specialties in affiliated hospitals. These were obstetrics and gynecology, psychiatry, surgery, and urology. There was only one specialty in which the proportion of foreign graduates in the non-affiliated group was three times greater than that in the affiliated hospitals, and that was general practice. There were three other specialties in which the proportion was high, approaching a two-fold proportionate increase over affiliated hospitals.

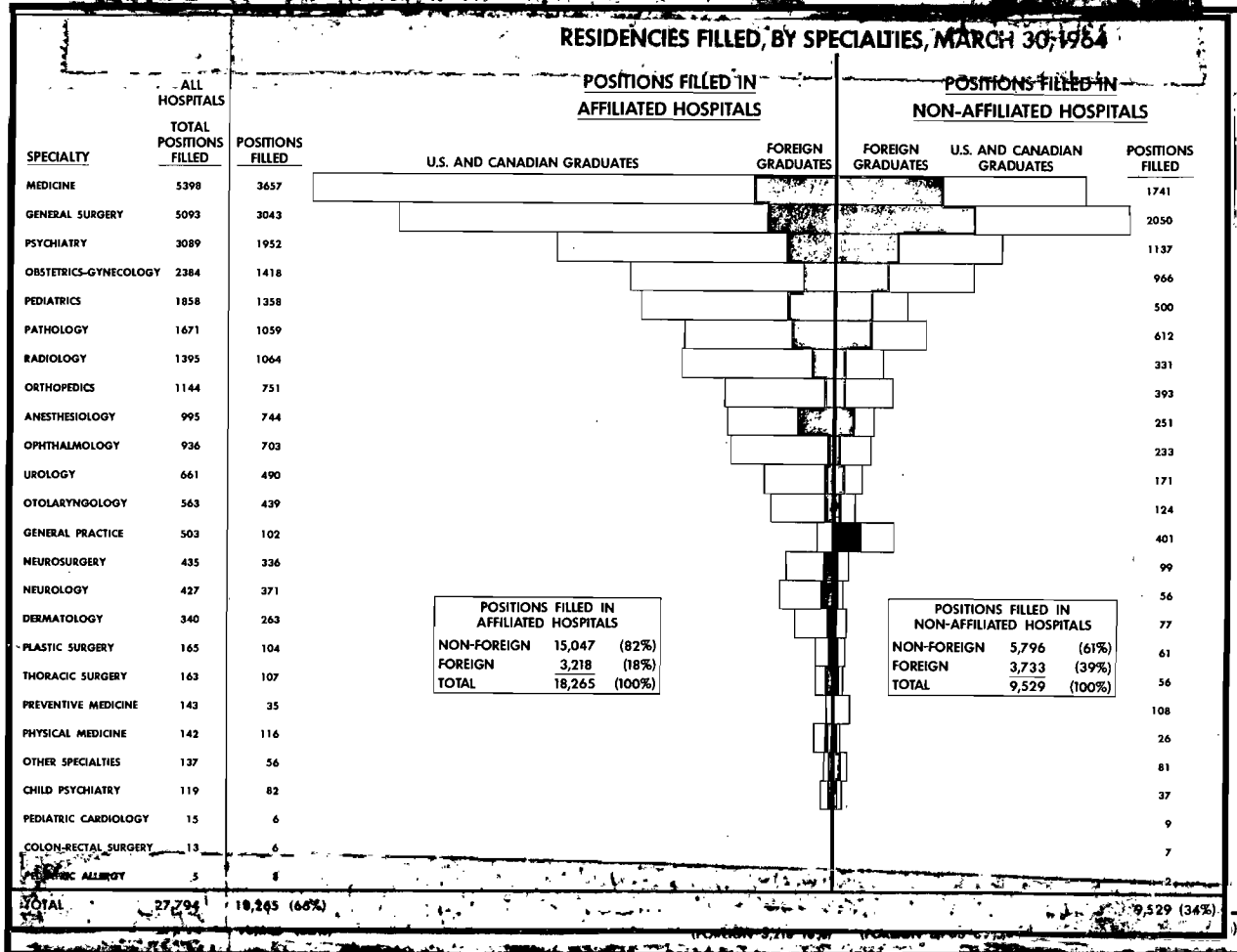


Chart 4. Residencies Filled, by Specialties, in Affiliated and Nonaffiliated Hospitals

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

	No. of Hospitals	No. of Approved Programs	Number of Residencies				Foreign Residents	
			Total Offered 1965-1968	Total Offered Sept. 1, 1963	Filled Sept. 1, 1963	Vacant Sept. 1, 1963	Percentage Filled	No. on Duty	Percentage in Filled Positions
Federal								
U. S. Air Force.....	6	17	115	113	78	35	69	..
U. S. Army.....	16	86	664	645	578	67	90	9
U. S. Navy.....	9	74	402	419	391	28	93	2
U. S. Public Health Service.....	11	40	210	208	179	29	86	5
Veterans Administration.....	90	599	3,071	2,962	2,104	858	71	254
Other Federal.....	4	21	170	166	112	54	67	24
Totals.....	136	837	4,632	4,513	3,442	1,071	76	294
Governmental (nonfederal)								
State.....	184	920	7,611	7,204	5,793	1,411	80	992
County.....	67	382	2,639	2,418	2,019	399	83	430
City.....	63	452	3,832	3,617	3,072	545	85	1,093
City-County.....	11	101	454	429	324	115	76	53
Hospital District.....	11	43	253	241	188	53	78	39
Totals.....	336	1,898	14,789	13,909	11,396	2,513	82	2,607
Nongovernmental nonprofit								
Church operated and church related.....	301	1,124	4,783	4,541	3,136	1,405	69	1,144
Other nonprofit.....	530	2,341	13,662	13,141	10,557	2,584	80	2,869
Totals.....	831	3,465	18,445	17,682	13,693	3,989	77	4,013
Proprietary								
Individual.....	2	3	5	5	4	1	80	..
Partnership.....	1	3	6	6	5	1	83	..
Corporation.....	17	27	161	155	103	52	66	41
Miscellaneous.....	31	65	837	753	652	101	87	97
Totals.....	51	98	1,009	919	764	155	83	138
Grand Totals.....	1,354	6,298	38,875	37,023	29,295	7,728	79	7,052

thology, pediatrics, and thoracic surgery. For the specialty of ophthalmology, although foreign graduates in the non-affiliated hospital programs were few, this proportion was still almost twice that in the affiliated hospitals. It will be noted that, while 4,142 or 59% of all the foreign graduates serving as residents were on duty in the non-affiliated hospital programs, this number comprised 34% of all the filled positions in those same non-affiliated hospital programs. This percentage was exactly twice the percentage of foreign graduates serving in the affiliated hospital programs.

Chart I is a new chart arranged to give a graphic reflection of the distribution of residencies between affiliated and non-affiliated hospitals, arranged in order of decreasing magnitude, and with the proportion of foreign graduates included. This chart resulted from a special tabulation from the records of the Circulation and Records Department as of March 30, 1964, and is based on the census taken by that department in July of 1963. Since the records of that department are continually updated in accordance with notifications from hospitals, licensing boards, and other sources, these data are much more current than are those secured from the Council's annual questionnaire, which tabulates all performance data as of September 1, 1963.

Chart I, therefore, gives the current data as of March 30, 1964, and indicates that the total of 27,794 filled positions is 1,501 less than were reported the previous September 1. For the affilia-

ated hospitals, there was a gain of 1,249 positions, while for the non-affiliated hospitals there was a loss of 2,750 positions. It would appear therefore that the 22% loss of filled positions in non-affiliated hospitals between September 1, 1963, and March 30, 1964, was accompanied by a shift of 1,249 residents into affiliated hospital programs, while 1,501 residents ceased residency training either to go into practice, into military service, or elsewhere. Only 101 of these reduced positions were accounted for by foreign medical graduates, but there was a shift of 308 additional foreign graduates into affiliated hospital programs with a loss of 409 from the non-affiliated programs by March 30, 1964.

Residencies by Type of Hospital Control

Table 12 includes hospital-based programs only, and indicates that the 6,298 approved programs were 125 more than the previous year, but these were in 1,354 hospitals or 120 less than the previous year. Of the 37,023 positions offered, only 29,295 or 79% were filled. The percentage filled is 1% less than the previous year, because of the fact that there were 861 more positions offered, but only 242 more positions filled. Foreign medical graduates filled 24% of the positions.

The nongovernmental, nonprofit hospitals comprised 61% of the total, offered 55% of the approved programs, but secured only 47% of the available residents. The nonfederal governmental hospitals comprised 25% of the total, offered 30% of the approved

programs with 39% of the approved positions. The federal group of hospitals made up 10% of the total, with 13% of the programs, and obtained 12% of the residents. The small group of 4% of proprietary hospitals offered only 2% of the programs, and secured only 3% of the residents. There was a wider range of success in filling than for the previous year, as the nonfederal governmental hospitals filled 82% of their positions, while the nongovernmental non-profit group filled 77%, and the federal filled only 76%. Proprietary hospitals improved their record slightly by filling 83% of the positions.

Within the federal hospitals, the Veterans Administration Hospitals comprised 66% of the total, had 72% of the approved programs, offered 66% of the available positions, and obtained 61% of the residents in federal service. The residencies offered in Veterans Administration Hospitals were 8% of those offered throughout the country, and the 2,104 filled V.A. residencies were 7% of the total filled.

Except for the few federal hospitals classified as "other federal," the lowest recruitment success was for the proprietary hospitals owned by corporations, in which 66% were filled. Next were the church-related hospitals and the U.S. Air Force Hospitals, both of which filled only 69% of their positions. U.S. Navy continued to do well with 93% of the positions filled.

Foreign graduates comprised 29% of the positions filled in the nongovernmental, nonprofit hospitals. The nonfederal, governmental hospitals filled 23% of their positions by foreign graduates, while the proprietary hospitals filled 18% in that manner. Only 9% of the filled federal positions were occupied by foreign graduates.

Residencies by Medical School Affiliation and Bed Capacity

Table 13 indicates that the total of hospitals approved for residency training decreased by 120 over the previous year, with a decrease of 69 non-affiliated hospitals and 51 affiliated hospitals. Non-affiliated

hospitals comprised 71% of the total, had 51% of the approved programs, offered 45% of the total positions, and obtained 42% of the available residents. Affiliated hospitals totalled only 29% of all those approved for residency training, had 49% of the approved programs, offered 55% of all the available positions, and obtained 58% of the available residents. While the over-all percentage of filled positions was 79% for a decrease of 1% over the previous year, the percentage filled in non-affiliated hospitals was 74%, and in affiliated hospitals was 84%, in both cases the same figures as the year before.

Columns have been added for foreign graduates, indicating that, for the non-affiliated hospitals, the 4,142 residents equalled 34% of the total filled. In the affiliated hospitals, the 2,910 foreign residents equalled 17% of the total filled. By bed capacity, in the non-affiliated group the filled positions in the 200-299 bed hospitals contained 50% foreign graduates, while for the 300-499 bed category, foreign graduates comprised 40% of all the filled positions. Foreign graduates also totalled 40% of the filled positions in the hospitals with less than 200 beds, but in those non-affiliated hospitals with 500 beds and over, the foreign graduates on duty totalled only 25% of all filled positions. For the affiliated group of hospitals, foreign graduates comprised 10% of those recruited to hospitals of less than 200 beds, 20% of those to hospitals with 200-299 beds, and also to hospitals with 300-499 beds, and 17% of the total resident staff in hospitals with over 500 beds.

The relation between recruitment success and size is illustrated for non-affiliated hospitals, where the record for the hospitals of over 500 beds was approximately 10% greater than the records for the non-affiliated hospitals in the other three categories. For the affiliated group, the over-all recruitment success was 10% better than for the non-affiliated group, but, again, the category of 500 beds and over had the best record with 85% filled, while the

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

Classification	No. of Hospitals	No. of Approved Programs	Number of Residencies					Vacant Sept. 1, 1963	Percentage Filled
			Total Offered 1962-1966	Total Offered Sept. 1, 1963	Filled Non-Foreign Sept. 1, 1963	Filled Foreign Sept. 1, 1963	Total Filled Sept. 1, 1963		
Nonaffiliated									
Less than 200 beds.....	269	409	1,531	1,310	547	370	917	393	70
200-299.....	233	628	2,508	2,386	824	830	1,654	732	69
300-499.....	275	1,152	5,179	4,984	2,047	1,353	3,400	1,584	68
500-Over.....	188	1,031	8,282	7,971	4,719	1,589	6,308	1,663	79
Totals.....	965	3,220	17,500	16,651	8,137	4,142	12,279	4,372	74
Affiliated									
Less than 200 beds.....	81	210	1,381	1,345	1,014	116	1,130	215	84
200-299.....	55	264	1,247	1,204	794	195	989	215	82
300-499.....	109	916	5,185	4,965	3,167	760	3,927	1,038	79
500-Over.....	144	1,688	13,562	12,868	9,131	1,839	10,970	1,898	85
Totals.....	389	3,076	21,375	20,372	14,106	2,910	17,016	3,366	84
Grand Totals.....	1,354	6,296	38,875	37,023	22,243	7,052	29,295	7,728	79

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

Census Region and State	No. of Hospitals	No. of Approved Programs	Number of Residencies				Percentage Filled	Foreign Residents	
			Total Offered 1965-1966	Total Offered Sept. 1, 1963	Filled Sept. 1, 1963	Vacant Sept. 1, 1963		No. on Duty	Percentage in Filled Positions
New England									
Connecticut.....	31	127	688	669	522	147	78	152	29
Maine.....	3	12	47	47	22	25	47	1	5
Massachusetts.....	86	276	1,898	1,666	1,387	279	83	374	27
New Hampshire.....	2	17	72	73	53	20	72	5	9
Rhode Island.....	13	34	141	138	97	41	70	42	43
Vermont.....	4	42	80	73	59	14	80	11	19
Totals.....	139	508	2,926	2,666	2,140	526	80	585	27
Middle Atlantic									
New Jersey.....	61	149	767	718	493	225	69	289	59
New York.....	176	930	6,656	6,529	5,467	1,062	84	2,127	39
Pennsylvania.....	105	460	2,705	2,569	1,948	621	76	478	25
Total.....	342	1,539	10,128	9,816	7,908	1,908	81	2,894	37
East North Central									
Illinois.....	63	293	2,009	1,868	1,528	340	82	535	35
Indiana.....	21	91	369	371	250	121	67	13	5
Michigan.....	52	264	1,987	1,912	1,594	318	83	371	23
Ohio.....	76	390	2,275	2,236	1,655	581	74	580	35
Wisconsin.....	27	128	709	642	449	193	70	72	16
Totals.....	239	1,166	7,349	7,029	5,478	1,553	78	1,571	29
West North Central									
Iowa.....	12	45	369	345	280	65	81	32	11
Kansas.....	14	53	425	413	294	119	71	52	18
Minnesota.....	26	169	1,285	1,264	1,087	177	86	164	15
Missouri.....	38	161	1,116	1,074	733	341	68	167	23
Nebraska.....	17	40	179	176	101	75	57	7	7
North Dakota.....	3	8	19	19	17	2	89	11	65
South Dakota.....	2	2	5	5	2	3	40	...	...
Totals.....	112	476	3,396	3,296	2,514	782	76	433	17
South Atlantic									
Delaware.....	6	17	80	83	31	52	37	19	61
District of Columbia.....	16	122	941	936	768	168	82	190	25
Florida.....	25	116	722	643	509	134	79	151	30
Georgia.....	21	113	656	626	453	173	72	65	14
Maryland.....	36	161	1,305	1,198	1,061	137	89	332	31
North Carolina.....	20	108	725	681	577	104	85	30	5
South Carolina.....	6	52	159	156	103	53	66	10	10
Virginia.....	29	109	640	618	461	157	75	110	24
West Virginia.....	14	48	209	188	104	84	55	58	56
Totals.....	173	846	5,437	5,129	4,067	1,062	79	965	24
East South Central									
Alabama.....	10	72	309	292	172	120	59	11	6
Kentucky.....	20	88	381	362	236	126	65	62	26
Mississippi.....	8	43	147	143	93	50	65	4	4
Tennessee.....	24	122	730	696	559	137	80	50	9
Totals.....	62	325	1,567	1,493	1,060	433	70	127	12
West South Central									
Arkansas.....	7	33	184	190	132	58	69	2	2
Louisiana.....	20	110	750	702	565	137	80	8	1
Oklahoma.....	12	73	328	274	189	85	69	11	6
Texas.....	46	255	1,453	1,410	1,080	330	77	136	13
Totals.....	86	471	2,716	2,578	1,966	610	76	157	8
Mountain									
Arizona.....	7	29	130	122	65	57	53	20	31
Colorado.....	18	109	542	525	414	111	79	59	14
New Mexico.....	5	17	86	88	63	25	72	12	19
Utah.....	9	62	185	90	66	24	73	8	1
Totals.....	39	217	943	825	608	217	74	99	16
Pacific									
California.....	113	532	3,283	3,171	2,723	448	86	91	3
Hawaii.....	11	27	154	140	104	36	74	17	16
Oregon.....	8	44	287	254	224	30	88	10	4
Washington.....	20	102	455	421	354	67	84	32	9
Totals.....	152	705	4,179	3,986	3,405	581	85	150	4
Territories and Possessions									
Canal Zone.....	1	7	25	28	23	5	82	4	2
Puerto Rico.....	10	36	208	179	128	51	72	67	52
Totals.....	11	43	233	207	151	56	73	71	47
Grand Totals.....	1,354	6,298	38,876	37,023	29,295	7,728	79	7,052	24

300-499 bed category had the lowest record for affiliated hospitals with 79% filled.

For 1965-1966, there is an increase of 1,852 residency positions offered, and this is a result of a 5% increase in available positions offered in both the non-affiliated and in the affiliated hospitals.

Residencies by Census Region and State

Table 14 indicates that once again the Middle Atlantic states of New Jersey, New York, and Pennsylvania have 25% of the hospitals with approved residency programs, and 24% of the approved programs. These three states offer 27% of the total available positions, and secured 27% of the available residents for a 2% improvement over the previous year. Foreign physicians filled 2,894, or 37% of the 7,908 filled positions in those three states. This number of foreign medical graduates also comprised 41% of all the foreign graduates serving as residents throughout the United States.

There were no states which filled over 90% of the residency positions, although North Dakota with only 8 programs, and Maryland with 161 programs filled 89% of their available positions. Whereas, for the previous year, 11 states filled less than 70% of their residencies, as of September 1, 1963, there were 15 states with less than 70% of their residency positions filled. These were Delaware, 37%; South Dakota, 40%; Maine, 47%; Arizona, 53%; West Virginia, 55%; Nebraska, 57%; Alabama, 59%; Kentucky, 65%; Mississippi, 65%; South Carolina, 66%; Indiana, 67%; Missouri, 68%; and New Jersey, Arkansas, and Oklahoma, each with 69%.

While New York state led the nation with the largest total number of foreign graduates on duty, comprising 39% of all its residents, the highest percentage of foreign graduates was in Delaware, where 61% of the filled positions were so identified, followed by New Jersey, where 59% of the filled residency positions were held by foreign graduates. While, as for the previous year, 24% of the total filled positions were held by foreign graduates, only 9% of all the foreign graduates on duty were serving in the East South Central, West South Central, Mountain, and Pacific regions, and Territories and Possessions.

The Middle Atlantic region had the largest total and the highest proportion of foreign graduates, followed by the East North Central region, then by the South Atlantic with the third largest number of foreign graduates, then by the New England region, and finally by the West North Central region with 433 foreign graduates for 17% of the filled positions.

Residency Salaries

It was possible to calculate average residency salaries only for the first-year residents, since over-

all averages are meaningless because of varying lengths of residency programs. Eighteen per cent of the non-affiliated hospital programs and 28% of the affiliated hospital programs did not provide salary data, but for the 5,027 programs reporting beginning salaries, the average annual starting salary was \$4,037, or an increase of \$353 per year over the previous year. For the affiliated hospitals, the average annual starting salary was \$3,739, and for non-affiliated, it was \$4,309 per year.

Of perhaps more significance is the range of beginning salaries as listed in Table 15, where they are listed in terms of dollars per year, and tabulated by \$500 increments for affiliated and non-affiliated hospitals separately. While these figures are reported in the Directory as applying for the

Table 15.—Annual Salaries Offered Residents, 1964-1965

Beginning Salary (Dollars per Year)	Number of Programs		Total
	In Affiliated Hospitals	In Non-Affiliated Hospitals	
Data not Available.....	677	594	1,271
0- 500.....	..	..	..
501- 1,000.....	2	..	2
1,001- 1,500.....	39	7	46
1,501- 2,000.....	24	14	38
2,001- 2,500.....	182	80	262
2,501- 3,000.....	306	271	577
3,001- 3,500.....	351	220	571
3,501- 4,000.....	459	519	978
4,001- 4,500.....	750	691	1,441
4,501- 5,000.....	127	228	355
5,001- 5,500.....	72	259	331
5,501- 6,000.....	34	153	187
6,001- 6,500.....	17	64	81
6,501- 7,000.....	14	34	48
7,001- 7,500.....	14	42	56
7,501- 8,000.....	5	18	23
8,001- 8,500.....	1	6	7
8,501- 9,000.....	1	4	5
9,001- 9,500.....	..	4	4
9,501-10,000.....	1	3	4
10,001-10,500.....	1	1	2
10,501-11,000.....	..	2	2
11,001-11,500.....	..	3	3
Over 11,500.....	1	3	4
Totals.....	3,078	3,220	6,298

year beginning 1965-1966, they are probably also the current salaries in a great majority of cases. For the affiliated programs which supplied salary data, 91% fall between \$2,001 and \$5,000 per year. For the non-affiliated hospitals, 92% of the programs provide salaries between \$2,001 and \$6,000 per year. For both groups of hospitals, the largest single modal group was the \$4,001 to \$4,500 range, which included 29% of all the 5,027 programs on which salary data were provided. While only two affiliated hospitals reported salaries of less than \$1,000 per year, there were one affiliated hospital and three non-affiliated hospitals reporting salaries of over \$11,500 per year.

The increase in salaries of house officers was predicted last year, even though the joint report on Compensation of House Officers, submitted by the Council on Medical Service and the Council on Medical Education at the June, 1963, Annual Meet-

ing of the House of Delegates, was disapproved. Nevertheless, the House of Delegates did uphold the basic principles which it had approved previously that:

- “(a) the graduate physician serving as intern or resident should receive financial support commensurate with his professional responsibilities and with due recognition of his educational opportunities, and
- “(b) the medical profession must assume an increasing responsibility for the development of appropriate methods of financial support of the intern and resident so as to accomplish the above objective.”

The Council is of the opinion that, generally, the sources and amount of compensation per house officer, as well as the apportionment of financial responsibility are being determined locally by agreement between the individual hospital governing bodies and the members of their attending staffs.

Foreign Medical Graduates

As was announced last year, the method of securing and reporting data on foreign medical graduates is being changed. The Institute of International Education, which has rendered very valuable service in the past years, has now discontinued its annual census of foreign physicians. The Council has assumed the responsibility of reporting the data secured from the annual census taken by the Circulation and Records Department of the AMA in July of each year. Additional data on visa status and other qualifications will be secured in the future. It is to be emphasized that graduates of medical schools in Canada are not regarded as foreign medical graduates because of the fact that the medical schools in Canada are accredited by the identical mechanism used for accreditation of the medical schools in the United States and Puerto Rico. For that reason, the graduates of these schools are not required to have ECFMG certification as are foreign medical graduates.

Throughout the body of this Annual Report, the foreign medical graduate data have been included and commented upon in the appropriate section.

According to the last report of the Institute of International Education, 38% of the visiting physicians were from the Far East, 19% were from Latin America, 17% were from the Near and Middle East, 15% were from Europe, and 2% were from Africa. This proportionate representation was very similar to that reported for the previous year. The country sending the largest number of physicians to the United States was the Philippines.

Hand tabulation of the status of Canadian and foreign graduates from the census of the Circulation and Records Department as of July 30, 1963, indicates that 1,225 of the reported foreign medical

graduates were U.S. citizens who had attended foreign medical schools outside Canada, the United States, and Puerto Rico. The interns and residents who were foreign citizens but graduates of U.S. schools totalled 235, and the foreign citizens who had graduated from Canadian schools totalled 308. A total of 963 graduates of Canadian medical schools were serving in the United States, with 99 as interns and 864 as residents. Eighty-seven graduates of Canadian medical schools were serving in other graduate training capacities in the group described in Table 16.

Educational Council for Foreign Medical Graduates

At the October 24, 1963, examination, the 10,758 candidates examined represented the largest single figure ever achieved, and the next largest figure was the 8,845 candidates examined March 25, 1964. Within the period embraced by these two examination dates, a total of 11,878 foreign medical graduates received marks above 70, including 7,781 through examination at foreign centers. For this same period, a total of 6,925 candidates scored 75 or higher, and 4,789 of these resulted from examination in foreign centers. Accordingly, the Board of Trustees of the Educational Council for Foreign Medical Graduates has announced that after the March 1964 examination the granting of temporary certificates would be abolished. The certificates previously issued will entitle their holders, in some instances, to continue in graduate training until June 30, 1966, but with the October 21, 1964, examination and thereafter, candidates must score 75 or more in order to qualify for eligibility for certification.

The ECFMG is actively engaged in improving its staffing and expanding its services through additional informational activities. Under certain conditions, students may take the ECFMG examination within the final 12 months of having completed the full academic requirements leading to receipt of the appropriate degree or diploma. Such students in foreign medical schools may therefore have passed the ECFMG examination without having been granted an ECFMG certificate. Such individuals are not regarded as medical school graduates eligible for appointment to approved internships or residencies in the United States, and, while they may negotiate for a future appointment in an approved program in the United States, they may not accept and fill such appointments until they can present evidence that they have received the ECFMG certificate.

Other Graduate Trainees by Specialty

Table 16 lists the physicians who were reported in graduate training activities as research or teaching fellows, clinical trainees, or other types of ap-

Table 16—Other Graduate Trainees by Specialty

Specialty	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology	37	55	92	60
Colon and Rectal Surgery	..	..	..	..
Dermatology	27	14	41	34
General Practice	15	53	68	78
Internal Medicine	1,012	498	1,510	33
Neurological Surgery	30	11	41	27
Neurology	74	30	104	29
Obstetrics-Gynecology	83	54	137	39
Ophthalmology	54	21	75	28
Orthopedic Surgery	57	30	87	34
Otolaryngology	50	11	61	18
Pathology	206	178	384	46
Pediatrics	231	242	473	51
Pediatric Allergy	10	1	11	9
Pediatric Cardiology	17	12	29	41
Physical Medicine	28	24	52	46
Plastic Surgery	9	9	18	50
Psychiatry	306	229	535	43
Psychiatry-Child	66	14	80	18
Radiology	96	36	132	27
Surgery	261	225	486	46
Thoracic Surgery	27	30	57	53
Urology	25	14	39	36
Totals	2,721	1,791	4,512	40

pointments leading toward specialization and possibly specialty board certification. The figure of 4,512 was an increase of 56% over the previous year's total, and 1,791 or 40% of the trainees serving in these programs were foreign graduates.

The grand total of residents plus other graduate trainees serving both in and outside of hospitals was, accordingly, 33,997 or an increase of 1,866 over the previous year. The proportion of physicians serving other than as residents, thus, was 13% of the total or an increase of 4% over the previous year.

Hospital Autopsy Rates

Table 17 reports, in three groups, the hospitals with 12 or more deaths per year, reporting the highest autopsy rates. The various review committees regard the hospital autopsy rate as a very important index of the interest of the hospital staff in conducting an educational program with high academic standards. The lists include the top 20 or more in each group. Because 13 of the top 20 non-federal hospitals were children's hospitals, a special list of children's hospitals is included in the table. This makes it possible to accord to other general and special purpose hospitals the recognition they deserve.

Director of Medical Education

Tables 18 and 19 indicate that a total of 964 individuals were reported as having the title of Director of Medical Education. Of these, 506 or 52% are listed as full-time. Seven per cent of the full-time DME's are listed as non-salaried, while 25% of the part-time Directors of Medical Education are non-salaried.

In the Annual Report for 1963, a detailed analysis was made of the distribution of these physicians in the various hospitals according to hospital con-

trol. Such a study has not been made this year, but Table 19 was created to indicate the distribution according to specialty. It will be noted that 37% were in internal medicine, 14% in surgery, 13% in psychiatry, and 27% in 19 other specialties listed, plus 9% "miscellaneous."

Table 17.—Hospitals with Highest Autopsy Rates

Federal Hospitals		%
1. National Institutes of Health-Clinical Center, Bethesda, Md.		94
2. Veterans Administration Hospital, White River Junction, Vt.		94
3. Fitzsimons General Hospital, Denver, Colo.		93
4. William Beaumont General Hospital, El Paso, Tex.		92
5. Veterans Administration Hospital, Seattle, Wash.		90
6. U.S. Air Force Hospital, Scott AFB, Belleville, Ill.		89
7. U. S. Naval Hospital, Bethesda, Md.		88
8. U. S. Air Force Hospital, San Antonio, Tex.		88
9. Madigan General Hospital, Tacoma, Wash.		88
10. U. S. Army Hospital, Ford Ord, Calif.		87
11. Veterans Administration Hospital, Denver, Colo.		87
12. U. S. Naval Hospital, Oakland, Calif.		86
13. Veterans Administration Hospital, Albuquerque, N. M.		86
14. Veterans Administration Hospital, Coatesville, Pa.		86
15. Brooke General Hospital, San Antonio, Tex.		86
16. Veterans Administration Hospital, San Juan, P. R.		85
17. U. S. Public Health Service Hospital, Boston, Mass.		84
18. Veterans Administration Hospital, Portland, Ore.		84
19. U. S. Naval Hospital, Newport, R. I.		84
20. Veterans Administration Hospital, Palo Alto, Calif.		83
21. Letterman General Hospital, San Francisco, Calif.		83
22. U. S. Naval Hospital, Great Lakes, Ill.		83
Nonfederal Hospitals (Children's Hospitals)		%
1. Driscoll Foundation Children's Hospital, Corpus Christi, Tex.		98
2. Children's Hospital, Denver, Colo.		97
3. Children's Hospital of the East Bay, Oakland, Calif.		94
4. Children's Mercy Hospital, Kansas City, Mo.		94
5. St. Christopher's Hospital for Children, Philadelphia, Pa.		94
6. Children's Hospital of Buffalo, Buffalo, N. Y.		92
7. Children's Hospital, San Diego, Calif.		90
8. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.		89
9. Variety Children's Hospital, Miami, Fla.		88
10. Children's Hospital of Los Angeles, Los Angeles, Calif.		87
11. Orthopaedic Hospital, Los Angeles, Calif.		87
12. Boston Floating Hospital, Boston, Mass.		87
13. Milwaukee Children's Hospital, Milwaukee, Wis.		87
14. Children's Hospital, Washington, D. C.		86
15. Children's Hospital Medical Center, Boston, Mass.		84
16. Children's Memorial Hospital, Chicago, Ill.		83
17. Children's Hospital of Philadelphia, Philadelphia, Pa.		83
18. Crippled Children's Hospital, Phoenix, Ariz.		82
19. Children's Hospital of Pittsburgh, Pittsburgh, Pa.		81
20. Texas Children's Hospital, Houston, Tex.		81
Nonfederal Hospitals (Other than Children's Hospitals)		%
1. Roswell Park Memorial Institute, Buffalo, N. Y.		99
2. Los Alamos Medical Center, Los Alamos, N. M.		97
3. Fajardo District Hospital, Fajardo, P. R.		96
4. Sonoma State Hospital, Eldridge, Calif.		95
5. Denver General Hospital, Denver, Colo.		92
6. National Jewish Hospital, Denver, Colo.		91
7. Pacific State Hospital, Pomona, Calif.		90
8. Tufts-New England Medical Center, Boston, Mass.		87
9. University of California Hospital The Medical Center, Los Angeles, Calif.		86
10. City of Hope Medical Center, Duarte, Calif.		85
11. New York Hospital-Westchester Division, White Plains, N. Y.		85
12. University Hospital, Seattle, Wash.		85
13. Rancho Los Amigos Hospital, Downey, Calif.		84
14. McLean Hospital, Belmont, Mass.		84
15. University of Minnesota Hospitals, Minneapolis, Minn.		84
16. University of California Hospitals, San Francisco, Calif.		83
17. University of Colorado Medical Center, Denver, Colo.		82
18. Free Hospital for Women, Brookline, Mass.		82
19. University of Nebraska Hospital, Omaha, Neb.		81
20. Santa Clara County Hospital, San Jose, Calif.		80
21. Santa Monica Hospital, Santa Monica, Calif.		80

The Association of Hospital Directors of Medical Education has established a national headquarters office at 333 North Michigan Avenue in Chicago, and is increasingly able to act as a clearing house for information regarding the position of Director of Medical Education.

Hospital Staffing Patterns

The trends in hospital staffing are receiving increasing scrutiny by various groups. At the June, 1964, meeting of the House of Delegates, a report

Table 18.—Directors of Medical Education by State

State	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Alabama	3	2	..	1	6
Arizona	1	3	2	..	7
Arkansas	2	1	..	..	3
California	52	15	1	4	72
Canal Zone	1	..	..	..	1
Colorado	6	5	1	3	15
Connecticut	10	12	1	4	27
Delaware	3	1	..	..	4
District of Columbia	7	4	..	1	12
Florida	14	3	..	..	17
Georgia	10	2	1	2	15
Hawaii	2	5	..	..	7
Illinois	23	14	1	6	44
Indiana	6	4	1	..	11
Iowa	8	3	..	..	11
Kansas	3	4	1	1	9
Kentucky	8	4	1	2	15
Louisiana	8	4	2	..	14
Maine	1	1	..	..	2
Maryland	13	7	1	2	23
Massachusetts	16	23	1	4	44
Michigan	17	19	1	9	46
Minnesota	11	8	1	..	20
Mississippi	3	2	1	..	6
Missouri	12	9	..	1	22
Nebraska	2	5	..	1	8
New Hampshire	2	..	..	..	2
New Jersey	19	24	2	9	54
New Mexico	3	1	1	..	5
New York	50	50	6	13	119
North Carolina	5	4	..	1	10
North Dakota	..	..	..	1	1
Ohio	28	16	2	14	60
Oklahoma	3	2	..	3	8
Oregon	4	4	..	1	9
Pennsylvania	42	33	2	9	86
Puerto Rico	1	2	1	1	5
Rhode Island	7	2	1	1	11
South Carolina	4	1	..	..	5
South Dakota	..	1	..	1	2
Tennessee	8	6	..	2	16
Texas	22	8	1	3	34
Utah	..	4	..	3	7
Vermont	..	3	..	..	3
Virginia	10	7	2	2	21
Washington	9	5	..	4	18
West Virginia	7	1	..	2	10
Wisconsin	4	10	1	2	17
Totals	470	344	36	114	964

on physician-hospital relations was submitted by the Council on Medical Service, and contains some stimulating studies and observations on hospital staffing practices. For the past two years, the annual questionnaire on which this report is based contained a footnote indicating that in listing the program director for each approved residency program, a symbol should be inserted indicating

Table 19.—Directors of Medical Education by Specialty

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Anesthesiology	3	7	1	1	12
Colon and Rectal Surgery	1	..	..	..	1
Dermatology	2	1	..	1	4
General Practice	6	11	1	2	20
Internal Medicine	175	144	5	30	354
Neurological Surgery	1	..	..	1	2
Neurology	2	1	..	..	3
Obstetrics-Gynecology	17	10	4	9	40
Ophthalmology	8	2	1	1	7
Orthopedic Surgery	12	16	4	3	35
Otolaryngology	..	2	..	..	2
Pathology	7	17	4	10	38
Pediatrics	30	9	1	6	46
Pediatric Cardiology	1	3	..	1	5
Physical Medicine	1	2	..	1	4
Plastic Surgery	..	..	..	1	1
Psychiatry	92	27	..	4	123
Psychiatry-Child	12	6	..	1	19
Radiology	..	..	2	4	6
Surgery	44	56	7	31	138
Thoracic Surgery	3	3	1	1	8
Urology	4	5	..	1	10
Miscellaneous	54	22	5	5	86
Totals	470	344	36	114	964

whether he serves full time. Table 20 gives the distribution of full-time program directors in affiliated and in non-affiliated hospitals, according to specialty. The total of 1,456 full-time program directors reported represents 23% of the approved specialty training programs, including general practice. Of this total, 921, or 63% were reported from affiliated hospitals, while 535, or 37% of the total, were reported from non-affiliated hospitals. Analysis of the ten specialties with the largest number of programs indicates that 38% of the 378 radiology residencies had full-time directors, followed by anesthesiology and pathology with 33% each, psychiatry with 29%, internal medicine with 24%, pediatrics with 23%, surgery with 19%, ophthalmology with 15%, otolaryngology with 14%, and orthopedic surgery with 13%. Only 12% of general practice pro-

Table 20.—Full-Time Directors of Residency Programs

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total
Anesthesiology	64	34	98
Dermatology	23	3	26
General Practice	4	16	20
Internal Medicine	92	60	152
Neurological Surgery	25	8	33
Neurology	46	3	58
Obstetrics-Gynecology	42	19	61
Ophthalmology	25	9	34
Orthopedic Surgery	31	19	50
Otolaryngology	23	3	26
Pathology	122	137	259
Pediatrics	58	25	83
Pediatric Allergy	3	1	4
Pediatric Cardiology	6	..	6
Physical Medicine	36	9	45
Plastic Surgery	5	1	6
Psychiatry	61	39	100
Psychiatry-Child	16	12	28
Radiology	86	57	143
Surgery	95	53	148
Thoracic Surgery	24	5	29
Urology	34	13	47
Totals	921	535	1,456

grams were reported as having full-time directors. As would be expected, the percentage of full-time program directors was higher in affiliated hospitals, and those specialties with more than 30% full-time directors were pathology, 44%; radiology, 41%; anesthesiology, 40%; pediatrics and psychiatry, 35% each; and internal medicine and surgery, 33% each. In the non-affiliated hospitals, only in the specialty of radiology did the proportion of full-time directors exceed 30%, the figure being 34% for that specialty. Reference to Tables 10 and 11 will give the number of approved programs in the other specialties, so that the percentages of full-time directors can be calculated if desired.

It is hoped that for next year there will be available a more extensive survey of the full and part-time staffing practices in all hospitals, both teaching and non-teaching, with a breakdown not only of program directors or service chiefs, but perhaps also staff physicians, house physicians, and trainees serving in even nonapproved programs.

Miscellaneous Data

The Consolidated List in the Directory contains a column listing footnote identification of those hospitals with particular restrictions on the appointment of interns and residents. Of the 765 hospitals approved for internship programs, 16 or 2% accept men only, 85 or 11% require U.S. citizenship, and 67 or 9% specify that foreign medical graduates are not eligible for appointment. For 1,354 hospitals approved for residency training, 36 or 3% accept men only, 196 or 14% require U.S. citizenship, and 213 or 16% do not accept foreign medical graduates.

Of the total of 1,423 hospitals, 260 or 18% indicated that appointments were available for dental interns, and there were 500 dental interns on duty. For the same hospitals, 154 or 11% reported appointments were available for dental residents, and there were 321 such residents on duty as of September 1, 1963.

Supply and Demand

At the annual session of the American Medical Association's House of Delegates in June, 1964, a resolution was introduced on the subject of "specialty medicine." The resolution made reference to the Bulletin of the American College of Surgeons for November-December, 1963, reporting a recent survey of members of the College and containing opinions of the members about the supply of general surgeons in relation to the supplies of other specialists, including general practitioners. The intent of the resolution was that the Council on Medical Education should develop a program to inform newly-graduated physicians of American medical schools of the supply and demand in the specialty fields in the United States.

The Reference Committee in its report on this resolution noted the inherent difficulties and complexities involved in attempting to define quantitatively the terms "supply" and "demand" in an ever-changing field such as medical practice. It further recognized that the Commission on Medical Practice and the Citizens Commission on Graduate Medical Education are both deeply involved in this and related problems. The Committee, nevertheless, agreed with the intent of the resolution and encouraged its implementation so far as is practical.

In the Annual Report for 1963, the Council included a table on the distribution of physicians in the United States for 1962-1963. This listed the ten leading specialties plus general practice, and compared the percentage of total physicians in these specialties and the percentage of residents in training in those same specialties. Table 21 is a similar table of this type of comparison, utilizing data secured from the quarterly table of distribution of physicians by type of practice, prepared by the AMA Directory Report Service for October 7, 1963. These data, therefore, relate closely in time to the data of the Council on interns and residents, which were obtained as of September 1, 1963.

The grand total of all physicians in all categories, including general practice, those in private practice as well as those not in private practice, and those in internship and residency training programs, was 276,156. This is a gain of 7,407 over the same totals for October 8, 1962. It should be noted, however, that the gain of physicians classified in general practice was 10,226, so clearly the gain in listed general practitioners was not due to a gain in total numbers entering medicine, but was due to a change in classification of physicians. This gain of 10,226 general practitioners was a 17% increase over the figure reported the previous year. Table 21 indicates that the 69,096 general practitioners listed

Table 21.—Distribution of Physicians in the U. S.—
1963—1964

Specialty	All Physicians		Residents			
	Number in Specialty	Percentage of Total Physicians	Number on Duty	Percentage of Total Physicians in this Field	Percentage of Total Residents on Duty	Percentage of Residencies Filled in this Field
General Practice.....	69,096	25	370	0.5	1	47
Internal Medicine.....	35,060	13	5,129	15.0	17	80
General Surgery.....	27,604	10	5,656	20.0	19	86
Obstetrics-Gynecology.....	16,618	6	2,457	15.0	8	90
Psychiatry.....	15,746	6	3,274	21.0	11	76
Pediatrics.....	14,200	5	1,820	13.0	6	81
Radiology.....	8,720	3	1,490	17.0	5	76
Ophthalmology.....	7,972	3	969	12.0	3	95
Anesthesiology.....	7,795	3	1,145	15.0	4	68
Pathology.....	7,189	3	1,944	27.0	7	59
Orthopedic Surgery.....	6,864	2	1,388	20.0	5	89
Totals.....	216,864	79	25,642	12.0	87	..
Others.....	59,292	21	3,843	6.0	13	..
Grand Totals.....	276,156	100	29,485	11.0	100	..

totalled 25% of all physicians listed; an increase of 3% over the previous year. Further study of the table indicates that the percentages of physicians in the other specialties were similar to the previous year with the exception of general surgery, which fell from 7% to 6%. There were 3,571 less specialists listed in general surgery, 935 less listed in obstetrics-gynecology, and 54 less listed in anesthesiology, for a total loss of 4,560 specialists from those three fields. It is possible that this shift is related to the new requirements of the AMA that the specialty listing of members in the AMA Directory determines eligibility for registration to vote in the Section meetings of the Annual Conventions of the AMA. It is possible that some physicians who formerly listed themselves as general surgeons, obstetrician-gynecologists or anesthesiologists prefer to be listed in general practice in order to establish their eligibility and preference for attendance at the meetings of the Section on General Practice.

Further study of the table indicates that, for each specialty, residents contribute a significant percentage of the total, varying from 27% of all pathologists to 12% of all ophthalmologists. In the field of general practice, only 0.5% of all general practitioners are listed as residents, the 370 residents on duty in general practice fill only 47% of the available residencies in that field, and they comprise only 1% of the total residents on duty. In the field of ophthalmology, the percentage of residents on duty is the same as the percentage of total physicians practicing ophthalmology. In both instances, the figure is 3%, and this relates to the fact that the 95% of residencies filled in ophthalmology is the highest percentage of any of the listed specialties. For each of the other specialties, the percentage of residents on duty is a higher percentage of the total residents than is the percentage of physicians in the specialty as compared to the total of all physicians. In general surgery, whereas 10% of all physicians are in this field, 19% of all residents are in general surgery. While 6% of all physicians are listed in psychiatry, 11% of all residents are in that category. In pathology, while 3% of all physicians are so categorized, 7% of all residents are in pathology. In the specialty of orthopedic surgery, while 2% of all physicians are classified in this field, 5% of all residents are in orthopedic surgery. For these 11 fields of special practice, increased percentages of total physicians as compared to the previous year are noted only for general practice (3%) and for pathology (1%).

Claims of a "shortage" in many fields are often defended by reference to the percentage of unfilled residencies in those particular fields. This may be a rather poor criterion, since there may be an unrealistically large total number of residencies ap-

proved in certain fields with a resultant low recruitment percentage. Table 21 gives additional data which may relate to supply and demand. These data indicate at least the popular fields. It can be predicted that the percentage of total physicians practicing pathology will increase much faster than will the percentage of total physicians practicing ophthalmology, since the percentage of total physicians who are now residents in pathology is more than twice the percentage of physicians who are residents in ophthalmology.

Another source for suggestive data bearing on the problem of supply and demand is the files of the Physicians' Placement Service of the Department of Community Health and Health Education of the American Medical Association. Through the courtesy of the staff of that department the following data have been derived from the applications of physicians seeking placement, and have been compared with the opportunities to practice medicine received from communities, institutions, and other organizations and individuals. For 1963, 2,702 applications from physicians were processed while 1,965 opportunities for practice were registered. It should be remembered that this is a limited sample and may not reflect accurately conditions throughout the United States.

Table 22.—Annual Statistical Report, Physicians Placement Service

Specialty	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
TOTAL	2,702	100%	1,965	100%
General Practice	489	18%	793	40%
Anesthesiology	89	3	38	2
Dermatology	49	2	17	1
ENT—EENT	42	1	100	5
Internal Medicine	432	16	260	13
Miscellaneous*	139	5	...	...
Industrial	...	...	57	3
Institutional	...	...	47	2
Public Health	...	...	24	1
School Health	...	...	18	1
Obstetrics-Gynecology	316	12	73	4
Ophthalmology	112	4	80	4
Orthopedics	108	4	71	4
Pathology	80	3	27	1
Pediatrics	149	6	147	8
Psychiatry, Neurology and				
Neuro-Psychiatry	60	2	82	4
Radiology	115	4	38	2
Surgery	424	16	59	3
Urology	98	4	34	2

*This file contains applications from physicians interested in industrial medicine, institutional practice as well as some specialties in which opportunities are not often registered: plastic surgery, aerospace medicine, medical writing, school health, etc.

Table 22 was provided by the Physicians' Placement Service, and permits a comparison between the numbers of physicians in the various specialties who are seeking locations and the numbers of opportunities in the various specialties in which a physician is desired. This table lists 14 clinical fields including general practice, and miscellaneous fields including industrial, institutional, public health, and school health practice, as well as some other less

common categories, such as plastic surgery, aerospace medicine, and medical writing.

As has been true in past years, the opportunities in general practice and in otolaryngology outnumber the total applicants in those fields by a considerable amount. There are considerably more opportunities than applications in psychiatry and related fields, but the previous imbalance in the field of pediatrics has disappeared. There are three specialties in which the available physicians outnumber the opportunities by a considerable amount, these being obstetrics-gynecology, radiology, and surgery.

The largest number of applications came from the east coast and the midwest. Based on these applications, California led in preferences for location by both specialists and general practitioners. They indicated that the leading preferences of general practitioners applying were the states of Arizona, Colorado, Illinois, New York, Oregon, Pennsylvania, Texas, Washington and Wisconsin. The preferences of other specialists were Arizona, Connecticut, Illinois, New Jersey, New York, Oregon, Pennsylvania, Texas, and Washington. Less than 10% of the physicians wish to be relocated in their own states. Almost without exception, openings exist in every specialty in almost every geographic region of the country.

Approximately one-third of all specialty openings require that the physician be either board-certified or board-eligible in order to be considered for the position. The majority of all applicants were under 40 years of age, were American citizens and graduates of American schools, and a substantial number had completed their military obligation. The field with the lowest percentage of American citizens was anesthesiology, in which one-third of the applicants were over 40 years of age, and only 57% were graduates of American medical schools. In the field of ophthalmology, 95% were American citizens, 88% were graduates of American medical schools, and only 13% were over 40.

The Physicians' Placement Service in the Department of Community Health and Health Education of the American Medical Association does not place interns or residents, but serves only licensed physicians who wish locations for practice. It is hoped that it will be possible to report these data again in the future as a limited but factual example of figures regarding supply and demand in the specialties. Study of the openings listed in the classified advertisements section of one issue of the JAMA indicated openings for 30 general practitioners, 15 internists, 10 radiologists, four each in anesthesiology, obstetrics-gynecology, and surgery, and from one to three vacancies for most of the other recognized specialties.

The Health Information Foundation of the Grad-

uate School of Business of the University of Chicago, Chicago 37, Illinois, has issued its Bulletin "Progress in Health Services," Vol. XIII, No. 3, May-June, 1964, on the subject of "Where Physicians Work." This six-page bulletin contains considerable data substantiating the following quoted paragraphs:

"Degree of specialization and the place of work have been changing markedly. The trends during the last three decades have been in the direction of full-time specialization, a gradual increase in group practice, and an increase in hospital-based service, largely in internships and residency programs.

"The proportion of physicians in private practice has declined steadily over the years, although they have remained a clear majority. In 1931, about 86% of all physicians were private practitioners. By 1949, the proportion decreased to 75%, and today it is down to 63%. As a proportion of active physicians outside federal government, today, private practitioners still account for 73% of the total."

Hospital Facilities

Tables 23 and 24 show the relationship between the educational programs, medical school affiliation, and total hospital beds in the United States' hospitals. The official data for total hospital beds were secured from the American Hospital Association, based on its 18th annual survey for the year 1963, published in the special August "Guide Issue" of the journal "Hospitals."

For 1963, the grand total of hospitals listed by the American Hospital Association was 7,138, or an

Table 23.—Relation of Hospital Affiliation to U. S. Hospital Beds

	Hospitals		Hospital Beds	
	No.	% of Total	No.	% of Total
Hospitals with Approved Programs				
Major Medical School Affiliation.....	227	3	151,022	9
Limited Medical School Affiliation.....	118	2	85,766	5
Medical School Affiliation (Intern and/or Resident).....	44	1	24,125	1
No Medical School Affiliation.....	1,034	14	541,102	32
Totals.....	1,423	20	802,015	47
Hospitals without Approved				
Training Programs.....	5,715	80	899,824	53
Grand Totals.....	7,138	100	1,701,839	100

increase of 110 hospitals over the previous year. This was accompanied by an increase of 12,425 beds for a grand total of 1,701,839. The 1,423 hospitals with approved educational programs was 127 less than for the previous year, involving 802,015 beds, or 5,264 less than last year. The teaching hospitals, therefore, constituted 20% of the total in the United States, and they involved 47% of the available hospital beds in the United States.

The 44 hospitals identified as having a medical school affiliation based on intern and/or resident programs is reflected in the Consolidated List of Hospitals in the Directory, by the designation "G." This indicates that the dean of the medical school concerned regards such hospitals as having a formal affiliation with the medical school, not on a basis of use for undergraduate medical education, but for the sole purpose of graduate medical education of interns and residents. Those hospitals with a major or limited medical school affiliation for undergraduate teaching are designated in the Consolidated List by "M" and "L" as before. Six per cent of the total U.S. hospitals, therefore, were affiliated with medical schools, and this involved 15% of the available hospital beds. Fourteen per cent of all U.S. hospitals, involving 32% of all U.S. hospital beds have approved intern and/or resident training programs, but maintain these programs without affiliation with any medical schools. In 80% of the hospitals which have 53% of the total beds, there are no educational programs for interns or residents approved by the Council or by the review committees on which it is represented.

Table 24 reveals that 5% of the 1,423 hospitals

Table 24.—Relation of Training Programs to U. S. Hospital Beds

Hospitals with:	Hospitals		Hospital Beds		
	No.	% of Total	No.	% of Teaching Hosp. Beds	% of All Hosp. Beds
Internships Only.....	69	5	17,659	2	1
Residencies Only.....	658	46	467,354	58	27
Internships and Residencies.....	696	49	317,002	40	19
Grand Totals.....	1,423	100	802,015	100	47

with approved programs conduct internship only, and this represents 2% of the teaching hospital beds. Residencies only are conducted in 638 or 46% of the teaching hospitals and involve 58% of the teaching hospital beds. Both internship and residencies are conducted in 49% of the teaching hospitals, involving 40% of the teaching hospitals beds.

Present Status of Graduate Training Programs

Table 25 is the cumulative table showing the status of internships and residencies since World War II. Chart II reflects these data graphically. The total of internships and residencies offered, both in hospitals and otherwise, was 49,586, while 39,121 or 79% of these positions were filled. Inclusion of the 4,512 other trainees yields a grand total of 43,633 United States and foreign graduates undergoing graduate medical education leading toward licensure, general or specialty practice, or specialty board certification as of September 1, 1963. The total of 2,697 additional trainees on duty represents an increase of 7% over the previous year.

Table 25 indicates that the 2,593 vacant internships is less than for the previous three years, but the 7,728 vacant residencies is greater than ever before, and is 21% of all the positions offered as of September 1, 1963.

Increase in Positions

Table 26 is a comparison between the positions offered in the 1963 Directory for the academic year 1964-1965, and the positions offered in the 1964 Directory for the academic year 1965-1966. The grand total of 52,014 positions projected as avail-

Table 25.—Status of Internships and Residency Programs in the U. S. A.

	Internships						Residencies							
	Total Offered	Total Filled	Filled by		Filled Federal Services*		Total Vacant	Total Offered	Total Filled	Filled by		Filled Federal Services*		Total Vacant
			Non-Foreign Grads.	Foreign Grads.	V.A.	Other				Non-Foreign Grads.	Foreign Grads.	V.A.	Other	
1963-1964.....	12,220	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,728
1962-1963.....	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962.....	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723	2,602	1,249	5,766
1960-1961.....	12,547	9,115	7,362	1,753	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,330
1959-1960.....	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,456	4,143
1958-1959.....	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957-1958.....	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956-1957.....	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955-1956.....	11,816	9,603	7,744	1,859	55	495	2,013	26,516	21,425	17,251	4,174	2,353	624	5,091
1954-1955.....	11,048	9,066	7,305	1,761	88	470	1,982	25,486	20,404	17,219	3,275	2,252	657	4,992
1953-1954.....	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952-1953.....	10,548	7,645	6,292	1,353	67	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951-1952.....	10,044	7,866	6,750	1,116	71	472	2,178	20,645	15,851	13,618	2,233	2,120	761	4,794
1950-1951.....	9,370	7,030	6,308	722	...	435	2,340	19,364	14,495	13,145	1,350	...	...	4,869
1949-1950.....	9,124	7,313	...	...	...	...	1,811	18,669	17,490	...	...	...	...	1,179
1948-1949.....	9,027	7,248	...	...	...	...	1,779	17,293	...	...	...	...	...	...
1947-1948.....	8,683	6,902	...	...	...	...	1,781	15,172	...	...	...	...	...	...
1946-1947.....	8,584	...	...	...	...	...	...	12,003	...	...	...	**	...	...
1945-1946.....	8,429	...	...	...	...	...	...	8,930	...	...	...	...	...	...
World War II														
1941-1942.....	8,182	...	...	...	...	...	...	5,256	...	...	...	...	...	...

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

GRADUATE MEDICAL EDUCATION

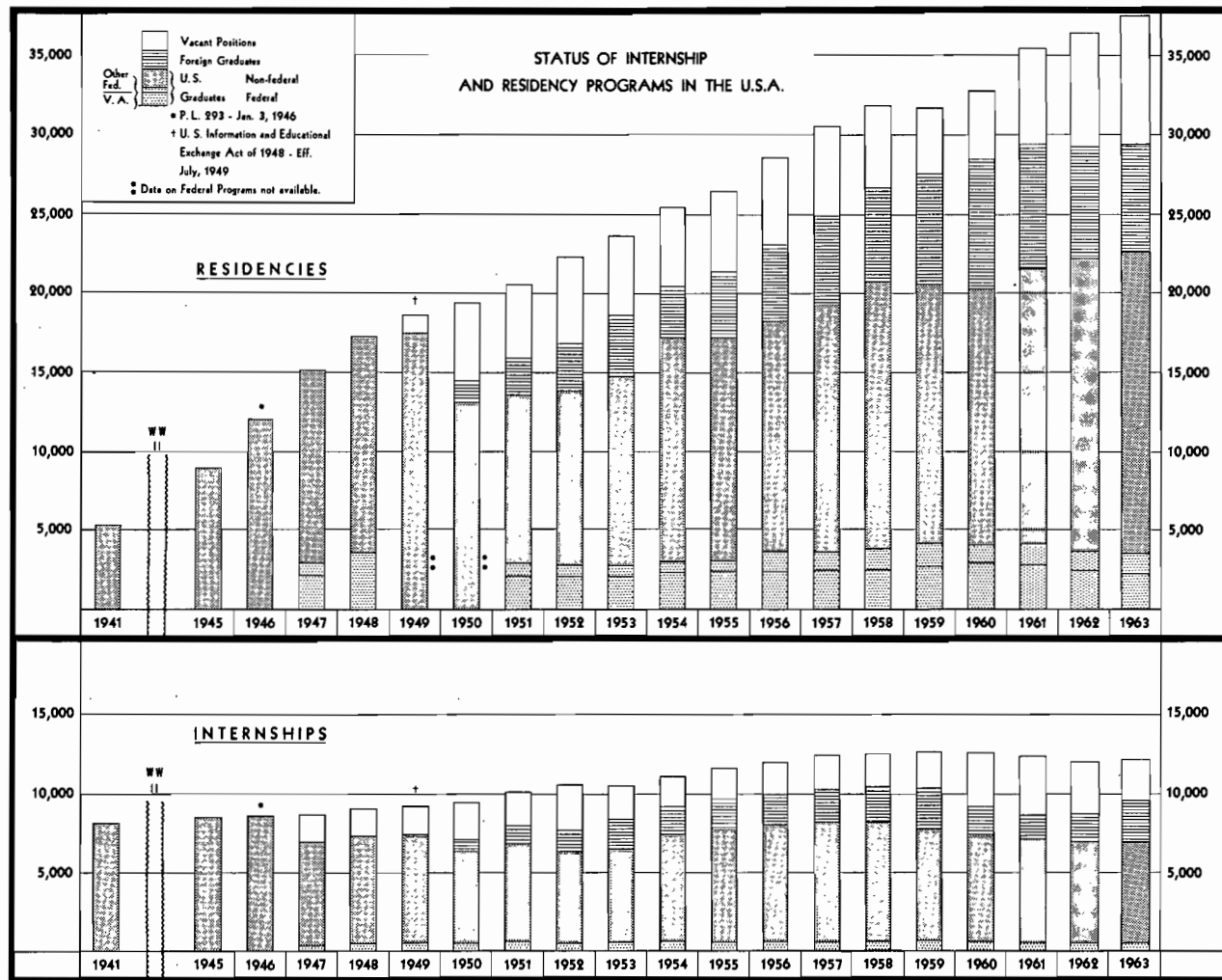


Chart II.—Status of Internship and Residency Programs in the U.S.A.

able as of July 1, 1965, is 1,546 more than were projected as available July 1, 1964. The difference in projections by the affiliated as compared to the non-affiliated hospitals must be noted, however, since for July 1, 1965, the affiliated hospitals are offering 1,508 or 5% less internships and residencies than for July 1, 1964; on the other hand, the non-affiliated hospitals are offering 3,064 or 14% more positions for July 1, 1965, than were offered for July 1, 1964. Accordingly, for next year, non-affiliated hospitals will offer 48% of all the available

internships and residencies, while the affiliated hospitals will offer 52%.

Because the numbers and proportion of affiliated and non-affiliated hospitals do not remain constant from year to year, it is hazardous to draw conclusions from changes in the projected internship and residency positions in either group of hospitals from year to year. Since the deans of the medical schools are responsible for identifying affiliated hospitals on a basis of an annual questionnaire addressed specifically to them, some of these changes in numbers might be only changes in classification. Nevertheless, it does appear that there is a continuing over-all increase in available internship and residency positions, and the hospitals largely responsible are the non-affiliated hospitals, which make up 73% of all the hospitals with approved graduate educational programs.

Table 26.—Positions Offered in 1964 Directory for 1965-1966

	Affiliated Hospitals		Non-Affiliated Hospitals	
	1964-1965	1965-1966	1964-1965	1965-1966
Internships	6,466	5,493	6,392	7,646
Residencies	21,920	21,375	15,690	17,500
Totals	28,386	26,868	22,082	25,146

Special Reports, Announcements, and Notices

I. POLICY STATEMENTS

A. Relationship of Accreditation of Hospitals to Approval of Graduate Training Programs

There has been some confusion, as indicated in newspaper accounts, concerning the status of graduate training programs in hospitals from which the Joint Commission on Accreditation of Hospitals has withdrawn hospital accreditation.

Both the "Essentials of an Approved Internship" and the "Essentials of Approved Residencies" state that "Hospitals conducting or applying for approved intern or residency training programs should be accredited by the Joint Commission on Accreditation of Hospitals." The Council on Medical Education, however, does not automatically withdraw approval of internship or residency training programs when a hospital loses accreditation by action of the Joint Commission.

It is the policy of the Council that such action by the Joint Commission would call for an early review of all training programs in the hospital concerned. The review of the internship program in the affected hospital would then be considered by the Internship Review Committee, and the review of the residency training programs would be considered by the individual residency review committees in the specialties concerned.

B. Foreign Medical Graduates

1. Application to California Hospitals.

Recent inquiries from some hospitals in California indicate that there may not be full understanding of the policy of the American Medical Association regarding certification of the graduates of foreign medical schools by the Educational Council for Foreign Medical Graduates.

This uncertainty has apparently arisen in California because of the fact that all foreign medical graduates must take and pass the regular licensure examination in the State of California prior to serving in an approved internship. In the case of the foreign medical graduate, the license to practice is still not granted upon completion of the internship, as the foreign graduate is required to take and pass a further oral and clinical examination before the license is granted.

The Council on Medical Education has determined that graduates of foreign medical schools cannot be exempted from ECFMG requirements on a basis of having taken and passed only the regular written examination of the California Board of Medical Examiners. Foreign medical graduates who do not possess either a full and unrestricted license to practice or an ECFMG certificate are not eligible for appointment to approved internships or

residencies without jeopardy to the approved status of such programs.

2. Discontinuance of Temporary ECFMG Certificates.

The Board of Directors of the Educational Council for Foreign Medical Graduates has announced that the March 1964 examination was the last one at which temporary certificates would be awarded.

With the October 1964 and all subsequent examinations, candidates must earn a standard certificate in order to be eligible for appointment to an approved internship or residency program.

3. Program Transfers and Broken Contracts.

Contractual violations and other matters involving transfer of foreign medical graduates from one program to another, and relating especially to the responsibility of program directors, were discussed in the Education Number of the J.A.M.A. November 16, 1963, Vol. 186, No. 7, pp. 687-688.

While the discussion applied specifically to graduates of foreign medical schools, program directors are also asked to notify the Council on Medical Education of contractual violations on the part of graduates of American schools. Although the Council does not act as a punitive or adjudicative agency on these matters, the house officer involved will then be asked to submit a statement of his reasons for breaking the contract, so that all of the information available may be made a matter of record in his personal, permanent biographical file in the A.M.A. Department of Circulation and Records.

C. Graduate Training Outside the United States

The Council on Medical Education receives many inquiries from physicians and organizations for information on graduate training programs outside the United States and in areas throughout the world in which there are U.S. military installations. Other inquiries concern specific institutions, such as the American Hospital in Paris and the American University at Beirut, Lebanon.

The Council does not participate in the approval of internship or residency programs outside the United States, and, therefore, is unable to furnish information concerning such programs. As a courtesy, a list of hospitals approved for junior rotating internships in Canada by the Canadian Medical Association is included in this Directory, and follows immediately the list of internships offered in hospitals in the United States. Persons interested in obtaining further information concerning the manner in which the programs are evaluated, and the standards used, should inquire of the Canadian Medical Association, 150 St. George Street, Toronto, Ontario, Canada.

The Royal College of Physicians and Surgeons of Canada publishes a list of Canadian hospitals ap-

proved for advanced graduate training. The most recent list is also published in the *Canadian Medical Association Journal* for April 4, 1964. This list includes programs in anesthesiology, bacteriology, dermatology, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, pediatrics, pathology, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, general surgery, cardiovascular and thoracic surgery, and urology.

Further information concerning approval of these programs may be obtained from the Royal College of Physicians and Surgeons of Canada, 74 Stanley Avenue, Ottawa 2, Ontario, Canada.

D. Placement Service for Physicians Desiring Overseas Service

The A.M.A. Department of International Health has established a placement service for physicians interested in serving overseas for varying lengths of time, in appointments other than internships or residencies.

The program started with the A.M.A. Short-Term Mission Service Program in 1961, and has now been expanded to serve voluntary, governmental, industrial, and other American organizations and agencies that require physicians to serve abroad.

The Department of International Health also serves as a clearing house of information for American physicians traveling abroad. Up-to-date information is maintained on the details of current medical meetings overseas, the national medical associations of other countries and their activities, and specialty information and contacts for the use of traveling American physicians.

E. Osteopaths and Former Osteopaths

Because of continued inquiry concerning the status of graduates of the California College of Medicine as well as holders of degrees from that institution who are graduates of the Los Angeles College of Osteopathic Physicians and Surgeons, the following policy is repeated as originally published in the *J.A.M.A.* Nov. 17, 1962, p. 779. There has been no official change in this policy:

On May 9, 1962, the Council on Medical Education issued the following statement on "Approved Intern and Resident Programs and Physicians Granted M.D. Degrees by the California College of Medicine":

The California College of Medicine was accredited as a medical school on February 15, 1962. Students now regularly enrolled in the 4th year class who graduate from that institution in June 1962 and subsequent regular graduating classes will be eligible for approved intern and resident positions on the same basis as graduates of all other approved medical schools.

As part of the California unification program, osteopathic physicians who are fully licensed in California and who otherwise are considered eligible will be issued an M.D.

degree by the California College of Medicine. The Council on Medical Education of the American Medical Association has determined that physicians issued the M.D. degree under these circumstances may be appointed to approved intern and resident programs located in the State of California without jeopardy to the approved status of the programs. Hospitals in California making such appointments are responsible to ascertain that the physicians are otherwise professionally and personally qualified for the positions to which they are appointed.

The secretaries of each of the state boards of medical licensure and the secretaries of each American medical specialty board have been notified of the accredited status of the California College of Medicine. They were further notified that:

As a result of this action, the current fourth year class of the California College of Medicine, which will graduate in June, 1962, will be recognized as graduates of an accredited medical school. Graduates of that institution prior to February 15, 1962, are not affected and should not be recognized as graduates of an accredited school.

While all specialty boards are now considering the eligibility of those former graduates of schools of osteopathy who now hold M.D. degrees, only the American Board of Surgery has taken sufficient action to authorize the following statement as of July 16, 1962:

It will be necessary for the Examination Committee to consider individually the qualifications of candidates who graduated from the California College of Medicine (formerly, Los Angeles College of Osteopathic Physicians and Surgeons) prior to the class of June, 1962.

On July 9, 1962, the Council issued the following statement of "Eligibility of Osteopathic Physicians for Appointments in Approved Intern and Resident Programs in Federal Hospitals":

The present policy on eligibility of former osteopathic physicians for appointment to approved internships or residencies in California without jeopardy to the approved status of such programs is based on: (1) possession of an unlimited license to practice medicine in California, (2) possession of an M.D. degree issued by the recently accredited California College of Medicine, and (3) completion of a unification program between the California Medical Association and the California Osteopathic Association.

The unification action taken in California satisfies the intent of the House of Delegates of the American Medical Association at the June, 1961 session which states: "(1) It shall not be considered in itself unethical for members of the American Medical Association to associate professionally and on a voluntary basis with doctors of osteopathy who base their practice on the same scientific and ethical principles as doctors of medicine. . . . (2) It is the prerogative and the obligation of each constituent medical association to implement this policy on a state or local basis." In the instance of hospitals in one of the departments or agencies of the Federal Government, it is not possible for a constituent medical association to take action which would have nationwide application. While Federal regulations for employment of physicians may require licensure, they do not require membership in specific state societies. It is therefore the policy of the Council that former osteopathic physicians who have received an M.D. degree from the California College of Medicine and who are fully licensed are eligible for appointment as interns or residents to approved programs in any Federal hospital without jeopardy to the approved status of such programs. Federal hospitals

making such appointments are responsible to ascertain that the physicians are otherwise professionally and personally qualified for the positions to which they are appointed.

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

II. Specialty Changes and Announcements

A. Anesthesiology

1. Approval of Three-Year Residencies.

A number of listings of approved residencies in Anesthesiology carry the footnote reference 58, indicating that the programs offer a year or more of additional training for those residents who wish to qualify for certification under Plan I of the American Board of Anesthesiology.

Under the present procedure for obtaining approval of such additional training, the Director of the program, when he has a resident who wishes this training, applies to the American Board of Anesthesiology for approval of that individual's training. If, in the opinion of the Board, this year of training appears to meet the standards for approval, the Board will agree to give credit to that individual resident. Then, when the resident has begun his duties, there will be a review by an Anesthesiologist representing the Residency Review Committee for Anesthesiology. On the basis of this report, the Committee, which represents the American Board of Anesthesiology and the Council on Medical Education, will consider permanent approval.

A few institutions have completed these steps and are now approved by the Residency Review Committee for Anesthesiology. Others, many probably of equal merit, have not yet activated this additional training. Consequently, in this issue of the Directory of Approved Internships and Residencies, all that is indicated is that, according to the available information, a hospital offers additional training. It would be unfair, in the opinion of the Residency Review Committee for Anesthesiology, to list as approved a small number of hospitals, when omission of others from the list might be interpreted as meaning that the unapproved programs did not meet the standards for three-year approval rather than that the program directors had not yet activated their three-year programs.

2. Eligibility of Former Osteopaths for Board Examinations.

At a meeting held in April, 1964, the American Board of Anesthesiology took the following action:

"A former Doctor of Osteopathy who has been granted the degree of Doctor of Medicine by the California College of Medicine in Los Angeles, and who is licensed as a Doctor of Medicine in any state, will be considered to have met the medical school requirements of the Board and may be admitted to its examinations, provided his other credentials are found to be acceptable."

The Secretary-Treasurer of the Board has stated that, by this action, the Board is indicating that a former Doctor of Osteopathy who holds an M.D. degree from the California College of Medicine and is licensed as an M.D. in any state will be considered to have met the medical school requirements of the Board, and may submit application for admission to examination on exactly the same basis as one whose Medical Degree was originally received from a school which was approved by the Council on Medical Education at the time of his graduation. The action refers only to paragraph "A (1)" of the Board's requirements, and does not exempt the applicant from meeting the other requirements of the Board.

B. Internal Medicine

1. Listing of Programs Approved for Less than Three Years of Training.

As announced previously, effective July 1, 1965, the Residency Review Committee in Internal Medicine, representing the American Board of Internal Medicine, the American College of Physicians, and the Council on Medical Education, will no longer approve residency programs offering less than three years of training.

Directors of programs now approved for one or two years of training may have submitted for evaluation proposed training programs of three years' duration which may not yet have been considered at a meeting of the Residency Review Committee. Such programs, listed in this Directory for approval of less than three years of training, may continue to hold approval after June 30, 1965. It is recommended that applicants verify the approval status before accepting appointments in programs listed in this Directory for less than three years of training in internal medicine.

2. Revision of Requirements for Certification in Subspecialties:

The "Memorandum to Candidates for Admission to Examination" published by the American Board of Internal Medicine and revised July 1, 1964, contains a change in the procedure for certification of candidates in the subspecialties of allergy, cardiovascular disease, gastroenterology, and pulmonary disease.

Previous issues of the memorandum contained a statement that "Candidates are not eligible to apply for admission to examination in a subspecialty until three years after certification in internal medicine. Each subspecialty application is individually con-

sidered, and a candidate is not eligible for admission to examination until his application has been approved by the Subspecialty Board concerned and the approval confirmed by this Board."

The memorandum, as revised in July, 1964, now contains the following paragraphs:

"1) The Subspecialty Boards of the American Board of Internal Medicine do not appraise hospitals for residency or fellowship; however, a residency or fellowship in a subspecialty in a hospital approved for three years of residency training in internal medicine by the Residency Review Committee in Internal Medicine may be applied as one year of credit provided the program is planned on an educational basis under supervision of a subspecialist.

"2) After establishing eligibility in a subspecialty, candidates will be admitted to examination, on application, two years after certification in Internal Medicine.

"To establish eligibility, candidates will apply on a form obtained from this office, which will in turn be studied by the Subspecialty Board concerned."

The forms referred to in the preceding paragraph can be obtained from the office of the Executive Secretary-Treasurer of the American Board of Internal Medicine, 1 West Main Street, Madison, Wisconsin, 53703.

C. Pathology: Revised "Essentials"

The "Essentials of Approved Residencies," under Special Requirements for Residency Training in Pathology, contain a revision of the material under the heading "Quantitative Requirements," replacing the former listing of categories A through Q as follows:

"Quantitative Requirements.—In the field of anatomic pathology there should be sufficient volume and variety of autopsy, surgical and cytological material (except in special programs) to insure adequate education, training and experience in this branch of the specialty. There are no absolute criteria, but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material do not exist.

"In the field of clinical pathology there should be a reasonable diversification of tests, and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

"Approval is granted for residency training in pathology in the following categories:

- | | |
|------------------|---|
| "Category APCP-4 | In both anatomic and clinical pathology for a total of four years. |
| "Category APCP-2 | In both anatomic and clinical pathology for a total of two years. |
| "Category AP-3 | In anatomic pathology only for three or more years. |
| "Category AP-1 | In anatomic pathology only for one year. |
| "Category CP-3 | In clinical pathology only for three or more years. |
| "Category CP-1 | In clinical pathology only for one year. |
| "Category SP | Special pathology only, usually for one year. This designation includes forensic pathology, research only, and such other special programs as may be approved." |

D. Surgery

1. Revision of "Essentials" Covering "Surgical Staff."

The following two paragraphs replace a single paragraph which appeared previously in the "Essentials of Approved Residencies" under the section on Special Requirements for Residency Training in General Surgery.

"D. *Surgical Staff*—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. The members of the staff should have a real interest in teaching and must be willing to give the time and effort required by the educational program.

"The staff must be organized, and the chief of the service must be responsible for the quality of work done in the department, and the supervision of the resident training program. Continuity of this responsibility and supervision of the residents is highly desirable. Therefore, the appointment or election of the chief of service should not be considered as honorary, and should be of such duration as to insure this continuity."

2. Definition of "Responsible Surgeon."

The Conference Committee on Graduate Training in Surgery, composed of representatives of the American Board of Surgery, the American College of Surgeons, and the Council on Medical Education, has adopted, with the concurrence of the above parent bodies, the following definition of "responsible surgeon" as it relates to surgical residents in training, for use in the next issue of the Guide Book for Residency Programs in General Surgery and in correspondence relating to residency programs:

"Responsible Surgeon.—The resident can be considered to be the 'responsible surgeon' only when the patient has been placed in his care so that he has made or confirmed the diagnosis, selected the appropriate operative procedure, been responsible for pre-operative care, acted as the surgeon, cared for the patient post-operatively, and, insofar as possible, seen the patient at follow-up visits. All this must be under the supervision of the responsible member of the senior staff."

The Committee considers the record of cases in which the resident was the "responsible surgeon" to be one measure of the graduated, progressive experience afforded the resident. It will use the definition to insure a uniform basis for comparison of residencies to be approved.

"Supervision" may need further definition. Obviously, the senior staff member must be satisfied that each step in the care of the patient has been accomplished properly before the resident proceeds to the next. When a particular operative procedure would appear to present complications, the senior staff member may be well advised to actually perform the operation or to act as first assistant, in the interest of the patient. Often, the supervision during the operation need be no more than observation. Generally, the well prepared senior resident may be allowed to proceed with the operation in "service cases" without immediate observation by the senior staff member, provided the latter is readily avail-

able for prompt consultation if the resident asks for it.

Each hospital is expected to set aside "service beds" for the senior resident in each approved training program. Patients admitted to these beds may come from the outpatient department, the emergency room, by transferral from other services, or through referral by staff members.

In a well-organized training program, an active outpatient clinic is almost essential. Here, patients are seen by the resident staff, a provisional diagnosis is established, appropriate diagnostic procedures initiated, and a pre-operative diagnosis made, prior to admission to the hospital. It is complementary to the "in-patient" service. It also serves as a follow-up clinic in which the results of surgical care may be evaluated by the resident staff.

Some hospitals use their emergency rooms in lieu of outpatient clinics. However, it is the observation of the Conference Committee that separation of these two facilities is more effective, and serves to insure better occupancy of the "service beds," and better experience for the residents.

Private patients should be used in the education of residents. The staff surgeons should utilize the residents as surgical assistants, with increasing active participation in the total care of the private patients. However, this participation in the care of private patients cannot take the place of the residents' necessary experience as the "responsible surgeon."

Some residents have reported a number of "half-operations," indicating that the performance of 50 unilateral salpingectomies (when the responsible surgeon does the other side) may be equated to 25 patients in which the resident would have performed bilateral salpingectomy as the "responsible surgeon." Obviously, such cases cannot be accepted in a list for which the resident was "responsible."

A resident may list himself as the "responsible surgeon" for a private patient when the Committee's definition has been satisfied, *and* the patient has been advised as to the identity of the operating surgeons (and the role of each), *and* the patient has given consent. The senior staff member always has the legal and moral responsibility for the actions of the resident, even when the latter is the "responsible surgeon."

E. Thoracic Surgery

1. Mixed Residency Programs.

A memorandum was issued in April, 1964, to program directors and administrators of hospitals with approved residency programs in thoracic surgery, calling attention to the change in policy relating to "mixed" residency programs combining general and thoracic surgery, as follows:

"The Board of Thoracic Surgery and the Council on Medical Education wish to call to your attention a policy change

relating to 'mixed' residency programs combining general and thoracic surgery. In the 'Essentials of Approved Residencies' prepared by the Council on Medical Education and revised to June 30, 1963, it was stated:

"Where the thoracic surgery experience is obtained in a program which integrates general and thoracic surgery, the adequacy of this experience must be evaluated on an individual basis. Candidates for examination whose training is acquired on such "mixed" services should request a review on an individual basis of their experience by the Board of Thoracic Surgery."

"The decision to evaluate candidates for thoracic surgery examination on an individual basis from 'mixed' residencies was arrived at because alterations in programs might change the thoracic surgery experience of residents at such institutions unknown to the Board of Thoracic Surgery. At the June 1963 meeting of the Council on Medical Education it was agreed that 'mixed' programs integrating general and thoracic surgery will no longer be surveyed or considered for approval. It is anticipated that the Directory for 1964 will list only residencies in straight thoracic surgery.

"Residents presently engaged in training in 'mixed' programs, and those already accepted for training beginning July 1, 1963, may continue their training in such programs, but as candidates for examination, they must request review of their training on an individual basis by the Board of Thoracic Surgery as explained in the 'Essentials.'

"No action is required of program directors of those programs approved for straight thoracic surgery. Since the survey and approval mechanism is being limited to straight thoracic surgery programs, those directors of programs approved on a mixed basis must correspond with the Council as to their desires regarding future approval and listing in the Directory.

"If an institution which was previously listed as having a thoracic surgery residency combined with its 'mixed' program desires again to be listed as having an approved residency in thoracic surgery, a special training program in that field must be submitted for evaluation by the Board and Council."

Because this is a transitional period, the 1964 Directory of Approved Internships and Residencies continues to list some "mixed" residencies, as it has not been possible to arrange for survey visits by members of the Field Staff to all programs holding approval.

2. Resident's Record Form.

A supply of record forms has been sent to the director of each residency program in thoracic surgery listed in the current issue of this Directory, for distribution to residents in his program. A sample of the form has also been sent to the administrator of the hospital.

The record form is designed to be maintained by the individual resident, so that he will be able to make available to the hospital, at the time of survey, a list of his operative experience.

The form should be used only in connection with residencies in thoracic surgery, as the Conference Committee on Graduate Training in Surgery has devised its own resident record form for recording the operative experience of residents in general surgery. Other surgical specialties have not worked out resident's record forms, and therefore these are not available for residents other than those ap-

pointed to programs in thoracic surgery and in general surgery.

Each resident in thoracic surgery should be responsible for maintaining and completing a copy of the form. During training, it is expected that the form can assist the Chief of Service in a review of the resident's experience and in planning future assignments. The record should be started when the resident is first appointed; it should be brought up to date periodically; and a typewritten copy should be given the Chief of Service when formal training is completed. The information will then be requested of the program chief when the residency program is being evaluated. Program directors may obtain additional copies of the form, for distribution to residents, from the Council on Medical Education, 535 North Dearborn Street, Chicago, Illinois, 60610.

III. Miscellaneous Notes.

A. "Business Side of Medical Practice."

In 1963, hospitals were supplied with complimentary copies of the then current edition of the publication "Business Side of Medical Practice" for distribution to interns and residents in the hospital and for reference purposes in the hospital's medical library.

A revised edition was issued in April, 1964, and interns, residents, or other trainees in hospitals who desire a copy may request one by addressing the Department of Community Health and Health Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610. Single copies of the publication will be sent without charge.

B. Professional Liability Insurance for Interns and Residents

The Annual Report in the Directory of Approved Internships and Residencies for the years 1959, 1960, and 1961 carried data on the extent to which hospitals carried liability insurance on interns and residents. At the June 1964 Annual Session of the A.M.A. House of Delegates, the Reference Committee on Medical Education and Hospitals urged early implementation of a report of the Board of Trustees calling for preparation by A.M.A. staff personnel of instructional material on the facts of professional liability insurance for interns and residents.

The Council on Medical Education will then

transmit the material to all hospitals with approved programs for distribution to all interns and residents. In addition, the Council was requested to encourage an annual discussion of such material with interns and residents by the hospital staff and county medical society representatives.

C. Ambulatory Teaching Facilities for Internship Programs

Subsequent to action by the A.M.A. House of Delegates at the Annual Session in June, 1963, the Council established a Task Force on Internships, to assist it in preparing a report to the House of Delegates which would make more flexible the "Essentials of an Approved Internship" regarding ambulatory teaching requirements. Because of the great interest in this subject and the complex nature of other related questions about internships, it was not possible to prepare this report for submission at the June 1964 Annual Session. Announcement was made to the House of Delegates that it was expected that the report would be ready for the Clinical Session in 1964. Until such a report is submitted and accepted for revision of the "Essentials," no further action will be taken on a number of internship programs currently on confidential probation because of deficiencies in that component of the program relating to ambulatory teaching experience, unless the directors of such programs now feel that all deficiencies have been corrected.

D. Family Practice and General Practice Programs

At the June, 1964, Annual Session of the A.M.A. House of Delegates, the Reference Committee on Medical Education and Hospitals recommended approval by the Board of Trustees of a proposal by the Council on Medical Education for the establishment of an ad hoc Committee to restudy the problems relating to preparation for family and general practice.

The last such committee produced the report on family practice which the House of Delegates accepted in June, 1959, and which became the basis for establishment of the pilot programs discussed elsewhere in the 38th Annual Report on Graduate Medical Education. The Council does not expect to establish any additional pilot programs, pending the recommendations of the above committee.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to June 1, 1964

Hospitals, 1,423

Internship Programs, 1,263

Residency Programs, 6,298

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

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

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

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

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

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

Footnote¹—Appointments are restricted to men only.

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

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

Footnote⁴—Dental internships are available.

Footnote⁵—Dental residencies are available.

Footnote⁷—Two-year family practice program.

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

Footnote⁹—Two-year pilot general practice program.

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

The number of graduates of foreign medical schools serving in each hospital for 1963-1964 is shown as a separate figure for interns and residents. This information was provided by the individual hospitals, on the annual questionnaire completed for this Directory, and should reflect the number on duty as of September 1, 1963. The numbers published do not include graduates of foreign medical schools who were listed as serving in the hospital in capacities other than those of intern or resident. The number of nonforeign members of the house staff was also taken from the same source of information, and also does not include those listed in capacities other than those of intern or resident. In a few cases, the numbers shown may include interns or residents serving in the hospital on September 1, 1963, on a rotation but appointed by another hospital or program. In other cases, numbers have not been published because specific figures could not be obtained.

The numbers shown for the positions offered indicate the number of internships and residencies being offered for the 1965-1966 year; the total number of positions reflects the training potential for each hospital. Some of these positions represent duplications in situations in which several hospitals participate in combined training programs.

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

Abbreviations used to indicate the specialty or area of training designated in internship and residency programs are listed on page 73, preceding the list of code numbers for medical schools.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
ALABAMA											
Birmingham											
Birmingham Baptist Hospitals.....		Church	¹	350	8	21	13	5	1	4	5 Res: Path., Rad.
708 Tuscaloosa Ave., 35211											
Carraway Methodist Hospital.....		Church	³	312	6	42	25	0	0	4	8 Int: Rotating;
1615, 25th St., N., 35234										9	15 Res: GP, Med., ObG., Path., Surg., Urol.
Children's Hospital.....	L-10	NPCorp	⁴⁻⁵	128	5	55	0	0	0	1	2 Int: St. Ped.;
1601, 6th Ave., S., 35233										3	8 Res: Ped.
St. Vincent Hospital.....		Church	...	197	7	34	16	3	0	8	8 Int: Rotating
2701 9th Court South, 35205											
"365" Crippled Children's Hospital.....	L-10	NPCorp	⁶	100	25	0	0	0	...	...	Res: Neur., Ortho.
620 S. 19th St., 35233											
University Hospital and Hillman Clinic..	M-10X	State	²⁻³⁻⁴⁻⁵	566	8	51	72	1	0	45	70 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.,
619 S. 19th St., 35233										6	177 Res: Anes., Derm., Med., Neur., Neurosurg., ObG,
											Oph., Ortho., Otol., Path., Ped., Psych.,
											Child Psych., Rad., Surg., Thor., Urol.
											Res: Med., Neur., Oph., Ortho., Otol., Path., Psych.,
											Rad., Surg., Thor., Urol.
Veterans Administration Hospital.....	M-10#	VA	²⁻⁵	479	28	62	0	0	...	...	Res: Med., Neur., Oph., Ortho., Otol., Path., Psych.,
700 S. 19th St., 35233											Rad., Surg., Thor., Urol.
Fairfield											
Lloyd Noland Hospital.....		NPCorp	...	325	9	43	17	0	0	6	14 Int: Rotating;
P. O. Box 538, 35064										1	29 Res: Anes., Derm., Med., ObG, Ortho., Path., Ped.,
											Surg.
Mobile											
Mobile General Hospital.....	G-10	CyCo	...	247	8	60	79	8	0	18	18 Int: Rotating;
850 St. Anthony St., 36617										0	25 Res: Med., ObG, Ortho., Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
ALABAMA—Continued											
Montgomery											
U. S. Air Force Hospital, Maxwell Air Force Base, 36112		U.S.A.F.		275	11	69	9	3	0	0	8 Res: GP
Tuskegee											
Veterans Administration Hospital, 36084		VA	2-4-5	1,912	155	48	0	0	0	6	24 Res: Med., Oph., PMR, Surg.
ARIZONA											
Phoenix											
Barrow Neurological Institute		Church							0	4	9 Res: Neurosurg., Neur.
St. Joseph's Hospital, 85013		State	2-3	100	18	82	0	0	0	3	3 Res: Ortho., Plast.
Crippled Children's Hospital, 1825 East Garfield St., 85006		Church		469	7	40	43	14	0	19	20 Int: Rotating;
Good Samaritan Hospital, 1033 E. McDowell Rd., 85006		County		490	10	56	36	8	1	17	18 Res: GP, ObG, Path., Ped., Surg.
Maricopa County General Hospital, 3435 W. Durango St., 85009		NPCorp		232		43			8	0	24 Int: Rotating;
Memorial Hospital, 1200 S. 5th Ave., 85003		Church		420	6	57	49	27	3	10	38 Res: Med., ObG, Path., Ped., Surg.
St. Joseph's Hospital, 350 W. Thomas Rd., 85013		Church							1	10	8 Int: Rotating
Tucson											
Pima County General Hospital, 2900 S. 6th Ave., 85713		County		160	12	42	3	0			18 Int: Rotating;
St. Mary's Hospital, St. Mary's Rd., 85703		Church		280	7	48	22	1	8	4	12 Res: GP, Med.
Tucson Hospitals Medical Education Program, St. Mary's Hospital, 85703									1	1	Int: Rotating;
Tucson Medical Center, Grant Rd. and Beverly Blvd., 85716		NPCorp		429	6	58	35	11	3	1	12 Res: GP, Med., Surg.
ARKANSAS											
Little Rock											
Arkansas Baptist Hospital, 1700 W. 13th St., 72201		Church		400	7	39	24	2	0	12	13 Int: Rotating;
Arkansas Children's Hospital, 804 Wolfe St., 72201	G-11	NPCorp		70	15	25	0	0	0	2	5 Res: Oph., Path., Surg.
Arkansas State Hospital, 4313 W. Markham, 72201	L-11	State		3,840	526	8	0	0	0	15	2 Res: Ortho.
St. Vincent Infirmary, Markham St. and University Ave., 72201		Church		340	7	35	29	4	3	11	6 Res: Psych.
University Hospital, 4301 W. Markham St., 72201	M-11X	State		323	10	57	76	46	0	27	14 Int: Rotating;
Veterans Administration Hospital, 300 E. Roosevelt Rd., 72206	M-11#	VA	2	471	26	65	0	0	0	8	4 Res: Anes.
North Little Rock											
Veterans Administration Hospital, 72114		VA	2	2,062	317	59	0	0	0	6	35 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., St. ObG;
CALIFORNIA											
Bakersfield											
Kern County General Hospital, 1830 Flower St., 93305		County	2	629	12	60	37	21	1	8	143 Res: Anes., Derm., GP, Med., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Urol.
Berkeley											
East Bay State Mental Hygiene Clinic, 2045 Dwight Way, 94704		State									Res: Child Psych.
Herrick Memorial Hospital, 2001 Dwight Way, 94704		NPCorp		205	8	53	19	18	0	0	10 Int: Rotating;
State of California Dept. of Public Health, 2151 Berkeley Way, 94704									3	9	19 Res: GP, Med., Path., Psych., Surg.
University of California School of Public Health, 94720		State								11	11 Res: Public Health
Burbank											
St. Joseph Hospital, 501 S. Buena Vista St., 91505		Church		292	6	43	29	13	0	1	6 Res: Gen. Prev. Med.
Camarillo											
Camarillo State Hospital, Box A, 93010		State		6,091	280	53	0	0	1	14	8 Res: Path.
Camp Pendleton											
U. S. Naval Hospital, 92055		Navy	2-4	409	16	78	12	8	0	10	19 Res: Psych.
Downey											
Rancho Los Amigos Hospital, 7601 E. Imperial Hwy., 90242		County	2	1,915	484	84	0	0	1	10	10 Int: Rotating
Duarte											
City of Hope Medical Center, 1500 E. Duarte Rd., 91010	G-13, L-95	NPCorp		171	22	85	0	0	1	5	Res: Neurosurg., Ortho., Urol.
Eldridge											
Sonoma State Hospital, Arnold Dr., 95431	G-16	State	2	3,471	3,526	95	0	0	0	20	12 Res: Med., Path., Surg., Thor.
Fairfield											
U. S. Air Force Hospital, Travis AFB, 94535		USAF	1-2-3-4	385	16	68	8	6	0	9	20 Res: Ortho., Psych.
Fontana											
Kaiser Steel Corporation, 92335									0	0	12 Int: Rotating
Fort Ord											
U. S. Army Hospital, 93941		Army	2	500	7	87	25	18	0	3	1 Res: Occup. Med.
U. S. Army, 8th Army Hdqts. Preventive Medicine Division, 93941		Army								1	4 Res: Surg.
Fresno											
Fresno County General Hospital, 445 S. Cedar Ave., 93702		County	2	619	13	61	61	17	0	21	1 Res: Public Health
									0	35	21 Int: Rotating;
											35 Res: Med., ObG, Oph., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign Non-Foreign		
CALIFORNIA—Continued											
Glendale											
Glendale Sanitarium and Hospital 1509 E. Wilson Ave., 91206		Church		358	8	50	19	12	0	12	12 Int: Rotating; 13 Res: Med., ObG, Path., Surg.
Imola											
Napa State Hospital Box A, 94558		State	*	5,328		42	0	0	0	18	18 Res: Ortho., Psych.
La Jolla											
Scripps Clinic and Research Foundation 476 Prospect St., 92037		NPCorp		52	6	71	0	0	2	6	8 Res: Med.
Scripps Memorial Hospital Box 28, 92038		NPCorp		115	6	54	9	5	0	0	1 Res: Path.
Loma Linda											
Loma Linda University Hospital 11055 Anderson St., 92354	L-12X	Church		170	8	61	6	5	0	6	10 Int: Rotating, St. Path.; 15 Res: Anes., Path., Surg.
Long Beach											
Memorial Hospital of Long Beach 2801 Atlantic Ave., 90806	L-95	NPCorp		444	7	51	32	14	0	15	16 Int: Rotating; 15 Res: GP, Med., ObG, Path., Ped., Rad., Surg.
St. Mary's Long Beach Hospital 509 E. 10th St., 90813	L-95	Church		349	5	39	47	17	0	12	12 Int: Rotating; 3 Res: Path., Rad.
Veterans Administration Hospital 5901 E. Seventh St., 90804	G-13, L-95	VA	1-4-5	1,581	43	68	0	0	7	86	108 Res: Derm., Med., Neurosurg., Neur., Oph, Ortho., Path., PMR, Psych., Rad., Surg., Urol.
Los Angeles											
California Babies' and Children's Medical Center 1415 S. Grand Ave., 90015		NPCorp		28	4	80	5	1	1	0	3 Res: Ped.
California Hospital 1414 S. Hope St., 90015		Church		298	7	44	5	1	0	2	8 Int: Rotating; 18 Res: ObG, Path., Surg.
Cedars of Lebanon Hospital 4833 Fountain Ave., 90029		NPCorp		490	8	52	35	22	5	13	18 Int: Rotating; 59 Res: Med., ObG, Path., Ped., Psych., Rad., Surg.
Childrens Hospital of Los Angeles 4614 Sunset Blvd., 90027	M-14	NPCorp		219	7	87	0	0	0	6	6 Int: St. Ped.; 39 Res: Ortho., Path., Ped.
Hollywood Presbyterian Hospital— Olmsted Memorial 1322 N. Vermont Ave., 90027		Church		245	6	31	14	5	0	9	11 Res: ObG, Oph., Otol.
Hospital of the Good Samaritan 1212 Shatto St., 90017		Church		403	9	49	13	6	2	6	8 Int: Rotating; 16 Res: Med., ObG, Path., Surg.
Kaiser Foundation Hospital 4867 Sunset Blvd., 90027		NPCorp		352	6	44	48	24	0	15	31 Res: ObG, Path., Urol.
Los Angeles County General Hospital, Unit I 1200 N. State St., 90033	M-12#-14	County	*	2,632	7	35	287	63	0	168	176 Int: Rotating, St. Med.; 341 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Los Angeles County General Hospital, Unit II 1200 N. State St., 90033	M-95X	County	*	519	9	38	62	43	0	30	42 Int: Rotating; 19 Res: Med., ObG, Oph., Ortho., Surg., Urol.
Mount Sinai Hospital 8720 Beverly Blvd., 90048	L-13	NPCorp		235	9	50	0	0	0	6	7 Int: St. Med.; 22 Res: Med., Path., Psych., Child Psych.
Orthopaedic Hospital 2400 S. Flower St., 90007	G-14	NPCorp		162	9	87	0	0	0	15	15 Res: Ortho.
Queen of Angels Hospital 2301 Bellevue Ave., 90026	L-95	Church		408	7	50	29	9	3	2	10 Int: Rotating; 24 Res: Colon-Rectal, Med., ObG, Path., Ped., Rad., Surg.
Reiss-Davis Clinic for Child Guidance 9760 W. Pico Blvd., 90035	L-95	NPCorp	1-3						0	2	8 Res: Child Psych.
Santa Fe Coast Lines Hospital 610 S. St. Louis St., 90023	L-14	NPCorp		193	10	48	0	0	0	6	8 Int: Rotating; 4 Res: Surg.
Shriners Hospital for Crippled Children 3160 Geneva St., 90005		NPCorp		60	62	0	0	0	0	3	3 Res: Ortho.
University of California Hospital The Medical Center, 90024	M-13X	NPCorp		305	8	86	25	24	1	31	35 Int: St. Med., St. Surg., St. Ped., St. Path.; 198 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
University of California School of Medicine, Division of Occupational Health, Dept. of Preventive Medicine and Public Health, 90024		State									16 Res: Occup. Med.
Veterans Administration Center, General Medical and Surgical Hospital Wilshire and Sawtelle Blvds., 90025	M-13	VA	1-4-5	1,576	36	73	0	0	0	30	30 Int: Rotating, St. Med.; 186 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Thor., Urol.
Veterans Administration Center Neuropsychiatric Hospital Wilshire and Sawtelle Blvds., 90025	M-13	VA		2,021	365	74	0	0	4	17	36 Res: Psych.
Veterans Administration Hospital (Sepulveda) 16111 Plummer St., 91343	G-13, L-95	VA	*	956	96	73	0	0	1	7	12 Res: Psych., Surg.
White Memorial Hospital 1720 Brooklyn Ave., 90033	M-12X	Church		265	7	65	23	20	0	13	16 Int: Rotating; 83 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Rad., Surg., Urol.
Martinez											
Contra Costa County Hospital 2500 Alhambra Ave., 94553		County	1-3	424	7	53	17	2	0	10	10 Res: GP
Veterans Administration Hospital 150 Muir Rd., 94553		VA	1-4	576	32	71			1	19	37 Res: Med., Neur., Path., Surg., Urol.
Modesto											
Stanislaus County Hospital 830 Scenic Dr., 95350		County		297	14	56	18	6	1	6	12 Res: GP
Mountain View											
El Camino Hospital 2500 Grant Rd., 94040		District		307	5	53	18	3	0	1	4 Res: Path.

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								Autopsies on Stillborn	Foreign Non-Foreign		
CALIFORNIA—Continued											
Norwalk											
Metropolitan State Hospital 11400 S. Norwalk Blvd., 90650	L-95	State	...	4,208	353	35	0	0	1	23	Res: Psych.
Oakland											
Children's Hospital of the East Bay 51st and Grove Sts., 94609	G-16	NPCorp	4	142	5	94	0	0	...	...	4 Int: St. Ped. 12 Res: Ortho., Path., Ped., Thor.
Highland-Alameda County Hospital 2701 14th Ave., 94606	G-16	County	3-4-5	436	8	59	58	8	0	34 48	34 Int: Rotating; 64 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Kaiser Aluminum and Chemical Corp. 300 Lakeside Dr., 94612		Corp.	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Kaiser Foundation Hospital 280 W. MacArthur Blvd., 94611		NPCorp	...	282	7	62	42	39	1	35	36 Res: Med., ObG., Path., Ped., Surg.
Samuel Merritt Hospital Hawthorne and Webster, 94609	G-16	NPCorp	3-4	223	7	48	15	7	0	1	4 Res: Ortho., Path., Surg.
U. S. Naval Hospital 8750 Mountain Blvd., 94614		Navy	3-4-5	900	16	86	38	30	0	17 59	17 Int: Rotating; 64 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Western Laboratories 353, 30th St., 94609		...	...	...	...	...	...	...	0	0	1 Res: Forensic Path.
Olive View											
Olive View Hospital, 91330	G-12	NPCorp	2	800	160	50	0	0	1	3	4 Res: Thor.
Orange											
Orange County General Hospital 101 Manchester Ave., 92668		County	...	485	9	75	19	13	0	26 18	32 Int: Rotating; 34 Res: Anes., Med., ObG, Oph., Path., Rad., Surg., Urol.
Palo Alto											
Palo Alto-Stanford Hospital Center 300 Pasteur Dr., 94304	M-15	NPCorp	...	454	7	60	22	22	1 3	16 216	22 Int: St. Med., St. Surg., St. Ped.; 239 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital 3801 Junipero Serra Blvd., 94304	M-15	VA	3-4	2,308	166	83	0	0	...	...	Res: Anes., Derm., Med., Neur., Neurosurg., Oph., Otol., Path., Psych., Rad., Surg., Urol.
Pasadena											
Huntington Memorial Hospital 100 Congress St., 91102		NPCorp	...	351	7	48	19	16	0	4	12 Int: Rotating; 14 Res: Med., Neurosurg., Path., Plast., Surg.
Pasadena Child Guidance Clinic 56 Waverly Dr., 91105		NPCorp	...	...	...	...	...	...	1	10	Res: Child Psych.
Patton											
Patton State Hospital Drawer "B," 92369	L-12	State	...	4,574	408	35	0	0	0	18	18 Res: Psych.
Pomona											
Pacific State Hospital Box 100, 91766		State	2	3,000	2,020	90	0	0	0	6	8 Res: Psych.
Redwood City											
Sequoia Hospital Whipple and Alameda, 94062		District	...	348	5	55	27	14	0	0	2 Res: Path.
Riverside											
Riverside County General Hospital 9551 Magnolia Ave., 92503	M-12#	County	...	447	12	50	18	5	0	4 13	14 Int: Rotating; 16 Res: Anes., GP, Med., Path., Surg., Urol.
Sacramento											
Mercy Hospital 4001 J St., 95819		Church	...	311	6	37	35	24	0	2	4 Res: Path.
Sacramento County Hospital 2315 Stockton Blvd., 95817	G-16	County	...	779	18	46	40	35	0	24	26 Int: Rotating; 17 Res: GP, Path.
Sutter Community Hospitals 28th and L; and 52nd and F St., 95816		NPCorp	...	541	7	34	57	21	0	2	6 Res: Path., Rad.
Salinas											
Monterey County Hospital 1330 Natividad Rd., P. O. Box 1611, 93902		County	...	363	21	70	17	16	0	8	12 Res: GP
San Bernardino											
San Bernardino County Charity Hospital 780 E. Gilbert St., 92404	L-12	County	1-2	464	13	52	37	2	0	18 12	22 Int: Rotating; 15 Res: Anes., Med., Path., Surg.
San Diego											
Children's Hospital 8001 Frost St., 92123		NPCorp	3	90	4	90	0	0	0	1	Res: Ortho.
Donald N. Sharp Memorial Community Hospital 7901 Frost St., 92123		Church	...	298	6	57	42	31	0	0	3 Res: Path.
Mercy Hospital 4099 Hillcrest Dr., 92103		Church	...	308	6	52	45	26	2	8	12 Int: Rotating; 14 Res: Anes., Med., ObG, Path., Surg.
San Diego County General Hospital 225 W. Dickinson St., 92103		County	...	722	11	49	35	23	0	24	24 Int: Rotating; 36 Res: Anes., Med., ObG, Ortho., Ped., Surg., Urol.
U. S. Naval Hospital Park Blvd., 92134		Navy	3-4-5	1,575	19	62	47	29	0	24 79	24 Int: Rotating; 77 Res: Anes., Derm., Med., ObG, Oph., Otol., Path., Ped., Rad., Surg., Thor., Urol.
San Francisco											
Childrens Hospital of San Francisco 3700 California St., 94149	G-16	NPCorp	...	278	7	52	14	12	0	8 7	14 Int: Rotating, St. Ped.; 20 Res: Anes., Med., Neur., Ortho., Path., Ped., Child Psych., Rad.
Community Mental Health Services 101 Grove St., 94102		CyCo	...	...	...	...	...	...	...	...	Res: Psych.
Franklin Hospital 14th and Noe Sts., 94114	G-16	NPCorp	...	250	10	39	0	0	0	0	6 Int: Mixed; 3 Res: Med., Neurosurg., Ortho., Plast.
French Hospital 4131 Geary Blvd., 94148		NPCorp	...	171	8	37	4	1	0	0	8 Int: Rotating, Mixed; 8 Res: Med., Path., Surg.
Headquarters, 6th Army Presidio		Army	...	...	...	...	...	...	...	...	Res: Public Health
Kaiser Foundation Hospital 2425 Geary Blvd., 94115		NPCorp	...	233	7	68	20	20	1	18 30	18 Int: Rotating; 37 Res: Med., ObG, Path., Ped., Surg.
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave., 94122	M-16#	State	...	117	67	0	0	0	0	48	53 Res: Psych., Child Psych.

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								Autopsies on Stillborn	Foreign Non-Foreign		
CALIFORNIA, San Francisco—Continued											
Letterman General Hospital Presidio, 94129		Army	2-4	850	21	83	9	9	0	28	103 Res: 28 Int: Rotating; Anes., Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Mary's Help Hospital 145 Guerrero St., 94103		Church	...	165	6	45	16	4	0	0	6 Int: Rotating; 2 Res: ObG, Ortho., Surg.
Mount Zion Hospital and Medical Center 1600 Divisadero St., 94115		NPCorp	4	372	9	58	8	8	1	7	18 Int: Rotating, Mixed; 44 Res: Med., Path., Psych., Child Psych., Rad., Surg.
Presbyterian Medical Center Clay and Webster Sts., 94115		NPCorp	...	242	8	70	12	3	2	10	12 Int: Rotating; 70 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Surg., Urol.
St. Elizabeth's Infant Hospital 100 Masonic Ave., 94118		Church	...	63	7	100	4	4	...	...	Res: ObG
St. Francis Memorial Hospital 900 Hyde St., 94109		NPCorp	...	328	8	48	14	5	0	7	11 Res: ObG, Path., Plast., Psych.
St. Joseph's Hospital Buena Vista Ave., 94117		Church	...	215	8	45	16	7	1	0	6 Int: Rotating; 6 Res: Anes., Ortho., Path., Surg.
St. Luke's Hospital 1580 Valencia St., 94110		Church	...	250	7	52	11	9	0	8	12 Int: Rotating; 19 Res: Med., ObG, Path., Ped., Surg.
St. Mary's Hospital 2200 Hayes St., 94117		Church	...	428	8	70	16	11	0	7	12 Int: Rotating; 23 Res: Med., ObG, Ortho., Path., Ped., Child Psych., Rad., Surg.
San Francisco General Hospital 1001 Potrero Ave., 94110	M-16#	CyCo	4-5	906	15	54	40	25	0	60	60 Int: Rotating, Mixed; 77 Res: Anes., Med., NeuroSurg., ObG, Ortho., Otol., Path., Ped., PMR, Plast., Rad., Surg., Urol.
Shriners Hospital for Crippled Children 19th Ave. and Moraga St., 94122	G-16	NPCorp	2	60	80	100	0	0	...	...	Res: Ortho.
Southern Pacific Memorial Hospital 1400 Fell St., 94117	G-16	NPCorp	...	450	17	68	0	0	0	13	25 Int: Mixed; 24 Res: Med., Path., Surg., Urol.
U. S. Public Health Service Hospital 15th Ave. and Lake St., 91418	G-16	USPHS	2-4	436	18	68	0	0	0	14	14 Int: Mixed, St. Med., St. Surg.; 21 Res: Med., Oph., Ortho., Surg.
University of California Hospitals Third and Parnassus Aves., 94122	M-16X	State	4-5	570	9	83	18	9	0	48	46 Int: St. Med., St. Surg., St. Ped., St. Path.; 176 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 42nd Ave. and Clement St., 94121	G-16#	VA	2	410	31	82	0	0	2	58	67 Res: Derm., Med., Neurosurg., Neur., Oph., Ortho.; Otol., Path., Rad., Surg., Urol.
San Jose											
Agnews State Hospital, 95114		State	...	4,152	121	21	0	0	3	13	24 Res: Psych.
O'Connor Hospital Forest and Di Salvo, 95108		Church	...	275	5	59	49	34	0	3	3 Res: Path.
Santa Clara County Hospital South Bascom Ave., 95128	G-15-16	County	2	477	12	80	22	20	0	30	30 Int: Rotating; 34 Res: Anes., Med., ObG, Otol., Path., Ped., Rad., Surg., Urol.
San Mateo											
San Mateo County General Hospital 222 - 39th Ave., 94403	L-15	County	...	237	11	67	6	6	...	...	Res: Anes., Med., ObG, Oph., Otol., Ped., Psych., Surg., Urol.
San Pablo											
Brookside Hospital 2000 Vale Rd., 94806		District	3	246	6	78	8	2	0	0	4 Res: Path.
Santa Barbara											
Santa Barbara Cottage Hospital 320 W. Pueblo St., 93105		NPCorp	...	245	6	52	20	13	0	9	10 Int: Rotating; Res: GP, Med., Path., Surg.
Santa Barbara County General Hospital San Antonio Rd., 93105		County	...	312	28	48	0	0	...	...	Int: Rotating; Res: GP, Med., Surg.
Santa Cruz											
Santa Cruz County Hospital 1080 Emeline St., 95062		County	2	173	11	44	8	2	0	4	6 Res: GP
Santa Monica											
St. John's Hospital 1328 22nd St., 90404		Church	3	262	6	60	32	19	0	0	3 Res: Path., Surg.
Santa Monica Hospital 1250 18th St., 90404		Church	...	235	6	80	24	13	1	11	12 Int: Rotating; Res: ObG
Santa Rosa											
Sonoma County Hospital 3325 Chanate Rd., 95404		County	2-3	346	24	47	9	3	0	10	10 Res: GP
Stockton											
San Joaquin General Hospital Box 1020, 95201		County	...	455	11	73	24	8	0	18	18 Int: Rotating; 24 Res: Med., ObG, Path., Ped., Surg.
Stockton State Hospital 510 Magnolia, 95202		State	...	3,620	521	47	0	0	2	6	12 Res: Psych.
Talmage											
Mendocino State Hospital Box X, 95481		State	2	2,272	527	77	0	0	0	11	16 Res: Psych.
Torrance											
Los Angeles County Harbor General Hospital 1000 W. Carson St., 90509	M-13#	County	2-4	746	13	36	47	19	0	42	43 Int: Rotating; 93 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Vallejo											
Kaiser Foundation Rehabilitation Center 2600 Alameda St., 94590	G-16	NPCorp	...	74	55	75	7	7	0	1	3 Res: PMR
Ventura											
General Hospital Ventura County 3291 Loma Vista Rd., 93003		County	...	329	16	22	13	0	0	8	10 Res: GP
CANAL ZONE											
Balboa Heights											
Gorgas Hospital P. O. Box O, 00101		Other Fed	...	397	11	77	24	18	0	10	16 Int: Rotating; 25 Res: Med., ObG, Oph., Ortho., Path., Ped., Surg.
COLORADO											
Colorado Springs											
Penrose Hospital 2215 N. Cascade Ave., 80907		Church	...	312	7	75	12	5	3	0	6 Int: Rotating; 17 Res: GP, Path., Rad.

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								Autopsies on Stillborn	Foreign Non-Foreign		
COLORADO, Colorado Springs—Continued											
St. Francis Hospital 800 E. Pikes Peak Ave., 80903		Church	...	180	7	52	5	5	1	0	2 Res: GP
Denver											
Children's Hospital 1056 E. 19th Ave., 80218	L-17	NPCorp	...	235	4	97	0	0	0	0	4 Int: St. Ped.; 24 Res: Ortho., Path., Ped., Surg.
Colorado General Hospital (see University of Colorado Medical Center)											
Colorado Psychopathic Hospital 4200 E. Ninth Ave., 80220	M-17X	State	...	1,117	...	...	...	...	0	43	36 Res: Psych.
Denver General Hospital W. 6th Ave. and Cherokee St., 80204		CyCo	4	333	10	92	15	7	0	23	36 Int: Rotating, Community Rotating; 55 Res: GP, Med., ObG, Oph., Ortho., Path., Forensic Path., Ped., Rad., Surg., Urol.
Fitzsimons General Hospital Peoria and Colfax, 80240	L-17	Army	3-3	940	22	93	20	18	0	25	24 Int: Rotating; 65 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor.
General Rose Memorial Hospital 1050 Clermont St., 80220	G-17	NPCorp	...	337	8	64	29	19	2	2	10 Int: Rotating; 10 Res: ObG, Path., Rad.
Mercy Hospital 1619 Milwaukee St., 80206		Church	...	250	7	60	21	14	5	1	11 Int: Rotating; 15 Res: GP, Med., Path., Surg.
National Jewish Hospital 3800 E. Colfax Ave., 80206	L-17	NPCorp	...	314	126	91	0	0	4	2	2 Res: Thor.
Porter Hospital 2525 S. Downing, 80210		Church	...	210	6	50	28	19	0	8	12 Int: Rotating; 2 Res: Path.
Presbyterian Hospital E. 19th Ave. and Gilpin St., 80218		Church	...	280	8	62	26	15	1	12	16 Int: Rotating; 24 Res: Med., ObG, Path., Rad., Surg.
St. Anthony Hospital W. 16th Ave. and Raleigh St., 80204		Church	...	381	6	51	38	17	0	10	12 Int: Rotating; 4 Res: Path.
St. Joseph's Hospital 1818 Humboldt St., 80218		Church	7	362	7	56	38	10	1	0	18 Int: Rotating, Family Practice; 26 Res: GP, Med., ObG, Path., Rad., Surg.
St. Luke's Hospital 601 E. 19th Ave., 80203		Church	...	449	8	58	27	4	0	3	8 Int: Rotating; 16 Res: Path., Rad., Surg.
University of Colorado Medical Center 4200 E. Ninth Ave., 80220	M-17X	State	...	294	9	82	21	17	0	20	34 Int: St. Med., St. Surg., St. Ped., St. Path. 219 Res: Anes., Derm., GP, Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Child Psych., Psych., Rad., Surg., Urol.
Veterans Administration Hospital 1055 Clermont, 80220	M-17#	VA	3-3	528	25	87	0	0	...	...	Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Greeley											
Weld County General Hospital 16th St. at 17th Ave., 80631		County	3	320	6	54	22	19	0	5	6 Int: Rotating
Pueblo											
Colorado State Hospital Thirteenth and Francisco, 81003		State	...	5,203	1,372	58	0	0	14	1	26 Res: Path., Psych., Surg.
St. Mary-Corwin Hospital 1008 Minnequa, 81004		Church	...	443	8	35	37	7	0	0	20 Res: GP, Path.
CONNECTICUT											
Bridgeport											
Bridgeport Hospital 267 Grant St., 06610		NPCorp	...	429	9	48	39	7	14	0	14 Int: Rotating; 28 Res: Anes., GP, Med., ObG, Path., Rad., Surg.
St. Vincent's Hospital 2820 Main St., 06606		Church	...	371	7	51	35	8	2	2	12 Int: Rotating, St. Surg. 24 Res: Med., ObG, Path., Rad., Surg.
Bristol											
Bristol Hospital Newell Rd., 06010		NPCorp	...	177	6	29	14	4	6	0	7 Int: Rotating
Danbury											
Danbury Hospital 95 Locust Ave., 06810		NPCorp	...	215	8	36	26	15	7	0	7 Int: Rotating; 12 Res: GP, Path., Surg.
Derby											
Griffin Hospital Seymour Ave. and Division St., 06418		NPCorp	...	186	8	42	13	8	8	1	9 Int: Rotating; 1 Res: Path.
Greenwich											
Greenwich Hospital Perryridge Rd., 06830		NPCorp	...	245	9	66	11	6	0	10	10 Int: Rotating; 2 Res: Med., Path., Surg.
Hartford											
Hartford Hospital 80 Seymour St., 06115		NPCorp	4	847	8	54	85	16	0	18	18 Int: Rotating; 90 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., Ped., Rad., Surg.
Institute of Living 400 Washington St., 06102		NPCorp	...	411	244	67	0	0	3	22	33 Res: Psych.
Institute of Living—Children's Clinic 177 Essex St., 06102		NPCorp	...	...	...	...	...	...	1	0	2 Res: Child Psych.
J. J. McCook Memorial Hospital 2 Holcomb St., 06112		City	...	144	10	31	9	...	0	0	1 Res: Surg.
Mount Sinai Hospital 500 Blue Hills Ave., 06112		NPCorp	...	189	8	38	13	2	6	0	6 Int: Rotating
St. Francis Hospital 114 Woodland St., 06105		Church	4-3	654	9	33	39	3	1	7	12 Int: Rotating; 37 Res: Anes., Med., ObG, Path., Ped., Surg.
Manchester											
Manchester Memorial Hospital 71 Haynes St., 06040		NPCorp	...	249	7	48	15	12	4	1	6 Int: Rotating; 2 Res: Path.
Meriden											
Meriden Hospital 181 Cook Ave., 06450		NPCorp	...	254	7	33	19	14	...	...	8 Int: Rotating; 2 Res: Path.
Middletown											
Connecticut Valley Hospital Silver St., 06457		State	...	3,020	90	33	0	0	4	10	24 Res: Psych.
Middlesex Memorial Hospital 28 Crescent St., 06457		NPCorp	...	168	6	37	28	24	6	0	6 Int: Rotating; 2 Res: Path.
New Britain											
New Britain General Hospital 92 Grand St., 06052		NPCorp	...	352	7	55	20	8	3	4	9 Int: Rotating; 18 Res: Med., ObG, Path., Surg.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
CONNECTICUT—Continued											
New Canaan											
Silver Hill Foundation Valley Rd., 06840		NPCorp	2-3	60	42			0	2	3 Res: Psych.	
New Haven											
Grace-New Haven Community Hospital 789 Howard Ave., 06504	M-18#	NPCorp	4-5	714	9	65	48	46	6	151	48 Int: St. Med., St. Surg., St. Ped., St. Path.; 171 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Thor., Urol.
Hospital of St. Raphael 1450 Chapel St., 06511		Church	5	494	7	42	32	9	13	11	18 Int: Rotating; St. Med., Mixed 48 Res: Anes., Med., ObG, Ortho., Path., Ped., Rad., Surg., Thor.
Yale University Child Study Center 333 Cedar St., 06520		NPCorp	2					0	3	2 Res: Child Psych.	
Newington											
Newington Hospital for Crippled Children 181 E. Cedar St., 06111		NPCorp		168	58	50	0	0	0	1	1 Res: Ortho.
Veterans Administration Hospital 555 Willard Ave., 06111		VA	2	250	31	68	0	0	0	10	18 Res: Med., Path., Surg
New London											
Lawrence and Memorial Hospitals 365 Montauk Ave., 06320		NPCorp		313	7	50			5	0	6 Int: Mixed; 9 Res: Med., ObG, Surg.
Newtown											
Fairfield Hills Hospital Box W, 06470		State		3,070	36	36	0	0	14	2	24 Res: Psych.
Norwalk											
Norwalk Hospital 24 Stevens St., 06850		NPCorp		302	7	45	32	26	16	0	12 Int: Rotating; 13 Res: Anes., Path., Ped., Surg.
Norwich											
Norwich Hospital Box 508, U. S. Route 12, 06360		State		3,089	65	33	0	0	12	0	18 Res: Psych.
Shelton											
Laurel Heights Hospital, 06484		State		144	165	41	0	0	1	0	2 Res: Med.
Stamford											
Stamford Hospital 190 W. Broad St., 06902		NPCorp		315	9	50	20	11	13	0	10 Int: Rotating; 7 Res: ObG, Path., Surg.
Waterbury											
St. Mary's Hospital 56 Franklin St., 06702		Church	4	334	9	46	31	10	8	0	12 Int: Rotating; 22 Res: Anes., Med., Path., Rad., Surg.
Waterbury Hospital 64 Robbins St., 06708		NPCorp	4	383	8	49	25	9	3	4	7 Int: Rotating; 18 Res: Anes., Med., Path., Ped., Surg., Urol.
West Haven											
Veterans Administration Hospital West Spring St., 06516	M-18#	VA	2-4	823	50	81	0	0	1	28	36 Res: Med., Neur., Ortho., Path., Psych., Rad., Surg., Urol.
DELAWARE											
Dover											
Delaware State Board of Health Federal St., 19901		State							0	0	2 Res: Public Health
Farnhurst											
Delaware State Hospital		State	4-5	1,607	90	46	0	0	1	0	9 Res: Psych.
Wilmington											
Alfred I. du Pont Institute of the Nemours Foundation Rockland Rd., 19899		NPCorp		65	47				0	3	1 Res: Ortho.
Delaware Hospital 501 W. 14th St., 19899		NPCorp	4-5	381	9	60	40	17	1	6	12 Int: Rotating; 30 Res: Med., ObG, Path., Ped., Rad., Surg., Urol.
E. I. du Pont de Nemours and Co., Inc. Zone 98		Corp								1	1 Res: Occup. Med.
Memorial Hospital 1501 N. Van Buren St., 19899		NPCorp	4	380	9	52	25	16	4	2	8 Int: Rotating; 15 Res: Med., Path., Surg.
Veterans Administration Hospital, 19805		VA		300	37	77					Res: Med., Ortho.
Wilmington General Hospital Chestnut at Broom St., 19899		NPCorp	4	317	8	41	39	14	1	0	16 Res: GP, Path., Ped.
DISTRICT OF COLUMBIA											
Washington											
Armed Forces Institute of Pathology 20012		Fed	2-6						0	0	20 Res: Path., Forensic Path.
Army Medical Center (See Walter Reed General Hospital)											
Children's Hospital 2125 13th St. N.W., 20009	M-19#-20#	NPCorp	4-5	215	5	86	0	0	14	26	45 Res: Neurosurg., Ortho., Path., Ped., Ped. All., Child Psych., Surg.
Columbia Hospital for Women and Lying-In Asylum 2425 L. St. N.W., 20037		NPCorp		154	5	44	61	44	7	2	9 Res: ObG
District of Columbia General Hospital 19th and E Sts. S. E., 20003	M-19#-20# M-21	City	4-5	1,250	13	49	133	133	12	30	72 Int: Mixed, St. Med., St. Surg., St. Ped.; 144 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Surg., Urol.
Doctors Hospital 1815 Eye St. N.W., 20006		Corp		307	10	62			7	5	11 Res: Med., Path., Rad.
Eastern Dispensary and Casualty Hospital 708 Massachusetts Ave. N.E., 20002		NPCorp		250	9	32			6	0	10 Res: GP, Surg.
Freedmen's Hospital 6th and Bryant Sts. N.W., 20001	M-21#	H.E.W.	4	437	11	47	71	27	1	6	22 Int: Rotating; 61 Res: Derm., Med., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Urol.
Georgetown University Hospital 3800 Reservoir Rd. N.W., 20007	M-19X	Church	5	387	7	74	48	16	17	22	28 Int: Mixed, St. Med., St. Surg., St. Path.; 128 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Urol.
George Washington University Hospital 901 23rd St. N.W., 20037	M-20X	NPCorp		430	8	67	42	31	2	15	34 Int: Mixed, St. Med., St. Surg., St. Path.; 100 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Providence Hospital 1150 Varnum St. N.E., 20017		Church	4	367	6	69	55	12	15	7	22 Int: Rotating, St. Surg.; 25 Res: Anes., Med., ObG, Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs	
								Autopsies on Stillborn	Foreign			Non-Foreign
DISTRICT OF COLUMBIA, Washington—Continued												
St. Elizabeths Hospital, 2800 Nichols Ave., S.E., 20020	M-20	H.E.W.	4	7,228	45	0	0	1	5	12 Int: Rotating; 44 Res: Path., Psych., Surg.		
Sibley Memorial Hospital, 5255 Loughboro Rd. N.W., 20016	G-19	Church		339	7	60	16	4	1	8 Int: Rotating; 6 Res: Path.; Surg.		
U. S. Air Force Hospital, Andrews A.F.B., Camp Springs, 20025		Air Force	1-2-3-4	250	12	82	22	21	0	8 Int: Rotating; 4 Res: GP.		
U. S. Public Health Service, Division of Occupational Health, Bureau of State Services, 20003		USPHS								Res: Occup. Med.		
Veterans Administration Hospital, 2650 Wisconsin Ave. N.W., 20007	M-19, -20, L-21	VA	1-2-4	335	21	78			0	30 Res: Med., Neur., Oph., Path., Surg., Urol.		
Walter Reed General Hospital, 6825 16th St. N.W., 20012	L-19-20	Army	2-3-5	1,465	37	82	14	10	0	30 Int: Rotating; 169 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.		
Washington Hospital Center, 110 Irving St., N.W., 20010	M-20	NPCorp	4-5	813	8	58	58	46	11	36 Int: Rotating, St. Med., St. Surg.; 93 Res: Anes., Med., ObG., Oph., Ortho., Otol., Path., Rad., Surg., Urol.		
FLORIDA												
Bartow												
Polk County Hospital, 2010 E. Georgia St., 33830		County	2	202	9	27	10	0		Int: Rotating		
Bay Pines												
Veterans Administration Hospital, 33504		VA	2	680	42	65	0	0		Res: Urol.		
Coral Gables												
Veterans Administration Hospital, 1200 Anastasia Ave., 33134	G-23	VA		450	27	63	0	0	6	38 Res: Med., Path., PMR, Surg.		
Daytona Beach												
Halifax District Hospital, P. O. Box 1990, 32014		District		310	8	31	12	2	10	0	10 Res: GP.	
Fort Lauderdale												
Broward General Hospital, 1600 S. Andrews Ave., 33316		District		421	8	41	39	17	2	1	4 Res: Path., Surg.	
Gainesville												
University of Florida Teaching Hospital and Clinics, 32603	M-22X	State		310	10	78	25	22	0	23	25 Int: St. Med., St. Surg., St. Ped., St. Path.; 133 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.	
Hollywood												
Memorial Hospital, 3501 Johnson St., 33021		District	2	327	7	34	43	5	0	0	2 Res: Path.	
Jacksonville												
Baptist Memorial Hospital, 800 Miami Rd., 32207		Church		329	6	56	29	12	0	0	12 Int: Rotating; 16 Res: Med., ObG, Ortho., Path., Ped., Surg.	
Duval Medical Center, 2000 Jefferson St., 32206		County		256	8	54	55	11	2	17	24 Int: Rotating, St. Med.; 43 Res: GP, Med., ObG, Ortho., Path., Ped., Plast., Psych., Rad., Surg., Urol.	
Florida State Board of Health, P. O. Box 210, 32202		State							0	6	14 Res: Public Health	
Hope Haven Children's Hospital, 5720 Atlantic Blvd., 32207		NPCorp		68	11	69	0	0			Res: Ortho.	
St. Luke's Hospital, 1900 Boulevard, 32206		NPCorp		242	7	33	20	5	1	4	11 Res: GP, Med., ObG, Ped., Surg.	
St. Vincent's Hospital, Barrs and St. Johns Ave., 32203		Church		362	7	50	32	6	4	1	14 Int: Rotating, Mixed; 28 Res: GP, Med., ObG, Path., Ped., Plast., Surg., Urol.	
U. S. Naval Hospital, U. S. Naval Air Station, 32214		Navy	2	450	15	70	13	3	0	8	8 Int: Rotating; 6 Res: GP	
Lake City												
Veterans Administration Hospital, 32055	G-22	VA		466	34	72	0	0			Res: Surg.	
Lakeland												
Lakeland General Hospital, Lakeland Hills Blvd., 33801		NPCorp	2	400	8	46	8	0	0	8	12 Int: Rotating	
Miami												
Jackson Memorial Hospital, 1700 N.W. 10th Ave., 33136	M-23	County	4-5	1,218	11	39	94	1	4	40	73 Int: Rotating, Mixed, St. Med., St. Ped.; 242 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.	
Office of the Medical Examiner, Dade County, Jackson Memorial Hospital, 33136		County							0	1	1 Res: Forensic Path.	
Variety Children's Hospital, 6125 S.W. 31st St., 33155	L-23	NPCorp		116	7	88	0	0	13	4	27 Res: Ortho., Ped.	
Miami Beach												
Mount Sinai Hospital of Greater Miami, 4300 Alton Rd., 33140		NPCorp		360	9	47	24	15	14	4	18 Int: Rotating; 31 Res: Med., ObG, Ortho., Path., Surg., Urol.	
St. Francis Hospital, 250 W. 63rd St., 33141		Church		251	9	31	11	3	8	0	8 Int: Rotating; 2 Res: Surg.	
Orlando												
Orange Memorial Hospital, 1416 S. Orange Ave., 32802		NPCorp		489	7	42	131	11	3	5	18 Int: Rotating; 26 Res: Med., ObG, Ortho., Path., Plast., Surg., Urol.	
Pensacola												
Baptist Hospital, 1000 W. Moreno St., 32501		Church		293	6	57	20	7			Int: Rotating; 4 Res: GP, Path.	
Escambia General Hospital, 1200 W. Leonard St., 32501		County		143	6	43	17	0			Int: Rotating; Res: GP.	
Pensacola Educational Program, 1000 W. Moreno St., 32501		NPCorp							1	6	16 Int: Rotating; 6 Res: GP	
Sacred Heart Hospital, 1010 N. 12th Ave., 32501		Church		135	6	49	0	0			Int: Rotating; Res: GP	
U. S. Naval Hospital, 32512		Navy	2-3	275	11	63	11	4	0	6	6 Int: Rotating;	
U. S. Navy School of Aviation Medicine, Naval Aviation Medical Center, 32508		Navy								11	18 Res: Aviation Med.	

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								Autopsies on Stillborn	Foreign Non-Foreign		
FLORIDA—Continued											
St. Petersburg											
American Legion Hospital for Crippled Children 2350 Lakeview Ave. S., 33712	G-27	NPCorp	...	62	19	100	0	0	0	1	1 Res: Ortho.
Mound Park Hospital 701 Sixth St. S., 33701		City	...	570	9	31	17	8	0	15	18 Int: Rotating; 12 Res: GP, ObG, Path., Surg.
Tampa											
Tampa General Hospital Davis Islands, 33606		City	...	584	7	42	69	19	2	24	26 Int: Rotating; 48 Res: Anes., Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.
West Palm Beach											
Good Samaritan Hospital 1300 N. Dixie Hwy., 33401		NPCorp	*	233	7	39	21	10	1	3	6 Int: Rotating
St. Mary's Hospital 900 49th St., 33407		Church	*	234	7	36	17	6	0	4	8 Int: Rotating
GEORGIA											
Albany											
Phoebe Putney Memorial Hospital 417 Third Ave., 31705		CyCo	...	269	6	31	42	4	0	5	8 Int: Rotating
Athens											
Athens General Hospital 797 Cobb St., 30601		County	...	...	...	...	...	...	...	...	Int: Rotating
Athens Medical Education Program (Athens General Hospital, St. Mary's Hospital)		Misc.	...	261	6	31	27	5	1	1	8 Int: Rotating Int: Rotating
St. Mary's Hospital 360 N. Milledge Ave., 30601		Church	...	...	...	...	...	...	...	...	...
Atlanta											
Crawford W. Long Memorial Hospital 35 Linden Ave. N.E., 30308		Church	...	459	7	39	44	29	2	0	12 Int: Rotating; 35 Res: Med., ObG, Path., Ped., Surg.
Emory University Hospital 1364 Clifton Rd. N.E., 30322	M-25X	NPCorp	...	331	9	63	7	2	0	20	26 Int: St. Med., St. Surg., St. Path.; 72 113 Res: Anes., Med., Neurosurg., Ortho., Path., PMR, Psych., Child Psych., Rad., Surg., Thor.
Georgia Baptist Hospital 300 Boulevard N.E., 30312		Church	...	475	6	47	64	12	1	11	16 Int: Rotating, St. Med., St. Surg., St. Ped., St. ObG; 24 Res: Med., ObG, Ortho., Ped., Surg.
Grady Memorial Hospital 80 Butler St. S.E., 30303	M-25#	County	*	715	10	43	135	34	0	50	68 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 153 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Henrietta Eggleston Hospital for Children 1405 Clifton Rd. N.E., 30322	L-25#	NPCorp	...	100	5	80	0	0	0	3	7 Res: Neurosurg., Ped.
Piedmont Hospital 1968 Peachtree Rd. N.W., 30309		NPCorp	...	275	7	48	34	4	5	4	10 Int: Rotating, Mixed; 14 Res: Med., ObG, Path., Ped., Surg.
St. Joseph's Infirmary 265 Ivy St. N.E., 30303		Church	...	287	6	51	19	11	2	0	10 Int: St. Med., St. Surg., St. Path; 21 Res: Med., ObG, Path., Surg., Urol.
State of Georgia Dept. of Public Health 47 Trinity Ave., 30303		State	...	...	...	...	...	...	...	...	4 Res: Public Health
Veterans Administration Hospital 4158 Peachtree Rd. N.E., 30319	L-25#	VA	*-*	300	19	64	0	0	...	...	Int: St. Med; 40 Res: Med., Path., Rad., Surg., Urol.
Augusta											
Eugene Talmadge Memorial Hospital 1120 15th St., 30902	M-24X	State	...	500	14	72	56	36	1	17	21 Int: Mixed, St. Med., St. Ped., St. Path.; 105 121 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
University Hospital University Place, 30902	L-24	County	*-*	454	7	32	44	4	0	16	18 Int: Rotating; 27 Res: Med., Neurosurg., ObG, Ortho., Path., Ped., Surg., Urol.
Veterans Administration Hospital Wrightsboro Rd., 30904	M-24#	VA	*	1,744	177	45	0	0	0	13	34 Res: Med., Neurosurg., Psych., Surg.
Columbus											
Medical Center 710 Center, 31902		City	...	277	7	32	53	12	3	8	16 Int: Rotating; 4 Res: GP.
Decatur											
Scottish Rite Hospital for Crippled Children 321 W. Hill St., 30030		NPCorp	1-1-*	60	80	0	0	0	0	1	1 Res: Ortho.
Fort Benning											
Martin Army Hospital		Army	1-1-*	500	11	71	43	11	0	4	4 Res: Surg.
Macon											
Macon Hospital 777 Hemlock St., 31201		CyCo	*-*	484	6	29	73	1	0	23	22 Int: Rotating, General Practice Program; 19 Res: ObG, Path., Surg.
Milledgeville											
Milledgeville State Hospital, 31062		State	...	12,000	81	19	0	0	10	3	24 Res: Psych.
Rome											
Batley State Hospital, 30161		State	...	885	169	50	0	0	0	1	1 Res: Thor.
Floyd Hospital Turner McCall Blvd., 30161		County	...	248	5	32	52	34	0	8	9 Int: Rotating; 2 Res: GP.
Savannah											
Memorial Hospital of Chatham County Waters Ave. and 63rd St., 31404		District	...	234	7	47	33	...	0	13	15 Int: Rotating; 14 Res: Med., ObG, Path., Surg., Urol.
Warm Springs											
Georgia Warm Springs Foundation, 31830		NPCorp	...	120	50	0	0	0	0	2	12 Res: PMR.
HAWAII											
Honolulu											
Kapiolani Maternity and Gynecological Hospital 1611 Bingham St., 96814		NPCorp	...	110	4	57	53	24	...	...	Res: ObG
Kauaikeolani Children's Hospital 226 N. Kuakini St., 96817		NPCorp	...	101	4	74	...	...	4	0	7 Res: Ped.
Kuakini Hospital and Home 347 N. Kuakini St., 96817		NPCorp	...	182	6	49	5	0	9	3	12 Int: Mixed; Res: Path., Surg.
Queen's Hospital 1301 Punchbowl, 96814		NPCorp	*	438	6	62	12	10	0	8	12 Int: Mixed; Res: Med., ObG, Path., Rad., Surg.

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								Autopsies on Stillborn	Foreign		
HAWAII, Honolulu—Continued											
St. Francis Hospital. 2260 Liliha St., 96817		Church	...	260	6	44	9	6	3	4	12 Int: Rotating;
Shriners Hospital for Crippled Children. 1310 Punahou St., 96814	G-16	NPCorp	2-3	30	84	0	0	0	3	2	20 Res: Med., ObG, Path., Surg.
Tripler General Hospital. Moanalua Gardens		Army	1-2-4	1,000	12	72	37	32	0	25	36 Int: Rotating;
									2	55	77 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
ILLINOIS											
Bellefonte											
U. S. Air Force Hospital, Scott AFB, 62226		USAF	2-3-4	300	22	89	8	1	0	8	8 Int: Rotating
Berwyn											
MacNeal Memorial Hospital. 3249 S. Oak Park Ave., 60403		NPCorp	...	293	7	49	32	11	14	2	16 Int: Rotating;
									10	4	21 Res: GP, ObG, Path., Surg.
Chicago											
American Hospital. 850 W. Irving Park Rd., 60613		NPCorp	...	177	8	41	9	5	3	0	6 Res: Path., Surg.
Augustana Hospital. 411 W. Dickens Ave., 60614		Church	...	350	10	46	9	8	11	1	12 Int: Rotating;
Charles H. and Rachel M. Schwab Rehabilitation Hospital. 1401 S. California Ave., 60608		NPCorp	...	90	52	0	0	0	1	0	6 Res: Med., Path.
Chicago Maternity Center. 1336 S. Newberry Ave., 60608	M-26	NPCorp	...	...	...	...	53	51	0	2	8 Res: PMR
Chicago State Hospital. 6500 W. Irving Park Rd., 60634		State	...	4,913	...	16	0	0	...	...	2 Res: ObG
Chicago State Tuberculosis Sanitarium. 1919 W. Taylor St., 60612		State	...	400	174	38	0	0	0	1	Res: Psych.
Chicago Wesley Memorial Hospital. 250 E. Superior St., 60611	M-27#	Church	...	652	11	67	33	30	0	31	33 Int: Rotating, Mixed, St. Med., St. Path.;
									13	45	63 Res: Anes., Med., Neurosurg., Neur., ObG, Oph.,
									1	1	Ortho., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital. 707 W. Fullerton Ave., 60614	M-27#	NPCorp	5	231	8	83	0	0	1	1	4 Int: St. Ped.;
									8	23	29 Res: Ortho., Path., Ped., Rad., Surg., Urol.
City of Chicago Municipal Tuberculosis Sanitarium. 5601 N. Pulaski Rd., 60646	L-28	City	...	1,209	192	43	0	0	2	4	5 Res: Thor.
Columbus Hospital. 2520 N. Lakeview Ave., 60614		Church	1	413	10	50	24	23	16	0	16 Int: Rotating;
Cook County Hospital. 1825 W. Harrison St., 60612	M-26-27 28-30	County	5	2,747	10	35	480	384	22	114	24 Res: Med., Path., Rad.
									16	1	144 Int: Rotating;
									79	136	252 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol.,
											Path., Ped., Plast., Rad., Surg., Urol.
Edgewater Hospital. 5700 N. Ashland Ave., 60626		NPCorp	...	347	8	48	34	32	11	1	16 Int: Rotating;
Englewood Hospital. 6001 S. Green St., 60621		NPCorp	...	159	7	42	6	5	1	0	12 Res: ObG, Path., Ped.
Evangelical Hospital. 5421 S. Morgan St., 60609		Church	...	181	8	28	5	3	7	0	2 Res: Path.
Grant Hospital. 551 W. Grant Pl., 60614		NPCorp	...	286	9	39	23	17	9	0	7 Int: Rotating
Hospital of St. Anthony de Padua. 2875 W. 19th St., 60623		Church	...	208	9	31	15	6	6	2	12 Int: Rotating;
Illinois Central Hospital. 5800 Stony Island Ave., 60637	L-30	NPCorp	...	310	11	44	9	8	1	10	11 Res: GP, Path., Ped., Surg.
Illinois Eye and Ear Infirmary. 904 W. Adams St., 60607		State	...	122	9	54	0	0	4	26	8 Int: Rotating;
Illinois Masonic Hospital. 836 Wellington Ave., 60614		NPCorp	...	473	9	59	50	50	4	16	2 Res: Surg.
Illinois State Psychiatric Institute. 1601 W. Taylor St., 60612	L-27, M-28, L-30	State	...	...	...	...	...	...	31	29	13 Int: Rotating;
Loretto Hospital. 645 S. Central Ave., 60644	L-28	Church	2-3	168	...	...	...	...	...	...	11 Res: Med., Path., Surg.
Louis A. Weiss Memorial Hospital. 4646 Marine Dr., 60640		NPCorp	...	250	10	43	5	4	4	3	46 Res: Oph., Otol.
Mercy Hospital. 2537 S. Prairie Ave., 60616	G-28	Church	...	350	11	50	11	9	4	4	30 Int: Rotating;
Michael Reese Hospital and Medical Center. 2839 S. Ellis Ave., 60616	M-26- G-27	NPCorp	4-5	866	12	60	35	35	14	32	36 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
									37	82	64 Res: Psych.
Mount Sinai Hospital. 2750 W. 15th Pl., 60608	M-26	NPCorp	...	389	10	48	36	31	13	5	51 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.;
									57	9	158 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path.,
											Ped., Ped. All., Psych., Child Psych., Rad.,
											Surg., Urol.
Northwestern University Medical Center. 303 E. Chicago Ave., 60611		NPCorp	...	...	...	...	...	...	...	...	20 Int: Rotating, Mixed, St. Med., St. Surg., St. Path.;
											84 Res: Anes., Med., ObG, Path., PMR, Ped., Psych.,
											Surg., Urol.
											Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.,
											St. Path.;
											Res: Anes., Colon-Rectal, Derm., Med., Neurosurg.,
											Neur., ObG, Oph., Ortho., Otol., Path., Ped.,
											Ped. All., PMR, Psych., Rad., Surg., Urol.
Norwegian-American Hospital. 1044 N. Francisco Ave., 60622		NPCorp	...	218	8	30	12	0	9	0	12 Int: Rotating;
Passavant Memorial Hospital. 303 E. Superior St., 60611	M-27#	NPCorp	...	317	11	64	11	11	3	0	4 Res: Surg.
									9	23	22 Int: Mixed, St. Med.;
											42 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho.,
											Path., Psych., Rad., Surg., Urol.
Presbyterian-St. Luke's Hospital. 1753 W. Congress Pkwy., 60612	M-30#	NPCorp	...	844	11	68	37	31	0	40	40 Int: St. Med., St. Surg., St. Ped., St. Path.;
									20	89	150 Res: Anes., Med., Neurosurg., Neur., ObG, Oph.,
											Ortho., Otol., Path., Ped., Plast., Psych.,
											Rad., Surg., Thor., Urol.
Ravenswood Hospital. 1931 W. Wilson Ave., 60640		NPCorp	...	280	9	70	15	11	8	0	8 Int: Rotating;
Resurrection Hospital. 7435 W. Talcott Ave., 60631		Church	1	252	8	65	21	18	8	4	10 Res: GP, Path., Surg.
St. Anne's Hospital. 4950 W. Thomas St., 60651	G-27	Church	...	305	6	35	45	30	0	0	12 Int: Rotating;
									3	1	8 Res: Ortho., Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
ILLINOIS, Chicago—Continued											
St. Elizabeth's Hospital 1431 N. Claremont Ave., 60622		Church	...	246	7	33	20	12	4	0	6 Res: Surg.
St. Joseph Hospital 2900 Lake Shore Dr., 60614	G-28	Church	...	215	8	49	23	17	3	3	16 Int: Rotating; 23 Res: Med., ObG, Path., Surg.
St. Mary of Nazareth Hospital 1120 N. Leavitt St., 60622		Church	...	278	10	33	12	4	0	0	2 Res: Path.
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave., 60635		NPCorp	2	68	89	0	0	0	0	3	3 Res: Ortho.
Swedish Covenant Hospital 5145 N. California Ave., 60625		Church	...	212	9	45	14	13	6	0	9 Int: Rotating; 2 Res: Path.
University of Chicago Hospitals and Clinics 950 E. 59th St., 60637	M-29X	NPCorp	4	711	12	77	32	32	2	38	40 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 163 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.
University of Illinois Research and Educational Hospitals 840 S. Wood St., 60612	M-30X	State	4-5	603	13	77	53	42	1	35	36 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 123 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Psych., Rad., Surg., Urol.
Veterans Administration Research Hospital 333 E. Huron St., 60611	M-27	VA	2-4	516	24	79	0	0	8	52	91 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital (West Side) 820 S. Damen Ave., 60612	M-28-30	VA	2	505	26	77	0	0	14	35	62 Res: Med., Path., PMR, Psych., Surg.
Decatur											
Decatur and Macon County Hospital 2300 N. Edward St., 62525		NPCorp	2-3	363	7	46	9	4	0	7	9 Int: Rotating; 8 Res: Anes., Path.
Des Plaines											
Forest Hospital 555 Wilson Lane		Corp	...	100	29	0	0	0	2	1	4 Res: Psych.
Downey											
Veterans Administration Hospital, 60065	L-27	VA	2	2,487	626	64	0	0	1	11	19 Res: Psych.
Evanston											
Evanston Hospital 2650 Ridge Ave., 60201	M-27#	NPCorp	4	425	9	77	14	12	1	15	27 Int: Rotating, Mixed, St. Med., St. Path.; 35 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg.
St. Francis Hospital 355 Ridge Ave., 60202	G-27	Church	2	401	9	70	33	13	1	9	16 Int: Rotating, Mixed; 21 Res: Med., ObG., Ortho., Path., Ped., Surg.
Evergreen Park											
Little Company of Mary Hospital 2800 W. 95th St., 60642	L-28	Church	...	559	8	41	65	17	7	10	24 Int: Rotating; 26 Res: ObG, Ped., Rad., Surg.
Galesburg											
Galesburg State Research Hospital North Seminary St., 61401		State	...	1,813	723	31	0	0	1	1	8 Res: Psych.
Great Lakes											
U. S. Naval Hospital, 60088		Navy	2-4-5	1,100	22	83	10	7	0	12	12 Int: Rotating; 11 Res: Med., ObG., Surg.
Hines											
Veterans Administration Hospital 5th Ave. and Roosevelt Rd., 60141	G-27, M-28, L-30	VA	2-4	2,076	49	63	0	0	23	61	175 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Hinsdale											
Hinsdale Sanitarium and Hospital 120 N. Oak St., 60521		Church	...	270	8	45	11	2	1	10	14 Int: Rotating
Suburban Cook County Tuberculosis Hospital-Sanitarium 55th and County Line Rd., 60521		District	...	209	151	71	1	1	1	0	1 Res: Thor.
Joliet											
St. Joseph Hospital 372 N. Broadway St., 60435		Church	...	295	8	26	21	6	1	2	6 Res: Anes.
Oak Park											
West Suburban Hospital 518 N. Austin Blvd., 60302		NPCorp	...	363	9	42	23	3	8	1	20 Int: Rotating; 23 Res: GP, ObG, Ortho., Path., Rad.
Park Ridge											
Lutheran General Hospital 1775 Dempster St., 60068		NPCorp	...	316	8	66	23	15	0	0	4 Res: Path.
Peoria											
Caterpillar Tractor Company 600 W. Washington St., 61611		Corp	...	...	...	...	...	...	...	1	1 Res: Occup. Med.
Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave., 61603		NPCorp	...	120	38	...	...	...	0	0	3 Res: PMR
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave., 61603		Church	...	457	9	44	29	10	6	0	16 Int: Rotating; 15 Res: GP, Path., Surg.
St. Francis Hospital 530 N. E. Glen Oak Ave., 61603		Church	...	622	9	44	38	10	0	18	18 Int: Rotating; 33 Res: GP, Med., ObG., Ortho., Path., Ped., Rad., Surg.
Rockford											
Rockford Memorial Hospital 2400 N. Rockton Ave., 61108		NPCorp	...	261	7	53	29	23	0	5	11 Int: Rotating, St. Path.; 2 Res: Path.
St. Anthony Hospital 6666 E. State St., 61108		Church	...	180	7	43	16	10	0	0	4 Res: Path.
Springfield											
Illinois State Department of Health, 62706		State	...	...	...	...	...	...	0	1	10 Res: Public Health
Urbana											
Carle Memorial Hospital 602 W. University Ave., 61801		NPCorp	...	156	...	...	...	...	0	0	1 Res: Path.
INDIANA											
Bluffton											
Clinic Hospital 309 S. Main St., 46714		Corp	...	143	7	61	3	2	0	0	5 Res: Surg.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign Non-Foreign		
INDIANA—Continued											
Elkhart Elkhart General Hospital 600 East Blvd., 46518		NPCorp	...	198	7	32	23	Res: Path.
Evansville St. Mary's Hospital 3700 Washington Ave., 47715		Church	...	372	8	33	17	4	0	2	6 Int: Rotating; 2 Res: ObG, Path.
Fort Wayne Lutheran Hospital of Fort Wayne 3024 Fairfield, 46807		Church	2-3	387	9	38	24	16	0	6	6 Int: Rotating; 5 Res: Ortho., Surg.
St. Joseph's Hospital 730 W. Berry St., 46802		Church	...	252	8	27	23	9	0	0	4 Res: Path.
Gary Methodist Hospital 1600 W. Sixth Ave., 46402		Church	3	370	7	40	77	11	0	0	4 Res: Path.
St. Mary Mercy Hospital 540 Tyler St., 46402		Church	2-3	257	6	31	60	0	0	0	8 Int: Rotating
Indianapolis Indiana University Hospitals 1100 W. Michigan St., 46207	M-31X	State	4-5	515	9	71	27	21	1	32	43 Int: St. Med., St. Surg., St. Ped., St. Path.; 216 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Urol.
Larue D. Carter Memorial Hospital 1315 W. 10th St., 46207	L-31#	State	2	235	168	25	0	0	0	16	40 Res: Psych., Child Psych.
Marion County General Hospital 960 Loeke St., 46207	M-31#	CyCo	4-5	611	10	55	57	35	0	19	35 Int: Rotating; Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Methodist Hospital of Indiana 1604 N. Capitol Ave., 46207		Church	...	870	9	51	48	9	0	20	26 Int: Rotating, St. Med., St. Surg., St. Path.; 50 Res: GP, Med., ObG, Ortho., Path., Ped., Surg., Urol.
St. Vincent's Hospital 120 W. Fall Creek Pkwy., 46207		Church	...	324	8	56	28	10	0	0	11 Int: Rotating, St. Path.; 15 Res: ObG, Ortho., Path., Rad., Surg.
Veterans Administration Hospital 1481 W. Tenth St., 46207	M-31#	VA	2-4	727	33	68	0	0	0	29	36 Res: Anes., Med., Neurosurg., Neur., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.
Lafayette St. Elizabeth Hospital 1501 Hartford St., 47904		Church	2-3	401	7	28	16	10	0	1	4 Res: Path.
Mishawaka St. Joseph Hospital 215 W. 4th St., 46544		Church	...	101	6	32	9	0	...	...	Res: Path.
Muncie Ball Memorial Hospital 2401 University Ave., 47303		NPCorp	2-3	444	9	41	41	17	0	3	8 Int: Rotating; 5 Res: Path., Surg.
South Bend Memorial Hospital of South Bend 615 N. Michigan St., 46601		NPCorp	3	374	8	34	16	7	0	7	11 Int: Rotating; Res: Path.
St. Joseph's Hospital 811 E. Madison St., 46622		Church	2-3	308	8	33	37	8	0	7	9 Int: Rotating; Res: Path.
South Bend Medical Foundation Hospitals 531 N. Main St., 46601		NPCorp	...	...	...	...	...	0	6	...	8 Res: Path.
IOWA											
Cedar Rapids Mercy Hospital 835, 6th Ave., S. E., 52403		Church	...	314	7	57	12	7	...	...	Int: Rotating
St. Luke's Methodist Hospital 1026 A Ave., N. E., 52402		Church	...	400	7	53	24	20	0	0	Int: Rotating; 4 Res: Path.
Cherokee Mental Health Institute 1200 W. Cedar, 51012		State	...	896	73	41	0	0	1	10	12 Res: Psych.
Des Moines Broadlawn Polk County Hospital 18th and Hickman Rd., 50314	L-32	County	...	195	9	49	7	4	0	13	12 Int: Rotating, General Practice Program; 4 Res: GP, Surg.
Iowa Lutheran Hospital 716 Parnell Ave., 50316		Church	...	251	8	37	6	5	8	1	10 Int: Rotating
Iowa Methodist Hospital 1200 Pleasant St., 50314		Church	...	489	8	53	26	13	0	6	10 Int: Rotating; 25 Res: Med., Path., Ped., Rad., Surg.
Mercy Hospital 5th and Ascension Sts., 50314		Church	...	300	7	45	17	16	10	2	16 Int: Rotating, St. Path.; 4 Res: Path.
Veterans Administration Hospital 30th St. and Euclid Ave., 50308		VA	...	386	20	56	0	0	1	10	22 Res: Ortho., Path., Rad., Surg., Urol.
Independence Mental Health Institute, 50644		State	2	1,128	258	35	0	0	5	5	18 Res: Psych.
Iowa City Mercy Hospital 214 N. Van Buren St., 52240		Church	...	225	7	31	11	10	0	0	1 Res: Path.
State Psychopathic Hospital 500 Newton Rd., 52241	M-32X	State	3	87	50	0	0	0	5	13	31 Res: Psych., Child Psych.
University Hospitals Newton Rd., 52241	M-32X	State	5	916	11	67	37	32	0	20	26 Int: Rotating, St. Med., St. Path.; 226 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
Veterans Administration Hospital, 52241	M-32	VA	2-4-5	484	22	71	0	0	0	14	22 Res: Anes., Med., Neur., Otol., Path., Rad., Surg.
KANSAS											
Halstead Halstead Hospital 328 Poplar St., 67056		Church	...	193	9	41	1	1	0	0	2 Res: Path.
Kansas City Bethany Hospital 51 N. 12th St., 66102		Church	3	205	7	27	11	5	0	2	8 Int: Rotating
University of Kansas Medical Center 39th and Rainbow Blvd., 66103	M-33X	State	7	502	9	77	41	36	0	29	29 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., Family Practice; 177 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.

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								Autopsies on Stillborn	Foreign		
KANSAS—Continued											
Topeka											
C. F. Menninger Memorial Hospital 3617 W. Sixth Ave., 66606		NPCorp		126	177	100	0	0	3	16	31 Res: Psych., Child Psych.
Topeka State Hospital 2700 W. Sixth St., 66606	L-33	State		1,144	90	68	0	0	16	22	60 Res: Psych.
Veterans Administration Hospital 2200 Gage Blvd., 66614		VA		1,011	133	78	0	0	2	39	60 Res: Psych.
Wadsworth											
Veterans Administration Hospital, 66089	G-33#	VA	5-4-5	796	80	78	0	0			Res: Surg., Urol.
Wichita											
St. Francis Hospital 929 N. St. Francis Ave., 67214		Church		728	8	48	39	16	1	17	18 Int: Rotating; 53 Res: Anes., GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
St. Joseph Hospital and Rehabilitation Center 3400 Grand Ave., 67218		Church		303	7	41	20	8	1	2	10 Int: Rotating; Res: Path. Res: ObG, Urol.
Sedgwick County Hospital and Clinic 1001 N. Minneapolis St., 67214		County		146	11	17	8	2			Res: ObG, Urol.
Veterans Administration Center 5500 E. Kellogg, 67218		VA		252	33	57	0	0	2	5	18 Res: Med., Ortho., Path., Surg., Urol.
Wesley Medical Center 550 N. Hillside Ave., 67214		Church		489	7	40	24	21	1	10	18 Int: Rotating; 11 Res: GP, Med., Ortho., Path., Surg.
KENTUCKY											
Anchorage											
Central State Hospital, 40001	L-82, -83	State		1,523	399	57	0	0			Res: Psych.
Covington											
St. Elisabeth Hospital 21st St. and Eastern Ave., 41014		Church		351	7	19	30	0	1	0	2 Res: Path.
Fort Campbell											
U. S. Army Hospital, 42223		Army	1-2	300	9	75	27	7	0	3	3 Res: Surg.
Fort Knox											
Ireland Army Hospital, 40121		Army	2-3-4	405	10	76	27	9	0	3	3 Res: Surg.
Harlan											
Harlan Appalachian Regional Hospital, 40831		NPCorp		179	13	36	13	0	9	2	19 Res: Med., Path., Surg.
Lexington											
Good Samaritan Hospital 310 S. Limestone St., 40508		Church		243	6	24	24	4	1	1	11 Int: Rotating; 6 Res: Ortho., Urol.
St. Joseph Hospital 1400 Harrodsburg Rd., 40504		Church		285	7	72	9	6			Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 18 Res: Ortho., Path., Ped., Urol.
Shriners Hospital for Crippled Children 1900 Richmond Rd., 40505	G-27	NPCorp		50	62	0	0	0	0	2	2 Res: Ortho.
U. S. Public Health Service Hospital Leestown Pike, 40501		USPHS		1,042	136	35	0	0	1	10	1 Res: Psych.
University Hospital 800 W. Rose St., 40506	M-34X	State		139	13	71	0	0	0	21	48 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 92 Res: Anes., Med., ObG, Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
Veterans Administration Hospital Leestown Pike, 40507	L-34	VA		1,156	245	60	0	0		8	Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 6 Res: Psych., Surg., Urol.
Louisville											
Children's Hospital 226 E. Chestnut St., 40202	M-35	NPCorp		154	6	60	0	0	4	1	9 Res: Neurosurg., Path., Ped., Surg.
Jewish Hospital 217 E. Chestnut St., 40202	L-35	NPCorp		260	7	27	14	3	0	0	2 Res: Med.
John N. Norton Memorial Infirmary 231 W. Oak St., 40203	L-35	NPCorp		318	8	43	9	3	5	1	6 Int: Rotating; 15 Res: Neurosurg., Psych., Surg.
Kosair Crippled Children Hospital 982 Eastern Pkwy., 40217		NPCorp		100	40	0	0	0			Res: Ortho.
Louisville Child Guidance Clinic 206 E. Chestnut St., 40202		NPCorp	2-3						0	2	4 Res: Child Psych.
Louisville General Hospital 328 E. Chestnut St., 40202	M-35#	CyCo	4-5	421	9	68	67	30	3	5	36 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 147 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho, Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
St. Joseph Infirmary 735 Eastern Pkwy., 40217		Church		500	7	48	38	6	0	18	18 Int: Rotating; 24 Res: Med., ObG, Ped., Rad., Surg.
Veterans Administration Hospital Mellwood and Zorn Aves., 40202	M-35	VA		496	27	61	0	0	5	22	44 Res: Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
LOUISIANA											
Alexandria											
Veterans Administration Hospital, 71301		VA		498	55	58	0	0			Res: Urol.
Jackson											
East Louisiana State Hospital, 70748	G-37	State		3,980		0	0	0	0	3	4 Res: Psych.
Lafayette											
Lafayette Charity Hospital 311 W. St. Mary Blvd., 70501	G-36X	State		432	12	27	99	56	1	15	20 Res: GP
Mandeville											
Southeast Louisiana Hospital, 70448	G-37	State		498	75	100	0	0	0	4	8 Res: Psych.
Monroe											
E. A. Conway Memorial Hospital South Grand St., 71203	G-36X	State		212	7	24	64	2	4	4	15 Res: GP, Ortho., Surg., Thor.
New Orleans											
Charity Hospital of Louisiana 1532 Tulane Ave., 70140	M-36X, -37X	State	4-5	2,640	13	56	217	178	2	114	126 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., St. ObG; 360 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Eye, Ear, Nose and Throat Hospital 145 Elk Pl., 70112	L-37	NPCorp	1-2-3	110	4	0	0	0	0	22	16 Res: Oph., Otol.

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								Foreign	Non-Foreign		
LOUISIANA, New Orleans—Continued											
Hotel Dieu Sisters' Hospital 2004 Tulane Ave., 70116		Church		270	7	27	20	2	0	0	3 Res: Path.
Ochsner Foundation Hospital 1516 Jefferson Hwy., 70121	L-37	NPCorp	1	340	9	79	15	12	0	4	8 Int: St. Med., St. Surg.; 69 Res: Anes., Colon-Rectal, Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Southern Baptist Hospital 2700 Napoleon Ave., 70115	L-37	Church		471	7	40	24	8	1	9	24 Int: Rotating; 28 Res: Med., ObG, Path., Rad., Surg.
Touro Infirmary 3516 Prytanis St., 70115	L-37	NPCorp		421	7	41	19	7	1	5	25 Int: Rotating, Mixed; 35 Res: GP, Med., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Tulane University School of Medicine 1430 Tulane Ave., 70112		Misc.		24	270	0	0	0	1	8	12 Res: Child Psych., Gen. Prev. Med.
U. S. Public Health Service Hospital 210 State St., 70118		USPHS	2-4	428	21	81	11	11	0	13	14 Int: Rotating; 25 Res: Med., ObG, Oph., Path., Rad., Surg.
Veterans Administration Hospital 1601 Perdido St., 70140	L-36-37	VA	2-4	512	29	77	0	0	2	40	71 Res: Anes., Med., Neurosurg., Oph., Ortho., Path., Psych., Surg., Urol.
Plineville											
Huey P. Long Charity Hospital Hospital Blvd., 71360	L-37	State	2	288	7	30	50	8	0	1	1 Res: Ortho.
Shreveport											
Confederate Memorial Medical Center 1541 Kingshighway, 71102	G-37	State	2-4	830	8	37	88	0	0	27	36 Int: Rotating; 66 Res: Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
Shriners Hospital for Crippled Children Kingshighway and Samford Ave., 71103	G-37	NPCorp	2-3	60	83	0	0	0	0	2	2 Res: Ortho.
MAINE											
Bangor											
Eastern Maine General Hospital 489 State St., 04401		NPCorp		309	9	43	28	8	0	0	6 Int: Rotating; 6 Res: Path., Urol.
Lewiston											
Central Maine General Hospital 300 Main St., 04240		NPCorp		217	8	60	14	7	0	0	6 Int: Rotating; 3 Res: Path., Ped., Surg.
Portland											
Maine Medical Center 22 Bramhall St., 04102	M-42	NPCorp		400	8	44	21	6	0	12	12 Int: Rotating; 38 Res: Anes., GP, Med., Path., Ped., Rad., Surg.
MARYLAND											
Army Chemical Center											
U. S. Army Environmental Hygiene Agency (Edgewood), 21010		Army							0	0	1 Res: Occup. Med.
Baltimore											
Baltimore City Hospitals 4940 Eastern Ave., 21224	M-38, M-39f	City	4-7	1,776		50	84		7	16	35 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., Family Practice; 86 Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Path., Ped., Surg.
Baltimore Eye, Ear and Throat Hospital 1214 Eutaw Pl., 21217		NPCorp		60	3	0	0	0	0	4	4 Res: Oph., Otol.
Bon Secours Hospital 2025 W. Fayette St., 21223		Church		260	7	39	21	8	10	0	12 Int: Rotating; 13 Res: ObG, Surg.
Children's Hospital 3825 Greenspring Ave., 21211		NPCorp	4-5	124	17	83	0	0			Res: Ortho.
Church Home and Hospital 100 N. Broadway, 21231		Church		282	10	43	7	1	4	8	18 Int: Rotating, St. Med., St. Surg.; 18 Res: Med., ObG, Surg.
Franklin Square Hospital 100 N. Calhoun St., 21223		NPCorp		171	8	46	29	16	10	0	8 Int: Mixed; 11 Res: ObG, Surg.
Hospital for the Women of Maryland Lafayette Ave. and John St., 21217		NPCorp		188	6	42	29	12	3	3	6 Int: Mixed; 19 Res: Med., ObG
James Lawrence Kernan Hospital for Crippled Children Windsor Mill Rd., 21207	L-39	Corp		114	32	0	0	0	2	1	4 Res: Ortho.
Johns Hopkins Hospital 601 N. Broadway, 21205	M-38f	NPCorp	4-5	1,029	11	69	56	55	3	56	60 Int: St. Med., St. Surg., St. Ped., St. Path., St. ObG; 221 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Psych., Child Psych., Rad., Surg., Urol.
Johns Hopkins University School of Hygiene and Public Health, 21205											Res: Gen. Prev. Med.
Lutheran Hospital of Maryland 730 Ashburton St., 21216		Church	4	200	7	37	42	6	5	0	10 Int: Rotating; 16 Res: ObG, Surg.
Maryland General Hospital 827 Linden Ave., 21201	G-39	Church		386	8	44	26	12	10	0	12 Int: Rotating; 14 Res: Med., ObG, Path., Surg.
Mercy Hospital 301 St. Paul Pl., 21202	L-39f	Church	4	339	8	42	21	3	8	1	16 Int: Rotating; 29 Res: Med., ObG, Path., Ped., Surg.
Office of the Chief Examiner, Maryland State Dept. of Post Mortem Examiners 700 Fleet St., 21202		State							0	1	3 Res: Forensic Path.
Presbyterian Eye, Ear, and Throat Charity Hospital 1017 E. Baltimore St., 21202		Church		35	3	0	0	0	0	3	3 Res: Oph.
Provident Hospital 1514 Division St., 21217		NPCorp	4	137	7	31	38	1	0	6	6 Int: Rotating; 10 Res: Path., Ped., Surg.
St. Agnes Hospital Wilkins and Caton Ave., 21229		Church		378	8	38	30	6	3	6	12 Int: Rotating; 26 Res: Med., ObG, Surg.
St. Joseph's Hospital 1400 N. Caroline St., 21213		Church	1	231	9	43	23	9	7	0	8 Int: Rotating; 23 Res: Med., ObG, Path., Surg.
Seton Psychiatric Institute 6420 Reisterstown Rd., 21215		Church		300	271	50	0	0	8	2	12 Res: Psych.
Sinai Hospital of Baltimore Belvedere Ave. at Greenspring, 21215	L-38	NPCorp	4-5	447	8	54	55	41	7	17	24 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 69 Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
MARYLAND, Baltimore—Continued											
South Baltimore General Hospital 1213 Light St., 21230		NPCorp	...	184	8	44	15	1	6	6	12 Int: Rotating; 11 Res: Med., Surg.
State of Maryland Dept. of Health 301 W. Preston St., 21201		State	...	...	...	...	...	...	0	3	... Res: Public Health
Union Memorial Hospital 33rd and Calvert Sts., 21218		NPCorp	...	394	10	49	18	10	4	16	22 Int: Rotating, St. Med., St. Surg.; 37 Res: Med., ObG, Path., Ped., Surg.
U. S. Public Health Service Hospital Wyman Park Dr. and 31st St., 21211		USPHS	2-4	351	20	79	0	0	0	12	12 Int: Rotating; 23 Res: Med., Oph., Path., Rad., Surg.
University of Maryland Hospital Redwood and Greene Sts., 21201	M-39X	State	4-5	667	12	50	65	5	1	20	30 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 183 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 3900 Loch Raven Blvd., 21218		VA	2	291	86	70	0	0	0	0	1 Res: Thor.
Bethesda											
National Institutes of Health- Clinical Center 9000 Wicomico Ave., 20014	L-20	USPHS	2-5	516	37	94	0	0	3	33	51 Res: Derm., Med., Neur., Path., Psych., Rad.
Suburban Hospital 8600 Old Georgetown Rd., 20014		NPCorp	...	280	6	45	29	13	4	0	6 Int: Rotating; 12 Res: GP, Path., Surg.
U. S. Naval Hospital Rockville Pike, 20014	L-19-20- 21	Navy	2	825	18	88	24	21	0	17	17 Int: Rotating; 75 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Urol.
Catonsville											
Spring Grove State Hospital Wade Ave., 21228		State	4	2,719	90	24	0	0	10	1	12 Res: Psych.
Cheverly											
Prince George's General Hospital, 20784		County	...	381	8	55	82	25	12	0	18 Int: Rotating; 20 Res: Med., ObG, Path., Surg.
Crownsville											
Crownsville State Hospital, 21032		State	4	1,688	...	24	0	0	5	3	11 Res: Psych.
Fort Howard											
Veterans Administration Hospital, 21052		VA	2	377	37	58	0	0	3	7	19 Res: Med., Surg., Urol.
Perry Point											
Veterans Administration Hospital, 21902		VA	2	1,558	326	77	0	0	2	6	14 Res: Med., Psych., Surg.
Rockville											
Chestnut Lodge 500 W. Montgomery Ave., 20850	L-20	Corp	...	90	206	100	0	0	0	4	4 Res: Psych.
Sykesville											
Springfield State Hospital, 21784		State	...	3,502	120	34	0	0	3	2	9 Res: Psych.
Takoma Park											
Washington Sanitarium and Hospital 7600 Carroll Ave., 12		Church	...	282	7	55	29	8	3	10	16 Int: Rotating
Towson											
Sheppard and Enoch Pratt Hospital York Road, 21204		NPCorp	...	265	244	27	0	0	3	6	17 Res: Psych.
MASSACHUSETTS											
Bedford											
Veterans Administration Hospital 200 Springs Rd., 01730	M-42	VA	2	1,636	1,051	58	0	0	0	0	3 Res: Psych.
Belmont											
Beaverbrook Guidance Center 1075 Pleasant Street, 02154		State	...	...	...	...	...	...	3	1	9 Res: Child Psych.
McLean Hospital 1075 Pleasant St., 02178	M-41	NPCorp	...	278	413	84	0	0	1	19	20 Res: Psych.
Beverly											
Beverly Hospital Heather and Herrick Sts., 01915		NPCorp	...	220	8	61	18	0	0	8	10 Int: Rotating; 7 Res: Med., Path., Surg.
Boston											
Beth Israel Hospital 330 Brookline Ave., 02115	M-41-42	NPCorp	4	366	9	46	30	21	0	16	19 Int: St. Med., St. Surg., St. Path.; 72 Res: Anes., Med., ObG, Path., Psych., Child Psych., Rad., Surg.
Boston City Hospital 818 Harrison Ave., 02118	M-40-41- 42#	City	4-5	1,243	11	57	75	8	1	76	77 Int: St. Med., St. Surg., St. Ped., St. Path.; 268 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Boston Dispensary and Rehabilitation Institute											
25 Bennet St., 02111	M-42#	NPCorp	...	35	23	0	0	0	2	1	2 Res: Derm.
Boston Floating Hospital											
20 Ash St., 02111	M-42#	NPCorp	4	80	9	87	0	0	0	6	6 Int: St. Ped.; 13 Res: Ped., Child Psych.
Boston Lying-in Hospital											
221 Longwood Ave., 02115	M-41	NPCorp	...	182	6	...	100	77	0	16	16 Res: ObG, Path.
Boston Sanatorium											
249 River St., Mattapan 02126	M-42	City	...	590	314	15	0	0	0	1	1 Res: Thor.
Boston State Hospital											
591 Morton St., 02124	L-40, M-42	State	4	2,482	...	32	0	0	2	12	57 Res: Psych.
Boston University-Boston City Hospital											
Guidance Center 80 E. Concord St., 02118	M-40	City	...	...	...	...	...	...	3	4	7 Res: Child Psych.
Carney Hospital											
2100 Dorchester Ave., 02124	M-42	Church	...	318	9	47	0	0	7	3	12 Int: Rotating; 45 Res: Med., ObG, Ortho., Path., Surg.
Children's Hospital Medical Center											
300 Longwood Ave., 02115	M-41	NPCorp	4	350	9	84	0	0	1	4	8 Int: St. Ped., St. Path.; 94 Res: Neurosurg., Neur., Ortho., Path., Ped., Ped. All., Child Psych., Rad., Surg.
Commonwealth of Massachusetts—											
Department of Public Health											
State House, 02133		State	...	...	...	...	...	...	...	...	... Res: Public Health
Douglas A. Thom Clinic for Children											
315 Dartmouth St., 02116	L-40	NPCorp	...	...	...	...	...	...	0	3	4 Res: Child Psych.
Faulkner Hospital											
1153 Center St., Jamaica Plain 02130	L-40	NPCorp	...	152	8	51	12	5	2	0	5 Res: Med., Path., Rad.

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								Autopsies on Stillborn	Foreign Non-Foreign		
MASSACHUSETTS, Boston—Continued											
Harvard Medical School Dept. of Legal Medicine 25 Shattuck St., 02115		NPCorp						0	2	2 Res: Forensic Path.	
Harvard University School of Public Health 665 Huntington Ave., 02115		NPCorp							4	13 Res: Occup. Med., Gen. Prev. Med.	
James Jackson Putnam Children's Center 244 Townsend St., 02121		NPCorp						0	4	4 Res: Child Psych.	
Joseph P. Kennedy Jr. Memorial Hospital 30 Warren St. (Brighton), 02135		Church		125	73	0	0	0	1	1 Res: Ortho.	
Judge Baker Guidance Center 295 Longwood Ave., 02115		NPCorp		26	233	0	0	0	1	13 Res: Child Psych.	
Lahey Clinic 605 Commonwealth Ave., 02215		NPCorp						21	30	76 Res: Anes., Colon-Rectal, Med., Ortho., Rad., Surg., Urol.	
Lemuel Shattuck Hospital 170 Morton St., 02130	M-42, L-40-41	State		437	65	58	0	0	12	12	30 Res: Med., Path., Rad.
Long Island Hospital Long Island, 02169	L-41	City		700	256	52	0	0	5	1	12 Res: Med.
Massachusetts Eye and Ear Infirmary 243 Charles St., 02114	L-42, M-41	NPCorp		178	6	61	0	0	0	29	33 Res: Oph., Otol.
Massachusetts General Hospital Fruit St., 02114	M-41	NPCorp	6	1,010	11	77	0	0	0	29	129 Res: Anes., Derm., Med., Neurosurg., Neur. Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals 750 Harrison Ave., 02118	M-40	NPCorp	4	245	10	61	10	3	1	11	17 Int: St. Med., St. Surg., St. Path.; 87 Res: Anes., Derm., Med., Neur., ObG, Oph., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Massachusetts Mental Health Center 74 Fenwood Rd., 02115	M-41	State	3	236	80	100	0	0	0	57	80 Res: Psych., Child Psych.
New England Center Hospital 171 Harrison Ave., 02111	L-40, -41, M-42#	NPCorp	3	229	11	67	0	0	0	19	21 Int: St. Med., St. Surg., St. Path.; 82 Res: Anes., Med., Neurosurg., Neur., ObG, Path., Psych., Rad., Surg.
New England Deaconess Hospital 15 Deaconess Rd., 02115	L-41	NPCorp		371	11	61	0	0	23	23	52 Res: Anes., Med., Path., Rad., Thor., Urol.
New England Hospital 55 Dimock St., 02119		NPCorp		110	8	34	6	0	1	0	3 Res: GP, Surg.
Peter Bent Brigham Hospital 721 Huntington Ave., 02115	M-41	NPCorp	4	311	12	77	0	0	0	20	20 Int: St. Med., St. Surg.; 96 Res: Anes., Med., Neurosurg., Neur., Ortho., Path., Psych., Rad., Surg., Urol.
St. Elizabeth's Hospital 736 Cambridge St. (Brighton), 02135	M-42#	Church		422	9	45	56	12	2	12	16 Int: Rotating; 36 Res: Anes., Med., ObG, Path., Ped., Surg.
St. Margaret's Hospital 90 Cushing Ave., 02125	M-42#	Church	1	122	5	0	61	26	6	5	12 Res: ObG
Tufts-New England Medical Center (Includes Boston Floating Hospital and New England Center Hospital) 20 Ash St., 02111		NPCorp		80	9	87	0	0	0	0	3 Res: Child Psych.
U. S. Public Health Service Hospital 77 Warren St. (Brighton), 02135		USPHS	3-4	245	18	94	0	0	0	10	10 Int: Rotating; 6 Res: Med., Surg.
Veterans Administration Hospital (Jamaica Plain) 150 S. Huntington Ave., 02180	M-40-42	VA	3-4	920	32	66	0	0	6	118	133 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital (West Roxbury) 1400 Veterans of Foreign Wars Pkwy., 02182	L-41	VA	3	304	33	80	0	0	1	5	8 Res: Med., Ortho., Path., Urol.
Brookton											
Brookton Hospital 680 Centre St., 02402		NPCorp		251	8	43	17	5	1	0	6 Int: Rotating; 4 Res: Path.
Veterans Administration Hospital Belmont St., 02401		VA	3-4	938	400	63	0	0	0	2	6 Res: Psych.
Brookline											
Free Hospital for Women 245 Pond Ave., 02146	M-41	NPCorp		90	7	82	0	0	1	13	14 Res: ObG, Path.
Cambridge											
Cambridge City Hospital 1493 Cambridge St., 02189		City		246	10	32	14	5	7	0	12 Int: Rotating; 14 Res: Med., ObG, Path., Surg.
Harvard University Health Center Division of Environmental Health 75 Mount Auburn St., 02138											1 Res: Occup. Med.
Mount Auburn Hospital 830 Mount Auburn St., 02138	L-41	NPCorp		284	9	72	9	8	0	6	7 Int: Mixed St. Path.; 17 Res: Anes., Med., Path., Rad., Urol.
Canton											
Massachusetts Hospital School Randolph St., 02021		State		171		0	0	0	1	1	2 Res: Ortho.
Chelsea											
Lawrence F. Quigley Memorial Hospital (Soldiers Home) 100 Summit Ave., 02150		State	4	299		45	0	0	3	5	5 Res: Med., Surg., Urol.
U. S. Naval Hospital, 02150		Navy	3-4	475	16	75	15	11	0	12	12 Int: Rotating; 26 Res: Anes., Med., ObG, Ortho., Ped., Rad., Surg.
Fall River											
St. Anne's Hospital 795 Middle St., 02722		Church		166	8	37	22	5	4	0	6 Res: GP
Truesdale Hospital 1820 Highland Ave., 02720		NPCorp		171	9	42	7	1	1	1	5 Res: Path., Surg.
Union Hospital Highland Ave. at New Boston Rd., 02720		NPCorp		300	9	39	12	1	7	0	9 Int: Rotating
Fitchburg											
Burbank Hospital Nichols Rd., 01420		City	3	240	8	39	19	12	1	2	6 Res: Path., Surg.
Frammingham											
Frammingham Union Hospital 25 Evergreen St., 01701		NPCorp		210	6	32	19	2	3	1	6 Int: Rotating; 4 Res: Path.

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								Autopsies on Stillborn	Foreign Non-Foreign		
MASSACHUSETTS—Continued											
Harding											
Medfield State Hospital Hospital Road, 02042		State	...	1,162	...	57	0	0	10	2	18 Res: Psych.
Holyoke											
Holyoke Hospital 575 Beech St., 01041		NPCorp	4	216	9	33	16	0	...	...	Int: Rotating; 1 Res: Path.
Providence Hospital 1233 Main St., 01041		Church	...	222	...	25	...	...	...	...	Int: Rotating
Lawrence											
Greater Lawrence Guidance Center 217 Haverhill St., 01842		NPCorp	...	...	...	...	...	1	0	...	4 Res: Child Psych.
Lawrence General Hospital 1 Garden St., 01842		NPCorp	...	220	8	35	17	5	5	1	6 Int: Rotating; 4 Res: Path.
Lynn											
Lynn Hospital 212 Boston St., 01904		NPCorp	...	303	8	27	14	1	...	1	6 Int: Rotating; 6 Res: Path.
Malden											
Malden Hospital Hospital Rd., 02148		NPCorp	...	272	8	32	16	4	5	1	6 Int: Rotating; 8 Res: Path., Surg.
Middleboro											
Lakeville Hospital, 02346		State	...	200	244	44	0	0	0	2	2 Res: Ortho.
New Bedford											
St. Luke's Hospital 101 Page St., 02740		NPCorp	...	317	7	27	37	5	1	0	10 Int: Rotating; 2 Res: Urol.
Newton Lower Falls											
Newton-Wellesley Hospital 2014 Washington St., 02162		NPCorp	...	250	8	48	12	1	1	5	8 Int: Rotating; 11 Res: Med., Path.
Pittsfield											
Pittsfield Affiliated Hospitals Medical Education Program 379 East St., 01202		NPCorp	...	412	8	51	22	15	12	0	14 Int: Rotating, Mixed; 23 Res: Anes., Med., ObG Path., Surg. (See Pittsfield Affiliated Hospitals Medical Program.)
Pittsfield General Hospital 741 North St., 01201		...	...	...	...	...	...	...	...	...	(See Pittsfield Affiliated Hospitals Medical Program.)
St. Luke's Hospital 379 East St., 01202		...	...	...	...	...	...	...	...	...	(See Pittsfield Affiliated Hospitals Medical Program.)
Quincy											
Quincy City Hospital 114 Whitwell St., 02169		City	...	328	8	37	19	7	11	0	13 Int: Rotating; 12 Res: ObG Path., Surg.
South Shore Mental Health Center 1120 Hancock St., 02169		NPCorp	...	...	...	...	...	...	3	2	6 Res: Child Psych.
Salem											
Salem Hospital 81 Highland Ave., 01970		NPCorp	...	247	9	42	27	3	1	1	8 Int: Rotating; 5 Res: Med., Path.
Springfield											
Shriners Hospital for Crippled Children 516 Carew St., 01104		NPCorp	...	60	73	100	0	0	0	2	2 Res: Ortho.
Springfield Hospital 759 Chestnut St., 01107		NPCorp	...	400	9	37	0	0	12	0	12 Int: Rotating; 39 Res: Anes., Med., ObG Path., Ped., Surg.
Weason Maternity Hospital 735 Chestnut St., 01107		NPCorp	1	90	5	50	53	30	...	...	Res: ObG
Stockbridge											
Austen Riggs Center Main St., 01262		NPCorp	2	42	218	0	0	0	0	2	7 Res: Psych.
Taunton											
Taunton State Hospital Hodges Ave. Extension, 02781		State	5	1,884	...	44	...	...	4	0	8 Res: Psych.
Walpole											
Pondville Hospital Box 111, 02081	L-40-41	State	...	115	24	50	0	0	3	0	6 Res: Med., Path., Surg.
Waltham											
Metropolitan State Hospital 475 Trapelo Rd., 02154	M-42	State	...	1,912	60	28	0	0	7	6	18 Res: Psych., Child Psych.
Middlesex County Sanatorium 775 Trapelo Rd.		County	...	180	...	...	...	...	...	...	Res: Med.
Walter E. Fernald State School 200 Trapelo Rd., 02179		State	2	2,619	365	56	0	0	0	0	1 Res: Psych.
Waltham Hospital Hope Ave., 02154		NPCorp	...	205	7	47	18	2	5	1	7 Int: Rotating
Westfield											
Western Massachusetts Hospital, 01085		State	4	190	38	54	0	0	3	0	3 Res: Surg.
West Roxbury											
Veterans Administration Hospital—See Boston											
Worcester											
Memorial Hospital 119 Belmont St., 01605		NPCorp	4	347	8	60	11	5	10	0	11 Int: Rotating; 17 Res: Med., Ortho., Path., Surg.
St. Vincent Hospital 25 Winthrop St., 01604		Church	...	563	10	54	22	6	0	10	18 Int: Rotating; 38 Res: Anes., Med., Ortho., Path., Ped., Surg.
Worcester City Hospital 26 Queen St., 01610		City	4	448	9	40	17	7	10	2	16 Int: Rotating, St. Surg.; 35 Res: GP, Med., Ortho., Path., Ped., Surg.
Worcester State Hospital 305 Belmont St., 01604	M-42	State	4	1,517	...	9	...	...	5	1	16 Res: Psych.
Worcester Youth Guidance Center 275 Belmont St., 01604		NPCorp	...	...	...	...	...	...	3	1	8 Res: Child Psych.
MICHIGAN											
Ann Arbor											
St. Joseph Mercy Hospital 326 N. Ingalls St., 48104	M-43	Church	...	520	8	78	30	19	1	17	18 Int: Rotating; 41 Res: Med., ObG, Ortho., Path., Plast., Rad., Surg.
University Hospital 1405 E. Ann St., 48104	M-43X	State	5	931	12	75	21	14	1	48	44 Int: St. Med., St. Surg., St. Ped., St. ObG, St. Path.; 367 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.

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								Autopsies on Stillborn	Foreign Non-Foreign		
MICHIGAN, Ann Arbor—Continued											
University of Michigan, Institute of Industrial Health, Medical Center		State						0	1	8 Res: Occup. Med.	
Veterans Administration Hospital, 2215 Fuller Rd., 48105	M-43#	VA	2-4	486	30	80	0	0	0	31	38 Res: Anes., Derm., Med., Neurosurg., Oph., Path., Psych., Surg., Urol.
Battle Creek											
Leila Y. Post Montgomery Hospital, 9 Emmett St.		Church		186							Res: Path.
Dearborn											
Ford Motor Co. Medical Dept., 48127		Corp						0	0		1 Res: Occup. Med.
Oakwood Hospital, 18101 Oakwood Blvd., 48124		NPCorp		288	7	46	52	27	4	9	14 Int: Rotating;
Veterans Administration Hospital, Southfield Rd. and Outer Dr., 48124	L-44#	VA	2-4	890	43	63	0	0	0	0	20 Res: GP, ObG, Path., Surg.
Detroit											
Alexander Blain Hospital, 2201 Jefferson Ave. E., 48207		NPCorp		110	9	30	0	0	9	1	9 Res: Med., Surg.
Children's Center of Wayne County, 5475 Woodward Ave., 48202											Res: Child Psych.
Children's Hospital, 5224 St. Antoine St., 48202	M-44#	NPCorp		215	8	66	0	0			6 Int: St. Ped.;
Crittendon General Hospital, 1554 Tuxedo Ave., 48206		NPCorp		184	7	43	26	0	2	2	36 Res: Ortho., Otol., Path., Ped., Ped. All., Surg.
Detroit Memorial Hospital, 1420 St. Antoine St., 48226		NPCorp		335	9	46	37	6	7	5	6 Res: ObG
Evangelical Deaconess Hospital, 3245 E. Jefferson Ave., 48207		Church		198	8	39	23	6	5	0	12 Int: Rotating;
General Motors Corporation, 3044 W. Grand Blvd., 48202		Corp							6	0	18 Res: Med., Neur., Neurosurg., ObG, Path., Rad., Surg.
Grace Hospital, 4160 John R. St., 48201	L-44#	NPCorp		735	9	52	64	14	2	13	8 Int: Rotating;
Harper Hospital, 3825 Brush St., 48201	L-44#	NPCorp		716	10	43	50	5	0	14	68 Res: Med., Neurosurg., ObG, Oph., Ortho., Path., Plast., Rad., Surg., Urol.
Henry Ford Hospital, 2799 W. Grand Blvd., 48202		NPCorp	5	1,050	11	69	19	16	1	25	26 Int: Rotating;
Herman Kiefer Hospital, 1151 Taylor St., 48202		City	3	946	170	45	0	0	2	2	267 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Lafayette Clinic, 951 E. Lafayette, 48207	M-44#	State		146	63	0	0	0	4	29	8 Res: Path., Rad., Thor.
Metropolitan Hospital, 1800 Tuxedo Ave., 48206		NPCorp		154	7	54	20	6	0	0	45 Res: Neur., Psych., Child Psych.
Mount Carmel Mercy Hospital, 6071 W. Outer Dr., 48235		Church	4-5	559	8	42	46	8	10	3	6 Res: Med.
Providence Hospital, 2500 W. Grand Blvd., 48208		Church		357	9	36	31	8	3	2	24 Int: Rotating;
Receiving Hospital, 1326 St. Antoine St., 48226	M-44#	City	5	697	10	59	0	0	0	44	37 Res: Med., ObG, Path., Surg.
Rehabilitation Institute, 261 Brady St., 48201	L-44#	NPCorp	3	84	45	50	0	0	0	0	12 Int: Rotating;
St. John Hospital, 22101 Moross Rd., 48236		NPCorp		292	7	41	49	19	8	0	20 Res: Med., ObG, Surg.
St. Joseph Mercy Hospital, 2200 E. Grand Blvd., 48211		Church		275	9	43	12	1	0	0	9 Int: Rotating;
Sinai Hospital of Detroit, 6767 W. Outer Dr., 48235	M-44#	NPCorp	4-5	387	9	52	22	18	0	15	7 Res: Med.
Straith Memorial Hospital, 2605 W. Grand Blvd., 48208		NPCorp		50					9	23	16 Int: Rotating;
U. S. Public Health Service Hospital, 14700 Riverside Dr., 48215		USPHS	2	183	16	54	0	0	0	6	51 Res: Anes., Med., ObG, Oph., Path., Psych., Rad., Surg.
Woman's Hospital, 432 E. Hancock Ave., 48201	M-44#	NPCorp		357	8	41	72	15	8	0	4 Res: Plast.
Eloise											
Wayne County General Hospital and Infirmary, 48132	L-44#, M-43#	County	4	3,016		44	25	18	0	36	12 Int: Rotating;
Filnt											
Hurley Hospital, 6th Ave. and Begole Sts., 48502		City		716	10	46	36	9	1	14	62 Res: Med., Neurosurg., ObG, Ortho., Path., Psych., Rad., Surg., Urol.
McLaren General Hospital, 401 Ballenger Hwy., 48502		NPCorp		318	8	49	23	7	2	1	25 Int: Rotating;
St. Joseph Hospital, 302 Kensington Ave., 48502		Church		408	8	41	59	10	4	0	41 Res: GP, Med., ObG, Path., Ped., Rad., Surg.
Grand Rapids											
Blodgett Memorial Hospital, 1840 Wealthy St. S.E., 49506		NPCorp		426	7	72	21	20	0	16	12 Int: Rotating;
Butterworth Hospital, 100 Michigan St. N.E., 49503		NPCorp		467	8	58	32	15	0	13	30 Res: Med., ObG, Ortho., Path., Plast., Rad., Surg.
Ferguson-Droste-Ferguson Hospital, 72 Sheldon Ave. S.E., 49502		NPCorp		92	9	65	0	0	1	2	20 Int: Rotating, St. Surg.
St. Mary's Hospital, 201 Lafayette Ave. S.E., 49503		Church		358	7	27	50	4	0	9	29 Res: Med., ObG, Path., Ped., Plast., Rad., Surg.
Grosse Pointe											
Bon Secours Hospital, 468 Cadieux Rd., 48236		Church	3	160	7	46	18	2	2	6	4 Res: Colon-Rectal
Cottage Hospital, 159 Kercheval Ave., 48236		NPCorp		107	7	48	8	4	4	0	14 Int: Rotating;

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
MICHIGAN—Continued											
Highland Park											
Highland Park General Hospital 369 Glendale Ave., 48203		City		277	9	47	22	3	9	1	12 Int: Rotating; 17 Res: Med., ObG, Surg.
Kalamazoo											
Borgess Hospital 1521 Gull Rd., 49001		NPCorp		325	7	47	22	6	3	0	9 Int: Rotating;
Bronson Methodist Hospital 252 E. Lovell St., 49006		Church		315	7	41	29	0	0	0	19 Res: GP, Med., ObG, Ortho., Path., Ped., Surg. 10 Int: Rotating;
Lansing											
Edward W. Sparrow Hospital 1215 E. Michigan Ave., 48902		NPCorp		340	7	46	30	14	1	8	10 Int: Rotating; 4 Res: Path., Surg.
Ingham Medical Hospital 401 W. Greenlawn Ave., 48910		County		163	9	36	9	2	2	0	2 Res: Thor.
Michigan Dept. of Health Hwy. M-174, 48906		State							0	0	1 Res: Public Health
St. Lawrence Hospital 1210 W. Saginaw St., 48914		Church		312	7	57	30	21	0	0	12 Int: Rotating; 8 Res: Med., Path.
Midland											
Midland Hospital 4005 Orchard Dr., 48640		NPCorp		214	6	68	26	12	0	6	6 Int: Rotating
Muskegon											
Hackley Hospital 1700 Clinton St., 49443		NPCorp		251	8	47	34	4	0	8	10 Int: Rotating
Northville											
Hawthorn Center 18471 Haggerty Rd., 48167		State		64	270				3	6	10 Res: Psych., Child Psych.
Northville State Hospital 41001 Seven Mile Rd., 48167		State		2,294		33	0	0	10	7	18 Res: Psych.
Petoskey											
Little Traverse Hospital 416 Connable Ave., 49770		NPCorp		160	8	51	7	6	0	0	6 Int: Rotating
Pontiac											
Pontiac General Hospital Seminole at West Huron St., 48053		City		381	7	43	48	16	0	5	19 Int: Rotating;
Pontiac State Hospital 140 Elizabeth Lake Rd., 48053		State		3,048	593	51	0	0	11	2	25 Res: Med., ObG, Path., Surg. 18 Res: Psych.
St. Joseph Mercy Hospital 900 Woodward Ave., 48053		Church		326	7	49	39	8	0	8	12 Int: Rotating; 27 Res: Med., ObG, Path., Ped., Rad., Surg.
River Rouge											
Sidney A. Sumby Memorial Hospital 234 Visger Rd., 48218		NPCorp		90	11	10	14	0	1	0	1 Res: GP
Royal Oak											
William Beaumont Hospital 3601 W. 13 Mile Rd., 48072		NPCorp		259	6	55	26	21	0	8	12 Int: Rotating; 25 Res: Med., ObG, Path., Surg.
Saginaw											
Saginaw General Hospital 1447 N. Harrison St., 48805		NPCorp		300	7	52	32	17	2	1	6 Int: Rotating;
Saginaw Valley Child Guidance Clinic 3253 Congress St., 48602		Misc.	2						0	1	15 Res: Med., ObG, Path., Ped., Surg. 1 Res: Child Psych.
St. Luke's Hospital 705 Cooper St., 48601		Church		238	8	37	21	10	8	0	10 Int: Rotating
St. Mary's Hospital 830 S. Jefferson Ave., 48807		Church		242	7	32	14	2	6	0	6 Int: Rotating
Traverse City											
James Decker Munson Hospital 6th and Madison Sts., 49684		NPCorp	2-3	233	7	47	12	0	0	8	8 Int: Rotating
Traverse City State Hospital Elmwood and 11th, 49684		State		2,984		36	0	0	8	6	18 Res: Psych.
Ypsilanti											
Ypsilanti State Hospital 3501 Willis Rd., Box A, 48197		State		3,900	100	47	0	0	8	12	24 Res: Psych.
MINNESOTA											
Duluth											
St. Luke's Hospital 915 E. First St., 55805		NPCorp		522	10	72	11	11	1	3	15 Int: Rotating;
St. Mary's Hospital 407 E. Third St., 55805		Church	3	425	10	70	15	12	0	13	2 Res: Path. 12 Int: Rotating; 4 Res: Path.
Minneapolis											
Fairview Hospital 2312 South 6th St., 55406		Church		530	8	42	22	9	4	0	8 Res: GP
Hennepin County General Hospital 619 S. 5th St., 55415	M-45	County		417	10	65	21	4	0	42	42 Int: Rotating; 71 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Surg., Urol.
Kenny Rehabilitation Institute 1800 Chicago Ave., 55404		NPCorp		80	36	0	0	0	1	0	3 Res: PMR
Lutheran Deaconess Home and Hospital 2315 - 14th Ave., S., 55404		Church		263	8	35	11	9	6	0	8 Res: GP
Mount Sinai Hospital 737 E. 22nd St., 55404	L-45	NPCorp		305	8	59	19	13	0	1	14 Int: Rotating;
Northwestern Hospital 810 E. 27th St., 55407		NPCorp		269	7	67	18	15	5	0	14 Res: Med., Path., Surg. 12 Int: Rotating;
St. Barnabas Hospital 714 9th Ave. S., 55415		Church		306	6	66	20	8	3	0	12 Int: Rotating; 7 Res: Med., Path., Surg.
St. Mary's Hospital 2414 S. 7th St., 55406		Church		494	7	66	51	32	1	9	12 Int: Rotating; 8 Res: ObG, Path.
Shriners Hospital for Crippled Children 2025 E. River Rd., 55414		NPCorp		60	55	0	0	0	0	2	4 Res: Ortho.
State of Minnesota Dept. of Health University Campus, 55455		State							0	1	2 Res: Public Health
Swedish Hospital 914 S. 8th St., 55404		Church		458	7	43	32	23	7	2	Int: Rotating; 12 Res: Med., Path., Rad., Surg.

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Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
MINNESOTA, Minneapolis—Continued											
University of Minnesota Hospitals 412 S. E. Union St., 55414	M-45X	State	...	753	14	84	18	18	4 36	35 247	40 Int: St. Med., St. Ped., St. Surg.; 331 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 48th Ave. and 54th St. S. 55417	M-45#	VA	...	1,014	27	78	0	0	6	78	117 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Rochester											
Mayo Foundation 200 First Ave. S.W., 55901									83	504	646 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Rad., Surg., Thor., Urol. (See Mayo Foundation)
Rochester Methodist Hospital 1 First Ave. N.W., 55901		Church		500	8	68	0	0			(See Mayo Foundation)
St. Mary's Hospital 1216 Second St. S.W., 55901		Church		900	11	76	32	22			(See Mayo Foundation)
St. Paul											
Amherst H. Wilder Child Guidance Clinic 670 Marshall Ave., 55104		Misc.							0	1	4 Res: Child Psych.
Ancker Hospital 495 Jefferson Ave., 55102	M-45	CyCo		653	15	62	20	10	0 5	32 20	33 Int: Rotating; 26 Res: Anes., Derm., Med., ObG, Oph., Otol., Path., Ped., Surg., Urol.
Bethesda Lutheran Hospital 559 Capitol Blvd., 55101		Church		289	8	48	13	6	1	10	11 Int: Rotating
Charles T. Miller Hospital 125 W. College Ave., 55102		NPCorp		402	9	54	20	5	0 0	2 12	12 Int: Rotating; 16 Res: Med., ObG, Oph., Path., Rad., Surg., Urol.
Gillette State Hospital for Crippled Children 1003 E. Iry Ave., 55106		State		167	55	0	0	0			Res: Anes., Ortho.
Midway Hospital 1700 University Ave., 55104		Church		247	8	45	16	4	4	0	8 Res: GP
St. Joseph's Hospital 69 W. Exchange St., 55102		Church		409	11	48	40	15	0 0	2 2	14 Int: Rotating; 6 Res: ObG, Path., Surg.
St. Luke's Hospital 300 Pleasant Ave., 55102		NPCorp		282	10	44	16	7	7 0	1 1	8 Int: Rotating; 8 Res: GP
MISSISSIPPI											
Biloxi											
U. S. Air Force Hospital Keesler Air Force Base, 39534	L-37	USAF	1*	325	10	78	12	12	0 0	8 0	12 Int: Rotating; 4 Res: GP
Jackson											
Mental Health Unit of the Mississippi State Board of Health, 39216		State									Res: Psych.
Mississippi Baptist Hospital 1190 N. State St., 39201		Church	2	359	7	34	32	8	0 0	9 3	12 Int: Rotating; 6 Res: GP, Ortho.
State of Mississippi Dept. of Health, 39216		State									1 Res: Public Health
University Hospital 2500 N. State St., 39216	M-46X	State		337	8	66	58	32	0 3	25 85	26 Int: Rotating, St. Path., Mixed; 129 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 1500 E. Woodrow Wilson Dr., 39216	M-46	VA	2	498	33	60	0	0	0	22	38 Res: Anes., Med., Neurosurg., Oph., Ortho., Otol., Plast., Psych., Rad., Surg., Urol.
Sanatorium											
Mississippi State Sanatorium, 39112	G-46	State		434	159	42	0	0			Res: Anes., Thor.
Vicksburg											
Vicksburg Hospital 1600 Monroe St., 39181		NPCorp	1	65	6	28	5	0	1	0	4 Res: Surg.
Whitfield											
Mississippi State Hospital, 39193	L-46	State		5,107		34	0	0	0	1	6 Res: Psych.
MISSOURI											
Clayton											
St. Louis County Hospital 601 S. Brentwood Blvd., 63105		County		190	8	61	19	5	1 7	7 10	10 Int: Rotating; 18 Res: Med., ObG, Path., Surg.
Columbia											
Ellis Fischel State Cancer Hospital Highway 40 and Garth Ave., 65201	G-47-48	State		104	19	69	0	0	1	3	4 Res: Surg.
University of Missouri Medical Center 807 Stadium Rd., 65202	M-47X	State		441	14	65	15	5	0 9	7 74	15 Int: St. Med., St. Surg., St. Ped., St. Path.; 133 Res: Anes., Derm., GP, Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Rad., Surg., Thor., Urol.
Kansas City											
Children's Mercy Hospital 1710 Independence Ave., 64106	M-33#	NPCorp	4*	100	10	94	0	0	1 4	0 1	3 Int: St. Ped.; 6 Res: Ortho., Ped., Rad.
Greater Kansas City Mental Health Foundation 2200 McCoy St., 8		Misc.									Res: Psych.
Kansas City General Hospital 24th and Cherry Sts., 64108	L-33, M-47	City	2*	432	9	58	57	26	0 0	16 35	30 Int: Rotating; 48 Res: Med., ObG, Oph., Ortho., Path., Plast., Psych., Surg., Urol.
Menorah Medical Center 4949 Rockhill Rd., 64110	G-33	NPCorp		341	10	57	7	7	1 7	8 5	16 Int: Rotating, Mixed, St. Path.; 24 Res: GP, Med., Path., Rad., Surg.
Research Hospital and Medical Center 2300 Holmes St., 64108		NPCorp		347	10	51	20	6	1	1	6 Res: Path., Rad.
St. Joseph Hospital 2510 E. Linwood Blvd., 64128		Church		305	8	45	20	8	0	1	4 Res: Path.
St. Luke's Hospital 4400 J. C. Nichols Pkwy., 64111		Church		438	9	57	18	16	0	16	20 Int: Rotating, Mixed; 36 Res: Med., ObG, Ortho., Path., Rad., Surg., Urol.
St. Mary's Hospital 101 Memorial Dr., 64108		Church		385	8	48	35	9	0	1	4 Res: Path.
Trinity Lutheran Hospital 3001 Wyandotte St., 64108		Church		207	8	46	14	11	3 1	0 1	8 Int: Rotating; 4 Res: GP

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								Foreign	Non-Foreign	Foreign	Non-Foreign		
MISSOURI, Kansas City—Continued													
Veterans Administration Hospital 4801 Linwood Blvd., 64128	M-33#	VA	4-5	501	27	73	0	0	3	28	42 Res: Med., Neurosurg., Neur., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.		
Kirkwood													
St. Joseph Hospital 525 Couch Ave., 63122		Church		218	6	52	21	0			Res: GP		
Mount Vernon													
Missouri State Sanatorium, 65712		State		558	105	43	0	0	2	0	2 Res: Thor.		
St. Louis													
Barnes Hospital 800 S. Kingshighway Blvd., 63110	M-49#	NPCorp		964	10	69	68	13	3	48	57 Int: Rotating, St. Med., St. Surg., St. Path., St. ObG; 228 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Thor., Urol.		
Deaconess Hospital 6150 Oakland Ave., 63139		Church		358	10	49	11	8	10	0	14 Int: Rotating; 6 Res: Surg.		
DePaul Hospital 2415 N. Kingshighway Blvd., 63113		Church		350	7	36	26	3	4	0	14 Res: Path., Rad., Surg.		
Homer G. Phillips Hospital 2601 N. Whittier St., 63113		City	4	511	9	29	90	3	2	14	20 Int: Rotating; 91 Res: Med., ObG, Oph., Otol., Path., Ped., Psych., Rad., Surg., Urol.		
Jewish Hospital of St. Louis 216 S. Kingshighway Blvd., 63110	L-49	NPCorp	4	509	11	50	30	28	1	13	17 Int: Mixed, St. Med.; 48 Res: Anes., Med., ObG, Path., Psych., Rad., Surg.		
Lutheran Hospital 2639 Miami St., 63118		Church		370	9	44	18	3	11	1	12 Int: Rotating; 6 Res: GP		
Missouri Baptist Hospital 919 N. Taylor Ave., 63108		Church		424	10	52	15	3	7	0	9 Int: Rotating; 12 Res: Path., Surg.		
St. John's Mercy Hospital 615 S. New Ballas Rd., 63110	L-48	Church		354	9	54	34	9	0	16	16 Int: Rotating; 26 Res: Anes., Med., ObG, Path., Surg.		
St. Louis Children's Hospital 500 S. Kingshighway Blvd., 63110	M-49#	NPCorp		163	9	76	0	0			8 Int: St. Ped.; 30 Res: Ped.		
St. Louis City Hospital 1515 Lafayette Ave., 63104	M-48-49#	City		909	10	71	71	6	3	14	52 Int: Rotating, St. Med., St. Surg., St. Ped.; 115 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Urol.		
St. Louis-Little Rock Hospitals 1755 S. Grand Blvd., 63104		NPCorp	1	7375	12	44	0	0	15	0	19 Res: Med., Surg.		
St. Louis State Hospital 5400 Arsenal St., 63139	M-48	State		3,200	355	48	0	0	12	2	22 Res: Psych.		
St. Louis University Group of Hospitals 1402 S. Grand Blvd., 63104	M-48#	Church		950	8	60	71	18	0	26	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 56 Res: Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Urol.		
St. Luke's Hospital 5535 Delmar Blvd., 63112	G-47, L-49	Church		343	9	58	26	4	0	16	16 Int: Rotating, Mixed; 19 Res: Med., Neurosurg., ObG, Path., Surg.		
St. Mary's Hospital 6420 Clayton Rd., 63117	M-48	Church		500	10	42	52	10	0	0	8 Int: St. Med.; 18 Res: Med.		
Shriners Hospital for Crippled Children 2001 S. Lindbergh Blvd., 63131		NPCorp	1-2-3	100	43	50	0	0	0	3	5 Res: Ortho.		
Veterans Administration Hospital 915 N. Grand Blvd., 63106	M-48# L-49#	VA	2	513	30	62	0	0	3	36	51 Res: Med., Oph., Ortho., Otol., Plast., Psych., Rad., Surg., Urol.		
William Greenleaf Eliot Division of Child Psychiatry-Washington University 389 N. Taylor Ave., 63108	M-49	NPCorp		25					1	2	6 Res: Child Psych.		
Springfield													
St. John's Hospital 1235 E. Cherokee, 65804		Church	1	400	8	32	18	1	2	1	4 Res: Anes.		
NEBRASKA													
Lincoln													
Bryan Memorial Hospital 4848 Sumner St., 68506		Church		155	7	57	10	6	0	7	8 Int: Rotating		
Lincoln General Hospital 2315 S. 17th St., 68502		NPCorp		163	7	48	7	6	0	0	6 Int: Rotating; 2 Res: Path.		
Nebraska Orthopedic Hospital 1047 South St., 68502		State	2-3-5	90	28	100	0	0	0	2	2 Res: Ortho.		
St. Elizabeth Hospital 1145 South St., 68502		Church		261	7	32	16	4	0	4	8 Int: Rotating; 2 Res: Surg.		
Veterans Administration Hospital 600 S. 70th St., 68501	L-50	VA	2	250	32	74	0	0	0	5	10 Res: Ortho., Surg.		
Omaha													
Bishop Clarkson Memorial Hospital Dewey Ave. at 44th St., 68105	M-51	Church	2	280	6	60	23	20	0	8	12 Int: Rotating; 4 Res: Med., Path.		
Childrens Memorial Hospital 44th and Dewey Ave., 68105	M-50-51	NPCorp		128	5	70	0	0	0	1	1 Int: St. Ped.; 8 Res: Ped.		
Creighton Memorial-St. Joseph's Hospital 2305 S. 10th St., 68108	M-50#	Church		584	10	39	35	17	3	16	34 Int: Rotating, Mixed; 50 Res: Med., ObG, Path., Ped., Rad., Surg.		
Douglas County Hospital 4201 Woolworth Ave., 68105	M-50#-51#	County		264							Res: Med., Surg.		
Immanuel Hospital 36th and Meredith Ave., 68111	M-51	Church		174	7	39	11	4	0	10	10 Int: Rotating; 1 Res: Path.		
Nebraska Methodist Hospital 3612 Cumming St., 68131	M-51	Church		250	7	64	17	12	0	9	14 Int: Rotating, St. Path.; 6 Res: Path., Rad.		
Nebraska Psychiatric Institute 602 S. 44th Ave., 68105	M-51	State		103	41	100	0	0	0	22	33 Res: Psych.		
St. Catherine's Hospital 9th and Forest Ave., 68108	L-50	Church	2-3	200	7	43	31	3			Res: ObG		
University of Nebraska Hospital 42nd and Dewey Ave., 68105	M-51#	State	2	145	11	81	7	7	0	4	18 Int: Rotating, Mixed, General Practice Program; 55 Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg.		
Veterans Administration Hospital 4101 Woolworth Ave., 68105	M-50#-51#	VA	2-4	486	36	63	0	0	0	4	11 Res: Med., Path., Rad., Surg.		
NEW HAMPSHIRE													
Hanover													
Mary Hitchcock Memorial Hospital 2 Maynard St., 03755	M-52	NPCorp		263	10	78	11	10	0	16	16 Int: Rotating, St. Med., St. Surg.; 72 Res: Anes., Derm., Med., Neurosurg., Ortho., Path., Ped., Rad., Surg., Urol.		

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
NEW JERSEY											
Atlantic City											
Atlantic City Hospital 1925 Pacific Ave., 08401		NPCorp	...	295	9	67	35	14	4	6	12 Int: Rotating; 8 Res: Med., Path., Surg.
Bayonne											
Bayonne Hospital and Dispensary E. 29th St., 07002		NPCorp	...	270	10	39	10	0	2	0	3 Res: Urol.
Camden											
Cooper Hospital Sixth and Stevens Sts. 08103	M-73#	NPCorp	2	607	9	47	48	26	2	8	18 Int: Rotating, Mixed; 18 Res: Med., ObG, Ped., Plast., Surg.
Our Lady of Lourdes Hospital 1600 Haddon Ave., 08103		Church	...	302	8	48	51	0	3	0	10 Int: Rotating; 5 Res: Path., Rad.
West Jersey Hospital Mt. Ephraim and Atlantic Aves., 08104		NPCorp	4	331	9	45	40	4	5	1	12 Int: Rotating; 8 Res: Anes., Path., Surg.
Cedar Grove											
Essex County Overbrook Hospital 125 Fairview Ave., 07009	L-53	County	...	3,860	...	31	0	0	7	2	15 Res: Psych.
East Orange											
East Orange General Hospital 300 Central Ave., 07018		NPCorp	...	174	8	33	31	10	4	0	6 Int: Rotating; 1 Res: Path.
Veterans Administration Hospital Tremont Ave. and S. Center St., 07019		VA	2-4	950	49	64	0	0	16	22	42 Res: Med., Neur., Ortho., Path., PMR, Plast., Surg., Urol.
Eatontown											
Children's Psychiatric Center 59 Broad St.		Misc.	...	40	...	0	0	0	0	0	6 Res: Child Psych.
Elizabeth											
Elizabeth General Hospital and Dispensary 925 E. Jersey St., 07201		NPCorp	...	313	9	27	27	1	11	1	15 Int: Rotating; 1 Res: Path.
St. Elizabeth Hospital 225 Williamson St., 07202	L-53	Church	...	268	8	33	22	4	16	0	20 Int: Rotating; 2 Res: Med., Path.
Englewood											
Englewood Hospital 350 Engle St., 07631		NPCorp	4	260	8	49	28	9	1	0	8 Int: Rotating; 13 Res: Med., Path., Surg.
Flemington											
Hunterdon Medical Center Route 69, 08822	L-60, -73#, 75	NPCorp	7	121	7	75	9	6	0	2	4 Int: Family Practice; 8 Res: GP, Path.
Fort Dix											
First Army Headquarters, Fort Dix Health Center, 08640		Army	...	...	...	...	...	...	0	2	2 Res: Public Health
Walson Army Hospital, 08640		Army	1-2-4	475	8	60	16	6	0	6	10 Res: GP, Surg.
Greystone Park											
New Jersey State Hospital, 07951		State	...	5,100	930	25	0	0	3	0	12 Res: Psych.
Hackensack											
Hackensack Hospital 22 Hospital Pl., 07601		NPCorp	4	341	7	39	19	0	11	1	14 Int: Rotating; 17 Res: Anes., Med., Path., Surg.
Hammononton											
New Jersey State Hospital at Ancora, 08037		State	4	2,445	...	41	0	0	5	4	15 Res: Psych.
Hoboken											
St. Mary Hospital 4th and Willow Ave., 07030		Church	...	358	10	39	5	2	14	0	15 Int: Rotating; 2 Res: Path.
Jersey City											
E. S. Pollak Hospital for Chest Diseases 100 Clifton Pl., 07304		County	4	600	81	23	0	0	1	1	2 Res: Thor.
Christ Hospital 176 Palisade Ave., 07306		Church	...	345	10	27	22	7	10	0	12 Int: Rotating; 2 Res: Path.
Jersey City Medical Center 50 Baldwin Ave., 07304	M-53	City	4-6	974	16	34	0	0	4	33	62 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 129 Res: Med., Neur., ObG, Oph., Ortho., Path., Ped., Plast., Psych., Surg., Urol.
Margaret Hague Maternity Hospital 88 Clifton Pl., 07304		County	...	249	5	64	136	35	5	9	12 Res: ObG
St. Francis Hospital 25 E. Hamilton Pl., 07302		Church	...	230	8	33	0	0	11	0	11 Int: Rotating
Long Branch											
Monmouth Medical Center 3rd and Pavilion Aves., 07740		NPCorp	4	344	8	41	11	9	11	2	13 Int: Rotating, St. Surg.; 12 Res: Med., Ortho., Path., Surg.
Lyons											
Veterans Administration Hospital, 07939	L-59	VA	2	2,009	...	63	0	0	10	2	12 Res: Psych.
Marlboro											
New Jersey State Hospital, 07746		State	...	3,340	218	39	0	0	3	0	9 Res: Psych.
Montclair											
Mountainside Hospital Bay and Highland Aves., 07040		NPCorp	4	374	9	51	26	15	1	9	15 Int: Rotating; 19 Res: GP, Med., Path., Surg.
Morristown											
Morristown Memorial Hospital 100 Madison Ave., 07960		NPCorp	...	311	7	58	18	11	8	0	8 Int: Rotating; 9 Res: GP, Path., Surg.
Mount Holly											
Burlington County Memorial Hospital 175 Madison Ave., 08060		County	...	216	9	41	24	6	6	1	10 Res: ObG, Path., Surg.
Neptune											
Fitkin Memorial Hospital Corlies Ave., 07753	G-72	NPCorp	...	317	7	53	25	13	7	0	12 Int: Rotating; 11 Res: Med., ObG, Path., Ped., Surg.
Newark											
Babies' Hospital 15 Roseville Ave., 07107		NPCorp	...	84	7	80	0	0	13	0	15 Res: Ped., Surg.
Eye and Ear Infirmary 77 Central Ave., 07102		NPCorp	...	65	5	30	0	0	3	4	8 Res: Oph., Otol.
Hospital for Crippled Children 89 Park Ave., 07104		NPCorp	...	112	13	40	0	0	3	2	5 Res: Ortho.
Newark Beth Israel Hospital 201 Lyons Ave., 07112		NPCorp	4	416	8	39	55	49	0	13	13 Int: Rotating; 24 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
Newark City Hospital 65 Bergen St., 07107		City	4	730	10	42	75	75	19	0	30 Int: Rotating, Mixed, St. Med., St. Surg., St. ObG; 68 Res: Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
NEW JERSEY, Newark—Continued											
Presbyterian Hospital 27 S. Ninth St., 07107		NPCorp	...	289	9	37	27	13	5	0	10 Int: Rotating; 6 Res: Path., Surg.
St. Barnabas Medical Center 685 High St., 07102		NPCorp	...	233	9	32	5	4	7	1	8 Int: Rotating; 10 Res: Path., Plast., Surg.
St. Michael Hospital 306 High St., 07102		Church	7	396	9	49	34	13	6	8	20 Int: Rotating, Family Practice; 36 Res: Med., ObG, Path., Ped., Surg.
United Hospitals of Newark— See: Babies Hospital; Eye and Ear In- firm; Hospital for Crippled Children; Presbyterian Hospital		...	...	...	...	...	...	...	...	...	...
New Brunswick											
Middlesex General Hospital 180 Somerset St., 08901		NPCorp	...	268	7	44	13	1	8	0	9 Int: Rotating; 15 Res: Med., Path., Surg.
St. Peter's General Hospital 260 Easton Ave., 08901		Church	...	333	7	54	53	16	12	0	16 Int: Rotating; 17 Res: Med., Path., Surg.
Orange											
Hospital Center at Orange (includes: New Jersey Orthopaedic Hospital and Orange Memorial Hospital)		...	...	65	17	50	0	0	1	6	Res: Ortho. 6 Res: Ortho.
New Jersey Orthopaedic Hospital 289 Central Ave., 07050		NPCorp	...	342	8	38	14	2	3	4	8 Int: Rotating; 13 Res: Med., Ortho., Path., Surg.
Orange Memorial Hospital 188 S. Essex Ave., 07051		NPCorp	...	342	8	38	14	2	3	4	8 Int: Rotating; 13 Res: Med., Ortho., Path., Surg.
Paramus											
Bergen Pines County Hospital E. Ridgewood Ave., 07652		County	...	708	31	51	0	0	8	0	16 Int: Mixed; 13 Res: Med., Path.
Passaic											
Passaic General Hospital 350 Boulevard, 07055		NPCorp	...	260	8	32	18	4	6	0	8 Int: Rotating; 2 Res: Path.
St. Mary's Hospital 211 Pennington Ave., 07055		Church	...	228	8	30	18	7	5	0	8 Int: Rotating; 2 Res: Path.
Paterson											
Barnert Memorial Hospital 680 Broadway, 07514		NPCorp	...	150	7	35	27	21	1	0	1 Res: Path.
Paterson General Hospital 528 Market St., 07501		NPCorp	...	347	8	24	37	22	5	0	12 Int: Rotating; 2 Res: Path.
St. Joseph's Hospital 703 Main St., 07503		Church	9	449	8	47	36	19	6	1	12 Int: Rotating, General Practice Program; 19 Res: Anes., Med., Ortho., Path.
Perth Amboy											
Perth Amboy General Hospital 530 New Brunswick Ave., 08861		NPCorp	...	490	8	25	46	4	16	1	18 Int: Rotating; 5 Res: GP, Path.
Phillipsburg											
Warren Hospital 185 Roseberry St., 08865		NPCorp	...	219	8	31	5	0	0	1	1 Res: GP, Path.
Plainfield											
Muhlenberg Hospital Park Ave. and Randolph Rd., 07061		NPCorp	...	467	7	44	59	20	14	0	12 Int: Rotating; 14 Res: Med., Path., Ped.
Union County Psychiatric Clinic 111 East Front St., 07060		County	...	...	...	...	...	...	2	3	5 Res: Child Psych.
Princeton											
New Jersey Neuropsychiatric Institute Box 1000, 08540		State	...	1,044	589	59	0	0	4	2	12 Res: Psych.
Princeton Hospital 253 Witherspoon St., 08540		NPCorp	...	182	7	67	9	3	4	0	8 Res: GP
Somers Point											
Shore Memorial Hospital New York and Sunny Aves.		NPCorp	...	155	...	...	...	...	6	0	6 Res: GP
Somerville											
Somerset Hospital Rehill Ave., 08876		NPCorp	...	211	7	35	22	6	10	0	12 Int: Rotating; 4 Res: GP
Summit											
Overlook Hospital 193 Morris Ave., 07901		NPCorp	...	342	8	49	32	9	14	0	14 Int: Rotating; 11 Res: GP, Med., Path.
Teaneck											
Holy Name Hospital 718 Teaneck Rd., 07666		Church	...	248	7	35	26	2	0	0	8 Int: Rotating
Trenton											
Child Guidance Clinic of Mercer County 532 West State St., 08618		County	...	...	...	...	...	...	0	0	4 Res: Child Psych.
Helene Fuld Hospital 750 Brunswick Ave., 08638		NPCorp	...	258	9	38	22	7	3	5	9 Int: Rotating
Mercer Hospital 446 Bellevue Ave., 08607		NPCorp	...	325	8	39	36	5	9	0	12 Int: Rotating; 1 Res: Path.
New Jersey State Hospital Station A, 08628	L-53	State	...	3,572	450	27	0	0	3	0	9 Res: Psych.
St. Francis Hospital 601 Hamilton Ave., 08629		Church	...	361	8	29	40	14	15	0	12 Int: Rotating; 21 Res: Med., ObG, Path., Ped., Surg.
Vineland											
Newcomb Hospital 66 S. State St., 08360		NPCorp	...	160	8	36	15	10	1	0	1 Res: Path.
Wayne											
American Cyanamid Company Berdan Ave., 07470		...	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Westwood											
Pascack Valley Hospital Old Hook Road		NPCorp	...	88	6	31	13	2	0	0	Res: Path.
NEW MEXICO											
Albuquerque											
Bataan Memorial Methodist Hospital 5400 Gibson Blvd. S. E., 87108		Church	...	200	7	50	8	3	7	10	36 Res: Med., Path., Rad., Surg.
Bernalillo County-Indian Hospital 2211 Lomas Blvd. N. E., 87106		County	...	204	9	55	25	1	1	11	18 Int: Rotating; St. Med.; 23 Res: Med., ObG, Path., Ped., Surg.
Veterans Administration Hospital 2100 Ridgercrest Dr. S. E., 87108		VA	...	500	37	86	0	0	2	16	18 Res: Med., Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Foreign	Non-Foreign		
NEW MEXICO—Continued											
Los Alamos Los Alamos Medical Center..... 3917 West Rd., 87544		NPCorp	2	77	6	97	2	2	0	1	2 Res: GP
Truth or Consequences Carrie Tingley Hospital for Crippled Children..... 1400 S. Broadway, 87901	G-17	State	2	100	60	...	0	0	1	3	5 Res: Ortho.
NEW YORK											
Albany											
Albany Child Guidance Center..... 213 Ontario St., 12203		Misc	...	...	...	...	...	0	0		3 Res: Child Psych.
Albany Medical Center Hospital..... New Scotland Ave., 12208	M-54#	NPCorp	4	635	10	70	44	34	1	35	43 Int: Rotating, Mixed, St. Med., St. Surg.; 135 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
A. N. Brady Hospital..... 30 N. Main Ave., 12203	L-54	Church	...	61	5	0	20	6	...	...	Res: ObG, Path.
Bender Laboratory Hospitals..... 136 S. Lake Ave., 12208		...	...	...	...	...	...	2	1		6 Res: Path.
Child's Hospital..... 25 Hackett Blvd., 12208		Church	...	60	...	...	...	...	...	...	Res: Oph.
Memorial Hospital..... Northern Blvd., 12204		NPCorp	...	233	10	32	10	10	12	0	12 Int: Rotating; 3 Res: Path., Surg.
St. Peter's Hospital..... 632 New Scotland Ave., 12208		Church	...	296	10	43	0	0	11	1	16 Int: Rotating; 10 Res: Path., Ped., Plast., Surg.
State of New York Dept. of Health..... 84 Holland Ave., 12208		State	...	...	...	...	...	...	4	0	36 Res: Gen. Prev. Med., Public Health
Veterans Administration Hospital..... 113 Holland Ave., 12208	M-54#	VA	2-4	1,005	43	75	0	0	1	32	52 Res: Med., Neur., Oph., Path., PMR, Plast., Psych., Rad., Surg., Urol.
Binghamton											
Binghamton General Hospital..... 25 Park Ave., 13903		City	...	372	9	40	22	7	15	1	15 Int: Rotating; 7 Res: Med., Path.
Binghamton State Hospital..... 425 Robinson St., 13904		State	...	2,649	...	7	0	0	3	1	9 Res: Psych.
Bronxville											
Lawrence Hospital..... 55 Palmer Ave., 10708		NPCorp	...	201	8	47	15	4	10	0	12 Int: Rotating; 1 Res: Path.
Brooklyn—See New York City											
Buffalo											
Buffalo Eye and Ear Hospital and Wetlaufer Clinic, Division of Deaconess Hospital..... 52 Maple St., 14204		NPCorp	...	14	6	...	0	0	3	0	3 Res: Oph.
Buffalo General Hospital..... 100 High St., 14203	M-55#	NPCorp	4-5	657	11	54	30	17	5	19	33 Int: Rotating, Mixed, St. Med., St. Surg.; 106 Res: Anes., Colon-Rectal, Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Rad., Surg., Urol.
Buffalo State Hospital..... 400 Forest Ave., 14213		State	4	2,869	250	15	0	0	15	1	15 Res: Psych.
Children's Hospital of Buffalo..... 219 Bryant St., 14222	M-55#	NPCorp	...	312	6	92	30	28	1	5	12 Int: St. Ped.; 35 Res: Neurosurg., ObG, Ortho., Path., Ped., Ped. All., Surg., Urol.
Deaconess Hospital of Buffalo..... 1001 Humboldt Pkwy., 14208		NPCorp	...	392	10	82	19	16	15	0	16 Int: Rotating; 24 Res: Med., ObG, Oph., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital..... 462 Grider St., 14215	M-55#	County	4	972	20	49	12	10	0	23	30 Int: Mixed, St. Med., St. Surg., St. Ped.; 110 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Urol.
Emergency Hospital of the Diocese of Buffalo..... 108 Pine St., 14204		Church	...	157	13	31	0	0	8	0	8 Res: Surg.
Mercy Hospital..... 565 Abbott Rd., 14220	G-19	Church	...	350	9	45	37	20	4	17	21 Int: Rotating; 21 Res: GP, Med., Path., Surg.
Millard Fillmore Hospital..... 3 Gates Circle, 14209	L-55#	NPCorp	4-5	533	10	45	60	45	2	2	15 Int: Rotating, Mixed; 45 Res: Anes., Colon-Rectal, GP, Med., ObG, Path., Rad., Surg., Urol.
Roswell Park Memorial Institute..... 666 Elm St., 14203	L-55	State	...	298	19	99	1	0	20	24	51 Res: Derm., Med., ObG, Path., Plast., Rad., Surg., Urol.
Sisters of Charity Hospital..... 2157 Main St., 14214		Church	...	444	9	44	42	18	8	1	12 Int: Rotating; 24 Res: Med., ObG, Path., Surg.
Veterans Administration Hospital..... 3495 Bailey Ave., 14215	L-55#	VA	4-5	951	54	56	0	0	5	12	43 Res: Med., Ortho., Path., PMR, Surg., Thor., Urol.
Central Islip											
Central Islip State Hospital..... Carleton Ave., 11722		State	...	10,262	...	37	0	0	13	13	40 Res: Psych.
Clifton Springs											
Clifton Springs Hospital and Clinic..... Main St., 14432		NPCorp	...	165	11	41	4	0	0	0	5 Res: Med., Surg.
Cooperstown											
Mary Imogene Bassett Hospital..... Atwell Rd., 13326	M-57, L-54	NPCorp	...	96	9	67	7	7	0	10	10 Int: Rotating, St. Med.; 17 Res: Anes., Med., ObG, Path., Ped., Psych., Surg.
Eliot											
Arnot-Ogden Memorial Hospital..... Roe Ave., 14901		NPCorp	...	258	8	34	15	4	0	0	1 Res: Path.
Elmhurst—See New York City											
Endicott											
International Business Machines Co..... 1701 North St., 13760		Corp	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Far Rockaway—See New York City											
Glen Cove											
Community Hospital at Glen Cove..... St. Andrews Lane, 11542		NPCorp	...	217	7	49	18	6	1	0	8 Int: Rotating; 7 Res: GP, ObG, Path.
Glen Oaks—See New York City											

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								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK—Continued											
Glens Falls											
Glens Falls Hospital 100 Park St., 12801		NPCorp		345	7	34	30	15	7	1	9 Int: Rotating; 1 Res: Path.
Governors Island—See New York City											
Harrison											
St. Vincent's Hospital of the City of New York, Westchester Branch 246 North St., 10528		Church		200	54	5	0	0	0	1	8 Res: Psych.
Helmuth											
Gowanda State Hospital, 14079		State		3,060		30	0	0	4	0	11 Res: Psych.
Hempstead											
Meadowbrook Hospital Carman Ave. and Bethpage Tpke, 11550		County		600	12	32	29	16	17	9	41 Int: Rotating, Mixed, St. Surg.; 87 Res: Anes., Med., ObG, Ortho., Path., Ped., Plast., Psych., Rad., Surg., Urol.
Jamaica—See New York City											
Johnson City											
Charles S. Wilson Memorial Hospital 33-57 Harrison St., 13790		NPCorp		450	9	41	19	8	14	0	12 Int: Rotating; 24 Res: Med., ObG, Path., Rad., Surg.
Kenmore											
Kenmore Mercy Hospital 2950 Elmwood Ave., 14217	G-19	Church		264	9	50	13	2	10	0	12 Int: Rotating
Kings Park											
Kings Park State Hospital, 11754	L-59	State		9,030		22	0	0	12	5	30 Res: Psych.
Kingston											
Benedictine Hospital, 12401		Church		184	7	23	26	5			Res: Path.
Kingston Hospital, 12401		NPCorp		153	7	40	12	5			Res: Path.
Kingston Laboratory Hospitals 400 Broadway, 12401		NPCorp							1	0	2 Res: Path.
Manhasset											
North Shore Hospital Valley Rd., 11030		NPCorp		169	7	63	14	8	11	7	19 Res: Med., ObG, Path., Ped.
Marcy											
Marcy State Hospital, 13403		State		3,145		37	0	0	1	2	12 Res: Psych.
Middletown											
Middletown State Hospital Monhagen Ave., Box 1453, 10940		State		3,328		36	0	0	10	1	15 Res: Psych.
Mineola											
Nassau Hospital First St., 11501		NPCorp		316	7	38	46	14	12	0	12 Int: Rotating; 21 Res: ObG, Ortho., Path., Rad., Surg.
Montrose											
Veterans Administration Hospital, 10548		VA		1,830	939	73	0	0	1	3	12 Res: PMR, Psych.
Mount Kisco											
Northern Westchester Hospital E. Main St., 10549		NPCorp		212	7	48	14	4	3	0	6 Int: Rotating; 1 Res: Path.
Mount Morris											
Mount Morris Tuberculosis Hospital, 14510		State		250	181	15	0	0	0	1	1 Res: Thor.
Mount Vernon											
Mount Vernon Hospital 12 N. Seventh Ave., 10550		NPCorp		309	9	37	25	7	7	0	12 Int: Rotating; 12 Res: Med., ObG, Path., Surg.
Newburgh											
St. Luke's Hospital 70 Dubois St., 12550		NPCorp		240	7	43	27	19	7	1	8 Int: Rotating; 4 Res: Path., Surg.
New Hyde Park											
Long Island Jewish Hospital 270-05 76th Ave., 11043	M-61	NPCorp		268	8	67	21	17	0	14	16 Int: Rotating; 30 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
New Rochelle											
New Rochelle Hospital 16 Guion Pl., 10801		NPCorp		342	8	46	30	11	7	3	15 Int: Rotating; 7 Res: Med., Path., Surg.
New York City—includes all hospitals located within the five boroughs:											
Bronx—Bronx County (Mailing address: New York)											
Brooklyn—Kings County (Mailing address: Brooklyn)											
Manhattan—New York County (Mailing address: New York)											
Queens—Queens County (Mailing addresses: Far Rockaway, Flushing, Glen Oaks, Jamaica, Long Island City)											
Richmond—Richmond County (Mailing address: Staten Island)											
American Telephone and Telegraph Company and Subsidiaries 195 Broadway, 10007									0	0	1 Res: Occup. Med.
Beekman—Downtown Hospital 170 William St., 10038		NPCorp		200	14	46	0	0	0	0	8 Int: Mixed, St. Med., St. Surg.; 15 Res: Med, Surg.
Bellevue Hospital Center First Ave. and 27th St., 10016	M-57#, 58#-60#	City		2,646	17	49	91	34			Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Division I—Columbia University	M-57#								0	18	18 Int: Mixed; 33 Res: Med., Surg., Thor.
Division II—Cornell University	M-58#								1	31	31 Int: Mixed, St. Med., St. Surg.; 56 Res: Med., Neur., Surg., Urol.
Division III—New York University	M-60#								9	46	51 Int: St. Med., St. Surg., St. Ped., St. Path.; 141 Res: Anes., Med., Neurosurg., Neur., ObG, Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg.
Division IV—New York University Post-Graduate Medical School											Int: St. Med., St. Surg.; 44 Res: Anes., Derm., Med., Neurosurg., Oph., Ortho., Otol., Plast., Surg., Urol.
Beth Israel Hospital 10 Nathan D. Perlman Pl., 10003		NPCorp		388	11	38	38	36	3	19	24 Int: Rotating; 42 Res: Anes., Med., ObG, Path., Ped., Plast., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign			Non-Foreign
NEW YORK, New York City—Continued											
Bird S. Coler Memorial Hospital and Home Welfare Island, 10017	M-59#	City	4-8	...	...	...	...	...	...	...	Res: Anes., Derm., Med., Neur., Oph., PMR, Psych., Child Psych., Surg., Urol.
Booth Memorial Hospital, 56-45 Main St., Flushing, 11355		Church		210	7	48	17	12	5	0	6 Int: Rotating; 18 Res: Med., ObG, Path., Surg.
Bronx Eye and Ear Infirmary, 321 E. Tremont Ave., 10457		NPCorp		54	3	0	0	0	4	2	6 Res: Oph.
Bronx-Lebanon Hospital Center (Concourse Division and Fulton Division), 1276 Fulton Ave., 10456		NPCorp	4	568	10	40	64	42	16	8	27 Int: Rotating, Mixed, St. Med., St. Ped.; 58 Res: Med., ObG, Path., Ped., Surg.
Bronx Municipal Hospital Center, Pelham Pkwy. and Eastchester Rd., 10461	M-56	City	4-5-8	1,276	20	53	110	70	0	50	60 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 312 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Brookdale Hospital Center, Linden Blvd. and Rockaway Pkwy., Brooklyn, 11212		NPCorp		340	10	46	66	12	8	14	26 Int: Rotating, Mixed, St. Med.; 39 Res: Anes., Med., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Brooklyn Eye and Ear Hospital, 29 Greene Ave., Brooklyn, 11238		NPCorp		137	3	36	0	0	6	2	14 Res: Oph., Otol.
Brooklyn Hospital, 121 De Kalb Ave., Brooklyn, 11201	M-61	NPCorp		373	11	35	41	20	14	1	26 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 59 Res: Med., ObG, Path., Ped., Surg., Urol.
Brooklyn Psychiatric Centers, 129 Montague St., 11201		NPCorp	2	...	...	...	...	...	1	1	4 Res: Child Psych.
Brooklyn State Hospital, 681 Clarkson Ave., Brooklyn, 11203	L-61	State		2,884	384	9	0	0	7	9	17 Res: Psych.
Brooklyn Womens Hospital, 1395 Eastern Pkwy., Brooklyn, 11233		NPCorp		75	5	63	47	25	5	1	6 Res: ObG
City Hospital Center at Elmhurst, 79-01 Broadway, Elmhurst, 11373		City	4-5-8	941	15	68	489	0	16	0	36 Int: Rotating, St. Med., St. Surg., St. ObG; 89 Res: Med., Neurosurg., ObG, Oph., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Columbus Hospital, 227 E. 19th St., 10003		Church		290	13	37	10	10	6	0	14 Int: Rotating; 5 Res: Surg.
Coney Island Hospital, Ocean and Shore Pkwy., Brooklyn, 11235		City	4-8	594	13	32	54	54	23	0	25 Int: Rotating; 57 Res: Med., ObG, Path., Ped., Surg.
Creedmoor State Hospital, 80-45 Winchester Blvd., Queens Village, 11427		State		7,231	...	29	0	0	8	4	11 Res: Psych.
Cumberland Hospital, 39 Auburn Pl., Brooklyn, 11205	L-61	City	4-5-8	231	10	59	168	7	6	0	26 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; Res: Med., ObG, Path., Ped., Surg., Urol.
Doctors Hospital, 170 E. End Ave., 10028		NPCorp		277	10	36	22	8	1	0	1 Res: Path.
Flushing Hospital and Dispensary, 44-14 Parsons Blvd., Flushing, 11355		NPCorp	4	334	8	37	32	4	12	0	12 Int: Rotating; 21 Res: ObG, Path., Ped., Surg.
Fordham Hospital, Southern Blvd. and Crotona Ave., 10458		City	4-8	414	13	44	31	11	13	0	19 Int: Rotating; 49 Res: Med., ObG, Path., Ped., Surg.
Francis Delafield Hospital, 99 Ft. Washington Ave., 10032	M-57#	City	8	280	32	50	0	0	1	30	22 Res: Med., Path., Surg., Urol.
French Hospital, 330 W. 30th St., 10001		NPCorp		241	9	53	23	15	9	1	12 Int: Rotating, St. Surg.; 11 Res: Med., ObG, Surg.
Goldwater Memorial Hospital, Welfare Island, 10017	M-57#	City	4-8	1,338	282	24	0	0	8	1	13 Res: Med., PMR
Greenpoint Hospital, 300 Skillman Ave., Brooklyn, 11211		City	4-5-8	205	11	62	42	28	0	0	12 Int: Rotating; Res: Med., ObG, Path., Surg.
Harlem Eye and Ear Hospital, 2099 Lexington Ave., 10035		NPCorp		45	2	0	0	0	1	3	6 Res: Oph., Otol.
Harlem Hospital Center, 532 Lenox Ave., 10037		City	4-5-8	892	14	31	374	17	5	1	50 Int: Rotating, St. Med., St. Surg.; 111 Res: Anes., Med., ObG, Path., Ped., Psych., Surg.
Headquarters, First U. S. Army, Governors Island, 10004		Army		...	...	...	...	...	...	...	Res: Public Health
Hillside Hospital, 75-59 263rd St., Glen Oaks, 11004		NPCorp		201	203	0	0	0	4	21	25 Res: Psych.
Hospital for Joint Diseases, 1919 Madison Ave., 10035		NPCorp	4	310	16	52	0	0	0	6	6 Int: Rotating; 32 Res: Anes., Med., Ortho., Path., Surg.
Hospital for Special Surgery, 535 E. 70th St., 10021	L-58#	NPCorp	2-3	202	23	47	0	0	0	13	20 Res: Ortho., PMR
House of St. Giles the Cripple, 1346 President St., Brooklyn, 11213		NPCorp		44	75	0	0	0	1	2	3 Res: Ortho.
Jamaica Hospital, 89th Ave. and Van Wyck Expsy., Jamaica, 11418		NPCorp		260	...	...	...	...	5	0	11 Res: Path., Surg.
Jewish Chronic Disease Hospital, 86 E. 49th St., Brooklyn, 11203	L-61	NPCorp	4-5	793	160	27	0	0	24	0	31 Res: Med., Ortho., Path., PMR
Jewish Hospital of Brooklyn, 555 Prospect Pl., Brooklyn, 11238	M-61	NPCorp	4	558	10	41	80	20	9	20	36 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 86 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.
Jewish Memorial Hospital, Broadway and 196th St., 10040		NPCorp	4	185	8	32	33	28	5	0	6 Int: Rotating; 10 Res: ObG, Path., Ped., Surg.
Kings County Hospital Center, 451 Clarkson Ave., Brooklyn, 11203	M-61	City	4-5-8	2,865	17	37	836	28	6	124	129 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 282 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Knickerbocker Hospital, 70 Convent Ave., 10027		NPCorp		221	16	62	0	0	9	1	13 Int: Rotating, Mixed, St. Med., St. Surg.; 20 Res: Med., ObG, Path., Surg.
Lenox Hill Hospital, 100 E. 77th St., 10021		NPCorp	4	562	11	41	42	13	0	24	24 Int: Rotating; 43 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Child Psych., Rad., Surg.
Lincoln Hospital, 320 Concord Ave., 10054	G-56	City	4-8	390	9	37	105	5	4	1	20 Int: Rotating, St. Med., St. Surg., St. Ped.; 73 Res: Med., ObG, Otol., Path., Ped., Surg., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK, New York City—Continued											
Long Island College Hospital 340 Henry St., Brooklyn, 11201	M-61	NPCorp	4	548	11	33	21	6	14	19	34 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 44 Res: Med., Neurosurg., ObG, Otol., Path., Ped., Rad., Surg., Urol.
Lutheran Medical Center 4520 Fourth Ave., Brooklyn, 11220		Church	...	249	11	52	25	19	8	0	11 Int: Rotating; 24 Res: Med., ObG, Path., Ped., Surg.
Madeleine Borg Child Guidance Institute 120 W. 57th St., 10019		NPCorp	...	...	...	...	...	...	2	6	8 Res: Child Psych.
Maimonides Hospital of Brooklyn 4802 10th Ave., Brooklyn, 11219	M-61	NPCorp	...	492	10	46	59	13	10	26	40 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 72 Res: Anes., Med., ObG, Path., Ped., Rad., Surg., Thor., Urol.
Manhattan Eye, Ear and Throat Hospital 210 E. 64th St., 10021		NPCorp	...	169	5	33	0	0	2	28	30 Res: Oph., Otol., Plast.
Manhattan State Hospital Ward's Island, 10035		State	...	3,572	...	26	0	0	3	15	18 Res: Psych.
Mary Immaculate Hospital 152-11 89th Ave., Jamaica, 11432		Church	4	306	8	40	17	6	10	1	12 Int: Rotating; 11 Res: Path., Ped., Surg.
Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital 444 E. 68th St., 10021	G-21, L-58#	NPCorp	4	513	17	52	0	0	43	77	128 Res: Anes., Med., Path., Rad., Surg.
Methodist Hospital of Brooklyn 506 Sixth St., Brooklyn, 11215	L-61	Church	...	452	10	33	43	16	9	6	18 Int: Rotating, St. Med., St. Surg.; 46 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
Metropolitan Hospital 1901 First Ave., 10029	M-59#	City	4-6-8	2,897	16	37	295	34	105	76	171 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Misericordia Hospital 600 E. 23rd St., 10466		Church	4	270	10	44	16	0	5	0	12 Int: Rotating; 22 Res: Med., Ped., Surg.
Montefiore Hospital 210th St. and E. Bainbridge Ave., 10467	M-56	NPCorp	4-5	689	18	51	0	0	0	38	56 Int: Mixed, St. Ped.; 191 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Morrisania City Hospital 168th St. and Gerard Ave., 10452		City	4-8	424	13	37	110	6	...	...	Int: Mixed, St. Ped.; Res: Anes., Med., ObG, Path., Ped., PMR, Plast., Rad., Surg., Urol.
Mother Cabrini Memorial Hospital 611 Edgecombe Ave., 10032		Church	8	170	11	25	7	0	1	0	1 Res: Surg.
Mount Sinai Hospital 11 E. 100th St., 10029	M-57	NPCorp	4-5	1,008	13	43	71	71	0	36	30 Int: Rotating, St. Med., St. Surg.; 232 Res: Anes., Derm., Med., Neurosurg., Neuro., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
New York City Dept. of Health 125 Worth St., 10013		State	...	...	...	...	...	...	0	3	6 Res: Public Health
New York Eye and Ear Infirmary 218 Second Ave., 10003		NPCorp	...	175	6	0	0	0	1	24	27 Res: Oph., Otol.
New York Hospital 525 E. 68th St., 10021	M-58#	NPCorp	4-5	1,121	13	70	48	40	1	41	47 Int: St. Med., St. Surg., St. Ped., St. Path.; 190 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Urol.
New York Infirmary Stuyvesant Square E. and 15 St., 10003		NPCorp	4	230	18	36	6	6	5	0	15 Int: Rotating; 19 Res: Med., ObG, Ped., Surg.
New York Medical College-Flower and Fifth Ave. Hospitals 1 E. 105th St., 10029	M-59#	NPCorp	...	403	9	43	29	27	108	81	Res: Anes., Derm., Med., Neur., ObG, Oph., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
New York Polyclinic Medical School and Hospital 345 W. 50th St., 10019		NPCorp	4	331	9	50	32	26	11	0	16 Int: Rotating, St. Med., St. ObG; 43 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Surg., Urol.
New York State Dept. of Labor 80 Centre St., 10013		State	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
New York State Psychiatric Institute 722 W. 168th St., 10032	M-57#	State	...	172	184	0	0	0	0	6	8 Res: Psych., Child Psych.
New York University Medical Center-University Hospital 560 First Ave., 10016	M-60X	NPCorp	8	631	12	35	0	0	10	12	29 Res: Anes., Derm., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped. All., PMR, Plast., Psych., Child Psych., Rad.
Office of the Chief Medical Examiner 520 First Avenue, 10016		City	...	...	...	...	...	...	...	...	Res: Forensic Pathology
Payne Whitney Psychiatric Clinic (See New York Hospital)		...	...	...	...	...	...	...	...	...	Res: Psych.
Postgraduate Center for Mental Health Clinic for Children and Adolescents 124 E. 28th St., 10016		NPCorp	2	...	...	...	...	...	1	2	6 Res: Child Psych.
Presbyterian Hospital 622 W. 168th St., 10032	M-57#	NPCorp	4	1,527	12	58	740	59	0	27	27 Int: St. Med., St. Surg., St. Path.; 287 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Queens Hospital Center 82-68 164th St., Jamaica, 11432		City	4-5-8	1,363	24	34	203	48	27	7	34 Int: Rotating; 80 Res: Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Roosevelt Hospital 428 W. 59th St., 10019	M-57	NPCorp	4	445	13	46	0	0	4	12	16 Int: Mixed; 64 Res: Derm., Med., ObG, Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
St. Catherine's Hospital 133 Bushwick Ave., Brooklyn, 11206		Church	...	254	11	23	24	9	9	0	10 Int: Rotating; 17 Res: Anes., ObG, Path., Ped., Surg.
St. Charles Hospital 277 Hicks St., Brooklyn, 11201		Church	...	50	24	0	0	0	0	0	4 Res: Ortho.
St. Clare's Hospital 415 W. 51st St., 10019		Church	...	403	13	39	26	5	10	17	16 Int: Rotating, St. Med., St. Surg.; 28 Res: Anes., Med., ObG, Path., Surg.
St. Francis Hospital 525 E. 142nd St., 10454		Church	...	388	11	35	41	14	12	0	12 Int: Rotating; 9 Res: ObG, Path., Ped.
St. John's Episcopal Hospital 480 Herkimer St., Brooklyn, 11213		Church	...	275	9	44	28	18	12	0	14 Int: Rotating, St. ObG; 25 Res: Med., ObG, Path., Ped., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign			Non-Foreign
NEW YORK, New York City—Continued											
St. John's Queens Hospital 90-02 Queens Blvd., Elmhurst, 11373		Church		246	9	40	16	8	0	0	1 Res: Path.
St. Luke's Hospital 421 W. 113th St., 10025	M-57	NPCorp	†5	581	15	55	0	0	0	22	22 Int: St. Med., St. Surg.; 84 Res: Anes., Derm., Med., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Urol.
St. Mary's Hospital 1298 St. Marks Ave., Brooklyn, 11213		Church		237	7	29	42	4	8	0	8 Int: Rotating; 5 Res: ObG, Path.
St. Vincent's Hospital of the Borough of Richmond 355 Bard Ave., Staten Island, 10310		Church		310	9	41	31	8	12	0	12 Int: Rotating; 26 Res: Med., Ortho., Path., Ped., Child Psych., Surg.
St. Vincent's Hospital of the City of New York 153 W. 11th St., 10011	L-53, L-60	Church		768	14	54	36	10	0	38	40 Int: Rotating, St. Med., St. Surg.; 26 Res: Anes., Med., Neurosurg., ObG, Oph., Path., Ped., PMR, Psych., Rad., Surg.
Staten Island Hospital 101 Castleton Ave., Staten Island, 10301		NPCorp		268	8	38	35	7	3	5	12 Int: Rotating; 1 Res: Path.
Staten Island Mental Health Center 657 Castleton Ave.											Res: Child Psych.
Sydenham Hospital 565 Manhattan Ave., 10027		City	†8	218	9	44	77	2	0	0	9 Int: Rotating; 7 Res: ObG, Surg.
U. S. Naval Hospital (See St. Albans, N. Y.)											
U. S. Public Health Service Hospital Bay and Vanderbilt Sts., Staten Island, 10304	G-21	USPHS	†-5	796	21	71	9	6	1	28	34 Int: Rotating, St. Med., St. Surg.; 49 Res: Anes., Derm., Med., Oph., Ortho., Path., Rad., Surg., Urol.
Unity Hospital 1545 St. Johns Pl., Brooklyn, 11213		NPCorp		215	8	35	20	18	8	0	8 Int: Rotating; 13 Res: Med., ObG, Surg.
University Hospital (See New York University Medical Center—University Hospital)											
Veterans Administration Hospital (Bronx) 130 W. Kingsbridge Rd., Bronx, 10468	L-56	VA	5	1,331	43	57	0	0	31	82	153 Res: Anes., Derm., Med., Neurosurg., Neur. Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital (Brooklyn) 800 Poly Place, Brooklyn, 11209	L-61	VA	†4	1,000	48	59	0	0	17	30	89 Res: Anes., Med., Neur., Oph., Ortho., Path., PMR, Rad., Surg., Thor., Urol.
Veterans Administration Hospital (Manhattan) 1st Ave. at E. 24th St., 10010		VA	†-5	1,218	41	53	0	0	26	44	98 Res: Anes., Derm., Med., Neurosurg. Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Woman's Hospital—Division of St. Luke's Hospital 141 W. 109th St., 10025		NPCorp		173	7	52	47	39	4	10	18 Res: ObG
Wyckoff Heights Hospital 374 Stockholm St., Brooklyn, 11237		NPCorp		276	10	36	35	6	6	0	11 Int: Rotating; 43 Res: ObG, Path., Ped., Surg.
Niagara Falls											
Mount St. Mary's Hospital 515 Sixth St., 14301		Church		185	8	40	9	1	6	0	6 Int: Rotating; 1 Res: Path.
Niagara Falls Memorial Hospital 621 Tenth St., 14302		NPCorp		358	8	39	31	17	13	0	13 Int: Rotating
Oceanside											
South Nassau Communities Hospital 2445 Oceanside Road, 11572		NPCorp		230	8	36	33	11	1	0	1 Res: Path.
Ogdensburg											
St. Lawrence State Hospital Station A, 13669		State		1,750	733	17	0	0	0	0	8 Res: Psych.
Orangeburg											
Rockland State Hospital, 10962		State	5	6,837		23	0	0	20	7	27 Res: Psych.
Port Chester											
High Point Hospital Upper King St., 10573		Corp		45	164	0	0	0	0	2	6 Res: Psych.
United Hospital 408 Boston Post Rd., 10573		NPCorp		237	8	29	11	5	0	5	8 Int: Rotating; 3 Res: Path., Surg.
Port Jefferson											
St. Charles Hospital, 11777		Church		70	11	31	0	0	0	0	3 Res: Ortho.
Poughkeepsie											
Hudson River State Hospital Station B, 12601		State	5	5,359		19	0	0	20	2	22 Res: Psych.
St. Francis Hospital North Rd., 12601		Church		256	8	30	16	4	6	4	10 Int: Rotating; 1 Res: Path.
Vassar Brothers Hospital Reside Place, 12601		NPCorp		285	7	40	23	14	10	0	12 Int: Rotating; 2 Res: Path.
Queens Village—See New York City											
Rhinebeck											
Astor Home for Children 36 Mill St., 12572		Church									Res: Child Psych.
Rochester											
Eastman Kodak Company 343 State St., 14608		Corp							0	1	1 Res: Occup. Med.
Genesee Hospital 224 Alexander St., 14607	L-62	NPCorp	4	290	7	69	20	20	1	14	19 Int: Rotating, Mixed, St. Med., St. Surg., St. Path.; 32 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
Highland Hospital South Ave. at Bellevue Dr., 14620	L-62	NPCorp		247	7	50	27	6	3	5	12 Int: Rotating, Mixed, St. Med.; 18 Res: Med., ObG, Path., Surg.
Rochester Child Guidance Clinic 31 Gibbs St., 14604		NPCorp							0	0	8 Res: Child Psych.
Rochester General Hospital 1425 Portland Ave., 14608	L-62	NPCorp	4	419	7	57	24	16	14	5	22 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 42 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg.
Rochester State Hospital 1600 South Ave., 14620		State	5	3,501		29	0	0	5	0	13 Res: Psych.
St. Mary's Hospital 89 Genesee St., 14611	L-62	Church		294	7	51	36	13	0	9	15 Int: Rotating, Mixed; 28 Res: Anes., GP, Med., ObG, Oph., Path., Surg.

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								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK, Rochester—Continued											
Strong Memorial Hospitals 260 Crittenden Blvd., 14620	M-62X	NPCorp	4-5	692	10	69	30	0	0	49	50 Int: Mixed St. Med., St. Surg., St. Ped., St. Path., St. ObG; 12 135 168 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Psych., Rad., Surg., Urol.
University of Rochester School of Medicine and Dentistry, Dept. of Preventive Medicine and Community Health, 14620		NPCorp							0	3	8 Res: Occup. Med.
Rockville Centre Mercy Hospital 1000 N. Village Ave., 11570		Church	1-2	250	7	44	32	7			Res: ObG
St. Albans—See also New York City U. S. Naval Hospital 179th St. and Linden Blvd., 11425		Navy	1-4-5	1,000	25	75	14	14	0	17	17 Int: Rotating; 37 Res: Anes., Med., ObG, Path., Rad., Surg., Thor., Urol.
Schenectady Ellis Hospital 1101 Nott St., 12308		NPCorp		420	9	50	19	4	15	4	20 Int: Rotating; 25 Res: ObG, Ortho., Path., Surg.
St. Clare's Hospital 800 McClellan St., 12304		Church		235	9	31	13	7	14	0	15 Int: Rotating
Schenectady County Child Guidance Center 821 Union St., 12308		NPCorp									2 Res: Child Psych.
Sunnyview Rehabilitation Center 1270 Belmont Ave., 12308		NPCorp		81							Res: Ortho.
Staten Island—See New York City											
Sunmount Veterans Administration Hospital	L-88	VA	2	433	105	77	0	0	0	0	1 Res: Thor.
Syracuse St. Joseph's Hospital 301 Prospect Ave., 13203	M-63	Church		329	7	43	25	7	0	12	16 Int: Rotating, Family Practice Program; 23 Res: Anes., ObG, Path., Ped., Surg.
State University of New York Upstate Medical Center 766 Irving Ave., 13210	M-63f	NPCorp	4	1,701	8	48	86	36	3	42	51 Int: Rotating, Mixed St. Med., St. Surg., St. Ped., St. Path., Family Practice Program; 14 128 188 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Urol.
Syracuse Psychiatric Hospital 708 Irving Ave., 13210		State									Res: Psych.
Veterans Administration Hospital Irving Ave. and University Pl., 13210	M-63f	VA	2	488	28	67	0	0	0	0	4 Res: Anes., Med., Neurosurg., Neur., Oph., Otol., Ortho., Path., Plast., Psych., Rad., Surg., Urol.
Thiells Letchworth Village, 10984		State		4,457		58	0	0	1	0	2 Res: Psych.
Troy Samaritan Hospital Peoples and Burdett Aves., 12180		NPCorp		215	8	38	18	12	14	0	14 Int: Rotating; 1 Res: Path.
Utica Children's Hospital Home of Utica 1675 Bennett St., 13502		NPCorp		54	27	0	0	0			Res: Ortho.
Utica State Hospital 1213 Court St., 13502		State		2,106		32	0	0	3	0	6 Res: Path., Psych.
Valhalla Graslands Hospital, 10595		County	4-5	498	23	47	13	9	12	0	17 Int: Rotating St. Med., St. Surg.; 59 Res: Anes., Med., Oph., Path., Ped., PMR, Psych., Surg.
West Brentwood Pilgrim State Hospital, 11717		State	6	13,736		28	3	0	28	2	30 Res: Psych.
West Haverstraw New York State Rehabilitation Hospital Route 9W, 10993		State		204		0	0	0	2	2	4 Res: Ortho.
White Plains New York Hospital-Westchester Division 21 Bloomingdale Rd., 10601		NPCorp		350	120	85	0	0	3	11	16 Res: Psych.
White Plains Hospital 41 E. Post Rd., 10601		NPCorp		212	8	45	11	3	8	0	6 Int: Rotating; 3 Res: Surg.
Willard Willard State Hospital, 14588		State		2,854		31	0	0	5	0	9 Res: Psych.
Wingdale Harlem Valley State Hospital, 12594		State		4,892		15	0	0	10	0	12 Res: Psych.
Yonkers St. John's Riverside Hospital Andrus Pavilion, 967 N. Broadway, 10701		NPCorp		285	9	30	10	2	14	0	14 Int: Rotating; 1 Res: Path.
St. Joseph's Hospital 127 S. Broadway, 10701		Church		165	9	28	3	1	8	0	8 Int: Rotating
Yonkers General Hospital 127 Ashburton Ave., 10701		NPCorp		144	7	35	23	5	6	0	6 Int: Rotating; 2 Res: GP
NORTH CAROLINA											
Asheville Memorial Mission Hospital of Western North Carolina 509 Biltmore Ave., 28801		NPCorp		320	7	25	30	0	0	4	8 Int: Rotating
Chapel Hill North Carolina Memorial Hospital Pittsboro Rd., 27515	M-64	State		405	10	70	30	22	0	37	38 Int: Mixed St. Med., St. Surg., St. Ped., St. Path.; 169 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Charlotte Charlotte Memorial Hospital 1000 Blythe Ave., 28201		NPCorp	4	600	9	55	41	22	0	10	12 Int: Rotating; 34 Res: GP, Med., ObG, Ortho., Path., Ped., Surg., Thor., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
NORTH CAROLINA, Charlotte—Continued											
Presbyterian Hospital 200 Hawthorne Lane, 28201		Church		437	8	44	35	9	0	0	4 Res: Path.
Durham Duke Hospital, 27706	M-65	NPCorp	4-5	630	10	62	52	20	1	58	63 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 227 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped. All., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Durham Child Guidance Clinic Duke University Medical Center, 27706	M-65	NPCorp							0	3	8 Res: Child Psych.
McPherson Hospital 1110 W. Main St., 27701	L-64	Indiv		42	5	0	0	0	0	3	3 Res: Oph.
Veterans Administration Hospital Fulton St. and Erwin Rd., 27705	M-65	VA	7-8	489	26	65	0	0			Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Urol.
Watts Hospital Broad St. and Club Blvd., 27705	G-65	NPCorp		295	8	41	12	10	6	4	22 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 17 Res: Med., Path., Ped., Surg.
Fort Bragg											
U. S. Army, 3rd Army Hdqts., Preventive Medicine Division, 28307		Army									2 Res: Public Health
Womack Army Hospital, 28307		Army	7-4	450	10	64	47	18	0	1	4 Res: Surg.
Gastonia											
North Carolina Orthopedic Hospital New Hope Rd., 28052		State	1-7-8	140	208	0	0	0	0	2	2 Res: Ortho.
Greensboro											
Moses H. Cone Memorial Hospital 1200 N. Elm St., 27402		NPCorp		347	7	55	21	2	0	0	12 Int: Rotating; 4 Res: Path.
Oteen											
Veterans Administration Hospital, 28805		VA	2	850	54	64	0	0	0	4	4 Res: Thor.
Raleigh											
Dorothea Dix Hospital Station B, Box 7597, 27602		State		2,685		42	0	0	0	19	36 Res: Psych.
Memorial Hospital of Wake County 3000 New Bern Ave., 27603		County		380	7	32	31	12	0	2	3 Res: ObG
North Carolina State Board of Health, 27603		State									Res: Public Health
Rex Hospital 1311 St. Mary's St., 27603	L-64	NPCorp		342	6	25	21	8	0	1	2 Res: Ped.
Wilmington											
Babies' Hospital Rt. 3, 28403		NPCorp		75	4	46	0	0	3	0	3 Res: Ped.
James Walker Memorial Hospital N. 10th St., 28401		NPCorp		272	7	30	21	0	3	0	8 Int: Rotating; Res: Path.
Winston-Salem											
Forsyth Memorial Hospital 3333 Silas Creek Pkwy., 27103		City		294	8	35	23	4	0	1	6 Int: Family Practice Program; 10 Res: Surg.
Kate Bitting Reynolds Memorial Hospital 1101 E. Seventh St., 27101		City	2	175	8	28	34	2	0	6	8 Int: Rotating; 6 Res: Surg.
North Carolina Baptist Hospitals 300 S. Hawthorne Rd., 27103	M-66#	Church	4-5	467	9	65	29	21	0	17	23 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 118 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Thor., Urol.
NORTH DAKOTA											
Bismarck											
Bismarck Hospital 323 - 6th St., 58501		Church		196	8	30	15	2	8	0	8 Res: Med., Rad., Surg.
St. Alexius Hospital 9th and Thayer Sts., 58501		Church		240	7	45	13	0			Res: Rad.
Fargo											
St. Luke's Hospital 5th St. North at Mills Ave., 58102		NPCorp		250	7	34	12	4	5	0	12 Int: Rotating; 8 Res: Med., ObG, Surg.
OHIO											
Akron											
Akron City Hospital 525 E. Market St., 44304		NPCorp	9	520	10	43	42	10	2	7	25 Int: Rotating, St. Med., St. Surg., St. ObG, General Practice Program; 10 30 52 Res: Anes., GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
Akron General Hospital 400 Wabash Ave., 44307		NPCorp	9	454	10	43	47	6	0	16	21 Int: Rotating; 36 52 Res: GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
Children's Hospital of Akron Buchtel Ave. at Bowery St., 44308		NPCorp		253	5	79	0	0	0	0	2 Int: St. Ped.; 4 18 20 Res: Ortho., Path., Ped.
St. Thomas Hospital 444 N. Main St., 44310		Church	9	266	9	58	23	4	7	2	17 Int: Rotating, General Practice Program; 15 6 30 Res: GP, Med., ObG, Path., Surg.
Barberton											
Barberton Citizens Hospital Tuscora Park, 44203		NPCorp		313	8	35	17	5	12	0	15 Int: Rotating; 4 0 8 Res: GP, Surg.
Canton											
Aultman Hospital 625 Clarendon Ave., S.W., 44710		NPCorp		502	8	36	43	15	10	0	8 Int: Rotating; 16 0 26 Res: Med., Path., Surg.
Mercy Hospital 723 Market Ave., N., 44702		Church		437	8	38	32	12	2	0	7 Int: Rotating; 8 0 19 Res: Anes., ObG, Surg.
Cincinnati											
Bethesda Hospital Oak St. and Reading Rd., 45206		Church		356	7	27	62	30	0	6	12 Int: Rotating; 1 6 10 Res: Anes., ObG, Path.
Central (Mental Hygiene) Clinic Cincinnati General Hospital, 45229	M-67	City									Res: Child Psych.
Child Guidance Home of the Jewish Hospital 3140 Harvey Ave., 45229		Church		16	730	0	0	0	1	11	12 Res: Child Psych.
Children's Hospital Elland and Bethesda Aves., 45229	M-67#	Church	4-5	215	7	78	0	0			Res: Anes., Neurosurg., Ortho., Path., Ped., Ped. All., Rad., Surg.
Christ Hospital 2139 Auburn Ave., 45219		NPCorp		600	10	31	34	15	0	2	21 Int: Rotating, St. Surg.; 0 9 29 Res: Anes., GP, Med., Neurosurg., Plast., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
OHIO, Cincinnati—Continued											
Cincinnati General Hospital. 3231 Burnet Ave., 45229	M-67X	City	4-5	766	11	53	62	38	0	48	52 Int: Rotating, St. Med., St. Surg., St. Ped.; 219 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
Convalescent Hospital for Children. Auburn Ave. & Wellington Pl., 45210		NPCorp	...	100	...	...	...	...	...	...	Res: Ped. All.
Daniel Drake Memorial Hospital. Galbraith and Vine St., 45216	G-67#	County	...	1,009	560	51	0	0	10	1	11 Res: Med.
Good Samaritan Hospital. 3217 Clifton Ave., 45220		Church	...	709	9	42	68	20	8	6	25 Int: Rotating, Mixed, St. Surg.; 26 Res: GP, Med., Neurosurg., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Jewish Hospital. 3208 Burnet Ave., 45229		NPCorp	...	433	8	46	43	36	5	0	17 Int: Rotating, Mixed, St. Med.; 35 Res: Med., Ortho., Path., Ped., Rad., Surg.
Longview State Hospital. 6600 Paddock Rd., 45216		State	...	3,200	175	32	0	0	0	0	15 Res: Surg.
National Lead Company of Ohio. P. O. Box 158, Mt. Healthy Station, 45201		Corp	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Rollman Psychiatric Institute. 3009 Burnet Ave., 45219		State	...	150	42	0	0	0	14	4	27 Res: Psych.
St. Mary Hospital. 830 Lincoln Park Dr., 45214		Church	...	150	11	37	0	0	...	...	Res: Surg.
University of Cincinnati Institute of Industrial Health, School of Arts and Sciences, 45219		NPCorp	...	...	...	...	...	...	0	4	12 Res: Occup. Med.
Veterans Administration Hospital. 3200 Vine St., 45220	M-67#	VA	2	717	55	54	0	0	...	...	Res: Anes., Med., Neurosurg., Neur., Ortho., Path., Psych., Surg., Urol.
Cleveland											
Cleveland Clinic Hospital. 2020 E. 93rd St., 44106		NPCorp	...	485	10	61	10	2	1	7	20 Int: Rotating, Mixed; 162 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Cleveland Guidance Center. 2525 E. 22nd St., 44115		NPCorp	2	...	...	...	...	...	0	0	1 Res: Child Psych.
Cleveland Metropolitan General Hospital. 3395 Scranton Rd., 44109	M-68#	County	4-5	554	11	68	64	1	1	26	34 Int: St. Med., St. Surg., St. Ped., St. Path.; 135 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Rad., Surg., Thor., Urol.
Cleveland Psychiatric Institute. 1708 Aiken Ave., 44109		State	...	280	69	30	0	0	6	7	24 Res: Psych.
Cuyahoga County Coroner's Office. 2121 Adelbert Rd., 44106		...	...	...	...	...	...	...	0	0	2 Res: Forensic Path.
Evangelical Deaconess Hospital. 4229 Pearl Rd., 44109		Church	...	232	8	45	23	5	6	0	6 Int: Rotating; 9 Res: Path., Surg.
Fairhill Psychiatric Hospital. 12200 Fairhill Rd., 44120		State	...	161	57	38	0	0	0	1	12 Res: Psych.
Fairview Park Hospital. 18101 Lorain Ave., 44111		NPCorp	...	326	7	49	29	7	3	2	15 Int: Rotating; 28 Res: Anes., GP, Med., ObG, Path., Surg.
Highland View Hospital. 3901 Ireland Dr., 44122	L-68#	County	4	365	112	49	0	0	1	0	10 Res: Med., Neur., PMR
Huron Road Hospital. 13951 Terrace Rd., 44112		NPCorp	...	378	10	55	14	10	12	0	12 Int: Rotating; 41 Res: Anes., Med., ObG, Path., Rad., Surg., Urol.
Lutheran Hospital. 2609 Franklin Blvd., 44113		Church	...	328	9	50	15	8	11	0	12 Int: Rotating; 14 Res: Med., Path., Surg.
Marymount Hospital. 12300 McCracken Rd., 44125		Church	...	230	9	50	20	0	12	0	12 Int: Rotating; 13 Res: Anes., Med., Path.
Mount Sinai Hospital of Cleveland. University Circle, 44106		NPCorp	2	515	10	53	46	43	4	19	24 Int: Mixed, St. Med.; 57 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Polyclinic Hospital. 6606 Carnegie Ave., 44103		NPCorp	...	144	9	40	9	0	5	0	7 Res: GP
St. Alexis Hospital. 5163 Broadway, 44127		Church	...	335	11	44	19	4	8	0	8 Int: Rotating; 17 Res: Anes., Path., Surg.
St. Ann Hospital. 2475 E. Boulevard, 44120		Church	...	67	5	27	19	6	1	1	3 Res: ObG
St. John's Hospital. 7911 Detroit Ave., 44102		Church	...	266	9	35	17	3	10	0	6 Int: Rotating; 14 Res: GP, Med.
St. Luke's Hospital. 11311 Shaker Blvd., 44104		Church	4	470	9	52	41	14	0	15	25 Int: Rotating, St. Med., St. Surg., St. Ped.; 46 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg.
St. Vincent Charity Hospital. 2222 Central Ave., 44115		Church	5	368	13	46	0	0	4	3	12 Int: Rotating, Mixed; 25 Res: Anes., Med., Ortho., Path., Surg., Thor.
Sunny Acres Cuyahoga County Tuberculosis Hospital. 4310 Richmond Rd., 44122	L-68#	County	...	401	219	45	0	0	2	1	8 Res: Med., Thor.
University Hospitals of Cleveland. 2065 Adelbert Rd., 44106	M-68#	NPCorp	4	945	10	67	50	23	0	41	40 Int: St. Med., St. Surg., St. Ped., St. Path.; 230 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital. 7300 York Rd., 44130	M-68#	VA	2-4	804	39	67	0	0	2	17	45 Res: Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Thor., Urol.
Cleveland Heights											
Doctors Hospital. 12345 Cedar Rd., 44106		NPCorp	...	199	9	27	3	0	12	0	8 Int: Rotating; 8 Res: GP
Columbus											
Children's Hospital. 17th St. at Livingston Park, 43205	M-69#	NPCorp	4	334	6	76	0	0	1	18	39 Res: Neurosurg., Ortho., Otol., Path., Ped., Ped. All., Plast., Surg.
Columbus Psychiatric Institute and Hospital. 473 W. 12th Ave., 43210	M-69X	State	...	...	...	...	...	...	...	...	Res: Psych.
Columbus State Hospital. 1960 W. Broad St., 43223		State	...	2,511	...	39	0	0	9	4	24 Res: Psych.

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								Antepartals on Stillborn	Non-Foreign		
OHIO, Columbus—Continued											
Grant Hospital 309 E. State St., 43215		NPCorp		410	8	46	36	16	0	16	16 Int: Rotating; 3 Res: Path.
Mount Carmel Hospital 793 W. State St., 43222	L-69	Church		419	9	59	39	24	3	8	18 Int: Rotating; 19 Res: GP, Med., ObG, Ortho., Surg.
Ohio State Department of Health Division of Industrial Hygiene 65 S. Front St., 43215		State							0	0	1 Res: Occup. Med.
Ohio State University, Department of Preventive Medicine, 43210		State							0	17	19 Res: Aviation Med., Occup. Med. ... Res: Thor.
Ohio Tuberculosis Hospital 466 W. Tenth Ave., 43210	L-69	State		200	155	63	0	0			
Riverside Methodist Hospital 3535 Olentangy River Rd., 43214	L-69	Church		500	9	59	31	22	1	13	24 Int: Rotating, Mixed; 34 Res: GP, Med., Neurosurg., ObG, Ortho., Path., Surg.
St. Ann's Hospital for Women 1555 Bryden Rd., 43205		Church		90	4	39	50	18	0	3	3 Res: ObG
University Hospitals 410 W. Tenth Ave., 43210	M-69X	State		776	8	69	82	49	2	27	36 Int: St. Med., St. Surg., St. Ped., St. Path.; 255 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Forensic Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Dayton											
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County 141 Firwood Dr., 45430		Misc.		84	138	0	0	0	3	2	6 Res: Child Psych.
Good Samaritan Hospital 1425 W. Fairview Ave., 45406		Church		454	8	39	55	10	0	8	13 Int: Rotating; 16 Res: GP, Med., ObG, Surg.
Miami Valley Hospital 1 Wyoming St., 45409		NPCorp		680	9	42	69	12	0	13	16 Int: Rotating, Family Practice Program; 30 Res: GP, Med., ObG, Path., Rad., Surg.
St. Elizabeth Hospital 49 Hopeland St., 45408		Church		477	8	34	39	6	0	11	12 Int: Rotating
U. S. Air Force Headquarters, Air Force Logistics Command, 45433 Wright-Patterson Air Force Base		USAF							0	1	1 Res: Occup. Med.
U. S. Air Force Hospital, Wright-Patterson Air Force Base, 45433		USAF		350	14	82	14	10	0	12	12 Int: Rotating; 8 Res: GP
Veterans Administration Hospital 4100 W. Third St., 45417	G-69	VA		779	52	74	0	0	8	15	44 Res: Med., Path., PMR, Rad., Surg.
Elyria											
Elyria Memorial Hospital 630 E. River St., 44035		NPCorp		225	7	37	17	1	8	0	8 Int: Rotating; 14 Res: GP, Ortho., Path., Rad., Surg.
Euclid											
Euclid-Glenville Hospital E. 185th St. and Lake Erie, 44119		NPCorp		269		45	21	12	8	0	12 Int: Rotating; 12 Res: GP
Hamilton											
Mercy Hospital 116 Dayton St., 45011		Church		350	8	33	18	0	8	0	15 Int: Rotating; 21 Res: Path., Surg.
Lakewood											
Lakewood Hospital 14519 Detroit Ave., 44107		City		286	8	37	37	4	6	0	8 Int: Rotating; 18 Res: Med., Surg.
Lima											
St. Rita's Hospital 801 W. High St., 45805		Church		284	7	33	26	2	0	2	12 Int: Rotating; 8 Res: Med., Path.
Lorain											
St. Joseph Hospital 205 W. 20th St., 44052		Church		228	8	41	37	4	10	0	6 Int: Rotating; 5 Res: GP, Path., Rad.
Mansfield											
Mansfield General Hospital 335 Glessner Ave., 44903		NPCorp		298	8	29	36	2	5	0	6 Res: Surg.
Ravenna											
Robinson Memorial Portage County Hospital 449 S. Meridian St., 44266		County		233	6	32	23	7	7	0	10 Res: GP
Springfield											
Mercy Hospital 1343 N. Fountain Blvd., 45504		Church		350	8	47	14	6	0	10	10 Int: Rotating
Springfield City Hospital 2615 E. High St., 45501		City		275	8	49	29	4	0	10	10 Int: Rotating; 2 Res: Path.
Steubenville											
Ohio Valley Hospital 380 Summit Ave., 43952		NPCorp		248	8	23	14	0	10	0	10 Int: Rotating
Toledo											
Flower Hospital 3350 Collingwood Blvd., 43610		Church		190	8	33	9	2	7	1	9 Int: Rotating; 1 Res: Surg.
Maumee Valley Hospital 2025 Arlington Ave., 43809		County		234	11	58	6	6	0	3	6 Int: Rotating; 25 Res: Med., ObG, Ortho., Path., Surg., Urol.
Mercy Hospital 2221 Madison Ave., 43624		Church		350	8	37	24	7	12	0	14 Int: Rotating; 12 Res: ObG, Path., Ped.
Riverside Hospital 1609 Summit St., 43604		NPCorp		186	8	25	10	4	4	3	9 Int: Rotating
St. Charles Hospital 2900 Navarre Ave., 43616		Church		235	9	53	24	11	5	0	9 Int: Rotating; 4 Res: GP
St. Vincent's Hospital 2213 Cherry St., 43808		Church		449	8	38	43	15	4	2	15 Int: Rotating; 24 Res: GP, Med., ObG, Ortho., Path., Surg., Urol.
Toledo Hospital 2142 N. Cove Blvd., 43606		NPCorp		444	8	54	44	35	0	9	16 Int: Rotating; 13 Res: Anes., Med., ObG, Path.
Warren											
St. Joseph's Riverside Hospital 1400 Tod Ave. N.W., 44485		Church		156	6	36	11	1	5	0	7 Res: GP
Trumbull Memorial Hospital 1350 E. Market St., 44483		NPCorp		323	7	35	29	6	10	1	12 Int: Rotating; 26 Res: Med., ObG, Path., Ped., Surg.
Worthington											
Harding Hospital 445 E. Granville Rd., 43085		Corp		120	58	0	0	0	0	1	8 Res: Psych.

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								Autopsies on Stillborn	Foreign		
OHIO—Continued											
Youngstown											
St. Elizabeth Hospital 1044 Belmont Ave., 44505		Church	4	537	8	48	49	10	14	5	21 Int: Rotating; 39 Res: Anes., GP, Med., ObG, Path., Rad., Surg.
Youngstown Hospital North Unit, Oak Hill and Francis St., 44501		NPCorp	4	804	9	43	48	8	17	11	30 Int: Rotating, St. Med., St. Surg.; 53 Res: Anes., Med., Ortho., Path., Rad., Surg.
South Unit, Gypsy Lane and Goleta Ave., 44501									28	15	
OKLAHOMA											
Fort Sill											
U. S. Army Hospital, 73503		Army	1-2	235	7	51	12	3	0	1	2 Res: Surg.
Norman											
Central State Griffin Memorial Hospital Reed and Main Sts., P. O. Box 151, 73070	G-70#	State		2,702	90	11	0	0	5	7	15 Res: Psych.
Oklahoma City											
Baptist Memorial Hospital 5800 N.W. Grand Blvd., 73112	L-70#	Church	2-3	194	7	48	7	6	0	1	7 Int: Rotating; 1 Res: Path.
Bone and Joint Hospital 605 N.W. 10th St., 73103	G-70#	Corp	1-2-3	84	10	15	0	0	0	0	4 Res: Ortho.
Mercy Hospital Oklahoma City General 501 N.W. 12th St., 73103	L-70#	Church	2	225	8	49	9	0	0	6	8 Int: Rotating; 1 Res: Med.
Presbyterian Hospital 300 N.W. 12th St., 73103	L-70#	Part	2-3	207	7	51	9	4	0	3	8 Int: Rotating; 6 Res: Med., Rad., Surg.
St. Anthony Hospital 601 N.W. 9th St., 73102	L-70#	Church	4	508	8	42	55	10	0	12	14 Int: Rotating; 19 Res: Med., Neurosurg., ObG, Ortho., Path., Ped., Rad., Surg.
State of Oklahoma Dept. of Health 800 N.E. 13th St., 73104		State									Res: Public Health
University Hospitals 800 N.E. 13th St., 73104	M-70X	State	4-5	469	12	60	33	16	0	14	20 Int: Mixed; 202 Res: Anes., Derm., GP, Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
University of Oklahoma School of Medicine 800 N.E. 13th St., 73104		State							0	4	11 Res: Gen. Prev. Med., Public Health
Veterans Administration Hospital 921 N.E. 13th St., 73104	M-70#	VA	2-3	488	25	75	0	0	0	3	7 Int: St. Med.; Res: Anes., Derm., Med., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Surg., Thor., Urol.
Tulsa											
Children's Medical Center 4818 South Lewis, 74105		NPCorp		42	66	0	0	0	0	2	4 Res: Child Psych.
Hillcrest Medical Center 1120 S. Utica St., 74104		NPCorp		541	8	34	24	8	3	5	12 Int: Rotating; 12 Res: ObG, Path., Ped., Surg.
St. John's Hospital 1923 S. Utica St., 74104		Church		600	9	32	15	0	0	8	12 Int: Rotating; 15 Res: Med., ObG, Path., Ped., Surg.
OREGON											
Portland											
Emanuel Hospital 2801 N. Gantenbein Ave., 97227	G-71	Church		481	7	55	35	29	0	14	14 Int: Rotating; 19 Res: Med., ObG, Ortho., Path., Surg.
Good Samaritan Hospital 1015 N.W. 22nd Ave., 97210		Church		470	7	64	26	18	1	14	17 Int: Rotating, St. Med., St. Surg., St. Path.; 17 Res: Med., Neurosurg., Neur., Oph., Path., Surg.
Portland Sanitarium and Hospital 932 S.E. 60th Ave., 97215		Church		214	7	39	26	23	2	3	10 Int: Rotating
Providence Hospital 700 N.E. 47th Ave., 97213		Church		325	7	58	0	0	0	5	12 Int: Rotating; 9 Res: Med., Surg.
St. Vincent Hospital 2447 N.W. Westover Rd., 97210	G-71	Church		363	7	43	11	7	1	2	12 Int: Rotating; 22 Res: GP, Med., Path., Surg.
Shriners Hospital for Crippled Children N.E. 82nd and Sandy Blvd., 97220	G-71	NPCorp	2	80	71	0	0	0			Res: Ortho.
State of Oregon Dept. of Health 1400 S.W. 5th Ave., 97201		State							0	1	6 Res: Public Health
University of Oregon Medical School Hospitals and Clinics 3181 S.W. Sam Jackson Park Rd., 97201	M-71X	State		645	15	69	34	28	0	31	33 Int: Rotating, St. Path.; 160 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital Sam Jackson Park, 97207	M-71#	VA	2-4	523	30	84	0	0	0	34	52 Res: Med., Neurosurg., Ortho., Otol., Path., PMR, Surg., Urol.
Salem											
Oregon State Hospital Center St., N.E., 97301		State		2,776	553	45	0	0	1	12	13 Res: Psych.
PENNSYLVANIA											
Abington											
Abington Memorial Hospital 1200 York Rd., 19001		NPCorp	4-5	379	8	52	53	14	0	12	15 Int: Rotating; 26 Res: Med., ObG, Path., Rad., Surg.
Allentown											
Allentown Hospital 17th and Chew Sts., 18104		NPCorp		550	10	48	24		0	6	16 Int: Rotating; 11 Res: Colon-Rectal, ObG, Path., Plast., Surg.
Allentown State Hospital Hanover Ave. and Quebec St., 18103		State		1,957		36	0	0	2	1	8 Res: Psych.
Sacred Heart Hospital 4th and Chew Sts., 18102		Church		457	11	45	18	3	0	4	10 Int: Rotating; 11 Res: ObG, Path., Rad., Surg.
Altoona											
Altoona Hospital 700 Howard Ave., 16601		NPCorp		329	8	30	29	4	4	0	12 Int: Rotating; 13 Res: GP, ObG, Path., Surg.
Mercy Hospital 2601 Eighth Ave., 16602		NPCorp		217	8	25	14	0	2	0	6 Int: Rotating
Bethlehem											
St. Luke's Hospital of Bethlehem 801 Ostrum St., 18015		NPCorp		457	10	56	19	15	2	8	12 Int: Rotating; 15 Res: Med., ObG, Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign			Non-Foreign
PENNSYLVANIA—Continued											
Bradford											
Bradford Hospital, 116 Interstate Pkwy., 16701		NPCorp	3	188	8	17	13	0	0	0	8 Res: Surg.
Bristol											
Lower Bucks County Hospital, Bath Rd. and Orchard Ave., 19007		NPCorp	...	222	6	49	48	3	0	6	8 Int: Rotating; 4 Res: GP
Bryn Mawr											
Bryn Mawr Hospital, Bryn Mawr Ave., 19010		NPCorp	...	358	9	49	35	7	0	12	12 Int: Rotating; 25 Res: Med., Path., Rad., Surg.
Chester											
Crozer-Chester Medical Center, 15th St. and Upland Ave.		NPCorp	...	492	...	42	...	...	...	...	8 Int: Rotating Res: GP
Coatesville											
Veterans Administration Hospital, 19320	L-75	VA	2	1,602	401	86	0	0	2	7	13 Res: Neur., Psych.
Danville											
Danville State Hospital, 17821		State	...	2,472	84	23	0	0	5	4	15 Res: Psych.
Geisinger Medical Center, 17821		NPCorp	4-5	350	8	54	16	11	1	14	15 Int: Rotating, Mixed; 56 Res: Derm., GP, Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Urol.
Darby											
Thomas M. Fitzgerald Mercy Hospital, Lansdowne Ave. and Baily Rd., 19023	M-72#	Church	...	350	8	52	53	10	0	12	12 Int: Rotating; 10 Res: Med., ObG, Path., Rad.
Drexel Hill											
Delaware County Memorial Hospital, 501 N. Lansdowne Ave., 19026		NPCorp	...	244	9	32	16	2	6	0	7 Int: Rotating
Easton											
Easton Hospital, 21st and Lehigh Sts., 18042		NPCorp	...	246	9	37	22	3	9	0	10 Int: Rotating; 6 Res: Med., Surg.
Elizabethtown											
State Hospital for Crippled Children, 17022		State	...	194	245	0	0	0	0	3	3 Res: Ortho.
Erie											
Hamot Hospital, 4 E. 2nd St., 16507		NPCorp	...	410	7	40	33	5	3	3	12 Int: Rotating; 21 Res: Med., ObG, Ortho., Path., Rad., Surg., Urol.
St. Vincent Hospital, 232 W. 25th St., 16502		NPCorp	...	408	7	34	54	8	2	0	10 Int: Rotating; 13 Res: Med., ObG, Path., Surg., Urol.
Greensburg											
Westmoreland Hospital, 532 W. Pittsburgh St., 15601		NPCorp	...	286	9	28	25	0	2	0	6 Int: Rotating
Harrisburg											
Harrisburg Hospital, Front and Mulberry Sts., 17101	M-72#	NPCorp	4-5	613	10	52	71	7	0	24	24 Int: Rotating; 31 Res: Med., ObG, Path., Ped., Surg.
Harrisburg Polyclinic Hospital, Third and Radnor Sts., 17105		NPCorp	...	520	11	42	36	8	0	13	22 Int: Rotating; 14 Res: Med., Path., Ped., Surg.
Harrisburg State Hospital, Cameron and Maclay Sts., 17105		State	...	2,748	91	21	0	0	2	0	10 Res: Psych.
Pennsylvania Dept. of Health, P. O. Box 90, 17108		State	...	...	...	...	...	...	0	4	7 Res: Occup. Med., Public Health
Hazleton											
Hazleton State General Hospital, E. Broad St., 18201		State	...	173	10	17	11	0	2	0	4 Res: Surg.
St. Joseph Hospital, 687 N. Church Street, 18201		Church	...	200	8	30	22	2	0	0	2 Res: Surg.
Johnstown											
Conemaugh Valley Memorial Hospital, 1086 Franklin St., 15905		NPCorp	...	449	9	33	18	5	0	5	12 Int: Rotating; 10 Res: Anes., Path., Surg.
Meroy Hospital of Johnstown, 1020 Franklin St., 15905		Church	...	240	8	36	20	3	1	0	6 Int: Rotating
Lancaster											
Lancaster General Hospital, 525 N. Duke St., 17602		NPCorp	...	600	8	43	39	12	0	7	12 Int: Rotating; 8 Res: GP, Path.
Lebanon											
Good Samaritan Hospital, 4th and Walnut Sts., 17042		NPCorp	...	215	9	36	17	2	2	1	4 Res: GP
Mayview											
Mayview State Hospital, 15058		State	...	3,224	...	...	...	...	1	4	8 Res: Psych.
McKeesport											
McKeesport Hospital, 1500 Fifth Ave., 15132		NPCorp	...	520	10	35	67	3	4	0	12 Int: Rotating; 4 Res: Surg.
Norristown											
Montgomery Hospital, Powell and Farnace Sts., 19401		NPCorp	...	247	6	33	22	8	0	0	6 Int: Rotating; 10 Res: GP, Path.
Norristown State Hospital, Stanbridge and Sterigere Sts., 19401	L-75	State	...	4,778	...	19	0	0	3	17	33 Res: Path., Psych., Surg.
Sacred Heart Hospital, 1430 DeKalb St., 19401		Church	...	208	8	35	22	6	6	0	10 Res: GP, Surg.
Philadelphia											
Albert Einstein Medical Center, York and Tabor Rds., 19141	M-74	NPCorp	...	...	...	...	...	15	24	14	46 Int: Rotating, Mixed, St. Med., St. Surg.; 46 Res: Anes., ObG, Ortho., Ped., PMR, Psych., Child Psych., Urol.
Northern Division, York and Tabor Rds., 19141	M-74	...	4	575	10	42	65	11	21	17	49 Res: Med., Path., Rad., Surg.
Southern Division, Fifth and Reed Sts., 19141	...	...	4	307	11	42	22	1	12	7	23 Res: Med., Path., Rad., Surg.
Chestnut Hill Hospital, 8835 Germantown Ave., 19118	M-73#	NPCorp	2-3	225	8	61	28	2	1	0	7 Int: Rotating, St. Path.; 6 Res: Med., Path., Surg.
Child Study Center of Philadelphia, 110 North 48th St., 19139	...	Misc	...	...	...	...	...	...	1	3	7 Res: Child Psych.
Children's Hospital of Philadelphia, 1740 Bainbridge St., 19146	M-76#	NPCorp	4	164	7	83	0	0	0	1	6 Int: St. Ped.; 34 Res: Anes., Neurosurg., Neur., Oph., Ortho., Path., Ped., All., Surg.
Eastern Pennsylvania Psychiatric Institute , Henry Ave. and Abbottsford Rd., 19129	L-72, -75, M-73#, M-76#	State	...	233	158	0	0	0	4	14	21 Res: Psych., Child Psych.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
PENNSYLVANIA, Philadelphia—Continued											
Episcopal Hospital. Front St. and Lehigh Ave., 19125	M-74	NPCorp	4-5	379	11	47	25	9	8	3	16 Int: Rotating, St. Med., St. Surg.; 26 Res: Med., Neurosurg., ObG, Path., Rad., Surg., Urol.
Frankford Hospital. 4940 Frankford Ave., 19124		NPCorp	...	198	7	48	37	24	6	2	9 Int: Rotating; 8 Res: ObG, Path., Surg.
Germantown Dispensary and Hospital. E. Penn and E. Wister Sts., 19144	L-74-76	NPCorp	...	313	11	37	23	3	2	5	12 Int: Rotating; 18 Res: Med., ObG, Path., Ped., Rad., Surg.
Graduate Hospital of the University of Pennsylvania. 19th and Lombard Sts., 19146	M-75X	NPCorp	...	351	13	56	0	0	3	8	12 Int: Rotating; 94 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Rad., Surg., Urol.
Hahnemann Medical College and Hospital 230 N. Broad St., 19102	M-72X	NPCorp	...	557	11	47	44	18	3	12	21 Int: St. Med., St. Surg., St. Ped., St. Path.; 107 Res: Anes., Med., ObG, Ortho., Path., Ped., Psych., Child Psych., Rad., Surg., Thor., Urol.
Hospital of the University of Pennsylvania 3400 Spruce St., 19104	M-75X	NPCorp	4	921	11	66	42	9	0	40	40 Int: Rotating, St. Med., St. Surg.; 223 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Urol.
Hospital of the Woman's Medical College of Pennsylvania. 3300 Henry Ave., 19129	M-76X	NPCorp	2	206	8	55	38	28	0	3	6 Int: St. Med., St. Path.; 29 Res: Med., ObG, Path., Ped., Surg.
Institute of the Pennsylvania Hospital. 111 N. 49th St., 19139	L-75	NPCorp	...	259	...	20	0	0	2	19	24 Res: Psych.
Irving Schwartz Institute for Children and Youth (Philadelphia Psychiatric Center). Ford Ave. and Monument Ave., 19131			...	...	...	...	...	...	...	...	Res: Child Psych.
Jeanes Hospital. Hartland Hasbrook Aves., 19111		Church	...	128	9	45	0	0	0	2	3 Res: Surg.
Jefferson Medical College Hospital. 11th and Walnut Sts., 19107	M-73X	NPCorp	4-5	784	12	56	60	20	0	17	24 Int: Rotating, St. Med., St. Surg.; 151 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Lankenau Hospital. Lancaster and City Line Aves., 19151	M-73#	NPCorp	...	402	9	55	27	9	0	12	12 Int: Rotating; 21 Res: Med., ObG, Path., Surg.
Magee Memorial Hospital-Rehabilitation Center. 1513 Race St., 19102		NPCorp	...	66	42	...	...	...	0	0	3 Res: PMR
Memorial Hospital. 5800 Ridge Ave., 19128		NPCorp	...	182	9	28	15	4	4	0	6 Int: Rotating
Mercy-Douglass Hospital. 5000 Woodland Ave., 19143	L-75	NPCorp	...	286	...	24	15	0	4	2	8 Int: Rotating; 19 Res: Med., Path., Psych., Surg.
Methodist Hospital. 2301 South Broad Street, 19148	M-73#	Church	...	226	9	29	21	1	2	2	8 Int: Rotating; 3 Res: ObG, Surg.
Misericordia Hospital. 54th St. and Cedar Ave., 19143	L-72, -75, M-73#	Church	4	395	10	48	51	13	1	12	17 Int: Rotating, St. Med., St. Surg.; 21 Res: Med., ObG, Path., Rad., Surg.
Moss Rehabilitation Hospital. 12th St. and Tabor Rd., 19141	L-74	NPCorp	...	50	...	...	...	...	...	...	Res: PMR
Nazareth Hospital. 2601 Holme Ave., 19152		Church	...	200	7	45	19	3	0	14	18 Int: Rotating; 8 Res: Med., Path., Surg.
Northeastern Hospital of Philadelphia. 2301 East Allegheny Ave., 19134		NPCorp	2	160	9	47	7	3	4	2	6 Int: Rotating
Office of the Medical Examiner Department of Public Health. 13th and Wood Sts., 19107			...	...	...	...	...	...	0	0	2 Res: Forensic Path.
Pennsylvania Hospital. Eighth and Spruce Sts., 19107	M-75#	NPCorp	5	385	9	51	71	35	0	16	18 Int: Rotating; 51 Res: Anes., Med., Neur., ObG, Ortho., Path., Rad., Surg., Urol.
Philadelphia Child Guidance Clinic. 1700 Bainbridge St., 19146		Misc	...	...	...	...	...	...	0	5	8 Res: Child Psych.
Philadelphia General Hospital. 34th and Curie Ave., 19104	M-72#, M-73#, M-74#, M-75#, M-76#	City	4-5	1,711	16	54	123	8	1	92	90 Int: Rotating; 150 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Philadelphia Psychiatric Center. Ford Rd. and Monument Ave., 19131	L-75	NPCorp	...	154	36	0	0	0	0	18	33 Res: Psych., Child Psych.
Philadelphia State Hospital. Roosevelt Blvd., 19114		State	...	6,927	...	15	0	0	10	5	30 Res: Psych.
Presbyterian Hospital in Philadelphia. 51 N. 39th St., 19104	M-75#	Church	4	325	10	58	24	3	2	8	14 Int: Rotating; 29 Res: Anes., Med., ObG, Path., Rad., Surg., Thor.
St. Agnes Hospital. 1900 S. Broad St., 19145		Church	1-2	301	9	17	12	2	2	0	4 Res: GP
St. Christopher's Hospital for Children. 2600 N. Lawrence St., 19133	M-74#	NPCorp	4-5	150	8	94	0	0	...	...	Res: Path., Ped., Ped. All., Child Psych., Surg., Thor.
St. Joseph's Hospital. 16th St. and Girard Ave., 19130		Church	...	200	9	30	13	5	5	1	6 Int: Rotating; 3 Res: Surg.
St. Luke's and Children's Medical Center. Girard Ave. and 8th St., 19122		NPCorp	...	279	9	33	7	0	8	0	8 Int: Rotating
St. Mary's Franciscan Hospital. 1567 E. Palmer St., 19125		Church	...	225	9	36	10	1	6	0	8 Int: Rotating; 4 Res: GP, Surg.
Shriners Hospital for Crippled Children. 8400 Roosevelt Blvd., 19152	G-74	NPCorp	...	100	100	0	0	0	0	0	4 Res: Ortho.
Skin and Cancer Hospital of Philadelphia. 804 Pine St., 19107	L-74#	NPCorp	...	26	14	0	0	0	3	9	12 Res: Derm.
Temple University Hospital. 3401 N. Broad St., 19140	M-74X	NPCorp	...	787	10	68	69	66	0	12	12 Int: St. Med.; 157 Res: Anes., Colon-Rectal, Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
U. S. Naval Hospital. 17th and Pattison Ave., 19145	L-73#	Navy	2-4-5	1,150	26	61	26	17	0	18	18 Int: Rotating; 68 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Administration Hospital. University and Woodland Aves., 19104	M-73#, M-76, L-74#, -75	VA	4	488	26	64	0	0	2	50	57 Res: Med., Oph., Ortho., Path., PMR, Rad., Surg., Urol.

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								Autopsies on Stillborn	Foreign		
PENNSYLVANIA—Continued											
West Reading											
Reading Hospital 8th and Spruce Sts., 19602		NPCorp	2-4	554	12	60	41	39	0	12	14 Int: Rotating, St. Surg.; 33 Res: Med., ObG, Ortho., Path., Rad., Surg.
Wilkes-Barre											
Children's Service Center of Wyoming Valley 335 South Franklin St., 18702		Misc	2	22	365	0	0	0	0	3	4 Res: Child Psych.
Mercy Hospital 196 Hanover St., 18703		NPCorp		274	10	26	25	5	4	0	6 Int: Rotating
Wilkes-Barre General Hospital N. River and Auburn Sts., 18702		NPCorp		355	9	33	30	6	2	3	10 Int: Rotating; 6 Res: Path., Surg., Urol.
Wilkinsburg											
Columbia Hospital 312 Penn Ave., 15221		NPCorp		278	9	22	30	6	1	0	6 Int: Rotating; 3 Res: ObG, Surg.
Williamsport											
Williamsport Hospital 777 Rural Ave., 17702		NPCorp		312	8	23	25	10	1	0	8 Int: Rotating; 3 Res: Surg.
York											
York Hospital 1001 S. George St., 17403		NPCorp		550	7	47	49	14	0	16	16 Int: Rotating; 26 Res: Med., ObG, Path., Surg.
PUERTO RICO											
Aguadilla											
Aguadilla District Hospital Carr.		State		280							Res: Path.
Arecibo											
Arecibo District Hospital Lares Rd.		State	2-4-5	280	10	29	54	0			Res: GP, Path.
Bayamon											
Puerto Rico Institute of Psychiatry P. O. Box 127		NPCorp	2	275	110	43	0	0	3	2	5 Res: Psych.
Fajardo											
Fajardo District Hospital General Valero Ave.		NPCorp		275	11	96	60	4	7	0	12 Int: Rotating; 5 Res: Ped.
Hato Rey											
Hospital Auxilio Mutuo Ave. Ponce de Leon		NPCorp		150	7	30	12	1	0	0	6 Int: General Practice Program
Ponce											
Hospital de Damas Concordia St.		Church		153	6	40	6	0	3	0	6 Int: Rotating; 5 Res: Anes., Surg.
Ponce District General Hospital Bo Machuelo		State		412	12	46	173	12	5	2	20 Int: Rotating; 41 Res: Med., ObG, Path., Ped., Surg.
Rio Piedras											
I. González Martínez Oncologic Hospital Centro Medico		NPCorp		109	20	67	0	0	5	1	12 Res: Path., Rad., Surg.
Institute of Legal Medicine, University of Puerto Rico Caparra Heights Branch, 00935											2 Res: Forensic Path.
Psychiatric Center for Training and Research Monacillo Rd.	M-78	State									Res: Psych.
Rio Piedras Municipal Hospital Pineiro St.		City		228	7	40	69	0	14	0	14 Int: Rotating; 9 Res: ObG, Ped.
University District Hospital	M-78#	State		290	12	76	117	16	2	17	24 Int: Rotating; 87 Res: Anes., Med., Neur., ObG, Oph., Path., Ped., Rad., Surg.
San Juan											
Presbyterian Hospital Ashford Ave., P. O. Box 32, 00907		NPCorp		201	6	29	33	12	3	0	8 Int: Rotating; 4 Res: Anes., Ped., Surg.
San Juan City Hospital De Diego Ave., Stop 22, 00908	L-78	City		200							24 Int: Rotating; Res: Anes., Med., ObG, Oph., Otol., Path., Ped., Surg., Urol.
Veterans Administration Hospital 520 Ponce de Leon Ave., 00902	M-78	VA	2-4	200	18	85	0	0	8	5	31 Res: Med., Oph., Path., PMR, Rad., Surg.
RHODE ISLAND											
Howard											
State of Rhode Island Medical Center— Institute of Mental Health Box 5, 02834		State		3,263	66	39	0	0	6	0	9 Res: Psych.
Newport											
Newport Hospital Friendship St., 02842		NPCorp		226	9	29	13	5	6	0	8 Int: Rotating; 1 Res: Path.
U. S. Naval Hospital 3rd and Cypress Sts., 02844		Navy	2	475	16	84	7	5	0	6	6 Int: Rotating
North Providence											
Our Lady of Fatima, 02904		Church	2	240	11	22	0	0			Res: Path.
Pawtucket											
Memorial Hospital Prospect St., 02860		NPCorp		225	7	35	16	3	4	0	8 Int: Rotating; 10 Res: GP, Med., Path.
Providence											
Charles V. Chapin Hospital 153 Eaton St., 02908		City		214	15	43	0	0	7	0	7 Res: Ped., Psych.
Miriam Hospital 164 Summit Ave., 02906		NPCorp		160	10	50	0	0	8	0	8 Int: Rotating; 1 Res: Med.
Providence Child Guidance Clinic 333 Grotto St., 02906		NPCorp	2						1	0	4 Res: Child Psych.
Providence Lying-In Hospital 50 Maude St., 02908	L-41, M-42	NPCorp		212	5	57	103	43			Res: ObG
Rhode Island Hospital 593 Eddy St., 02902		NPCorp	4	678	10	40	0	0	1	19	24 Int: Rotating; 76 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Rad., Surg., Urol.
Roger Williams General Hospital 825 Chalkstone Ave., 02908		NPCorp		260	7	31	17	4	8	0	8 Int: Rotating; 3 Res: Ped.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
TENNESSEE, Memphis—Continued											
Veterans Administration Hospital, Park Ave. and Getwell St., 38115	M-81#	VA	2-4-5	1,258	40	82	0	0	0	52	69 Res: Med., Neurosurg., Oph., Ortho., Otol., Path., PMR, Rad., Surg., Thor. Urol.
West Tennessee Tuberculosis Hospital, 842 Jefferson Ave., 38103	L-81#	State		360	157	55	0	0	0	1	7 Res: Med., Thor.
Nashville											
Baptist Hospital, 2000 Church St., 37203		Church		375	7	42	38	5	0	11	16 Int: Rotating;
George W. Hubbard Hospital, 1005 18th Ave. N., 37208	M-82X	Church	4	185	10	55	23	9	0	10	31 Res: Med., ObG, Path., Ped., Surg., Urol.
Nashville Metropolitan General Hospital, 72 Hermitage Ave., 37210		City		240	8	47	19	0		23	Int: St. Med., St. Surg., St. Ped., St. ObG, St. Path.
St. Thomas Hospital, 2000 Hayes St., 37203		Church		328	8	47	24	1	3	12	Res: Med., ObG, Path., Ped., Surg.
State of Tennessee Dept. of Health, Cordell Hull Bldg., 37219		State							9	12	17 Int: Rotating, Mixed;
Vanderbilt University Hospital, 1161 21st Ave. S., 37203	M-83X	NPCorp							0	1	25 Res: Med., ObG, Path., Surg.
Veterans Administration Hospital, 1310 24th Ave. S., 37203	L-83#	VA	2	498	29	63	0	0			1 Res: Public Health
Oak Ridge											
Oak Ridge Institute of Nuclear Studies Medical Division, Vance Rd., P. O. Box 117, 37830		NPCorp		34	12	79	0	0	0	0	1 Res: Path.
TEXAS											
Austin											
Austin State Hospital, 4110 Guadalupe, 78751		State		3,527	205	77	0	0	4	22	26 Res: Psych.
Brackenridge Hospital, 15th and East Ave., 78701	L-85	City		255	7	35	29	5	1	8	14 Int: Rotating;
State of Texas Dept. of Health, 78701		State							1	2	10 Res: Path., Surg.
Brooks Air Force Base, U.S.A.F. School of Aerospace Medicine 78235		USAF									2 Res: Public Health
Corpus Christi											
Driscoll Foundation Children's Hospital, 3533 S. Alameda, P. O. Box 6038, 78411		NPCorp	4-5	121	29	98	0	0	7	0	58 Res: Aviation Med.
Memorial Hospital, 2606 Hospital Blvd., 78405		CyCo	2	258	6	29	44	0	0	8	8 Res: Ped.
Dallas											
Baylor University Medical Center, 3500 Gaston Ave., 75246	L-84	Church	4-5	794	7	46	78	26	0	9	21 Int: Rotating, St. Med., St. Path.
Children's Medical Center, 2306 Welborn St., 75219	M-84	NPCorp	4-5	182	7	67	120	3	0	4	52 Res: Colon-Rectal, Med., ObG, Ortho., Path., PMR, Plast., Rad., Surg., Thor.
Dallas Child Guidance Clinic, 2101 Welborn St., 75219		NPCorp							0	12	4 Int: St. Ped.
Gaston Episcopal Hospital, 3505 Gaston Ave., 75246		NPCorp	1	106	7	48	0	0	1	2	18 Res: Neurosurg., Ped., Ped. All., Plast.
Methodist Hospital of Dallas, 301 W. Colorado Blvd., 75222	L-84	Church		405	6	39	32	9	0	17	2 Res: Child Psych.
Parkland Memorial Hospital, 5201 Hines Blvd., 75235	M-84#	District	4-5	879	12	53	112	8	0	41	18 Int: Rotating;
St. Paul Hospital, 5909 Harry Hines Blvd., 75235	L-84	Church		484	7	51	24	12	1	4	28 Res: Med., ObG, Path., Ped., Rad., Surg.
Texas Scottish Rite Hospital for Crippled Children, 2201 Welborn, 75219	L-84	NPCorp		70	25	0	0	0	0	3	57 Int: Rotating, St. Med., St. Surg., St. Path.
Timberlawn Sanitarium, 4600 Samuell Blvd., 75221		Corp		140	57	0	0	0	0	4	169 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Thor., Urol.
University of Texas Southwestern Medical School, 5323 Harry Hines Blvd., 75235		State									12 Int: Rotating;
Veterans Administration Hospital, 4500 S. Lancaster Rd., 75216	L-84	VA	2	778	33	62	0	0	0	12	24 Res: Med., Neurosurg., ObG, Path., Plast., Rad., Surg.
El Paso											
Hotel Dieu, Sisters' Hospital, 1014 N. Stanton St., 79902		Church		226	6	32	25	4	4	2	3 Res: Ortho.
R. E. Thomason General Hospital, 4815 Alameda Ave., 79905		CyCo	9	330	10	45	30	0	3	4	6 Res: Ortho.
William Beaumont General Hospital, Dyer St., 79920		Army	2-4-5	525	8	92	41	31	0	20	9 Int: General Practice Program
Fort Hood											
U. S. Army Hospital, 76544		Army	2-5	250	8	58	25	15	0	4	24 Int: Rotating;
Fort Worth											
Fort Worth Children's Hospital-Fort Worth Medical Center, 1300 W. Cannon St., 76104		NPCorp		34	5	57	0	0	0	0	45 Res: Med., ObG, Ortho., Path., Ped., Surg.
Harris Hospital-Fort Worth Medical Center, 1300 W. Cannon St., 76104		Church		441	7	42	33	4	0	4	4 Res: Surg.
John Peter Smith Hospital, 1500 S. Main St., 76104		District	2-3-4-5	208	7	37	42	5	0	17	8 Int: Mixed;
St. Joseph Hospital, 1401 S. Main St., 76104		Church	2	304	7	33	28	1	0	9	17 Res: Anes., Med., ObG, Path., Surg.
U. S. Air Force Hospital, Carswell AFB, 76127		USAF	4	250	11	66	9	1	0	8	18 Int: Rotating, General Practice Program;
U. S. Public Health Service Hospital, Box 100, 76101		USPHS		1,000							12 Int: Rotating;

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign Non-Foreign		
TEXAS—Continued											
Galveston											
U. S. Public Health Service Hospital 45th Street and Avenue N, 77552	L-85	USPHS	1	160	20	77	0	0	0	2	8 Res: GP
University of Texas Medical Branch Hospitals 8th and Mechanic Sts., 77550	M-85X	State	5	957	17	54	46	4	0	18 15	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 170 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Houston											
Baylor University Affiliated Hospitals, 77025											Res: Derm.
Ben Taub General Hospital 1502 Taub Loop, 77025	M-86#	CyCo	4-5	506	7	49	153	4	0	46	52 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Hermann Hospital 1203 Ross Sterling Ave., 77025	L-86	NPCorp	5	675	7	43	89	45	1	21 0	18 Int: Rotating; 51 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.
Houston State Psychiatric Institute 1300 Moursund Ave., 77025	L-86#	State		43	33	0	0	0	3	11	15 Res: Psych., Child Psych.
Jefferson Davis Hospital 1801 Allen Pkwy., 77003	L-86	CyCo		436							Res: ObG
Memorial Baptist Hospital 602 Lamar Ave., 77002		Church		546	7	35	13	3	1	11	12 Int: Rotating; 9 Res: GP
Methodist Hospital 6516 Bertner Ave., 77025	M-86#	Church		662	9	75	21	7	1	2 0	7 Int: St. Med., St. Surg.; 9 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor.
St. Joseph's Hospital 1910 Crawford St., 77002	G-85	Church		405	6	34	37	6	13	4	24 Res: Anes., ObG, Path., Ped., Rad., Surg.
St. Luke's Episcopal Hospital 6720 Bertner Ave., 77025	L-86#	Church		295	7	62	22	10	1	2	4 Res: Path., Surg., Urol.
Southern Pacific Hospital 2015 Thomas St., 77009		NPCorp	1	125	12	51	0	0	0	3	3 Res: Surg.
Texas Children's Hospital 6621 Fannin St., 77025	M-86#	NPCorp		100	5	81	0	0	0	1	1 Int: St. Path.; 1 Res: Path., Ped., Ped. All., Plast., Surg., Urol.
Texas Institute for Rehabilitation & Research 1333 Moursund Ave.		NPCorp		55							Res: PMR
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave., 77025	L-85 G-86#	State	5	278	13	74	0	0	3	11	46 Res: Anes., Med., Path., Rad., Surg.
Veterans Administration Hospital 2002 Holcombe Blvd., 77031	M-86#	VA	3-4-5	1,232	34	76	0	0	2	19	Int: St. Med.; 29 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Lubbock											
Methodist Hospital 3615 19th St., 79410		Church		310	6	36	18	2	0	0	4 Res: Path.
McKinney											
Veterans Administration Hospital, 75069	L-84	VA	1	271	28	54	0	0	0	1	8 Res: Med., Path.
Midland											
Midland Memorial Hospital 2200 W. Illinois Ave., 79704		NPCorp		151	5	55	14	10	0	0	2 Res: GP
San Antonio											
Baptist Memorial Hospital 111 Dallas St., 5		Church		398	6	38	56	15	0	0	10 Int: Rotating; 9 Res: Path., Rad.
Brooke General Hospital Fort Sam Houston, 78234		Army	3-4-5	1,097	19	86	21	21	0	28 1	30 Int: Rotating; 128 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.
Robert B. Green Memorial Hospital P. O. Box 7190, 78207	L-85	District	4-5	288	8	51	101	24	14	10 16	24 Int: Rotating; 50 Res: Anes., Med., ObG, Oph., Path., Ped., Plast., Rad., Surg.
Santa Rosa Medical Center 745 W. Houston St., 78207		Church		611	7	47	62	10			Res: Ortho., Path., Ped., Plast., Rad.
U. S. Air Force Hospital Lackland Air Force Base, 78236		USAF	1-3-4-5	1,000	16	88	16	14	0	34 0	44 Int: Rotating; 99 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Temple											
Scott and White Memorial Hospital 213 W. Avenue G, 76501		NPCorp		326	8	38	11	0	1	0 11	8 Int: Rotating; 38 Res: Anes., Med., ObG, Oph., Ortho., Path., Rad., Surg.
Veterans Administration Hospital South First Street, 76501		VA		800	49	50	0	0			Res: Surg.
Wichita Falls											
U. S. Air Force Hospital Sheppard Air Force Base, 76311		USAF	1-3-4	300	13	67	10	6			Res: Surg.
UTAH											
Ogden											
St. Benedict's Hospital 3000 Polk Ave., 84403		Church		188	6	53	33	17	2	1	10 Int: Rotating
Thomas D. Dee Memorial Hospital 2440 Harrison Blvd., 84403	L-87	Church		260	5	46	17	13	0	4 0	14 Int: Rotating 17 Res: GP, ObG, Path., Surg.
Provo											
Utah State Hospital E. Center St., Box 270, 84601	L-87	State		873		6	0	0			Res: Psych.
Salt Lake City											
Holy Cross Hospital 1045 E. First South St., 84102	L-87	Church		300	7	56	29	4	0	4	8 Int: Rotating; 13 Res: Anes., Med., ObG, Path., Rad., Surg.
Latter-day Saints Hospital 325 8th Ave., 84103	L-87	Church		444	7	47	79	22	0	16 0	20 Int: Rotating; 39 Res: GP, Med., ObG, Ortho., Path., Plast., Rad., Surg., Thor.
Primary Children's Hospital 320 Twelfth Ave., 84103	L-87	Church	3-4	94	5	71	0	0	0	2	2 Res: Anes., Ortho., Ped.

CONSOLIDATED LIST OF HOSPITALS

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								Foreign	Non-Foreign	Foreign	Non-Foreign		
UTAH, Salt Lake City—Continued													
St. Mark's Hospital 803 N. Second St., W., 84103	L-87	Church	...	263	7	50	18	3	0	2	8 Int: Rotating, Mixed; 1 Res: Anes., Ortho., Rad., Surg.		
Salt Lake County General Hospital 2033 S. State St., 84115	M-87#	County	...	314	17	61	8	7	...	...	38 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Med., Neur., ObG, Ortho., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Thor.		
Shriners Hospital for Crippled Children Fairfax Ave. at Virginia St., 84103	L-87	NPCorp	3	60	57	0	0	0	...	...	...	Res: Anes., Ortho.	
Veterans Administration Hospital 500 Foothill Dr., 84113	M-87#	VA	3	628	64	76	0	0	...	...	...	Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Med., Neur., Ortho., Otol., Path., Psych., Rad., Surg., Thor.	
VERMONT													
Bennington													
Henry W. Putnam Memorial Hospital Dewey St., 05201	L-88	NPCorp	...	110	7	43	12	10	0	1	4 Res: GP		
Burlington													
DeGoesbriand Memorial Hospital S. Prospect St., 05401	M-88#	Church	4	300	8	62	10	5	7	...	14 Int: Rotating, St. Med., St. Path.; Res: Anes., Med., Neurosurg., Neur., ObG, Otol., Path., Ped., Psych., Rad., Surg., Urol.		
Mary Fletcher Hospital Colchester Ave., 05401	M-88#	NPCorp	4	309	9	75	13	12	0	15	17 Int: Rotating, St. Path.; Res: Anes., Med., Neurosurg., Neur., ObG, Otol., Path., Ped., Psych., Rad., Surg., Urol.		
White River Junction													
Veterans Administration Hospital N. Hartland Rd., 05001	M-52	VA	3	188	22	94	0	0	...	...	Res: Med., Neurosurg., Ortho., Surg., Urol.		
VIRGINIA													
Alexandria													
Alexandria Hospital 4320 Seminary Rd.	L-20	NPCorp	...	304	6	33	64	18	4	0	14 Res: Med., ObG, Ped., Surg.		
Arlington													
National Orthopaedic and Rehabilitation Hospital 2455 Army-Navy Dr., 22206	...	NPCorp	...	110	13	25	0	0	1	3	4 Res: Ortho.		
Charlottesville													
University of Virginia Hospital Jefferson Park Avenue, 22903	M-89X	State	...	561	10	51	55	10	0	32	36 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 134 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Psych., Rad., Surg., Thor., Urol.		
Clifton Forge													
Chesapeake and Ohio Railway Employees' Hospital Ridgeway St., 24422	...	NPCorp	...	205	8	37	6	3	6	2	8 Res: Surg.		
Danville													
Memorial Hospital 142 S. Main St., 24541	...	NPCorp	...	325	7	32	19	5	6	0	6 Res: Path., Urol.		
Fort Belvoir													
DeWitt Army Hospital Building 808, 22060	...	Army	3	219	7	58	23	7	0	4	4 Res: Surg.		
Lynchburg													
Lynchburg General Hospital Tate Springs Rd., 24501	...	NPCorp	...	252	6	38	38	2	0	0	Res: Path., Surg.		
Newport News													
Riverside Hospital J. Clyde Morris Blvd., 23606	...	NPCorp	...	323	7	40	35	3	1	8	10 Int: Rotating; 9 Res: GP, ObG, Surg.		
Norfolk													
DePaul Hospital Kingsley Lane and Granby St., 23505	...	Church	...	300	6	56	57	37	7	1	12 Int: Rotating; 20 Res: GP, Med., ObG, Path., Rad., Surg.		
King's Daughters Children's Hospital 609 Colley Ave., 23507	...	Church	...	100	5	73	60	14	0	3	4 Res: Ped.		
Norfolk Community Hospital 2539 Corprew Ave., 23504	G-21	NPCorp	...	115	8	30	44	7	0	0	4 Res: GP		
Norfolk General Hospital 600 Gresham Dr., 23507	...	NPCorp	4	480	8	44	68	20	0	12	16 Int: Rotating; 27 Res: GP, Med., ObG, Path., Rad., Surg., Urol.		
U. S. Public Health Service Hospital 6500 Hampton Blvd., 23508	...	USPHS	3-4	228	15	73	0	0	0	8	8 Int: Rotating; 6 Res: GP		
Petersburg													
Central State Hospital Box 271, 23804	...	State	...	5,000	...	8	0	0	7	1	12 Res: Psych.		
Petersburg General Hospital Mount Erin and Adams Sts., 23803	...	NPCorp	...	312	9	37	24	3	0	7	12 Int: Rotating; 6 Res: GP, Path.		
Portsmouth													
Maryview Hospital 3636 High St.	...	Church	...	210	...	...	...	...	...	...	Res: Path.		
Portsmouth General Hospital 900 Leakie St. at Fort Lane, 23704	...	NPCorp	...	211	8	24	31	0	6	0	6 Res: GP		
U.S. Naval Hospital, 23705	...	Navy	3-4	1,200	17	71	74	44	0	21	21 Int: Rotating; 37 Res: Med., ObG, Ortho., Ped., Surg.		
Richmond													
Crippled Children's Hospital 2924 Brook Rd., 23220	...	NPCorp	...	100	79	100	0	0	0	2	2 Res: Ortho.		
Johnston-Willis Hospital 2908 Kensington Ave., 23221	...	Corp	...	265	10	45	17	4	2	10	12 Int: Rotating; 5 Res: Med., Surg.		
Medical College of Virginia— Hospital Division 1200 E. Broad St., 23219	M-90X	State	4	1,165	10	42	150	13	2	39	62 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 24 130 246 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.		
Office of the Chief Medical Examiner 404-06 N. 12th St., 23219	...	...	...	...	...	...	...	...	...	2	2 Res: Forensic Path.		
Richmond Memorial Hospital 1300 Westwood Ave., 23227	...	NPCorp	...	380	9	35	47	11	5	2	8 Res: Path., Surg.		

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								Foreign	Non-Foreign		
VIRGINIA, Richmond—Continued											
St. Elizabeth's Hospital 617 W. Grace St., 23220		Corp		70	11	41	0	0	1	0	2 Res: Surg.
State of Virginia Dept. of Public Health, 23219		State									1 Res: Public Health
Veterans Administration Hospital 1201 Broad Rock Rd., 23219	M-90	VA	1-4	962	42	66	0	0	2	31	56 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Rad., Surg., Thor., Urol.
Roanoke											
Gill Memorial Eye, Ear and Throat Hospital 711 S. Jefferson St., 24011		Indiv	1	25	2	0	0	0	0	1	2 Res: Oph.
Jefferson Hospital 1313 Franklin Rd., S. W., 24016		Corp		151	8	38	10	1	2	1	6 Int: Mixed; 4 Res: Surg.
Lewis-Gale Hospital 3rd St. and Luck Ave., S. W., 24011		Corp		180	8	55	7	2	1	2	6 Int: Rotating; 9 Res: Med., Surg.
Roanoke Memorial Hospitals Bellevue and Lake Aves., 24014		NPCorp	1	475	10	43	37	2	0	20	20 Int: Rotating; 20 Res: Med., Path., Surg.
Suffolk											
Louise Obici Memorial Hospital P.O. Box 1100, 23434		NPCorp		175	7	30	14	2	3	0	5 Res: GP
Williamsburg											
Eastern State Hospital Box 426, 23185		State		2,227		14	0	0	5	0	10 Res: Psych.
WASHINGTON											
Fort Steilacoom											
Western State Hospital, 98332		State	1	2,594		35	0	0	2	1	9 Res: Psych.
Olympia											
State of Washington Dept. of Health, Public Health Bldg.		State								0	6 Res: Public Health.
Richland											
General Electric Company Hanford Atomic Products Operation, 99352		Corp								0	2 Res: Occup. Med.
Seattle											
Boeing Company P.O. Box 3707, 98111										0	2 Res: Occup. Med.
Children's Orthopedic Hospital and Medical Center 4800 Sand Point Way N.E., 98105	M-91	NPCorp	4	203	6	89	0	0	0	6	6 Int: St. Ped.; Res: Anes., Ortho., Path., Ped.
Doctors Hospital 909 University St., 98101		NPCorp		187	5	58	17	10	7	0	8 Int: Rotating; 2 Res: Path., Surg.
Group Health Hospital 201-16th Ave., East, 98102		NPCorp	9	138	6	65	12	8	0	0	2 Int: General Practice Program 1 Res: Path.
King County Hospital 325 Ninth Ave., 98104	M-91	County	1-3	580	13	54	12	10	0	37	37 Int: Rotating, St. Med., St. Surg.; Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Path., Ped., PMR, Psych., Rad., Surg., Urol.
Providence Hospital 17th and E. Jefferson St., 98122	G-91	Church		307	6	58	31	11	2	7	12 Int: Rotating; 22 Res: Anes., GP, Med., Path., Rad., Surg.
St. Frances Xavier Cabrini Hospital 920 Terry Ave., 98104		Church		226	5	58	8	5	1	0	2 Res: Path.
Swedish Hospital 1212 Columbia St., 98104	G-91	NPCorp		395	6	60	17	8	0	7	12 Int: Rotating; 27 Res: Anes., ObG, Ortho., Path., Surg.
U.S. Public Health Service Hospital 1131 14th Ave. S., 98114	L-91	USPHS	1-4-5	325	16	82	0	0	1	11	18 Int: Rotating; Res: Med., Ortho., Path., Surg.
University Hospital 1959 N. E. Pacific Ave., 98105	M-91X	State		320	10	85	12	12	1	20	23 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
University of Washington Affiliated Hospitals (includes positions at the Children's Medical Center, King County Hospital, University Hospital, Veterans Administration Hospital)									1	63	63 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path. 265 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
University of Washington School of Medicine, 98105									0	9	18 Res: Gen. Prev. Med.
Veterans Administration Hospital 4435 Beacon Ave. S., 98108	M-91	VA	1-4	320	28	90	0	0	4	50	Res: Anes., Med., Neurosurg., Neur., Ortho., Path., PMR, Psych., Rad., Surg., Urol.
Virginia Mason Hospital 1111 Terry Ave., 98101		NPCorp		223	6	67	8	5	2	9	13 Int: Rotating, St. Med.; 35 Res: Anes., Med., ObG, Path., Rad., Surg.
Sedro-Woolley											
Northern State Hospital Box 309, 98284	G-91	State		1,339		32	0	0	1	4	9 Res: Psych.
Spokane											
Deaconess Hospital 800 W. Fifth Ave., 99204		Church		296	5	42	32	15	0	11	12 Int: Rotating; 2 Res: Path.
Sacred Heart Hospital 101 W. Eighth Ave., 99204		Church		501	6	45	33	7	2	8	15 Int: Rotating; 19 Res: GP, Med., ObG, Path., Rad., Surg.
St. Luke's Hospital 830 N. Summit Blvd., 99211		NPCorp		152	5	41	10	6	2	4	8 Int: Rotating; 2 Res: GP
Shriners Hospital for Crippled Children 820 N. Summit Blvd., 99211	G-91	NPCorp	1-3	40	61	0	0	0	0	2	2 Res: Ortho.
Tacoma											
Madigan General Hospital Fort Lewis, 98431	L-91	Army	1-4	584	10	88	20	17	0	20	24 Int: Rotating; 39 Res: Med., ObG, Path., Ped., Surg.
Pierce County Hospital 215 S. 36th St., 98408		County	4	300	9	44	10	3	3	7	11 Int: Rotating; 12 Res: Path.
St. Joseph's Hospital 1812 South I St., 98401		Church		245	6	30	35	2	5	1	6 Int: Rotating
Tacoma General Hospital 315 South K St., 98405	G-91	NPCorp		221	6	35	20	5	0	0	10 Int: Rotating; 5 Res: Anes., Path., Forensic Path.

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								Autopsies on Stillborn	Foreign		
WEST VIRGINIA											
Beckley											
Beckley Hospital 1007 S. Oakwood Ave., 25801		Corp	...	135	8	21	3	0	1	0	4 Res: Surg.
Beckley Appalachian Regional Hospital P. O. Box 1149		NPCorp	...	194	10	54	12	0	6	9	24 Res: Med., Path., Ped., Surg.
Charleston											
Charleston General Hospital Brooks St. and Elmwood Ave., 25325		NPCorp	...	285	8	35	7	3	2	0	8 Int: Rotating; 18 Res: GP, Med., Path., Plast., Surg., Urol.
Memorial Hospital 3200 Noyes Ave., S.E., 25304		NPCorp	...	292	7	59	31	24	0	7	16 Int: Rotating, St. Med.; 27 Res: Med., ObG, Path., Ped., Plast., Surg., Urol.
Salvation Army Maternity Hospital 301 Tennessee Ave., 25302		Church	...	14	3	0	0	0	...	...	Res: ObG
Clarksburg											
St. Mary's Hospital 464 Washington Ave., 26301		Church	...	209	8	22	12	5	0	1	2 Res: Path.
Huntington											
Cabell Huntington Hospital 1340 16th St., 25701		NPCorp	...	216	7	45	29	4	0	0	12 Int: Rotating; 6 Res: GP, Med., Path., Surg.
Chesapeake and Ohio Hospital 1801 Sixth Ave., 25703		NPCorp	...	165	11	40	1	0	2	1	Res: Surg.
St. Mary's Hospital 2900 First Ave., 25702		Church	...	360	7	33	24	11	6	1	14 Int: Rotating; 7 Res: Path., Surg.
Martinsburg											
Veterans Administration Center, 25401...	L-20	VA	2	840	75	61	0	0	1	3	7 Res: Path., Surg.
Morgantown											
West Virginia University Medical Center Medical Center, 26506	M-92X	State	4	285	13	71	0	0	0	13	18 Int: Mixed, St. Med., St. Surg., St. Ped.; 74 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., Ped., Rad., Surg.
Phillippi											
Broaddus Hospital College Hill, 26416		NPCorp	...	102	8	48	4	0	1	2	3 Res: Surg.
Wheeling											
Ohio Valley General Hospital 2000 Eoff St., 26003		NPCorp	5	425	9	38	15	2	6	1	12 Int: Rotating; 37 Res: Anes., Med., ObG, Path., Rad., Surg.
Wheeling Hospital 109 Main St., 26003		Church	6	234	9	40	11	0	4	4	10 Int: Rotating; 5 Res: GP, Med.
WISCONSIN											
Eau Claire											
Luther Hospital 310 Chestnut St., 54701		NPCorp	...	336	8	57	14	5	0	1	3 Res: Path.
Fond Du Lac											
St. Agnes Hospital 430 E. Division St., 54935		Church	...	350	9	44	17	9	0	0	4 Res: Path.
Janesville											
Mercy Hospital 566 N. Washington St., 53545		Church	...	225	7	35	25	0	0	0	3 Res: Surg.
La Crosse											
La Crosse Lutheran Hospital 1910 South Ave., 54607		Church	...	200	8	50	7	3	0	4	8 Int: Rotating; 3 Res: Ped., Surg.
Madison											
Children's Treatment Center 3814 Harper Road, 53700		NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.
Madison General Hospital 925 Mound St., 53715	M-93	NPCorp	...	419	8	49	27	20	0	6	10 Int: Rotating, Mixed; 13 Res: Med., ObG, Ortho., Path., Ped., Surg., Urol.
Mendota State Hospital 301 Troy Dr., 53704	L-93	State	...	985	...	...	...	...	...	...	Res: Psych.
St. Mary's Hospital 720 S. Brooks St., 53715	M-93	Church	...	289	7	47	19	3	...	...	Res: ObG, Ortho., Ped.
University Hospitals 1300 University Ave., 53706	M-93X	State	...	695	13	74	0	0	0	23	33 Int: Mixed, St. Ped., St. Path.; 211 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 2500 Overlook Terrace, 53705	M-93#	VA	2	475	38	78	0	0	5	17	30 Res: Anes., Derm., Med., Neur., Oph., Ortho., Path., Surg., Urol.
Wisconsin Diagnostic Center 1552 University Ave., 53706	L-93	NPCorp	...	...	...	...	...	...	...	...	Res: Child Psych.
Marshfield											
Marshfield Clinic, 54449		NPCorp	...	...	...	...	...	...	...	...	Res: Derm.
St. Joseph's Hospital 611 St. Joseph's Ave., 54449		Church	...	269	7	49	14	1	0	0	8 Int: Rotating; 6 Res: Path., Surg.
Milwaukee											
Columbia Hospital 3321 N. Maryland Ave., 53211	L-94	NPCorp	...	264	9	73	12	8	1	6	10 Int: Rotating; 15 Res: Med., Ortho., Path., Rad., Surg.
Evangelical Deaconess Hospital 620 N. 19th St., 53233		Church	...	282	6	42	29	18	14	0	12 Int: Rotating; 19 Res: GP, Path., Rad., Surg.
Milwaukee Children's Hospital 1700 W. Wisconsin Ave., 53233	M-94	NPCorp	4	200	6	87	0	0	0	2	2 Int: St. Ped.; Res: Ortho., Path., Ped., Psych.
Milwaukee County General Hospital 8700 W. Wisconsin Ave., 53226	M-94	County	4	826	7	34	45	8	0	26	40 Int: Rotating, St. Med., St. Path.; 124 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., FMR, Rad., Surg., Thor., Urol.
Milwaukee County Mental Health Center—North Division 8731 Watertown Plank Rd., 53226	L-94	County	...	848	11	40	0	0	0	5	18 Res: Psych.
Milwaukee Hospital 2200 W. Kilbourn Ave., 53233	L-94	Church	...	353	8	56	11	4	0	3	12 Int: Rotating, Mixed; 26 Res: Med., ObG, Path., Rad., Surg.
Mount Sinai Hospital 948 N. 12th St., 53233		NPCorp	...	325	8	44	27	17	5	7	17 Int: Rotating, Mixed; 16 Res: ObG, Path., Rad., Surg.
St. Francis Hospital 3237 S. 16th St., 53215		Church	...	265	7	34	15	11	...	...	5 Res: Path.
St. Joseph's Hospital 5000 W. Chambers St., 53210	L-94	Church	...	366	7	55	39	8	0	4	12 Int: Rotating; 21 Res: ObG, Path., Rad., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Non-Foreign		
WISCONSIN, Milwaukee—Continued											
St. Luke's Hospital 2900 W. Oklahoma Ave., 53215	L-94	NPCorp	...	261	8	55	29	24	7	2	12 Int: Rotating; 14 Res: GP, Path., Rad., Surg.
St. Mary's Hospital 2320 N. Lake Dr., 53217	...	Church	...	309	9	51	18	9	0	0	10 Int: Rotating; 7 Res: ObG, Path.
St. Michael Hospital 2400 W. Villard Ave., 53209	...	Church	...	306	8	51	0	0	10	0	12 Int: Rotating; 12 Res: GP
Veterans Administration Hospital S. 54th and National Ave., (Wood), 53193	M-94	VA	...	1,108	37	80	0	0	3	77	136 Res: Anes., Derm., Med., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Wauwatosa											
Milwaukee Sanitarium Foundation 1220 Dewey Ave., 53213	L-94	NPCorp	...	152	...	33	0	0	1	2	8 Res: Psych.
West Allis											
Allis-Chalmers Mfg. Co., 53214	...	Corp	...	...	...	...	...	...	...	1	1 Res: Occup. Med.

ABBREVIATIONS AND NOTES

1. Appointments restricted to men only.
 2. U. S. citizenship required for appointment.
 3. Foreign medical graduates not eligible for appointment.
 4. Dental internships available.
 5. Dental residencies available.
 7. Two-year family practice program.
 8. Hospital operated by the New York City Department of Hospitals.
 9. Two-year pilot general practice program.
- X Hospital owned by medical school.
- # Medical school has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching.
- ‡ Discharges (instead of admissions) in internship and residency lists.

CyCo	City and County
Corp	Corporation unrestricted as to profit
Dist	Hospital District
NPCorp	Nonprofit corporation
Part	Partnership
St.	Straight (internship)

Abbreviations for Specialties:

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

Medical School Affiliations

Footnotes 10 to 95 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

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

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

CONSOLIDATED LIST OF HOSPITALS

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

The National Intern Matching Program

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

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

issue internship contracts. Following the listing of the federal services all participating hospitals are listed alphabetically by state, within each state by city, and within the city by the name of the hospital. In writing to a hospital the student should address the Chairman of the Intern Committee except where otherwise noted.

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

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

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

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

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

The matching plan does not penalize either group from taking "flyers." Should a student apply to a hos-

pital in which he thinks his chances of acceptance are poor, his chances at his second choice hospital are just as good as if he had rated it first. Similarly, if a hospital rates as its first choice a man it believes it has little

chance of securing, and does not secure him, this hospital will have just as good a chance to get its second-choice man as if it had rated him first.

WHAT THE PARTICIPATING STUDENT DOES

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

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

2. He corresponds with, visits, and learns about the hospitals in which he is interested. Students participating in the matching program may apply to any NIMP member hospital listed in this directory. The hospitals listed here have agreed not to offer internship appointments to anyone not in the plan until March 8, 1965.

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

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

4. He requests his dean to supply credentials and letters of recommendation to the hospital where he has applied. This material will be sent by the dean between Oct. 1 and Dec. 10, 1964.

5. The student submits, on a form sent to him, the confidential rank order list of his preference among the internships for which he has applied. This list is to be mailed so as to arrive at the NIMP office in Evanston on or before Jan. 25, 1965. The confidential lists should be submitted as early as the senior has definitely decided about the rank order of his hospitals.

6. The student will receive before Feb. 10, 1965, a confirmation of his rank order list. Any errors in this list should be reported immediately to the NIMP. Corrections cannot be made after Feb. 13, 1965, when the matching process takes place.

7. The student will receive on Mar. 8, the name of the hospital with which he has been matched. This information will be given to the student by his dean.

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

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

The NIMP is a central clearing agency.

GETTING THE MOST FROM THE MATCHING PLAN

By **BILL DICKERSON**

The University of Oklahoma School of Medicine
Oklahoma City

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

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

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

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

Advantages and Common Fallacies—

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

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

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

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

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

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

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

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

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

THE STUDENT AND THE MECHANICS OF MATCHING

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

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

First you consider the possibilities. You probably know now in a general way which hospitals interest you. Your dean and faculty members probably know about others, as do your friends. By writing to the hospitals directly you get their application forms, etc. You may want to visit various hospitals, talk with the interns there, and confer with their staff. After you have gathered all the information you need, you make up your mind how you rank the various hospitals you have applied to. The hospitals do the same with their applicants. Your rank must be sent to Chicago to arrive by January 25.

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

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

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

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

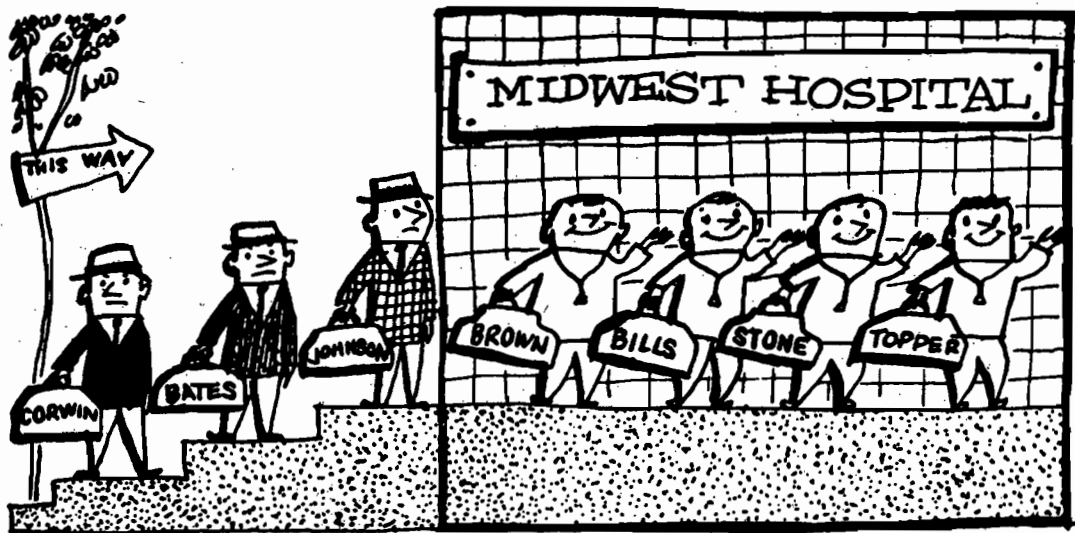
Defined simply, the principles of matching from your standpoint are these:

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

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

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

Dr. Webb is now Assistant Professor of Preventive Medicine and Senior Instructor of Medicine at the Seton Hall College of Medicine at Jersey City, New Jersey.



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

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

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

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

Example		
Student Confidential Preference Lists		
<i>Green</i>	<i>Smith</i>	<i>Jones</i>
<ol style="list-style-type: none"> 1. Mt. Sinai 2. Internia 	<ol style="list-style-type: none"> 1. Mt. Sinai 2. Internia 	<ol style="list-style-type: none"> 1. Internia 2. St. Joseph 3. Mt. Sinai
Hospital Preference Lists		
<i>Mt. Sinai (2)</i>	<i>Internia (1)</i>	<i>St. Joseph (1)</i>
<ol style="list-style-type: none"> 1. Jones 2. Smith 3. Green 	<ol style="list-style-type: none"> 1. Smith 2. Jones 3. Green 	<ol style="list-style-type: none"> 1. Jones

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

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

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

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

Student Lists

<i>Green</i>	<i>Smith</i>	<i>Jones</i>
1. Mt. Sinai	*1. Mt. Sinai	1. Internia
2. Internia	2. <i>Internia (Not chosen)</i>	2. St. Joseph
		3. Mt. Sinai

Hospital Lists

<i>Mt. Sinai (2)</i>	<i>Internia (1)</i>	<i>St. Joseph (1)</i>
1. Jones	1. <i>Smith (Not chosen)</i>	1. Jones
*2. Smith	2. Jones	
3. Green	3. Green	

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

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

Student Lists

<i>Green</i>	<i>Smith</i>	<i>Jones</i>
1. Mt. Sinai	*1. Mt. Sinai	*1. Internia
2. Internia	2. <i>Internia (Not chosen)</i>	2. <i>St. Joseph (Not chosen)</i>
		3. <i>Mt. Sinai (Not chosen)</i>

Hospital Lists

<i>Mt. Sinai (2)</i>	** <i>Internia (1)</i>	<i>St. Joseph (1)</i>
1. <i>Jones (Not chosen)</i>	1. <i>Smith (Not chosen)</i>	1. <i>Jones (Not chosen)</i>
*2. Smith	*2. Jones	
3. Green	3. Green	

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

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

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

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

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

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

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

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

a. More than one hospital, or

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

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

5. There are many more internships offered than there are students to take them (12,000 vs. 6,000). Therefore many internships are going to be left over after all of the students are placed. Some of these hospitals, which might not fill all their jobs, may try to get you to agree to rate them higher than you want to, in return for their agreeing to "rate you high." You cannot gain anything by doing this, and you can *lose* a chance to get an internship at a hospital you prefer. Where you rank a hospital has nothing to do with when the hospital offers you a job. If they want you, you will be matched with that hospital even if you rank that hospital the last on your list, providing you cannot get into any of the hospitals you have ranked higher.

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

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

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

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

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

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

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the 5,000 internships left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 26. The Evanston office simply withdraws its records of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

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

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

Last year this happened to less than 5% (289) of the students in the program. They were very quickly taken by the 696 (out of 808) hospital units which sought, but failed to get, 5,237 interns through the Matching Program.*

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

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

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

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

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

*Figures apply to the 2nd matching program in 1953.

NATIONAL INTERN MATCHING PROGRAM

2530 Ridge Avenue, Evanston, Illinois

STUDENT AGREEMENT

Please return with fee to your Dean or N.I.M.P. Office by June 12, 1964

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

I, _____, a student at

LAST NAME (PLEASE PRINT)

FIRST NAME

MIDDLE

_____ Medical School, plan to apply for an internship to start between April 1 and December 31, 1965. I agree to participate in and abide by the results of the matching plan for internship appointment. In particular, I understand that I am agreeing:

1. To apply for internship appointment only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official directory listing the cooperating hospitals and federal services will be available in September, 1964.

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

3. To abide by the official schedule, including ranking the internships for which I have applied and returning my confidential ranking form before January 26, 1965.

4. To send herewith a non-refundable fee of \$2.00 to help cover costs of participation in the matching plan.

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

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

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

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 14, 1964.

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

DATE

SIGNATURE

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

Please return the Student Agreement and fee to your Dean or the N.I.M.P. Office by June 12, 1964.

NATIONAL INTERN MATCHING PROGRAM, INC.

2530 Ridge Avenue, Evanston, Illinois

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

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

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

(Medical School)

(Signature of one)

(Date)

(Signature of other)

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

HOSPITAL AGREEMENT

FOR FIRST-YEAR INTERNSHIPS FOR THE YEAR 1965-66

(Starting between April 1, and December 31, 1965)

Name of Hospital _____

Location of Hospital _____
Street

City

Zone

State

On behalf of the hospital named above, I agree to abide by the regulations of the National Intern Matching Program for appointment of interns for first-year Internships for 1965-1966 (starting service from April 1 through December 31, 1965.)

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

1. Offer all of its approved internship programs through NIMP. No internship programs may be withheld to which interns may be appointed outside the framework of NIMP.

2. Offer internship appointment to all applicants matched with this hospital by the matching program, the matched students being the highest ranked students on this hospital's confidential ranking form who wish to intern here more than at any other hospital available to them.

3. Restrict internship appointment of United States and Canadian trained applicants to participants designated for this hospital through the matching program until after notification of the selections made through the matching program.

4. Make or require no commitments or contracts with United States or Canadian trained applicants prior to the notification of the selections made through the matching program.

5. Abide by the official schedule including accepting no applications from participants in the matching plan after January 24, 1965; rating applicants and returning rating form by January 26, 1965; offering formal appointment promptly to individuals matched by the plan with this hospital, and not later than March 31, 1965.

6. Not accept an intern who was matched elsewhere and subsequently not released.

7. Pay a service fee of \$4.00 for each intern matched through the plan.

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

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

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

Signed _____

Official Position_____
Date

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

NATIONAL INTERN MATCHING PROGRAM

SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR INTERNSHIP APPOINTMENTS
FOR FIRST YEAR INTERNSHIPS FOR 1965 - 66

1. SEPTEMBER, 1964. Hospital directory published, containing the number of internships offered, and the description, at each participating hospital.
2. OCTOBER, 1964. Student directory published containing name and medical school of each participating student.
3. OCTOBER 1, 1964–JANUARY 10, 1965. Period for students to make application for internship to hospitals. The student should file a copy of his application with the dean's office, as well as one directly with the hospital. The office of the dean will send this copy of the student application to the hospital at the time he submits the student's credentials and the recommendations. Students are urged wherever possible to apply before December 20, 1964. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS' ADMINISTRATION, IS DECEMBER 1, 1964.
4. OCTOBER 1, 1964–DECEMBER 10, 1964. The deans may send letters of recommendation to the hospitals at any time after October 1, 1964 but in so far as possible letters should be sent by December 10, 1964, so that the hospitals may have this information when the students are interviewed.
5. JANUARY 25, 1965. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as early as the senior has definitely decided about the exact rank order of the hospitals.
6. FEBRUARY 9, 1965. Confidential student list is confirmed from Evanston to students and to hospitals.
7. FEBRUARY 13, 1965. Closing date for accepting (in Evanston) corrections to students or hospital confidential rank order lists.
8. FEBRUARY 15, 1965. Matching operation begins.
9. MARCH 4, 1965. Results of the matching plan are mailed from Evanston to students and to hospitals.
10. MARCH 8, 1965. Results are given to students by deans. Hospitals receive results.
11. MARCH 8–22, 1965. Hospitals send contracts to matched students and students sign and return the contracts.

April, 1964

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

Directory of Approved Internships

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to June 1, 1964

Hospitals 793*

Internships 13,106*

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

This issue follows the format established with the 1960 issue, in that some of the data formerly listed only for hospitals with approved internships now appear in the Consolidated List of all hospitals with approved graduate training programs on pages 29-71, which precede the description of the National Intern Matching Program. This arrangement permits inclusion of specific data regarding each individual program. The word "Hospital" has been omitted as a part of the name of the hospital to save space, whenever it is the terminal word of the title. The full name and address of the hospital as well as information on the medical school affiliation, type of hospital control, total beds, and autopsy percentage appear in the Consolidated List.

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

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

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

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

The affiliated services are indicated by footnotes and the hospitals involved are identified by name on page 112 at the end of this list.

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

The authorized complement of interns indicates the number requested by the hospital and approved by the Council. The total interns sought through the NIMP may be equal to or less than the total complement authorized, but may not exceed it.

The types of internships are identified by footnotes, of which the first six identify the major component or components available in the mixed internship programs offered. If a hospital offers mixed internships, which permit a major assignment in any of four different specialties, then the mixed internship would carry four footnotes.

Footnotes for mixed internships (major component) are: ¹medicine, ²surgery, ³obstetrics, ⁴pediatrics, ⁵pathology, ⁶psychiatry. See the description of the mixed internship in the "Essentials."

All internships in the approved list are of 12 months' duration unless carrying footnote⁷. Footnote⁷ indicates the hospital may offer some intern appointments longer than 12 months in duration.

Footnote⁸ indicates the internship equivalent is included in the two-year Family Practice Program.

Footnote⁹ indicates the hospital does not participate in NIMP. Hospitals not participating in the Matching Program can be identified in three ways—by footnote number⁹, by a blank in the column for interns sought through NIMP, and by a blank in the column showing the NIMP code. All other hospitals participate in the Matching Program.

Footnote¹⁰ indicates that mixed internship is first year of approved 2-year program in general practice.

Footnote¹¹ indicates that the internship equivalent is included in the 2-year approved pilot program in general practice.

Footnote¹² indicates that the program includes positions creditable as the first year of a 2-year approved pilot program in general practice, of which the internship is the first year.

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

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

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

The number and types of internships as listed represent appointments offered for the intern year 1965-1966, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1963.

*The figures given for the number of hospitals and of internships vary from those given in the Annual Report on Graduate Training, as the statistics used in compiling the tables are those that apply to programs as of September 1, 1963.

APPROVED INTERNSHIPS

		FEDERAL											
Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
UNITED STATES ARMY—Hospitals, 7; Internships, 198													
CALIFORNIA													
San Francisco	Letterman General	531	10,545	219	200,374	32,515				28	Rot.		
COLORADO													
Denver	Fitzsimons General	634	10,626	153						24	Rot.		198 Rotating 00411
DISTRICT OF COLUMBIA													
Washington	Walter Reed General	1,528	15,316	417	324,299	30,347	130,408			32	Rot.		Office of the Surgeon General Department of the Army, Washington 20315, D.C. Attn: Director, Personnel and Training.
HAWAII													
Honolulu	Tripler General	642	18,832	225						36	Rot.		
TEXAS													
El Paso	William Beaumont General	385	14,118	96	309,440	38,900				24	Rot.		
San Antonio	Brooke General	677	13,086	443						30	Rot.		
WASHINGTON													
Tacoma	Madigan General	335	12,435	146	231,041	10,466	30,194			24	Rot.		
UNITED STATES AIR FORCE—Hospitals, 7; Internships, 104													
CALIFORNIA													
Fairfield	U. S. Air Force, Travis AFB	314	7,632	113	255,208					12	Rot.		
DISTRICT OF COLUMBIA													
Washington	U. S. Air Force, Andrews AFB	231	7,713	73	319,410					8	Rot.		
ILLINOIS													
Belleville	U. S. Air Force, Scott AFB	262	5,064	60	173,005					8	Rot.		104 Rotating 00311
MISSISSIPPI													
Biloxi	U. S. Air Force Hospital, Keesler AFB	283	8,695	68	304,149					12	Rot.		Directorate of Staffing and Education, Office of the Surgeon General, Headquarters, U.S. Air Force, Washington, D.C.
OHIO													
Dayton	U. S. Air Force, Wright-Patterson AFB	301	7,882	90	300,101					12	Rot.		
TEXAS													
Fort Worth	U. S. Air Force, Carswell AFB	212	6,976	72	156,949					8	Rot.		
TEXAS													
San Antonio	U. S. Air Force, Lackland AFB	806	18,680	264	626,318					44	Rot.		
UNITED STATES NAVY—Hospitals, 13; Internships, 176													
CALIFORNIA													
Camp Pendleton	U. S. Naval	515	10,925	99	281,355	7,121	6,500			10	Rot.		
Oakland	U. S. Naval	735	15,348	212	247,714	9,403				17	Rot.		
San Diego	U. S. Naval	1,558	28,109	686						24	Rot.		
FLORIDA													
Jacksonville	U. S. Naval	357	9,326	106	155,979	21,617				8	Rot.		
Pensacola	U. S. Naval	216	6,595	78						6	Rot.		176 Rotating 00211
ILLINOIS													
Great Lakes	U. S. Naval	678	12,454	97	125,755	13,695				12	Rot.		Bureau of Medicine and Surgery, Navy Department Washington 25, D.C.
MARYLAND													
Bethesda	U. S. Naval	669	12,098	276	122,988	26,808				17	Rot.		
MASSACHUSETTS													
Chelsea	U. S. Naval	373	8,046	120	84,750	11,556				12	Rot.		
NEW YORK													
St. Albans	U. S. Naval	778	10,299	184						17	Rot.		
PENNSYLVANIA													
Philadelphia	U. S. Naval	866	11,979	374	137,278	16,860				18	Rot.		

APPROVED INTERNSHIPS

		FEDERAL											
Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
RHODE ISLAND													
Newport													
U. S. Naval.....		303	6,374	69	92,078	16,823	...	...	...	6	Rot.	..	
SOUTH CAROLINA													
Charleston													
U. S. Naval.....		287	6,908	81	128,043	30,555	...	...	...	8	Rot.	..	
VIRGINIA													
Portsmouth													
U. S. Naval.....		1,072	21,256	197	230,146	15,067	...	...	...	21	Rot.	..	
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 110													
CALIFORNIA													
San Francisco													
U. S. Public Health Service.....		299	6,051	95	93,159	0	0	115	...	4	St. Med.	..	
										2	St. Surg.	..	
										8	Mixed ^{1,2}	..	
LOUISIANA													
New Orleans													
U. S. Public Health Service.....		329	5,860	149	93,292	0	0	140	...	14	Rot.	..	90 Rotating 00111
												..	8 St. Medicine
												..	00132
												..	4 St. Surgery
												..	00133
												..	8 Mixed 00120
												..	Public Health
												..	Service, Dept. of
												..	Health, Educa-
												..	tion, and Well-
												..	fare, Washing-
												..	ton 25,
												..	D.C. Attn: Chair-
												..	man, Committee
												..	on Medical Resi-
												..	dencies and
												..	Internships
MARYLAND													
Baltimore													
U. S. Public Health Service.....		233	4,302	107	71,385	...	...	142	...	12	Rot.	..	
MASSACHUSETTS													
Boston													
U. S. Public Health Service.....		147	2,979	85	52,061	0	0	152	...	10	Rot.	..	
NEW YORK													
New York City (Staten Island)													
U. S. Public Health Service.....		570	9,976	150	...	...	...	...	...	28	Rot.	..	
										4	St. Med.	..	
										2	St. Surg.	..	
VIRGINIA													
Norfolk													
U. S. Public Health Service.....		157	3,724	74	63,381	0	0	...	...	8	Rot.	..	
WASHINGTON													
Seattle													
U. S. Public Health Service.....		229	5,099	93	82,098	...	...	228	...	18	Rot.	..	
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 34													
DISTRICT OF COLUMBIA													
Washington													
Freedmen's.....	R. F. Jones.....	384	11,801	445	56,192	44,725	0	...	3800 P	22	Rot.	22	79811
St. Elizabeths.....	W. H. Whitmore, Jr.....	6,668	1,930	485	10,033	...	...	123	3800	12	Rot.	12	80411
OTHER FEDERAL—Hospitals, 1; Internships, 16													
CANAL ZONE													
Balboa Heights													
Gorgas.....	E. Sigerfoos.....	261	8,817	128	125,406	12,589	...	...	4742	16	Rot.	16	80611
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA—Hospitals, 6; Internships, 120													
Birmingham													
Carraway Methodist.....	W. M. Harris, Jr.....	242	12,420	249	176,078	11,369	...	...	3600 F	8	Rot.	8	00611
Children's.....	H. C. Shirkey.....	83	6,458	73	10,790	5,863	0	...	2100 F	2	St. Ped.	2	00534
St. Vincent.....	E. B. Glenn.....	175	9,028	213	3,868	2,449	202	100	4200 F	8	Rot.	8	85111
University Hospital and Hillman Clinic.....		549	20,055	796	68,112	35,980	...	...	2220 F	18	Rot.	18	00711
										16	St. Med.	16	00732
										6	St. Surg.	6	00733
										6	St. Ped.	6	00734
										3	St. Path.	3	00736
										8	Mixed ¹	8	00712
										8	Mixed ²	8	00713
										2	Mixed ⁴	2	00714
										2	Mixed ³	2	00715
										1	Mixed ⁵	1	00786
Fairfield													
Lloyd Noland.....	R. W. Grady.....	221	9,484	327	119,093	34,272	...	...	3600 FP*	14	Rot.	14	00811
Mobile													
Mobile General.....	C. W. Daniels.....	211	10,189	486	45,191	29,717	...	...	4020 FP	18	Rot.	18	85211
ARIZONA—Hospitals, 7; Internships, 94													
Phoenix													
Good Samaritan.....	L. B. Smith.....	426	23,445	523	3,552	23,661	34,725	102	4200 P	20	Rot.	20	01111
Mariopa County General.....	J. A. Udall.....	390	10,455	738	87,271	39,228	...	...	4200 P	24	Rot.	24	89811
Memorial.....	J. S. Lenzner.....	111	5,740	166	14,037	14,763	4,763	199	4200 FP*	8	Rot.	8	01311
St. Joseph's.....	R. E. Flynn.....	362	18,659	499	16,187	19,869	23,105	...	2400 F	18	Rot.	18	01211
Tucson													
Tucson Hospitals Medical Education Program													
Pima County General.....	E. G. Ramsay.....	...	...	...	...	...	...	...	5100 P*	24	Rot.	24	01411
St. Mary's.....	W. Liccione.....	138	3,443	305	15,644	18,786	23,538	...	...	...	...	...	...
Tucson Medical Center.....	E. G. Ramsay.....	212	11,344	280	12,792	8,975
	D. McDowell.....	323	18,450	379	5,280	9,849	6,342

APPROVED INTERNSHIPS

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CALIFORNIA—Continued													
Santa Monica													
Santa Monica	D. Nelson	198	13,022	201	11,161	19,743	35,258	109	3180 F	12	Rot.	12	06611
Stockton													
San Joaquin General	L. M. Barber	313	7,157	596	79,944	29,847	...	...	3600 P	18	Rot.	18	02111
Torrance													
Los Angeles County Harbor General	B. J. Cutshall	565	16,257	1,224	91,126	54,588	...	...	2520 F	43	Rot.	43	06711
COLORADO—Hospitals, 12; Internships, 183													
Colorado Springs													
Penrose	A. R. Croke	250	12,275	296	2,850	8,160	220	...	3300 P	6	Rot.	6	06811
Denver													
Children's	M. J. Carson	169	13,694	155	29,643	6,067	29,081	...	3300 P	4	St. Ped.	4	88934
Denver General	W. C. White	272	9,440	375	90,097	59,215	...	121	3072 P	24	Rot.	24	07711
										12	Comm. Rot.	12	07710
General Rose Memorial	J. S. Harris	256	11,436	298	1,680	10,333	13,296	116	3300 F	10	Rot.	10	06911
Mercy	H. B. Carlson	217	10,929	186	5,927	6,694	10,506	...	4440 P	11	Rot.	11	92211
Porter	R. H. Ott, Jr.	184	11,525	161	1,313	6,557	10,899	116	3360 P	12	Rot.	12	07111
Presbyterian	A. E. Lubchenco	258	12,147	351	4,136	9,304	17,634	117	3600 P	16	Rot.	16	07211
St. Anthony	R. E. Boyle	342	19,077	301	2,477	11,563	13,387	...	3000 FP*	12	Rot.	12	07311
St. Joseph's	J. Donahoe	340	17,510	380	2,197	4,427	15,742	118	3600 P	12	Rot.	12	07411
										6	Fam. Pract. ^s	6	07418
										8	Rot.	8	07511
St. Luke's	R. S. Liggett	393	18,082	427	1,512	6,482	5,123	117	3600 P	12	St. Med.	12	07632
University of Colorado Medical Center		268	10,021	451	121,997	24,628	11,867	...	1740 P	10	St. Surg.	10	07633
										7	St. Ped.	7	07634
										5	St. Path.	5	07636
Greeley													
Weld County General	E. J. Artist	224	12,113	300	428	20,046	...	...	2100 P	6	Rot.	6	85311
CONNECTICUT—Hospitals, 20; Internships, 237													
Bridgeport													
Bridgeport	N. P. R. Spinelli	349	17,142	650	12,612	16,395	23,111	...	3600 FP*	14	Rot.	14	07911
St. Vincent's	W. H. Curley	299	15,526	601	7,463	17,053	7,437	...	4500 P	10	Rot.	10	08011
										2	St. Surg.	2	08033
Bristol													
Bristol	M. J. Seide	158	8,491	215	2,746	8,515	7,339	...	5146	7	Rot.	7	92311
Danbury													
Danbury	R. D. Schwartz	188	10,343	352	4,226	12,684	...	...	3600	7	Rot.	7	08111
Derby													
Griffin	V. A. DeLuca, Jr.	153	7,297	287	3,541	11,252	12,217	...	3000 F	9	Rot.	9	97711
Greenwich													
Greenwich	N. W. Keller	209	8,928	292	7,637	15,498	12,017	...	2700 F*	10	Rot.	10	08211
Hartford													
Hartford	J. C. Leonard	785	30,459	1,040	31,379	36,940	...	...	3000 P	18	Rot.	18	08311
Mount Sinai	C. Polivy	164	7,540	207	1,414	8,111	1,379	119	3900 F*	6	Rot.	6	85411
St. Francis	W. J. Lahey	541	21,680	705	21,976	21,838	...	...	3000 F	12	Rot.	12	08511
Manchester													
Manchester Memorial	M. Duke	234	11,887	300	1,793	11,398	18,528	...	4500 P	6	Rot.	6	85511
Meriden													
Meriden	M. J. Seide	201	10,141	312	2,149	7,020	4,952	...	5146	8	Rot.	8	08611
Middletown													
Middlesex Memorial	M. J. Seide	149	9,458	292	...	5,862	3,851	...	5146	6	Rot.	6	08711
New Britain													
New Britain General	H. Levine	266	13,369	434	7,486	19,920	19,530	...	3600 P	9	Rot.	9	08811
New Haven													
Hospital of St. Raphael	S. Spinner	353	14,418	645	16,089	22,475	16,216	...	3300 F	15	Rot.	15	09011
										1	St. Med.	1	09032
										2	Mixed ²	2	09013
Yale-New Haven Medical Center										15	St. Med.	15	08932
Grace-New Haven Community		584	24,124	1,048	99,226	48,697	...	120	2200 P	16	St. Surg.	16	08933
										8	St. Ped.	8	08934
										9	St. Path.	9	08936
New London													
Lawrence and Memorial Hospitals	E. Gipstein	253	13,320	342	2,301	10,724	36,348	...	3000 F	6	Mixed ¹	6	09220
Norwalk													
Norwalk	A. M. Margold	283	13,269	505	14,836	19,354	36,149	...	3000 F	12	Rot.	12	09311
Stamford													
Stamford	L. M. Smith	263	11,183	432	11,403	17,806	14,344	...	2400 FP*	10	Rot.	10	09511
Waterbury													
St. Mary's	W. Finkelstein	319	11,400	437	17,626	15,721	7,546	...	3600 P	12	Rot.	12	09611
Waterbury	O. J. Bizzozero	298	13,239	501	18,240	12,492	36,557	...	2400 F	7	Rot.	7	09711
DELAWARE—Hospitals, 2; Internships, 20													
Wilmington													
Delaware	R. O. Y. Warren	336	14,097	487	35,168	39,137	57,712	...	4800 P	12	Rot.	12	09811
Memorial	J. M. Levinson	304	12,047	362	15,199	16,425	39,276	...	4800 P	8	Rot.	8	09911
DISTRICT OF COLUMBIA—Hospitals, 6; Internships, 176													
Washington													
District of Columbia General		979	22,105	1,578	152,870	65,368	...	...	3500 P*	...	...	...	...
Program I—Georgetown University	D. H. Mintz	...	...	...	...	...	...	...	...	12	St. Med.	12	79932
Program II—Georgetown University	D. H. Mintz	...	...	...	...	...	...	...	...	4	Mixed ¹	4	79912
Program III—See Georgetown University—District of Columbia General		...	...	...	...	...	...	...	...	...	...	...	...
Program IV—George Washington Univ.	M. J. Romansky	...	...	...	...	...	...	...	...	8	St. Med.	8	79957
Program V—George Washington Univ.	M. J. Romansky	...	...	...	...	...	...	...	...	6	St. Med.	6	79929
Program VI—See George Washington University—District of Columbia General		...	...	...	...	...	...	...	...	...	...	...	...
Program VII—Howard University	E. C. Nash	...	...	...	...	...	...	...	...	4	St. Med.	4	79925
Program VIII—Howard University	E. C. Nash	...	...	...	...	...	...	...	...	4	Mixed ¹	4	79926
Program IX—Howard University	M. W. Spellman	...	...	...	...	...	...	...	...	2	St. Surg.	2	79927
Program X—Howard University	M. W. Spellman	...	...	...	...	...	...	...	...	4	Mixed ²	4	79913
Program XI—District of Columbia General	T. E. Reichelderfer	4	St. Ped.	4	79934

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DISTRICT OF COLUMBIA, Washington, D.C.—Continued														
Georgetown University	L. H. Kyle	330	14,964	313	87,258	10,074	122	2678 P*	12	12	St. Med.	12	80132	
	A. Golden									2	St. Path.	2	80136	
	L. H. Kyle									2	Mixed ^{1,4}	2	80148	
Georgetown University-D.C. General	R. H. Coffey	330	14,964	313	87,258	10,074	125	2678 P*	12	12	St. Surg.	12	81733	
Georgetown University	R. H. Coffey													
D. C. General	H. H. Balch	979	22,105	1,578	152,870	65,368		3500 P*						
George Washington University	T. McP. Brown	373	16,092		33,759	16,988	123	3000 P	14	14	St. Med.	14	80232	
	T. M. Peery								2	2	St. Path.	2	80236	
	R. B. Barter								6	6	Mixed ²	6	80215	
George Washington University-D. C. Gen.	B. B. Blades	373	16,092		33,759	16,988		3000 P	12	12	St. Surg.	12	81833	
George Washington University	B. B. Blades													
D. C. General	J. R. Thistlethwaite	979	22,105	1,578	152,870	65,368		3500 P*						
Providence	G. Gartland	325	17,770	419	28,607	17,660	12,896	3000 FP*	18	18	Rot.	18	80311	
									4	4	St. Surg.	4	80333	
Sibley Memorial	L. French	261	11,264	303	1,533	4,477	0	124	124	8	Rot.	8	80511	
Washington Hospital Center	J. A. Curtin	678	31,152†	789	72,468	35,695	29,451	124	3900 P	18	Rot.	18	80011	
										12	St. Med.	12	80032	
										6	St. Surg.	6	80033	
FLORIDA—Hospitals, 17; Internships, 278														
Bartow														
Polk County—See Lakeland General Hospital-Polk County, Lakeland, Florida														
Gainesville														
University of Florida Teaching Hospitals and Clinics		249	8,855	331	55,286	9,645	55,286	3200		9	9	St. Med.	9	82432
										9	St. Surg.	9	82433	
										5	St. Ped.	5	82434	
										2	St. Path.	2	82436	
Jacksonville														
Baptist Memorial	R. H. Oppenheimer	311	15,352	243	6,268	15,144	490	5100	12	12	Rot.	12	97011	
Duval Medical Center	A. T. Fechtel	216	10,090	503	128,231	70,010	0	5100 P	20	20	Rot.	20	10111	
									4	4	St. Med.	4	10132	
St. Vincent's	S. M. Day, Jr.	325	17,867	320	7,754	15,970	55,835	5100 P	12	12	Rot.	12	10311	
									2	2	Mixed ¹	2	10312	
Lakeland														
Lakeland General Hospital-Polk County	J. F. Dominick	365	2,566	61	14,208	18,101	696	4800 P	12	12	Rot.	12	83311	
Lakeland General		171	3,666	239	29,465									
Polk County (Bartow, Fla.)														
Miami														
Jackson Memorial	O. L. Churney	1,076	32,953	2,107	240,749	112,774	126	2760P*	24	24	Rot.	24	10411	
									30	30	St. Med.	30	10432	
									7	7	St. Ped.	7	10434	
									12	12	Mixed ²	12	10413	
Miami Beach														
Mount Sinai Hospital of Greater Miami	D. Brezin	337	13,730	520	16,962	23,614	8,500	127	2400 FP	18	Rot.	18	10511	
St. Francis	D. G. Stannus	169	7,388	257	7,693	8,991	30,418	126	3600 P*	8	Rot.	8	10611	
Orlando														
Orange Memorial	F. H. Cary	476	21,566	679	24,497	16,659		4200	18	18	Rot.	18	10711	
Pensacola														
Pensacola Educational Program	K. E. McIntyre							4800 P	16	16	Rot.	16	82611	
Baptist		243	15,017	135		15,476	5,702							
Escambia General		113	5,898	214	21,000	11,605								
Sacred Heart		98	5,819	148	0	8,507	11,267							
St. Petersburg														
Mound Park	C. H. Bramlitt	498	20,285	1,280		25,444		3900 P	18	18	Rot.	18	91111	
Tampa														
Tampa General	H. J. L. Marriott	549	25,253	779	28,521	27,924		2400 FP*	26	26	Rot.	26	10911	
West Palm Beach														
Good Samaritan	C. M. Harris	213	10,768	396	2,683	11,369	0	3600 F	6	6	Rot.	6	98411	
St. Mary's	M. Spivey	162	8,470	351	2,433	11,825	8,890	4200 F	8	8	Rot.	8	91411	
GEORGIA—Hospitals, 17; Internships, 259														
Albany														
Phoebe Putney Memorial	T. G. Fountain	207	11,870	233	11,554	12,272		4800 P	8	8	Rot.	8	83411	
Athens														
Athens Medical Education Program	J. F. Stegeman	97	12,159	334	7,969	25,624	14,609	5680 P	8	8	Rot.	8	11011	
Athens General														
St. Mary's														
Atlanta														
Crawford W. Long Memorial	H. S. Ramos	373	19,321	454	5,562	8,741	2,083	128	3600 P	12	Rot.	12	11111	
Emory University		260	10,330	281	0	6,094	0	2700 P*	8	8	St. Surg.	8	11933	
									2	2	St. Path.	2	11936	
Emory University-Veterans Admin.	J. W. Hurst	260	10,330	281	0	6,094	0	2700 P*	16	16	St. Med.	16	11732	
Emory University		274	4,843	303	16,932	0	0	3650 P						
Veterans Admin.		404	23,648	435	7,467	8,353	7,555	3660 P	12	12	Rot.	12	11211	
Georgia Baptist	J. G. Barrow								1	1	St. Med.	1	11232	
									1	1	St. Surg.	1	11233	
									1	1	St. Ped.	1	11234	
									1	1	St. ObG	1	11235	
Grady Memorial		561	23,138	1,403	292,180	159,636		2400 F	24	24	Rot.	24	11311	
									18	18	St. Med.	18	11332	
									8	8	St. Surg.	8	11333	
									6	6	St. Ped.	6	11334	
									4	4	Mixed ⁴	4	11314	
									4	4	Mixed ⁵	4	11315	
									4	4	Mixed ⁶	4	11386	
Piedmont	W. L. Bloom	260	13,578	214	4,507	10,444	13,822	4800	5	5	Rot.	5	11411	
									5	5	Mixed ^{1,2,3,4}	5	11420	
St. Joseph's Infirmary	P. C. Shea, Jr.	262	12,442	283	8,925	6,202	688	4800 P	2	2	St. Med.	2	11532	
									6	6	St. Surg.	6	11533	
									2	2	St. Path.	2	11536	

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GEORGIA—Continued													
Augusta													
Eugene Talmadge Memorial		368	9,611	294	33,729				3000	8	St. Med.	8	98532
										3	St. Ped.	3	98534
										4	St. Path.	4	98536
										6	Mixed ²	6	98513
University	W. R. Murphy	335	17,033	500	36,585	26,055			4800 P	18	Rot. ³		
Columbus													
Medical Center	W. P. Jordan	239	12,585	400	42,340	38,220			3600	16	Rot.	16	11811
Macon													
Macon		451	24,125	606	43,601	26,951			4800 F	18	Rot. ³		
										4	Gen. Pract. Pro. ^{9,11}		
Rome													
Floyd	L. H. Battle	223	14,268	288	7,317	14,588	7,075		3300 F	9	Rot.	9	99211
Savannah													
Memorial Hospital of Chatham County		217	10,350	408	29,415	15,969			3900 F	15	Rot.	15	97111
HAWAII—Hospitals, 3; Internships, 38													
Honolulu													
Kuakini Hospital & Home	S. Kuramoto	132	7,177	241				144	6000 P	12	Mixed ^{1,3}	12	80720
Queen's	J. Stokes, III	359	18,728	554	52,304	20,000			6000	6	Mixed ¹	6	80812
										6	Mixed ²	6	80813
St. Francis	G. H. Nip	184	11,541	254	21,696	7,282	32,893		6000	12	Rot.	12	80911
ILLINOIS—Hospitals 35; Internships, 774													
Berwyn													
MacNeal Memorial	S. C. Werch	289	12,904	487	6,009	16,592	41,257		4800 FP	16	Rot.	16	12111
Chicago													
Augustana	M. H. Agustesson	276	9,698	365	7,717	3,880			7200 P	12	Rot.	12	12411
Columbus	J. R. Nora, E. Amaral	342	12,662	311	10,561	611	37,788	129	4200 F*	16	Rot.	16	12611
Cook County	S. S. Waldstein	2,456	88,353	5,342	275,232	161,281			1500 F*	144	Rot.	144	12711
Edgewater		288	12,739	323		6,256	13,443		4800 F	16	Rot.	16	12811
Evangelical	J. Lemons	103	4,742	282		5,456	9,000		2700 F	7	Rot.	7	13011
Grant	W. A. Hutchison	228	9,077	323	13,588	3,998	9,960		4800 P	12	Rot.	12	13211
Hospital of St. Anthony de Padua	L. D. Friedman	156	6,830	242	214	6,413	1,744		4200 F	8	Rot.	8	13511
Illinois Central	J. M. Johnston	232	7,539	262	35,282	3,930		130	4200 F*	13	Rot.	13	13611
Illinois Masonic	N. Iglitsen	440	16,199	520	27,954	8,381	17,666		6000 F*	30	Rot.	30	13711
Louis A. Weiss Memorial	H. E. Bessinger	233	8,090	275	6,822	7,122	16,854	131	3600 P	12	Rot.	12	84611
Mercy	W. R. Thompson	283	9,242	305	45,174	5,597	10,114		3300 F	10	Rot.	10	14111
										2	St. Path.	2	14136
										3	Mixed ¹	3	14112
										2	Mixed ²	2	14113
Michael Reese Hospital and Medical Center	M. C. Creditor	740	21,119	744	119,198	39,921			3000 P*	14	Rot.	14	14211
										12	St. Med.	12	14232
										4	St. Surg.	4	14233
										3	St. Ped.	3	14234
										12	Mixed ¹	12	14212
										4	Mixed ²	4	14213
										2	Mixed ⁴	2	14214
Mount Sinai	J. L. Whitehill	328	11,602	409	54,213	16,185	47,903		4200 P*	6	Rot.	6	14411
										6	St. Med.	6	14432
										6	St. Surg.	6	14433
										2	St. Path.	2	14436
Northwestern University Medical Center													
Chicago Wesley Memorial	T. C. Laipply	567	18,556	464	1,500	24,720		184	2700 P	24	Rot.	24	16211
										4	St. Med.	4	16232
										1	St. Path.	1	16236
										4	Mixed ²	4	16213
Children's Memorial	R. B. Lawson	179	7,741	165	74,483	12,111	1,849		2700 P*	4	St. Ped.	4	84234
Evanston (Evanston)	R. H. West	361	14,577	363	12,443	19,931	26,496	131	2700 P	12	Rot.	12	16711
										6	St. Med.	6	16732
										3	St. Path.	3	16736
										6	Mixed ²	6	16713
Passavant Memorial	M. C. Anderson	29	9,534	174	22,812	8,651		145	2700 P	4	St. Med.	4	14632
										12	Mixed ¹	12	14612
										4	Mixed ²	4	14613
										2	Mixed ³	2	14615
Norwegian-American		173	6,720	247	1,670	1,765	9,103		5400	12	Rot.	12	14511
Presbyterian-St. Luke's	J. A. Campbell	718	23,838	859	83,850	12,929			2400 P	20	St. Med.	18	14732
	E. J. Beattie									16	St. Surg.	12	14733
	J. R. Christian									2	St. Ped.	2	14734
	G. M. Haas									2	St. Path.	2	14736
Ravenswood		228	9,728	232	1,641	5,673				8	Rot.	8	14911
Resurrection	W. R. O'Connor	208	9,405	294	5,581	7,402	29,068		6000 F	12	Rot.	12	93711
St. Anne's	J. E. Segraves	297	12,682	460	8,977	7,741	21,390		6000	12	Rot.	12	15211
St. Joseph	D. M. Fahrenbach	158	7,300	193	6,621	2,445	9,847		4800 P	16	Rot.	16	15511
Swedish Covenant	A. R. Peterson	180	7,120	283	0	9,546	32,509		3900 F	9	Rot.	9	15911
University of Chicago Hospitals and Clinics	W. Adams	514	16,032	607	172,956	18,646	0		3000P*	19	St. Med.	19	16032
										12	St. Surg.	12	16033
										2	St. Ped.	2	16034
										2	St. Path.	2	16036
										6	Mixed ¹	6	16012
University of Illinois Research and Educational Hospitals		442	12,229	402	193,379	26,445			1320 F	12	St. Med.	12	15032
										12	St. Surg.	12	15033
										6	St. Ped.	6	15034
										2	St. Path.	2	15036
										4	Mixed ³	4	15015
Decatur													
Decatur and Macon County		302	14,787	361	5,365	15,738	36,079	132	4800 P	9	Rot.	9	85711
Evanston													
Evanston—See Northwestern University Medical Center, Chicago													
St. Francis	W. H. Harridge	343	14,729	417	27,504	15,124	44,092		3900 FP*	12	Rot.	12	16811
										2	Mixed ¹	2	16812
										2	Mixed ²	2	16813

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
ILLINOIS—Continued													
Evergreen Park Little Company of Mary	N. M. Limperis	483	20,811	620	4,788	20,627	25,315	4800 F	24	Rot.	24	16911	
Hinsdale Hinsdale Sanitarium and Hospital	C. L. Dale	214	9,362	263	831	8,233	37,058	3600 P	14	Rot.	14	99811	
Oak Park West Suburban	R. H. Neal	308	13,307	527	1,274	15,028	44,846	4800 P	20	Rot.	20	17311	
Peoria Methodist Hospital of Central Illinois	H. I. Brown	400	15,078	384	...	12,167	35,360	4800 F	16	Rot.	16	17411	
St. Francis	N. K. Furlong	523	20,095	660	15,822	13,144	19,402	4800 F	18	Rot.	18	17511	
Rockford Rockford Memorial		228	12,079	321	2,447	7,589	59,480	3000 F	10	Rot. 1 St. Path.	10 1	17711 17736	
INDIANA—Hospitals, 10; Internships, 162													
Evansville St. Mary's	D. M. Hare	290	13,050	348	1,108	10,162	8,242	133 4200 P	6	Rot.	6	94111	
Fort Wayne Lutheran Hospital of Fort Wayne	W. Griest	318	12,892	441	919	11,597	30,865	3600 F	6	Rot.	6	18311	
Gary St. Mary Mercy		286	13,834	392	...	5,254	15,559	...	8	Rot.	8	18411	
Indianapolis Indiana University Hospitals	W. D. Close	408	13,449	568	82,652	...	...	134 2500 P	17	St. Med. 16 St. Surg. 6 St. Ped. 4 St. Path.	17 16 6 4	18732 18733 18734 18736
Marion County General	J. W. Hickman	506	12,540	799	128,832	42,730	2,050	3550 P	35	Rot. ⁷	35	18611	
Methodist Hospital of Indiana	J. H. Hall	780	28,636	866	13,435	23,386	24,366	3600 P	20	Rot. 2 St. Med. 2 St. Surg. 2 St. Path.	20 2 2 2	18811 18832 18833 18836	
St. Vincent's		256	12,835	349	3,607	8,714	81,249	5700 P	10	Rot. 1 St. Path.	10 1	18911 18936	
Muncie Ball Memorial	J. L. Cullison	377	15,756	513	826	13,230	40,039	5400 FP	8	Rot.	8	19211	
South Bend Memorial Hospital of South Bend	D. T. Olson	310	13,838	493	591	18,808	20,164	3600 F	10	Rot.	10	19311	
St. Joseph's	A. J. Backs	241	11,001	344	1,858	15,873	...	4800 F	9	Rot.	9	19411	
IOWA—Hospitals, 7; Internships, 84													
Cedar Rapids Mercy and St. Luke's Methodist Hospitals	F. R. Peterson	225	10,657	226	637	13,790	14,641	3600 F	20	Rot.	20	19611	
Mercy		368	16,566	355	1,523	15,036	24,901	...	...	...	...	...
Des Moines Broadlawns Polk County	J. F. Lawlor	151	6,553	366	24,365	32,245	...	2700 F	8	Rot. 4 Gen. Pract. Pro. ¹¹	8 4	19911 19917	
Iowa Lutheran	W. B. Eidbo	223	11,040	213	0	6,245	3,516	4800 FP*	10	Rot.	10	20011	
Iowa Methodist	L. F. Staples	441	17,608	461	...	23,863	...	3000 F	10	Rot.	10	20111	
Mercy	H. G. Ellis	273	14,500	275	0	7,570	18,581	3300 F	14	Rot. 2 St. Path.	14 2	20211 20236	
Iowa City University Hospitals	C. P. Goplerud	756	24,858	832	154,420	...	25,079	2820 P	18	Rot. 6 St. Med. 2 St. Path.	18 6 2	20311 20332 20336	
KANSAS—Hospitals, 5; Internships, 83													
Kansas City Bethany	E. C. Sifers	181	8,822	307	276	7,439	12,503	5400 P	8	Rot.	8	20511	
University of Kansas Medical Center	J. Walker	409	16,088	595	186,573	21,365	19,966	2400 P	6	St. Med. 4 St. Surg. 1 St. Ped. 4 St. Path. 10 Mixed ^{1,4,6} 4 Fam. Pract. ⁸	6 4 1 4 10 4	20632 20633 20634 20636 20620 20618	
Wichita St. Francis	V. D. Schwartz	566	25,646	503	1,206	22,736	13,179	5100 F	18	Rot.	18	20911	
St. Joseph Hospital and Rehabilitation Center	L. W. Purinton	265	14,221	198	1,314	20,249	...	135 5100 P	10	Rot.	10	21111	
Wesley Medical Center	W. C. Goodpasture	427	21,205	365	4,114	21,701	23,323	136 5100 F	18	Rot.	18	21011	
KENTUCKY—Hospitals, 7; Internships, 113													
Lexington Good Samaritan	J. Keith	170	10,449	340	447	18,306	15,224	4200 F	11	Rot.	11	21411	
University of Kentucky Medical Center	W. R. Willard	...	...	...	...	...	...	...	10	St. Med. 10 St. Surg. 2 St. Ped. 2 St. Path. 24 Mixed ^{1,2,4}	10 10 2 2 24	84832 84833 84834 84836 84820
University		99	2,762	168	9,851	4,247	...	147 3360 P	...	...	...	...
St. Joseph		246	12,466	306	26,970	12,104	...	...	...	...	...	...
Veterans Administration		1,058	1,638	117	9,614	...	...	...	...	...	...	...
Louisville John N. Norton Memorial Infirmary	W. T. Ramage, Jr.	293	11,994	237	4,073	8,140	15,642	137 4800 FP*	6	Rot.	6	21811	
Louisville General	S. H. Cheng	291	11,928	655	100,163	81,997	0	137 2400 FP	14	Rot. 8 St. Med. 8 St. Surg. 4 St. Ped. 2 St. Path.	14 8 8 4 2	21711 21732 21733 21734 21736	
St. Joseph Infirmary	R. D. Wolfe	419	22,468	390	10,124	17,552	7,866	4620 P	18	Rot.	18	22011	
LOUISIANA—Hospitals, 7; Internships, 212													
New Orleans Charity Hospital of Louisiana		1,935	44,486	2,887	506,999	68,580	233,615	...	...	...	...	...
Charity Hospital of Louisiana (No Divisional Designation)	L. Burroughs	...	...	...	...	...	...	1500 F	65	Rot. 2 St. Med. 4 St. Ped. 1 St. Path.	65 2 4 1	22411 22442 22443 22436
Louisiana State University Division	E. Hull	...	...	...	...	...	...	1500 F	10	Mixed ¹ 4 Mixed ² 4 Mixed ⁴ 2 Mixed ⁵	10 4 4 2	22452 22453 22454 22456

Numerical and other references are listed on pages 111 through 117.

APPROVED INTERNSHIPS

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LOUISIANA, New Orleans—Continued													
Tulane University Division	W. G. Unglaub								1500 F	1	St. Med.	1	22432
										4	St. Surg.	4	22433
										1	St. Ped.	1	22434
										3	St. ObG.	3	22435
										7	Mixed ¹	7	22412
										4	Mixed ²	4	22413
										2	Mixed ⁴	2	22414
										3	Mixed ⁵	3	22415
										2	Mixed ⁵	2	22486
Ochsner Foundation		295	11,501	235	128,654	13,226			1980 P	4	St. Med.	4	06632
										4	St. Surg.	4	06633
Southern Baptist	J. H. Collins	410	20,271	605	5,066	14,707	3,792	138	3420 P	24	Rot.	24	22811
Touro Infirmary	A. D. Meyer	392	17,285	527	33,529	22,577	27,479	139	2520 F	19	Rot.	19	22911
										6	Mixed ^{1,2,3}	6	22920
Shreveport													
Confederate Memorial Medical Center	J. W. Wilson, Jr.	252	23,775	861	138,712	7,685	0		2040 F	36	Rot.	36	23211
MAINE—Hospitals, 3; Internships, 24													
Bangor													
Eastern Maine General		233	9,946	367	4,177	7,745	44,687		3600 F*	6	Rot.	6	23311
Lewiston													
Central Maine General	G. Clapperton	173	7,933	322	3,864	7,444	19,289		3000 F*	6	Rot.	6	23411
Portland													
Maine Medical Center	M. S. Bacastow	317	14,406	561	33,764	29,480	32,539		2100 F*	12	Rot.	12	23611
MARYLAND—Hospitals, 19; Internships, 327													
Baltimore													
Baltimore City Hospitals		1,303	12,005	1,108	119,288	20,374		141	4000	13	St. Med.	13	23732
										6	St. Surg.	6	23733
										3	St. Ped.	3	23734
										2	St. Path.	2	23736
										2	Mixed ¹	2	23753
										3	Mixed ²	3	23724
										2	Mixed ⁴	2	23754
										4	Fam. Pract. ⁸	4	23718
Bon Secours	J. F. Hartman	227	9,486	260	12,620	10,818	7,792		4200 FP*	12	Rot.	12	23811
Church Home and Hospital	M. B. Kress	225	7,887	304	10,944	11,372	139	142	5000	12	Rot.	12	23911
										4	St. Med.	4	23932
										2	St. Surg.	2	23933
Franklin Square Hospital for the Women of Maryland	J. Sindelar	134	6,095	198	15,011	16,465	2,474	142	3600 F	8	Mixed ¹	8	24020
Johns Hopkins	E. J. Berstock	132	8,571	134	14,945	1,425			3600 FP*	6	Mixed ^{1,2}	6	24120
		777	25,616	980	302,335	89,211		143	2400 P*	11	St. Med. (Pvt.)	11	24238
										16	St. Med.	16	24232
										12	St. Surg.	12	24233
										13	St. Ped.	13	24234
										4	St. Path.	4	24236
										4	St. ObG.	4	24235
Lutheran Hospital of Maryland	S. Rossello	148	7,536	209	12,859	20,650		142	3900 P	10	Rot.	10	24311
Maryland General	C. T. Flotte	319	11,662	431	4,991	6,537	4,113	142	3600 P	12	Rot.	12	24411
Mercy		257	11,353	317	27,858	19,777	60,600		6000 P	16	Rot.	16	24511
Provident	O. N. Coker	104	5,425	270	10,298	20,211			4800 F	6	Rot.	6	24611
St. Agnes	J. H. Tuohy	319	13,565	370	11,095	28,900	4,805		6000 P	12	Rot.	12	24711
St. Joseph	W. J. Supik	193	7,946	341	12,546	16,936	1,793		5400 P	8	Rot.	8	24811
Sinai Hospital of Baltimore	J. Seitchik	388	17,557	532	56,083	39,357	2,908		4000 P	4	Rot.	4	24911
										5	St. Med.	5	24932
										2	St. Surg.	2	24933
										2	St. Ped.	2	24934
										7	Mixed ¹	7	24912
										2	Mixed ²	2	24913
										2	Mixed ⁴	2	24914
South Baltimore General	S. L. Fox	144	5,429	232	14,770	20,101	1,102	142	4800 F	12	Rot.	12	25011
Union Memorial	W. B. Daniels, Jr.	334	12,506	508	27,167	34,525	9,982		6000 P	9	Rot.	9	25111
										8	St. Med.	8	25132
										5	St. Surg.	5	25133
University of Maryland		506	15,483	762	146,089	36,376	6,886		2800 P	4	Rot.	4	25211
										12	St. Med.	12	25232
										2	St. Surg.	2	25233
										3	St. Ped.	3	25234
										2	St. Path.	2	25236
										7	Mixed ¹	7	25220
Bethesda													
Suburban	W. O. Teichmann	210	13,028	336	2,985	18,186	12,997		3120 FP	6	Rot.	6	25311
Cheverly													
Prince George's General	E. B. Jensen	344	17,796	563	15,084	31,672	34,261		3600 F*	18	Rot.	18	90511
Takoma Park													
Washington Sanitarium and Hospital	K. Cruze	242	11,977	279	2,237	20,055	30,618	124	3360 P	16	Rot.	16	25411
MASSACHUSETTS—Hospitals, 32; Internships, 422													
Beverly													
Beverly	P. D. Herrick	166	7,584	257	14,120	5,431	20,351		3000 F	10	Rot.	10	25511
Boston													
Beth Israel	H. H. Hiatt, J. Fine	290	11,853	410	61,587	16,344			3000 P	12	St. Med.	12	25632
										6	St. Surg.	6	25633
										1	St. Path.	1	25636
Boston City	Committee on Internship Examinations	869	30,022	1,820	303,357	121,041	0	146	3000				
					I and III	Medical Tufts				16	St. Med.	16	25793
					II and IV	Medical Harvard				16	St. Med.	16	25794
					V and VI	Medical Boston University				16	St. Med.	16	25795
					I	Surgical Tufts				6	St. Surg.	6	25796
					III	Surgical Boston University				6	St. Surg.	6	25798
					V	Surgical Harvard				8	St. Surg.	8	25703
						Straight Specialties, Boston University				6	St. Ped.	6	25704
						Pathology				3	St. Path.	3	25736

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NEW JERSEY—Continued													
Paramus Bergen Pines County	T. C. Fleming	521	6,099	998	37,891	1,716	0	3900 P*	16	Mixed ¹	16	90812	
Passaic Passaic General St. Mary's	S. C. Yachnin	211	9,749	392	6,053	9,274	11,099	3600 FP*	8	Rot.	8	40211	
	R. Brill	172	8,175	245	2,732	4,536	8,782	3600 F*	8	Rot.	8	40311	
Paterson Paterson General St. Joseph's	J. J. Halleron	258	10,917	363	16,078	18,719	4,697	3600 F	12	Rot.	12	40511	
	K. P. Lance	388	16,217	640	14,656	10,715		3600 FP*	10	Rot.	10	40611	
Perth Amboy Perth Amboy General	E. O. Hirsch	410	18,256	446	7,143	17,871		4200 F	18	Rot.	18	87311	
Plainfield Muhlenberg	P. K. Johnson	390	20,465	641	9,694	20,851	10,555	3600 FP	12	Rot.	12	40711	
Somerville Somerset	L. D. Troum	181	10,090	343	6,204	15,271	12,294	3600 F	12	Rot.	12	93411	
Summit Overlook	K. Burk	327	13,334	415	1,699	9,211	2,212	3000 FP	14	Rot.	14	40811	
Teaneck Holy Name		204	9,784	245	3,758	9,096	1,379	2800	8	Rot.	8	40911	
Trenton Helene Fuld Mercer St. Francis	H. Levenson	182	7,390	320	8,726	11,631	7,919	3600 FP*	9	Rot.	9	41211	
	A. J. Heisen	295	11,636	426	8,331	18,748		3600 F	12	Rot.	12	41011	
	J. J. Fitzpatrick	300	13,801	597	13,771	22,909	3,576	3600 F*	12	Rot.	12	41111	
NEW MEXICO—Hospitals, 1; Internships, 18													
Albuquerque University of New Mexico Affiliated Hospitals	R. H. Fits							3000 FP*	16	Rot. St. Med.	16	96211 96232	
Bernalillo County-Indian		176	6,500	228	24,632	30,841							
NEW YORK—Hospitals, 97; Internships, 1,977													
Albany Albany Medical Center	T. L. Hawkins, Jr.	637	22,069	793	45,164	29,689		3000 P*	19	Rot. St. Med. St. Surg. Mixed ¹ Mixed ⁴	19	41411 41432 41433 41412 41414	
Memorial St. Peter's	P. Glasier	215	7,987	296	7,425	13,356	11,416	4200 FP*	12	Rot.	12	41511	
	R. R. Del Giacco	263	9,418	376	3,428	15,601	13,654	3600 F*	16	Rot.	16	41611	
Binghamton Binghamton General	J. K. Moyer	271	10,804	394	1,828	6,879	22,608	200		15	Rot.	15	41811
Bronxville Lawrence	R. D. Pearson	165	6,187	237	2,856	5,655	20,472	3600 F*	12	Rot.	12	91611	
Buffalo Buffalo General	T. T. Jacobs	518	18,746	680				188 3800 P	6	Rot. St. Med. St. Surg. Mixed ^{1,2}	6	43611 43632 43633 43620	
Children's Hospital of Buffalo	M. I. Rubin	239	15,678	237	53,143	4,083	189	2400 F*	12	St. Ped.	12	96534	
Deaconess Hospital of Buffalo	G. L. Sheehan	296	10,911	356	8,300	12,101	26,884	3600 F*	16	Rot.	16	43711	
Edward J. Meyer Memorial	D. K. Miller	758	13,611	904	113,422	16,761		3620 P	12	St. Med.	12	43832	
	J. D. Stewart								10	St. Surg.	10	43833	
	T. S. Bumbalo								2	St. Ped.	2	43834	
									6	Mixed ¹	6	43812	
Mercy	J. J. O'Brien	328	13,826	411	4,661	15,280	48,399	3000 FP*	21	Rot.	21	43911	
Millard Fillmore	L. H. Golden	469	17,822	648	10,134	12,858	188	4320 P	8	Rot.	8	44011	
									7	Mixed ¹	7	44012	
Sisters of Charity	C. P. Volts	384	15,048	572	8,759	12,040	25,023	3900 F*	12	Rot.	12	44111	
Cooperstown Mary Imogene Bassett	J. Bordley, III	87	3,166	123	46,840	2,088		2700 P	9	Rot. St. Med.	9	44211 44232	
Glen Cove Community Hospital at Glen Cove		183	9,186	270	4,509	10,878	25,648	3600 F	8	Rot.	8	44611	
Glens Falls Glens Falls	M. Mastrrianni	301	15,238	473	2,266	5,715	10,082	3600 F	9	Rot.	9	44711	
Hempstead Meadowbrook	R. S. Crampton	505	15,739	1,457	29,301	34,937	7,671	3800 F*	36	Rot. St. Surg. Mixed ²	36	44811 44833 44813	
Johnson City Charles S. Wilson Memorial	E. M. Wyso	353	14,183	473	128,331	7,981	20,988		12	Rot.	12	45211	
Kenmore Kenmore Mercy	J. E. Kraus	227	9,201	230	884	19,920	55,847	191 3600 F	12	Rot.	12	82911	
Minolta Nassau	W. C. Hollis	286	14,133	437	3,900	18,052	4,625	3600 P	12	Rot.	12	45511	
Mount Kisco Northern Westchester	A. L. Green	144	7,375	271	1,485	8,907	37,870	3840 P	6	Rot.	6	45611	
Mount Vernon Mount Vernon	H. L. Carideo	264	10,383	377	15,110	13,709	7,332	2700 FP*	12	Rot.	12	45711	
Newburgh St. Luke's	G. Flaum	201	8,785	320	7,666	19,279	41,095	3600 F*	8	Rot.	8	45811	
New Hyde Park Long Island Jewish	P. E. Lear	244	10,687	348	24,381	13,681	5,100	4000	16	Rot.	16	96311	
New Rochelle New Rochelle		275	11,823	447	9,674	26,548	15,240	2400 FP*	15	Rot.	15	45911	
New York City Beekman-Downtown	S. Mage, L. Bronstein	179	4,780	298	19,307	19,106	12,000	3500 P	3	St. Med. St. Surg. Mixed ^{1,2}	3	89032 89033 89020	
	Bellevue Hospital Center		2,123	44,763	1,961	420,298	91,379	3720 F					
	First Medical Division— Columbia University	C. A. Ragan, Jr.							12	Mixed ¹	12	46012	
	First Surgical Division— Columbia University	J. M. Ferrer, Jr.							6	Mixed ²	6	46113	
	Second Medical Division— Cornell University	T. P. Almy						283	3	Mixed ¹ St. Med.	3	46212 46232	

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NEW YORK, New York City—Continued													
Second Surgical Division— Cornell University	R. C. Karl									7	St. Surg.	7	46333
Third and Fourth Medical Divisions— New York University College of Medicine	L. Thomas									28	St. Med.	28	46432
Third and Fourth Surgical Division— New York University College of Medicine & Post-Graduate Medical School	J. H. Mulholland									10	St. Surg.	10	46533
Third Division Department of Pathology—New York Univ. College of Medicine	M. Kuschner									3	St. Path.	3	93036
Third Division Department of Pediatrics—New York Univ. College of Medicine	S. Krugman									10	St. Ped.	10	92934
Beth Israel	A. M. Fishberg	382	11,078	351	164,250	40,648			3500 P	24	Rot.	24	47011
Booth Memorial	A. Schwartz	184	8,485	254	6,441	6,811	7,652		3600 F	6	Rot.	6	82211
Bronx-Lebanon Hospital Center	M. J. Goodfriend	478	17,349	601	89,604	28,326	1,854		4000 P*	10	Rot.	10	47111
										3	St. Med.	3	47132
										2	St. Ped.	2	47134
										12	Mixed ¹	12	47120
Bronx Municipal Hospital Center	I. M. London	1,001	18,155	1,327	260,384	125,873			3720 F	16	St. Med.	16	93132
	D. State									16	St. Surg.	16	93133
	H. L. Barnett									20	St. Ped.	18	93134
	A. A. Angrist									4	St. Path.	4	93136
Brookdale Hospital Center	I. Snapper	301	11,567	360	53,872	29,172	1,651		4000 P	4	Mixed ¹	4	93112
										10	Rot.	8	41911
										6	St. Med.	6	41932
										10	Mixed ¹	10	41920
Brooklyn-Cumberland Medical Center	F. C. Hamm								4540 P	10	Rot.	10	42011
										5	St. Med.	5	42032
										3	St. Surg.	3	42033
										2	St. Ped.	2	42034
										4	Mixed ¹	4	42012
										2	Mixed ²	2	42013
Brooklyn Cumberland		317	11,415	391	66,246	22,202	11,420						
City Hospital Center at Elmhurst	S. Bassin	227	8,427	402	130,821	71,401			3720 F*	30	Rot.	30	49111
		808	16,211	1,356	175,556	54,596				2	St. Med.	2	49133
										2	St. Surg.	2	49133
										2	St. ObG.	2	49135
Columbus	M. Bassini	237	6,769	315	12,308	9,200		3600 F	14	Rot.	14	47211	
Coney Island	A. Kane	532	12,461	1,105	90,579	57,329		3720 FP	25	Rot.	25	42211	
Flushing Hospital and Dispensary	J. Rich	283	10,975	383	10,988	17,215	271	3600 F	12	Rot.	12	44511	
Fordham	C. Scala	313	9,162	587	83,532	53,673		3720 P	19	Rot.	19	47411	
French	J. R. Harnes	188	7,063	172	20,675	11,112	10,891	192	4200 FP	10	Rot.	10	47511
										2	St. Surg.	2	47533
Greenpoint	S. G. Seckler	117	3,977	148	119,034	51,328	193	3720 FP	12	Rot.	12	42411	
Harlem	S. K. Fineberg	759	20,046	1,221	257,560	124,705		3720 FP	30	Rot.	30	47811	
										12	St. Med.	12	47832
										8	St. Surg.	8	47833
Hospital for Joint Diseases	M. L. Kramer	281	6,361	155	54,325	17,213	194	3600 P	6	Rot.	6	47911	
Jewish Hospital of Brooklyn	M. Goldner	441	16,271	627	78,953	24,212		4000 P	5	Rot.	5	42511	
										5	St. Med.	5	42532
										3	St. Surg.	3	42533
										2	St. Ped.	2	42534
										12	Mixed ¹	12	42512
										3	Mixed ²	3	42513
										4	Mixed ³	4	42514
										2	Mixed ⁴	2	42515
Jewish Memorial	A. Schwarz	150	6,595	261	17,362	10,639	86	3600 F	6	Rot.	6	48011	
Kings County Hospital Center	M. Metz	2,336	51,399	3,661	358,126	191,506		3720 FP	20	Rot.	20	42611	
										28	St. Med.	28	42632
										22	St. Surg.	22	42633
										8	St. Ped.	8	42634
										3	St. Path.	3	42636
										48	Mixed ^{1,2,3,4}	48	42620
Knickerbocker	M. S. Bruno	189	4,733	275	22,593	27,509		4560 P*		6	Rot.	6	48111
										3	St. Med.	3	48132
										3	St. Surg.	3	48133
										1	Mixed ¹	1	48112
Lenox Hill	A. J. Cracovaner	450	15,147	429	50,798	12,472	196	3700 P	24	Rot.	24	48311	
Lincoln		297	11,956	457	165,636	141,894		3720 FP	6	Rot.	6	48411	
										4	St. Med.	4	48432
										6	St. Surg.	6	48433
										4	St. Ped.	4	48434
Long Island College	W. G. Mullin	457	15,849	705	41,997	24,707	15,221	4000 P		11	Rot.	11	42711
										4	St. Med.	4	42732
										2	St. Surg.	2	42733
										1	St. Ped.	1	42734
										16	Mixed ¹	16	42712
Lutheran Medical Center	G. F. Cucolo	196	7,561	280	19,293	14,560	2,446	3600 F		11	Rot.	11	43011
Maimonides Hospital of Brooklyn	D. Grob	450	15,812	716	56,243	23,770	0	4000		6	Rot.	6	42811
										12	St. Med.	12	42832
										2	St. Surg.	2	42833
										1	St. Ped.	1	42834
										15	Mixed ¹	15	42823
										4	Mixed ¹	4	42820
Mary Immaculate	V. G. Tosti	239	9,605	330	15,257	22,509	1,001	3600 FP		12	Rot.	12	45011
Methodist Hospital of Brooklyn	H. P. Felger	397	13,199	415	32,767	24,228	6,720	3600 F		15	Rot.	15	42911
										2	St. Med.	2	42932
										1	St. Surg.	1	42933
Misericordia	S. G. Mortati	230	8,146	295	16,456	17,380		3000 F*		12	Rot.	12	48611

APPROVED INTERNSHIPS

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PENNSYLVANIA—Continued													
Pittsburgh													
Allegheny General	A. G. Bickelmann	442	16,128	702	29,538	38,089	30,536	...	3600 F*	10	Mixed ¹	10	64812
Health Center Hospitals of the University of Pittsburgh School of Medicine										6	Mixed ²	6	64813
Children's Hospital of Pittsburgh	R. L. Day	193	8,004	215	50,382	14,787	296	...	2760	8	St. Ped.	8	65234
Presbyterian-University		370	10,587	464	60,270	5,835	0	...	2760	16	St. Med.	16	65232
										8	St. Surg.	8	65233
										3	St. Path.	3	65236
Mercy	F. J. Luparello	529	16,930	629	26,734	21,594	30,789	...	5100 P	12	Rot.	12	64911
McIntefiore	L. Lubio	287	10,897	455	25,133	13,475	22,010	221	3900	6	St. Med.	6	64932
										9	Rot.	9	65011
										10	St. Med.	10	65032
Pittsburgh	R. N. McGarvey	174	6,542	242	5,288	11,653	29,115	...	5400 F	6	Rot.	6	65111
St. Francis General	E. W. Martz	737	19,242	633	24,278	20,127	24,074	...	4200 F*	14	Rot.	14	88111
										5	Mixed ¹	5	88112
										3	Mixed ²	3	88113
St. Joseph's Hospital & Dispensary	E. W. Jew, Jr.	146	5,498	207	...	...	...	...	6000 FP	6	Rot.	6	65511
St. Margaret Memorial	A. C. Heineman, Jr.	152	5,349	156	7,976	3,073	8,673	...	4800 F	6	Rot.	6	65611
Shadyside	R. D. Hieber	317	10,761	465	5,603	8,534	39,598	246	4200 FP	10	Rot.	10	65711
South Side	L. Rosenbach	296	10,645	453	11,412	19,386	22,067	...	6000 F	9	Rot.	9	65811
Western Pennsylvania	F. R. Franke	517	17,757	525	27,505	15,652	26,618	...	3600 FP	12	Rot.	12	65911
										5	St. Med.	5	65932
										5	St. Surg.	5	65933
										2	St. Path.	2	65936
Pottsville													
Pottsville	E. W. Cubler	222	6,982	410	4,211	5,423	362	...	6000 F.	6	Rot.	6	84711
Reading													
St. Joseph's	E. C. Lloyd	246	9,583	424	...	...	...	...	4200 F	6	Rot.	6	66211
Sayre													
Robert Packer	W. C. Beck	220	11,547	299	55,031	13,172	...	...	2700 F	12	Rot.	12	66411
Sewickley													
Sewickley Valley	J. R. Johnston, III	183	8,292	242	8,200	6,984	40,019	...	4200 FP*	6	Rot.	6	66711
Uniontown													
Uniontown		233	9,355	483	3,476	16,306	...	...	4200 F	7	Rot.	7	66811
Washington													
Washington	J. F. Bayer	275	10,068	518	8,369	28,347	82,229	...	4800 F	8	Rot. ⁷	8	66911
West Chester													
Chester County	W. C. Hewson	142	6,404	214	4,600	9,265	36,635	...	4200 F	6	Rot.	6	88211
West Reading													
Reading	J. R. McShane	503	14,895	591	...	12,223	120,756	...	3000 F*	12	Rot.	12	66111
										2	St. Surg.	2	66133
Wilkes-Barre													
Mercy	J. F. Dreier	204	7,426	236	8,724	4,911	9,826	...	4800 F	6	Rot.	6	67011
Wilkes-Barre General	A. Schiowitz	271	8,830	473	7,534	6,054	15,407	...	4200 F	10	Rot.	10	67111
Wilkesburg													
Columbia	E. L. Waisbrot	236	8,795	391	6,175	28,803	42,027	...	3600	6	Rot.	6	67211
Williamsport													
Williamsport	D. L. McMorris	265	10,930	410	8,213	6,460	10,540	...	3600 F*	8	Rot.	8	67311
York													
York	R. L. Evans	425	19,051	691	25,673	19,610	14,627	...	3600 P	16	Rot.	16	67411
PUERTO RICO—Hospitals, 8; Internships, 112													
Fajardo													
Fajardo District	C. E. Perez Prado	219	7,120	295	31,963	19,733	1,192	...	2400 F	12	Rot. ⁹	...	...
Hato Rey													
Auxilio Mutuo	C. Romero	86	4,685	79	22,091	4,235	...	...	...	6	Gen. Prac. Prog. ^{9,11}	...	...
Ponce													
Hospital de Damas	M. Perez Arzola	125	6,861	77	5,287	4,866	...	...	2400 F	6	Rot. ⁹	...	...
Ponce District General	A. Serra	374	11,611	776	58,783	22,597	...	...	2400 F	20	Rot. ⁹	...	...
Rio Piedras													
Rio Piedras Municipal		162	8,231	268	38,418	55,488	...	...	2400 F	14	Rot. ⁹	...	...
University District	K. Ramirez	274	8,504	546	68,148	21,950	0	...	2400 P	24	Rot. ⁹	...	...
San Juan													
Presbyterian	J. A. Sarraga, A. Axtmayer	144	9,553	177	6,241	9,461	...	...	4800 F	8	Rot. ⁹	...	...
San Juan City		...	...	...	...	...	...	...	...	24	Rot. ⁹	...	...
RHODE ISLAND—Hospitals, 6; Internships, 68													
Newport													
Newport	M. A. Chernow	186	6,593	276	3,271	7,701	10,550	...	3600 F*	8	Rot.	8	67511
Pawtucket													
Memorial	G. P. Paparo	194	8,968	432	12,524	26,403	964	...	3600 F*	8	Rot.	8	67611
Providence													
Miriam	A. M. Burgess	182	6,759	179	3,362	8,209	5,600	222	3600 FP*	8	Rot.	8	95311
Rhode Island	H. McCusker	557	20,657	942	55,208	40,915	33,983	223	1980 FP*	24	Rot. ⁷	24	67711
Roger Williams General	H. E. Darrab	204	9,114	319	4,083	15,748	...	...	3600 F	8	Rot.	8	67811
St. Joseph's	J. A. Dailey	184	6,794	293	12,173	14,376	...	...	3600 F*	12	Rot.	12	67911
SOUTH CAROLINA—Hospitals, 5; Internships, 92													
Charleston													
Medical Center Hospitals (Medical College Hospital and Roper Hospital)	P. C. Gazes	289	23,505	755	92,871	33,100	35,038	224	2070 FP*	6	St. Med.	6	68032
										6	St. Surg.	6	68033
										2	St. Ped.	2	68034
										22	Mixed ^{1,2,3,4}	22	68020
										2	Mixed ⁵	2	68086
Columbia													
Columbia Hospital of Richland County	R. K. Moxon	448	20,742	564	25,621	31,970	37,454	...	4800 P	15	Rot. ⁷	15	68111
Florence													
McLeod Infirmary	E. D. Guyton	203	10,683	342	7,420	3,523	8,359	...	3000 F	6	Rot.	6	68211
Greenville													
Greenville General	L. P. Andrews	556	23,626	751	27,049	27,565	53,857	...	3900 P	18	Rot.	18	68311
Spartanburg													
Spartanburg General	J. M. Shingler	385	18,452	524	20,721	23,624	40,708	...	4260 P	15	Rot. ⁷	15	68511

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SOUTH DAKOTA—Hospitals, 2; Internships, 15													
Sioux Falls													
McKenna	C. A. Stern	233	10,515	231				249	4200 F	7	Rot.	7	68611
Sioux Valley	R. E. Nelson	197	10,715	268	6,857	4,562	181		3600 F	8	Rot.	8	68711
TENNESSEE—Hospitals, 13; Internships, 261													
Chattanooga													
Baroness Erlanger	W. H. Marsh	588	23,677	870	42,090	32,712	0	225	3600 F	14	Rot.	14	68911
Kingsport													
Holston Valley Community	R. H. Jernigan	278	13,776	374	9,151	27,987	60,995		5520	8	Rot. ⁹		
Knoxville													
St. Mary's Memorial	R. L. Whittaker	298	14,223	380	1,059	18,256	6,842		3720 F	12	Rot.	12	69311
University of Tennessee Memorial Research Center and Hospital	W. M. Law	211	9,203	382	38,128	17,543			4128 F	18	Rot.	18	83911
Memphis													
Baptist Memorial	P. Milnor, Jr.	842	38,967	875	10,342	16,804	116,378		3600 F	18	Rot.	18	69411
City of Memphis Hospitals	S. P. Patterson	608	24,965	1,261	186,023	60,463	0		3480 F	32	Rot.	32	84411
Methodist	A. E. Smith	441	23,045	509	8,542	17,389	33,847	226	3600 F	16	Rot. ⁹	4	89432
St. Joseph		389	16,453	434	9,057	9,837	14,093		3600 F	16	Rot. ⁹	4	69420
Nashville													
Baptist	B. T. Shorney	328	18,088	360	8,221	10,540	0		3600 FP*	16	Rot.	16	69911
George W. Hubbard	L. O. P. Perry	154	5,746	382	37,522	17,622			2400 F*	14	Rot. ⁹		
St. Thomas	R. H. Kampmeier	281	14,208	401	7,357	6,676	230	232	3600 FP*	11	Rot.	11	70111
Vanderbilt University Affiliated Hospitals	J. L. Sawyers	165	6,361	364	53,304	27,205		233	3600 FP*				
Nashville Metropolitan General	J. L. Shapiro	344	14,280	403	63,092	25,873		233	2400 P	21	St. Med.	21	70232
Vanderbilt University										18	St. Surg.	18	70233
										10	St. Ped.	10	70234
										3	St. Path.	3	70236
										2	St. ObG.	2	70235
TEXAS—Hospitals, 23; Internships, 385													
Austin													
Brackenridge	R. R. Ross	223	11,285	468	26,452	23,386			3600 F	14	Rot.	14	70411
Corpus Christi													
Memorial		208	11,861	366	38,730	14,195	0	240	3000 FP*	8	Rot.	8	70511
Dallas													
Baylor University Medical Center	R. Tompeett	678	35,783	624	13,946	22,867	38,251	241	4800 P	18	Rot. ⁷	18	70611
Children's Hospital Center	J. A. James	98	5,457	124	82,357	18,225	0	242	3000 P	2	St. Med.	2	70632
Methodist Hospital of Dallas	J. W. Davidson, Jr.	336	20,261	429	13,601	15,708	16,297		4200 F	18	Rot.	18	70711
Parkland Memorial		686	19,333	968	187,219	105,237			2100 P	30	Rot.	30	70811
										12	St. Med.	12	70832
										10	St. Surg.	10	70833
										5	St. Path.	5	70836
										12	St. Med.	12	70911
St. Paul	D. A. Sutherland	314	16,878	404	18,610	12,061	2,912		4200 P	12	Rot.	12	70911
Veterans Admin.	B. Friedman	720	7,852	546				243	3650 F	12	St. Med.	12	88732
El Paso													
R. E. Thomason General	G. W. Iwen	172	5,541	316	20,539	20,494			3900 FP*	9	Gen. Pract. Prog. ¹¹	9	71017
Fort Worth													
Harris Hospital—Fort Worth Medical Center	E. G. Troutman	342	15,981	361	2,075	6,828	2,418			4	Mixed ¹	4	71212
John Peter Smith	W. W. Goldman, Jr.	170	7,391	406	38,379	42,022			3600 FP	12	Rot.	12	71111
St. Joseph	W. S. Lorimer, Jr.	257	14,358	414	8,258	11,182	1,571	244	4800 F	12	Rot.	12	71117
Galveston													
University of Texas Medical Branch Hospitals		745	16,049	678	100,397	17,559			3300 F	18	Rot.	18	71411
										9	St. Med.	9	71432
										6	St. Surg.	6	71433
										6	St. Ped.	6	71434
										1	St. Path.	1	71436
Houston													
Baylor University Affiliated Hospitals													
Ben Taub General	G. L. Jordan, Jr.	348	15,938	502	205,172	40,612			1500 F	26	Rot.	26	71611
										6	St. Surg.	6	71633
										6	St. Ped.	6	71634
										2	St. Path.	2	71636
										4	St. Med.	4	71732
										3	St. Surg.	3	71733
										12	St. Med.	12	71632
Baylor University Affiliated Hospitals	R. D. Pruitt												
Ben Taub General		348	15,938	502	205,172	40,612			1500 F				
Veterans Admin.		1,143	14,805	725	69,451								
Hermann	L. J. Crosier	564	28,582	546	82,924	23,121	7,761		3300 P	18	Rot.	18	71511
Memorial Baptist	J. R. Gerdes, Jr.	438	22,860	387	3,938	8,684			4200 P	12	Rot.	12	98211
Texas Children's	R. J. Blattner	80	6,193	129	7,521	5,066	4,817		1200 F	1	St. Path.	1	83136
San Antonio													
Baptist Memorial	R. Wait	339	21,734	496	208	15,511	14,026		4800 P	10	Rot.	10	72111
Robert B. Green Memorial		208	9,814	631	100,300	76,471			3000 F*	24	Rot.	24	72211
Temple													
Scott and White Memorial	H. E. LeBus	221	10,346	253	56,952	8,107			3600 P	8	Rot.	8	72511
UTAH—Hospitals, 7; Internships, 98													
Ogden													
St. Benedict's	W. P. Daines	143	9,171	163	2,321	6,702	10,969		3300 P	10	Rot.	10	72711
Thomas D. Dee Memorial		208	14,114	257	2,854	13,762	18,750		3300 P	14	Rot.	14	72811
Salt Lake City													
Holy Cross	H. W. Marshall	248	13,542	269	1,838	8,929			3000 P*	8	Rot.	8	73011
Latter-day Saints	J. E. Jack	402	21,671	641	4,290	15,987	1,766		3000 P*	20	Rot.	20	72911

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UTAH, Salt Lake City—Continued													
St. Mark's	C. D. Behrens	234	11,629	183	1,271	4,899	6,171	...	3600 P	6	Rot.	6	73111
										2	Mixed ^{1,7}	2	73120
University of Utah Affiliated Hospitals										14	Rot.	14	73211
Salt Lake County General	F. H. Tyler	224	4,476	363	46,705	24,423	...	...	2700 P	10	St. Med.	10	73232
										5	St. Surg.	5	73233
										3	St. Ped.	3	73234
										2	St. Path.	2	73236
										2	Mixed ¹	2	73212
										1	Mixed ²	1	73213
										1	Mixed ⁴	1	73214
Veterans Admin.	F. H. Tyler	...	...	...	...	...	...	...	...	...	...	...	...
VERMONT—Hospitals, 2; Internships, 31													
Burlington													
DeGoesbriand Memorial	H. L. Martin	180	8,121 [†]	216	6,067	12,279	43,773	...	2400 F	12	Rot.	12	73411
										1	St. Med.	1	73432
										1	St. Path.	1	73436
Mary Fletcher	E. L. Amidon	249	10,358	236	12,388	11,227	20,375	...	1750 F*	15	Rot.	15	73511
										2	St. Path.	2	73536
VIRGINIA—Hospitals, 10; Internships, 192													
Charlottesville													
University of Virginia	W. Parson	430	16,051	459	68,759	21,251	...	...	1800 F	6	Rot.	6	73711
										12	St. Med.	12	73732
										8	St. Surg.	8	73733
										4	St. Ped.	4	73734
										6	Mixed ^{1,2}	6	73720
Newport News													
Riverside	J. A. Lawson	285	13,257	343	4,309	14,187	...	...	4800 FP*	10	Rot.	10	73911
Norfolk													
De Paul	J. D. Price	265	14,746	380	18,474	22,539	34,952	...	4800 F	12	Rot.	12	74011
Norfolk General	D. W. Drew	394	16,350	661	49,861	28,042	101,697	...	...	16	Rot.	16	74111
Petersburg													
Petersburg General	R. M. Jackson	267	11,330	323	7,536	6,898	...	...	6000 P	12	Rot.	12	90611
Richmond													
Johnston-Willis	D. A. J. Morey	235	8,848	284	466	5,339	9,801	...	4800 F	12	Rot. ⁷	12	74211
Medical College of Virginia—Hospital Division	G. Hilkevitz	966	29,059	1,336	90,128	52,724	31,793	...	2400 F	14	Rot.	14	74311
										14	St. Med.	14	74332
										12	St. Surg.	12	74333
										4	St. Ped.	4	74334
										4	St. Path.	4	74336
										14	Mixed ^{1,2,3,4}	14	74320
Roanoke													
Jefferson	A. J. Hurt	141	6,324	178	5,739	2,171	...	...	7200 F	6	Mixed ²	6	74613
Lewis-Gale	F. A. Wade	156	6,772	175	41,112	44,182	...	...	4800 FP*	6	Rot.	6	74711
Roanoke Memorial	W. H. Flannagan	445	16,337	329	16,171	15,237	8,881	...	4200 F	20	Rot.	20	74811
WASHINGTON—Hospitals, 14; Internships, 175													
Seattle													
Children's Orthopedic Hospital and Medical Center		124	7,864	135	22,397	5,769	11,717	247	2100 F	6	St. Ped.	6	90034
Doctors	H. V. Hartzell	136	9,470	192	...	...	...	227	...	8	Rot.	8	75111
Group Health		102	6,559	182	172,469	4,953	...	...	4800	2	Gen. Pract. Prog. ¹¹	2	81117
King County		465	12,798	1,092	64,332	33,224	...	...	1500 F	28	Rot.	28	75211
										5	St. Med.	5	75232
										4	St. Surg.	4	75233
Providence	J. F. Nelson	243	13,581	349	5,866	7,417	...	...	3600 FP*	12	Rot.	12	75311
Swedish		320	17,794	481	4,234	4,742	31,181	...	...	12	Rot.	12	75511
University of Washington	W. O. Robertson	176	6,244	221	77,421	10,852	...	...	2520 P	6	Rot.	6	91811
										7	St. Med.	7	91832
										4	St. Surg.	4	91833
										4	St. Ped.	4	91834
										2	St. Path.	2	91836
Virginia Mason	G. H. Lawrence	182	10,445	237	94,866	5,429	...	227	3000 FP*	11	Rot.	11	75611
										2	St. Med.	2	75632
Spokane													
Deaconess	J. P. Shields	235	16,605	417	...	15,527	2,400	...	3600 FP*	12	Rot.	12	75711
Sacred Heart	C. F. Baxter	362	23,281	554	161	15,236	2,539	229	3600 F*	15	Rot.	15	75811
St. Luke's	L. C. Pence	94	7,151	181	3,479	6,875	...	230	3000 F	8	Rot.	8	75911
Tacoma													
Pierce County	C. Allison, R. Barronian	183	5,658	388	23,285	4,686	...	231	3600 FP*	11	Rot.	11	76011
St. Joseph	R. Freeman	171	11,094	285	0	8,996	2,306	...	3600 F	6	Rot.	6	76111
Tacoma General	J. B. Mason	166	9,347	238	...	4,594	12,032	231	3600 P*	10	Rot.	10	76211
WEST VIRGINIA—Hospitals, 7; Internships, 90													
Charleston													
Charleston General	C. D. Gettiffe	233	10,129	234	13,085	9,708	20,442	...	3600 F*	8	Rot.	8	76411
Memorial	D. Hamaty	252	12,476	269	15,362	12,034	...	234	3000 F	13	Rot. ⁷	13	90211
										3	St. Med.	3	90232
Huntington													
Cabell Huntington		199	11,161	336	5,856	15,656	9,743	...	4200 F*	12	Rot.	12	97611
St. Mary's	H. C. Wasson, Jr.	282	14,367	359	1,840	13,444	...	...	3000 FP*	14	Rot.	14	76611
Morgantown													
West Virginia University	W. G. Klingberg	245	6,615	183	30,006	12,346	...	...	2400 P	2	St. Med.	2	83732
										2	St. Surg.	2	83733
										2	St. Ped.	2	83734
										12	Mixed ^{1,2,4}	12	83720
Wheeling													
Ohio Valley General	R. O. Strauch	361	12,596	518	10,632	9,973	...	...	4200 P	12	Rot.	12	76911
Wheeling	G. M. Kellas	180	7,509	257	4,049	5,744	4,737	...	3600 F	10	Rot.	10	77011

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
WISCONSIN—Hospitals, 14; Internships, 198													
La Crosse													
La Crosse Lutheran	S. E. Sivertson	182	8,680	199	110,000	10,000	...	235	3600 F	8	Rot.	8	77411
Madison													
Madison General	J. H. Turgeson	271	13,275	324	50	8,460	16,048	...	2580 F*	6	Rot.	6	77611
University Hospitals		581	15,982	487	99,475	5,309	...	236	2500 P	4	Mixed ^{1,2}	4	77620
										4	St. Path.	4	77934
										15	Mixed ¹	15	77912
										8	Mixed ²	8	77913
Marshfield													
St. Joseph's	J. W. Manier	207	10,030	320	...	3,230	1,418	...	3600 F*	8	Rot.	8	78011
Milwaukee													
Columbia	D. G. Santer	214	8,261	223	2,067	6,357	28,040	237	4500 P	5	Rot.	5	78111
										5	Mixed ^{1,2}	5	78120
Evangelical Deaconess	S. T. Gettelman	244	12,311	305	201	1,232	16,499	...	3900 F	12	Rot.	12	78211
Milwaukee Children's	J. C. Peterson	146	8,982	120	23,940	1,240	4,036	238	3300 P	2	St. Ped. ³	2	78411
Milwaukee County General		610	26,833	1,838	171,325	66,700	...	0	2713 P	35	Rot.	35	78432
										4	St. Med.	4	78436
										1	St. Path.	1	78511
Milwaukee	C. W. Jordahl	263	11,587	287	...	46,516	237	4500 P	6	Rot.	6	78520	
										6	Mixed ^{1,2,3}	6	78711
Mount Sinai	B. Levinson	278	12,600	324	14,022	264	588	239	3600 FP*	12	Rot.	12	78712
										2	Mixed ¹	2	78713
										2	Mixed ²	2	78715
										1	Mixed ³	1	78811
St. Joseph's	K. E. Sauter	299	16,317	404	5,026	3,612	19,417	239	4800 P	12	Rot.	12	78911
St. Luke's	W. D. Shapiro	230	11,076	288	1,232	7,898	23,058	239	3900 FP	10	Rot.	10	79011
St. Mary's		228	9,737	259	1,240	7,154	48,586	237	4800 F	10	Rot.	10	79111
St. Michael	E. Berridge	296	12,800	215	28,460	10,214	27,140	...	4800*	12	Rot.	12	79111

HOSPITALS APPROVED FOR JUNIOR ROTATING INTERNSHIPS IN CANADA

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

This list, revised to June 1, 1964, was furnished by The Canadian Medical Association.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
British Columbia					
Royal Columbian Hospital	New Westminster	Ontario (Continued)		Quebec	
St. Paul's Hospital	Vancouver	Hamilton General Hospital	Hamilton	Hotel-Dieu St.-Vallier	Chicoutimi
Vancouver General Hospital	Vancouver	St. Joseph's Hospital	Hamilton	Hopital du Sacre-Coeur	Montreal
Royal Jubilee Hospital	Victoria	Hotel-Dieu Hospital	Kingston	Hopital Saint-Luc	Montreal
St. Joseph's Hospital	Victoria	Kingston General Hospital	Kingston	Hotel-Dieu de Montreal	Montreal
Alberta		Kitchener-Waterloo Hospital	Kitchener	Jewish General Hospital	Montreal
Calgary General Hospital	Calgary	St. Joseph's Hospital	London	Maisonneuve Hospital	Montreal
Holy Cross Hospital	Calgary	Victoria Hospital	London	Montreal General Hospital	Montreal
Edmonton General Hospital	Edmonton	Oshawa General Hospital	Oshawa	Hopital Notre-Dame	Montreal
Misericordia Hospital	Edmonton	National Defence Medical Center	Ottawa	Queen Elizabeth Hospital	Montreal
Royal Alexandra Hospital	Edmonton	Ottawa Civic Hospital	Ottawa	Royal Victoria Hospital	Montreal
University of Alberta Hospital	Edmonton	Ottawa General Hospital	Ottawa	Reddy Memorial Hospital (Westmount)	Montreal
Saskatchewan		Peterborough Civic Hospital	Peterborough	St. Mary's Hospital	Montreal
Regina General Hospital	Regina	General Hospital of Port Arthur	Port Arthur	Hopital de l'Enfant-Jesus	Quebec
Regina Grey Nuns' Hospital	Regina	St. Joseph's General Hospital	Port Arthur	Hopital du Saint-Sacrement	Quebec
St. Paul's Hospital	Saskatoon	St. Catharines General Hospital	St. Catharines	Hopital St-Francois-d'Assise	Quebec
Saskatoon City Hospital	Saskatoon	St. Thomas-Elgin Hospital	St. Thomas	Hotel-Dieu de Quebec	Quebec
University Hospital	Saskatoon	Scarborough General Hospital	Scarborough	Jeffrey Hale's Hospital	Quebec
Manitoba		Sudbury General Hospital	Sudbury	Hopital General St-Vincent-de Paul	Sherbrooke
St. Boniface General Hospital	St. Boniface	New Mount Sinai Hospital	Toronto	Hotel-Dieu de Sherbrooke	Sherbrooke
Grace Hospital	Winnipeg	St. Joseph's Hospital	Toronto	Sherbrooke Hospital	Sherbrooke
Misericordia Hospital	Winnipeg	St. Michael's Hospital	Toronto	Hopital St-Joseph	Trois-Rivieres
Winnipeg General Hospital	Winnipeg	Toronto East General and Orthopaedic Hospital	Toronto	Hopital General de Verdun	Verdun
Ontario		Toronto General Hospital	Toronto	New Brunswick	
Brantford General Hospital	Brantford	Toronto Western Hospital	Toronto	Victoria Public Hospital	Fredericton
		Wellesley Hospital	Toronto	The Moncton Hospital	Moncton
		Women's College Hospital	Toronto	Saint John General Hospital	Saint John
		Hotel-Dieu of St. Joseph	Windsor	Nova Scotia	
		Metropolitan General Hospital	Windsor	Halifax Infirmary	Halifax
				Victoria General Hospital	Halifax
				Newfoundland	
				St. John's General Hospital	St. John's

ABBREVIATIONS AND NOTES

- t Discharges
- F Full maintenance
- P Partial maintenance
- * Variation in salary or maintenance for married intern
- St. Straight
- Rot. Rotating
- Med. Medicine
- Surg. Surgery
- Ped. Pediatrics
- ObG Obstetrics-Gynecology
- Path. Pathology
- Psych. Psychiatry
- 1. Medicine major component of mixed internship
- 2. Surgery major component of mixed internship
- 3. Obstetrics major component of mixed internship
- 4. Pediatrics major component of mixed internship
- 5. Pathology major component of mixed internship
- 6. Psychiatry major component of mixed internship
- 7. May include appointments beyond 12 months
- 8. Internship equivalent included in 2-year Family Practice Program
- 9. Hospital does not participate in N.I.M.P.
- 10. Mixed internship is first year of approved 2-year program in General Practice
- 11. Internship equivalent is included in the 2-year approved pilot program in general practice
- 12. Program includes positions creditable as the first year of a 2-year approved pilot program in general practice, of which the internship is the first year

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

100. Children's Hospital, St. Vincent Hospital, Birmingham, Ala.
101. Veterans Administration Hospital, Birmingham, Ala.
102. Maricopa County Hospital, Phoenix, Ariz.
103. Arkansas Children's Hospital, Little Rock, Ark.
104. Veterans Administration Hospital, Little Rock, Ark.
105. Children's Hospital of the East Bay, Oakland, Calif.
106. Los Angeles County General Hospital, Los Angeles, Calif.
107. Santa Monica Hospital, Santa Monica, Calif.
108. Children's Hospital, Los Angeles County General Hospital, Los Angeles, Calif.
109. California Hospital, Los Angeles, Calif.
110. Fairmont Hospital of Alameda County, San Leandro, Calif.
111. San Mateo County General Hospital, San Mateo, Calif.; Stanford Convalescent Home, Palo Alto, Calif.
112. Children's Hospital, San Francisco, Calif.
113. Mary's Help Hospital, San Francisco, Calif.
114. Mary's Help Hospital, San Francisco, Calif.; Southern Pacific Memorial Hospital, Tucson, Ariz.
115. Highland-Alameda County Hospital, Oakland, Calif.
116. Children's Hospital, Denver, Colo.
117. Children's Hospital, Denver General Hospital, Denver, Colo.
118. Denver General Hospital, Denver, Colo.
119. J. J. McCook Memorial Hospital, Hartford, Conn.
120. Southbury Training School, Southbury, Conn.; Veterans Administration Hospital, West Haven, Conn.
121. General Rose Memorial, Mercy, Porter Memorial, Presbyterian, St. Anthony, St. Joseph, St. Luke's Hospital, Denver, Colo.
122. Arlington Memorial Hospital, Arlington, Va.
123. District of Columbia General Hospital, Washington, D. C.
124. Children's Hospital, Washington, D. C.
125. DeWitt Army Hospital, Fort Belvoir, Va.
126. Variety Children's Hospital, Miami, Fla.
127. Jackson Memorial Hospital, Miami, Fla.
128. Grady Memorial Hospital, Atlanta, Ga.
129. Frank Cuneo Memorial Hospital, Chicago, Ill.
130. Cook County Hospital, Chicago; Little Company of Mary Hospital, Evergreen Park, Ill.
131. Children's Memorial Hospital, Chicago, Ill.
132. Macon County Tuberculosis Sanatorium, Decatur, Ill.
133. Evansville State Hospital, Evansville, Ind.
134. Veterans Administration Hospital, Indianapolis, Ind.
135. Sedgwick County Hospital, Wichita, Kan.; Halstead Hospital, Halstead, Kan.
136. Sedgwick County Hospital, Booth Memorial Hospital, Wichita, Kan.
137. Children's Hospital, Louisville, Ky.
138. Lallie Kemp Charity Hospital, Independence, La.
139. Washington-St. Tammany Charity Hospital, Bogalusa, La.
140. Charity Hospital of New Orleans, New Orleans, La.
141. Johns Hopkins Hospital, Baltimore, Md.
142. University of Maryland Hospital, Baltimore, Md.
143. Baltimore City Hospitals, Baltimore, Md.
144. Children's Hospital, Kapiolani Hospital, Queen's Hospital, Honolulu, Hawaii
145. Children's Memorial Hospital, Veterans Administration Research Hospital, Chicago, Ill.
146. New England Center Hospital, Boston, Mass., for I and III Medical; Boston Floating Hospital, Boston, Mass., for I Surgical
147. St. Claire Medical Center, Morehead, Ky.
148. Lynn Hospital, Lynn, Mass.
149. Veterans Administration Hospital, Boston Lying-In Hospital, Children's Medical Center, Lemuel Shattuck Hospital, Massachusetts Eye and Ear Infirmary, Boston; Lynn Hospital, Lynn, Mass.
150. Veterans Administration Hospital, Providence, R. I.
151. Boston City Hospital, Boston Floating Hospital, Boston; Burbank Hospital, Fitchburg, Mass.; Central Maine General Hospital, Lewiston, Me.; Maine Medical Center, Portland, Me.
152. Boston City Hospital, St. Margaret's Hospital, Boston, Mass.
153. St. Margaret's Hospital, Boston, Mass.
154. Wesson Maternity Hospital, Springfield, Mass.
155. Boston City Hospital, Boston, Mass.
156. Veterans Administration Hospital, Ann Arbor; Midland General Hospital, Midland; Saginaw General Hospital, Saginaw, Mich.
157. Wayne County General Hospital, Eloise, Mich.
158. Woman's Hospital, Detroit, Mich.
159. Children's Hospital of Detroit; Receiving Hospital of Detroit, Detroit, Mich.
160. Harper Hospital, Detroit, Mich.
161. Oakwood Hospital, Dearborn; William Beaumont Hospital, Royal Oak, Mich.
162. Children's Hospital, Detroit, Mich.
163. Ferguson-Droste-Ferguson Hospital, Grand Rapids, Mich.
164. University Hospital, Ann Arbor, Mich.
165. Saginaw Community Clinic, St. Francis Home, St. Vincent's Home, Saginaw, Mich.
166. St. Mary's Hospital, San Francisco, Calif.
167. Miller Memorial Hospital, Duluth, Minn.
168. Ancker Hospital, St. Paul, Minn.
169. Northwestern Hospital, Minneapolis; Anoka State Hospital, Anoka, Minn.
170. Veterans Administration Hospital, Minneapolis, Minn.
171. Children's Hospital, Minneapolis, Minn.
172. Ancker Hospital, St. Paul, Minn.; Children's Hospital, Minneapolis, Minn.
173. Children's Mercy Hospital, Kansas City, Mo.
174. Children's Mercy Hospital, Kansas City General Hospital, Kansas City, Mo.
175. St. Louis City Hospital, St. Louis Children's Hospital, St. Louis, Mo.
176. Homer C. Phillips Hospital, St. Louis, Mo.
177. Malcolm Bliss Mental Health Center, St. Louis, Mo.
178. St. Louis Children's Hospital, St. Louis, Mo.
179. Cardinal Glennon Memorial Hospital for Children, St. Louis, Mo.
180. St. Louis University Group of Hospitals, St. Louis, Mo.
181. St. Louis Maternity Hospital, St. Louis, Mo.
182. Douglas County Hospital, Children's Memorial Hospital, Omaha, Neb.
183. Children's Memorial Hospital, Omaha, Neb.
184. Children's Memorial Hospital, Chicago, Ill.
185. Babies Hospital, Newark, N. J.
186. Margaret Hague Maternity Hospital, Jersey City, N. J.
187. Newark City Hospital, Newark, N. J.
188. Children's Hospital of Buffalo, Buffalo, N. Y.
189. Buffalo General Hospital, Buffalo, N. Y.
190. Georgetown University Hospital, Washington, D. C.
191. Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
192. Morrisania Hospital, New York City
193. Clinical and laboratory services, and educational program supervised by Mount Sinai Hospital, New York City
194. Mount Sinai Hospital, New York City
195. Lincoln Hospital, New York City
196. Hunterdon Medical Center, Flemington, N. J.
197. Memorial Hospital, Hospital for Special Surgery, New York City
198. Roosevelt Hospital, New York City
199. St. Joseph Hospital, Phoenix, Ariz.
200. Our Lady of Lourdes Hospital, Binghamton, N. Y.
201. Strong Memorial Hospital, Rochester, N. Y.
202. Rochester General Hospital, Genesee Hospital, Rochester, N. Y.
203. Veterans Administration Hospital, Durham, N. C.
204. Children's Hospital, Akron, O.
205. Cincinnati Children's Hospital, Cincinnati, O.
206. St. Vincent's Charity Hospital, Cleveland Metropolitan General Hospital, Cleveland, O.
207. Cleveland Metropolitan General Hospital, Cleveland, O.
208. St. Ann's Hospital, Cleveland, O.
209. Veterans Administration Hospital, Cleveland, O.
210. Children's Hospital, Columbus, O.
211. Lima State Hospital, Lima, O.
212. University of Oklahoma Medical Center, Children's Memorial Hospital, Oklahoma City, Okla.
213. University Hospital, Oklahoma City, Okla.
214. Holladay Park Hospital, Portland, Ore.
215. Good Samaritan Hospital, Portland, Ore.
216. Providence Hospital, Portland, Ore.
217. Children's Hospital, Pennsylvania Hospital, Philadelphia, Pa.
218. Holy Redeemer Hospital, St. Christopher Hospital, Philadelphia, Pa.
219. Children's Hospital, Philadelphia, Pa.
220. Hahnemann Medical College Hospital, Philadelphia, Pa.
221. Magee-Women's Hospital, Pittsburgh, Pa.
222. Charles V. Chapin Hospital, Providence Lying-In Hospital, Providence, R. I.
223. Providence Lying-In Hospital, Providence, R. I.
224. Pinehaven Hospital, Charleston, S. C.
225. T. C. Thompson Children's Hospital, Chattanooga, Tenn.
226. City of Memphis Hospital, West Tennessee Tuberculosis Hospital, Memphis, Tenn.
227. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
228. U. S. Army Hospital, Fort Lawton, Seattle, Wash.
229. Veterans Administration Hospital, Spokane, Wash.
230. Booth Memorial Hospital, Fairchild Air Force Base Hospital, Spokane, Wash.
231. Mary Bridge Children's Hospital, Spokane, Wash.
232. Nashville Metropolitan General Hospital, Nashville, Tenn.
233. Veterans Administration Hospital, Nashville, Tenn.
234. Highland Hospital, Charleston, W. Va.
235. Gundersen Clinic, La Crosse, Wis.
236. St. Mary's Hospital, Veterans Administration Hospital, Madison; Gundersen Clinic, La Crosse; Milwaukee County General Hospital, Milwaukee, Wis.
237. Milwaukee Children's Hospital, Milwaukee, Wis.
238. Milwaukee Hospital, Milwaukee County General Hospital, Milwaukee, Wis.
239. Milwaukee County General Hospital, Milwaukee Children's Hospital, Milwaukee, Wis.
240. Driscoll Foundation Children's Hospital, Corpus Christi, Texas
241. Children's Medical Center, Dallas, Texas
242. Parkland Memorial Hospital, Dallas, Texas
243. Parkland Memorial Hospital, Children's Medical Center, Dallas, Texas
244. W. I. Cook Memorial Hospital for Children, Fort Worth, Texas
245. Ben Taub General Hospital, St. Luke's Hospital, Texas Children's Hospital, Houston, Texas
246. Children's Hospital, Pittsburgh, Pa.
247. University Hospital, Seattle, Wash.
248. Veterans Administration Hospital, Firmin Desloge Hospital, St. Louis, Mo.
249. Veterans Administration Hospital, Sioux Falls, S. D.

INDEX OF INTERNSHIPS BY TYPE OF SERVICE

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

APPROVED INTERNSHIPS BY TYPE OF SERVICE

MIXED INTERNSHIPS

University Hospital and Hillman Clinic.....	Birmingham, Ala.	Creighton Memorial St. Joseph's.....	Omaha
University.....	Little Rock, Ark.	University of Nebraska.....	Omaha
Franklin.....	San Francisco	Cooper.....	Camden, N. J.
French.....	San Francisco	Jersey City Medical Center.....	Jersey City, N. J.
Mount Zion Hospital and Medical Center.....	San Francisco	Newark City.....	Newark, N. J.
San Francisco General.....	San Francisco	Bergen Pines County.....	Paramus, N. J.
Southern Pacific Memorial.....	San Francisco	Albany Medical Center.....	Albany, N. Y.
U. S. Public Health Service.....	San Francisco	Buffalo General.....	Buffalo, N. Y.
Hospital of St. Raphael.....	New Haven, Conn.	Edward J. Meyer Memorial.....	Buffalo, N. Y.
Lawrence and Memorial.....	New London, Conn.	Millard Fillmore.....	Buffalo, N. Y.
District of Columbia General.....	Washington, D. C.	Meadowbrook.....	Hempstead, N. Y.
Program II—Georgetown University		Beekman Downtown.....	New York City
Program V—George Washington University		Bellevue Hospital Center.....	New York City
Program VIII—Howard University		First Medical Division—Columbia University	
Program X—Howard University		First Surgical Division—Columbia University	
Georgetown University.....	Washington, D. C.	Second Medical Division—Cornell University	
St. Vincent's.....	Jacksonville, Fla.	Bronx-Lebanon Hospital Center.....	New York City
Jackson Memorial.....	Miami, Fla.	Bronx Municipal Hospital Center.....	New York City
Grady Memorial.....	Atlanta, Ga.	Brookdale Hospital Center.....	New York City
Piedmont.....	Atlanta, Ga.	Brooklyn-Cumberland Medical Center.....	New York City
Eugene Talmadge Memorial.....	Augusta, Ga.	Jewish Hospital of Brooklyn.....	New York City
Kuakini Hospital and Home.....	Honolulu, Hawaii	Kings County Hospital Center.....	New York City
Queen's.....	Honolulu, Hawaii	Knickerbocker.....	New York City
Mercy.....	Chicago	Long Island College.....	New York City
Michael Reese Hospital and Medical Center.....	Chicago	Maimonides Hospital of Brooklyn.....	New York City
Northwestern University Medical Center.....	Chicago	Montefiore Hospital Training Program.....	New York City
Chicago Wesley Memorial		Mount Sinai.....	New York City
Evanston (Evanston, Illinois)		Roosevelt.....	New York City
Passavant Memorial		Genesee.....	Rochester, N. Y.
University of Chicago Hospitals and Clinics.....	Chicago	Highland.....	Rochester, N. Y.
University of Illinois Research and Educational Hospitals.....	Chicago	Rochester General.....	Rochester, N. Y.
St. Francis.....	Evanston, Ill.	St. Mary's.....	Rochester, N. Y.
University of Kansas Medical Center.....	Kansas City, Kan.	Strong Memorial.....	Rochester, N. Y.
University of Kentucky Medical Center.....	Lexington, Ky.	State University of New York Upstate Medical Center.....	Syracuse, N. Y.
Charity Hospital of Louisiana.....	New Orleans	North Carolina Memorial.....	Chapel Hill, N. C.
Louisiana State University Division		Duke.....	Durham, N. C.
Charity Hospital of Louisiana.....	New Orleans	Watts.....	Durham, N. C.
Tulane University Division		North Carolina Baptist.....	Winston-Salem, N. C.
Touro Infirmary.....	New Orleans	Good Samaritan.....	Cincinnati
Baltimore City Hospitals.....	Baltimore	Jewish.....	Cincinnati
Franklin Square.....	Baltimore	Cleveland Clinic.....	Cleveland
Hospital for Women of Maryland.....	Baltimore	Mount Sinai.....	Cleveland
Sinai Hospital of Baltimore.....	Baltimore	St. Vincent Charity.....	Cleveland
University of Maryland.....	Baltimore	Riverside Methodist.....	Columbus, Ohio
Mount Auburn.....	Cambridge, Mass.	University Hospitals.....	Oklahoma City
Pittsfield Affiliated Hospitals.....	Pittsfield, Mass.	Geisinger Medical Center.....	Danville, Pa.
University.....	Jackson, Miss.	Albert Einstein Medical Center.....	Philadelphia
Menorah Medical Center.....	Kansas City, Mo.	Allegheny General.....	Pittsburgh
St. Luke's.....	Kansas City, Mo.	St. Francis General.....	Pittsburgh
Jewish.....	St. Louis	Medical Center Hospitals.....	Charleston, S. C.
St. Luke's.....	St. Louis	Baptist Memorial.....	Memphis, Tenn.
		City of Memphis Hospitals.....	Memphis, Tenn.
		St. Thomas.....	Nashville, Tenn.
		Harris Hospital-Fort Worth Medical Center.....	Fort Worth, Texas
		St. Mark's.....	Salt Lake City

University of Utah Affiliated Hospitals	Salt Lake City
Salt Lake County General	
University of Virginia	Charlottesville, Va.
Medical College of Virginia—Hospital Division	Richmond, Va.
Jefferson	Roanoke, Va.
West Virginia University Medical Center	Morgantown, W. Va.
Madison General	Madison, Wis.
University Hospitals	Madison, Wis.
Columbia	Milwaukee
Milwaukee	Milwaukee
Mount Sinai	Milwaukee

STRAIGHT INTERNSHIPS IN INTERNAL MEDICINE

University Hospital and Hillman Clinic	Birmingham, Ala.
University	Little Rock, Ark.
Los Angeles County General Hospital, Unit I	Los Angeles
Mount Sinai	Los Angeles
University of California	Los Angeles
University of California Affiliated Hospitals	Los Angeles
University of California Hospital	
Veterans Administration—General Medical and Surgical	
Los Angeles County Harbor General Hospital (Torrance)	
Palo Alto-Stanford Hospital Center	Palo Alto, Calif.
United States Public Health Service	San Francisco
University of California Hospitals	San Francisco
University of Colorado Medical Center	Denver
Hospital of St. Raphael	New Haven, Conn.
Yale-New Haven Medical Center	New Haven, Conn.
Grace-New Haven Community	
District of Columbia General	Washington, D. C.
Program I—Georgetown University	
Program IV—George Washington University	
Program VII—Howard University	
Georgetown University	Washington, D. C.
George Washington University	Washington, D. C.
Washington Hospital Center	Washington, D. C.
University of Florida Teaching Hospital and Clinics	Gainesville, Fla.
Duval Medical Center	Jacksonville, Fla.
Jackson Memorial	Miami, Fla.
Emory University—Veterans Admin.	Atlanta, Ga.
Emory University	
Veterans Administration	
Georgia Baptist	Atlanta, Ga.
Grady Memorial	Atlanta, Ga.
St. Joseph's Infirmary	Atlanta, Ga.
Eugene Talmadge Memorial	Augusta, Ga.
Michael Reese Hospital and Medical Center	Chicago
Mount Sinai	Chicago
Northwestern University Medical Center	Chicago
Chicago Wesley Memorial	
Evanston (Evanston, Ill.)	
Passavant Memorial	
Presbyterian-St. Luke's	Chicago
University of Chicago Hospitals and Clinics	Chicago
University of Illinois Research and Educational Hospitals	Chicago
Indiana University Hospitals	Indianapolis
Methodist Hospital of Indiana	Indianapolis
University Hospitals	Iowa City, Iowa
University of Kansas Medical Center	Kansas City, Kan.
University of Kentucky Medical Center	Lexington, Ky.
Louisville General	Louisville, Ky.
Charity Hospital of Louisiana	New Orleans
Louisiana State University Division	
Tulane University Division	
Ochsner Foundation	New Orleans
Baltimore City Hospitals	Baltimore
Church Home and Hospital	Baltimore
Johns Hopkins	Baltimore
Sinai Hospital of Baltimore	Baltimore
Union Memorial	Baltimore
University of Maryland	Baltimore
Beth Israel	Boston
Boston City	Boston
I and III Medical Tufts	
II and IV Medical Harvard	
V and VI Medical Boston Univ.	

Massachusetts General	Boston
Massachusetts Memorial Hospitals	Boston
New England Center	Boston
Peter Bent Brigham	Boston
University of Michigan	Ann Arbor, Mich.
Receiving	Detroit
University of Minnesota	Minneapolis
University of Missouri Medical Center	Columbia, Mo.
Barnes	St. Louis
Jewish	St. Louis
St. Louis City	St. Louis
Unit I	
Unit II	
St. Louis University Group of Hospitals	St. Louis
St. Mary's	St. Louis
Mary Hitchcock Memorial	Hanover, N. H.
Jersey City Medical Center	Jersey City, N. J.
Newark City	Newark, N. J.
University of New Mexico Affiliated Hospitals	Albuquerque, N. M.
Albany Medical Center	Albany, N. Y.
Buffalo General	Buffalo
Edward J. Meyer Memorial	Buffalo
Mary Imogene Bassett	Cooperstown, N. Y.
Beekman-Downtown	New York City
Bellevue Hospital Center	New York City
Second Medical Division—Cornell Univ.	
Third and Fourth Medical Division—NYU	
Bronx-Lebanon Hospital Center	New York City
Bronx Municipal Hospital Center	New York City
Brookdale Hospital Center	New York City
Brooklyn-Cumberland Medical Center	New York City
City Hospital Center at Elmhurst	New York City
Harlem Hospital Center	New York City
Jewish Hospital of Brooklyn	New York City
Kings County Hospital Center	New York City
Knickerbocker	New York City
Lincoln	New York City
Long Island College	New York City
Maimonides Hospital of Brooklyn	New York City
Methodist Hospital of Brooklyn	New York City
Mount Sinai	New York City
New York	New York City
New York Polyclinie Medical School and Hospital	New York City
Presbyterian	New York City
St. Clare's	New York City
St. Luke's	New York City
St. Vincent's Hospital of the City of New York	New York City
U. S. Public Health Service (Staten Island)	New York City
Genesee	Rochester, N. Y.
Highland	Rochester, N. Y.
Rochester General	Rochester, N. Y.
Strong Memorial	Rochester, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
Grasslands	Valhalla, N. Y.
North Carolina Memorial	Chapel Hill, N. C.
Duke	Durham, N. C.
Watts	Durham, N. C.
North Carolina Baptist	Winston-Salem, N. C.
Akron City	Akron, Ohio
Jewish	Cincinnati
University of Cincinnati Hospital Group	Cincinnati
Cincinnati General	
Cleveland Metropolitan General	Cleveland
Mount Sinai	Cleveland
St. Luke's	Cleveland
University Hospitals of Cleveland	Cleveland
University	Columbus, Ohio
Youngstown	Youngstown, Ohio
Veterans Admin.	Oklahoma City
Good Samaritan	Portland, Ore.
Albert Einstein Medical Center	Philadelphia
Episcopal	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Jefferson Medical College	Philadelphia
Misericordia	Philadelphia
Temple University	Philadelphia

Health Center Hospitals of the University of Pittsburgh School of Medicine.....	Pittsburgh
Presbyterian-University Mercy.....	Pittsburgh
Montefiore.....	Pittsburgh
Western Pennsylvania.....	Pittsburgh
Medical Center Hospitals.....	Charleston, S. C.
Baptist Memorial.....	Memphis, Tenn.
City of Memphis Hospitals.....	Memphis, Tenn.
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.
Vanderbilt University Parkland Memorial.....	Dallas, Texas
Veterans Administration.....	Dallas, Texas
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Baylor University Affiliated Hospitals.....	Houston, Texas
Methodist Baylor University Affiliated Hospitals.....	Houston, Texas
Ben Taub General Veterans Administration	
University of Utah Affiliated Hospitals.....	Salt Lake City
Salt Lake County General DeGoesbriand Memorial.....	Burlington, Vt.
University of Virginia.....	Charlottesville, Va.
Medical College of Virginia-Hospital Division.....	Richmond, Va.
King County.....	Seattle
University.....	Seattle
Virginia Mason.....	Seattle
Memorial.....	Charleston, W. Va.
West Virginia University Medical Center.....	Morgantown, W. Va.
Milwaukee County General.....	Milwaukee

STRAIGHT INTERNSHIPS IN SURGERY

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University.....	Little Rock, Ark.
University of California.....	Los Angeles
Palo Alto-Stanford Hospital Center.....	Palo Alto, Calif.
U. S. Public Health Service.....	San Francisco
University of California Hospitals.....	San Francisco
University of Colorado Medical Center.....	Denver
St. Vincent's.....	Bridgeport, Conn.
Yale-New Haven Medical Center.....	New Haven, Conn.
Grace-New Haven Community District of Columbia General.....	Washington, D. C.
Program III—Georgetown University Program IX—Howard University	
Georgetown University Hospital-D.C. General.....	Washington, D. C.
Georgetown University District of Columbia General	
George Washington University Hospital-D. C. General.....	Washington, D. C.
George Washington University District of Columbia General	
George Washington University.....	Washington, D. C.
Providence.....	Washington, D. C.
Washington Hospital Center.....	Washington, D. C.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.
Emory University.....	Atlanta, Ga.
Georgia Baptist.....	Atlanta, Ga.
Grady Memorial.....	Atlanta, Ga.
St. Joseph Infirmary.....	Atlanta, Ga.
Michael Reese Hospital and Medical Center.....	Chicago
Mount Sinai.....	Chicago
Presbyterian-St. Luke's.....	Chicago
University of Chicago Hospitals and Clinics.....	Chicago
University of Illinois Research and Educational Hospitals.....	Chicago
Indiana University Hospitals.....	Indianapolis
Methodist.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
University of Kentucky Medical Center.....	Lexington, Ky.
Louisville General.....	Louisville, Ky.
Charity Hospital of Louisiana.....	New Orleans
Tulane University Division Ochsner Foundation.....	New Orleans
re City Hospitals.....	Baltimore
Home and Hospital.....	Baltimore

Johns Hopkins.....	Baltimore
Sinai Hospital of Baltimore.....	Baltimore
Union Memorial.....	Baltimore
University of Maryland.....	Baltimore
Beth Israel.....	Boston
Boston City.....	Boston
I—Surgical Tufts III—Surgical Boston Univ. V—Surgical Harvard	
Massachusetts General.....	Boston
Massachusetts Memorial Hospitals.....	Boston
New England Center.....	Boston
Peter Bent Brigham.....	Boston
Worcester City.....	Worcester, Mass.
University of Michigan.....	Ann Arbor, Mich.
Receiving.....	Detroit
Butterworth.....	Grand Rapids, Mich.
University of Minnesota.....	Minneapolis
University of Missouri Medical Center.....	Columbia, Mo.
Barnes.....	St. Louis
St. Louis City.....	St. Louis
Unit I Unit II	
St. Louis University Group of Hospitals.....	St. Louis
Mary Hitchcock Memorial.....	Hanover, N. H.
Jersey City Medical Center.....	Jersey City, N. J.
Monmouth Medical Center.....	Long Branch, N. J.
Newark City.....	Newark, N. J.
Albany Medical Center.....	Albany, N. Y.
Buffalo General.....	Buffalo
Edward J. Meyer Memorial.....	Buffalo
Meadowbrook.....	Hempstead, N. Y.
Beekman-Downtown.....	New York City
Bellevue Hospital Center.....	New York City
2nd Surgical Division Cornell III and IV Surgical Division—NYU	
Bronx Municipal Hospital Center.....	New York City
Brooklyn-Cumberland Medical Center.....	New York City
City Hospital Center at Elmhurst.....	New York City
French.....	New York City
Harlem Hospital Center.....	New York City
Jewish Hospital of Brooklyn.....	New York City
Kings County Hospital Center.....	New York City
Knickerbocker.....	New York City
Lincoln.....	New York City
Long Island College.....	New York City
Maimonides Hospital of Brooklyn.....	New York City
Methodist Hospital of Brooklyn.....	New York City
Mount Sinai.....	New York City
New York.....	New York City
Presbyterian.....	New York City
St. Clare's.....	New York City
St. Luke's.....	New York City
St. Vincent's Hospital of the City of New York.....	New York City
U. S. Public Health Service.....	New York City
Genesee.....	Rochester, N. Y.
Rochester General.....	Rochester, N. Y.
Strong Memorial.....	Rochester, N. Y.
State University of New York Upstate Medical Center.....	Syracuse, N. Y.
Grasslands.....	Valhalla, N. Y.
North Carolina Memorial.....	Chapel Hill, N. C.
Duke.....	Durham, N. C.
Watts.....	Durham, N. C.
North Carolina Baptist.....	Winston-Salem, N. C.
Akron City.....	Akron, Ohio
Christ.....	Cincinnati
Good Samaritan.....	Cincinnati
University of Cincinnati Hospital Group.....	Cincinnati
Cincinnati General Cleveland Metropolitan General.....	Cleveland
St. Luke's.....	Cleveland
University Hospitals of Cleveland.....	Cleveland
University.....	Columbus, Ohio
Youngstown.....	Youngstown, Ohio
Good Samaritan.....	Portland, Ore.
Albert Einstein Medical Center.....	Philadelphia
Episcopal.....	Philadelphia
Hahnemann Medical College and Hospital.....	Philadelphia
Hospital of the University of Pennsylvania.....	Philadelphia

Jefferson Medical College.....	Philadelphia
Misericordia.....	Philadelphia
Health Center Hospitals of the University of Pittsburgh School of Medicine.....	Pittsburgh
Presbyterian-University Western Pennsylvania.....	Pittsburgh
Reading.....	West Reading, Pa.
Medical Center Hospitals (Medical College Hospitals and Roper Hospital).....	Charleston, S. C.
City of Memphis Hospitals.....	Memphis, Tenn.
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.
Vanderbilt University Parkland Memorial.....	Dallas, Texas
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Baylor University Affiliated Hospitals.....	Houston, Texas
Ben Taub General Methodist	
University of Utah Affiliated Hospitals.....	Salt Lake City
Salt Lake County General	
University of Virginia.....	Charlottesville, Va.
Medical College of Virginia-Hospital Division.....	Richmond, Va.
King County.....	Seattle
University of Washington.....	Seattle
West Virginia University Medical Center.....	Morgantown, W. Va.

STRAIGHT INTERNSHIPS IN OBSTETRICS-GYNECOLOGY

University.....	Little Rock, Ark.
Georgia Baptist.....	Atlanta, Ga.
Charity Hospital of Louisiana.....	New Orleans
Tulane University Division	
Johns Hopkins.....	Baltimore
University.....	Ann Arbor, Mich.
Barnes.....	St. Louis
Newark City.....	Newark, N. J.
City Hospital Center at Elmhurst.....	New York City
New York Polyclinic Medical School and Hospital.....	New York City
St. John's Episcopal.....	New York City
Strong Memorial.....	Rochester, N. Y.
Akron City.....	Akron, Ohio
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.
Vanderbilt University	

STRAIGHT INTERNSHIPS IN PEDIATRICS

Children's.....	Birmingham, Ala.
University Hospital and Hillman Clinic.....	Birmingham, Ala.
University.....	Little Rock, Ark.
Children's Hospital of Los Angeles.....	Los Angeles
University of California.....	Los Angeles
Children's Hospital of the East Bay.....	Oakland, Calif.
Palo Alto-Stanford Hospital Center.....	Palo Alto, Calif.
Children's Hospital of San Francisco.....	San Francisco
University of California Hospitals.....	San Francisco
Children's.....	Denver
University of Colorado Medical Center.....	Denver
Yale-New Haven Medical Center.....	New Haven, Conn.
Grace-New Haven Community	
District of Columbia General—Program XI.....	Washington, D. C.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.
Jackson Memorial.....	Miami, Fla.
Georgia Baptist.....	Atlanta, Ga.
Grady Memorial.....	Atlanta, Ga.
Eugene Talmadge Memorial.....	Augusta, Ga.
Michael Reese Hospital and Medical Center.....	Chicago
Northwestern University Medical Center.....	Chicago
Children's Memorial	
Presbyterian-St. Luke's.....	Chicago
University of Chicago Hospitals and Clinics.....	Chicago
University of Illinois Research and Educational Hospitals.....	Chicago

Indiana University Hospitals.....	Indianapolis
University of Kansas Medical Center.....	Kansas City, Kan.
University of Kentucky Medical Center.....	Lexington, Ky.
Louisville General.....	Louisville, Ky.
Charity Hospital of Louisiana.....	New Orleans
Louisiana State University Division	
Tulane University Division	
Baltimore City Hospitals.....	Baltimore
Johns Hopkins.....	Baltimore
Sinai Hospital of Baltimore.....	Baltimore
University of Maryland.....	Baltimore
Boston City (Straight Specialties, Boston Univ.).....	Boston
Boston Floating.....	Boston
Children's Hospital Medical Center.....	Boston
Massachusetts General.....	Boston
University.....	Ann Arbor, Mich.
Children's.....	Detroit
University of Minnesota.....	Minneapolis
University of Missouri Medical Center.....	Columbia, Mo.
Children's Mercy.....	Kansas City, Mo.
St. Louis Children's.....	St. Louis
St. Louis City.....	St. Louis
St. Louis University Group of Hospitals.....	St. Louis
Children's Memorial.....	Omaha
Jersey City Medical Center.....	Jersey City, N. J.
Children's.....	Buffalo
Edward J. Meyer Memorial.....	Buffalo
Bellevue Hospital Center.....	New York City
3rd Division Dept. of Pediatrics—NYU	
Bronx-Lebanon Hospital Center.....	New York City
Bronx Municipal Hospital Center.....	New York City
Brooklyn-Cumberland Medical Center.....	New York City
Jewish Hospital of Brooklyn.....	New York City
Kings County Hospital Center.....	New York City
Lincoln.....	New York City
Long Island College.....	New York City
Maimonides Hospital of Brooklyn.....	New York City
Montefiore Hospital Training Program.....	New York City
Montefiore	
Morrisania City	
New York.....	New York City
St. Luke's.....	New York City
Rochester General.....	Rochester, N. Y.
Strong Memorial.....	Rochester, N. Y.
State University of New York Upstate Medical Center.....	Syracuse, N. Y.
North Carolina Memorial.....	Chapel Hill, N. C.
Duke.....	Durham, N. C.
Watts.....	Durham, N. C.
North Carolina Baptist Hospitals.....	Winston-Salem, N. C.
Children's.....	Akron, Ohio
University of Cincinnati Hospital Group.....	Cincinnati
Cincinnati General	
Cleveland Metropolitan General.....	Cleveland
St. Luke's.....	Cleveland
University Hospitals of Cleveland.....	Cleveland
University.....	Columbus, Ohio
Children's Hospital of Philadelphia.....	Philadelphia
Hahnemann Medical College and Hospital.....	Philadelphia
Health Center Hospitals of the University of Pittsburgh School of Medicine.....	Pittsburgh
Children's Hospital of Pittsburgh	
Medical Center Hospitals (Medical College Hospital and Roper Hospital).....	Charleston, S. C.
City of Memphis Hospitals.....	Memphis, Tenn.
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.
Vanderbilt University	
Children's Medical Center.....	Dallas, Texas
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Baylor University Affiliated Hospitals.....	Houston, Texas
Ben Taub General	
University of Utah Affiliated Hospitals.....	Salt Lake City
Salt Lake County General	
University of Virginia.....	Charlottesville, Va.
Medical College of Virginia-Hospital Division.....	Richmond, Va.
Children's Orthopedic Hospital and Medical Center.....	Seattle
University of Washington.....	Seattle
West Virginia University Medical Center.....	Morgantown, W. Va.
University Hospitals.....	Madison, Wis.
Milwaukee Children's.....	Milwaukee

STRAIGHT INTERNSHIPS IN PATHOLOGY

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University.....	Little Rock, Ark.
Loma Linda University.....	Loma Linda, Calif.
University of California.....	Los Angeles
University of California Hospitals.....	San Francisco
University of Colorado Medical Center.....	Denver
Yale-New Haven Medical Center.....	New Haven, Conn.
Grace-New Haven Community	
Georgetown University.....	Washington, D. C.
George Washington University.....	Washington, D. C.
University of Florida Teaching Hospital and Clinics.....	Gainesville, Fla.
Emory University.....	Atlanta, Ga.
St. Joseph's Infirmary.....	Atlanta, Ga.
Eugene Talmadge Memorial.....	Augusta, Ga.
Mercy.....	Chicago
Mount Sinai.....	Chicago
Northwestern University Medical Center.....	Chicago
Chicago Wesley Memorial	
Evanston (Evanston, Illinois)	
Presbyterian-St. Luke's.....	Chicago
University of Chicago Hospitals and Clinics.....	Chicago
University of Illinois Research and Educational Hospitals.....	Chicago
Rockford Memorial.....	Rockford, Ill.
Indiana University Hospitals.....	Indianapolis
Methodist.....	Indianapolis
St. Vincent's.....	Indianapolis
Mercy.....	Des Moines
University Hospitals.....	Iowa City, Iowa
University of Kansas Medical Center.....	Kansas City, Kan.
University of Kentucky Medical Center.....	Lexington, Ky.
Louisville General.....	Louisville, Ky.
Charity Hospital of Louisiana.....	New Orleans
Louisiana State University Division	
Baltimore City Hospitals.....	Baltimore
Johns Hopkins.....	Baltimore
University of Maryland.....	Baltimore
Beth Israel.....	Boston
Boston City.....	Boston
Children's Hospital Medical Center.....	Boston
Massachusetts Memorial Hospitals.....	Boston
New England Center.....	Boston
Mount Auburn.....	Cambridge, Mass.
University.....	Ann Arbor, Mich.
University.....	Jackson, Miss.
University of Missouri Medical Center.....	Columbia, Mo.
Menorah Medical Center.....	Kansas City, Mo.
Barnes.....	St. Louis
St. Louis University Group of Hospitals.....	St. Louis
Nebraska Methodist.....	Omaha
Bellevue Hospital Center.....	New York City
3d Division—Dept. of Pathology, NYU	
Bronx Municipal Hospital Center.....	New York City
Kings County Hospital Center.....	New York City
New York.....	New York City
Presbyterian.....	New York City
Genesee.....	Rochester, N. Y.
Strong Memorial.....	Rochester, N. Y.
State University of New York Upstate Medical Center.....	Syracuse, N. Y.
North Carolina Memorial.....	Chapel Hill, N. C.
Duke.....	Durham, N. C.
North Carolina Baptist.....	Winston-Salem, N. C.
Cleveland Metropolitan General.....	Cleveland
University Hospitals of Cleveland.....	Cleveland
University.....	Columbus, Ohio
Good Samaritan.....	Portland, Ore.
University of Oregon Medical School Hospitals and Clinics.....	Portland, Ore.
Chestnut Hill.....	Philadelphia
Hahnemann Medical College and Hospital.....	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania.....	Philadelphia
Health Center Hospitals of the University of Pittsburgh	
School of Medicine.....	Pittsburgh
Presbyterian-University	
Western Pennsylvania.....	Pittsburgh
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.
Vanderbilt University	
Baylor University Medical Center.....	Dallas, Texas

Parkland Memorial.....	Dallas, Texas
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Baylor University Affiliated Hospitals.....	Houston, Texas
Ben Taub General	
Texas Children's.....	Houston, Texas
University of Utah Affiliated Hospitals.....	Salt Lake City
Salt Lake County General	
DeGoesbriand Memorial.....	Burlington, Vt.
Mary Fletcher.....	Burlington, Vt.
Medical College of Virginia-Hospital Division.....	Richmond, Va.
University of Washington.....	Seattle
University Hospitals.....	Madison, Wis.
Milwaukee County General.....	Milwaukee

INTERNSHIPS OFFERED WHICH MAY BE LONGER THAN TWELVE MONTHS

Marion County General.....	Indianapolis
Midland.....	Midland, Mich.
St. Luke's.....	Saginaw, Mich.
St. Mary's.....	Saginaw, Mich.
Cooper.....	Camden, N. J.
Moses H. Cone Memorial.....	Greensboro, N. C.
Hillcrest Medical Center.....	Tulsa, Okla.
James Walker Memorial Hospital.....	Wilmington, N. C.
Washington.....	Washington, Pa.
Rhode Island.....	Providence, R. I.
Columbia Hospital of Richland County.....	Columbia, S. C.
Spartanburg General.....	Spartanburg, S. C.
St. Mark's.....	Salt Lake City
Johnston-Willis.....	Richmond, Va.
Memorial.....	Charleston, W. Va.

PILOT FAMILY PRACTICE PROGRAMS

These programs are of two years' duration and include an equivalent of the internship.

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

PILOT GENERAL PRACTICE PROGRAMS*

These programs are of two years' duration and include an equivalent of the internship.

Macon.....	Macon, Ga.
Broadlawns Polk County.....	Des Moines, Iowa
University of Nebraska.....	Omaha
St. Joseph's.....	Paterson, N. J.
Akron City.....	Akron, Ohio
Akron General.....	Akron, Ohio
St. Thomas.....	Akron, Ohio
Auxilio Mutuo.....	Hato Rey, P. R.
R. E. Thomason General.....	El Paso, Texas
John Peter Smith.....	Fort Worth, Texas
Group Health Clinic.....	Seattle

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

Essentials of an Approved Internship

PREFACE

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

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

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

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

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

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

I. INTRODUCTION

The internship is a highly important phase in the education of a physician. During this period, the young graduate is given the opportunity to put into practice the principles

of preventive medicine, diagnosis, therapy, and management of patients which he learned as a medical student. He is able to observe, usually for the first time, patients on a "round-the-clock" basis and, if his internship is properly organized, can follow his patients from admission to discharge and subsequently in the outpatient department. Under the supervision of the attending staff, he is given progressively increasing responsibility to the end that he acquires confidence in his own clinical judgment.

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

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

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

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

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

1. While the internship combines two functions—an educational period in the training of young physicians and a position rendering medical care and service to patients in hospitals and assistance to the staffs of hospitals—its educational function is of primary and paramount importance and its service function is secondary and incidental.
2. The service function of the internship should not be permitted to subordinate the educational purpose of the internship.
3. The educational function of the internship should be

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

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

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

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

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

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

II. THE INTERNSHIP

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

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

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

The American boards in the specialties, however, give credit for only 12 months of internship education and require that the balance of a candidate's graduate education be in the form of a residency. Although a number of American boards will give credit for the second 12 months of a

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

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

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

Approved internships may be "rotating," "mixed," or "straight." It is the opinion of the Council that the best general, basic education is provided by a well-organized and well-conducted rotating internship.* A rotating internship is one which provides supervised practice in the four major divisions of internal medicine, surgery, pediatrics, and obstetrics. Interns ordinarily should not be assigned to more than one major division at a time. Training in laboratory diagnosis and radiologic interpretation should be included. This may often best be achieved through integration with the interns' activities on other services.

In rotating internships of 12 months' duration the time allotted to internal medicine should equal or exceed the time given to any other service. Assignments should be made in such a manner as to assure that each intern devotes at least three consecutive months respectively to internal medicine and to surgery. No assignment may be of less than two months' duration. In view of these two restrictions, there can be not more than three additional services, two of which should be obstetrics and pediatrics. If an intern desires experience in a specialty not included in his rotation schedule, he may obtain such training through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments and hence too short a time on service are inconsistent with the conduct of a good rotating internship.

A mixed internship is one in which not less than six months nor more than eight months of the total time is spent on one of the major services of medicine, surgery, obstetrics and gynecology, pediatrics, psychiatry, or pathology. Additional experience may be on one or two other services, but no assignments may be of less than two months' duration. Assignments to special fields of less than two months' duration should be incorporated into and closely related with the six- to eight-month assignment on one of the above major clinical services. The services to be offered in the mixed internship may be varied in the case of the individual intern, provided an approved residency program exists in

* A few states require a rotating internship for licensure. For current information regarding the specific requirements of individual state examining boards, the State Board Number of THE JOURNAL should be consulted.

at least the service offering six months' experience, no more than three assignments are made in a 12-month period, and none are of less than two months' duration. Each proposed combination of services must be approved in advance.

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

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

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

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

III. SELECTION OF INTERNS

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

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 1633 Central St., Evanston, Ill. has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for internship positions acquire reasonable assurance with regard to their medical qualifications through utilization of the program of the Educational Council.

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

(1) have a full and unrestricted state license to practice, or

(2) have secured a standard or temporary certificate from ECFMG.

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

IV. HOSPITALS ELIGIBLE FOR APPROVAL

In order to provide the intern with a well-rounded experience during the course of his internship, an adequate number of patients in each of the several major clinical divisions is a primary requisite. The experience of the Council indicates that an acceptable rotating internship can be offered only in general hospitals having a capacity of at least 150 beds, exclusive of bassinets, and having a minimum of 5,000 annual admissions, excluding the newborn. Further, three of the four major clinical divisions must be represented in such a hospital. Modern trends in practice emphasize the importance of experience in an active outpatient department. Hospitals which do not have a well-organized outpatient department should provide this type of training through affiliation.

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

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

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

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

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

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

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

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

V. THE HOSPITAL STAFF

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

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

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

VI. CLINICAL RECORDS

1. *Adequate Records Must Be Maintained.*—(See Section XI, Nature of Intern's Duties.) The attending physician or surgeon is directly responsible for the accuracy and com-

pleteness of clinical records concerning all patients under his care, including the record of the work done by the intern.

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

3. *Standard Nomenclature of Diseases and Operations.*—To avoid ambiguity and lack of definiteness, it is recommended that the Standard Nomenclature of Diseases and Operations be used by the medical staff to record the clinical diagnosis on patients.

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

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

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

VII. PATHOLOGY

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

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

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

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

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

VIII. RADIOLOGY

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

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

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

IX. MEDICAL LIBRARY

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

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

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

X. ORGANIZATION AND CONDUCT OF THE INTERNSHIP TEACHING PROGRAM

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

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

In a rotating internship, the schedule should include assignments to services in medicine, surgery, pediatrics, and obstetrics, but the time spent on each service need not remain fixed for all interns. Rotation through other services should be arranged with a view to the future plans of the specific intern and the needs of the hospital. Under this plan the service needs of some of the more highly specialized departments would be supplied in part by rotating interns, in part by straight interns or by residents. If training is needed by a given intern in some specialty to which he is not assigned, it may be provided through work with consultants on his patients, on other services, and at times by outpatient experience.

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

Each department or section should have a chairman who serves for at least one year. He should be well qualified for this position by training and experience in his special field, should be responsible for the general conduct of the clinical

work in his department, and should help to formulate and execute the intern training plan. Frequent rotation of attending physicians in charge of the various services should be avoided. Assignments should be made so that the intern has ample opportunity to meet the attending physicians frequently for the conduct of organized ward rounds or clinics and for the study and care of the patients for whom he is responsible. In order to assure the proper teaching relationship between interns and attending physicians, no intern should be expected to assist an unreasonable number of attending or visiting physicians.

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

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

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

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

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

6. *Educational Program.*—(a) *Bedside Teaching:* The most important phase of intern instruction consists in regularly organized daily ward rounds, with well-conducted teaching at the bedside. By this is meant systematic instruction of the intern by the attending physician, with an ample discussion of the history, the physical examination, the clinical and laboratory findings, the diagnosis, and the treatment of each patient. The social and psychological aspects of the case should receive proper emphasis. It is the duty of the attending physician in direct charge of the patients assigned to the intern to conduct such teaching. It cannot be delegated to others, though it should be supplemented by supervision of the intern's work by the direc-

tor of intern education, junior staff members, and residents. Intern assignments which have no educational value should be avoided.

(b) *Conferences:* Clinical conferences are second in importance only to bedside teaching in the formal educational program. To be effective, they require planning and preparation on the part of both staff and interns and active participation by the latter group. The organization and conduct of clinical conferences of good caliber is a measure of the effectiveness of the teaching program.

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

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

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

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

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

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

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

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

(6) Journal Club Conferences. An effective method of stimulating the intern staff to read the current literature is presented through informal discussions centering around the more important articles in the various journals, especially articles immediately pertinent to the intern's clinical experience. They may be conducted on a departmental basis, rotated through departments, or they may be general in nature. In view of the demands on the time of the interns and attending staff, they may be conducted as luncheon conferences if facilities permit.

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

(b) General Surgery: Surgical training should be planned to emphasize diagnosis and preoperative and postoperative care, and not skill in operative technique. Special attention should be given to problems encountered in the emergency room and to minor surgical procedures as carried out in the outpatient department. In the operating room, the intern's role should be that of an assistant rather than of an operator. He should not be required to spend excessive time in the operating room to the neglect of the other phases of his training in this department. The dressing of surgical wounds should be regarded as an important part of his experience, giving him a particularly valuable opportunity to observe the immediate effects of surgical procedures and treatment. He may obtain instruction and experience in the use of anesthetics under the supervision of a trained anesthesiologist. In large hospitals where the surgical specialties are organized as separate services, the assignment of the intern should be determined by the intern committee and the surgical staff after careful consideration. The precautions noted relative to assignments to the medical subspecialties are equally applicable to the surgical subspecialties.

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

(d) Pediatrics: Training in pediatrics, in addition to affording the intern an adequate amount of instruction and experience in the medical, surgical, and psychiatric aspects of the diseases of infancy and childhood, should include experience in the care of the newborn and should acquaint him with the normal patterns of growth and development. In view of the importance of care of newborn infants in the work of the general practitioner, obstetrician, and pedi-

atrician, it is incumbent on all hospitals to afford ample experience in this field to at least all interns contemplating the possibility of undertaking general practice.

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

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

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

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

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

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

(h) Outpatient Department: The changes in medical practice resulting from new drugs and other advances in medical care require reevaluation of the importance of outpatient training during the internship. Hospitals should provide to all interns carefully supervised experience in ambulant care under circumstances comparable to the office practice of medicine. Outpatient assignments should be closely correlated with corresponding services in the hospital, thus affording the intern an opportunity to see serious illness in its earlier aspects and encouraging follow-up work and observation of hospitalized patients over a longer period

of time. A well-supervised teaching experience in the outpatient department should give the intern an understanding of the functions of community health agencies.

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

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

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

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

(c) The countries of origin of foreign medical graduates have widely-varying needs for health and medical care, and the programs for individual foreign physicians should reflect an interest in those features of clinical practice most essential to the foreign physician upon return to his own country.

XI. NATURE OF THE INTERN'S DUTIES

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

He should make ward rounds with the attending and resident staffs at suitable intervals, preferably daily. At such times, he should visit the patients under his care and others, discussing their progress. He should receive instruction, information, criticisms, advice, suggestions, and assistance from his superiors, who thus contribute to his education. When serving on surgical services, he should attend operations to which he may be assigned. He should act in the

capacity of an assistant, as directed by his superiors, thus attaining knowledge and experience with respect to operating room procedures and techniques.

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

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

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

Not infrequently the intern is given the opportunity to take a part in the instruction of medical students, nurses, social workers, and others who participate with him in teaching and service activities of the hospital. Such opportunities are to be welcomed as providing a stimulus to the intern to add to his own knowledge and understanding of a subject and to organize and clarify his thinking. Such opportunities also serve admirably to introduce the intern to the role of teacher, a role which in one capacity or another he will be called on to fill at many points in his later career.

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

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

XII. MISCELLANEOUS

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

2. *Record of Interns' Assignments and Certificate of Service.*—It is advantageous both to the hospital and to the intern that an adequate record be kept of his activities on each service to which he is assigned. Such information is helpful to the hospital in evaluating its intern-training program and is required by some state licensing boards and other agencies. At the completion of his internship, he should

be furnished with a certificate of service, attesting to the satisfactory completion of his training period. The hospital is justified in withholding such a certificate only if the intern fails to complete his internship or if his performance has been such as to indicate that he is unfit for the practice of medicine. Under no circumstances should the hospital arbitrarily refuse to issue such a certificate for relatively minor reasons. In the event of illness necessitating the intern's withdrawal from training, the hospital may properly issue a certificate to include the period of training completed.

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

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

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

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

7. *Hospital-Intern Agreement.*—A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and should be terminated only by mutual consent. A breach of the agreement by either a hospital or an intern is not condoned by the Council. Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and the hospital's record and are made available on request to authorized agencies.

XIII. ADMISSION TO THE APPROVED LIST

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

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

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

XIV. WITHDRAWAL FROM THE APPROVED LIST

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

Among other major deficiencies leading to probationary status are:

(1) Failure to maintain an autopsy rate of at least 25%.

(2) Failure to maintain an appropriate ratio of admissions per intern. While Section IV of these "Essentials" specifies that a hospital eligible for approval should have a minimum complement of six interns and a ratio of 15 to 25 beds per intern, an excessively rapid turnover of patients may result in such a high admission rate that the greatly increased work load will result in deterioration in the educational experience of the interns and unsatisfactory service to the hospital.

(3) Failure to secure a minimal effective complement of interns for two successive years. It is in the direct interest of hospital service requirements that there be uninterrupted service coverage in each of the major clinical departments. This minimal effective complement should also provide for effective coverage during emergency room assignment, affiliated assignments and off-duty periods, for uninterrupted operation of the teaching program, a sufficiently large group of interns to permit the necessary group interaction during teaching activities, and effective stimulus to the staff to provide a real educational program.

Programs unable to secure a sufficient number of interns to provide minimal coverage of the above services for two successive years may remain approved only when no other significant deficiencies in the training program exist, and then only for a limited additional period of time if they continue to secure inadequate numbers of interns.

(4) Failure on the part of those responsible for the program to recognize and discharge their obligations as sponsors of Exchange-Visitor Programs with special attention to the necessary educational and cultural interchange among colleagues of diverse national origins. Internship programs will not be disapproved on the basis of specific proportions of foreign medical graduates. It is nevertheless a useful guide and meritorious objective for hospitals whose internship programs are composed predominantly of foreign-educated

physicians, to strive to obtain a reasonable proportion of the total house officer complement (interns and residents) from among graduates of medical schools of the United States or Canada.

Lack of evidence of recognition, planning, and implementation of the special requirements described in Section X, paragraph 8, will be regarded as a deficiency in any program accepting numbers of foreign medical graduates. On the other hand, evidence of exceptional performance in this area, especially for a program composed wholly of such physicians, will warrant commendation by the Council on Medical Education.

The Council believes that all hospitals with approved programs share an equal moral responsibility for participation in educational exchange programs. This responsibility is not limited to physicians from other lands who seek to further their education as house officers in our hospitals; it is also to our native-born house officers so that they may contribute to and receive the benefits of mutual understanding and knowledge resulting from a working relationship with their colleagues from other countries.

Re-applications for approval will not be accepted ordinarily from hospitals whose programs have been disapproved until lapse of a significant period of time for evaluation and reorganization. The Council considers that effective reorganization of disapproved programs will require a minimum of six months, and frequently longer, before re-application should be accepted.

The Council is concerned with any program which appears to accept numbers of interns which may be in excess of the educational resources and the service requirements of the hospitals involved. The medical staffs of both affiliated and non-affiliated hospitals should be prepared to justify each intern position offered, particularly where there are coexisting undergraduate clerkship programs and residency programs.

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

Hospitals which are unable to qualify for internship approval should give consideration to other means of providing adequate medical service. It should be noted that less than 15% of the hospitals in this country are approved for intern education. Although the immediate availability of physicians

on a 24-hour basis and the maintenance of adequate clinical records is a major problem facing many hospitals lacking intern staffs, unquestionably a large proportion of them provide a high level of patient care despite this lack.

The following suggestions for providing adequate medical service on a 24-hour basis are offered to the staffs of hospitals unable to qualify for internship approval:

1. Depending on the size of the hospital, one or more younger physicians who have completed their formal hospital training may be employed to assist the attending staff in the care of their patients by performing certain of the functions ordinarily carried out by the house staff. An adequate salary and living quarters within the hospital or on the hospital property should be provided. These physicians should be employed under terms which conform to accepted ethical practices.

2. If the size of the hospital staff makes it practicable, responsibility for night duty, or 24-hour duty, may be arranged for through rotation of this assignment among the members of the junior attending staff.

3. If the junior staff is too limited in number, these duties may be rotated through the entire attending staff.

4. A junior attending or courtesy staff physician who is just starting the practice of medicine in the community may be employed on a part-time basis to care for emergencies and perform house-staff duties during the night.

5. Nurses, qualified technicians, and other ancillary personnel may be trained to perform many procedures ordinarily assigned to the intern staff.

With respect to the maintenance of adequate records, hospitals not conducting educational programs may give consideration to developing a type of clinical record that will be more economical of time and effort than the type required of hospitals conducting educational programs and still include all essential data. A concise, inclusive clinical summary, along with a brief history and report of physical examination, may frequently suffice for this purpose, particularly if supplemented by copies of records from the physician's office. Except for emergency admissions, the hospital could require that each referring physician supply a copy or summary of the patient's office examination and diagnosis to serve as an admission note.

Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to June 1, 1964

Hospitals, 1,354

Residencies, 38,337

Residency training programs in the following specialties or subspecialties have been approved by the Council on Medical Education as meeting the requirements of the Essentials of Approved Residencies, which are published separately by the Council. For the majority of specialties, special Review Committees exist composed of representatives of the Council, representatives from the specialty boards concerned, and in some cases representatives from a national professional organization in that special field. The sponsoring parent organizations for the Review Committees approve changes in policy, but in general have delegated final authority to the Review Committees for approval or disapproval of training programs and for their listing in this Directory.

This issue follows the format adopted in 1960 for the listing of residencies. General features relating to the hospitals will be found in the Consolidated List which begins on page 29.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1963.

Total admissions include transfers from other services. Average daily census multiplied by 365 gives total inpatient days; this divided by admissions gives average length of stay, a useful measure of comparison.

The total number of deaths and the autopsy percentage are shown for each specialty so that one can calculate the actual number of autopsies performed for the particular service, and can further calculate mortality rates as an index of the severity of illnesses admitted to the particular service.

Outpatient visits may include emergency room visits as well.

The tabulation of residencies offered in successive years includes all positions available for each of five years. The pyramidal or vertical nature of each program is thus suggested. In some instances, the total of residencies offered may be greater than the sum of those shown for each of the five years, thus indicating that appointments might be made for periods longer than five years. In some instances the caption heading of a specialty list will describe special identification of those hospitals offering training beyond the period for which approved.

The salary range lists the beginning minimum salary for a single resident and the maximum salary in the final year of the approved program. As in the list of approved internships, F means full maintenance and P means partial maintenance. If full maintenance is provided for single residents, and additional benefits (including additional salary) are paid to married residents, then both F and P will be indicated. F alone means full maintenance for both single and married. No maintenance symbols means a hospital pays salary only.

*indicates number includes appointments made for residents preparing for training in other fields

†indicates special training available beyond the period for which program is approved

‡indicates discharges instead of admissions.

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APPROVED RESIDENCIES

1. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology. Programs, 217; Residencies 1,813

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1965-1966					Total All Yrs.	Salary per Year Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE											
TEXAS											
U. S. Air Force, San Antonio ⁶⁸	A. J. Di Giovanni.....	7,819	220	4	4	0	0	0	8†	.....	...
UNITED STATES ARMY											
U. S. Army Co-ordinated Program ⁶⁵											
Letterman General, San Francisco.....	R. W. Cranston.....	4,494	51	0	0	2	0	0	2	.....	...
Fitzsimons General, Denver.....	R. A. Rink.....	4,229	33	0	0	2	0	0	2	.....	...
Walter Reed General, Washington, D. C.....	J. A. Jenicek.....	5,981	347	4	4	2	0	0	10	.....	...
Brooke General, San Antonio.....	W. L. Lumpkin, Jr.....	6,156	20	4	4	2	0	0	10	.....	...
UNITED STATES NAVY											
CALIFORNIA											
U. S. Naval, Oakland.....	D. R. Buechel.....	4,577	43	2	2	0	0	0	4	.....	...
U. S. Naval, San Diego ⁶⁸	W. J. Gallagher, Jr.....	8,292	95	2	2	0	0	0	4	.....	...
MARYLAND											
U. S. Naval, Bethesda ⁶⁸⁻⁴¹⁷	D. A. Murray.....	10,121	102	2	2	0	0	0	4	.....	...
MASSACHUSETTS											
U. S. Naval, Chelsea ²⁰⁰	H. H. Bird, Jr.....	2,849	101	2	2	0	0	0	4	.....	...
NEW YORK											
U. S. Naval, St. Albans ⁶⁸	T. G. Doneker.....	2,636	30	2	2	1	0	0	5	.....	...
PENNSYLVANIA											
U. S. Naval, Philadelphia ⁶⁸⁻⁴²⁴	G. D. Mitehell.....	3,343	169	2	2	1	0	0	5	.....	...
UNITED STATES PUBLIC HEALTH SERVICE											
NEW YORK											
U. S. Public Health Service (Staten Island), New York City ²²⁴	K. Urbach.....	3,078	127	2	2	0	0	0	4	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION											
ALABAMA											
Birmingham											
University of Alabama Medical Center ⁶⁸.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University Hospital and Hillman Clinic.....	C. W. White.....	7,282	100	3	3	0	0	0	6	2400-2700	F
Fairfield											
Lloyd Noland ⁶⁸	R. W. Grady.....	4,448	508	2	1	0	0	0	3	4200-4800	FP
ARKANSAS											
Little Rock											
St. Vincent Infirmary.....	A. Gentling.....	7,650	102	2	2	0	0	0	4	3600-6600	P
University.....	F. Barnhard.....	3,387	66	3	3	0	0	0	6	3400-3700	O
CALIFORNIA											
Loma Linda											
Loma Linda University ⁶⁸	B. D. Briggs.....	2,851	60	3	3	0	0	0	6	4846-5429	O
Riverside County General (Riverside).....	B. D. Briggs.....	1,391	21	0	2	0	0	0	2	5424-6540	O
San Bernardino County Charity (San Bernardino).....	.....	2,927	9	.....	.....	.....	.....	.....	.....	.....	.....
Los Angeles											
Los Angeles County General, Unit I.....	J. S. Denson.....	13,782	398	14	14	3	0	0	31†	3780-5520	F
University of California ⁶⁸	J. B. Dillon.....	6,316	350	7	7	3	0	0	17	3324-3840	O
Veterans Admin. Center—General Medical and Surgical ⁶⁸⁻⁹⁴	P. F. Shroff.....	5,134	25	5	5	0	0	0	10	4205-4900	P
White Memorial ⁶⁸	F. E. Leffingwell.....	4,936	198	6	6	0	0	0	12	4200-6660	P
Oakland											
Highland-Alameda County ⁶⁸	C. H. Gallup.....	6,019	87	4	4	0	0	0	8	3216-3456	FP
Orange											
Orange County General.....	C. C. Leydic, Jr.....	2,560	104	2	2	0	0	0	4	4260-4500	P
Palo Alto											
Stanford Medical Center and Affiliated Hospitals ⁶⁸.....	.....	.....	.....	5	5	4	0	0	14	.....	.....
Palo Alto-Stanford Hospital Center.....	J. Bunker.....	8,624	156	.....	.....	.....	.....	.....	.....	3450-4350	O
Veterans Admin.....	N. T. Smith.....	1,142	69	.....	.....	.....	.....	.....	.....	4020-6120	O
San Mateo County General (San Mateo).....	R. Pardee.....	1,801	15	.....	.....	.....	.....	.....	.....	3600-4800	F
Riverside											
Riverside County General—See Loma Linda University, Loma Linda	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Bernardino											
San Bernardino County Charity—See Loma Linda University, Loma Linda	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Diego											
Mercy.....	E. Glazener.....	13,923	1,564	1	0	0	0	0	1	3600-4200	F
San Diego County General.....	G. E. Kinyon.....	4,136	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Francisco											
Children's Hospital of San Francisco.....	B. Holman.....	6,504	12	.....	.....	.....	.....	.....	2	3000-3900	FP
Presbyterian Medical Center.....	P. J. Bailey.....	5,135	100	2	2	0	0	0	4	3900-4200	P
St. Joseph's.....	R. H. Simpson.....	3,485	16	1	1	0	0	0	2	3000-4800	FP
University of California Hospitals ⁶⁸	S. C. Cullen.....	8,598	300	7	4	3	0	0	14	3576-4656	O
San Francisco General.....	E. P. Guy.....	3,522	500	4	2	0	0	0	6	3300-3816	O
San Jose											
Santa Clara County.....	P. A. Olsen.....	2,674	50	3	3	0	0	0	6	4428-5136	F

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued											
San Mateo											
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto											
Torrance											
Los Angeles County Harbor General ⁶⁸	P. H. Lorban	4,502	219	4	4	4	0	0	12	3780-5520	F
COLORADO											
Denver											
University of Colorado Affiliated Hospitals ⁶⁸				7	7	2	0	0	16	3000-4000	P
University of Colorado Medical Center	R. W. Virtue	5,680	401								
Veterans Admin.	H. F. Keister	2,950		3	2	0	0	0	5	4020-7035	O
CONNECTICUT											
Bridgeport											
Bridgeport	D. H. Massey	11,029	82	1	1	0	0	0	2	3900-4200	FP
Hartford											
Hartford ⁶⁸	C. B. Hickcox	29,180	190	6	6	2	0	0	14	3300-4500	O
St. Francis	S. J. Martin	18,326	756	5	5	0	0	0	10	3600-5100	FP
New Haven											
Hospital of St. Raphael ⁶⁸	M. Garofalo	9,060	790	2	2	0	0	0	4	3900-3900	F
Yale-New Haven Medical Center ⁶⁸											
Grace-New Haven Community	N. M. Greene	14,886	126	2	2	1	0	0	5	4000-5000	P
Norwalk											
Norwalk	E. Marinucci	10,508	14	1	1	0	0	0	2	3420-3840	F
Waterbury											
St. Mary's	W. S. DeWald	7,200	95	2	2	0	0	0	4	3900-4200	FP
Waterbury ⁶⁸	J. E. Keet	8,244		1	1	1	0	0	3	2700-3300	F
DISTRICT OF COLUMBIA											
Washington											
District of Columbia General ⁶⁸	M. Benzinger	6,164	141	3	3	1	0	0	7	3800-5000	F
Georgetown University ⁶⁸	T. E. MacNamara	8,357	130	3	3	0	0	0	6	2400-3240	P
George Washington University ⁶⁸	C. S. Coakley	13,279	850	5	5	0	0	0	10	3300-4200	P
Providence	W. H. Devlin	13,160	208	3	3	0	0	0	6	4800-5400	O
Washington Hospital Center ⁶⁸	W. E. Bageant	19,261	336	6	6	4	0	0	16	4500-7200	P
FLORIDA											
Gainesville											
University of Florida Teaching Hospital and Clinics ⁶⁸	J. S. Gravenstein	5,310	77	3	3	3	0	0	9	3800-5800	O
Miami											
Jackson Memorial ⁶⁸	F. Moya	9,324	48	5	5	2	0	0	12	3000-4680	P
Tampa											
Tampa General	H. Carron	15,115	450	2	2	0	0	0	4	3000-5100	FP
GEORGIA											
Atlanta											
Emory University Hospital-Grady Memorial ⁶⁸	J. E. Steinhaus			3	3	0	0	0	6		
Emory University		6,593	20							3600	P
Grady Memorial		7,390	334							3600-3900	P
Augusta											
Medical College of Georgia Hospitals ⁶⁸				6	6	0	0	0	12	3000-3996	O
Eugene Talmadge Memorial	P. Volpitto	3,195	5								
ILLINOIS											
Chicago											
Cook County ⁶⁸	V. Collins	14,175	607	4	4	0	0	0	10†	2400-2400	FP
Illinois Masonic ⁶⁸	I. Illes	8,204	62	2	2	0	0	0	4	6000-7200	F
Michael Reese Hospital and Medical Center ⁶⁸	J. Bolgia	10,180	200	4	4	4	0	0	12	3600-4800	P
Mount Sinai ⁶⁸	R. Weyl	5,728	177	3	3	0	0	0	6	4600-5800	
Northwestern University Medical Center ⁶⁸											
Chicago Wesley Memorial	M. Karp	12,218	750	3	3	0	0	0	5	3300-3600	P
Passavant Memorial	L. Watt	4,941	26						1	3300-3900	P
Veterans Admin. Research	J. A. Vallunas	1,777	0	1	1	0	0	0	2	4205-7405	O
Presbyterian-St. Luke's ⁶⁸	P. W. Searles	13,025	1,178	3	3	3	0	0	9	4500-5100	P
University of Chicago Hospitals and Clinics ⁶⁸	D. A. Holdaday	7,245	102	4	4	2	0	0	10	4500-5460	O
University of Illinois Research and Educational Hospitals ⁶⁸	M. S. Sadove	9,608		5	6	0	0	0	11	3000-3300	P
Decatur											
Decatur and Macon County	W. K. Stephan	7,200	1,800	2	2	0	0	0	4	5400-6610	P
Evanston											
Evanston	C. A. Baldwin	6,818	127	1	1	0	0	0	2	3300-3600	P
Hines											
Veterans Admin. ¹⁶³	M. S. Sadove	3,531	15	5	6	0	0	0	11	4020-4735	O
Joliet											
St. Joseph ⁶⁸⁻¹⁸⁷	W. A. DeWitt	6,988	190	3	3	0	0	0	6	6000-6600	O
INDIANA											
Indianapolis											
Indiana University Medical Center ⁶⁸	V. K. Stoelting			8	8	0	0	0	16		
Indiana University Hospitals		11,261	122							2825-3150	P
Veterans Admin.		1,511	36							4020-7035	O
Marion County General	G. Dryden	4,670	118	3	3	0	0	0	6	3863-4176	P
IOWA											
Iowa City											
State University of Iowa Hospitals ⁶⁸				7	7	0	0	0	14		
University Hospitals	W. K. Hamilton	13,272	500							3180-4200	P
Veterans Admin.	F. D. Staab	1,601	35							4020-7035	O

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
KANSAS											
Kansas City											
University of Kansas Medical Center ⁵⁸	E. Frederickson.....	8,220	103	4	4	1	0	0	9	3000-6000	P
Wichita											
St. Francis ⁵⁹⁻¹⁹⁴	R. T. Parmley.....	11,655	216	4	4	2	0	0	10	5400-8000	F
KENTUCKY											
Lexington											
University ⁵⁸	P. P. Bosomworth.....	2,043	135	2	2	1	0	0	5	3960-5160	P
Louisville											
University of Louisville Medical Center ⁵⁸.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Louisville General.....	E. H. Conner.....	12,413	250	4	4	2	0	0	10	4000-...	FP
LOUISIANA											
New Orleans											
Charity Hospital of Louisiana ⁵⁸	J. Adriani.....	23,151	1,521	..	..	..	..	..	20	3600-4200	F
Veterans Admin.....	J. Adriani.....	3,420	62	1	1	0	0	0	2	4020-4735	O
Ochsner Foundation ⁵⁹	F. X. LeTard.....	10,242	64	3	3	0	0	0	6	3000-3360	P
MAINE											
Portland											
Maine Medical Center ⁵⁸	J. R. Lincoln.....	8,270	73	3	3	3	0	0	9	2400-3000	FP
MARYLAND											
Baltimore											
Baltimore City Hospitals ⁵⁸	J. Redding.....	3,496	1,323	2	2	3	1	0	8	4500-6000	O
Johns Hopkins ⁵⁸	D. W. Benson.....	16,073	..	6	6	2	0	0	14	2600-...	P
Sinai Hospital of Baltimore.....	S. Rochberg.....	320	2	1	0	0	0	0	3	4700-5500	P
University of Maryland ⁵⁸	M. Helrich.....	10,000	250	5	5	3	0	0	13	4000-5500	P
MASSACHUSETTS											
Boston											
Beth Israel.....	S. Gilman.....	7,023	121	1	1	0	0	0	2	3600-6000	P
Boston City ⁵⁸	P. S. Marcus.....	11,501	193	8	6	0	0	0	14†	3600-4200	O
Lahey Clinic ⁵⁸⁻²²⁹	J. P. Crehan.....	5,001	136	4	4	0	0	0	8	3000-4200	O
Massachusetts General ⁵⁸⁻²²⁸	H. K. Beecher.....	14,530	190	3	5	2	0	0	10	3600-5400	P
Massachusetts Memorial Hospitals.....	E. A. Sneddon.....	3,755	250	3	3	0	0	0	6	3600-4200	O
New England Center ⁵⁸	B. E. Etsten.....	3,314	210	4	4	2	0	0	10	3600-6000	P
New England Deaconess ⁵⁸	F. Audin, L. Hand.....	6,245	265	3	3	1	0	0	7	4200-5400	P
Peter Bent Brigham ⁵⁸⁻²²⁷	L. D. Vandam.....	4,175	200	3	3	2	0	0	8	2933-3733	P
St. Elizabeth's.....	L. P. Zentgraf.....	14,389	1,825	2	2	0	0	0	4	3600-4200	F
Veterans Admin. (Jamaica Plain).....	D. L. Mahler.....	3,794	300	1	1	0	0	0	2	4205-7405	O
Cambridge											
Mount Auburn ⁵⁸	J. Buskirk.....	6,012	..	..	..	..	..	..	4	4800-7200	O
Pittsfield											
Pittsfield Affiliated Hospitals.....	R. Gladstone.....	7,384	..	2	2	0	0	0	4	3900-4800	F
Pittsfield General.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Luke's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Springfield											
Springfield.....	C. Bryant.....	11,950	72	2	2	0	0	0	4	3900-4200	FP
Worcester											
St. Vincent ⁵⁸	J. G. Murphy.....	12,000	2,112	3	3	1	0	0	7	4080-4380	FP
MICHIGAN											
Ann Arbor											
University of Michigan Medical Center ⁵⁸.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University.....	R. B. Sweet.....	8,511	..	6	6	4	0	0	16	2940-3840	O
Veterans Admin.....	.....	2,497	..	0	1	0	0	0	1	4205-7405	O
Dearborn											
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Detroit											
Henry Ford ⁵⁸	P. R. Dumke.....	17,378	314	6	6	6	0	0	18	4800-5400	P
Providence.....	N. M. Bittrich.....	6,279	3,672	2	2	0	0	0	4	5700-6000	O
Sinai Hospital of Detroit ⁵⁸	E. M. Brown.....	9,246	212	2	2	0	0	0	4	3600-3900	FP
Wayne State University Affiliated Hospitals ⁵⁸.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin. (Dearborn).....	F. E. Greifenstein.....	3,667	29	3	3	0	0	0	6	4205-4990	O
Receiving.....	.....	9,800	128	8	8	0	0	0	16	4188-5088	P
MINNESOTA											
Minneapolis											
University of Minnesota Affiliated Hospitals ⁵⁸	F. H. Van Bergen.....	.....	.....	16	16	2	2	0	36	.....	.....
Hennepin County General.....	V. S. Lawrence.....	3,572	41	..	..	..	..	..	..	4500-6500	F
University of Minnesota Hospitals.....	F. H. Van Bergen.....	7,519	490	..	..	..	..	..	..	3150-3594	O
Veterans Admin.....	F. H. Van Bergen.....	4,610	32	..	..	..	..	..	..	4205-7405	O
Ancker (St. Paul).....	C. Galway.....	2,497	775	..	..	..	..	..	..	.....	.....
Gillette State Hospital for Crippled Children (St. Paul).....	F. H. Van Bergen.....	661	.....	..	..	..	..	..	..	3594-3594	P
Rochester											
Mayo Foundation ⁵⁸	A. Faulconer, Jr.....	32,500	644	5	5	5	0	0	15	2800-4200	P
Rochester Methodist.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Mary's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Paul											
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gillette State Hospital for Crippled Children—See University of Minnesota Affiliated Hospitals, Minneapolis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MISSISSIPPI											
Jackson											
University of Mississippi Medical Center ⁵⁸.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University.....	L. W. Fabian.....	4,850	50	5	4	2	0	0	11	3000-3600	O
Veterans Admin.....	H. L. Gee.....	2,503	42	..	..	..	..	..	..	4020-4735	O

Numerical and other references are listed on pages 274 through 277.

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1965-1966						Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				1st Year	2nd Year	3rd Year	4th Year	5th Year				
MISSOURI												
Columbia												
University of Missouri Medical Center ⁵⁸	K. K. Keown	4,092	120	4	4	0	0	0	8	4800-5400	P	
St. Louis												
Barnes ⁵⁸	R. B. Dodd	16,104	120	4	4	4	0	0	12	3300-3900	O	
Jewish Hospital of St. Louis ⁵⁸	D. Dickler	7,589	175	1	1	1	0	0	3	2400-3600	FP	
St. John's Mercy	S. Brown	7,845	150	2	2	0	0	0	4	3900-4800	F	
St. Louis City ⁵⁸	A. E. Koslowski	4,286	75	2	2	0	0	0	4†	3420-4583	P	
Springfield												
St. John's	O. B. Crawford	11,714	121	2	2	0	0	0	4	6000-6000	O	
NEBRASKA												
Omaha												
University of Nebraska	J. R. Jones	2,012	106	2	2	0	0	0	4	3000-3600	F	
NEW HAMPSHIRE												
Hanover												
Mary Hitchcock Memorial ⁵⁸	R. H. Barrett	5,514	529	3	3	0	0	0	6	3008-3208	P	
NEW JERSEY												
Camden												
West Jersey ⁵⁸	G. E. Covintree	7,952	196	1	1	0	0	0	2	5100-6000	FP	
Hackensack												
Hackensack	A. Wollack	7,767	125	1	2	0	0	0	3	3000-3300	F	
Newark												
Newark Beth Israel	A. Dear	9,281	38	1	1	1	0	0	3	3000-3600	F	
Paterson												
St. Joseph's	E. T. Lawless	7,629	107	2	2	0	0	0	4	3900-4500	F	
NEW YORK												
Albany												
Albany Medical Center ⁵⁸	C. M. Landmesser	10,792	206	5	5	0	0	0	10	3200-5800	P	
Buffalo												
Buffalo General ⁵⁸	R. Terry	11,255	129	2	5	5	0	0	12	4100-4400	P	
Edward J. Meyer Memorial ⁵⁸	B. D. King	3,156	190	2	3	2	0	0	7	3875-5010	P	
Millard Fillmore ⁵⁸	E. D. Babbage	11,975	100	1	1	0	0	0	2	4400-4560	P	
Cooperstown												
Mary Imogene Bassett	W. F. Karl	1,187	25	1	1	0	0	0	2	3600-4800	P	
Hempstead												
Meadowbrook	I. G. Weinberg	3,648	3,274	2	2	0	0	0	4	4300-8700	F	
New Hyde Park												
Long Island Jewish ⁵⁸	S. Surks	6,805	216	2	2	0	0	0	4	4500-6250	O	
New York City												
Beth Israel ⁵⁸	S. G. Hershey	6,703	120	3	3	2	0	0	8	4500-7200	P	
Bronx Municipal Hospital Center ⁵⁸⁻⁵⁴¹	L. R. Orkin	17,322	639	9	9	9	3	0	30†	4200-5220	P	
Brookdale Hospital Center ⁵⁸	A. C. Goldfeder	7,752	51	2	1	0	0	0	3	4500-5000	P	
Harlem Hospital Center ⁵⁸	H. G. Cave	4,893	336	3	3	0	0	0	6	4200-5220	P	
Hospital for Joint Diseases ⁵⁸	A. M. Betcher	3,791	120	2	2	0	0	0	4	4500-5000	P	
Jewish Hospital of Brooklyn ⁵⁸	I. Pallin	5,985	50	6	5	0	0	0	11	4500-5000	P	
Kings County Hospital Center ⁵⁸	M. H. Harmel	10,660	220	6	6	3	1	0	16†	4200-5220	P	
Lenox Hill	G. W. Rich	7,947	172	1	1	0	0	0	2	4300-4700	P	
Maimonides Hospital of Brooklyn	L. Holzmann	10,124	132	2	1	0	0	0	3	5000-6250	P	
Memorial Hospital for Cancer and Allied Diseases-James Ewing ⁵⁸	W. S. Howland	7,000	250	2	2	4	0	0	8	4620-5920	P	
Methodist Hospital of Brooklyn ⁵⁸	G. Wallace	7,660	189	3	2	1	0	0	6	4600-5600	P	
Montefiore Hospital Training Program ⁵⁸	F. F. Foldes	4,903	208	7	7	2	0	0	16	4500-6250	P	
Montefiore		2,541	15								P	
Morrisania City		12,484		8	7	0	0	0	15	4500-5000	P	
Mount Sinai ⁵⁸⁻⁵⁸⁵	L. Rendell-Baker	19,635	500	7	0	0	10	0	17	3200-3900	P	
New York ⁵⁸	J. Artusio										P	
New York Medical College-Metropolitan Hospital Center ⁵⁸	F. E. Fierro										FP	
Unit 1—Flower and Fifth Avenue Hospitals		7,453	200							4200-6000	FP	
Unit 2—Metropolitan		4,500	200						13	4200-5220	FP	
Unit 3—Bird S. Coler Memorial Hospital and Home												
New York Polyclinic Medical School and Hospital ⁵⁸	J. Milowsky	6,173	213	2	1	1	0	0	4	2700-3300	F	
New York University Medical Center and Bellevue Hospital Center ⁵⁸												
Bellevue Hospital Center, Divisions III and IV	V. D. B. Mazzia	10,534	203	9	10	3	1	0	20	4200-5220	FP	
University	V. D. B. Mazzia								6			
Veterans Admin. (Manhattan)	J. Bartels	2,276	12	3	3	0	0	0	6	4020-5575	O	
Presbyterian ⁵⁸	E. M. Papper	23,507	116	11	11	2	0	0	24	4200-5347	O	
St. Catherine's ⁵⁸	F. P. Ansbro	2,949	46	2	1	0	0	0	3	3900-4380	O	
St. Clare's	J. Lawrence	5,124	103	1	1	0	0	0	2	3000-3600	F	
St. Luke's	L. S. Blacatoc	5,702	4	4	0	0	0	0	8	3300-3600	P	
St. Vincent's Hospital of the City of New York ⁵⁸	R. G. Hicks	9,061	222	3	3	1	0	0	7†	3540-3840	P	
Veterans Admin. (Bronx) ⁵⁸	B. J. Ciliberti	3,645	95	3	3	0	0	0	6	4020-5575	O	
Veterans Admin. (Brooklyn) ⁵⁸	H. Lipson	2,340	25	2	2	0	0	0	4	4020-4735	O	
Rochester												
Genesee	T. W. Morgan	7,579	52	1	1	0	0	0	2	4500-5000	O	
St. Mary's ⁵⁸	V. J. Tofany	8,812	315	1	1	1	0	0	3	3300-3900	F	
Strong Memorial ⁵⁸	A. J. Gillies	8,676	400	4	4	0	0	0	8	2600-4400	O	
Syracuse												
St. Joseph's ⁵⁸	C. J. Geiger	9,780	385	4	4	0	0	0	7	3800-4000	F	
State University of New York Upstate Medical Center ⁵⁸	A. B. Dobkin	12,224	189	6	6	6	0	0	18	4036-4940	O	
Veterans Admin.	L. Eisenberg	1,882	7							4205-4990	O	
Valhalla												
Grasslands ⁵⁸	H. F. Bishop	1,916	126	2	2	1	0	0	5	5100-5900	FI	
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial ⁵⁸	D. A. Davis	4,156	151	2	2	0	0	0	4	2800-5000	O	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA—Continued											
Durham											
Duke ⁶⁸	C. R. Stephen	12,041	730	5	5	4	0	0	14	3900-4800	P
Veterans Admin.	E. A. C. Lloyd	3,097	146	2	2	0	0	0	4	4205-7405	O
Winston-Salem											
North Carolina Baptist	D. L. Crandell	7,942	854	2	2	0	0	0	4	2450-3250	P
OHIO											
Akron											
Akron City	R. C. Hunter	12,120	...	2	2	0	0	0	4	4200-4500	FP
Canton											
Mercy	D. L. Greenamyre	10,363	1,025	2	2	0	0	0	4	4200-6000	F
Cincinnati											
Bethesda	C. Hoyt	...	...	2	2	0	0	0	4	...	...
Christ	E. Hartenian	13,139	15	2	2	0	0	0	4	3000-3300	F
University of Cincinnati Hospital Group ⁶⁸	A. E. Ogden	...	...	3	3	2	0	0	8†	...	...
Children's	...	3,623	...	...	...	...	...	...	...	...	...
Cincinnati General	...	11,155	769	...	...	...	...	...	...	3000-3300	F
Veterans Admin.	...	2,706	448	...	...	...	...	...	...	4020-7035	...
Cleveland											
Cleveland Clinic ⁶⁸	D. E. Hale	9,374	654	3	3	0	0	0	6	5400-6600	P
Cleveland Metropolitan General ⁶⁸	H. E. Kretschmer	10,765	25	2	2	1	0	0	5†	3200-4260	FP
Fairview Park ⁶⁸	J. E. Walkowiak	10,329	690	2	2	1	0	0	5	3900-4500	FP
Huron Road ⁶⁸	J. K. Potter	8,025	190	4	6	0	0	0	10	1980-2280	F
Marymount ⁶⁸	N. G. DePiero	6,096	330	3	3	2	0	0	8†	6300-6900	F
Mount Sinai Hospital of Cleveland ⁶⁸	S. Katz	12,275	41	3	2	0	0	0	5	2700-3000	FP
St. Alexis ⁶⁸	L. Campbell	5,454	40	2	2	0	0	0	4	6000-6600	F
St. Luke's ⁶⁸	B. B. Sankey	11,971	136	3	3	0	0	0	6	3600-4020	F
St. Vincent Charity ⁶⁸	D. Mendelsohn	4,476	600	3	3	0	0	0	6	3720-3900	F
University Hospitals of Cleveland ⁶⁸	R. A. Hingson	16,494	325	6	6	4	0	0	16	3600-5400	P
Columbus											
Ohio State University Hospitals ⁶⁸⁻³⁹⁶	W. Hamelberg	19,256	300	10	10	0	0	0	20	3624-3924	...
University	...	...	...	...	...	...	...	...	...	...	P
Toledo											
Toledo	D. M. Katchka	7,785	115	2	1	0	0	0	3	4200-4500	F
Youngstown											
St. Elizabeth ⁶⁸	A. Bayuk	13,447	0	3	3	0	0	0	6	4500-4800	F
Youngstown ⁶⁸	D. W. Metcalf	13,967	66	5	5	0	0	0	10	3900-4200	F
OKLAHOMA											
Oklahoma City											
University of Oklahoma Medical Center ⁶⁸	J. M. White	...	...	4	4	4	0	0	12	...	...
University Hospitals	J. M. White	6,140	1,404	...	...	...	...	...	...	4205-4990	P
Veterans Admin.	...	2,153	6	...	...	...	...	...	...	...	...
OREGON											
Portland											
University of Oregon Medical School Hospitals and Clinics ⁶⁸⁻⁴⁰⁸	F. Haugen	10,279	487	5	5	0	0	0	10	2700-3300	F
PENNSYLVANIA											
Johnstown											
Conemaugh Valley Memorial ⁶⁸⁻⁴⁸⁷	P. C. Lund	8,549	1,152	2	2	0	0	0	4	4800-5400	F
Philadelphia											
Albert Einstein Medical Center ⁶⁸	B. Goldstein	15,603	647	7	6	0	0	0	13	3000-3600	FP
Graduate Hospital of the University of Pennsylvania	H. H. Stone	6,846	366	3	3	2	0	0	8	2910-3510	P
Hahnemann Medical College and Hospital	A. J. Catenacci	8,596	148	4	4	0	0	0	8	3000-3600	P
Hospital of the University of Pennsylvania ⁶⁸	R. D. Dripps	10,885	...	12	12	10	6	0	40	3200-6000	P
Children's Hospital of Philadelphia	L. Bachman	3,817	503	...	...	...	...	...	...	1500-1800	F
Jefferson Medical College ⁶⁸	L. J. Hampton	9,887	187	3	3	1	0	0	7	3000-3400	O
Pennsylvania	M. V. Troncelliti	11,557	106	...	...	...	...	...	2	3210-4170	O
Philadelphia General ⁶⁸	M. V. N. Deming	6,675	99	3	3	2	0	0	8	5207-6097	F
Presbyterian Hospital in Philadelphia ⁶⁸	S. Sebots	4,868	104	2	2	0	0	0	4	2820-3180	F
Temple University ⁶⁸	L. W. Krumperman	10,517	42	6	6	2	0	0	14	2400-5100	P
Pittsburgh											
Allegheny General	R. L. Patterson	11,042	1,176	3	3	3	0	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh ⁶⁸	P. Safar	...	...	5	5	4	0	0	14	...	...
Children's Hospital of Pittsburgh	...	...	...	...	...	...	...	...	...	...	...
Magee-Womens	O. C. Phillips	10,824	216	...	...	...	...	...	...	...	...
Presbyterian-University	...	8,034	14,048	...	...	...	...	...	...	3900-4500	O
Veterans Admin.	...	...	...	...	...	...	...	...	...	4020-7035	P
Mercy ⁶⁸	E. S. Siker	10,050	502	4	4	0	0	0	8	5400-5700	P
Montefiore ⁶⁸	E. Jacobson	5,518	50	1	1	0	0	0	2	4200-4500	O
St. Francis General	A. L. Pantalone	9,799	125	3	3	0	0	0	6	4320-4640	FP
Sayre											
Robert Packer ⁶⁸	E. A. Talmage	7,712	59	1	1	0	0	0	2	3000-4800	FP
PUERTO RICO											
Ponce											
Hospital de Damas	E. Colon-Yordan	2,679	329	1	1	0	0	0	2	2700-3000	F
Rio Piedras											
University (District)	N. de Jesus	3,876	76	3	3	0	0	0	6	3600-4200	F
San Juan											
Presbyterian ⁴⁴³	F. J. Gonzales	5,178	...	1	1	0	0	0	2	3600-6000	F
San Juan City ⁶⁸	F. J. Gonzales	...	...	1	1	1	0	0	3	3600-4800	F
RHODE ISLAND											
Providence											
Rhode Island ⁶⁸	E. Saklad	13,586	175	3	3	3	0	0	9	2280-4080	FP

Numerical and other references are listed on pages 274 through 277.

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1965-1966						Total All Years	Salary per Year Min.-Max.	Maintenance P F O
				1st Year	2nd Year	3rd Year	4th Year	5th Year				
SOUTH CAROLINA												
Charleston												
Medical Center Hospitals.....												
Medical College.....	J. E. Mahaffey.....	4,652	3,018	4	4	2	0	0	10	2310-3630	FP	
TENNESSEE												
Chattanooga												
Baroness Erlanger.....	G. W. Farris.....	14,248	150	5	5	0	0	0	10	3900-4200	F	
Knoxville												
University of Tennessee Memorial Research Center and Hospitals ⁵⁸	W. F. Powell.....	4,714	41	1	1	0	0	0	2	4800-6000	F	
Memphis												
City of Memphis Hospitals ⁵⁸	W. Dornette.....	4,784	100	5	5	0	0	0	10	4800-4800	F	
Nashville												
Vanderbilt University ⁵⁸	C. B. Pittinger.....	6,264	150	3	3	0	0	0	6†	4000-5000	P	
TEXAS												
Dallas												
Parkland Memorial ⁵⁸⁻⁶⁵	M. T. Jenkins.....	10,286	463	6	6	4	0	0	16	3300-5100	P	
Fort Worth												
Harris Hospital-Fort Worth Medical Center.....	A. N. Heinrichs.....	9,404	130	2	2	0	0	0	4	3600-5100	FP	
Galveston												
University of Texas Medical Branch Hospitals ⁵⁸	C. R. Allen.....	8,032	373	6	6	3	0	0	15†	4200-4200	P	
Houston												
Baylor University Affiliated Hospitals ⁵⁸	A. S. Keate.....	31,635	124	4	4	2	0	0	10†	2910-3417	FP	
Ben Taub General.....												
Methodist.....												
Veterans Admin.....	W. H. Mannheimer.....	5,184	24	2	2	1	0	0	5	4020-11150	P	
Hermann.....	L. F. Schuhmacher, Jr.....	18,599	3,489	2	2	0	0	0	4	3900-5400	P	
St. Joseph's.....	E. Hoeflich.....	11,201	50	1	1	0	0	0	2	4440-4740	P	
University of Texas M.D. Anderson Hospital and Tumor Institute ⁵⁸	W. S. Derrick.....	4,942	37	3	3	0	0	0	6	3300-6600	O	
San Antonio												
Robert B. Green Memorial.....	D. C. Grosekreutz.....	3,618	204	2	2	0	0	0	4	3300-4500	FP	
Temple												
Scott and White Memorial ⁵⁸	C. H. Gillespie.....	5,258	4,147	1	1	0	0	0	2	4200-4500	P	
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals ⁵⁸⁻⁶¹	C. M. Ballinger.....	22,613	443	7	7	2	0	0	16			
VERMONT												
Burlington												
University of Vermont Affiliated Hospitals ⁵⁸	J. Abajian.....			3	3	0	0	0	6			
DeGoesbriand Memorial.....		3,379	667							3000-3800	O	
Mary Fletcher.....		4,948	100							3000-3800	O	
VIRGINIA												
Charlottesville												
University of Virginia.....	D. Eastwood.....	8,110	1,898	5	4	0	0	0	9	4800-5100	F	
Richmond												
Medical College of Virginia—Hospital Division ⁵⁸	W. E. Pembleton.....	11,702	200	5	3	0	0	0	8	3600-3600	F	
Veterans Admin.....	C. G. Lynch.....	2,493	141	2	2	0	0	0	4	4020-11725	P	
WASHINGTON												
Seattle												
Providence ⁵⁸	L. Morris.....	9,041	125	1	1	2	0	0	4	3900-4350	FP	
Swedish ⁵⁸	L. H. Mousel.....	12,764	1,000	2	2	0	0	0	4	4500-4800	F	
University of Washington Affiliated Hospitals ⁵⁸	J. J. Bonica.....			10	10	5	0	0	25	3000-4140	P	
Children's Orthopedic Hospital and Medical Center.....	K. F. Eather.....	3,696	248							2400-4500	F	
King County.....	H. D. Green.....	3,725	215							3600-5580	P	
University.....	J. J. Bonica.....	2,549	430							4020-7035	O	
Veterans Admin.....	J. J. Bonica.....	1,478	22							3600-7200	F	
Tacoma General (Tacoma).....	P. H. Backup.....	6,037	250							3300-5100	FP	
Virginia Mason ⁵⁷	D. C. Moore.....	6,071	212	3	3	3	0	0	9			
Tacoma												
Tacoma General—See University of Washington Affiliated Hospitals, Seattle												
WEST VIRGINIA												
Morgantown												
West Virginia University Medical Center ⁵⁸	N. W. B. Craythorne.....	1,901	150	2	2	1	0	0	5	3320-3920	P	
Wheeling												
Ohio Valley General.....	D. E. Greenleitch.....	9,735	362	2	2	0	0	0	4	4800-5100	P	
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals ⁵⁸	K. Siebecker.....			8	7	2	0	0	17			
University Hospitals.....		6,394	528							3400-4800	P	
Veterans Admin.....		1,561	53							4205-5885	P	
Milwaukee												
Milwaukee County General ⁵⁸	J. J. Jacoby.....	5,500	150	3	3	3	0	0	9	3134-4483	P	
Veterans Admin. (Wood) ⁵⁸	E. O. Henschel.....	3,787	531	4	4	0	0	0	8	4020-4735	P	

2. AVIATION MEDICINE

The programs in Aviation Medicine which have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 224.

3. CHILD PSYCHIATRY

The programs in Child Psychiatry which have been approved by the Council on Medical Education and the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, and begin on page 237.

APPROVED RESIDENCIES

4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Colon and Rectal Surgery, through the Residency Review Committee for Colon and Rectal Surgery, as offering TWO years of acceptable training in the specialty. Programs, 12; Residencies, 27

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Los Angeles														
Queen of Angels	G. Hugo	10	369	6	33	319	1	1	0	0	0	2	4800-6000	F
White Memorial	A. I. Kugel	3	149	2	50	1,662							4280-6660	P
LOUISIANA														
New Orleans														
Ochsner Foundation	P. H. Hanley	13	461	9	56	8,479	1	1	0	0	0	2	3900-....	P
MASSACHUSETTS														
Boston														
Lahey Clinic	N. W. Swinton	40	800	10	50	5,000	1	1	0	0	0	2	3600-....	O
MICHIGAN														
Grand Rapids														
Ferguson-Droste-Ferguson	J. A. Ferguson	69	2,647	51	65	11,388	2	2	0	0	0	4	3900-4500	F
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals	W. C. Bernstein						1	1	0	0	0	2		
University of Minnesota Hospitals			Inc. in Surg.			1,271							3600-6000	O
Veterans Admin.														
Rochester														
Mayo Foundation	R. J. Jackman	15	811	1	100	25,500	2	2	0	0	0	4	2400-2800	P
Rochester Methodist														
St. Mary's														
NEW YORK														
Buffalo														
Buffalo General	J. E. Alford	12	467	7	43	725	0	0	0	1	1	2	5000-5300	P
Millard Fillmore	W. H. Bernhoft	6	278	0	0		1	1	0	0	0	1	4400-4560	P
PENNSYLVANIA														
Allentown														
Allentown	G. Kratzer	23	855†	18	56	78	1	0	0	0	0	1	3300-3500	FP
Philadelphia														
Temple University	H. E. Bacon	50	902	10	40	725	3	3	0	0	0	6	2100-2700	P
TEXAS														
Dallas														
Baylor University Medical Center	A. Baldwin	18	796†	5	40	193	1	0	0	0	0	1	6000-6000	P

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty. Those hospitals showing TWO years of approval and marked with an asterisk (*) offer an assured THIRD year of training at another hospital approved for such training. Programs, 75; Residencies, 450

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco															
Letterman General, San Francisco	R. M. Williams	5	74	0	0	13,939	3	1	1	1	0	0	3		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington															
Walter Reed General, Washington	L. S. Leland	11	164			14,280	3	4	4	4	0	0	12		
TEXAS															
Brooke General, San Antonio															
Brooke General, San Antonio	D. E. Vanderploeg	2	88	0	0	51,750	3	2	2	2	0	0	6		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, San Diego¹⁰⁰															
U. S. Naval, San Diego ¹⁰⁰	C. W. Norman	16	208	0	0	20,006	2*	2	2	2	0	0	6		
PENNSYLVANIA															
U. S. Naval, Philadelphia															
U. S. Naval, Philadelphia	S. L. Moschella	15	212			9,477	2*	2	2	2	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
National Institutes of Health-Clinical Center, Bethesda															
National Institutes of Health-Clinical Center, Bethesda	E. Van Scott	7	51	6	100	1,000	1	1	1	2	0	0	4		

5. DERMATOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES PUBLIC HEALTH SERVICE—Continued															
NEW YORK															
U. S. Public Health Service (Staten Island), New York City ⁸⁸⁹	J. T. Hearin.....	22	428	0	0	8,372	2*	1	1	1	0	0	3		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington.....	C. W. Freeman.....	6	23	0	0	2,438	2	1	1	0	0	0	1	4400-5700	P
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center.....															
University Hospital and Hillman Clinic.....	R. O. Noojin.....	2	132	1	100	21,876	3	2	2	2	0	0	6	3000-4906	F
Fairfield															
Lloyd Noland ⁷⁶	P. G. Reque.....	1	39	0	0	5,400	1	1	0	0	0	0	1	4200-4200	FP
ARKANSAS															
Little Rock															
University of Arkansas Medical Center.....	D. J. Dillaha.....						3	2	2	2	0	0	6		
University.....		2	45	0	0	2,294								4200-5575	O
Veterans Admin.....		20	371	0	0	1,894								4,020-5575	P
CALIFORNIA															
Long Beach															
Veterans Admin.....	S. W. Becker.....	15	710	0	0	8,085	3						8	4020-7035	O
Los Angeles															
Los Angeles County General, Unit I.....	M. Bauer.....	16	667	8	25	13,023	3	2	2	2	0	0	6	3780-5520	F
University of California.....	T. H. Sternberg.....		14	0	0	5,181	3	2	2	2	0	0	6	3324-4332	O
Veterans Admin. Center-General Medical and Surgical ⁹²	E. T. Wright.....	47	1,329	3	67	17,814	3	3	3	2	0	0	8	4205-5865	P
White Memorial.....	M. Couperus.....	1	16	0	0	2,718	2							4260-6660	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals.....							3	3	3	4	0	0	10		
Palo Alto-Stanford Hospital Center.....	E. M. Farber.....	5	149†	1	0	5,196								3450-4350	O
Veterans Admin.....	A. L. Norins.....	18	170	0	0	2,254								4020-6120	O
San Francisco															
University of California Hospitals.....	H. I. Maibach.....	4	101			7,785	3						4	3580-4600	O
Veterans Admin.....	F. J. Sullivan.....					300								4221-7386	
COLORADO															
Denver															
University of Colorado Affiliated Hospitals.....							3	1	1	1	0	0	3		
University of Colorado Medical Center.....	H. Lewis.....	1	21	0	0	2,668								3000-4000	P
Veterans Admin.....	C. Wilson.....		81	0	0	1,302								4020-7035	O
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center.....															
Grace-New Haven Community.....	A. B. Lerner.....					7,255	3	1	1	0	0	0	2	2500-2800	P
FLORIDA															
Miami															
Jackson Memorial.....	H. Blank.....	8	145	4	50	9,453	3	3	3	3	0	0	9	3000-4650	P
GEORGIA															
Atlanta															
Grady Memorial.....	S. Olansky.....					2,721	3	1	1	1	0	0	3	2700-3900	F
ILLINOIS															
Chicago															
Cook County.....	T. Cornbleet.....	19	225	3	67	18,080	3	2	1	1	0	0	4	1800-1800	FP
Northwestern University Medical Center.....	S. M. Bluefarb.....					3,824	3	2	2	2	0	0	6	3000-3000	O
Veterans Admin. Research.....	J. Hasegawa.....	20	217	0	0									4205-7405	O
University of Chicago Hospitals and Clinics.....	A. L. Lorincz.....	6	134	0	0	5,338	3	3	3	3	0	0	9	3900-4860	O
University of Illinois Research and Educational Hospitals.....	A. Rostenberg, Jr.....	5	74	1	100	10,929	3	2	2	2	0	0	6	3000-3600	P
Veterans Admin. (Hines).....	A. Rostenberg, Jr.....	14	244	7	57	3,610								4020-4735	O
Hines															
Veterans Admin.—See University of Illinois Research and Educational Hospitals, Chicago															
INDIANA															
Indianapolis															
Marion County General.....	V. Hackney.....	4	31	1	0	7,522	3	1	1	1	0	0	3	3863-4489	P
IOWA															
Iowa City															
University Hospitals.....	R. G. Carney.....	14	423	0	0	14,320	3	2	2	2	0	0	6	3180-4200	P
KENTUCKY															
Louisville															
Louisville General.....	A. B. Loveman.....	3				2,069	1	1	0	0	0	0	1	2500-3000	FP
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana.....	V. J. Derbes.....	17	236	1	100	22,650	3						10	1500-2100	F

Numerical and other references are listed on pages 274 through 277.

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND															
Baltimore															
Johns Hopkins ^a	E. W. Smith		177†			4,440	3	2	2	2	0	0	6	2800	P
University of Maryland	H. M. Robinson, Jr.	3	75	1	100	13,000	3	1	1	1	0	0	3	3000-4400	P
MASSACHUSETTS															
Boston															
Massachusetts General	T. B. Fitzpatrick		127	2	100	8,213	3	1	2	1	0	0	4	3600-4800	P
Massachusetts Memorial Hospitals	H. Mescon	Inc. in Int. Med.				4,546	3	3	3	3	0	0	9	3600-4800	O
Tufts University Affiliated Hospitals	W. F. Lever						3								
Boston City		9	135	0	0	14,179		2	2	1	0	0	5†	3600-4800	O
Boston Dispensary and Rehabilitation Institute		0	0	0	0	2,730		1	0	1	0	0	2	3600-4800	O
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals							3								
University	A. C. Curtis	16	501	1	100	9,168		5	5	5	0	0	15	2940-3840	O
Veterans Admin.	H. Schoch							1	0	1	0	0	2	4205-7405	O
Detroit															
Henry Ford	C. S. Livingood	24	606	4	50	44,048	3	5	5	5	0	0	15	4800-5400	P
Receiving ²⁸⁸	H. Pinkus	0	34	0	0	10,590	3	4	4	4	0	0	12	2500-5200	P
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals							3								
Hennepin County General	C. W. Laymon	4	124	1	100	4,841		1	1	0	0	0	2	4500-6500	F
University of Minnesota Hospitals	F. W. Lynch	7	116	0	0	3,682		1	1	1	1	1	5	3150-4735	O
Veterans Admin.	I. Fisher	19	416	1		1,376		2	2	1	0	0	5	4205-7405	O
Ancker (St. Paul)	H. Ravits	5	106	0	0	4,359		1	1	0	0	0	2	3150-3150	F
Rochester															
Mayo Foundation	R. R. Kierland	35	836	3	100	30,063	3	6	6	6	0	0	18	2400-6000	P
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSOURI															
Columbia															
University of Missouri Medical Center	N. Aael	4	80†	1	100	3,503	2	2	1	1	0	0	4	3600-3900	P
St. Louis															
Barnes	D. J. Demiss	Inc. in Int. Med.				4,743	3	1	1	1	0	0	3	3600-4200	O
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals															
Mary Hitchcock Memorial	O. F. Jillson	10	257	0	0	10,306	3	1	1	1	0	0	3	3008-3738	P
NEW YORK															
Buffalo															
Edward J. Meyer Memorial	J. W. Jordan	2	44	0	0	4,677	3	1	1	2	0	0	4	3875-4385	P
Roswell Park Memorial Institute	H. Traenkle	3	43	3	100	4,095	1	0	0	1	0	0	1	4500-5544	O
New York City															
Kings County Hospital Center	L. Frank	17	229	6	33	15,494	3	2	1	1	0	0	4	4200-5220	P
Mount Sinai	S. M. Peck	1	11			8,281	3	1	1	0	0	0	2	4500-5500	P
New York	F. Daniels	Inc. in Int. Med.				9,694	3	1	1	0	0	0	2	3200-3400	P
New York Medical College—Metropolitan Hospital Center							2								
Unit 1—Flower and Fifth Avenue Hospitals															
Unit 2—Metropolitan	J. L. Morse	4	47	1	0	15,655							2	4200-5220	FP
Unit 3—Bird S. Coler Memorial Hospital and Home															
New York University Medical Center and Bellevue Hospital Center	R. L. Baer						3						18†		
Bellevue Hospital Center, Div. IV		35	300	0	0	24,657								4200-5220	FP
University		11	257	1	100	37,560									
Veterans Admin. (Manhattan)	P. Michaelides	37	444	2	50									4020-5575	O
Presbyterian	C. T. Nelson	7	148	1	100	28,647	3	2	1	1	0	0	4	4200-5347	O
Roosevelt	R. M. Montgomery	1	30	0	0	2,471	1	1	0	0	0	0	1	3500-4900	O
St. Luke's	L. P. Barker	1	6	0	0	6,421	2	1	1	0	0	0	2	3300-3600	P
Veterans Admin. (Bronx)	H. Shatin	31	369	0	0	1,863	2	2	2	0	0	0	4	4020-4735	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. E. Wheeler	1	31†	2	100	3,904	3	2	2	1	0	0	5	2800-6000	O
Durham															
Duke	J. L. Callaway	5	193	1	100	9,140	3	2	2	2	0	0	6	3900-4800	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Cincinnati General	L. Goldman	13	239	0	0	5,450	3	3	3	3	0	0	9†	2000-4400	F
Cleveland															
Cleveland Clinic	J. R. Haserick	11	412	4	75	12,472	3	2	2	2	0	0	6	3900-4500	P
Western Reserve University Affiliated Hospitals							3								
Cleveland Metropolitan General	R. R. Rauschkolb	2	49	1	100	4,297		1	1	1	0	0	3	3200-4260	FP
University Hospitals of Cleveland	R. B. Stoughton	3	77†	0	0	5,176		2	2	1	0	0	5	3600-5400	P
Veterans Admin.	R. B. Stoughton	25	95†	2	100	30		1	0	1	0	0	2	4020-5575	P

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued															
Columbus															
Ohio State University Hospitals.....	E. Heisel.....	Inc. in	Int. Med.	...	...	...	3	1	1	1	0	0	3	3324-3624	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center.....	M. A. Everett.....	4	155	1	0	4,477	3	2	2	2	0	0	6	2851-4432	P
University Hospitals.....		5	107	0	0	924	..	..	..	..	..	..	..	..	..
Veterans Admin.															
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics ⁶⁸	W. C. Lobitz, Jr.....	13	219	3	67	6,672	3	3	3	3	0	0	9	2700-3300	F
PENNSYLVANIA															
Danville															
Geisinger Medical Center.....	R. F. Dickey.....	2	51	...	...	18,043	3	2	2	2	0	0	6	2700-4200	FP
Philadelphia															
Graduate Hospital of the University of Pennsylvania ⁶⁹	H. Beerman.....	2	61	2	100	5,255	3	1	1	1	0	0	3	2000-2000	P
Hospital of the University of Pennsylvania.....	D. Pillsbury.....	9	218	1	100	4,154	3	4	4	4	2	0	14	2500-5000	O
Jefferson Medical College.....	H. A. Luscombe.....	2	20	0	0	2,818	2	1	1	0	0	0	2	3000-3400	O
Philadelphia General ⁶⁸	C. Burgoon, D. Pillsbury.....	16	252	0	0	5,118	2	2	2	0	0	0	4	3090-3871	F
Temple University Medical Center.....															
Skin & Cancer Hospital of Philadelphia.....	C. Burgoon.....	21	538	0	0	21,971	3	4	4	4	0	0	12	2100-2700	P
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals.....	J. F. Mullins.....	7	108	1	100	6,293	3	2	2	2	0	0	6	4200-4200	P
Houston															
Baylor University Affiliated Hospitals ⁶⁸	J. M. Knox.....	11	358	1	0	10,338	3	3	3	3	0	0	9	2910-3987	FP
VIRGINIA															
Charlottesville															
University of Virginia.....	E. P. Cawley.....	5	174 [‡]	1	100	7,248	3	2	2	1	0	0	5	2100-3000	F
Richmond															
Medical College of Virginia-Hospital Division.....	A. Pepple.....	1	48	0	0	7,326	3	1	1	1	0	0	3	2400-2400	F
WASHINGTON															
Seattle															
University.....	W. B. Baker.....	...	13 [‡]	0	0	1,094	3	1	1	1	0	0	3	2700-5100	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals.....		6	120	2	...	4,328	3	2	2	2	0	0	6	3400-4600	..
University Hospitals.....	S. Johnson.....	5	80	...	...	725	..	..	..	..	..	..	..	5865-5865	P
Veterans Admin.	S. Johnson.....	6	260	1	100	8,000	..	..	..	..	..	..	..	6000-6000	P
Marshfield Clinic (Marshfield).....	S. Epstein.....														
Marshfield															
Marshfield Clinic—See University of Wisconsin Affiliated Hospitals, Madison															
Milwaukee															
Veterans Admin. (Wood) ⁶⁹	D. W. Kersting.....	8	124	0	0	10,302	3	3	3	3	0	0	9	4020-5575	P

6. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been approved by the Council on Medical Education and the American Board of Pathology are listed following the programs in Pathology, and begin on page 208

7. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in this field. Programs, 162; Residencies, 851

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
ALABAMA															
U. S. Air Force, Montgomery.....	R. W. Robinson.....	187	6,054	68	69	233,932	2	4	4	0	0	0	8	.....	..
DISTRICT OF COLUMBIA															
U. S. Air Force, Washington.....	M. W. Steel, Jr.....	224	7,709	61	82	315,533	2	2	2	0	0	0	4	.....	..
MISSISSIPPI															
U. S. Air Force, Biloxi.....	I. E. Rosen.....	276	9,128	60	78	312,335	2	2	2	0	0	0	4	.....	..
OHIO															
U. S. Air Force, Dayton.....	M. J. Freedman.....	412	8,903	83	93	303,311	2	4	4	0	0	0	8	.....	..

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
NEW JERSEY															
Walson Army, Fort Dix	G. W. Martin	373	17,075	75	66	477,033	2	4	4	0	0	0	8		
UNITED STATES NAVY															
FLORIDA															
U. S. Naval, Jacksonville	C. B. Newton	357	9,326	106	70	177,596	2	3	3	0	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE															
MICHIGAN															
U. S. Public Health Service, Detroit	J. K. Irion, J. J. Noya	104	2,374	26	62	32,690	2	3	3	0	0	0	6		
TEXAS															
U. S. Public Health Service, Galveston ⁷⁸	P. J. Hennelly, Jr. W. H. Etheridge	135	2,665	51	77	36,610	2	4	4	0	0	0	8		
VIRGINIA															
U. S. Public Health Service, Norfolk	H. S. Wise	157	3,724	74	72	63,381	2	3	3	0	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	C. Neville	163	8,385†	43	33	93,355	2	1	1	0	0	0	2	3900-4200	F
ARIZONA															
Phoenix															
Good Samaritan	J. Anderson	169	8,342	155	33	2,694	2	1	1	0	0	0	2	5400-5700	P
Tucson															
St. Mary's Hospital-Pima County General	A. V. Dudley						2	2	2	2	0	0	4		
St. Mary's Hospital		221	12,327	280	48	1,500								4200-4500	FP
Pima County General		188	3,425	305	42	34,147								4200-4500	FP
ARKANSAS															
Little Rock															
University of Arkansas Medical Center ⁶⁰	J. T. Riggin, Jr.	55	1,467	143	62	10,606	2	9	9	0	0	0	18	3100-3400	O
CALIFORNIA															
Bakersfield															
Kern County General	M. S. Curtis	295	9,154	528	65	101,077	2	2	2	0	0	0	4	4800-5100	P
Berkeley															
Herrick Memorial	W. Marsh	15	1,847	2	50	5,734	2	2	1	0	0	0	3	6000-6600	P
Long Beach															
Memorial Hospital of Long Beach	G. Lapid	358	20,759	466	47	9,388	2	1	0	0	0	0	1	5400-6000	P
Martinez															
Contra Costa County	G. Degnan	369	9,711	510	53	55,340	2	10	10	0	0	0	10	6360-6360	P
Modesto															
Stanislaus County	R. S. Westphal	198	4,998	319	56	51,929	2	6	6	0	0	0	12	6000-6000	P
Riverside															
Riverside County General	H. A. Roth	287	9,901	495	59	55,146	2	4	2	0	0	0	6	5280-5568	P
Sacramento															
Sacramento County	B. G. Wagner	739	14,658	1,060	46	111,839	2	6	6	0	0	0	12	5475-6570	F
Salinas															
Monterey County	C. J. Leonard	246	4,285	286	70	40,306	2	6	6	0	0	0	12	6000-6600	F
Santa Barbara															
Santa Barbara County General-Cottage Hospitals	D. M. Caldwell						2	3	3	0	0	0	6		
Santa Barbara County General		209	2,480	176	48	13,909									
Santa Barbara Cottage															
Santa Cruz															
Santa Cruz County	W. Perkins	146	2,606	248	44	12,189	2	3	3	0	0	0	6	7200-9600	P
Santa Rosa															
Sonoma County	A. C. Abernethy	249	4,344	348	47	35,340	2	5	5	0	0	0	10	5400-5700	P
Ventura															
General Hospital of Ventura County	J. A. Daly	229	5,284	353	22	46,692	2	5	5	0	0	0	10	6000-7200	F
COLORADO															
Colorado Springs															
Penrose	A. R. Croke	250	12,275	296	76		2	1	1	0	0	0	2	4500-4500	PO
St. Francis	R. W. Ulrich	120	6,120	185	69	5,900	2	1	1	0	0	0	2	6000-6600	F
Denver															
Denver General	B. E. Pollock	289	11,365	375	66	180,107	2	1	1	0	0	0	2	3516-3840	P
Mercy	L. A. Hall	216	10,929	174	58	9,839	2						3	4620-5220	P
St. Joseph's	D. F. Monty	61	2,783	42	60	1,883	2	1	1	0	0	0	2	4320-4620	P
University of Colorado Affiliated Hospitals															
University of Colorado Medical Center	C. W. Eisele	246	10,021	417	87	136,315	2	4	4	0	0	0	8	3000-4000	P
Pueblo															
St. Mary-Corwin	H. J. Smith	370	17,367	424	35	0	2	4	4	0	0	0	8	4200-5100	P
CONNECTICUT															
Bridgeport															
Bridgeport	E. B. Ives	329	20,319	650	48	12,612	2	2	2	0	0	0	4	3900-4200	FP
Danbury															
Danbury	R. D. Schwartz	188	10,343†	339	33	4,226	2	3	3	0	0	0	6	4800-5400	F
DELAWARE															
Wilmington															
Wilmington General	D. Platt	232	12,116	314	41	33,229	2	6	6	0	0	0	12	4200-4800	FP

Numerical and other references are listed on pages 274 through 277.

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA															
Washington															
Eastern Dispensary and Casualty	E. H. Short	82	3,206	90	13	16,200	2	3	2	0	0	0	5	5000-5600	F
FLORIDA															
Daytona Beach															
Halifax District	G. DeLaughter	262	12,536	497	31	5,522	2	5	5	0	0	0	10	6000-6000	P
Jacksonville															
Duval Medical Center	C. H. Burke	216	10,090	503	54	175,205	2	1	1	0	0	0	2	5400-5700	P
St. Luke's	E. E. Leitner	186	9,049	245	34	...	2	1	1	0	0	0	2	5400-5700	O
St. Vincent's	C. Burke	326	17,850	284	49	...	2	1	1	0	0	0	2	5400-5700	P
Pensacola															
Pensacola Educational Program	K. E. McIntyre	...	...	...	...	...	2	3	3	0	0	0	6	...	...
Baptist	...	264	17,013	235	55	...	...	...	...	...	...	...	...	5100-5400	P
Escambia General	...	113	5,898	214	43	21,000	...	...	...	...	...	...	...	5100-5400	P
Sacred Heart	...	98	5,819	148	49	19,774	...	...	...	...	...	...	...	5100-5400	P
St. Petersburg															
Mound Park	D. Hood	199	6,985	1,028	26	13,634	2	2	2	0	0	0	4	4420-4680	P
GEORGIA															
Columbus															
Medical Center	W. P. Jordan	239	12,585	400	32	42,340	2	2	2	0	0	0	4	4200-4800	FP
Rome															
Floyd	T. Moss, Jr.	223	14,268	288	32	7,317	2	1	1	0	0	0	2	4200-4500	F
ILLINOIS															
Berwyn															
MacNeal Memorial	H. F. Swiontek	289	15,476	511	49	6,009	2	4	4	0	0	0	8	5400-6000	FP
Chicago															
Grant	K. S. Gustin	...	...	...	...	...	2	1	1	0	0	0	2	5400-5700	P
Louis A. Weiss Memorial	H. E. Bessinger	233	8,090	275	43	6,822	2	8	7	0	0	0	15	5400-5700	P
Ravenswood	H. L. Brown	191	8,220	279	49	1,561	2	4	4	0	0	0	8	4800-5400	FP
Oak Park															
West Suburban	H. M. Michaels	340	15,536	499	42	654	2	3	3	0	0	0	6	4800-5100	P
Peoria															
Methodist Hospital of Central Illinois	J. Aronoff	134	4,232	240	43	796	2	4	4	0	0	0	8	5400-...	F
St. Francis	F. J. Heinzen	...	...	...	...	...	2	1	1	0	0	0	2	5100-5400	F
INDIANA															
Indianapolis															
Methodist Hospital of Indiana	L. Martin	369	17,173	406	50	26,827	2	2	2	0	0	0	4	4320-4680	P
IOWA															
Des Moines															
Broadlawn Polk County	H. E. Eklund	162	7,440	366	49	32,245	2	2	2	0	0	0	4	3300-3600	F
KANSAS															
Wichita															
St. Francis	D. M. Thompson	...	...	...	...	...	2	3	3	0	0	0	6	5400-5700	F
Wesley Medical Center	J. Tiller	383	20,419	350	35	22,687	2	2	2	0	0	0	4	5400-5700	F
LOUISIANA															
Lafayette															
Lafayette Charity	E. Hull	317	13,043	364	40	86,824	1	20	0	0	0	0	20	5400-5400	P
Monroe															
E. A. Conway Memorial	M. S. Coon	121	6,948	253	26	54,753	2	7	7	0	0	0	14	7200-7800	P
New Orleans															
Touro Infirmary	A. M. Goldman	...	...	...	...	...	2	1	1	0	0	0	2	2820-3120	FP
MAINE															
Portland															
Maine Medical Center	P. S. Fogg, Jr.	Inc. in Int. Med.	...	...	...	...	2	1	1	0	0	0	2	2400-2700	FP
MARYLAND															
Bethesda															
Suburban	W. S. Murphy	125	9,222	236	42	909	2	2	2	0	0	0	4	3720-4020	FP
MASSACHUSETTS															
Boston															
New England	J. E. Dreyfus	34	1,052	50	25	3,930	2	1	1	0	0	0	2	2700-3300	F
Fall River															
St. Anne's	R. A. Dionne	143	6,227	144	37	23,229	2	3	3	0	0	0	6	4800-6000	FP
Worcester															
Worcester City	J. deMarco	222	8,843	519	40	15,119	2	2	2	0	0	0	4	3526-4720	FP
MICHIGAN															
Dearborn															
Oakwood	F. B. Steiner	103	7,442	128	46	0	2	3	3	0	0	0	6	4200-4500	F
Detroit															
Evangelical Deaconess	W. F. Blair	164	7,603	239	38	1,870	2	4	4	0	0	0	8	5400-6000	P
Flint															
Hurley	J. S. Schultz	639	24,694	737	46	9,606	2	2	2	0	0	0	4	4500-4800	FP
McLaren General	J. W. MacKenzie	285	13,750	253	48	4,284	2	3	3	0	0	0	6	5700-6000	P
St. Joseph	A. Judd	368	16,723	354	44	50,943	2	...	...	...	...	...	15	5700-6600	P
Grosse Pointe															
Cottage	W. F. Kujawski	94	4,785	151	48	5,132	2	3	2	0	0	0	5	7200-7200	P
Kalamazoo															
Borgess	J. Breneman	251	13,224	359	47	14,295	2	2*	1	0	0	0	3	5700-6000	F
River Rouge															
Sidney A. Sumby Memorial	T. M. Batchelor	72	2,545	19	10	...	2	0	1	0	0	0	1	6000-7800	F

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA															
Minneapolis															
Fairview	R. M. Silas	322	14,293	308	42	1,050	2	4	4	0	0	0	8	4200-4920	F
Lutheran Deaconess Home and Hospital	O. A. Berman	197	9,329	245	35	1,654	2	4	4	0	0	0	8	4200-4800	F
St. Paul															
Midway	D. Roach	154	6,979	157	45	15,732	2	4	4	0	0	0	8	4200-4920	FP
St. Luke's	D. E. Westover	236	9,885	189	47	35,269	2	4	4	0	0	0	8	4200-4920	F
MISSISSIPPI															
Jackson															
Mississippi Baptist	C. D. Brannan	348	19,134	327	33	23,247	2	1	1	0	0	0	2	3600-3900	P
MISSOURI															
Columbia															
University of Missouri Medical Center	C. Marienfeld	Inc.	In Int. Med.	...	...	...	2	2	2	0	0	0	4	3600-3900	P
Kansas City															
Menorah Medical Center	I. Clark	168	7,481	219	46	5,893	2	1	1	0	0	0	2	5700-6300	O
Trinity Lutheran	H. H. Shuey	...	...	...	...	...	2	2	2	0	0	0	4	4200-4200	F
Kirkwood															
St. Joseph	M. Dulick	158	9,117	197	52	...	2	...	...	...	...	...	...	...	...
St. Louis															
Lutheran	G. A. Koehler	296	12,164	430	42	24,982	2	3	3	0	0	0	6	4980-5220	F
NEW JERSEY															
Flemington															
Hunterdon Medical Center	R. Henderson	101	5,159	220	75	34,500	2	3	3	0	0	0	6	3300-3600	FP
Montclair															
Mountainside	C. R. Harms	293	11,926†	376	51	13,241	2	2	2	0	0	0	4	3480-3780	F
Morristown															
Morristown Memorial	M. Dirdack	249	11,882	352	58	12,127	2	2	2	0	0	0	4	3900-4200	F
Perth Amboy															
Perth Amboy General	E. O. Hirseh	410	15,611	492	19	4,182	2	2	2	0	0	0	4	4920-5520	F
Phillipsburg															
Warren	J. Burke	163	7,616	338	31	26,676	2	3	3	0	0	0	6	4800-4800	FP
Princeton															
Princeton	H. Rothberg	155	6,728	161	67	9,217	3	4	3	1	0	0	8	4180-5460	O
Somers Point															
Shore Memorial	J. S. Mally	140	6,934	282	...	8,959	2	3	3	0	0	0	6	7800-7800	P
Somerville															
Somerset	L. D. Troum	181	10,090	343	35	33,789	2	2	2	0	0	0	4	4200-4200	F
Summit															
Overlook	D. F. Kent	327	15,670	415	50	1,200	2	2	2	0	0	0	4	3600-4200	F
NEW MEXICO															
Los Alamos															
Los Alamos Medical Center	C. L. Shafer	...	...	...	...	...	2	1	1	0	0	0	2	7200-7200	P
NEW YORK															
Buffalo															
Mercy	C. Banas	328	13,638	456	46	4,661	2	3	3	0	0	0	6	3300-3900	FP
Millard Fillmore	M. Cheplove	...	1,871	...	...	323	2	1	1	0	0	0	2	4400-4560	P
Glen Cove															
Community Hospital at Glen Cove	F. X. Moore	183	9,186	225	49	4,509	2	1	1	0	0	0	2	3600-4200	F
Rochester															
St. Mary's	G. E. Eckert	...	...	...	...	...	2	1	1	0	0	0	2	3300-3600	F
Yonkers															
Yonkers General	M. J. Eisen	132	6,160	232	41	12,457	2	2	0	0	0	0	2	4500-5700	FP
NORTH CAROLINA															
Charlotte															
Charlotte Memorial	B. L. Galusha	...	...	...	...	...	2	2	2	0	0	0	4	4380-4620	P
OHIO															
Akron															
Akron City	W. H. Maryanski	92	2,404	...	...	...	2	1	1	0	0	0	2	4200-4500	FP
Akron General	D. W. McCoy	...	...	...	...	...	3	3	3	0	0	0	6	4200-4500	FP
St. Thomas	R. R. Zeno	251	10,244	360	58	7,940	2	2	2	0	0	0	4	4200-4500	FP
Barberton															
Barberton Citizens	W. B. Bianconi	122	5,916	233	37	3,650	2	4	4	0	0	0	8	4200-4800	F
Cincinnati															
Christ	C. F. Warner	...	Inc. In Int. Med.	...	...	...	2	4	4	0	0	0	8	3000-3300	F
Good Samaritan	D. Fischer	...	6,633†	...	...	...	2	2	2	0	0	0	4	3900-4200	F
Cleveland															
Fairview Park	M. J. MacKay	88	2,805	135	46	3,523	2	2	2	0	0	0	4	3900-4200	FP
Polyclinic	R. V. Bachman	121	5,376	124	40	...	3	...	...	...	...	...	7	4500-5700	FP
St. John's	J. R. Johnson	235	8,770	281	33	16,017	2	3	3	0	0	0	6	4800-5100	FP
Cleveland Heights															
Doctors	F. J. Roemer	180	6,598	181	27	0	2	4	4	0	0	0	8	5100-5700	F

Numerical and other references are listed on pages 274 through 277.

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued															
Columbus															
Mount Carmel	J. L. Henry	351	14,823	359	59	13,921	2	3	0	0	0	0	3	3800-4200	F
Riverside Methodist	W. P. Smith, Jr.	33	1,731†	83	48		2	1	1	0	0	0	2	5160-5340	F
Dayton															
Good Samaritan	C. F. Rust	432	19,857	562	39	3,064	2	2	2	0	0	0	4	3800-4500	F
Miami Valley	J. Worthman	638	25,242†	828	42	10,380	2	2	2	0	0	0	4	6300-7500	F
Elyria															
Elyria Memorial	R. E. Hayes	219	12,090	332	36	4,787	2	3	2	0	0	0	5	4800-5400	F
Euclid															
Euclid-Glenville	J. L. Whitaker	225	9,096	260	46	1,419	3	4	4	4	0	0	12	4800-5160	F
Lorain															
St. Joseph	B. C. Myers	210	10,768	338	42	1,353	2	4	4	0	0	0	8	4800-4800	P
Ravenna															
Robinson Memorial Portage County	R. Glasgow	154	8,063	229	32	11,699	2	5	5	0	0	0	10	4200-5400	F
Toledo															
St. Charles	J. F. Brunner	176	8,156	174	53	14,640	2	2	2	0	0	0	4	5400-5700	P
St. Vincent's	M. A. Schmitker						2	1	1	0	0	0	2	3800-4200	F
Warren															
St. Joseph's Riverside	F. T. Kandrac	142	7,213	151	36	0	2	4	3	0	0	0	7	6000-8400	F
Youngstown															
St. Elizabeth	A. Randell	486	20,388	542	49	11,272	2	1	1	0	0	0	2	4500-4800	F
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center															
University Hospitals ⁶⁴	I. Brown						2	4	4	0	0	0	8	3300-3800	P
OREGON															
Portland															
St. Vincent	R. J. O'Shea	281	15,485†	416	43	6,628	2	2	2	0	0	0	4	3300-3420	P
PENNSYLVANIA															
Altoona															
Altoona	J. B. English	269	10,904	454	30	4,681	2	3	3	0	0	0	6	6420-6840	F
Bristol															
Lower Bucks County	W. Sabol	221	12,300	218	51	6,161	2	2	2	0	0	0	4	6000-6000	FP
Chester															
Crozer Chester Medical Center	R. H. Hecksher, Jr.	357	15,302	407	29	4,091	2	4	4	0	0	0	8	4800-4800	P
Danville															
Geisinger Medical Center	J. A. Collins	280	12,217	435	56	126,373	2	2	2	0	0	0	4	2700-3900	FP
Lancaster															
Lancaster General	R. H. Mann	421	20,290	596	40	14,276	2	2	2	0	0	0	4	3600-3600	FP
Lebanon															
Good Samaritan	D. E. Courtney	162	6,889	333	36	31,179	2	2	2	0	0	0	4	6000-7200	F
Norristown															
Montgomery	R. E. Carlson	197	10,754	270	33	72,666	2	4	4	0	0	0	8	4800-5400	F
Sacred Heart	B. Marger	98	4,269	165	36	6,708	2	4	2	0	0	0	6	5400-6000	FP
Philadelphia															
St. Agnes	J. H. Loucks	62	7,748	301	16	8,039	2	2	2	0	0	0	4	7200-7200	F
St. Mary's Franciscan	J. A. Daly	61	1,810	186	33	17,336	2	1	1	0	0	0	2	3600-...	F
Pittsburgh															
St. John's General	W. C. McClintock	235	6,463	278	20	27,000	2	3	3	0	0	0	6	3600-4200	F
Pottsville															
A. C. Milliken	N. M. Wall	189	8,042	299	31	22,032	2	3	2	0	0	0	5	7200-7200	FP
Pottsville	E. W. Cubler	222	6,982	410	31	9,996	2	2	2	0	0	0	4	7200-8400	F
Reading															
Community General	C. Kring	156	6,209	295	35	12,049	2	2	4	0	0	0	6	6000-6300	FP
St. Joseph's	J. B. Pearah	250	9,572	397	37	1,582	2	1	1	0	0	0	2	4200-4200	F
Sharon															
Sharon General	E. C. Falk	213	10,264	337	15	4,249	2	2	2	0	0	0	4	6000-6000	F
PUERTO RICO															
Arecibo															
Arecibo District							2								
RHODE ISLAND															
Pawtucket															
Memorial	E. Butler		Inc. in Int. Med.				2	2	2	0	0	0	4	4800-5400	FP
SOUTH CAROLINA															
Greenville															
Greenville General	H. C. Batson	556	23,594†	751	33	27,049	2	3	1	0	0	0	4	4200-4500	P
TENNESSEE															
Knoxville															
University of Tennessee Memorial Research Center and Hospital	J. Saffold					16,246	2	4	0	0	0	0	4	4392-4512	F

APPROVED RESIDENCIES

7. GENERAL PRACTICE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS															
Houston															
Memorial Baptist	J. E. Lieppman	438	22,860	387	35	13,280	2	3	3	0	0	0	6	4800-5100	P
Midland															
Midland Memorial	R. L. Penn, Jr.	109	7,774	135	55	19,824	2	1	1	0	0	0	2	.....	F
UTAH															
Ogden															
Thomas D. Dee Memorial	I. C. Taylor	208	14,114	257	46	16,368	2	3	2	0	0	0	5	3900-4500	P
Salt Lake City															
Latter-day Saints	J. P. Hunter	402	21,671	566	47	10,488	2	1	1	0	0	0	2	3600-4200	P
VERMONT															
Bennington															
Henry W. Putnam Memorial	A. Faris	77	4,582	151	43	7,140	2	2	2	0	0	0	4	6000-6300	P
VIRGINIA															
Newport News															
Riverside	C. Evans	94	3,677	229	40	4,309	2	2	2	0	0	0	4	6000-...	FP
Norfolk															
De Paul	A. B. Frasier	265	17,511	380	56	18,474	2	1	1	0	0	0	2	4800-5100	F
Norfolk Community	J. L. Green	93	4,268	199	30	3,775	2	2	2	0	0	0	4	4800-4800	F
Norfolk General	H. Kruger	154	4,803	407	41	5,053	2	4	4	0	0	0	4	2400-5100	FP
Petersburg															
Petersburg General	E. W. Kirby, Jr.	291	12,843	334	35	7,748	2	2	2	0	0	0	4	7000-7000	F
Portsmouth															
Portsmouth General	E. M. Hanbury, Jr.	90	9,212	351	24	1,433	2	3	3	0	0	0	6	7200-7200	F
Suffolk															
Louise Obici Memorial	L. Soper	127	6,039	235	30	10,565	2	5	0	0	0	0	5	4800-4800	F
WASHINGTON															
Seattle															
Providence	H. Grimm	223	18,674	317	58	5,866	2	1	1	0	0	0	2	3900-4350	FP
Spokane															
Sacred Heart	T. Jones	356	23,288	511	48	...	2	2	2	0	0	0	4	4200-4500	FP
St. Luke's	E. F. Baker	36	2,167	121	33	...	2	2	2	0	0	0	2	3600-4200	F
WEST VIRGINIA															
Charleston															
Charleston General	R. N. O'Dell			Inc. in Int. Med.			2	2	2	0	0	0	2	3900-4800	FP
Huntington															
Cabell Huntington	W. Smith			Inc. in Int. Med.			2	1	0	0	0	0	1	4500-...	F
Wheeling															
Wheeling	W. McNamara						2	2	2	0	0	0	4	3600-4200	F
WISCONSIN															
Milwaukee															
Evangelical Deaconess	T. F. Garland	94	3,767	226	37	15,737	3	2	2	2	0	0	6	4800-5400	F
St. Luke's	G. Bergmann	230	11,076	288	55	9,194	2	2	0	0	0	0	2	4500-4800	FP
St. Michael	N. Bauch	296	12,800	247	51	28,460	2	6	6	0	0	0	12	5100-5400	FP

8. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering acceptable training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine. Programs, 508; Residencies, 6,806

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	R. B. Stonehill	245	4,757	72	90	69,473	3	6	6	0	0	0	18	.....	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	T. W. Innon	155	2,312	97	73	101,632	3	5	5	5	0	0	15	.....	...
COLORADO															
Fitzsimons General, Denver	J. A. Orbison	323	4,112	69	90	113,420	3	4	4	4	3*	0	15	.....	...

8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Maintenance	
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES ARMY—Continued															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	R. I. Crone	369	2,814	167	80	84,298	3	8	8	8	0	0	24		
HAWAII															
Tripler General, Honolulu	R. J. Hoagland	175	3,924	94	90	28,739	3						21		
TEXAS															
William Beaumont General, El Paso	H. F. Hurd	66	2,100	64	89	32,723	3	4	4	4	0	0	12		
Brooke General, San Antonio	E. D. Palmer	210	3,042	248	87	28,673	3	10	9	9	0	0	28		
WASHINGTON															
Madigan General, Tacoma	W. G. Dunnington	117	2,857	58	93	29,238	3	4	4	4	0	0	12		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland ²⁵	A. J. Draper	118	3,495	88	78	75,986	3	3	3	3	0	0	9		
U. S. Naval, San Diego	G. H. Tarr, Jr.	631	7,720	333	65	76,391	3	3	3	3	0	0	9		
ILLINOIS															
U. S. Naval, Great Lakes	H. A. Schlang	363	4,883	34	88	24,319	3	1	1	1	0	0	3		
MARYLAND															
U. S. Naval, Bethesda	F. G. Soule	162	2,542	97	81	35,571	3	3	3	3	1	0	10		
MASSACHUSETTS															
U. S. Naval, Chelsea	J. F. Smith	76	1,937	49	75	18,446	3	2	2	2	0	0	6		
NEW YORK															
U. S. Naval, St. Albans	A. R. Errion	136	2,688	99	63	42,275	3	2	2	2	1	0	7		
PENNSYLVANIA															
U. S. Naval, Philadelphia ⁴⁷	H. L. Jones, Jr.	209	3,383	211	58	24,424	3	3	3	3	1	0	10†		
VIRGINIA															
U. S. Naval, Portsmouth	R. J. Pearson	225	3,736	88	75	50,645	3	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco	W. M. Smith	128	2,017	59	75	10,248	3	2	2	2	0	0	6		
LOUISIANA															
U. S. Public Health Service, New Orleans ^{80B}	J. Walsh	161	2,302	79	81	19,986	3	2	2	2	0	0	6	6816-8916	
MARYLAND															
U. S. Public Health Service, Baltimore ²¹²	G. F. Ellinger	85	1,642	29	83	5,745	3	2	2	2	0	0	6		
National Institutes of Health-Clinical Center, Bethesda	D. Fredrickson	271	1,042	63	95	2,965	1	0	0	6	0	0	6		
MASSACHUSETTS															
U. S. Public Health Service, Boston	D. J. Crosby	49	1,378	42	86	6,387	3	1	1	1	0	0	3		
NEW YORK															
U. S. Public Health Service (Staten Island), New York City	N. J. Galuzzi	158	3,196	79	71	17,743	3	3	3	3	0	0	9		
WASHINGTON															
U. S. Public Health Service, Seattle	W. H. Stimson	92	2,012	53	79	5,922	3	2	2	2	0	0	6		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington ¹⁴⁷	W. L. Henry	74	1,317	185	39	18,549	3						19	4400-5700	P
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	T. L. Robbins	60	2,275	61	66	8,358	3	2	2	1	0	0	5	5491-6490	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	H. J. Hughes	79	3,736	175	43	13,399	3	2	2	2	0	0	6	3600-4800	FP
University of Alabama Medical Center		291	6,224	566	60	35,568	3	12	8	4	2	0	26		
University Hospital and Hillman Clinic	W. B. Frommeyer, Jr.													2400-3600	F
Veterans Admin.	B. R. Bosbell													4020-7035	O
Fairfield															
Lloyd Noland	C. E. Porter	97	3,643	233	40	44,193	3	2	2	2	0	0	6	4200-5400	FP
Mobile															
Mobile General	W. J. Atkinson	42	1,766	250	59	11,935	1	2	0	0	0	0	2	4200-6000	P
Tuskegee															
Veterans Admin.	E. T. Odom	364	1,505	176	40	1,026	3	3	3	3	0	0	9	4020-5575	O
ARIZONA															
Phoenix															
Maricopa County General	D. R. Long	215	3,417	494	44		3	4	4	1	0	0	9	5400-7560	P
St. Joseph's	W. Bunting	74	2,844	166	59	3,628	3	1	1	1	0	0	3	3000-3600	F

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ARIZONA—Continued															
Tucson															
St. Mary's Hospital-Pima County General	M. Meyer	84	3,914	211	48	1,000	1	4	2	2	0	0	8	6000-7200	P
St. Mary's Hospital-Pima County General		88	1,838	224	38	7,651									
Tucson Medical Center-Pima County General	S. H. Schneider	156	7,621	277	57	10,326	1	4	2	2	0	0	8	6000-7200	P
Tucson Medical Center-Pima County General		88	1,838	224	38	7,651									
ARKANSAS															
Little Rock															
University of Arkansas Medical Center							3	6	6	6	0	0	18		
University	R. V. Evert	55	1,467	143	62	10,606								3400-4000	O
Veterans Admin.	H. R. Hipp	229	2,683	262	66	3,108								4020-5575	P
CALIFORNIA															
Bakersfield															
Kern County General	L. Sandidge	138	2,543	352	53	38,886	3	4	3	1	0	0	8	4800-5700	P
Berkeley															
Herrick Memorial	J. Windesheim	40	1,608	108	46	1,506	1	1	0	0	0	0	1	4500	P
Duarte															
City of Hope Medical Center	E. Beutler	75	1,099	140	86	7,311	1	0	1	1	1	0	3	5400-8100	P
Fresno															
Fresno County General	R. Larson	311	3,416	512	56	16,198	3	4	3	3	0	0	10	4200-5400	P
Glendale															
Glendale Sanitarium and Hospital	D. L. John	153	5,935	259	44	7,777	3	1	1	2	0	0	4	4500-5460	P
La Jolla															
Scripps Clinic and Research Foundation		40	2,512	31	71	19,851	2							5500-6500	P
Long Beach															
Memorial Hospital of Long Beach	J. Lungren	128	6,247	323	43	1,338	3	2	1	1	0	0	4	5400-6600	P
Veterans Admin. ¹²⁷	D. W. Leik	480	6,768	843	71	13,335	3						32	4020-7035	O
Los Angeles															
Cedars of Lebanon	I. J. Pincus	136	5,672	332	47	18,758	3	4	4	4	0	0	12	3600-5280	P
Hospital of the Good Samaritan	W. S. Thompson, Jr.	92	3,666	220	46	13,113	3	3*	2*	1	0	0	6	4500-5100	P
Los Angeles County General, Unit I	T. Brem	679	35,202	3,112	32	107,223	3	22	22	20	4	4	68†	3780-5520	F
Los Angeles County General, Unit II	J. E. Berk	212	4,699†	702	37	20,581	3	5	5	5	0	0	15	3780-6900	P
Mount Sinai	C. Kleeman	110	3,290	163	53	12,213	3	3	2	1	1	0	7	3600-6180	P
Queen of Angels	R. Brochner	70	3,468	298	50	3,615	3	2	0	0	0	0	2	4500-4500	F
University of California	W. N. Valentine	83	2,913	186	87	13,065	3	8	6	2	0	0	16	3324-4332	O
Veterans Admin. Center-General Medical and Surgical ⁹⁴	L. Fred	885	9,724	774	74	21,750	3	20	26	11	2	1	60†	4205-7405	P
White Memorial	N. W. Specht	43	1,553	112	63	24,842	3	3	3	3	0	0	9	4260-6660	P
Martinez															
Veterans Admin.	E. R. Movitt	259	3,148	209	93	1,345	3						10	4020-5575	O
Oakland															
Highland-Alameda County	K. W. Benson	127	6,974	574	41	34,776	3	4	3	3	0	0	10	3216-3900	FP
Kaiser Foundation	R. Goldberg	69	2,266	296	57	134,635	3	5	3	1	0	0	9	4080-4680	FP
Orange															
Orange County General	B. G. Anderson	175	3,463†	419	72	16,734	3	3	3	3	0	0	9	4260-4740	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals							3	12	12	8	3	0	35†		
Palo Alto-Stanford Hospital Center	H. Holman	93	3,892†	239	48	11,634								3450-4800	O
Veterans Admin.	F. L. Eldridge	120	1,300	199	85	18,123								4020-6120	O
San Mateo County General (San Mateo)	E. Rubenstein	72	1,448	292	65	18,534								3600-4800	F
Pasadena															
Huntington Memorial	R. M. Shelton	107	3,945	330	42	13,093	3	1	1	1	0	0	3	3600-6300	FP
Riverside															
Riverside County General	R. V. Jutzy	54	5,522	351	48	42,417	1	3	0	0	0	0	3	5280-5568	P
San Bernardino															
San Bernardino County Charity	W. L. Cover	250	4,101	601	45	38,402	1	5	0	0	0	0	5	4200-4200	F
San Diego															
Mercy	D. Landle	81	4,091	288	53	10,353	3	1	1	1	0	0	3	3600-5400	F
San Diego County General	W. J. Kausman	92	2,257†	545	46	13,968	3	4	3	2	0	0	9	4447-6236	O
San Francisco															
Children's Hospital of San Francisco	C. Noble	48	1,512†	95	48	8,703	3						4	3000-4200	FP
Franklin	A. M. Storment, Jr.	56	2,140	101	28	4,368	1	2	1	0	0	0	3	5400-8400	P
French	D. L. Wilbur	79	2,602	226	36	9,360	2	3	3	1	0	0	4	4200-5700	F
Kaiser Foundation	L. E. Harris, E. Speer	61	2,271	224	62	234,251	3	3	3	4	0	0	10	4080-5280	P
Mount Zion Hospital and Medical Center	H. H. Rosenblum	148	4,955†	206	52	16,273	3	6	4	2	0	0	12	3900-6300	FP
Presbyterian Medical Center	G. B. Robson	51	3,229	133	60	7,516	3	3	3	1	0	0	7	3900-4800	P
St. Luke's	W. Beckh	77	3,225	206	51	10,612	3	3	1	1	0	0	5	4200-5400	FP
St. Mary's	R. K. Cavanaugh	105	2,897	143	68	8,207	3	3	2	1	0	0	6	3300-5100	F
San Francisco General	E. Rapaport	381	8,604	941	39	3,749	3	8	8	2	0	0	18	3300-5916	O
Southern Pacific Memorial	J. J. McGinnis	167	5,468	134	65	32,528	3	3	2	2	0	0	7	3600-5100	F
University of California Hospitals	H. Brainerd	107	3,656	161	82	31,798	3	10	6	4	1	1	22	3580-6300	O
Veterans Admin. ¹²¹	M. J. Goldman	159	1,902	218	83	2,225	3	11	8	7*	0	0	26†	4221-7386	
San Jose															
Santa Clara County	R. O'Reilly	163	3,501	457	81	35,741	3	7	3	2	0	0	12	4428-5952	F
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Santa Barbara															
Santa Barbara County General-Cottage Hospitals							3	3	2	1	0	0	6	3300-4500	FP
Santa Barbara County General	C. A. Doms	24	639	124	45	9,378									
Santa Barbara Cottage	C. H. Klakeg	83	3,753	180	48	0									
Stockton															
San Joaquin General	L. Armanino	90	2,331	388	60	10,990	3	3	2	1	0	0	6	4260-5040	P
Torrance															
Los Angeles County Harbor General	F. K. Bauer	186	6,286†	842	26	18,927	3	8	8	8	0	0	24	3780-5520	F

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1985-1988					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO														
Denver														
Denver General	B. E. Pollock	130 3,002	286	56	65,157	3	4	3	2	0	0	9	3516-4200	P
Mercy	M. A. Johnson	78 3,569	100	57	3,311	3	3	2	2	0	0	3	4620-5220	P
Presbyterian	H. A. Bradford	90 3,407	237	61	3,431	3	3	2	2	0	0	7	4200-4800	P
St. Joseph's	P. L. Tobin	79 3,280	129	48	2,519	3	2	2	2	0	0	6	4320-5220	P
University of Colorado Affiliated Hospitals						3	11	10	10	1	1	33		
University of Colorado Medical Center	G. Meiklejohn	77 2,115	181	85	35,209								3000-4000	P
Veterans Admin.	J. F. Mueller	177 2,609	206	89	18,630								4020-7035	O
CONNECTICUT														
Bridgeport														
Bridgeport	J. J. Smith	143 5,596	471	45	2,147	3	3	3	2	0	0	8	3900-4500	FP
St. Vincent's	V. A. Lynch	100 3,666	419	45	2,858	3	1	1	1	0	0	3	5100-5700	P
Greenwich														
Greenwich	F. C. Weber, Jr.	84 3,074	165	65	5,099	3	2	1	0	0	0	3	3300-5100	FO
Hartford														
Hartford	R. F. Reinfrank	215 5,491	656	42	6,450	3	14	8	4	0	0	26	3300-4500	P
Veterans Admin. (Newington)	P. Lipton	105 1,383	124	70	972		4	3	1	0	0	8	4020-5575	P
St. Francis	M. P. McCue	175 4,960	391	31	4,740	3	2	2	2	0	0	6	3600-5400	FP
New Britain														
New Britain General	G. P. Perakos	100 3,280	297	51	4,053	3	2	2	1	0	0	5	3900-4500	P
New Haven														
Hospital of St. Raphael	D. Dock	94 2,987	420	32	9,549	3	6	3	1	0	0	10	3600-4500	F
Laurel Heights (Shelton)	K. S. Howlett, Jr.	138 298	15	47	1,571		2	1	1	0	0	2	5700-7400	P
Yale-New Haven Medical Center						3	11	15	2	0	0	28		
Grace-New Haven Community	P. B. Beeson	152 4,498	600	61	17,803								2500-4300	P
Veterans Admin. (West Haven)	T. T. Amatruda, Jr.	127 2,112	179	88	4,800									
Newington														
Veterans Admin.—See Hartford Hospital, Hartford														
New London														
Lawrence and Memorial Hospitals	E. Gipstein	91 3,654†	241	46	747	1	3	0	0	0	0	3	3600-3900	F
Shelton														
Laurel Heights—See Hospital of St. Raphael, New Haven														
Waterbury														
St. Mary's	W. Finkelstein	149 4,095	309	38	10,627	3	2	2	1	0	0	5	3900-4500	FP
Waterbury	J. Sklaver	109 3,467	361	47	10,512	3	2	1	1	0	0	4	2700-3300	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Delaware	G. B. Heckler	101 2,760†	279	58	9,433	3	1	2	2	0	0	5	5400-7200	P
Memorial	L. P. Lang	81 2,556	240	52	4,485	3	2	1	1	0	0	4	5400-7800	P
Veterans Admin. ¹⁴⁰	K. Sachs	104 1,465	155	75	5,763	3	4	2	2	0	0	8	4205-5865	O
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General					32,098									
Georgetown University Service	D. H. Mintz	85 1,723	382	48		3	8	6	1	0	0	15	3800-5000	F
George Washington University Service	M. J. Romansky	89 1,685	413	48		3	11	3	1	0	0	15	3800-5000	F
Howard University Service	W. L. Henry, Jr.	44 732	226	40		3	4	2	2	0	0	8	3800-5000	F
Doctors	F. A. J. Geier	110 3,082	208	58		3	1	1	1	0	0	3	7200-8400	F
Georgetown University	L. H. Kyle	102 3,036	185	81	21,011	3	12	6	1	0	0	19	2400-3240	P
George Washington University ¹⁴⁰	T. M. Brown	128 4,618	196	60	23,969	3	8	4	4	1	0	17	3300-4200	P
Providence	T. Curtin	89 3,364	227	39		3	2	2	1	0	0	5	4200-4800	P
Veterans Admin.	S. Katz	163 2,821†	357	77	3,936	3						29	4205-7405	O
Washington Hospital Center	T. W. Mattingly	221 7,084†	534	61	20,613	3	4	4	4	0	0	12	4080-4440	P
FLORIDA														
Coral Gables														
Veterans Admin.	F. Wasserman	252 3,187	455	65	11,002	3	14	12	8	0	0	34	4020-5575	O
Gainesville														
University of Florida Teaching Hospital and Clinics	R. P. Schmidt	46 1,836	88	76	5,741	3	4	3	3	0	0	10	3600-6600	O
Jacksonville														
Jacksonville Hospitals Educational Program	K. B. Hanson					3								
Baptist Memorial	J. J. Lowenthal	87 3,193	135	45	847		1	0	1	0	0	2	5400-8000	O
Duval Medical Center	K. B. Hanson	49 1,664	254	46	63,751			3	3	0	0	6	5400-8000	P
St. Luke's	J. L. Borland	56 2,276	167	32			2	0	0	0	0	2	5400-5700	O
St. Vincent's	D. Moomaw	97 3,891	143	42	1,152		2	0	1	0	0	3	5400-6000	P
Miami														
Jackson Memorial	W. G. Harrington	247 7,919	1,216	39	51,561	3	16	16	10	2	0	44	3000-4680	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	S. R. Kaplan	159 5,361	383	35	7,866	3	4	4	1	0	0	9	3000-3600	FP
Orlando														
Orange Memorial	F. C. Bone	105 4,334	324	40	4,510	3	2	1	1	0	0	4	4500-5100	O
Tampa														
Tampa General	L. Kahana	130 6,350	384	36	7,078	3	3	2	1	0	0	6	3000-5400	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	H. S. Ramos	89 4,600	263	34	4,181	3	4	3	1	0	0	8	3780-4200	P
Emory University Affiliated Hospitals	J. W. Hurst					3	12*	6	2	0	0	20†		
Emory University	J. W. Hurst	95 3,789†	164	64									2820-3780	P
Veterans Admin.	J. C. Crutcher	134 2,209	228	67									4020-7035	P
Georgia Baptist	L. B. Peacock	92 3,764	210	40	1,576	3	2	2	2	0	0	6	3900-4500	P
Grady Memorial ¹⁴⁰	J. W. Hurst	118 2,948	740	43	148,465	3	12	12	1	0	0	25	2700-3900	F
Piedmont	C. Smith	82 2,757	149	50	605	3	1	1	1	0	0	3	5040-5520	P
St. Joseph's Infirmary	H. N. Hill	62 2,405	160	49	1,657	3	1	1	1	0	0	3	5160-5760	P

Numerical and other references are listed on pages 274 through 277.

8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Ap- proved Pro- gram (Years)	Residencies Offered 1965-1968					Total All Years	Salary per Year Min.-Max.	Main- tenance P O
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA—Continued														
Augusta														
Medical College of Georgia Hospitals						3								
Eugene Talmadge Memorial University	T. Findley	74 1,637	74	63	4,557		6	6	6	0	0	18	3000-8000	O
Veterans Admin.	J. D. Gray	70 2,768	297	34	11,273		1	1	1	0	0	3	3000-5000	O
	J. J. Martin, Jr.	172 1,718	138	44	994		4	2	1	0	0	7	4020-7035	O
Savannah Memorial Hospital of Chatham County	M. Arkin	3,005	230		12,555	3	1	1	1	0	0	3	4500-8000	F
HAWAII														
Honolulu														
Queen's	M. Berk	118 6,276	387	50	36,378	3	4	2	1	0	0	7	6800-7800	
St. Francis	R. T. S. Jim	63 2,972	159	40	13,088	3	2	1	1	0	0	4	6800-7800	O
ILLINOIS														
Chicago														
Augustana	G. J. Brebis	134 4,848	271	43		1	2	0	0	0	0	2	7380-7380	P
Columbus	E. F. Foley	104 4,171	194	47	4,639	2	3	3	3	0	0	9	4500-5100	F
Cook County	S. S. Waldstein	709 19,833	3,407	28	53,076	3	18	18	18	0	0	58†	1800-1800	FP
Illinois Central	W. J. Hand		171	45		2	2	2	0	0	0	4	4656	FP
Illinois Masonic	L. L. Braun	101 2,964	214	57	18,588	3	4	4	4	0	0	12	6000-7200	F
Mercy	G. O'Brien	56 1,412	93	51	26,097	3	4	3	1	0	0	8	3600-4800	F
Michael Reese Hospital and Medical Center	E. Reiss	287 5,887	449	58	12,707	3	10	10	10	1	0	31†	3300-4800	P
Mount Sinai	H. Zimmerman	125 3,247	251	44	20,284	3	6	5	5	1*	0	17	4600-5800	P
Northwestern University Medical Center	A. R. Colwell				25,360	3								
Chicago Wesley Memorial	P. S. Rhoads	186 6,824	259	56			5	3	3	0	0	11	3300-3900	P
Passavant Memorial	O. Paul	106 2,725†	113	64	3,284		3	3	3	1	0	10	3300-4200	P
Veterans Admin. Research ¹⁷³	C. W. Borden	205 3,035	280	80			12	8	6	3	1	30	4205-7405	O
Evanston (Evanston)	L. F. Jourdonais	156 5,851	276	75	4,734		3	3	3	1	0	10	3300-4200	P
Presbyterian-St. Luke's	J. A. Campbell	293 8,482	496	66	25,210	3	12	8	8	0	0	28	2700-3300	P
St. Joseph	I. E. Steck	56 2,531	127	25	2,051	1	2	2	2	0	0	6	5650-8000	P
University of Chicago Hospitals and Clinics	L. O. Jacobson	172 4,237	245	72	45,272	3	10	10	10	1	0	31	3900-4860	O
University of Illinois Research and Educational Hospitals ¹⁸⁴	H. F. Dowling	81 1,283	121	77	25,205	3	6	4	4	1	0	15	3000-3600	P
Veterans Admin. (West Side) ¹⁷⁴	L. M. Bernstein	225 3,000	267	77	7,104	3	9	8	7	3	2	29	4020-7035	O
Evanston—See Northwestern University Medical Center, Chicago	J. T. Paul	107 3,510	316	62	7,226	3						4	4080-4440	FP
Hines Veterans Admin. ¹⁷⁴	A. Littman	454 6,017	577	66	8,703	3	12	10	10	5	1	38	4020-7035	O
Peoria St. Francis	R. B. Rutherford	266 5,325	410	41	5,194	3	3	3	3	0	0	9	5100-7000	F
INDIANA														
Indianapolis														
Indiana University Medical Center	J. B. Hickam					3	12*	8	8	0	0	28		
Indiana University Hospitals		81 2,232	158	73	5,388								2825-3475	
Veterans Admin.		355 3,828	350	65	3,803								4020-7035	P
Marion County General	C. Test	120 2,296	455	50	35,162	3	4	4	4	0	0	12	3863-6000	P
Methodist Hospital of Indiana	W. Coggeshall	254 6,075	489	50	4,114	3	3	3	3	0	0	9	4320-5040	P
IOWA														
Des Moines														
Iowa Methodist ¹⁹⁰	J. K. Uchiyama	140 4,717	259	47	9,738	3	1	1	1	0	0	3	3300-3900	F
Iowa City														
State University of Iowa Hospitals ⁶⁴						3	14	12	8	0	0	34		
University Hospitals	W. B. Bean	133 4,452	348	68	24,682								3180-4200	P
Veterans Admin.	R. D. Eckhardt	190 3,934	226	72	4,021								4020-7035	P
KANSAS														
Kansas City														
University of Kansas Medical Center	M. Delp	131 3,893	238	74	52,788	3	18	10	5	0	0	33	2400-5580	P
Veterans Admin. (Kansas City, Mo.)	R. W. Brown	185 2,751	255	75	2,184								2280-5575	
Wichita														
Veterans Admin.	D. Givner	116 1,129	136	42	441	3	3	3	3	0	0	9	4205-7405	O
St. Francis	R. L. Sifford	170 8,224	325	45	0		2	2	2	0	0	6	5400-8000	F
Wesley Medical Center	E. W. Crow	158 7,767	273	35	19,011								5400-8000	F
KENTUCKY														
Harlan														
Harlan Appalachian Regional	J. H. Willard	71 1,683	107	37	26,604	3	3	3	3	0	0	9	6400-7400	P
Lexington														
University ¹⁰⁸	E. D. Pellegrino	33 1,024	57	67	3,676	3						16	3990-5180	P
Louisville														
University of Louisville Medical Center						3								
Jewish	A. M. Gordon	59 3,069	96	26			1	0	1	0	0	2	4800-5400	F
Louisville General	B. T. Towery	78 1,865	443	43	21,689		8	6	4	0	0	18	2500-3000	FP
St. Joseph Infirmary ¹⁹⁷	R. D. Wolfe	128 5,183	235	40	2,869	3	2	2	1	0	0	5	4740-5040	P
Veterans Admin. ¹⁹⁸	J. R. Gott, Jr.	151 2,415	258	59	12,018	3	2	2	2	0	0	6	4020-5575	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	E. Hull	107 3,292	565	49	47,432	3						28	1500-2100	F
Tulane University Division	G. E. Burch	106 3,279	581	57	58,656	3						28	1500-2100	F
Ochsner Foundation	W. R. Arrowsmith	116 4,469	134	75	48,352	3	4	4	4	0	0	12	3000-3680	P
Southern Baptist ²⁰⁸	R. R. Burch	164 5,230	380	36	1,508	3	2	2	2	0	0	6	4020-4620	FP
Touro Infirmary	A. M. Goldman	106 3,688†	284	35	8,433	3	2	2	2	0	0	6	2820-3420	P
Veterans Admin. ²⁰⁸	H. A. Buechner	247 3,188	314	70	4,056	3	8	8	8	2	1	27†	4020-7035	O
Shreveport														
Confederate Memorial Medical Center	H. D. Tucker	98 4,571	376	43	13,594	3	3	3	3	0	0	9	2280-2760	F

Numerical and other references are listed on pages 274 through 277.

8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance	
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEBRASKA															
Omaha															
Creighton University Affiliated Hospitals						3	8	6	4	0	0	18			
Creighton Memorial St. Joseph's	R. Heaney	546	8,538	924	30	9,547							3900-4500	P	
Douglas County Veterans Admin.	J. M. Holthaus	219	2,698	148	66	1,043							4020-5575	O	
University of Nebraska Affiliated Hospitals ⁵⁰							3	4	4	4	0	12†			
University of Nebraska	R. L. Grissom	26	483	47	77	13,356							3000-3900	F	
Bishop Clarkson Memorial		43	1,810	31	55	0									
Douglas County Veterans Admin.		30	652	107	50	2,143									
		110	1,110	143	66	0									
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals						3	8	6	4	0	0	18			
Mary Hitchcock Memorial	W. A. Tisdale	74	3,129	146	71	30,504							3008-3738	P	
Veterans Admin. (White River Junction, Vt.)	J. L. Grant	81	1,217	83	95	3,144							3120-4475	O	
NEW JERSEY															
Atlantic City															
Atlantic City	W. B. Stewart	110	3,526	434	44	10,474	3	1	1	1	0	0	3	3900-4500	F
Camden															
Cooper	E. N. Murray	145	4,467	491	37	7,463	3	2	1	1	0	0	4	4200-4800	F
East Orange															
Veterans Admin. ⁵³	H. Weiner	199	2,351	340	71	1,732	3	3	5	7	1	0	16	4205-7405	
Elizabeth															
St. Elizabeth	C. R. Ream	117	3,807	146	47	8,682	3						10	5500-6500	O
Englewood															
Englewood	G. B. Barlow	67	2,019	175	47	3,355	3	4	0	0	0	0	4	3960-3960	FP
Hackensack															
Hackensack	G. Knowles	94	3,163	216	39	15,369	3	3	1	1	0	0	5	3000-3900	F
Jersey City															
Jersey City Medical Center	H. Jeghers	299	6,062	497	40	25,337	3	16	16	16	4	0	52	3400-7500	F
Long Branch															
Monmouth Medical Center	J. Feldman	109	3,776	329	31	4,601	1	1	0	0	0	0	1	3900-4500	F
Montclair															
Mountainside	H. Halprin	116	5,900†	260	50	5,754	3	3	2	2	0	0	7	3480-4080	F
Neptune															
Fitkin Memorial	L. F. Albright	66	2,197†	344	45	5,089	3	1	1	1	0	0	3	4200-5400	F
Newark															
Newark Beth Israel	L. Cheskin	107	2,785	345	35	10,732	3	2	1	1	0	0	4	3000-3600	F
Newark City	L. H. Warbasse, Jr.	255	7,150	878	24	13,682	3	6	6	6	1	0	19	4200-7500	F
St. Michael	N. A. Antonius	131	3,238	285	46	7,681	3	6	6	2	0	0	14	3300-4200	FP
New Brunswick															
Middlesex General	N. Reitman, G. Pickar	75	2,673	182	41	4,294	3	4	1	1	0	0	6	4680-5280	FP
St. Peter's General	G. J. Aitken, Jr.	98	3,298	306	42	5,507	1	3	2	1	0	0	6	4560-6360	P
Orange															
Orange Memorial	N. M. Smith	88	2,603	325	32	4,772	3	1	1	1	0	0	3	4500-5100	FP
Paramus															
Bergen Pines County	S. F. Alexander	365	2,951	824	50	18,516	3	6	4	1	0	0	11	4200-4800	P
Paterson															
St. Joseph's	K. P. Lance	99	2,587	393	37	2,594	3	3	2	2	0	0	7	3900-4500	F
Plainfield															
Muhlenberg	J. M. Lysterly	123	4,234	386	40	8,560	3	2	2	1	0	0	5	4000-5040	FP
Summit															
Overlook	J. W. Robinson	103	2,994	200	54	2,000	1	1	1	1	0	0	3	3600-4200	F
Trenton															
St. Francis	L. Finkle	97	2,946	433	35	3,469	3	2	2	1	0	0	5	4200-5100	F
NEW MEXICO															
Albuquerque															
University of New Mexico Affiliated Hospitals						3	10	9	8	1	0	28			
Bataan Memorial Methodist	R. Massey	45	2,166	140	50	52,500								4200-5400	P
Bernalillo County-Indian	S. Papper	50	1,489	120	52	11,624								4200-4600	FP
Veterans Admin.	A. N. Longfield	362	2,951	186	87	1,027									
NEW YORK															
Albany															
Albany Medical School Affiliated Hospitals						3	14	8	8	2	0	32			
Albany Medical Center	R. T. Beebe	192	4,855	434	73	15,655								3200-5000	P
Veterans Admin.	J. H. Cullen	340	3,230	365	73	2,331								4020-5575	O
Binghamton															
Binghamton General	F. D. Whiting	101	3,761	240	37	556	3	1	1	1	0	0	3	4500-5400	P
Buffalo															
Buffalo General	E. Calkins	202	5,234	459	58	21,187	3	10	10	2	0	0	22†	5000-5300	P
Deaconess Hospital of Buffalo	W. T. Zimdahl	131	3,049	206	23	4,133	1	3	2	1	0	0	6	3900-4200	FP
Edward J. Meyer Memorial	D. K. Miller	370	4,369	467	66	53,224	3	7	7	7	1	0	22	3875-5010	P
Mercy ⁴⁵	J. O'Brien	147	3,252	343	41	2,127	3	3	3	3	0	0	9	3300-5100	FP
Millard Fillmore	J. F. Painton	155	4,028	333	44	4,277	3	3	3	3	0	0	9	4400-4680	FP
Roswell Park Memorial Institute	J. F. Holland	32	641	104	99	5,012	1	0	6	0	0	0	6	4500-5544	O
Sisters of Charity	D. J. McCue	150	3,766	338	41	2,576	3	2	2	2	0	0	6	4020-5160	F
Veterans Admin. ⁵¹⁰	J. T. Aquilina	481	3,134	367	53	5,430	3	10	4	2	0	0	16	4020-5574	O
Clifton Springs															
Clifton Springs Hospital and Clinic	B. A. Watson	83	2,316	65	42	11,053	3	1	1	1	0	0	3	3600-4200	FP
Cooperstown															
Mary Imogene Bassett	F. F. Harrison	27	1,038	79	60	12,723	3	2	1	1	0	0	4	3600-4800	P
Hempstead															
Meadowbrook	A. W. Freireich	154	4,691	747	43	5,183	3	8	8	8	0	0	24	4300-6700	F

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

		Deaths			Residencies Offered 1965-1966						Salary per Year		Main- tenance O		
Chief of Service or Program Director	Average Daily Casus	Admissions (Include Transfers)	Number	Autopsy Percent	Outpatient Visits	Length of Ap- proved Pro- gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Min.-Max.	
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial.....	C. H. Burnett.....	74	2,746†	171	61	10,840	3	7	8	1	1	0	17	2800-6500	O
Charlotte															
Charlotte Memorial.....	R. Wheeler.....	82	2,840†	161	44	10,182	1	2	0	0	0	0	2	4380-4380	P
Durham															
Duke University Affiliated Hospitals.....															
Duke.....	E. A. Stead, Jr.....	143	4,360	286	59	33,468	3	18	12	2	0	0	32	3900-4800	P
Veterans Adm.....	K. H. Kilburn.....	186	2,571†	244	69	.....	.....	.....	.....	.....	.....	.....	.....	4205-7405	O
Watts.....	I. H. Manning.....	90	3,464	187	41	3,205	3	2	2	1	0	0	5	3900-4800	F
Winston Salem															
North Carolina Baptist Hospitals.....	E. Yount.....	139	6,282	289	61	9,538	3	7	6	2	0	0	15	2450-3250	P
NORTH DAKOTA															
Bismarck															
Bismarck.....	C. H. Peters.....	63	2,694	120	25	1,241	1	3	0	0	0	0	3	8500-8500	P
Fargo															
St. Luke's.....	R. P. Jordheim.....	76	2,482	151	33	33,000	1	3	0	0	0	0	3	6000-6000	F
OHIO															
Akron															
Akron City.....	H. W. Allison.....	84	2,114	389	41	11,852	3	3	3	3	0	0	9	4200-4800	FP
Akron General.....	W. M. Bartholomae.....	131	3,597	409	44	10,673	3	4	4	3	0	0	11	4200-4800	FP
St. Thomas.....	L. V. Phillips.....	98	3,161	282	53	5,769	3	3	3	1	0	0	7	4200-4800	FP
Canton															
Aultman.....	R. G. Spitzer.....	198	6,568	384	35	3,691	3	4	3	1	0	0	8	4200-6000	FP
Cincinnati															
Christ.....	P. J. Hamilton.....	150	3,231	400	27	588	1	2	2	2	0	0	6	3000-3600	F
Daniel Drake Memorial.....	S. Goodman.....	949	655	381	51	12,221	1	8	3	0	0	0	11	3000-6000	F
Good Samaritan.....	H. Schiro.....	154	3,809†	447	40	856	3	8	4	1	0	0	8	3900-4500	F
Jewish.....	E. G. Margolin.....	122	3,308†	370	43	7,155	3	8	4	1	0	0	13	3240-3720	FP
University of Cincinnati Hospital Group.....	R. W. Vilter.....	3	.....	.....	.....	.....	3	14*	12	20	2	0	48†	3150-7500	F
Cincinnati General.....	.....	116	2,636	487	63	21,353	.....	.....	.....	.....	.....	.....	.....	4020-7035	.....
Veterans Adm.....	.....	154	1,428	216	51	.....	.....	.....	.....	.....	.....	.....	.....	4020-7035	.....
Cleveland															
Cleveland Clinic.....	A. C. Ernestene.....	125	5,270	255	56	98,337	3	19	16	14	12	0	61	3900-4500	P
Cleveland Metropolitan General.....	C. H. Rammelkamp, Jr.....	158	2,303	358	68	46,485	3	12	8	4	0	0	24†	3200-4700	FP
Cleveland Metropolitan General Hospital- Lutheran.....	C. H. Rammelkamp, Jr., M. E. Bobey.....	.....	.....	.....	.....	.....	3	4	4	2	0	0	10†	3900-4500	F
Cleveland Metropolitan General Lutheran.....	.....	170	2,700	382	67	46,485	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fairview Park.....	R. W. Watts.....	113	3,325	212	44	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Highland View.....	D. R. Weir.....	88	2,805	135	46	3,523	3	2	2	2	0	0	6	3000-4500	FP
Huron Road.....	E. M. Goyette.....	204	913	172	52	2,250	1	5	3	2	0	0	10	3400-5200	P
Marymount.....	F. J. Hruby.....	130	4,137	308	50	5,494	3	2	2	2	0	0	8	3120-3420	F
Mount Sinai Hospital of Cleveland.....	S. Wolpaw.....	92	2,428	170	52	1,339	1	3	0	0	0	0	3	6300-6300	F
St. John's.....	W. J. Fayen.....	200	4,586	375	49	20,632	3	8	4	1	0	0	13	2700-3300	FP
St. Luke's.....	A. D. Nichol.....	80	2,368†	195	35	3,739	1	2	0	0	0	0	2	3900-4200	FP
St. Vincent Charity.....	F. R. Hanrahan.....	128	3,018	263	49	16,897	3	3	3	3	0	0	9	3600-4620	F
University Hospitals of Cleveland.....	R. F. Williams.....	156	4,195	276	43	20,219	3	6	2	1	0	0	9	3720-4020	F
Sunny Acres Cuyahoga County Tuberculosis.....	H. B. Kelly.....	346	474	60	45	110,160	.....	.....	.....	.....	.....	.....	6	7500-7500	FP
Veterans Adm. ³⁹⁰	N. P. Shumway.....	327	2,330†	328	66	1,709	3	7	10	8	0	0	25	4020-5575	P
Columbus															
Mount Carmel.....	P. T. Knies.....	92	2,374	128	66	2,513	3	2	2	2	0	0	6	3900-4500	F
Ohio State University Hospitals University.....	J. V. Warren.....	215	6,551	494	7	40,657	3	14	12	7	3	1	37	3324-3624	.....
Riverside Methodist.....	D. J. Vincent.....	208	5,220†	250	60	6,918	3	3	2	2	0	0	7	5160-5520	P
Dayton															
Good Samaritan.....	J. Kuperman.....	193	8,540	404	43	2,288	3	2	2	2	0	0	6	3900-4500	F
Miami Valley ⁴⁰¹	R. K. Bartholomew.....	266	7,583†	589	38	4,048	3	2	2	2	0	0	6	6300-7500	P
Veterans Adm. ⁴⁰⁰	A. A. Polachek.....	251	2,157	285	72	2,642	3	6	6	5	0	0	17†	4020-5575	O
Lakewood															
Lakewood.....	H. T. Yoder.....	96	2,783†	243	36	2,015	1	4	4	1	0	0	9	3900-4500	FP
Lima															
St. Rita's.....	P. A. Connaughton.....	86	3,718	251	33	8,187	1	0	0	0	0	0	1	4800-5100	P
Toledo															
Maumee Valley.....	K. E. Roberts.....	64	1,780	230	42	10,298	3	3	3	3	0	0	9	4020-4500	FP
St. Vincent's.....	M. A. Schnitker.....	168	5,482†	346	37	10,396	3	1	1	1	0	0	3	3900-4500	F
Toledo.....	R. B. Walker.....	99	3,277	216	43	3,797	3	1	1	1	0	0	3	4200-4800	F
Warren															
Trumbull Memorial.....	J. R. McKay.....	100	3,976	305	32	498	3	3	2	2	0	0	7	4200-5400	F
Youngstown															
St. Elizabeth.....	E. Kessler.....	231	9,157	369	47	6,297	3	2	2	2	0	0	6	4500-5100	F
Youngstown.....	F. S. Coombs.....	301	8,621	644	43	6,170	3	6	4	2	0	0	12	3900-5100	F
OKLAHOMA															
Oklahoma City															
Mercy Hospital Oklahoma City General.....	W. T. Bynum.....	65	2,418	193	49	3,216	1	1	0	0	0	0	1	4800-4800	P
Presbyterian.....	C. W. Cathey.....	43	1,766†	141	47	1,674	1	2	0	0	0	0	2	5400-6000	O
St. Anthony.....	P. M. McNeill.....	91	2,814†	266	42	4,698	3	0	1	1	0	0	2	4800-5400	P
University of Oklahoma Medical Center.....	.....	.....	.....	.....	.....	.....	3	12*	10	6	2	0	30	.....	.....
University Hospitals ⁴⁰²	S. Wolf.....	64	1,740	165	57	24,423	.....	.....	.....	.....	.....	.....	.....	3300-7400	P
Veterans Adm.....	W. O. Smith.....	155	2,510	250	74	22,212	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tulsa															
St. John's.....	W. J. O'Meilia.....	173	5,471	303	32	3,333	3	1	1	1	0	0	3	3000-3600	FP

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year (Min.-Max.)	Main-tenance O
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON															
Portland															
Emanuel.....	G. M. Robins.....	97	5,001‡	239	49	6,387	3	2	1	1	0	0	3	3300-5040	F
Good Samaritan.....	O. C. Page.....	128	5,066	297	40	4,314	3	2	2	2	0	0	6	3300-3780	F
Providence.....	.....	81	4,227	230	45	.....	3	2	2	2	0	0	6	4200-4440	PO
St. Vincent.....	W. R. Rogers.....	81	3,891‡	281	36	3,014	3	2	2	2	0	0	6	3300-3660	F
University of Oregon Medical School Hospitals and Clinics ⁴⁰⁸	H. P. Lewis.....	111	3,696	417	62	27,402	3	4	4	4	0	0	12	2700-3300	F
Veterans Admin. ⁴⁰⁷	J. R. Walsh.....	270	2,801	245	78	4,617	3	7	7	6	0	0	20	4020-6120	F
PENNSYLVANIA															
Abington															
Abington Memorial.....	J. T. Beardwood, Jr.....	92	2,806‡	321	45	6,674	3	2	2	2	0	0	6	3300-5100	F
Bethlehem															
St. Luke's Hospital of Bethlehem.....	R. K. Shields.....	168	3,754	406	46	8,581	3	2	1	1	0	0	4	3120-3720	FP
Bryn Mawr															
Bryn Mawr.....	J. A. Wagner.....	111	3,067	318	49	4,862	3	2	2	2	0	0	6	3300-3900	FP
Danville															
Geisinger Medical Center.....	J. A. Collins.....	107	3,570	250	53	18,780	3	4	2	2	0	0	8	2700-4200	FP
Darby															
Thomas M. Fitzgerald Mercy.....	D. J. Hiferty.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
Easton															
Easton.....	J. Kincov.....	110	2,656	303	37	5,288	3	1	1	1	0	0	3	4200-4800	FP
Erie															
Hamot.....	E. B. Wells.....	110	4,717	293	38	786	2	1	1	0	0	0	2	3300-3600	FP
St. Vincent.....	R. Schmidt.....	105	4,346‡	313	37	3,082	2	1	1	0	0	0	2	3900-4200	FP
Harrisburg															
Harrisburg.....	J. A. Daugherty.....	213	4,692	454	59	13,400	3	3	3	3	0	0	9	3300-3600	F
Harrisburg Polyclinic.....	A. W. Cowley.....	174	4,135	453	38	6,456	3	2	1	1	0	0	4	5400-6000	FP
Philadelphia															
Albert Einstein Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Northern Division.....	B. A. Gouley.....	181	4,586‡	425	35	11,475	3	7	6	3	0	0	16	2700-3300	FP
Southern Division.....	T. Mendell.....	97	2,250‡	198	33	2,948	3	2	2	1	0	0	5	2700-3300	FP
Chestnut Hill.....	E. P. Albright.....	66	1,861	171	49	3,600	2	1	1	0	0	0	2	4800-4800	F
Episcopal.....	S. R. Vogel.....	113	2,343	270	44	10,710	3	2	2	2	0	0	6	4200-4680	O
Germanstown Dispensary and Hospital.....	R. W. Mays.....	115	2,829	328	36	17,151	3	1	1	1	0	0	3	3600-5100	FP
Graduate Hospital of the University of Pennsylvania.....	H. J. Tumen.....	136	3,408	248	55	13,464	3	7	4	4	0	0	15	2610-4110	P
Hahnemann Medical College and Hospital.....	J. H. Moyer.....	173	5,132	361	49	32,757	3	10	10	4	0	0	24	2400-3000	FP
Hospital of the University of Pennsylvania.....	F. C. Wood.....	224	5,922	303	60	5,411	3	9	9	6	0	0	24	.....	FP
Hospital of the Woman's Medical College of Pennsylvania.....	H. W. Harris.....	52	1,298	105	47	8,923	3	3	1	1	0	0	5	2400-3600	F
Jefferson Medical College.....	R. I. Wise.....	211	4,608	342	51	22,775	3	8	9	0	1	0	18	3000-4200	O
Lankenau ⁴²⁶	M. W. Miller, D. B. Pierson, Jr.....	125	3,496	274	53	4,484	3	2	2	2	0	0	6	3300-5160	P
Mercy-Douglass.....	E. E. Holloway.....	75	2,247	78	36	4,509	2	2	2	0	0	0	4	4800-5400	F
Misericordia.....	G. N. French.....	133	8,824	320	45	3,198	3	3	2	1	0	0	6	3000-4200	F
Nazareth.....	S. J. Skromak.....	50	1,693	158	41	1,690	3	1	0	0	0	0	1	4200-4200	F
Pennsylvania.....	G. G. Duncan.....	139	5,655	238	46	11,356	3	.....	.....	.....	.....	.....	12	3210-4170	O
Philadelphia General.....	D. A. Cooper, C. M. Thompson.....	210	4,842	947	53	37,498	3	10	10	10	0	0	30	3090-4539	F
Presbyterian Hospital in Philadelphia.....	F. Fetter.....	110	2,821‡	264	57	12,184	3	2	2	2	0	0	6	2820-3180	F
Temple University.....	T. M. Durant.....	230	5,233	419	50	18,074	3	6	6	6	0	0	18	2100-2700	P
Veterans Admin. ⁴²⁷	H. P. Close.....	235	4,074	415	68	.....	3	7	7	8	0	0	22	4020-5575	O
Pittsburgh															
Allegheny General.....	R. A. Wolf.....	151	3,526	453	33	12,655	3	3	3	3	0	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh.....	.....	.....	.....	.....	.....	.....	3	12	12	6	1	0	31	.....	.....
Magee-Womens.....	C. R. Schafer.....	88	2,277	162	48	4,140	.....	.....	.....	.....	.....	.....	.....	.....	.....
Presbyterian-University.....	J. D. Myers.....	157	4,031	264	69	21,290	.....	.....	.....	.....	.....	.....	.....	3060-3780	O
Veterans Admin.....	G. A. Edwards.....	686	4,078	499	70	2,879	.....	.....	.....	.....	.....	.....	.....	4020-7035	P
Mercy.....	M. Johnston.....	170	4,465	378	52	13,918	3	4	3	2	0	0	9	5400-6000	P
Montefiore.....	P. J. Rosenthal.....	123	3,703	348	51	13,042	3	2	2	2	0	0	6	4200-4800	O
St. Francis General.....	J. J. Donovan.....	171	4,116	339	45	5,873	3	3	3	2	0	0	8†	4320-5040	FP
St. Margaret Memorial.....	A. B. Fuller.....	60	1,569	110	40	1,443	1	1	0	0	0	0	1	5100-5100	F
Shadyside.....	R. D. Hieber.....	120	3,602	260	42	396	3	2	2	2	0	0	6	5400-5400	F
Western Pennsylvania.....	F. R. Franke.....	179	4,782	345	39	9,075	3	2	2	2	0	0	6	3900-4800	FP
Sayre															
Robert Packer.....	J. B. Cady.....	65	3,963	183	50	23,265	3	3	3	3	0	0	9	3000-4200	FP
West Reading															
Reading.....	R. C. Hoyt.....	181	3,084	409	51	1,783	3	2	2	2	0	0	6	3300-4200	FP
York															
York ⁴²⁸	J. L. Atkins.....	125	3,961	523	55	8,149	3	2	2	2	0	0	6	4200-4800	P
PUERTO RICO															
Ponce															
Ponce District General.....	H. Rodriguez.....	87	2,263	229	44	19,281	3	3	3	3	0	0	9	3600-4800	F
Rio Piedras															
University (District).....	M. R. Garcia Palmieri.....	66	1,077	176	73	24,787	3	8	8	8	0	0	24	3600-4800	F
San Juan															
San Juan City.....	E. J. Marchand.....	48	1,008	122	61	20,991	3	4	4	4	0	0	12	3600-4800	F
Veterans Admin. ⁴⁴⁸	E. A. Ramirez.....	104	1,695	67	84	28,567	3	6	5	4	0	0	15	4520-6270	.....
RHODE ISLAND															
Pawtucket															
Rhode Island Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
Memorial.....	E. Lovering.....	53	1,819	287	31	3,163	.....	1	1	0	0	0	2	4800-5400	FP
Miriam (Providence).....	A. M. Burgess.....	72	1,588	124	48	1,518	.....	0	0	1	0	0	1	4200-4200	FP

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND—Continued															
Providence															
Miriam—See Rhode Island Affiliated Hospitals, Pawtucket															
Rhode Island	M. W. Hamolsky	155	4,218	597	34	16,086	3	6	2	2	0	0	10	2280-4080	FP
Veterans Admin.	J. D. Eyre	164	1,772	219	40	2,287	3	4	4	2	0	0	10	4020-7035	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	V. Moseley, J. A. Boone						3	8	4	1	0	0	13	2310-3630	FP
Medical College		73	2,606	237	57	26,465									
Roper		72	2,995	116	30										
TENNESSEE															
Chattanooga															
Baroness Erlanger	C. Hartung	137	6,722	512	36	17,573	3	2	2	2	0	0	6	3900-4500	F
Knoxville															
University of Tennessee Memorial Research Center and Hospital	R. B. Wood	59	2,278	197	45	3,840	3	2	2	1	0	0	5	4392-4632	F
Memphis															
Baptist Memorial	P. Milnor, Jr.	266	10,257	436	45	2,732	3	3	3	3	0	0	9	3900-4800	F
Methodist	J. P. Conway	117	6,468	294	39	2,921	1	1	0	0	0	0	1	3900-4800	F
St. Joseph	P. B. Bleecker	191	7,433	203	35	2,246	1	2	1	1	0	0	4	3900-4500	F
University of Tennessee Affiliated Hospitals							3								
City of Memphis Hospitals	I. F. Tullis	95	2,539	513	46	45,789		6	6	4	0	0	16	2310-3480	F
Veterans Admin.	F. S. Dietrich	325	4,510	306	81	3,084							21	4020-7035	O
West Tennessee Tuberculosis	E. P. Bowerman	217	942	66	49	1,517		2	1	0	0	0	3	3720-3960	F
Nashville															
Baptist	F. W. Ownby	78	3,262	182	38	1,242	3	4	2	1	0	0	7	3600-3600	FP
George W. Hubbard	R. S. Anderson	54	1,484	234	53	12,057	3	2	2	2	0	0	6	2700-3900	F
St. Thomas	Rob Roy	83	3,113	237	51	2,106	3	3	3	1	0	0	7	3600-3600	FP
Vanderbilt University Affiliated Hospitals							3	12	6	4	0	0	22		
Nashville Metropolitan General	T. F. Paine, Jr.	36	1,191	182	41	9,186								3780-4500	F
Vanderbilt University	D. E. Rogers	78	2,847	155	54	22,819								3000-3600	P
Veterans Admin.	R. M. Des Prez	185	2,717	218	67									4020-7035	O
TEXAS															
Dallas															
Baylor University Medical Center	R. Tompsett	145	6,458	456	42	4,193	3	3	2	1	0	0	6	5100-5700	F
Methodist Hospital of Dallas	R. K. Portman	65	2,968	185	37	4,890	3	2	2	2	0	0	6	4500-5100	P
Parkland Memorial	D. W. Seldin	94	2,901	470	64	77,528	3	11	13	3	0	0	27	2400-3000	P
St. Paul	F. W. Veninga	94	4,018	288	49	4,006	3	2	1	1	0	0	4	4500-5100	P
Veterans Admin.	B. Friedman	310	3,657	313	60	1,087	3	6	6	5	1	0	18	4020-6120	P
Fort Worth															
Harris Hospital-Fort Worth Medical Center	J. M. Church	109	3,897	168	46	916	3	1	1	1	0	0	3		F
Galveston															
University of Texas Medical Branch Hospitals	R. Gregory	211	4,130	340	55	27,191	3	8	9	6	0	0	23	4200-4200	P
Houston															
Baylor University Affiliated Hospitals	R. D. Pruitt	483	10,111	989	62	62,296	3	16	12	10	4	0	42	2910-3987	FP
Ben Taub General															
Methodist															
Veterans Admin.															
Hermann	E. A. Wilkerson	153	5,945	335	42	25,589	3	3	3	3	0	0	9	3600-4500	P
University of Texas M.D. Anderson Hospital and Tumor Institute	C. D. Howe	70	1,125	224	75	16,000	1	2	2	2	2	0	8	3300-6600	O
McKinney															
Veterans Admin.	G. W. Winkelman	167	2,204	121	52		3	2	2	2	0	0	6	4020-5575	O
San Antonio															
Robert B. Green Memorial	G. G. Passmore						3	3	3	3	0	0	9		
Temple															
Scott and White Memorial	J. G. Rodarte	107	5,128	199	41		3	4	4	3	0	0	11	4200-4800	P
UTAH															
Salt Lake City															
Holy Cross	R. P. Morris	68	2,692	124	53	433	1	1	0	0	0	0	1	3600-3600	FP
Latter-day Saints	A. E. Lindsay	115	4,940	403	44	5,841	3	2	2	2	0	0	6	3600-4500	P
University of Utah Affiliated Hospitals	M. M. Wintrobe						3	9	4	4	0	0	17		
Salt Lake County General		117	1,056	192	59	28,347								3600-4800	P
Veterans Admin.		66	1,052	123	76									4205-5865	P
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals															
DeGoesbriand Memorial	T. B. Tomasi, Jr.	65	1,973	138	60	973	3	3	2	1	0	0	6	3000-3700	FP
Mary Fletcher	E. L. Amidon	67	2,631	122	74	6,115	3	3	3	1	0	0	7	3000-4200	O
White River Junction															
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.															
VIRGINIA															
Alexandria															
Alexandria	C. A. Hudson	88	3,526	228	32	5,376	1	2	2	0	0	0	4	3600-4200	P
Charlottesville															
University of Virginia	W. Parson	107	3,385	216	57	10,911	3	6	6	2	0	0	14	2100-3000	F
Norfolk															
De Paul	J. D. Lea	82	4,429	223	48	8,871	1	2	0	0	0	0	2	4800-4800	F
Norfolk General	R. Gabagan					7,305	3	1	1	1	0	0	3	2400-5700	FP

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
VIRGINIA—Continued															
Richmond															
Johnston-Willis Medical College of Virginia Affiliated Hospitals	D. M. Caravati	102	3,247†	210	43	632	1	2	0	0	0	0	2	5400-5400	F
Medical College of Virginia-Hospital Division Veterans Admin.	W. T. Thompson, Jr. J. J. Kelly, III	169 339	4,829 4,258	633 295	40 68	24,831 7,035	..	0	0	4	0	0	4	1800-2400 5575-5575	F P
Roanoke															
Lewis-Gale	C. D. Nofsinger	64	2,699	133	48	23,376	3	3	2	1	0	0	6	6000-6600	FP
Roanoke Memorial Hospitals	H. R. Yates, Jr.	180	5,793†	213	36	6,434	3	3	3	3	0	0	9	5400-6000	F
WASHINGTON															
Seattle															
Providence University of Washington Affiliated Hospitals ⁸¹	R. Greenleaf	72	3,813†	225	56	1,720	2	2	2	0	0	0	4	3900-4800	FP
King County University	R. G. Petersdorf	138	3,185†	568	56	18,862	3	21	18	3	0	0	42	2400-5700	F
Veterans Admin.	W. M. M. Kirby	30	1,457†	65	78	8,524	..	..	..	..	..	..	..	3300-5300	P
Virginia Mason	R. S. Evans	99	1,741	171	89	2,131	..	..	..	..	..	..	..	4020-7035	O
Spokane Sacred Heart	R. King	60	3,111	122	79	44,000	3	2	2	2	0	0	6	3300-5100	FP
Spokane Sacred Heart	R. Steury	126	7,525	367	48	1,573	3	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA															
Beckley															
Beckley Appalachian Regional	A. D. Kistin	75	1,689†	169	49	25,727	3	3	3	3	0	0	9	6400-7400	P
Charleston															
Charleston General Memorial ⁸³	R. N. O'Dell A. B. C. Ellison	102 76	4,197 3,026	145 167	36 58	1,251 3,768	3 3	2 2	2 2	1 2	0 0	0 0	5 6	3900-4800 4500-5100	FP FP
Huntington															
Cabell Huntington	S. Biern	77	3,676	215	27	6,418	1	1	0	0	0	0	1	4500-...	F
Morgantown															
West Virginia University Medical Center	E. B. Flink	72	1,777†	81	62	11,289	3	4	4	6	0	0	14	3320-4520	P
Wheeling															
Ohio Valley General	C. H. Hiles	140	3,990	332	30	4,651	3	4	4	4	0	0	12	4800-5400	P
Wheeling	R. U. Drinkard	65	..	140	36	2,899	1	1	0	0	0	0	1	3600-4200	F
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	O. Meyer	126	3,994	174	73	13,617	3	10*	10*	10*	0	0	30†	3400-4600	P
Madison General	..	78	2,875†	192	52	..	..	2	1	0	0	0	3	2880-2800	FP
Veterans Admin.	..	211	2,508	210	78	1,408	..	..	..	..	..	..	..	4205-5865	P
Milwaukee															
Columbia ⁷²	D. G. Santer	94	3,063†	124	64	13,170	3	2	2	0	0	0	4	4800-5400	P
Marquette University Affiliated Hospitals	W. W. Engstrom	..	..	..	..	..	3	15	15	15	2	0	47	..	..
Milwaukee County General	W. W. Engstrom	185	5,763†	1,128	36	59,701	..	..	..	..	..	..	..	3580-5769	P
Veterans Admin. (Wood) ⁷⁸	J. J. Levin	343	3,950	331	77	4,421	..	..	..	..	..	..	..	4020-5575	O
Milwaukee ⁶⁴	L. R. Schweiger	96	3,623	190	48	4,897	3	2	2	2	0	0	6	4800-5100	P

9. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering FOUR years of acceptable training in the specialty. Programs, 81; Residencies, 445

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	G. J. Hayes	130	984	48	79	1,106	0	1	1	1	1	1	4	..	..
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center University Hospital and Hillman Clinic	J. G. Gallbraith	45	1,771	127	48	712	1	1	1	1	1	0	4	2400-4860	F
ARIZONA															
Phoenix															
Barrow Neurological Institute of St. Joseph's Hospital	J. R. Green	19	828	25	40	35	1	1	1	1	1	1	5	3000-3900	F
CALIFORNIA															
Downey															
Rancho Los Amigos—See White Memorial, Los Angeles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued														
Long Beach														
Veterans Admin. ⁹¹	J. D. French	36	500	32	75	1,191	1	1	1	1	0	4	4020-7035	O
Los Angeles														
Los Angeles County General, Unit I	T. Kurze	65	3,590	212	11	2,564	2	2	2	2	0	8	3780-5520	F
University of California Medical Center	W. E. Stern	21	558	30	81	1,136							3324-6912	O
Veterans Admin.—General Medical and Surgical	J. A. Aguilar	27	475	19	89	1,076							4990-7405	P
White Memorial	K. H. Abbott	37	1,139	23	74	673	1	1	1	1	1	5	4260-6660	P
Rancho Los Amigos (Downey)	P. J. Vogel	20	300	5	100	167							3780-7500	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals							2	2	1	1	1	7†		
Palo Alto-Stanford Hospital Center	J. W. Hanbery	19	400†	28	79	1,632							3450-5250	O
Veterans Admin.	L. R. Chandler	1	13	3	100	63							4020-6120	O
Pasadena														
Huntington Memorial	C. H. Shelden	15	591	13	91	685	1	1	1	1	0	4	3600-6300	FP
San Francisco														
University of California Hospitals							2	2	2	2	0	4		
Franklin	O. W. Jones, Jr.	25	875	11	81								3324-4332	P
San Francisco General	E. Boldrey	12	306	52	15	0							3816-3816	O
University of California Hospitals	J. E. Adams	29	910	22	82	1,213							4332-5856	O
Veterans Admin.	B. L. Wise, J. A. Witt	20	215	12	83	533							5854-7386	
COLORADO														
Denver														
University of Colorado Affiliated Hospitals	W. K. Welch						1	1	1	1	0	4		
University of Colorado Medical Center		12	560	31	94	781							3000-4000	P
Veterans Admin.			225	2	100	636							5575-7035	O
CONNECTICUT														
Hartford														
Hartford—See Yale-New Haven Medical Center and Hartford Hospital, New Haven														
New Haven														
Yale-New Haven Medical Center and Hartford Hospital							2	2	2	2	0	8		
Grace-New Haven Community	W. J. German	25	824	46	70	1,704							2800-3400	P
Hartford (Hartford)	W. B. Scoville	27	1,022	84	71	249							4300-5100	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals							1	1	1	1	0	4		
Children's	A. J. Luessenhop	6	164†	9	67	0							3600-3600	P
District of Columbia General	A. J. Luessenhop												3800-5000	F
Georgetown University ¹⁴²	O. H. Fulcher	65	961	91	77	1,612							2400-5000	P
George Washington University Affiliated Hospitals	J. W. Watts						1	1	1	1	0	4		
Children's		8	221†	5	100	384							3600-3600	P
District of Columbia General		22	416	60	77	407							3800-5000	F
George Washington University ¹⁴²	J. W. Watts	54	1,035	77	80	1,468							3300-4200	P
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	H. L. Roberts	12	429	42	62	1,074	1	1	1	0	0	3	3700-5800	O
Miami														
Jackson Memorial ¹⁴⁸	D. H. Reynolds	28	875	74	23	993	1	1	2	0	0	4	3000-4680	P
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	E. F. Fincher						1	1	1	1	0	4		
Emory University		15	600†	18	61								2820-3180	P
Grady Memorial		4	92	11	36	1,407							2700-3900	F
Henrietta Eggleston Hospital for Children		3	72†	3	67	0							2820-3180	O
Augusta														
Medical College of Georgia Hospitals							1	1	1	1	0	4		
Eugene Talmadge Memorial	G. Smith	21	659	14	64	1,469							3996-6996	O
University	L. O. J. Manganiello	27	1,112	32	28	248							3000-6000	O
Veterans Admin.	G. W. Smith	15	293	13	69	263							6440-7405	
ILLINOIS														
Chicago														
Northwestern University Medical Center	P. C. Bucy						1	1	1	0	0	3		
Chicago Wesley Memorial	P. C. Bucy	21	822	21	67		1	1	1	1	1	5	3300-4500	P
Passavant Memorial	N. Wetzel		105†	6	33								3300-4200	P
Veterans Admin. Research	P. C. Bucy	17	300	13	69								4205-7405	O
Evanston (Evanston)	J. A. Tarkington	8	188	10	60	14							3300-3900	P
University of Chicago Hospitals and Clinics	J. P. Evans	18	538	40	72	1,755	1	1	1	1	0	4	3900-5500	O
University of Illinois Affiliated Hospitals	E. Oldberg												10	
Presbyterian-St. Luke's		14	430	39	69	150							3000-3600	P
University of Illinois Research and Educational Hospitals		37	642	43	72	14,440							3000-4200	P
Veterans Admin. (Hines)	E. Oldberg, H. C. Voris	34	458	46	67	1,514							6120-7035	O
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
Hines														
Veterans Admin.—See University of Illinois Affiliated Hospitals, Chicago														

9. NEUROLOGICAL SURGERY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
INDIANA																
Indianapolis																
		Indiana University Medical Center	R. F. Heimburger	38	727	52	67	1,107	1	2	2	1	0	6	2825-3800	P
		Indiana University Hospitals		21	203	25	80	252							4020-7035	O
		Veterans Admin.														
IOWA																
Iowa City																
		University Hospitals	G. E. Perret	33	766	70	74	1,250	1	1	1	1	0	4	3180-4560	P
KANSAS																
Kansas City																
		University of Kansas Medical Center	W. Williamson	10	573	22	77	1,653	1	1	1	1	0	4	3000-3600	P
		Veterans Admin. (Kansas City, Mo.)	C. Brackett	12	169	19	63	152							4020-7035	
KENTUCKY																
Louisville																
		University of Louisville Medical Center	E. G. Grantham						1	1	1	1	0	4		
		Children's		11	239	20	65	406								
		John N. Norton Memorial Infirmary		15	418	9	44	0							2500-3000	P
		Louisville General		6	258	27	85	556							2500-3000	FP
		Veterans Admin.		22	279	21	52	540							4020-5575	O
LOUISIANA																
New Orleans																
		Tulane University Affiliated Hospitals	R. C. Llewellyn						1	1	1	1	0	4		
		Charity Hospital of Louisiana	R. C. Llewellyn	19	362	66	40	1,364							2400-2400	F
		Ochsner Foundation	D. H. Echols	23	747	28	86	3,131							3000	P
		Veterans Admin.	R. C. Llewellyn	18	305	30	60	396							5575-7035	O
MARYLAND																
Baltimore																
		Johns Hopkins	A. E. Walker	30	794†	44	57	977	2	1	1	1	1	8†	2600	P
		Baltimore City Hospitals		Inc. in Surg.				620								
		University of Maryland	J. G. Arnold, Jr.	43	1,014	59	52	852	0	2	2	2	2	8	3000-4400	P
MASSACHUSETTS																
Boston																
		Boston City ²¹⁹	W. Wegner	25	379	27	67	558	1	1	1	1	0	4†	3600-5400	O
		Children's Hospital Medical Center-Peter Bent Brigham	F. Ingraham						1	1	1	1	0	4		
		Children's Hospital Medical Center		19	539	22	82	1,226							1800-5250	F
		Peter Bent Brigham		Inc. in Surg.											2100-3600	F
		Massachusetts General	W. H. Sweet	28	345	32	59	1,006	0	1	1	1	0	3	3600-6000	P
		Veterans Admin. (Jamaica Plain)	J. H. Drew	16	504	36	75	1,006								
		New England Center	B. Selverstone	16	387	15	60	850	1	1	1	1	0	4	3600-6000	O
		Rhode Island (Providence, R.I.)	J. Stoll, Jr.	35	1,005	62	42	490							3480-4680	FP
MICHIGAN																
Ann Arbor																
		University of Michigan Affiliated Hospitals	E. A. Kahn	27	725	61	62	3,303	2	2	2	2	0	8	2940-4240	O
		University	J. A. Taren	10	Inc. in Sur.	21	80	315							4205-7405	O
		Veterans Admin.														
		Wayne County General Hospital and Infirmary (Eloise)	J. Taren	12	393	39	36	492							5495-6157	F
Detroit																
		Henry Ford	R. S. Knighton	34	781	49	73	4,267	2	2	1	1	0	6	4800-6000	P
		Wayne State University Affiliated Hospitals	E. S. Gurdjian													
		Detroit Memorial		12	224	8	50								4200-4200	O
		Grace		22	462†	28	57	89							4200-4800	FP
		Receiving		18	838	94	67	976							3900-5400	P
Eloise																
		Wayne County General Hospital and Infirmary—See University of Michigan Affiliated Hospitals, Ann Arbor, Mich.														
MINNESOTA																
Minneapolis																
		University of Minnesota Affiliated Hospitals	L. A. French						2	1	2	1	1	7†		
		University of Minnesota Hospitals		25	704	27	81	881							3000-3000	O
		Veterans Admin.		26	454	26	81	240							4205-7405	O
Rochester																
		Mayo Foundation	C. S. MacCarty	70	3,024	91	75	10,484	8	8	8	8	3	35	2400-5400	P
		Rochester Methodist														
		St. Mary's														
MISSISSIPPI																
Jackson																
		University of Mississippi Medical Center	O. J. Andy	23	880	58	69	1,193	1	1	1	1	1	5	3000-3600	O
		University	M. E. Allen, Jr.	22	242	17	76	1,029							4020-7035	O
		Veterans Admin.														
MISSOURI																
Columbia																
		University of Missouri Medical Center	S. P. W. Black	12	280†	13	77	1,668	1	1	1	1	0	4	3600-4800	P
		St. Luke's (St. Louis)	C. Lischer	23	764	43	47									
Kansas City																
		Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.														
St. Louis																
		Barnes	H. G. Schwartz	39	733	71	73	1,044	1	1	1	1	1	5	3300-4800	O
		St. Luke's—See University of Missouri Medical Center, Columbia, Mo.														

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY.—Continued

NEW HAMPSHIRE	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-Tenance	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals	R. G. Fisher														
Mary Hitchcock Memorial		22	739	33	97	1,973	1	1	1	1	0	4	3208-4450	P	
Veterans Admin. (White River Jct., Vt.)		10	187	8	100	126							3120-5315	O	
NEW YORK															
Albany															
Albany Medical Center	R. D. Whitfield	30	965	47	68	230	1	1	1	1	0	4	3200-5200	P	
Buffalo															
State University of New York at Buffalo Affiliated Hospitals	L. Bakay						1	1	1	1	0	4			
Buffalo General		24	660	52	76	234							4400-5300	P	
Children's Hospital of Buffalo		3	118	7	100	75							2700-4500	FP	
Edward J. Meyer Memorial		24	660	52	76	234							3875-4640	P	
New York City															
Albert Einstein College of Medicine Affiliated Hospitals							3	2	2	2	2	11†			
Bronx Municipal Hospital Center	L. M. Davidoff	16	300	45	87	606							4200-5220	P	
Montefiore	E. Feiring	23	547	48	40	239							5000-6250	P	
Kings County Hospital Center	A. W. Cook	66	2,899	109	23	1,472	1	1	1	1	0	4†	4200-5220	P	
Long Island College															
Mount Sinai	S. W. Gross	35	490	24	42	540	1	1	1	1	0	4	4500-6500	P	
City Hospital Center at Elmhurst															
New York	B. Ray	19	301	15	86		1	0	1	2	0	4	3200-3900	P	
New York University Medical Center and Bellevue Hospital Center	J. Ranschoff						2	1	1	1	1	6			
Bellevue Hospital Center, Div. III and IV		61	580	77	64	599							4200-5220	FP	
University															
Veterans Admin. (Manhattan)		15	32	15	53								4020-7035	O	
Presbyterian (Neurological Institute)	J. L. Pool	52	1,597	56	43	17,014	3	3	3	0	0	9	4500-5347	O	
St. Vincent's Hospital of the City of New York	C. G. deGutierrez-Mohoney	50	968	118	24	1,807	1	1	1	1	0	4	3540-4440	P	
Veterans Admin. (Bronx) ²⁵⁹	J. Scarff	36	343	11	73	641	1	1	1	1	0	4	4735-7035	O	
Rochester															
Strong Memorial	F. P. Smith	24	665†	33	48	137	1	1	0	1	0	3	2600-4400	O	
Syracuse															
State University of New York Upstate Medical Center	R. King	40	925	59	66	415	0	1	2	1	2	6	4488-5730	O	
Veterans Admin.	H. Lourie	10	134	14	86	290							4205-6440	O	
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	G. S. Dugger	11	368†	44	70	806	1	1	1	1	0	4	2800-5000	O	
Durham															
Duke University Affiliated Hospitals												7			
Duke	G. L. Odom	44	1,165	66	57	1,401							3900-4800	P	
Veterans Admin.	G. T. Tindall	24	435†	31	61								4205-7405	O	
Winston-Salem															
North Carolina Baptist	E. Alexander, Jr.	24	714	64	77	1,149	1	1	1	1	0	4	2450-3250	P	
OHIO															
Cincinnati															
University of Cincinnati Hospital Group							2	2	1	1	0	6			
Children's	R. McLaurin		220	1	100	136									
Christ	F. H. Mayfield	31	667	23	48	650									
Cincinnati General	R. L. McLaurin	13	302	37	56	655							2400-5400	F	
Good Samaritan	C. Hunter	16	237†	33	39								4200-4800	F	
Veterans Admin.		13	207	14	29								4020-7035		
Cleveland															
Cleveland Clinic	W. B. Hamby	32	1,203	29	73	6,095	2	2	1	1	0	6	4200-5700	P	
Western Reserve University Affiliated Hospitals							1	1	1	1	0	4			
Cleveland Metropolitan General	R. J. White	10	176	19	76	745									
University Hospitals of Cleveland	F. E. Nulsen	18	437†	20	85	497							4200-5400	P	
Veterans Admin.	F. E. Nulsen	20	163†	18	83	177							4020-7405	P	
Columbus															
Ohio State University Hospitals	W. E. Hunt						0	1	1	1	1	4			
Children's	M. P. Sayers	27	773	28	71	456							3300-4200	P	
Riverside Methodist	J. N. Meagher	37	1,025†	32	56								5340-5340	P	
University	W. E. Hunt	24	995	49	75	129							3624-5724	P	
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center							1	1	1	1	0	4			
St. Anthony	A. Rix	23	803†	53	49	99							4800-6000	P	
University Hospitals	J. D. Herrmann	8	236	16	50	695							2400-4500	P	
OREGON															
Portland															
Good Samaritan	J. Raaf	30	912	35	72	948	1	1	2	0	1	5	3300-3780	P	
University of Oregon Affiliated Hospitals	G. Austin														
University of Oregon Medical School Hospitals and Clinics		31	543	60	90	801	1	1	1	1	1	5	2700-3300	F	
Veterans Admin.		14	191	32	93	156	1	0	1	1	0	3	4020-6120	P	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA														
Philadelphia														
Episcopal	H. A. Shenkin	21	667	39	69	488	1	1	1	1	0	4	4200-4920	O
Hospital of the University of Pennsylvania	R. Groff	27	508	46	80	428	1	1	1	1	0	4	1800-	FP
Children's Hospital of Philadelphia	F. W. Pitts	3	717	26	90	542							1200-1800	F
Graduate Hospital of the University of Pennsylvania														
Philadelphia General														
Jefferson Medical College	R. L. Rovit	12	270	22	50	327	1	1	1	1	0	4	3000-4200	O
Temple University ⁴²	M. Scott	55	962	48	58	907						6	2100-3000	P
Pittsburgh														
Health Center Hospital of the University of Pittsburgh	S. N. Rowe	25	528	32	57	1,346	2	2	1	1	0	6	3660-3960	O
Children's Hospital of Pittsburgh	S. N. Rowe	24	520	41	61	187							3060-3660	
Presbyterian-University	S. N. Rowe	25	465	40	50	35							4320-5400	FP
St. Francis General	J. F. Grunngale	32	628	35	71	418							4020-7035	P
Veterans Admin.	H. Rosomoff	38	830	41	54	448							5400-6300	P
Mercy	F. H. Bragdon													
RHODE ISLAND														
Providence														
Rhode Island—See New England Center, Boston, Mass.														
TENNESSEE														
Memphis														
Methodist	C. D. Hawkes	50	941†	29	31	206	1	1	1	1	0	4	3900-4800	F
Veterans Admin.		19	58	4	50	134							4020-7035	O
University of Tennessee Medical Center Hospitals	F. Murphey						2	2	2	2	0	8		
Baptist Memorial		96	3,309	78	41	580							3900-4800	F
City of Memphis Hospitals		17	583	92	46	3,110							2310-3480	F
Nashville														
Vanderbilt University ⁴⁸	W. F. Meacham	35	1,008	57	51	516	1	1	1	1	0	4	3000-3600	P
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	K. Clark						1	1	1	1	1	5		
Children's Medical Center			55	7	29	59								
Parkland Memorial		19	480	50	32	1,331							2400-3300	P
St. Paul		11	272	6	50								-5100	P
Galveston														
University of Texas Medical Branch Hospitals	S. R. Snodgrass	22	470	41	53	1,254	1	1	1	1	0	4	4200-4200	P
Houston														
Baylor University Affiliated Hospitals	G. Ehni	68	2,027	126	65	2,756	2	2	2	2	0	8	2460-5017	FP
Ben Taub General														
Methodist														
Veterans Admin.														
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. M. P. Donaghy						1	1	1	1	0	4		
DeGoesbriand Memorial		5	129†	11	55	264							3000-4800	O
Mary Fletcher ⁵⁴		17	398	25	89	705							3000-4800	O
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.)														
VIRGINIA														
Charlottesville														
University of Virginia Hospitals							1	2	1	1	0	5		
University of Virginia	W. G. Crutchfield	30	798†	36	67	615							2100-3000	F
Veterans Admin. (Richmond)	J. L. Ulmer	17	318	9	78	462							4020-6120	P
Richmond														
Medical College of Virginia—Hospital Division	W. F. Collins, Jr.	46	1,038	65	38	696	1	2	1	2	0	6	1800-2700	F
Veterans Admin.—See University of Virginia Hospitals, Charlottesville, Va.														
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	A. A. Ward, Jr.						2	2	2	2	2	10		
King County		16	379†	58	44	440							2400-5700	F
University		11	397†	24	80	881							3000-6600	P
Veterans Admin.		19	187	13	100	321							4020-7035	O
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	B. M. Bloor	22	720†	64	85	1,787	1	1	1	1	1	5	3320-5120	P
WISCONSIN														
Madison														
University Hospitals	M. Javid	26	516	56	82	856	2	1	1	1	1	6	3400-5800	P

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

10. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program of programs approved at the two or three year level).
Programs, 71; Residencies, 552

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco ¹²²	H. H. Schwamb	15	237	13	54	2,603	1	1	0	0	0	2		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	A. J. Levens	85	804	18	78	2,789	2	2	2	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Los Angeles														
Los Angeles County General, Unit I	H. Barrows	83	3,947	656	24	8,991	2	2	2	0	0	6	3780-5520	F
University of Southern California														
Loma Linda University														
University of California	A. Rose	17	490	14	79	6,568	3	3	2	0	0	8	3324-4332	O
Veterans Admin.-General Medical and Surgical ¹²⁴	R. N. Baker	31	675	13	77	2,576	3	3	3	0	0	9	4205-5865	P
White Memorial	E. D. Fisher	10	301	9	33	2,607	2	1	1	0	0	4	4260-6660	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals							3	3	3	0	0	9†		
Palo Alto-Stanford Hospital Center	F. Morrell	13	561†	19	58								5000-6000	O
Veterans Admin.	W. W. Hofmann	96	540	26	92	500							4020-6120	O
San Francisco														
University of California Hospitals	R. B. Aird	19	883	5	80	3,379	2	2	2	0	0	6	3580-4660	O
Veterans Admin.	H. D. Siedler	18	257	10	80	477							4221-7388	
COLORADO														
Denver														
University of Colorado Affiliated Hospitals							2	2	2	0	0	6		
University of Colorado Medical Center	J. W. Stephens	8	244	23	96	2,764							3000-4000	P
Veterans Admin.	A. H. Greenhouse	64	665	38	82	798							4020-11150	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center							2	2	2	0	0	6		
Grace-New Haven Community	G. H. Glaser	10	364			1,721							3600-5500	P
Veterans Admin. (West Haven)	L. L. Levy	33	399	25	80	1,300								
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven, Conn.														
DISTRICT OF COLUMBIA														
Washington														
Georgetown University	D. S. O'Doherty	19	360	8	100	1,841	2	2	2	0	0	6	3600-5200	P
Veterans Admin.	J. F. Kurtzke	14	218†	6	100	90							3600-7405	O
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	R. P. Schmidt	13	562	18	67	2,080	2	2	2	0	0	6	5000-8000	O
Miami														
Jackson Memorial	P. Scheinberg	40	1,137	169	25	2,989	2	2	2	0	0	6	3120-4920	P
GEORGIA														
Atlanta														
Grady Memorial	H. Karp						2	1	1	0	0	4	2700-3900	F
ILLINOIS														
Chicago														
Northwestern University Medical Center	B. Boshes					1,473								
Chicago Wesley Memorial	B. Boshes	58	1,487	9	78		1	1	1	0	0	3	3300-3900	P
Veterans Admin. Research	H. Koenig	28	241	16	75		1	1	2	0	0	4	4205-7405	O
Veterans Admin. (Hines)	E. L. Tigay	251	937	130	65	770	4	4	4	0	0	12	4020-5575	O
University of Chicago Hospitals and Clinics	R. B. Richter	7	247	9	55	3,383	2	1	0	0	0	3	3900-7000	O
University of Illinois Affiliated Hospitals	M. M. Cohen						3	3	3	0	0	9		
Presbyterian-St. Luke's		12	520			364							2700-7000	P
University of Illinois Research and Educational Hospitals														
Hines														
Veterans Admin.—See Northwestern University Medical Center, Chicago, Ill.														
INDIANA														
Indianapolis														
Indiana University Medical Center	A. T. Ross						3	3	3	0	0	9		
Indiana University Hospitals		8	111	6	33	2,904							3800-4800	P
Marion County General		15	288	103	40	1,288							3863-4489	P
Veterans Admin.		30	481	31	65	158							4020-7035	O
IOWA														
Iowa City														
State University of Iowa Hospitals	A. L. Sabs						3	3	3	0	0	9		
University Hospitals	A. L. Sabs	35	1,168	34	35	5,845							3180-4200	P
Veterans Admin.	E. Sybil	31	464	19	42	125							4020-5575	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance O or F	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
KANSAS															
Kansas City															
University of Kansas Medical Center	C. Poser	10	409	14	78	1,282	4	4	2	0	0	10	3600-6000	P	
Veterans Admin. (Kansas City, Mo.)	A. T. Steegmann	36	519	38	66	212							2280-5575	...	
KENTUCKY															
Louisville															
University of Louisville Medical Center							2	2	2	0	0	6		...	
Louisville General	E. Roseman	46	826	225	62	3,037							2500-3000	FP	
Veterans Admin.	I. O. Dein	41	419	43	56	383							4020-5575	O	
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana												3	1500-2100	F	
Louisiana State University Division	R. Paddison	28	553	49	63	5,284						3	1500-2100	F	
Tulane University Division	R. G. Heath	23	435	32	50	3,959						3	1500-2100	F	
MARYLAND															
Baltimore															
Johns Hopkins Hospital-Baltimore City	J. W. Magladery						2	2	2	0	1	7		...	
Baltimore City Hospitals		366	984	131	33	779							4500-5000	O	
Johns Hopkins		Inc. in Int. Med.				4,406							2800	P	
University of Maryland	J. K. Merlis	13	258	35	49	1,973	1	1	1	0	0	3	3000-4400	P	
MASSACHUSETTS															
Boston															
Boston City	D. Denny-Brown	19	241	11	82	3,430	4	4	2	0	0	10	3600-4800	O	
Children's Hospital Medical Center-Peter Bent Brigham														...	
Children's Hospital Medical Center-Peter Bent Brigham	C. Barlow	6	275	0	0	962	1	1	1	0	0	3	1800-5250	F	
Massachusetts General	R. D. Adams		651	61	58	6,174	1	3	2	0	0	6	3600-4800	P	
New England Center	J. F. Sullivan	11	520	7	43	1,588	3	5	1	0	0	9	3600-6000	O	
Veterans Admin. (Jamaica Plain)	N. Geschwind	139	942	57	60	314	4	4	4	0	0	12	4205-7405	O	
MICHIGAN															
Ann Arbor															
University ²⁵²	R. N. DeJong	30	810	24	63	8,010	4	4	4	2	0	14	2940-4240	O	
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit, Mich.														...	
Detroit															
Henry Ford	L. D. Proctor	16	364	20	50	7,785	1	1	1	0	0	3	4800-5400	P	
Wayne State University Affiliated Hospitals	J. S. Meyer						5	5	5	0	0	15		...	
Veterans Admin. (Dearborn)		31	403	33	50	363							4205-5865	O	
Detroit Memorial		15	309	5	80								5496-5496	...	
Harper		31	555	13	62	158							4500-6540	P	
Lafayette Clinic	E. A. Rodin	15	161	0	0	1,820								...	
Receiving		15	414	216	59	3,917							4500-6500	P	
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	A. B. Baker													...	
Hennepin County General	M. G. Ettinger	21	618	82	67	2,586	2	1	1	0	0	4	4500-6500	F	
University of Minnesota Hospitals	A. B. Baker	23	704	22	95	2,681	12	3	8	0	0	23	3150-6500	O	
Veterans Admin. ²⁷⁰	R. C. Gray	85	650	25	76	49	3	3	3	0	0	9	4205-7405	O	
Rochester															
Mayo Foundation	J. R. Brown	43	4,638	31	74	20,221	6	6	6	0	0	18	2400-4200	P	
Rochester Methodist														...	
St. Mary's														...	
MISSOURI															
Kansas City															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.														...	
St. Louis															
Barnes	J. L. O'Leary	34	908	29	72	3,352	5	2	2	0	0	9	3500-6000	P	
NEW JERSEY															
East Orange															
Veterans Admin. ⁸⁰⁰	J. Sobin	317	2,268	168	66	150	1	1	2	0	0	4	4205-7405	...	
NEW YORK															
Albany															
Albany Medical School Affiliated Hospitals														...	
Albany Medical Center	F. H. Hesser	14	599	13	62	790	2	1	1	0	0	4	3200-4800	P	
Veterans Admin.	B. L. Truscott	103	545	10	80	393	1	1	1	0	0	3	4020-5575	O	
Buffalo															
Edward J. Meyer Memorial	B. H. Smith	24	631	49	53	2,115	2	2	2	0	0	6	3875-4385	P	
New York City															
Bellevue Hospital Center														...	
Div. II-Cornell University ⁸⁴⁷	F. McDowell	50	330	26	58	2,096	3	3	2	0	0	8	4200-5220	FP	
Bronx Municipal Hospital Center	L. C. Scheinberg	55	925	183	42	2,418	4	5	4	1	0	14	4200-5220	P	
Kings County Hospital Center ⁸⁴⁸	E. Vastola	89	1,038	382	13	2,990	2	2	1	1	0	6	4200-5220	P	
Veterans Admin. (Brooklyn)	M. E. Margulies	115	432	73	36	103							4020-4020	O	
Montefiore	T. Lawyer, Jr.	38	501	41	51	2,747	4	2	2	0	0	8	4500-6250	P	
Mount Sinai ⁸⁵⁰	M. B. Bender	90	1,930	102	37	2,724	4	4	2	1	0	11	4500-6000	P	
New York	F. Plum						2,991	1	0	0	1	0	2	3200-3900	P
New York Medical College-Metropolitan Hospital Center	R. Strobos							2	2	2	0	0	6		...
Unit 1-Flower and Fifth Avenue Hospitals		3	105	0	0	260							4200-5000	F	
Unit 2-Metropolitan		12	137	18	86	2,224							4200-5220	FP	
Unit 3-Bird S. Coler Memorial Hospital and Home														...	

Numerical and other references are listed on pages 274 through 277.

10. NEUROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued														
New York University Medical Center and Bellevue Hospital Center														
Bellevue Hospital Center, Div. III University	75	862	90	60	1,631	5	3	2	0	0	10	4200-5220	FP	
Presbyterian (Neurological Institute)	128	3,000	114	50	17,014	5	5	5	0	0	15	4200-7000	O	
Veterans Admin. (Bronx) ^{ss}	53	328	32	50	188	2	2	2	0	0	6	4020-11150	O	
Rochester														
Strong Memorial	5	174†	6	50	2,040	1	1	1	0	0	3	2600-4400	O	
Syracuse														
State University of New York Upstate Medical Center	40	530	25	84	1,571	2	2	2	0	0	6	4036-6000	O	
Veterans Admin.	28	330	11	100	608							4205-6440	O	
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	13	504†	23	57	1,496	2	2	2	0	0	6	2800-6000	O	
Winston-Salem														
North Carolina Baptist	12	512	14	57	926	1	1	1	0	0	3	2450-5000	P	
OHIO														
Cincinnati														
University of Cincinnati Hospital Group						2	2	2	0	0	6			
Cincinnati General	20	430	137	54	2,982							3000-4200	F	
Veterans Admin.	27	288	26	65								4020-7035		
Cleveland														
Cleveland Clinic	20	564	9	56	6,804	2	1	1	0	0	4	3900-4500	P	
Cleveland Metropolitan General	12	250	24	45	1,870	0	2	2	2	0	6	4000-4660	FP	
University Hospitals of Cleveland	14	336†	23	48	1,831	4	4	4	0	0	12	4500-6000	P	
Highland View														
Veterans Admin.	24	172†	20	65	96							4020-5575	P	
PENNSYLVANIA														
Philadelphia														
Hospital of the University of Pennsylvania	24	509	16	81	2,530	3	3	3	0	0	9	4500-6500	O	
Jefferson Medical College	35	750	30	66	2,863	4	3	3	0	0	10	4440-6960	O	
Pennsylvania					1,570						6	5000-6500	O	
PUERTO RICO														
Rio Piedras														
University (District)	10	59	18	83	2,592	1	2	1	0	0	4	3600-4800	F	
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	11	424†	28	54	2,709	2	2	1	0	0	5	2400-4500	O	
Medical College														
Roper														
TENNESSEE														
Memphis														
City of Memphis Hospitals	13	294	54	46	3,182	3	2	2	0	0	7	2310-3480	F	
TEXAS														
Houston														
Baylor University Affiliated Hospitals	74	1,321	160	92	8,728	3	3	3	0	0	9	3120-6500	FP	
Ben Taub General														
Methodist														
Veterans Admin.														
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals						2	2	2	0	0	6			
Salt Lake County General	28	461	31	75	1,978							4020-7035		
Veterans Admin.	39	221	19	84	312							4205-7035		
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals						2	1	1	0	0	4			
DeGoesbriand Memorial	7	232†	9	67	264							4500-5500	O	
Mary Fletcher	9	247	8	75	669							4500-5500	O	
VIRGINIA														
Charlottesville														
University of Virginia	19	610†	55	62	1,774	4	4	4	0	0	12	3600-7000	F	
Richmond														
Medical College of Virginia Affiliated Hospitals						3	3	3	3	0	12			
Medical College of Virginia-Hospital Division	25	619	111	31	1,509							3000-6492	F	
Veterans Admin.	51	304	12	67	646							4020-11725	P	
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ⁷⁹						2	2	3	0	0	7			
King County	46	930†	155	43	1,388							2400-5700	F	
University	5	256†	18	78	1,158							3950-6500	P	
Veterans Admin.	19	242	13	92	105							4020-7035	O	
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals						4	4	4	0	0	12			
University Hospitals	33	786	7	86	3,752							3400-5500	P	
Veterans Admin.	65	335	20	80	150							4205-5865	P	

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 18; Residencies, 64

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance	
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year				5th Year
UNITED STATES PUBLIC HEALTH SERVICE																
MARYLAND																
		National Institutes of Health-Clinical Center, Bethesda	W. K. Engel	55	699	16	94	295	0	2	2	0	0	4		
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham		University of Alabama Medical Center "365" Crippled Children's Clinic and Hospital	S. C. Little	11	241	4	0	1,824	3	2	1	0	0	6		
		University Hospital and Hillman Clinic												3500-6500	F	
		Veterans Admin.												4020-7035	O	
ARIZONA																
Phoenix		Barrow Neurological Institute of St. Joseph's Hospital	D. D. Daly	18	558	17	64	517	2	2	0	0	0	4	3000-3300	F
ARKANSAS																
Little Rock		University	D. Sinton	8	116	4	75	1,539	1	1	0	0	0	2	3400-3700	O
CALIFORNIA																
Long Beach		Veterans Admin. ²³	F. Bowers	104	450	25	78	1,040						3	4020-7035	O
Martinez		Veterans Admin.	J. K. Smith	259	3,148	209	93	127						3	4020-11150	O
San Francisco		Presbyterian Medical Center and Affiliated Hospitals	K. Finley						2	2	0	0	0	4		
		Presbyterian Medical Center	K. Finley	4	175	1	100	531							3900-4800	P
		Children's Hospital of San Francisco	K. Finley	1	113	0	0	0								
		Veterans Admin. (Martinez) ²³	J. K. Smith	259	3,148	209	93	127							4020-11150	O
DISTRICT OF COLUMBIA																
Washington		District of Columbia General	C. E. Edwards	38	407	77	33	2,481	2	2	1	0	0	5	3800-5000	F
MISSISSIPPI																
Jackson		University	R. D. Currier	1	80	4	75	413	1	1	0	0	0	2	3000-4800	O
MISSOURI																
St. Louis		St. Louis University Group of Hospitals	L. L. Tureen		579	11	55	1,749	1	1	0	0	0	2		
NEW JERSEY																
Jersey City		Jersey City Medical Center	R. Chambers	15	378	15	47	1,128	2	2	0	0	0	4	3400-3800	F
NORTH CAROLINA																
Durham		Duke University Affiliated Hospitals	A. Heyman						4	3	1	0	0	8		
		Duke		9	379	6	67	883							3900-4800	P
		Veterans Admin.													4205-7405	O
OKLAHOMA																
Oklahoma City		University of Oklahoma Medical Center												2		
		University Hospitals													3480-5280	P
		Veterans Admin.	S. W. Thompson													
OREGON																
Portland		Good Samaritan	R. Dow	17	1,040	13	54	549	2	2	2	0	0	6	4800-8000	P
		University of Oregon Medical School Hospitals and Clinics ¹⁰⁸	R. L. Swank	33	428	32	81	1,955	1	1	0	0	0	2	2700-3300	F
PENNSYLVANIA																
Coatesville		Veterans Admin.	M. P. Rosenblum	78	598	33	88	205	3	2	0	0	0	5	4020-5575	O
TENNESSEE																
Nashville		Vanderbilt University ⁴⁵⁷	C. E. Wells	3	139	2	50	546	1	1	0	0	0	2	3000-3600	P
WISCONSIN																
Milwaukee		Milwaukee County General	W. H. Kempinsky	16	394	51	45	1,400	1	1	1	0	0	3	3134-4483	P

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 3; Residencies, 2

NONFEDERAL AND VETERANS ADMINISTRATION																
MASSACHUSETTS																
State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years	Salary per Year Min.-Max.	Main-tenance
Boston		Children's Hospital Medical Center	C. Barlow	6	275	0	0	962								
		Massachusetts Memorial Hospitals	C. A. Kane	4	204	6	66	676	0	0	1	0	0	1	3600-4800	O
PENNSYLVANIA																
Philadelphia		Children's Hospital of Philadelphia	C. Kennedy	2	91			404	1	0	0	0	0	1	5000-7500	O

11. OBSTETRICS AND GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Obstetrics and Gynecology and the American College of Surgeons, through the Residency Review Committee for Obstetrics and Gynecology, as offering full training in the specialty. Programs, 382; Residencies, 2,828

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio.....	C. E. Gibbs.....	41	3,155	4	75	37,798	4	2	2	2	2	0	8	.....	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	W. A. Boyson.....	38	2,309	3	67	32,676	3	0	2	2	2	0	6	.....	...
COLORADO															
Fitzsimons General, Denver ^{1st}	J. S. Zelenik.....	32	2,452	2	100	22,757	3	0	2	2	2	0	6	.....	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	E. A. Zimmermann.....	59	2,472	20	80	25,548	4	0	3	3	3	0	9	.....	...
HAWAII															
Tripler General, Honolulu.....	J. P. Perrine.....	65	5,944	1	100	45,789	3	..	..	..	..	..	9	.....	...
TEXAS															
William Beaumont General, El Paso.....	S. M. Schanser.....	61	3,833	1	100	48,894	3	0	3	3	3	0	9	.....	...
Brooke General, San Antonio.....	W. L. Pickhardt.....	44	2,910	4	100	39,173	3	2	2	2	0	0	6	.....	...
WASHINGTON															
Madigan General, Tacoma.....	H. E. Harrison.....	40	3,826	1	100	50,730	3	3	3	3	0	0	9	.....	...
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland.....	J. P. Semmens.....	39	3,399	6	100	38,548	3	2	2	2	0	0	6	.....	...
U. S. Naval, San Diego.....	T. B. Leberz.....	67	5,590	15	73	55,458	3	2	2	2	0	0	6	.....	...
ILLINOIS															
U. S. Naval, Great Lakes.....	G. J. Taylor.....	31	2,274	5	60	22,820	3	1	1	1	0	0	3	.....	...
MARYLAND															
U. S. Naval, Bethesda.....	D. A. Callagan.....	40	2,769	5	80	35,256	3	2	2	2	0	0	6	.....	...
MASSACHUSETTS															
U. S. Naval, Chelsea.....	F. G. F. Wiegand.....	24	1,828	4	50	19,779	3	1	1	1	0	0	3	.....	...
NEW YORK															
U. S. Naval, St. Albans.....	C. M. Garland.....	35	1,984	22	82	15,668	3	1	1	1	0	0	3	.....	...
PENNSYLVANIA															
U. S. Naval, Philadelphia.....	J. H. Lee, Jr.....	40	2,261	4	75	22,528	3	1	2	1	0	0	4	.....	...
VIRGINIA															
U. S. Naval, Portsmouth.....	J. W. Huston.....	74	6,983	7	71	53,263	3	2	2	2	0	0	6	.....	...
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U. S. Public Health Service, New Orleans...	R. B. Dorsen.....	17	1,100	..	..	9,551	3	1	1	1	0	0	3	6816-8916	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington.....	J. F. J. Clark.....	73	5,900	16	50	6,724	4	..	..	..	..	..	8	4400-5700	P
District of Columbia General (Howard University Service).....	.....	185	7,617	18	89	14,580	..	3	6	2	0	0	11	3800-5000	F
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights.....	I. J. Strumpf.....	48	2,206	6	100	15,754	3	1	1	1	0	0	3	5491-6490	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist.....	T. M. Boulware.....	23	1,686	0	0	14,200	3	1	0	0	0	0	1	4200-4200	F
University of Alabama Medical Center.....	.....	..	..	..	..	..	3	3	4	4	0	0	11	.....	..
University Hospital and Hillman Clinic.....	W. N. Jones.....	67	5,855	5	20	10,646	..	..	..	..	..	..	..	2400-3600	F
Mobile General (Mobile).....	O. M. Otts.....	42	3,740	22	59	12,237	..	..	..	..	..	..	..	4200-6000	P
Fairfield															
Lloyd Noland.....	O. T. West.....	24	1,496	7	29	19,695	3	1	1	1	0	0	3	4200-5400	FP
Mobile															
Mobile General—See University of Alabama Medical Center, Birmingham	.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ARIZONA															
Phoenix															
Good Samaritan.....	E. Sattenspiel.....	141	6,957	6	33	4,220	3	2	2	2	0	0	6	5400-6700	P
Maricopa County General.....	W. E. Crisp.....	29	2,942	6	100	..	3	2	2	2	0	0	6	5400-7560	P
St. Joseph's ^{2d}	W. E. Crisp.....	84	6,210	2	100	2,234	3	2	2	2	0	0	6	3000-3600	F
ARKANSAS															
Little Rock															
University.....	W. E. Brown.....	46	3,644	18	72	13,394	3	4	4	4	4	0	16	3400-5000	O

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA															
Bakersfield															
Kern County General	R. Wilkening	35	3,276	9	56	18,393	3	2	2	2	0	0	6	4800-5700	P
Fresno															
Fresno County General	H. Tietche	43	4,134	15	60	13,305	3	2	2	2	0	0	6	4200-5400	P
Glendale															
Glendale Sanitarium and Hospital	J. B. Brown	37	3,227	1	100	6,336	3	1	1	1	0	0	3	4500-5460	P
Long Beach															
Memorial Hospital of Long Beach	R. Crawford	64	5,325	9	33	4,132	3	1	1	1	0	0	3	5400-6600	P
Los Angeles															
California	W. H. Drane, J. F. Nolan	35	2,697	4	25	2,643	3	2	2	2	0	0	6	3480-4080	FP
Santa Monica (Santa Monica)	C. Demos	33	2,969	3	66	1,691	3	2	2	2	0	0	6	3480-4680	F
Cedars of Lebanon ²²	G. Harris, M. Silton	54	4,661	0	0	3,609	3	2	2	2	0	0	6	3600-5280	P
Hollywood Presbyterian Hospital-Olmstead Memorial	H. A. Lusk	25	2,119	0	0	2,860	3	2	2	2	0	0	6	3384-3984	P
Hospital of the Good Samaritan	L. T. Hibbard	31	1,310	7	43	1,134	3	1	0	1	0	0	2	4500-5100	FP
Kaiser Foundation	T. H. Baker	64	5,704	8	25	78,646	3	4	4	4	0	0	12	3900-5700	FP
Los Angeles County General, Unit I	G. Anderson	181	21,291	81	37	24,205	4	6	6	6	6	0	24	3780-6900	F
Los Angeles County General, Unit II	J. H. McClure	68	5,569†	9	56	9,913	3	4	4	4	0	0	12	3780-6900	FP
Queen of Angels	C. Alden	53	4,255	4	25	7,170	3	3	1	2	0	0	6	4500-5100	F
University of California ⁴¹	D. Morton	34	3,027	8	75	12,811	4	2	2	2	2	0	8	3324-5856	O
White Memorial	W. G. Slate	26	2,624	6	80	18,839	3	3	3	3	0	0	9	4260-6660	P
Oakland															
Highland-Alameda County ¹⁰⁶	G. E. Kleeman	32	4,132	6	50	13,453	3	2	2	2	0	0	6	3216-3900	FP
Kaiser Foundation	S. Thomas	54	4,486	3	67	45,830	3	3	3	3	0	0	9	4080-4680	FP
Orange															
Orange County General	R. A. Hayden	16	2,297†	...	...	8,098	3	1	1	1	0	0	3	4260-4740	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals							3	4	4	4	1	0	13		
Palo Alto-Stanford Hospital Center	C. E. McLennan	54	4,466†	5	20	9,777	...	...	...	...	...	...	...	3450-4800	O
San Mateo County General (San Mateo)	N. Morrison, Jr.	16	1,277	0	0	6,922	...	...	...	...	...	...	...	3600-4800	F
San Diego															
Mercy ¹¹⁵	T. Slate	47	4,951	4	25	13,401	3	1	1	1	0	0	3	3600-5400	F
San Diego County General	L. W. Higgins	23	2,308†	6	40	5,843	3	1	1	1	0	0	3	4447-6236	O
San Francisco															
Kaiser Foundation ²²	H. B. Nelson	44	4,405	6	33	41,851	3	2	2	2	1	0	7	4080-6840	P
Presbyterian Medical Center ¹⁰⁴	C. F. Fluhmann	21	1,663	4	75	3,472	3	2	2	1	0	0	5	3900-4800	P
St. Francis Memorial—See San Joaquin General, Stockton															
St. Luke's	J. P. Shively	20	2,461	1	0	5,546	3	1	1	1	0	0	3	4200-5400	FP
San Francisco Catholic Hospitals ⁶⁸	G. P. O'Hara, H. C. Schwars	64	5,379	2	100	10,678	3	3	2	2	0	0	7	3300-5100	F
Mary's Help	H. Schwars														
St. Elizabeth's Infant															
St. Mary's															
University of California Hospitals	E. W. Page	51	3,648	2	50	22,001	4	3	1	2	2	0	8	3580-6300	O
San Francisco General	E. R. Orcutt	43	3,084	12	50	18,921	..	2	1	1	0	0	4	3300-5916	O
San Jose															
Santa Clara County ¹²⁴	G. Parry	41	2,783	6	83	15,811	3	3	3	3	0	0	9	4428-6952	F
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Santa Monica															
Santa Monica—See California Hospital, Los Angeles															
Stockton															
San Joaquin General	D. Harrington	24	2,133	1	100	12,660	3	2	2	1	0	0	5	4260-5040	P
St. Francis Memorial (San Francisco)	D. M. Campbell	29	3,138	3	67	1,023	..	1	0	0	0	0	1	4800-4800	P
Torrance															
Los Angeles County Harbor General ⁸⁰	L. Mastroianni	54	4,773†	13	62	7,395	4	3	2	2	2	0	9	3780-6900	F
COLORADO															
Denver															
Denver General	W. B. Goddard	33	2,928	5	60	20,342	3	2	2	2	0	0	6	3516-4200	P
General Rose Memorial	M. Abelman	52	3,896†	2	50	1,000	3	1	1	1	0	0	3	3480-3840	F
Presbyterian	M. C. Waddell	45	3,526	6	67	2,766	3	1	1	1	0	0	3	4200-4800	FP
St. Joseph's	C. H. Alexander	60	4,934	...	...	1,040	3	1	1	1	0	0	3	4320-5220	P
University of Colorado Affiliated Hospitals															
University of Colorado Medical Center	E. S. Taylor	47	3,467	40	75	19,061	3	3	3	3	0	0	9	3000-4000	P
CONNECTICUT															
Bridgeport															
Bridgeport	M. P. Pitcock	43	4,005	1	0	3,820	3	1	1	1	0	0	3	3900-4500	FP
St. Vincent's	F. S. Kinder	43	4,087	2	100	1,520	4	1	1	1	1	0	4	5100-6300	P
Hartford															
Hartford	L. F. Middlebrook	150	9,125	7	28	6,496	3	2	1	1	0	0	4	3300-4500	P
St. Francis	L. T. Duffy	86	5,852	12	33	6,113	3	2	2	1	0	0	5	3600-5400	FP
New Britain															
New Britain General	R. C. Wright	46	3,907	0	0	1,616	3	1	1	1	0	0	3	3900-4500	P
New Haven															
Hospital of St. Raphael	A. J. Connolly	54	3,896	4	25	4,479	3	2	2	2	0	0	6	3600-4500	F
Yale-New Haven Medical Center															
Grace-New Haven Community	C. L. Buxton	63	5,143	18	72	12,060	3	4	4	4	2	0	14	2500-4300	P
New London															
Lawrence and Memorial Hospitals	W. J. Morse	50	3,765†	4	50	1,219	3	1	1	1	0	0	3	3600-4200	F
Stamford															
Stamford	H. K. Miller						3	1	1	1	0	0	3		
DELAWARE															
Wilmington															
Delaware	A. M. Gehret	57	4,531†	7	35	3,688	3	2	1	1	0	0	4	5400-6600	P

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
DISTRICT OF COLUMBIA																
Washington																
Columbia Hospital for Women and Lying-In Asylum	S. W. Hawken, David H. Kushner	113	9,243	9	33	12,806	3	3	3	3	0	0	9	4800-5400	P	
District of Columbia General—See Freedmen's Hospital, Department of Health, Education and Welfare	A. A. Marchetti	52	4,004	3	67	...	3	3	3	3	0	0	9	2400-3240	P	
Georgetown University ¹⁴⁷	R. H. Barter	110	6,336	14	86	2,260	3	2	3	3	0	0	8	3300-4200	P	
George Washington University ¹⁵¹	J. Paquin	73	6,538	2	100	...	4	1	1	1	1	0	4	4200-5100	P	
Providence	C. K. Fraser	97	7,341†	7	86	8,562	4	2	2	2	2	0	8	4080-4620	P	
Washington Hospital Center																
FLORIDA																
Gainesville																
University of Florida Teaching Hospital and Clinics	H. Prystowsky	35	2,000	7	57	9,200	4	2	2	2	2	0	8	3200-5800	O	
Jacksonville																
Jacksonville Hospitals Educational Program	C. Taylor	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Baptist Memorial	M. Suter	50	4,130	8	50	2,702	...	1	1	1	0	0	3	5400-6000	O	
Duval Medical Center	R. W. McDowell	31	3,758	4	75	24,467	...	0	2	2	0	0	4	5700-6000	P	
St. Luke's	R. W. McDowell	36	2,832	5	40	7,500	...	2	1	1	0	0	4	5400-6000	O	
St. Vincent's	J. Coudon	54	4,375	...	...	2,340	...	2	1	1	0	0	4	5400-6000	P
Miami																
Jackson Memorial	J. Ferguson	95	6,720	33	73	16,200	4	6	5	5	5	0	21	3000-4680	P	
Miami Beach																
Mount Sinai Hospital of Greater Miami ¹⁴⁸	H. Kraff	37	2,803	2	50	4,212	3	1	1	1	0	0	3	3000-3600	FP	
Orlando																
Orange Memorial	J. E. Startzman	77	6,450	9	11	4,776	3	1	1	1	1	0	4	4500-5400	O	
St. Petersburg																
Mound Park	J. W. Pilkington	60	4,505	15	58	5,026	3	1	1	1	0	0	3	4420-4940	P	
Tampa																
Tampa General	J. Ingram	115	5,960	4	25	9,068	3	2	2	2	0	0	6	3000-5400	FP	
GEORGIA																
Atlanta																
Crawford W. Long Memorial	R. K. Hancock	105	5,348	12	58	4,497	3	3	2	2	0	0	7	3780-4200	P	
Georgia Baptist	E. D. Colvin	91	7,254	7	57	4,004	3	2	2	2	0	0	6	3900-4500	P	
Grady Memorial	J. D. Thompson	106	9,292	32	72	31,062	3	10	7	7	0	0	24	2700-3900	F	
Piedmont	C. B. Upshaw, Sr.	50	4,107	3	39	2,202	3	1	1	1	0	0	3	5040-5520	P	
St. Joseph's Infirmiry	V. Skiles	34	2,509	2	100	4,619	3	1	1	1	0	0	3	5160-5760	P	
Augusta																
Medical College of Georgia Hospitals	F. Zuspan	49	2,677	4	67	7,719	3	4	4	4	4	0	16	3000-6000	O	
Eugene Talmadge Memorial	W. G. Watson	52	4,302	11	27	2,919	...	1	1	1	0	0	3	3000-5000	O	
University	G. W. Jackson	...	5,786	11	9	...	...	2	2	2	0	0	6	5400-6600	...
University																
Macon																
Macon—See Medical College of Georgia Hospitals, Augusta																
Savannah																
Memorial Hospital of Chatham County	L. R. Lanier	...	2,589	4	...	5,254	3	1	1	1	0	0	3	4500-6000	F	
HAWAII																
Honolulu																
Kapiolani Maternity and Gynecological Hospital—Queen's-St. Francis	N. Ogami	71	6,763	4	50	3,285	3	4	3	2	0	0	9	6800-7800	O	
Kapiolani Maternity and Gynecological	R. Sakimoto	43	3,740	4	75	3,360	...	...	...	...	...	...	...	6800-7800	...
Queen's	G. G. L. Li	20	2,001	0	0	2,075	...	...	...	...	...	...	...	...	P
St. Francis																
ILLINOIS																
Berwyn																
MacNeal Memorial	F. J. Fara	49	3,953	28	22	459	3	2	2	2	0	0	6	5400-6600	FP	
Chicago																
Cook County ¹⁷	A. Webster	302	32,976	78	39	22,644	3	8	8	8	0	0	24	1800-1800	FP	
Edgewater ¹⁷⁸	J. E. Fitzgerald	92	4,418	5	20	1,731	4	5400-6000	F
Illinois Masonic	S. Sholder	54	3,776	4	75	4,076	4	1	1	1	1	0	4	6000-7200	F	
Mercy	R. Bower, R. McDermott	43	2,720	7	29	4,309	3	1	1	2	0	0	4	3600-4800	F	
Michael Reese Hospital and Medical Center	J. Towne	88	4,655	6	50	12,262	4	4	4	4	4	0	16	3300-4800	P	
Mount Sinai	E. Friedman	45	3,121	3	100	4,019	3	2	2	2	0	0	6	4600-5800	...	
Northwestern University Medical Center	S. J. Turner	69	4,013	8	50	13,997	4	2	2	2	2	0	8	3300-4200	P	
Chicago Wesley Memorial	G. H. Gardner	8	...	...	...	13,997	...	0	2	0	0	0	2	3000-3000	F
Chicago Maternity Center	B. Tucker	43	2,049†	3	67	1,287	3	2	2	2	0	0	6	3300-3900	P	
Passavant Memorial	J. Brewer	57	3,326	5	60	2,531	3	1	1	1	1	0	4	3300-4200	P	
Evanston (Evanston)	D. N. Danforth	36	4,892	61	90	14,866	3	3	3	3	0	0	9	2700-3300	P	
Presbyterian-St. Luke's	H. Boysen	32	2,595	2	100	2,649	3	1	1	1	0	0	3	5650-6300	P	
St. Joseph	C. J. Geiger	83	4,141	5	60	34,053	3	6	4	4	4	0	18†	3600-6700	P	
University of Chicago Hospitals and Clinics	M. E. Davis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Billings																
Chicago Lying-In																
University of Illinois Research and Educational Hospitals	W. F. Mengert	54	3,864	15	73	27,665	3	3	3	3	0	0	9	3000-3600	P	
Evanston																
Evanston—See Northwestern University Medical Center, Chicago																
St. Francis	J. H. Isaacs	52	3,683	10	70	2,981	3	1	1	1	0	0	3	4080-4440	FP	
Evergreen Park																
Little Company of Mary	M. J. Bulfin	82	6,750	4	75	589	3	...	...	...	...	...	9	4800-5400	F
Oak Park																
West Suburban ¹⁶⁵	C. O. Smith	55	3,496†	10	50	517	4	2	2	2	2	0	8	4800-5400	P	
Peoria																
St. Francis	C. J. Heiberger	37	4,096	16	50	1,939	3	1	1	1	0	0	3	5100-5700	F	
INDIANA																
Evansville																
St. Mary's	E. L. Engel	...	...	...	...	...	3	1	1	1	0	0	3	...	...

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year		Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
MICHIGAN—Continued																
Dearborn																
Oakwood	M. S. Dennis	69	5,774	6	16	505	3	2	2	2	0	0	6	4200-4800	F	
Detroit																
Crittendon General	H. A. Pearse	41	2,990†	5	40	4,337	3	2	2	2	0	0	6	5700-6600	F	
Detroit Memorial	R. Walkowiak	35	3,248	6	17	5,976	4	4	2	2	1	1	0	6	5700-6600	F
Grace	J. H. Curhan	119	7,387†	7	43	2,033	4	4	4	4	1	0	12	3900-4500	FP	
Henry Ford	C. P. Hodgkinson	87	3,815	16	44	36,306	4	4	4	4	4	0	12	4800-6000	FP	
Mount Carmel Mercy	J. W. Pichette	80	6,244	5	40	793	3	3	3	3	3	0	8	5400-6300	FP	
Providence	J. Watts	66	4,041	3	66	3,667	3	3	3	3	3	0	6	5700-6300	O	
St. John	P. C. DiLoreto	64	6,094	5	40	1,876	3	3	3	3	3	0	6	5100-5700	O	
Sinai Hospital of Detroit	D. Feld	65	4,329	3	100	4,022	3	3	3	3	0	0	6	3600-4200	FP	
Wayne State University Affiliated Hospitals																
Harper	L. P. Heath	80	5,002	12	42	4,423	3	3	2	2	2	0	9	4280-5400	F	
Receiving	H. C. Mack	50	1,737	18	33	6,982	4	4	4	4	4	0	16	4188-5088	FP	
Woman's	H. C. Mack	113	7,598	12	33	3,014	3	3	3	3	0	12	5700-6600	O		
Etolse																
Wayne County General Hospital and Infirmary—See University of Michigan Medical Center, Ann Arbor																
Flint																
Hurley	J. I. Collins	82	4,768	14	50	1,807	3	2	2	2	0	0	6	4500-5700	FP	
Grand Rapids																
Blodgett Memorial	A. L. H. Verwys	53	3,592	1	100	799	3	1	1	1	0	0	3	4800-5100	FP	
Butterworth	J. M. Riekse	66	4,941	3	100	1,274	3	2	2	2	0	0	6	4800-5100	P	
St. Mary's	C. W. Aldridge	59	4,548	6	50	2,257	3	1	1	1	0	0	3	4500-5100	FP	
Highland Park																
Highland Park General	J. Y. Teshima	35	2,460	1	...	1,557	3	1	1	1	0	0	3	5377-5975	P	
Kalamazoo																
Borgess	T. Kavanaugh	33	2,821	3	0	1,992	3	1	1	1	0	0	3	5700-6300	F	
Pontiac																
Pontiac General	H. A. Furlong	73	5,621	4	75	823	3	2	2	2	0	0	6	4500-6000	FP	
St. Joseph Mercy	T. J. Sansone	60	4,258	1	100	2,304	3	2	2	2	0	0	6	4500-5220	P	
Royal Oak																
William Beaumont	H. W. Longyear	53	4,436	3	33	63	3	2	2	2	0	0	6	5280-6300	P	
Saginaw																
Saginaw General	L. Bruggers	47	3,048	1	0	848	3	1	1	1	0	0	3	6380-6960	F	
MINNESOTA																
Minneapolis																
St. Mary's	J. Warren	90	7,082	10	50	1,885	3	2	2	2	0	0	6	3000-3600	F	
University of Minnesota Affiliated Hospitals																
Hennepin County General	M. T. Mitchell	30	2,317	...	...	10,377	...	1	1	1	0	0	3	4500-6500	F
University of Minnesota Hospitals	J. L. McKelvey	51	1,924	18	94	7,323	...	2	1	2	0	0	5	3150-3594	O	
Ancker (St. Paul)	E. Hakanson	21	1,476	1	100	8,829	...	0	0	1	0	0	1	3150-3150	F	
Charles T. Miller (St. Paul)	...	44	3,041†	4	75	4,835	...	...	...	...	...	...	...	4500-4500	P
St. Joseph's (St. Paul)	E. Wetzel	56	3,968	4	25	2,731	...	0	0	2	0	0	2	3594-...	P	
St. Luke's (Fargo, N. D.)	J. S. Gillam	26	1,659	4	50	17,000	...	1	0	1	0	0	2	3594-3594	F	
Rochester																
Mayo Foundation ¹⁷⁸	R. B. Wilson	77	4,567	15	80	45,952	3	5	5	5	5	0	20	2400-4200	P	
Rochester Methodist
St. Mary's
St. Paul																
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis																
Charles T. Miller—See University of Minnesota Affiliated Hospitals, Minneapolis																
St. Joseph's—See University of Minnesota Affiliated Hospitals, Minneapolis																
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center	M. Newton	44	3,541	12	83	10,620	3	3	3	3	0	0	9	3000-3750	O	
MISSOURI																
Clayton																
St. Louis County	R. Vaughan	18	1,180	2	50	7,963	3	1	1	1	0	0	3	3300-4200	F	
Columbia																
University of Missouri Medical Center	D. G. Hall	35	1,600†	9	33	9,894	4	2	2	2	2	0	8	3600-4800	P	
Kansas City																
Kansas City General Hospital and Medical Center																
St. Luke's	R. G. Helman	56	4,024	14	36	16,270	3	3	3	3	0	0	9	4500-5700	P	
St. Louis	F. Atwell	61	3,666	2	50	2,827	3	1	1	2	0	0	4	5600-6300	P	
Barnes	W. M. Allen	87	4,777	15	40	15,395	3	6	4	4	2	0	16	3300-4200	O	
Homer G. Phillips	S. Monat	82	5,293	20	38	9,874	3	3	3	3	0	0	9	3420-4584	P	
Jewish Hospital of St. Louis	D. Rothman	74	4,783	6	33	6,103	4	2	2	2	2	0	8	2400-4200	FP	
St. John's Mercy	J. M. Krebs	60	3,669	4	75	2,633	3	1	1	1	0	0	3	3600-4800	F	
St. Louis City ¹⁸⁷	A. Esslinger	56	4,728	3	66	10,232	3	3	3	3	0	0	9	3420-4583	P	
St. Louis University Group of Hospitals	T. Mier	45	3,411	6	33	6,655	3	4	1	1	0	0	6	2400-2640	FP	
St. Luke's ¹⁸⁷	G. J. L. Wulff	48	2,885	2	50	3,029	3	1	1	1	0	0	3	3600-4800	F	
NEBRASKA																
Omaha																
Creighton University Medical Center	3	2	2	2	1	0	7
Creighton Memorial St. Joseph's	A. B. Lorincz	32	3,901	4	50	4,626	...	...	...	...	...	...	...	3900-6000	FP
St. Catherine's
University of Nebraska	W. Pearce	22	1,519	1	100	8,265	3	2	2	2	0	0	6	3000-3900	F	
NEW JERSEY																
Camden																
Cooper	H. F. Johnson, E. A. Y. Schellenger	98	5,889	11	46	8,804	3	2	1	2	0	0	5	4200-4800	F	

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Ap- proved Pro- gram (Years)	Residencies Offered 1965-1966						Total All Years	Salary per Year		Main- tenance
			Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year	Min.-Max.		O		
NEW JERSEY—Continued																
Jersey City																
Margaret Hague Maternity Hospital- Jersey City Medical Center	J. P. Donnelly	172 12,214	3	66	33,284	3	4	4	4	0	0	12	3600-4500	F		
Margaret Hague Maternity Jersey City Medical Center	H. Riva	29 1,039	14	29	3,324	2	2	1	0	0	5	3400-3800	F			
Mount Holly																
Burlington County Memorial	R. H. Van Meter	39 2,578	4	50	3,576	3	1	1	1	0	0	3	3000-4800	F		
Neptune																
Fitkin Memorial	J. W. Hardy	46 3,592†	9	67	3,017	3	1	1	1	0	0	3	4200-5400	F		
Newark																
Newark Beth Israel	E. Winter	93 5,603	9	44	4,306	3	1	1	1	0	0	3	3000-3600	F		
Newark City	J. L. Breen	86 6,135	17	50	22,201	3	4	4	4	1	0	13	4200-7500	F		
St. Michael	G. Hayes	65 3,844	2	50	3,936	3	2	2	2	0	0	6	3300-4200	FP		
Trenton																
St. Francis	J. R. Harman	53 4,082	2	50	3,862	3	1	1	1	0	0	3	4200-5100	F		
NEW MEXICO																
Albuquerque																
Bernalillo County-Indian	J. W. Wiggins	20 1,781	2	100	5,750	3	1	1	1	0	0	3	4200-4600	FP		
NEW YORK																
Albany																
Albany Medical Center	E. J. Plots	74 4,848	12	50	4,938	3	4	4	4	1	0	13	3200-5200	P		
A. N. Brady		32 2,442	25	40	2,893											
Buffalo																
Deaconess Hospital of Buffalo	W. H. Burwig	49 2,691	4	50	1,330	3	1	1	1	0	0	3	3900-4200	FP		
Millard Fillmore ³¹¹	R. J. Collins	100 6,216	3	100	3,679	3	3	3	3	0	0	9	4400-4680	P		
Sisters of Charity ³¹⁰	C. J. Woepfel	62 4,498	6		3,973	4	2	2	2	2	0	8	4020-5280	F		
State University of New York at Buffalo						5	4	4	4	4	4	20				
Affiliated Hospitals																
Buffalo General	C. L. Randall	80 4,635	6	50	8,550								4100-5300	P		
Children's Hospital of Buffalo	C. L. Randall	51 4,035	0	0	100								2700-4500	FP		
Edward J. Meyer Memorial	C. L. Randall	32 1,776	11	55	10,052								3875-5010	P		
Roswell Park Memorial Institute	J. B. Graham	36 1,045	66	100	10,793								4500-5644	O		
Cooperstown																
Mary Imogene Bassett	O. J. Severud	7 502	0	0	6,045	3	0	1	0	0	0	1	3600-4800	P		
Glen Cove																
Community Hospital at Glen Cove	R. S. Millen	27 2,125	2	50	1,200	3	1	1	1	0	0	3	3600-4800	F		
Hempstead																
Meadowbrook	G. T. Lilly	48 2,842	27	33	7,646	4	2	2	2	2	0	8	4300-6700	F		
Mercy (Rockville Centre)	G. T. Lilly	46 5,050	0	0	302	4	2	2	2	2	0		4800-6700	F		
Johnson City																
Charles S. Wilson Memorial	S. Nagyly	33 2,359	4	50	5,926	3	1	1	1	0	0	3				
Manhasset																
North Shore	A. N. Fenton	43 3,471	3	67	1,063	4	2	2	1	1	0	6	4450-5470	F		
Mineola																
Nassau	J. A. Mellow	68 4,995	7	57	3,149	3	1	1	1	0	0	3	4500-5100	P		
Mount Vernon																
Mount Vernon	N. M. Weinrod	42 2,565	8	63	2,630	3	1	1	1	0	0	3	3300-4200	F		
New Hyde Park																
Long Island Jewish	A. H. Rosenthal	45 3,448	2	0	1,250	3	1	1	1	0	0	3	4500-6250	O		
New York City																
Bellevue Hospital Center						4	6	6	6	6	0	24				
Div. III-New York University	G. W. Douglas	108 4,405	21	24	33,612								4200-5220	FP		
Knickerbocker University	W. H. Decker	16 591	0	0	1,243								4980-5280	P		
	G. W. Douglas															
Beth Israel	G. Blinick	65 3,465	4	50	11,956	4	2	2	2	2	0	8	4500-6000	P		
Booth Memorial	L. Shenker	43 3,357	3	67	2,466	3	1	1	1	0	0	3	3900-4800	F		
Bronx-Lebanon Hospital Center	M. D. Klein	110 6,501	4	50	14,338		3	3	3	0	0	9	4600-5200	P		
Concourse Division						3										
Fulton Division						3										
Bronx Municipal Hospital Center ³⁴¹	S. L. Romney	75 4,100	19	68	12,000	4	4	4	4	4	0	16	4200-5220	P		
Brookdale Hospital Center	S. J. Birnbaum	77 5,103	6	50	8,461	4	2	2	2	2	0	8	4500-5500	P		
Brooklyn-Cumberland Medical Center						3	5	4	4	0	0	13				
Brooklyn	S. Duckman	54 3,529	4	50	12,271								5040-5840	P		
Cumberland	C. Loughran	52 3,421	2	100	21,770								5040-5840	P		
Brooklyn Womens	M. Rosenfeld	49 2,972†	2	50	7,825	3	2	2	2	0	0	6	3900-4500	F		
City Hospital Center at Elmhurst	E. F. Smith	48 3,576	5	50	11,827	3	4	2	2	0	0	8	4200-5220	P		
Coney Island	M. Schram	31 2,013	2	100	8,987	4	1	1	1	1	0	4	4200-5220	P		
Flushing Hospital and Dispensary	E. C. Veprovsky	43 3,383	4	50	3,543	3	1	1	1	0	0	3	4800-5700	F		
Fordham ³⁴⁶	P. Lascelle	39 2,439	0	0	12,060	3	4	2	2	2	0	10	4200-5220	P		
French	M. D. Speiser	44 2,613	4	34	2,928	3	2	1	1	0	0	4	4800-5700	FP		
Harlem Hospital Center	D. P. Swartz	141 7,274	29	27	42,324	3	12	6	6	2	0	26†	4200-5220	P		
Jewish Hospital of Brooklyn	E. M. Gold	100 6,896	6	0	14,897	4	3	3	3	3	0	12	4500-5750	P		
Jewish Memorial	R. Landesman					3	1	1	1			3				
Kings County Hospital Center	L. M. Hellman	134 12,856	46	32	45,934	3	11	4	4	4	0	23	4200-5220	P		
Lenox Hill	H. R. K. Barber	58 3,332	7	0	6,511	3	2	1	1	0	0	4	4300-5100	P		
Lincoln	J. J. Smith	60 5,217	6	50	27,891	3	4	4	4	4	0	16	4200-5220	P		
Long Island College	R. E. Gordon	59 3,883	8	13	7,084	3	2	2	2	2	0	8	4200-5220	P		
Lutheran Medical Center	A. S. Macgregor	40 2,449	2	0	4,941	3	2	2	1	0	0	5	3900-4500	F		
Maimonides Hospital of Brooklyn	W. Pomerance	81 5,495	8	38	8,425	4	4	2	2	2	0	10	4500-6250	P		
Methodist Hospital of Brooklyn	R. V. Mansell	68 4,350	7	14	7,835	4	2	2	2	2	0	8	4600-6100	P		
Montefiore Hospital Training Program	A. Tamis					4	3	2	2	0	0	7	4500-6250	P		
Montefiore																
Morrisania City		37 2,497	4	50	15,080											
Mount Sinai	S. B. Gusberg	128 7,346	8	75	31,973	4	5	5	5	3	0	18†	4500-6500	P		
Greenpoint	J. J. Rovinsky	35 2,363	2	50	17,498								4200-5220	FP		
New York	R. G. Douglas	149 8,546	21	76	35,208	3	6	6	6	4	0	22	3200-5200	P		
New York Infirmary	A. J. Wittner	61 2,689	7	57	5,737	3	2	2	2	0	0	6	3000-4900	F		

Numerical and other references are listed on pages 274 through 277.

11. OBSTETRICS AND GYNECOLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1985-1986					Total All Years	Salary Per Year Min.-Max.	Main-tenance	
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
															Program Director
NEW YORK, New York City—Continued															
New York Medical College—Metropolitan Hospital Center						4									
Unit 1-Flower and Fifth Avenue Hospitals												4			
Unit 2—Metropolitan	M. L. Stone	100	6,992	25	45	94,870						19	4200-5220	FP	
New York Polyclinic Medical School and Hospital	H. H. Lardaro	37	2,147	2	0	4,659	3	1	2	1	0	0	4	2700-3300	F
Presbyterian ⁵¹	H. C. Taylor	166	9,312	4	75	45,426	3	6	6	6	2	1	21	4200-7000	O
Queens Hospital Center	H. L. Kava	55	3,858	20	21	19,580	3	2	2	2	0	0	6	4200-5220	P
Roosevelt	R. W. Gause	24	831	12	33	2,977	3	2	2	2	0	0	6	3500-4900	O
St. Catherine's	L. H. Tiedall	32	3,315	5		3,746	3	2	1	1	0	0	4	3900-4380	F
St. Clare's ²⁹⁸	M. J. Jordan	37	1,667	11	55	4,066	4	2	2	2	2	0	8	3000-4800	F
St. Francis	J. S. Labate	60	3,617	2	50	8,050	3	1	1	1	0	0	3	3900-4800	F
St. John's Episcopal	C. W. Mueller	59	3,348	7	43	11,237	4	2	2	2	2	0	8	4080-5100	FP
St. Mary's	A. A. Schenone	47	3,048	6	50	7,973	3	1	1	1	0	0	3	3900-4500	F
St. Vincent's Hospital of the City of New York	B. J. Pisani	71	4,277	11	45	10,963	4	3	2	2	2	0	9	3540-4440	P
Sydenham	V. C. Mason	40	2,150	1	0	5,913	3	1	1	1	0	0	3	4200-5220	F
Unity	M. Berling	36	2,462	5	80	6,609	3	2	2	2	0	0	6	3900-4500	F
Woman's Hospital—Division of St. Luke's	H. M. M. Tovell	117	5,950	21	14	27,425	3	6	6	6	0	0	18	3300-4200	P
Wyckoff Heights	M. Friedman	43	3,013	1	100	1,949	3	2	2	2	0	0	6	4080-5400	F
Rochester															
Genesee	A. J. Tatelbaum	50	4,098	6	67	2,987	3	2	2	1	0	0	5	4500-6000	O
Highland	D. H. Karber	43	4,549	2	50	2,035	3	2	2	1	0	0	5	2700-6000	FP
Rochester General	W. Lange	49	4,369	4	75	1,922	3	1	1	1	0	0	3	3620-4620	FP
St. Mary's	F. Dobrzenski	36	3,343	1	0	6,595	3	1	1	1	0	0	3	3300-3900	F
Strong Memorial	C. J. Lund	57	4,055	11	45	11,101	4	2	3	2	2	0	9	2600-4400	O
Rockville Centre															
Mercy—See Meadowbrook, Hempstead															
Schenectady															
Elis	K. H. Meyerhoff	50	2,791	9	56	2,797	4	1	1	1	1	0	4	3900-4800	FP
Syracuse															
State University of New York Upstate Medical Center	R. Nesbitt	134	11,615	14	69	15,521	3	4	4	4	2	0	14	4036-4940	O
St. Joseph's		20	3,610	6	33	4,829									
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial ²⁹⁵	R. A. Ross	31	2,328	7	71	15,002	4	3	3	2	3	0	11	2800-5000	O
Charlotte															
Charlotte Memorial	J. A. Crowell	54	3,840	1	0	6,193	3	2	2	1	0	0	5	4380-4860	P
Durham															
Duke	F. B. Carter	50	3,147	0	0	15,623	4	5	5	2	2	0	14	3900-4800	P
Raleigh															
Memorial Hospital of Wake County	C. D. Egerton	28	2,466	1		4,610	3	1	1	1	0	0	3	2400-3800	F
Winston-Salem															
North Carolina Baptist Hospitals	F. Lock	52	3,092	6	33	5,626	3	2	2	2	2	0	8	2450-3250	P
NORTH DAKOTA															
Fargo															
St. Luke's—See University of Minnesota Affiliated Hospitals, Minneapolis															
OHIO															
Akron															
Akron City	L. M. Walker	80	5,118	6	84	4,693	4	2	2	2	2	0	8	4200-5400	FP
Akron General	N. E. Wentler	81	5,325	5	40	2,603	3	2	2	2	0	0	6	4200-4800	FP
St. Thomas	L. B. Mehl	50	457	2	100	468	4	2	2	2	0	0	6	4200-4800	FP
Canton															
Mercy Hospital—St. Ann							3	2	2	2	0	0	6		
Mercy	E. E. Grable	67	4,446	0	0	16,980								4200-6000	F
St. Ann (Cleveland)	P. O. Funk	49	3,260	0	0	1,829								3900-5400	F
Cincinnati															
Bethesda	W. R. Graf, L. F. Zacharias	100	5,733	3	33	7,385	3	2	2	2	0	0	6	5640-6120	F
Good Samaritan	R. T. Schmidt	111	8,440	21	24	1,002	3	2	2	2	0	0	6	3900-4500	F
University of Cincinnati Hospital Group															
Cincinnati General	S. T. Garber, L. J. Bossert	19	4,753	7	50	11,678	4	2	2	3*	2	0	10	1200-2400	F
Cleveland															
Cleveland Clinic	J. S. Krieger, H. P. Taylor	29	1,766	9	44	15,611	4	1	1	1	1	0	4	3900-5400	P
Cleveland Metropolitan General	E. J. Quiglian	61	5,049	7	0	37,035	4	5	4	4	4	0	17	3200-5100	FP
Fairview Park	H. R. Anderson	74	4,802	7	0	2,450	4	1	1	1	0	0	3	3900-4500	FP
Huron Road	A. E. Lenhart	50	2,882	5	60	1,228	3	3	3	0	1	0	7	3120-3420	F
Mount Sinai Hospital of Cleveland	J. Gross	62	4,441	3	67	6,137	3	2	2	2	2	0	8	2700-3600	FP
St. Ann—See Mercy Hospital—St. Ann, Canton															
St. Luke's	J. R. Boyd	57	3,769	6	33	5,249	4	1	1	1	1	0	4	3600-5460	F
University Hospitals of Cleveland	K. J. Ryan	104	7,113	5	80	29,902	4	4	4	4	4	0	16	3600-5400	P
Columbus															
Mount Carmel	J. G. Boutselis	53	4,887	2	100	6,142	3	1	1	1	0	0	3	3900-4500	F
Ohio State University Hospitals														3500-7000	P
University	J. C. Ullery	75	5,736	13	38	21,812	4	2	3	3	3	0	11		
Riverside Methodist Hospital—St. Ann's Hospital for Women							4								
Riverside Methodist	L. W. Barnes	55	4,252	4	75	1,430		2	2	2	2	0	8	5160-5700	P
St. Ann's Hospital for Women	J. Gallen, F. Gallagher	54	5,325	3	0	5,469		1	1	1	0	0	3	3480-4380	FP
Dayton															
Good Samaritan	A. G. Sartorius	81	5,568	6	33	498	3	1	1	1	0	0	3	3900-4500	F
Miami Valley	N. Thompson	78	6,381	6	67	2,902	4	1	1	1	1	0	4	6300-7500	P
Toledo															
Maumee Valley	E. C. Rost	24	1,260	2	100	4,604	3	1	1	1	0	0	3	4020-4500	FP
Mercy	E. C. Mohr	63	3,208	15	33	2,175	3	1	1	1	0	0	3	3600-4200	FP
St. Vincent's	W. J. Meyer	59	3,677	4	25	3,590	3	1	1	1	0	0	3	3900-4500	F
Toledo	O. T. Todd	80	5,198	7	86	3,338	3	1	1	1	0	0	3	4200-4800	F

Numerical and other references are listed on pages 274 through 277.

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND															
Providence															
Providence Lying-In Hospital-Rhode Island ²²							3	2	4	1	0	0	7		
Providence Lying-In	W. S. Jones	128	9,916	2	50	10,561								2580-4080	FP
Rhode Island	H. C. McDuff, Jr.	19	935	8	50	2,785								2280-4680	FP
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	L. L. Hester						4	2	2	2	1	0	7	2310-3930	FP
Medical College		40	3,838†	8	50	22,716									
Roper		21	1,789†	1	100										
Columbia															
Columbia Hospital of Richland County	W. M. Bryan, Jr.	70	3,312	3	66	7,496	3	1	1	1	0	0	3	5040-5520	P
Greenville															
Greenville General	S. M. King	76	5,526†	4	50	4,089	3	1	1	1	0	0	3	4200-5000	P
TENNESSEE															
Chattanooga															
Baroness Erlanger	C. Suggs	45	5,834	7	14	8,789	3	2	2	2	0	0	6	3900-4500	F
Knoxville															
University of Tennessee Memorial Research Center and Hospital	A. W. Diddle	27	1,957	1		4,498	3	1	1	1	0	0	3	4392-4632	F
Memphis															
Baptist Memorial	B. E. Everett	90	6,839	5	60	2,190	3	1	1	1	0	0	3	3900-4500	F
City of Memphis Hospitals	P. C. Schreier	110	9,381	24	29	25,626	3	4	4	4	0	0	12	2310-3480	F
Methodist	H. James	80	5,667†	9	56	1,019	4	1	1	1	1	0	4	3900-4800	F
St. Joseph ⁴⁸	W. F. Mackey	26	2,153	11	36	2,827	3	2	2	2	0	0	6	3900-4500	F
Nashville															
Baptist	H. V. Gayden	66	5,066	3	33	2,874	3	2	2	2	0	0	6	3900-4500	FP
George W. Hubbard ⁷⁷	W. F. B. James	29	2,249	12	33	5,947	3	2	2	2	0	0	6	2700-3900	F
Nashville Metropolitan General	F. E. Whitacre	24	1,854	5		8,289	3	2	2	2	0	0	6	3780-4500	F
St. Thomas ¹³	R. Chalfant	39	3,437	1	100	3,012	3	2	1	1	0	0	4	3600-3600	FP
Vanderbilt University ⁴⁴	R. W. Noyes	10	2,175	4	50	11,870	3	3	3	3	0	0	9	3000-3600	P
TEXAS															
Dallas															
Baylor University Medical Center	W. K. Strother, Jr.	143	12,567†	8	50	3,876	3	3	3	3	0	0	9	5100-5700	P
Methodist Hospital of Dallas ⁴⁸	J. E. Gleichert	61	5,769	9	78	3,545	3	2	2	2	0	0	6	4500-5100	F
Parkland Memorial	J. A. Pritchard	112	8,785	11	46	40,163	3	5	7	4	0	0	16	2400-3000	P
St. Paul	H. I. Kantor	53	4,671	7	57	8,096	3	2	1	1	0	0	4	4500-5100	P
Fort Worth															
Harris Hospital-Forth Worth Medical Center	C. W. Braselton, Jr.	71	5,026	0	0	734	4	1	1	1	1	0	4	4800-5700	FP
Galveston															
University of Texas Medical Branch Hospitals ²⁴⁻²⁷	W. J. McGanity	53	3,448	13	54	13,493	4	3	3	3	3	0	12	4200-4200	P
Houston															
Baylor University Affiliated Hospitals	S. H. Wills	167	15,120	9	78	27,466	3	6	6	6	0	0	18	2460	FP
Ben Taub General															
Jefferson Davis															
Methodist															
St. Luke's Episcopal															
Hermann	T. G. Gready, Jr., A. M. Faris	110	8,571	9	33	20,311	3	2	2	2	0	0	6	3600-4500	P
University of Texas Post-Graduate Medical School Affiliated Hospitals ²⁴	R. A. Johnston						3	2	2	2	0	0	6		
St. Joseph's		64	5,368†	1	100	5,893		2	2	2	0	0	6	4440-5040	P
University of Texas Medical Branch Hospitals (Galveston) ²⁷															
San Antonio															
Robert B. Green Memorial	G. G. Passmore	70	12,305	21	43	17,712	3	3	3	3	0	0	9	3300-5100	FP
Temple															
Scott and White Memorial	W. F. Baden	19	1,583†	2	50		3	1	1	1	0	0	3	4200-4800	P
UTAH															
Ogden															
Thomas D. Dee Memorial	D. C. Hunter, Jr.	34	3,322	1	0	818	3	3	3	3	0	0	9	3000-4800	P
Salt Lake City															
Holy Cross ⁴⁷⁷	H. A. Theurer	46	3,705	4	50	573	3	1	1	1	0	0	3	3600-4500	FP
Latter-day Saints	E. Wood	85	7,654	2	0	703	3	2	2	2	0	0	6	3600-4500	P
University of Utah Affiliated Hospitals															
Salt Lake County General	I. Kaiser	26	939	3	67	6,624	3	4	1	1	0	0	6	3600-4860	P
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals	J. V. S. Maeck						4	1	1	1	1	0	4		
DeGoesbriand Memorial		20	1,624†	2	0	837								3000-4800	O
Mary Fletcher		28	2,103	3	100	2,011								3000-4800	O
VIRGINIA															
Alexandria															
Alexandria	H. G. Thompson	53	5,073	2	50	3,248	3	1	1	1	1	0	4	3600-5400	P
Charlottesville															
University of Virginia	W. N. Thornton	27	3,286†	9	44	10,574	4	2	2	2	2	0	8	2100-3000	F
Newport News															
Riverside	K. R. Baldwin	34	2,860	1	0	1,130	3	1	1	1	0	0	3	7200-8000	FP
Norfolk															
De Paul	J. R. Kight	59	4,325	9	78	4,526	3	1	1	1	0	0	3	4800-5400	F
Norfolk General	M. Andrews	75	5,601	8	50	11,019	3	1	2	1	0	0	4	2400-5700	FP
Richmond															
Medical College of Virginia-Hospital Division	H. H. Ware, Jr.	109	9,157	13	31	11,351	3	5	5	5	2	0	17	1800-2400	F

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

11. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
WASHINGTON															
Seattle															
Swedish	R. P. Smith	45	4,207†	1	100	3,523	3	1	1	1	0	0	3	4500-6000	F
University of Washington Affiliated Hospitals ⁷⁰	C. A. Hunter, Jr.						3	3	3	3	3	0	12	2400-5700	F
King County	D. C. Figge	23	1,616†	8	62	6,624								2550-6000	P
University	C. A. Hunter, Jr.	17	1,518†	6	83	10,652								3300-5100	FP
Virginia Mason	R. N. Rutherford	25	2,304	0	0	5,783	3	1	1	1	0	0	3	3300-5100	FP
Spokane															
Sacred Heart	J. W. Brasch	53	4,958	7	71	4,703	3	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA															
Charleston															
Memorial	J. T. Chambers	36	3,241	0	0	4,820	3	1	1	1	0	0	3	4500-5100	FP
Salvation Army Maternity	J. T. Chambers	3	478	0	0	2,031									
Morgantown															
West Virginia University Medical Center	N. W. Fugo	19	916†	9	56	4,507	4	2	0	1	0	0	3	3320-5120	P
Wheeling															
Ohio Valley General	P. H. Cope						3	1	1	1	0	0	3		
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	B. Peckham						4	3	2	2	3	0	10		
Madison General		45	3,078†	4	75									3396-4596	P
St. Mary's		50	3,800	0	0										
University Hospitals		31	1,365	10	90	8,505								3400-5200	P
Milwaukee															
Milwaukee County General ^{61-69B}	R. F. Mattingly	58	4,227†	35	54	22,098	3	3	3	3	1	0	10†	3134-5769	P
Milwaukee ⁶⁸	W. P. Wendt	58	3,488†	7	29	2,581	3	2	2	2	0	0	6	4800-5100	P
Mount Sinai	J. A. Larkey	59	3,986	2	100	1,588	3	1	1	1	0	0	3	4200-4800	FP
St. Joseph's	J. A. Klieger	87	6,741†	13	62	1,202	3	2	2	2	0	0	6	4800-6000	FP
St. Mary's	A. Krembs	46	3,000	2	100	1,240	3	1	1	1	0	0	3	4800-5700	F

12. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council on Medical Education and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, p. 224.

13. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, for THREE years of acceptable training in the specialty. Programs, 160; Residencies, 1,052.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	J. L. Curtis	20	556	0	0	19,783	2*	2	2	0	0	6			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	R. A. Skeeahan	16	341	0	0	23,269	1	1	1	0	0	3			
COLORADO															
Fitzsimons General, Denver	J. E. Edwards	11	217	0		19,033	1	1	1	0	0	3			
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	J. N. McNair	58	568			24,102	2	2	2	0	0	6			
TEXAS															
Brooke General, San Antonio ⁷⁴	C. D. Rixey	17	352	1	100	20,580	2	2	2	0	0	6			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	R. E. Lieurance	21	505	0	0	18,639	1	2	1	0	0	4			
U. S. Naval, San Diego	J. M. Jordan	29	699	0	0	36,457	2	2	3	0	0	7			
MARYLAND															
U. S. Naval, Bethesda	R. P. Nadbath	21	600	0	0	9,000	1	1	1	0	0	3			
PENNSYLVANIA															
U. S. Naval, Philadelphia	W. L. Erdbrink	15	366	1	0	12,770	2	2	2	0	0	6			

Numerical and other references are listed on pages 274 through 277.

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco	W. W. Richards	9	167	0	0	5,305	1	1	1	0	0	3			
LOUISIANA															
U. S. Public Health Service, New Orleans	C. Monroe	9	186			4,387	1	1	1	0	0	3	6816-8916		
MARYLAND															
U. S. Public Health Service, Baltimore	W. E. Newby	16	263	0	0	6,120	1	1	1	0	0	3			
NEW YORK															
U. S. Public Health Service (Staten Island), New York City	R. H. Aronstam	32	450	0	0	7,723	1	1	1	0	0	3			
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	C. L. Cowan	3	97	0	0	4,455						3	4400-5700	P	
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	R. H. Rupp	4	171	0	0	8,746	1	1	1	0	0	2	5491-6490	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	S. J. Kelly, C. P. Grant	26	1,012	1	0	5,443	2	2	2	0	0	6			
University Hospital and Hillman Clinic													2400-3000	F	
Veterans Admin.													4020-7035	O	
Tuskegee															
Veterans Admin. ⁶⁴	C. A. Green												4205-5865	O	
ARKANSAS															
Little Rock															
University of Arkansas Medical Center							2	2	2	0	0	6			
Arkansas Baptist	J. L. Smith	11	687	2	29										
University	S. T. Jones	3	77	0	0	1,577							3400-4000	O	
Veterans Admin.	S. T. Jones	10	147	0	0	346							4020-5575	P	
CALIFORNIA															
Fresno															
Fresno County General	D. Trowbridge	5	211	0	0	6,970	1	1	1	0	0	3	4200-5400	P	
Long Beach															
Veterans Admin. ⁶⁴	R. E. Christensen	16	339	2	0	5,667						4	4020-7035	O	
Los Angeles															
Hollywood Presbyterian Hospital—															
Olmstead Memorial	S. Rome	6	226	0	0	1,739	2	1	0	0	0	3	3384-3984	P	
Los Angeles County General, Unit I ⁶⁸	R. Shearer	32	1,213	2	0	26,500	3	3	3	0	0	9	3780-5520	F	
Los Angeles County General, Unit II	S. Ludmerer	3	120	1		4,698	1	1	1	0	0	3	3780-6900	P	
University of California	B. R. Straatsma	14	830	0	0	12,112	2	2	2	1	0	7	3324-6912	O	
Veterans Admin.—General Medical and Surgical	R. E. Bartlett	22	775	1	100	15,158	2	1	1	0	0	4	4205-5865	P	
White Memorial	R. V. Shearer	6	365	1	100	10,400	2	2	1	0	0	5	4260-6660	P	
Oakland															
Highland-Alameda County ¹²⁰	E. Brugge	6	526	0	0	8,379	1	1	1	0	0	3	3216-3900	FP	
Orange															
Orange County General	J. G. Tirico	1	95†			2,325	1	1	0	0	0	2	4260-4740	P	
Palo Alto															
Stanford Medical Center and Affiliated Hospitals							2	2	2	0	0	6†			
Palo Alto-Stanford Hospital Center ¹²⁶	F. W. Winter	8	405†	1	0	3,550							3450-4800	O	
Veterans Admin.	F. C. Winter	8	190	1	100	3,209							4020-6120	O	
San Mateo County General (San Mateo)	R. O. Sherwood	3	76	0	0	2,278							3600-4800	F	
San Francisco															
Presbyterian Medical Center ¹⁰⁶	J. Bettman	6	517	0	0	3,277	2	2	2	0	0	6	3900-4800	P	
University of California Hospitals ¹¹⁴	M. J. Hogan	16	842			13,164	7	7	7	2	0	23	3580-4660	O	
Veterans Admin. ¹²²	D. O. Jesberg	12	248	0	0	2,385	1	1	1	0	0	3	4221-7586		
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto, Calif.															
Torrance															
Los Angeles County Harbor General	I. S. Pilger	7	299†	1	100	6,309	2	1	1	0	0	4	3780-5520	F	
COLORADO															
Denver															
Denver General	D. H. Watkins	5	158	0	0	7,869	1	1	1	0	0	3	3516-4200	P	
University of Colorado Affiliated Hospitals							3	3	2	0	0	8			
University of Colorado Medical Center ¹²⁹	P. Ellis	4	185	0	0	12,976							3000-4000	P	
Veterans Admin.	C. W. Whistler		128	0	0	1,332							5575-7035	O	
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center															
Grace-New Haven Community ¹³⁶	M. L. Sears	13	793	0	0	9,202	1	2	1	0	0	4	2500-3400	P	
DISTRICT OF COLUMBIA															
Washington															
Georgetown University Medical Center	J. O'Rourke						4	4	4	3	0	15			
District of Columbia General		18	251	0	0	9,451							3800-5000	F	
Georgetown University		10	189	0	0								4100-6000	P	
Veterans Admin.													4205-7405	O	
Washington Hospital Center	M. M. Parks	41	1,902†	2	100	16,509	3	3	3	0	0	9	4080-4440	P	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Deaths			Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary Per Year (Min.-Max.)	Main-tenance O
			Admissions (Include Transfers)	Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	H. E. Kaufman	8	389	0	0	5,328	2	2	2	0	0	6	3950-5800	O
Miami														
Jackson Memorial	E. Norton	38	1,894	1	0	24,127	5	5	4	0	0	14	3000-4680	P
GEORGIA														
Atlanta														
Grady Memorial	F. P. Calhoun, Jr.	19	585	4	0	20,387	2	2	2	0	0	6	2700-3900	F
Augusta														
Medical College of Georgia Hospitals	J. Fair	9	283	0	0	1,585	1	1	1	0	0	3	3000-6000	O
ILLINOIS														
Chicago														
Cook County	T. N. Zekman	25	730	4	25	23,772	3	3	2	0	0	8	1800-1800	FP
Michael Reese Hospital and Medical Center	M. Stillerman	28	954	1	100	6,230	2	2	2	0	0	6	3300-4500	P
Northwestern University Medical Center														
Chicago Wesley Memorial	W. Mann	12	820	2	100		1	1	0	0	0	2	3300-3600	P
Passavant Memorial	D. Vail	9	392†			435	1	0	1	0	0	2	3300-3900	P
Veterans Admin. Research	D. Vail	18	195	0	0		0	1	0	1	0	2	4205-7405	O
Presbyterian-St. Luke's	W. F. Hughes	10	115	0	0	3,025	2	1	1	0	0	4	2700-3300	P
University of Chicago Hospitals and Clinics	F. W. Newell	11	551	0	0	10,858	1	1	1	0	0	3	3900-4860	O
University of Illinois Affiliated Hospitals	P. C. Kronfeld													
Illinois Eye and Ear Infirmary		51	1,491	1	100	53,353	6	6	6	0	0	18	3000-3600	F
University of Illinois Research and Educational Hospitals		6	305	0	0	6,001	2	1	1	0	0	4†	3000-3600	P
Evanston														
Evanston	C. V. Barrett						1	1	0	0	0	2	3000-3600	
Hines														
Veterans Admin. ¹⁶⁶	W. A. Mann	22	347	11	36	3,915	2	2	2	0	0	6	4020-5575	O
INDIANA														
Indianapolis														
Indiana University Medical Center							5	5	5	0	0	15		
Indiana University Hospitals	F. M. Wilson	12	559	1	0	10,733							2825-3475	P
Marion County General	M. D. Bartley	11	194	0	0	8,475							3863-4489	P
IOWA														
Iowa City														
University Hospitals	A. E. Braley	36	1,867	2	50	24,083	5	5	5	5	0	20†	3180-4200	P
KANSAS														
Kansas City														
University of Kansas Medical Center ²⁸¹	A. Lemoine	10	671	0	0	5,578	2	2	2	0	0	6	2800-4800	P
KENTUCKY														
Louisville														
University of Louisville Medical Center	R. Macdonald													
Louisville General		7	338	1	100	6,644	3	4	3	1	1	12	3260-4187	FP
Veterans Admin.		8	267	0	0	1,494	1	1	1	0	0	3	4020-5575	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	G. M. Haik	10	754	1	0	20,072						6	1500-2100	F
Tulane University Division	J. H. Allen	10	644	1	100	17,331						6	1500-2100	F
Eye, Ear, Nose and Throat ²¹⁰	J. H. Allen	74	459	2	0	16,074	0	5	5	0	0	10	1500-1800	FP
Ochsner Foundation ²⁰⁴	R. A. Schimek	4	207	1	100	6,047	1	1	1	0	0	3	3000-3660	P
Veterans Admin.	J. H. Allen	12	185	0	0	948	1	1	1	0	0	3	4020-5575	O
Shreveport														
Confederate Memorial Medical Center	K. B. Jones	22	806			8,776	2	2	2	0	0	6	2280-2760	F
MARYLAND														
Baltimore														
Baltimore Eye, Ear and Throat	R. Hoover, A. Kremen	16	1,013	1	0	13,654	1	2	1	0	0	4	4200-5400	F
Johns Hopkins ²¹¹	A. E. Maumenee	56	2,482†	2		20,878	4	4	4	3	1	16	2600-	P
Presbyterian Eye, Ear and Throat Charity	R. L. Hoover	10	947	0	0	9,963	1	1	1	0	0	3	2700-4200	FP
Sinai Hospital of Baltimore	H. K. Goldberg	5	261			2,688	1	0	1	0	0	2	4700-5500	P
University of Maryland	R. D. Richards	5	221	0	0	6,145	2	1	1	0	0	4	3000-4400	P
MASSACHUSETTS														
Boston														
Boston City	D. R. Alpert	18	522	1	0	16,243	3	3	3	1	0	10†	3600-5400	O
Massachusetts Eye and Ear Infirmary	C. C. Johnson	89	5,115	3	100	49,428	6	6	6	0	0	18	3600-4800	P
Massachusetts Memorial Hospitals	T. Gunderson	4	289	0	0	3,764	2	2	2	0	0	6	3600-4800	O
Veterans Admin. (Jamaica Plain)		16	324	1	100	2,183								
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals ²⁰⁴							6	6	6	0	0	18		
University	F. B. Fralick	19	927	0	0	22,372							2940-3840	O
Veterans Admin.	J. R. Wolter	5												
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit, Mich.														
Detroit														
Grace	L. Croll	17	663†	1		2,470	1	1	1	0	0	3	3900-4500	FP
Harper	W. S. Davies	25	932	1	100	5,056	2	2	2	0	0	6	4260-5100	P
Henry Ford	J. S. Guyton	22	781	1	0	22,188	4	4	4	4	0	16	4800-6000	P

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN, Detroit—Continued															
Sinai Hospital of Detroit	S. Sugar	16	737	0	0	4,218	1	1	1	0	0	3	3600-4200	FP	
Wayne State University—Affiliated Hospitals	A. D. Ruedemann	12	158	2	100	2,296	6	6	6	0	0	18	5865	O	
Veterans Admin. (Dearborn)		21	720	2		31,027							1200-5575	P	
Receiving															
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals															
Hennepin County General	K. E. Sandt	3	177			5,773	1	1	0	0	0	2	4500-6500	F	
University of Minnesota Hospitals	J. Harris	8	306	0	0	9,045	4	4	4	2	0	14	3574-6500	O	
Veterans Admin.	J. Harris	14	268			1,389	1	1	1	0	0	3	4205-7405	O	
Ancker (St. Paul)	R. L. Leavenworth	4	170	0	0	6,594	1	0	1	0	0	2	3150-3150	F	
Rochester															
Mayo Foundation	J. W. Henderson	18	996	0	0	65,000	6	6	6	0	0	18	2400-3200	P	
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis, Minn.															
Charles T. Miller	A. F. Adair	11	654	0	0	2,215	1	0	1	0	0	2	4200-5100	P	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center ²⁷³							0	1	1	0	0	2			
University	S. B. Johnson	2	116	0	0	1,246							3300-3600	O	
Veterans Admin.	L. L. Mayer	3	190	0	0	1,830							4735-5575	O	
MISSOURI															
Columbia															
University of Missouri Medical Center ²⁷⁹	J. A. Buessler	7	254			5,614	3	3	3	0	0	9	3600-4200	P	
Kansas City															
Kansas City General Hospital and Medical Center	J. Buessler	5	199			5,281									
St. Louis															
Barnes	B. Becker	54	3,142	2	50	24,367	5	5	5	1	1	17	3300-4200	O	
Homer G. Phillips ²⁸⁵	H. P. Venable	11	315	1	0	10,028	3	2	2	0	0	7	3420-4365	P	
St. Louis City	D. Bisno	10	370	0	0	8,538	2	2	2	0	0	6	3420-4583	P	
St. Louis University Group of Hospitals	R. Mattis	20	978	0	0	7,151	3	2	1	1	0	7	2400-2640	FP	
Veterans Admin.	H. Rosenbaum	9	263	1	0	0	0	1	1	1	0	3	4205-5865	O	
NEBRASKA															
Omaha															
University of Nebraska ²⁹¹	J. H. Judd	3	107	0	0	4,419	1	1	1	0	0	3	3000-3900	F	
NEW JERSEY															
Jersey City															
Jersey City Medical Center	A. Cinotti	15	499			3,460	2	1	1	0	0	4	3400-4600	F	
Newark															
United Hospitals of Newark															
Eye and Ear Infirmary	W. H. Hahn	23	1,380	1	0	8,730	0	2	0	0	0	2	3600-3900	F	
NEW YORK															
Albany															
Albany Medical School Affiliated Hospitals	J. E. Miller						3	3	3	0	0	9			
Albany Medical Center						1,732							2760-3120	P	
Child's															
Veterans Admin.						1,250									
Buffalo															
Buffalo General ³⁰⁵	M. Riwehchun	31	1,203	4	75	4,900	1	1	2	0	0	4	4100-4700	P	
Deaconess Hospital of Buffalo															
Buffalo Eye and Ear Hospital and Wettlaufer Clinic	E. P. Olmsted	11	672	0	0	21,010	1	1	1	0	0	3	3900-4200	FP	
Edward J. Meyer Memorial	W. Y. Jones	7	149	0	0	10,094	2	2	1	0	0	5	3875-4385	P	
New York City															
Bronx Eye and Ear Infirmary	S. S. Epstein, D. G. Petix	13	1,204	0	0	20,683	2	2	2	0	0	6	1800-3000	F	
Bronx Municipal Hospital Center	M. Chamlin	13	400	2	0	18,000	2	1	3	0	0	6	4200-5220	P	
Brooklyn Eye and Ear	M. Lasky	35	2,838	2	100	44,682	4	4	0	0	0	8	1200-1500	F	
City Hospital Center at Elmhurst	J. A. Sauer	6	142	0	0	7,883	1	1	1	0	0	3	4200-5220	P	
Harlem Eye and Ear	P. Muller	9	771	0	0	14,674	1	1	1	0	0	3	3000-	F	
Jewish Hospital of Brooklyn	M. Lasky	7	294	0	0	4,513	1	1	1	0	0	3	4500-5500	P	
Kings County Hospital Center ³⁴⁴	R. Troutman	29	682	0	0	18,533	2	2	2	0	0	6	4200-5220	P	
Veterans Admin. (Brooklyn)	M. E. Corwin	12	228	1	100	3,000	1	1	1	0	0	3	4020-5575	O	
Lenox Hill	B. F. Payne	19	659	0	0	5,799	1	1	1	0	0	3	4300-5100	P	
Manhattan Eye, Ear and Throat	F. H. Constantine	69	3,760	2	50	47,529	6	6	6	0	0	18	3000-3600	O	
Montefiore	Inc. in Surg.		412			4,077	1	1	1	0	0	3	4500-6250	P	
Mount Sinai	I. H. Leopold	16	390			12,891	1	1	1	0	0	3	4500-6000	P	
New York Eye and Ear Infirmary	H. H. Romaine	100	4,684	0	0	60,874	6	6	6	0	0	18	1200-1800	F	
New York	J. McLean	24	914	0	0	13,609	2	2	1	1	0	6	3200-3900	P	

Numerical and other references are listed on pages 274 through 277.

13. OPHTHALMOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued														
New York Medical College-Metropolitan Hospital Center	B. Friedman													
Unit I—Flower and Fifth Avenue Hospitals		6	10	0	0	26,000	1	1	1	0	0	3	3700-4720	
Unit II—Metropolitan		5	122	0	0	19,806	0	1	1	1	0	3	4200-5220	FP
Unit III—Bird S. Coler Memorial Hospital and Home														
New York Polyclinic Medical School and Hospital	S. Schutz	6	251	1	0	6,206	0	1	1	0	0	3	2700-3300	F
New York University Medical Center and Bellevue Hospital Center							5	5	5	0	0	15		
Bellevue Hospital Center, Div. IV University	G. M. Breinin	21	562			23,590							4200-5220	FP
Veterans Admin. (Manhattan)	H. B. Taterka	15	260	1	0								4020-5575	O
Presbyterian (Institute of Ophthalmology)	A. G. DeVoe	74	3,560	0	0	28,081	3	3	3	0	0	9	4200-5347	O
Queens Hospital Center	T. A. D'Angelo	5	167	2	100	7,186	1	1	1	0	0	3	4200-5220	P
St. Luke's	H. Eggers	18	632	0	0	6,264	1	1	0	0	0	2	3300-3600	P
St. Vincent's Hospital of the City of New York	R. Castroviejo	14	382	1	100	5,438	1	1	1	0	0	3	3540-4140	P
Veterans Admin. (Bronx) ²⁵⁰	A. Haft	15	216	0	0	3,106	1	1	1	0	0	3	4020-5575	O
Rochester														
St. Mary's	S. Ianacone	8	516	2	50	2,200	1	1	1	0	0	3	3300-3900	F
Strong Memorial	A. C. Snell	10	525	0	0	5,113	1	1	1	1	0	4	2600-4400	O
Syracuse														
State University of New York Upstate Medical Center	J. L. McGraw	10	390	0	0	7,059	1	1	1	0	0	3	4036-4940	O
Veterans Admin.		5	104	0	0	787							4205-6440	O
Valhalla														
Grasslands	A. W. Forrest	3	147	0	0	5,410	1	1	1	0	0	3	5100-5900	FP
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial Hospital-McPherson	S. D. McPherson, Jr.	5	382	0	0	5,728	1	1	1	0	0	3	2800-4100	O
North Carolina Memorial McPherson (Durham)		18	911	0	0	26,051	1	1	1	0	0	3	3000-4200	P
Durham														
Duke University Affiliated Hospitals	W. B. Anderson						3	3	3	1	0	10		
Duke		15	661	0	0	12,259							3900-4800	P
Veterans Admin.		10	236	1	100								4205-7405	O
McPherson Hospital-North Carolina Memorial	S. D. McPherson, Jr.													
McPherson		18	911	0	0	26,051	1	1	1	0	0	3	3000-4200	P
North Carolina Memorial (Chapel Hill)		5	382	0	0	5,728	1	1	1	0	0	3	2800-4100	O
Winston-Salem														
North Carolina Baptist	R. W. Roberts	8	446			4,450	1	1	1	0	0	3	2450-3250	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group ³⁸⁶														
Cincinnati General	D. J. Lyle	7	228	0	0	7,999	2	2	2	0	0	6	1200-4800	F
Cleveland														
Cleveland Clinic ³⁹³	R. J. Kennedy	9	497	1	0	18,383	3	2	2	0	0	7	3900-4500	P
Cleveland Metropolitan General	R. J. Nicholl	7	186	0	0	11,907	2	2	2	0	0	6	3200-4260	FP
St. Luke's	G. T. Schwarz	13	513	0	0	5,413							4020-4020	F
Mount Sinai Hospital of Cleveland	J. Gans	7	377	0	0	2,847	1	1	1	0	0	3	2700-3300	FP
University Hospitals of Cleveland	C. I. Thomas	18	804	0	0	9,677	3	3	3	0	0	9	3600-5400	P
Veterans Admin.		20	342	1		1,337							4020-5575	P
Columbus														
Ohio State University Hospitals														
University ³⁹⁷	T. Makley	15	730	0	0	10,201	5	5	5	0	0	15	2424-3824	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	T. O. Coston						3	3	3	0	0	9		
University Hospitals		9	392	0	0	6,094							2400-4500	P
Veterans Admin.		10	239	0	0	2,544								
OREGON														
Portland														
Good Samaritan	M. Reeh	21	1,107	0	0	282	1	1	1	0	0	3	3300-3780	P
University of Oregon Medical School Hospitals and Clinics ⁴⁰⁸	K. C. Swan	26	793	1	100	13,093	3	2	2	2	0	9	2700-3300	F
PENNSYLVANIA														
Danville														
Geisinger Medical Center	A. W. Mahood	6	311			12,363	1	1	1	0	0	3	2700-4200	FP
Philadelphia														
Graduate Hospital of the University of Pennsylvania ⁴²⁸	R. H. Trueman	14	533	1	0	3,259	2	2	2	0	0	6	2250-2610	P
Hospital of the University of Pennsylvania	H. Scheie	28	991	0	0	6,242	4	4	4	0	0	12	3000-4500	P
Children's Hospital of Philadelphia		1	87	0	0	1,131							1200-2400	O
Philadelphia General													3090-4539	F
Veterans Admin.		8	266	0									4020-5575	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

13. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Philadelphia—Continued														
Jefferson Medical College	T. D. Duane	6	278	0	0	4,718	2	2	2	0	0	6	3000-3800	O
Philadelphia General		9	244	4	67	7,938	2	2	2	0	0	6	3090-4539	F
Temple University Service	G. Gibson													
University of Pennsylvania Service	H. Scheie													
Temple University ⁴³⁴	G. G. Gibson	25	431	0	0	5,504	3	3	3	0	0	9	2100-2700	P
Philadelphia General													3090-4539	F
Wills Eye	W. E. Fry	172	6,641	9	11	81,474	7	7	7	0	0	21	900-1800	FP
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh														
Eye and Ear Hospital of Pittsburgh	M. F. McCaslin	60	2,951	0	0	21,509	3	2	2	0	0	7	3060-3660	O
Montefiore	H. E. Thorpe	20	688	2	50	3,834	1	1	1	0	0	3	4200-4800	O
Veterans Admin. ⁴⁴⁰	R. N. Lehman	16	512	0	0	697	2	2	2	0	0	6	4020-7035	P
PUERTO RICO														
Rio Piedras														
University of Puerto Rico Affiliated Hospitals	G. Pico						3	3	3	0	0	9		
University (District)		8	307	0	0	6,897							4500-7200	F
San Juan City (San Juan)			526			11,546								
Veterans Admin. (San Juan)		4	96	0	0	1,107								
San Juan														
San Juan City—See University of Puerto Rico Affiliated Hospitals, Rio Piedras, P. R.														
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras, P. R.														
RHODE ISLAND														
Providence														
Rhode Island	H. F. Stephens	11	930	2	50	3,536	1	1	1	0	0	3	2280-4080	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	W. W. Vallotton						2	2	1	0	0	5	2310-3630	FP
Medical College		10	403†	1	100	6,892								
Roper		1	111†											
TENNESSEE														
Chattanooga														
Baroness Erlanger	I. L. Arnold	15	706	0	0	3,201	1	1	1	0	0	3	3900-4500	F
Memphis														
City of Memphis Hospitals—Memphis Eye, Ear, Nose, and Throat	P. M. Lewis						2	2	2	0	0	6		
City of Memphis Hospitals		7	259	0	0	11,376							2310-3480	F
Memphis Eye, Ear, Nose, and Throat		31	1,862	0	0	6,636							2490-2790	F
Veterans Admin.	A. C. Krause	15	165	0	0	3,603	1	1	1	0	0	3	4020-7035	O
Nashville														
Vanderbilt University ⁴⁴⁵	G. W. Bounds	15	844	0	0	3,403	2	2	2	0	0	6	3000-3600	P
TEXAS														
Dallas														
Parkland Memorial ⁴⁴⁹	J. R. Lynn	9	306	0	0	9,492	2	3	3	0	0	18	2400-3000	P
Veterans Admin. ⁴⁴⁶	S. B. Gostin	18	369			3,675	1	1	1	0	0	3	4020-5575	P
Galveston														
University of Texas Medical Branch Hospitals	D. Haney	13	375	2	50	4,824	3	1	1	0	0	5	4200-4200	P
Houston														
Baylor University Affiliated Hospitals	L. J. Girard	39	1,542	0	0	14,771	5	5	5	0	0	15	2800-3987	FP
Ben Taub General														
Veterans Admin.														
Hermann	T. L. Royce	19	1,199	0	0	3,681	1	1	1	0	0	3	2100-4500	P
San Antonio														
Robert B. Green Memorial	D. Russell	6	226	0	0	6,892	1	1	1	0	0	3	3300-5100	FP
Temple														
Scott and White Memorial	E. R. Veirs	9	476†				1	1	0	0	0	2	4200-4500	P
VIRGINIA														
Charlottesville														
University of Virginia	E. W. Burton	9	414†	0	0	3,873	1	1	2	0	0	4	2100-3000	F
Richmond														
Medical College of Virginia—Hospital Division	D. Guerry, III	11	635	3	0	15,624	3	3	3	0	0	9	1800-2400	F
Veterans Admin.	E. W. Perkins	11	221	0	0	2,771	1	1	1	0	0	3	4020-5575	P
Roanoke														
Gill Memorial Eye, Ear and Throat	E. G. Gill	14	1,954	0	0	29,159	2	0	0	0	0	2	3600-8400	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	P. Duehr						2	2	2	0	0	6		
University Hospitals		22	748	0	0	3,646							3400-4600	P
Veterans Admin.		6	48	0	0	1,722							5865-5865	P
Milwaukee														
Milwaukee County General	J. B. Hitz	14	390†	0	0	22,419	2	2	2	0	0	6	3134-4483	P
Veterans Admin. (Wood) ⁴⁴⁷	R. H. Lehman	14	220	7	100	10,104	2	2	2	0	0	6	4020-5575	P

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Orthopaedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 188 and 189. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopedic surgery. Programs, 279; Residencies, 1,541

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year		Main-tenance O
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
UNITED STATES AIR FORCE																	
TEXAS																	
U. S. Air Force, San Antonio	E. W. Brannon, Jr.	ACF	120	137	2,304	3	100	13,700	3	3	3	3	0	12			
UNITED STATES ARMY																	
CALIFORNIA																	
Letterman General, San Francisco	H. S. McBurney	AF	40	129	1,192	4	75	10,390	0	3	3	3	0	9			
COLORADO																	
Fitzsimons General, Denver	R. D. Anderson	ACF	65, 100	95	1,210	2	100	22,241	0	2	2	2	0	6			
DISTRICT OF COLUMBIA																	
Walter Reed General, Washington	E. A. Bray	ACF	...	264	1,314	8	88	12,258	3	3	3	0	0	9			
HAWAII																	
Tripler General, Honolulu	J. D. Ashby	ACF	86	141	1,852	3	33	23,589	...	...	...	...	9				
TEXAS																	
William Beaumont General, El Paso ²⁰²	R. S. Lockwood	AF	96	120	1,637	0	0	26,514	0	2	2	2	0	6			
Brooke General, San Antonio	E. Dehne	ACF	117	117	1,854	7	57	10,196	3	3	3	0	0	9			
UNITED STATES NAVY																	
CALIFORNIA																	
U.S. Naval, Oakland	D. D. Goldthwaite	AF	20	140	1,635	3	66	39,896	2	2	2	0	0	6			
MARYLAND																	
U. S. Naval, Bethesda	J. H. Cheffey	AF	20	134	1,042	4	75	9,461	1	1	1	0	0	3			
MASSACHUSETTS																	
U. S. Naval, Chelsea	H. B. Eisberg	AF	20	75	646	1	100	8,723	1	1	1	0	0	3			
PENNSYLVANIA																	
U. S. Naval, Philadelphia	W. D. Bundens, Jr.	AF	20	175	1,212	6	50	13,853	1	1	1	1	0	4			
VIRGINIA																	
U. S. Naval, Portsmouth	A. W. Dunn	AF	20	247	2,131	6	67	27,604	2	2	2	0	0	6			
UNITED STATES PUBLIC HEALTH SERVICE																	
CALIFORNIA																	
U. S. Public Health Service, San Francisco	M. E. Berkowitz	AF	110	61	1,208	3	100	6,773	1	1	1	1*	0	4			
NEW YORK																	
U. S. Public Health Service (Staten Island), New York City	A. A. Michele	AF	116	80	1,378	4	50	12,636	1	1	1	1	0	4			
WASHINGTON																	
U. S. Public Health Service, Seattle—See University of Washington Affiliated Hospitals, Seattle																	
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																	
DISTRICT OF COLUMBIA																	
Freedman's, Washington	R. J. Gladden	AF	115	...	...	...	...	...	...	...	...	...	...	...
OTHER FEDERAL																	
CANAL ZONE																	
Gorgas	C. W. Metz, Jr.	ACF	...	30	680	3	100	6,530	1	1	1	0	0	3	5491-6490		O
NONFEDERAL AND VETERANS ADMINISTRATION																	
ALABAMA																	
Birmingham																	
University of Alabama Medical Center	C. L. Yelton	...	...	152	2,616	21	30	13,108	3	3	3	3	0	12			
"365" Crippled Children's Clinic and Hospital	J. D. Sherrill, Sr.	C	44, 68, 75	...	...	...	...	...	...	...	...	...	...	...	3600-3900		P
University Hospital and Hillman Clinic	C. L. Yelton	ACF	44	...	...	...	...	...	...	...	...	...	...	...	2400-3800		F
Veterans Admin.	J. Higginbotham	AF	44	...	...	...	...	...	...	...	...	...	...	...	4020-7035		O
Fairfield																	
Lloyd Noland	C. H. Wilson, W. T. Tarpley	AF	68	21	840	5	40	14,681	1	1	1	1	0	4	4200-5400		FP
Mobile																	
Mobile General	T. J. Bender	ACF	...	38	822	11	55	2,631	2	2	2	2	0	5	4200-6000		P
ARIZONA																	
Phoenix																	
Crippled Children's	W. Colton, Jr.	C	40, 96	43	540	3	100	6,180	0	0	3	0	0	3			P
ARKANSAS																	
Little Rock																	
University of Arkansas Medical Center				...	...	...	...	...	3	3	3	2	0	11			
Arkansas Children's	W. Selakovich	C	94	26	484	0	0	2,900	0	0	0	2	0	2	4000-4000		P
University	B. W. Drompp	AF	94	16	490	15	7	2,973	...	...	...	...	...	...	3400-5000		O
Veterans Admin.	B. W. Drompp	AF	94	38	346	6	13	838	...	...	...	...	...	...	4020-6120		P

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966						Main-tenance		
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Salary per Year Min.-Max.	
CALIFORNIA																	
Downey																	
Rancho Los Amigos	V. L. Nickel	AC	111	217	1,137	12	100	4,938							3780-7500	P	
Eldridge																	
Sonoma State—See University of California Medical Center, San Francisco																	
Imola																	
Napa State—See San Francisco Combined Program for Orthopedic Residency Training, San Francisco																	
Long Beach																	
Veterans Admin.	R. H. Hutchinson	AF	64	45	433	6	50	1,991	2	2	2	2	0	8	4020-7035	O	
Los Angeles																	
Children's Hospital of Los Angeles	J. Wilson, Jr.	C	64	17	495	12	100	5,064	0	1	0	0	0	1	3900-5100	O	
Los Angeles County General, Unit I	A. Neufeld	ACF	111	240	5,637	206	4	75,014	6	6	6	6	0	24	3780-6900	F	
Los Angeles County General, Unit II	R. Rosenfeld	ACF		17	579	28	7	7,931	1	1	1	1	0	4	3780-6900	P	
Orthopaedic	J. V. Luck	ACF	20, 119	135	5,244	15	87	64,242	0	4	3	8	0	15	3300-3900	P	
Shriners Hospital for Crippled Children	G. W. Westin	C	1, 3, 90	60	321	0	0	2,733	0	0	0	3	0	3		O	
University of California	C. O. Bechtol	AF	90, 118	16	583	1	0	6,818	1	1	1	0	0	3	3840-4332	O	
Veterans Admin.—General Medical and Surgical	R. Mazet, Jr.	AF	119	68	1,111	17	65	3,663	3	3	3	0	0	9	4990-6440	P	
White Memorial	A. J. Neufeld	ACF	111	17	602	3	0	4,858	2	2	2	1	0	7	4260-6660	P	
Oakland																	
Children's Hospital of the East Bay—See University of California Medical Center, San Francisco																	
Highland-Alameda County (Oakland)	D. D. Dickson	AF	1, 2, 3	46	1,160	64	13	9,561	2	3	0	0	0	5	3216-3456	FP	
Samuel Merritt—See University of California Medical Center, San Francisco																	
Palo Alto																	
Palo Alto-Stanford Hospital Center	C. H. Hatcher	AF		36	1,325†	3	100	3,387	2	2	2	2	0	8	3450-4800	O	
San Diego																	
Children's	C. K. Barta	C	109	11	430			850							5352-5352	P	
San Diego County General	F. B. Kimball	AF	109	42	541†	23	0	3,236	2	2	2	2	0	8	4447-6236	O	
San Francisco																	
Presbyterian Medical Center	D. King	AF	1	29	1,226	5	20	954	1	1	1	0	0	3	3900-4800	P	
San Francisco Combined Program for Orthopedic Residency Training ¹¹⁸																	
Mary's Help	M. C. Mensor	ACF	108		112	3,882	10	100	11,472	3	3	3	0	0	9	3900-5700	F
St. Joseph's	R. H. Soto-Hall	ACF	108														
St. Mary's	J. J. Loutzenheiser, R. Soto-Hall	AF	108													F	
Napa State (Imola)		AF	108														
University of California Medical Center																	
Sonoma State (Eldridge)	R. L. Samilson	C	2	58	263	1	100	3,218	0	0	0	2	0	2	3600	O	
Children's Hospital of the East Bay (Oakland)	B. Smart	C	2	9	391	1	94	1,104							3300-4200	P	
Highland-Alameda County (Oakland)																	
See Highland-Alameda County, Oakland																	
Samuel Merritt (Oakland)	D. D. Dickson	AF	2														
Children's Hospital of San Francisco ¹⁶	D. F. Bellamy	AF	2	50	2,032	6	17								3216-5112	P	
Franklin	L. J. Larsen	C	2	33	935†	4	50	1,819									
San Francisco General	E. R. Schottstaedt	A	2	43	1,346	5	40	1,961							3324-4332	P	
Shriners Hospital for Crippled Children	E. G. Bovill	AF	2	88	1,457	51	10	5,581	0	2	1	0	0	3	3300-5916	F	
University of California Hospitals	E. R. Schottstaedt	C	2, 40	58	259	1	100	3,163							4200-4200	F	
Veterans Admin.	V. T. Inman	ACF	2	39	964			5,562	3	1	2	1	0	7	3580-6300	O	
Shriners Hospital for Crippled Children (Honolulu, Hawaii)	F. H. Jergesen	AF	2, 3	36	397	10	50	1,333	1	1	1	0	0	3	4972-7386	O	
Torrance																	
Los Angeles County Harbor General	D. M. Street	AF	119	56	891†	58	38	13,845	2	1	1	2	0	6	3780-6900	F	
COLORADO																	
Denver																	
Children's	W. F. Stanek	C	4, 65, 100	3	879†			4,961	0	2	1	0	0	3	3600-4200	P	
Denver General ¹²⁰	F. Matchett	AF	100	28	672	17	68	13,977	1	2	2	0	0	5	3840-4596	P	
University of Colorado Affiliated Hospitals ²⁶									2	2	2	2	0	8			
University of Colorado Medical Center	J. S. Miles	AF	4	18	663	3	0	5,056							3000-4000	P	
Veterans Admin.	M. E. Gibbens	AF	4	30	673	0	0	3,996							4735-7035	O	
CONNECTICUT																	
Hartford																	
Hartford—See Yale-New Haven Medical Center, New Haven																	
New Haven																	
Hospital of St. Raphael	W. S. Perham	AF	79	27	735	19	37	5,893	1	1	1	1	0	3	3600-4500	F	
Yale-New Haven Medical Center									0	3	0	3	0	6	2800-3400	P	
Grace-New Haven Community	W. O. Southwick	AF	5	47	1,230	26	50	5,676	4	4	4	0	0	12	3300-4500	P	
Hartford (Hartford)	B. H. Curtis	AF	5	35	1,334	21	43	33									
Newington Hospital for Crippled Children (Newington)	B. H. Curtis	C	5, 82	118	722	2	50	8,426	0	0	1	0	0	1	4100-4500	O	
Veterans Admin. (West Haven)	W. O. Southwick	AF	5	22	360	1	0	798									
Newington																	
Newington Hospital for Crippled Children—See Yale-New Haven Medical Center, New Haven																	
West Haven																	
Veterans Admin.—See Yale-New Haven Medical Center, New Haven																	
DELAWARE																	
Wilmington																	
Alfred I. duPont Institute of the Nemours Foundation	A. R. Shands, Jr.	C	20	47	380			5,657	0	1	0	0	0	1	3600-4800	F	
Veterans Admin. ²⁰	D. McHale	A	77	33	339	3	33	735	0	0	1	0	0	1	4020-6120		
DISTRICT OF COLUMBIA																	
Washington																	
Children's	W. Tobin	C	54	8	325†	0	0	1,841	0	0	2	0	0	2		P	
District of Columbia General		ACF	14, 115	48	513	16	31	4,738	0	1	3	4	0	8	3800-5000	F	
Georgetown University	G. W. Hyatt	AF	14	17	560	8	75		2	2	2	0	0	6	2400-3240	P	
George Washington University ¹⁵³	J. P. Adams	AF	14	24	874	10	80	671	2	2	1	0	0	5	3600-3900	P	
Washington Hospital Center	J. S. Neviasser	AF	54	57	1,287†	12	50	2,886	2	2	2	0	0	6	4080-4620	P	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

State	City	Institution	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
								Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA																		
Gainesville		University of Florida Teaching Hospital and Clinics	W. F. Enneking	ACF	...	24	566	2	50	4,312	2	2	2	2	0	8	3200-5800	O
Jacksonville		Jacksonville Hospitals Educational Program																
		Baptist Memorial	H. B. Haston	AF	62	22	765	4	75	183	2	0	0	0	0	2	5400-6000	O
		Duval Medical Center	J. Q. U. Thompson	AF	62	14	587	12	25	6,216	1	0	1	0	0	2	5400-6000	P
		Hope Haven Children's	H. B. Haston	C	62	13	265	1	100	2,865							5400-6000	O
Miami		Jackson Memorial	W. E. Miller	AF	76	101	2,025	50	22	6,739	4	4	4	0	0	12	3000-4680	P
		Variety Children's	R. P. Keiser	C	43, 76	26	613	0	0	5,458	0	0	5	0	0	5	3600-3600	P
Miami Beach		Mount Sinai Hospital of Greater Miami	L. A. Russin	AF	43	25	744	7	74	638	1	1	1	0	0	3	3000-3600	FP
Orlando		Orange Memorial	R. Miller	ACF	20, 112	70	3,082	15	51	3,696	2	2	2	2	0	8	4500-5400	O
St. Petersburg		American Legion Hospital for Crippled Children	C. L. Farrington	C	7	25	481	1	100	4,626	0	0	1	0	0	1	2400-2400	F
Tampa		Tampa General	F. Lindeman	AF	112	45	1,871	33	48	3,095	1	1	1	0	0	3	3300-5700	FP
GEORGIA																		
Atlanta		Emory University	R. P. Kelly	A	39	15	505	4	50		0	1	0	0	0	1	3060	P
		Georgia Baptist	W. W. Lovell	AF	113	41	1,398	10	30	201	1	1	1	1	0	4	3900-4800	P
		Grady Memorial	R. P. Kelly	ACF	39	57	1,302	36	39	13,101	3	3	3	0	0	9	3000-3900	F
Augusta		Eugene Talmadge Memorial ¹⁶⁰	F. Bliven	ACF	114	28	704	4	75	2,521	1	1	1	1	0	4	3996-6996	O
		University	J. L. Chandler	A	114	26	937	13	23	1,205	1	1	1	1	0	4	3000-6000	O
Decatur		Scottish Rite Hospital for Crippled Children	J. H. Kite	C	113	38	172	0	0	3,313	1	0	0	0	0	1	4200-4200	P
HAWAII																		
Honolulu		Shriners Hospital for Crippled Children	I. J. Larsen	C	2, 86	32	135	0	0	3,741	0	0	2	0	0			
ILLINOIS																		
Chicago		Children's Memorial	L. A. Shepanek	C	121	27	944	2	100	5,347						2	3300-4200	P
		Michael Reese Hospital and Medical Center	J. Finder	ACF	...	49	1,195	12	25	5,121	2	2	2	2	0	8	3300-4800	P
		Northwestern University Medical Center-Cook County																
		Chicago Wesley Memorial	E. L. Compere	ACF	7	74	2,461	17	76		2	3	1	1	0	7	3300-4200	P
		Cook County	F. Shapiro															
		Passavant Memorial	J. J. Callaban	ACF	7	209	5,299	41	49	23,809						7	1800-1800	FP
		St. Anne's	J. Stack	A	7	34	1,096	5	20	2,987	1	0	1	0	0	2	3300-4200	P
		Veterans Admin. Research	J. J. Callaban	A	7	37	990	27	11	1,313	1	0	0	0	0	1	6600-6600	O
		Evanston (Evanston)	E. L. Compere	AF	7	20	225	1	100		0	1	1	0	0	2	4225-7405	O
		St. Francis (Evanston)	N. C. Mead	AF	7	39	1,471	11	73	598	1	1	0	0	0	2	3300-3900	P
		Presbyterian-St. Luke's	R. D. Ray	AF	47	46	1,088	0	0	7,599						3	4080-4260	FP
		Shriners Hospital for Crippled Children	J. J. Fahey	AF	7	50	711	14	64	10,254	1	1	1	0	0	3	3000-3600	P
		University of Chicago Hospitals and Clinics	H. A. Soffield	C	50	66	284	0	0	4,203	0	0	0	3	0	3		P
		University of Illinois Research and Educational Hospitals ¹⁷³	R. D. Moore	ACF	...	24	656	4	75	6,646	2	1	1	1	0	5	3900-5500	O
Evanston		Evanston—See Northwestern University Medical Center-Cook County, Chicago	R. D. Ray	ACF	47	86	1,195	7	28	12,910	2	2	2	4	0	10	3000-3600	P
		St. Francis—See Northwestern University Medical Center-Cook County, Chicago																
Hines		Veterans Admin.	H. A. Soffield	AF	50	85	976	18	44	3,304	3	3	3	3	0	12	4020-6120	O
Oak Park		West Suburban	H. A. Soffield	AF	50	37	1,025	14	36	6,673						2	4800-5400	P
Peoria		St. Francis	J. J. Flaherty	ACF	...	72	1,158	1		228	2	1	1	1	0	5	5100-6000	F
INDIANA																		
Fort Wayne		Lutheran Hospital of Fort Wayne ¹⁸⁸	F. W. Brown	ACF	...	54	1,606	21	38	6,499	1	1	1	1	0	4	4200-5400	F
Indianapolis		Indiana University Medical Center	G. J. Garceau															
		Indiana University Hospitals																
		James Whitcomb Riley		C	8, 20, 101	24	574	4	50	8,667							2825-3800	P
		Robert W. Long		AF	8, 101													
		Veterans Admin.		AF	8	18	473	7	88	1,005							4020-7035	O
		Marion County General	D. Hadley	ACF	...	54	501	42	83	6,931	1	1	1	1	0	4	3863-6000	P
		Methodist Hospital of Indiana	K. R. Manning	AF	8	77	1,753	23	39	1,057	1	1	1	1	0	4	4320-5040	P
		St. Vincent's	G. J. Garceau	AF	8	29	760	6	66	1,348	1	1	0	0	0	2	5700-6600	P
IOWA																		
Des Moines		Veterans Admin.	D. N. Gibson, C. B. Larson	AF	55	25	1,665	17	65	1,054	1	1	1	0	0	3	4020-7035	P
Iowa City		University Hospitals	C. B. Larson	ACF	55	75	2,363	41	54	11,684	2	4	4	4	0	14	3180-4560	P

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

State	City	Hospital	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
								Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
KANSAS	Kansas City	University of Kansas Medical Center	L. Peltier	ACF	...	21	760	11	55	8,104	2	1	1	1	0	5	3000-3600	P	
		Wichita	St. Francis	H. O. Marsh	ACF	106	73	2,418	13	23	967	2	2	2	1	0	7	5400-6300	F
		Veterans Adm.	F. W. Robinson	AF	106	17	257	4	25	774	0	0	1	0	0	1	4205-7405	O	
	Wesley Medical Center	H. D. Marsh	AC	106	34	1,071	11	28	4,633	...	...	...	...	...	...	...	5400-5700	F
KENTUCKY	Lexington	Good Samaritan ¹⁹⁵	K. R. Thompson	ACF	59	26	1,263	15	33	554	1	1	1	0	0	3	3240-3480	F	
		St. Joseph	T. D. Yocum	ACF	59	36	1,536	16	38	521	2	2	2	0	0	6	4200-4800	P	
		Shriners Hospital for Crippled Children	T. D. Yocum	C	7, 59	50	287	0	0	2,547	0	0	0	2	0	2	...	FP	
	Louisville	Kosair Crippled Children	A. Fischer	C	9	76	1,161	0	0	29,641	2	2	0	0	0	...	P		
LOUISIANA	Monroe	E. A. Conway Memorial	A. Altenburg	A	56	11	275	7	14	2,789	0	1	0	0	0	1	7800-7800	P	
		New Orleans	Charity Hospital of Louisiana	I. Caben	ACF	...	42	1,391	34	38	15,964	13	1500-2400	F
		Louisiana State University Division	J. Wickstrom	ACF	10, 110	41	1,365	42	29	13,384	...	...	...	...	...	14	1500-2400	F
	Tulane University Division	H. D. Morris	ACF	56	24	631	3	67	9,415	1	1	1	1	0	4	3000-3900	P		
Ochsner Foundation ²⁰⁹	I. Caben	ACF	10, 56	61	1,816	16	38	1,161	1	1	1	1	0	4	2820-3720	FP			
Touro Infirmary	R. H. Alldredge	AF	10	32	519	17	47	2,388	2	2	2	2	0	8	4020-6120	O			
Veterans Adm.	J. Wickstrom	AF	10	15	455	6	0	2,706	0	0	0	1	0	1	7200-7200	P			
Pineville	Huey P. Long Charity	J. Wickstrom	AF	10	15	455	6	0	2,706	0	0	0	1	0	1	7200-7200	P		
Shreveport	Confederate Memorial Medical Center	C. R. Reed, Jr.	ACF	70	51	1,632	14	30	5,704	2	2	2	2	0	8	2280-3960	F		
	Shriners Hospital for Crippled Children	B. H. Young	C	10, 70	57	248	0	0	1,703	0	0	0	2	0	2	2700-2700	F		
MARYLAND	Baltimore	Children's	G. O. Eaton	C	57	66	911	2	100	1,806	...	...	...	...	...	...	...	...
		James Lawrence Kernan Hospital for Crippled Children	A. F. Vosbell	C	20, 88	69	781	0	0	5,985	0	0	4	0	0	4	3456-4800	F	
		Johns Hopkins	R. A. Robinson	ACF	57	36	913	14	29	7,453	0	0	4	3	3	10	2600	P	
	Baltimore City Hospitals	G. Schmeisser, Jr.	AF	57	...	...	...	...	5,075	...	...	...	...	...	...	...	...
University of Maryland	J. J. Tansey	AF	88	20	448	8	29	4,460	0	1	2	1	0	4	3000-4400	P			
MASSACHUSETTS	Boston	Boston City	A. P. Aitken	AF	13, 45, 66	120	1,830	48	4	3,246	0	0	4	0	0	4	4800-4800	O	
		Carney	R. M. Kilfoyle	AF	45	18	826	7	43	2,280	2	2	2	0	0	6	2400-3000	F	
		Children's Hospital Medical Center	W. T. Green	C	11, 93	47	1,343	1	100	13,696	8	0	5	2	0	15	1800-5250	F	
	Joseph P. Kennedy Jr. Memorial	T. F. Broderick, Jr.	C	78, 79	86	270	1	0	459	0	0	1	0	0	1	4722-4722	F		
	Labey Clinic	G. Hammond	A	66	35	842	5	40	7,515	4	4	4	0	0	12	3000-4800	O		
	Massachusetts General ²²⁵	J. S. Barr	ACF	11	...	...	...	...	6,551	0	1	0	4	4	9	3600-6000	P	
	Peter Bent Brigham	W. T. Green	AF	93	...	...	...	...	...	0	0	2	0	0	2	3733-3733	P	
	Veterans Adm. (Jamaica Plain)	A. Thibodeau	AF	13	48	706	9	66	2,127	2	2	2	0	0	6	4205-7405	O		
	Veterans Adm. (West Roxbury) ²⁰	W. T. Green	A	11, 93	9	143	0	0	1,096	...	...	...	...	...	...	...	...
	Canton	Massachusetts Hospital School	P. L. Norton	C	13, 45, 66	129	62	0	0	387	0	1	1	0	0	2	9500-9500	P	
	Middleboro	Lakeville	P. L. Norton	C	13, 45, 66	178	252	16	44	230	0	0	2	0	0	2	7900-7900	O	
		Springfield	Shriners' Hospital for Crippled Children	J. D. Fisher	C	66	58	296	2	100	3,812	0	2	0	0	0	2	...	F
West Roxbury	Veterans Adm.—See Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Worcester	Worcester City	W. Eddy	ACF	78	41	879	14	50	5,772	2	2	2	0	0	6	3526-4720	FP	
	Memorial	V. S. Johnson	AF	78	26	802	9	71	2,071	1	0	0	0	0	1	4200-4200	P		
St. Vincent	R. V. Shannon	AF	78	36	762	19	26	7,579	0	2	0	0	0	2	4680-4680	FP			
MICHIGAN	Ann Arbor	St. Joseph Mercy	G. H. Bauer	A	74	56	1,413	8	...	11,714	...	...	...	...	...	6000-6000	O	
		University	W. S. Smith	ACF	74	61	1,342	14	57	9,415	6	6	6	0	0	18	2940-3840	O	
	Dearborn	Veterans Adm.	H. E. Pedersen	A	12	38	834	8	90	1,859	0	0	0	1	0	1	...-5865	O	
	Detroit	Children's	F. J. Fischer	C	12	7	340	0	0	2,948	1	1	0	0	0	2	2820-4020	FP	
Grace		W. H. Blodgett	A	12	40	1,888	4	50	588	0	1	0	0	0	1	4200-4500	FP		
Harper		F. J. Fischer	A	12	33	797	8	25	936	2	0	0	0	0	2	4560-4800	P		
Henry Ford		C. L. Mitchell	ACF	...	44	1,412	17	41	21,826	4	4	4	4	0	12	4800-5400	P		
Receiving	H. E. Pedersen	AF	12	27	817	50	44	11,063	4	4	4	0	0	12	4000-5088	P			
Eliot	Wayne County General Hospital and Infirmary	J. Hayes	F	74	46	773	31	10	4,878	...	...	...	...	...	...	5495-5495	F	
	Grand Rapids	Blodgett Memorial	A. B. Swanson	ACF	20	37	1,338	19	73	1,950	1	1	1	1	0	4	4800-5400	FP	
St. Mary's		G. T. Aitken	ACF	...	40	1,362	30	26	1,483	1	1	1	0	0	3	4500-5100	FP		
Kalamazoo	Borgess	J. Scholl	ACF	...	24	903	9	44	768	1	1	1	1	0	4	5700-6600	F		
	MINNESOTA	Minneapolis	Hennepin County General	AF	89	...	...	...	...	...	...	...	...	...	...	...	...	...
Shriners Hospital for Crippled Children			D. R. Lannin	C	16	52	349	0	0	1,256	0	0	2	2	0	4	2400-2400	O	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA, Minneapolis—Continued																
University of Minnesota Hospitals	J. H. Moe	ACF	89	25	623	10	40	2,751	2	0	4	2	0	8	3000-3000	O
Veterans Admin.	R. Premer	AF	16	58	1,080	12	67	5,320	3	3	3	3	0	12	4205-7405	O
Rochester																
Mayo Foundation	H. H. Young		121	165	6,978	36	89	71,836	12	12	12	12	0	48	2400-4200	P
Rochester Methodist		ACF	121													
St. Mary's		ACF	121													
St. Paul																
Gillette State Hospital for Crippled Children	J. H. Moe	C	16, 89	122	885	0	0	23,478							3594-3594	F
MISSISSIPPI																
Jackson																
Mississippi Baptist	T. C. Turner	ACF		40	1,526	16	20	2,284	1	1	1	1	0	4	3600-4500	P
University of Mississippi Medical Center									1	1	1	1	0	4		
University	P. S. Derian	ACF	6	12	516	6	67	2,664							3000-3600	O
Veterans Admin.	M. Z. Neel	AF	6	36	358	1	0	2,953							4020-6120	O
MISSOURI																
Columbia																
University of Missouri Medical Center	G. N. Austin	ACF	61	24	286†	11	36	3,096	1	1	1	0	0	3	3600-4200	P
Kansas City																
Children's Mercy	P. W. Meyers	C	18	11	135	0	0	2,865							3300-3600	FP
Kansas City General Hospital and Medical Center	R. H. Kiene	AF	18	40	526	59	23	4,914								
St. Luke's	J. Barnard	ACF	18	52	1,138	22	68	6,607	3	3	3	3	0	12	5600-6300	P
Veterans Admin.	R. L. Diveley	AF	18	21	399	5	40	1,144							4020-6120	
St. Louis																
Barnes	F. Reynolds	ACF	60	52	1,484	11	75	3,963	3	3	3	0	0	9	3300-4500	O
St. Louis City	H. C. Morgan															
	R. Lord	F	46, 60	34	890	6	100	4,902							3420-4583	P
St. Louis University Group of Hospitals	R. O'Brien	ACF	46	44	1,408	9	45	5,061	3	2	1	0	0	6	2400-2640	FP
Shriners' Hospital for Crippled Children	G. E. Scheer	C	60, 100	78	679	2	50	6,688	0	0	5	0	0	5		FP
Veterans Admin.	O. P. Hampton	A	61	37	419	5	40	0	1	1	2	0	0	4	4990-6440	O
NEBRASKA																
Lincoln																
Nebraska Orthopedic	F. Teal	C	33, 100	60	714	4	100	2,064	0	0	2	0	0	2	3564-4008	F
Veterans Admin.	R. F. Moore	AF	33	28	455	0	0	2,271	1	1	1	1	0	4	4020-6120	O
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals	O. S. Staples								1	1	1	0	0	3		
Mary Hitchcock Memorial		AF	82	31	857	4	75	5,333							3208-3738	P
Veterans Admin. (White River Junction, Vt.)		AF	82	14	162	2	100	150							3120-4475	
NEW JERSEY																
East Orange																
Veterans Admin.	J. J. Amster	A	122	39	324	14	79	654	0	0	2	0	0	2	5865-5865	
Jersey City																
Jersey City Medical Center	V. Scudese	ACF		56	751	25	22	3,848	2	2	2	0	0	6	3400-4600	F
Long Branch																
Monmouth Medical Center	B. Halbstein	ACF		29	916	24	33	1,568	1	1	1	0	0	3	3900-4500	F
Newark																
Newark City	A. J. D'Agostini	F	97	45	577	22	23	2,836	0	1	1	0	0	2	6000-7200	F
United Hospitals of Newark—Hospital for Crippled Children	P. Willner															
	A. J. D'Agostini	AC	69, 97, 116	79	2,151	7	43	4,944	0	1	1	3	0	5	3900-4800	P
Orange Hospital Center at Orange ²⁹⁹	C. I. Nadel	ACF	122	81	1,810	18	33	29,699	2	2	2	0	0	6	3000-3600	FP
Paterson																
St. Joseph's	R. R. Goldenberg	ACF		50	1,170	18	16	1,785	2	1	1	0	0	4	3900-4500	F
NEW MEXICO																
Truth or Consequences																
Carrie Tingley Hospital for Crippled Children	D. W. McKay	C	4, 95	85	481	0	0	3,236	0	0	5	0	0	5	3300-3300	FP
NEW YORK																
Albany																
Albany Medical Center ³⁵	C. Campbell	ACF		48	1,195	13	85	1,592	1	1	1	1	0	4	3200-5200	P
Buffalo																
Buffalo General	B. E. Oblatz	AF	24	43	933	14	43	1,054	2	2	2	2	0	8	4100-5000	P
Children's Hospital of Buffalo	J. Godfrey	C	24, 107	15	523	0	0	1,180	0	0	3	0	0	3	2700-4500	FP
Edward J. Meyer Memorial	J. P. Cole	AF	83, 107	22	315	11	36	1,567	1	1	1	1	0	4	3875-4640	P
Veterans Admin.	R. B. Erickson	AF	24, 107	61	594	9	78	664	0	0	0	2	0	2	5575-7035	O
Hempstead																
Meadowbrook	O. C. Hudson	F	38	107	1,473	4	100	2,588	5	0	0	0	0	5	4300-6700	F
Mineola																
Nassau	C. F. Freese	AF	38	37	1,293	27	12	11,128	1	1	1	0	0	3	5099-5700	P
New York City																
Bronx Municipal Hospital Center ³⁴¹	A. J. Helfet	ACF		60	700	22	27	12,000	1	4	4	3	0	12†	4200-5220	P
Brookdale Hospital Center	A. Kemn	F	84	16	544	4	50	3,970							4500-5000	P
Hospital for Joint Diseases	J. E. Milgram	ACF		164	3,185	18	33	28,404	6	6	6	0	0	18	4500-5250	P
Hospital for Special Surgery ³⁴⁷	R. L. Patterson, Jr.	ACF	22	161	3,070	24	58	49,990	6	6	6	2	0	20	5000-6000	P
House of St. Giles the Cripple	D. M. Bosworth	C	26, 41	22	124	0	0	8,043	1	1	1	0	0	3	2400-2400	F
Jewish Chronic Disease	M. Schneider	C	84	31	212	10	0	1,544	0	1	2	0	0	3	2400-5700	F
Jewish Hospital of Brooklyn	A. Kemn	AF	84	25	564	10	30	3,855	2	2	2	0	0	6	4500-5500	P
Kings County Hospital Center ³⁴⁵	R. F. Warren	ACF		64	775	6	50	13,425	2	2	2	2	0	8†	4200-5220	P
Lenox Hill	S. S. Gaynor	AF	103	37	1,028	8	0	2,399	1	1	1	0	0	3	4700-5500	P
Mount Sinai ³⁴⁸	R. S. Siffert	ACF		50	650	18	33	11,250	2	1	1	1	0	5	4500-6500	P
New York Medical College—Metropolitan Hospital Center																
Unit 1—Flower and Fifth Avenue	A. A. Michele		67													
Hospitals		AF	67	36	410	3		1,500						2	4420-5220	F
Unit 2—Metropolitan ²⁹⁷		ACF	67	57	850	32	0	15,677						6	4200-5220	FP

Numerical and other references are listed on pages 274 through 277.

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
						Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued																	
New York Polyclinic Medical School and Hospital.	J. W. Fielding.....	AF	26	19	400	1	0	1,716	1	1	1	0	0	3	2700-3300	F	
New York University Medical Center and Bellevue Hospital Centers ²⁸⁴ .	W. A. L. Thompson.....	AF	51	59	506	...	...	8,323	4	4	4	0	0	12	4200-5220	FP
Bellevue Hospital Center, Div. IV Veterans Admin. (Manhattan) ²¹⁶ .	G. Truchly.....	AF	80	68	652	6	50	...	2	0	0	0	0	2	4735-6120	O	
Presbyterian (New York Orthopaedic Hospital).	F. Stinchfield.....	ACF	...	127	3,238	13	23	37,520	6	6	10	2	0	24	4500-7000	O	
Queens Hospital Center.	A. H. Lewert.....	AF	69	31	353	30	16	7,855	1	1	1	0	0	3	4200-5220	P	
St. Charles.	D. J. Magilligan.....	C	20, 52, 103	30	356	0	0	8,601	4	0	0	0	0	4	3480-3480	P	
St. Luke's.	F. R. Thompson.....	ACF	41	51	913	12	35	4,855	2	2	2	0	0	6	3300-3900	P	
St. Vincent's Hospital of the Borough of Richmond.	E. M. Winant.....	AF	26	30	655†	23	20	749	2	0	0	0	0	2	5700-6600	P	
Veterans Admin. (Bronx).	T. C. Thompson.....	AF	23	50	783	10	70	492	2	0	2	0	0	4	4735-7035	O	
Veterans Admin. (Brooklyn) ²³⁹ .	J. B. Manly.....	AF	52	75	652	16	31	2,080	2	2	2	0	0	6	4735-6120	O	
Port Jefferson																	
St. Charles.	J. C. Felicetti.....	C	38	18	436	2	50	22,346	0	0	3	0	0	3	2700-2700	F	
Rochester																	
Rochester General.	...	A	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Strong Memorial ²⁶⁹ .	R. B. Dutbie.....	ACF	31	58	1,267†	16	37	5,757	0	3	2	2	0	7	2600-4400	O	
Schenectady																	
Ellis Hospital-Sunnyview Rehabilitation Center.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ellis Sunnyview Rehabilitation Center.	W. Dunham.....	ACF	104	49	1,865	9	66	3,590	1	1	1	0	0	3	3900-4800	FP	
Syracuse																	
State University of New York Upstate Medical Center.	J. Wray.....	ACF	48	93	2,364	34	42	5,150	0	2	2	2	0	6	4488-5391	O	
Good Shepherd.	...	...	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Syracuse Memorial.	...	...	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	R. O. Becker.....	...	48	35	434	8	100	695	...	...	...	...	...	...	4205-6440	O
Utica																	
Children's Hospital Home of Utica.	...	C	48	...	...	...	...	...	...	...	...	...	...	...	...	...
West Haverstraw																	
New York State Rehabilitation.	J. C. McCauley.....	C	51, 80	121	302	1	...	2,611	0	4	0	0	0	4	3839-4439	P	
NORTH CAROLINA																	
Chapel Hill																	
North Carolina Memorial.	R. B. Raney.....	ACF	81	19	503†	2	50	5,750	1	1	1	0	0	3	2800-5000	O	
Charlotte																	
Charlotte Memorial.	F. W. Lee.....	ACF	...	77	2,064†	10	50	6,558	2	1	1	1	0	5	4380-5100	P	
Durham																	
Duke University Affiliated Hospitals.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Duke ²⁷⁷ .	L. D. Baker.....	ACF	19, 20	25	1,235	4	75	6,817	...	...	...	...	...	...	3900-4800	P
Veterans Admin.	D. C. McCollum.....	ACF	19	31	374†	3	67	...	...	...	...	...	...	...	4205-7405	O
Gastonia																	
North Carolina Orthopaedic.	W. M. Roberts.....	C	19, 81	137	253	0	0	7,180	0	0	2	0	0	2	2840-2840	P	
Winston-Salem																	
North Carolina Baptist.	H. F. Forsyth.....	AF	77	27	831	9	22	4,413	4	4	4	0	0	12	2450-3250	P	
OHIO																	
Akron																	
Akron City.	W. A. Hoyt.....	AF	15	62	1,518	8	25	1,024	2	2	2	0	0	6	4500-5400	FP	
Akron General.	H. W. O'Dell.....	AF	58	49	1,067	15	47	694	0	2	2	2	0	6	4500-5400	FP	
Children's Hospital of Akron.	W. A. Hoyt, Jr.....	C	58	29	1,153	2	50	2,538	0	0	3	0	0	3	4800-4800	FP	
Cincinnati																	
Good Samaritan.	N. J. Giannestras.....	C	118	90	1,772†	24	13	...	...	...	...	...	...	...	...	...
Jewish.	J. A. Freiberg.....	AF	17	33	782†	14	29	786	0	1	0	0	0	1	3480-3480	F	
University of Cincinnati Hospital Group.	J. A. Freiberg.....	...	17	...	...	...	...	...	2	2	2	0	0	6†	...	...
Children's.	...	C	17	9	283	...	...	1,008	...	...	...	...	...	...	...	...
Cincinnati General.	...	AF	17	9	164	1	0	3,448	...	...	...	...	...	...	1800-5964	F
Veterans Admin.	...	AF	17	24	201	3	67	...	...	...	...	...	...	...	4020-7035	...
Cleveland																	
Cleveland Clinic.	J. I. Hendrick.....	ACF	42	35	875	3	100	10,623	2	2	2	0	0	6	4200-5400	P	
Cleveland Metropolitan General.	F. W. Rhinelander.....	F	105	20	285	7	50	7,096	0	1	1	1	0	3	3690-4660	FP	
Mount Sinai Hospital of Cleveland.	A. W. Tramer.....	AF	101	40	1,156	11	36	2,575	1	1	1	0	0	3	3000-3900	FP	
St. Luke's.	J. E. Brown.....	ACF	...	50	1,179	15	80	2,340	1	1	1	1	0	4	3600-5460	F	
St. Vincent Charity.	K. S. Alfred.....	F	42	20	412	6	33	1,347	1	1	0	0	0	2	3720-3900	F	
University Hospitals of Cleveland.	C. H. Herndon.....	ACF	27	67	1,299†	7	43	6,064	3	3	3	0	0	9	4200-5400	P	
Veterans Admin.	C. H. Herndon.....	A	27, 105	51	445†	6	50	1,071	...	...	...	...	...	...	4020-5575	P
Columbus																	
Children's.	H. B. Lacey.....	C	25, 98, 99	14	621	0	0	4,225	0	0	3	0	0	3	2400-3600	P	
Mount Carmel.	H. B. Lacey.....	AF	25	41	1,201	14	57	675	1	1	0	0	0	2	3900-4200	F	
Ohio State University Hospitals.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University.	C. Coleman.....	AF	99	32	819	8	38	2,611	1	1	1	0	0	3	3324-4224	P	
Riverside Methodist.	J. L. Leach.....	AF	98	63	1,631†	8	50	715	1	1	0	0	0	2	5340-5520	P	
Elyria																	
Elyria Memorial.	J. M. Strong.....	ACF	...	27	1,165	25	56	7,645	1	1	1	0	0	3	4800-5700	F	
Toledo																	
Maumee Valley.	J. Gosman.....	AF	102	18	441	17	47	1,902	0	0	0	1	0	1	...	4800	FP
St. Vincent's.	J. W. Millis.....	ACF	102	42	1,395†	13	38	1,173	1	1	1	1	0	4	3900-4800	F	
Youngstown																	
Youngstown.	W. D. McElroy.....	AF	71	61	1,406	28	43	18,966	1	1	0	0	0	2	4200-4500	F	
OKLAHOMA																	
Oklahoma City																	
University of Oklahoma Medical Center.	D. H. O'Donoghue.....	...	...	...	...	...	...	...	5	4	4	4	1	18	...	...
Bone and Joint.	J. P. Bell.....	AF	53	64	2,355	19	15	25,862	...	...	...	...	...	...	3600-4200	P
St. Anthony.	D. H. O'Donoghue.....	AF	53	48	2,141†	23	26	1,235	...	...	...	...	...	...	4800-5700	P
University Hospitals ⁴⁰⁰ .	D. H. O'Donoghue.....	ACF	53	51	1,104	8	13	8,203	...	...	...	...	...	...	3600-5575	P
Veterans Admin.	D. H. O'Donoghue.....	AF	53	23	486	3	67	3,900	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966						Main-tenance	
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Salary per Year Min.-Max.
OREGON																
Portland																
Emanuel	H. E. Davis	AF	28	96	2,698†	11	55	6,389	0	2	1	0	0	3	3300-5040	P
Shriners Hospital for Crippled Children	E. G. Chuinard	C	28	81	428	0	0	3,429								
University of Oregon Medical School Hospitals and Clinics	W. E. Snell	AF	28	220	3,963	41	51	16,886	3	3	3	3	0	12	2700-3300	F
Veterans Admin.	R. C. Merrifield	AF	91	57	702	7	85	1,976	1	1	1	1	0	4	4020-6120	P
PENNSYLVANIA																
Danville																
Geisinger Medical Center	L. F. Bush	ACF		18	848	9	78	16,846	1	1	1	1	0	4	2700-4500	FP
Elizabethtown																
State Hospital for Crippled Children	T. Outland	C	21, 92	148	194			3,994	0	0	3	0	0	3	5268-5268	P
Erie																
Hamot	J. J. Euliano	ACF		62	2,203	24	38	1,346	1	1	1	1	0	4	3300-4200	FP
Philadelphia																
Albert Einstein Medical Center ²⁹⁸	I. Stein	ACF		66	1,691†	31	29	4,705	2	2	2	2	0	8	2700-3600	FP
Children's Hospital of Philadelphia	J. T. Nicholson	C	23, 72, 87	12	495	1	0	3,340							1200-2400	F
Graduate Hospital of the University of Pennsylvania ²⁹⁹	J. T. Nicholson	A	23	17	462	1	0	1,881	2	2	2	2	0	8	2610-3510	P
Hahnemann Medical College and Hospital	R. Green	AF	92	21	758	10	50	4,359	1	1	1	0	0	3	2700-3300	P
Hospital of the University of Pennsylvania	E. Ralston	ACF		49	1,099	8	75	5,803	2	2	2	0	0	6	2700-3600	P
Jefferson Medical College ³⁰²	A. F. DePalma	ACF	21	71	1,343	16	81	5,454	2	4	4	2	1	13†	3000-4200	O
Pennsylvania	J. T. Nicholson	F	23, 87		Inc. in Surg.	11	55	2,340							3210-4170	O
Philadelphia General	A. DePalma															
Shriners Hospital for Crippled Children	J. Lachman	ACF		46	960	80	80	7,930	2	2	2	2	0	8	3090-4539	F
Temple University	J. R. Moore	C	29, 105	90	345	0	0	3,000	4	0	0	0	0	4		F
Veterans Admin.	J. R. Moore	AF	29	80	1,544	25	56	9,007	3	3	0	0	0	6	2100-2700	P
	J. E. Nixon	A	87	33	350	7	57		1	1	1	0	0	3	4735-6120	O
Pittsburgh																
Allegheny General	R. F. Botkin, P. B. Steele, Jr.	ACF	71, 83	104	2,385	37	27	11,444	2	2	3	2	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh									6	5	5	0	0	16		
Children's Hospital of Pittsburgh	A. B. Ferguson, Jr.	C	30	31	985			5,416							3660-3960	O
Presbyterian-University	A. B. Ferguson, Jr.	AF	30	38	1,219	14	57	1,749							3060-3660	O
St. Francis General	M. S. DeRoy	A	30	25	584	2	50	552							4320-5400	FP
Veterans Admin.	P. G. Laing	AF	30	66	954	12	66	1,603							4020-7035	P
Sayre																
Robert Packer	D. R. Baker	ACF		32	1,161	7	58	10,265	1	1	1	0	0	3	3000-4200	FP
West Reading																
Reading	E. J. Morrissey	AF	72	48	919	21	48	6,123	2	2	2	2	0	8	3300-4500	FP
RHODE ISLAND																
Providence																
Rhode Island	K. G. Burton	ACF		94	1,927	30	17	8,021	2	2	2	2	0	8	2280-4680	FP
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals	J. A. Siegling	ACF		16	336†	3	67	5,486	2	1	1	1	0	5	2310-3930	FP
Medical College				31	929†	9										
Roper																
Columbia																
Columbia Hospital of Richland County	F. H. Gay	ACF		92	2,506	13	31	7,286	1	1	1	0	0	3	5040-5760	P
Greenville																
Greenville General	W. C. Brady	AF	77	76	2,083†	25	24	2,248	0	1	1	0	0	2	4500-5000	P
Shriners Hospital for Crippled Children	F. H. Stelling	C	19, 77	57	457	1	0	5,030	0	0	0	3	0	3		O
TENNESSEE																
Chattanooga																
Baroness Erlanger	J. Killeffer	ACF		61	4,679	20	40	4,843	2	2	2	0	0	6	4200-4800	F
Knoxville																
East Tennessee Baptist		AF	85													
East Tennessee Children's		C	85													
St. Mary's Memorial	R. G. Brashear	AF	85	46	1,849	5	20	69	0	1	0	0	0	1	3960	F
University of Tennessee Memorial Research Center and Hospital	R. G. Brashear	AF	85	28	994	7	14	1,870	2	2	2	0	0	6	4512-4752	F
Memphis																
Campbell Clinic and Hospital	T. L. Waring	ACF		69	2,381	7	29	22,038							1200-1800	P
Veterans Admin.	W. L. Moffatt	AF	73	45	537	1	100	2,641	1	1	1	0	0	3	4020-7035	O
Nashville																
Vanderbilt University ³⁰⁰	J. W. Hillman	ACF		38	1,255	6	33	3,290	4	4	4	0	0	12	3000-3600	P
TEXAS																
Dallas																
Baylor University Medical Center	M. Knight	A	32	111	3,694†	19	47	613	1	1	1	0	0	3	5400-6000	P
Parkland Memorial	C. Gregory	AF	32	48	747	28	36	7,026	0	2	1	1	0	4	2700-3300	P
Texas Scottish Rite Hospital for Crippled Children	B. Carrell	C	32	49	885	0	0	5,204						3	3300-4200	FP
Veterans Admin. ³⁰²	V. M. Bryant	AF	75	64	704	8	75	2,880	2	2	2	2	0	8	4020-6120	P
El Paso																
Hotel Dieu Sisters'	L. W. Breck	AF	95	26	1,025	6	0	752	2	2	2	0	0	6	3600-3900	F
Fort Worth																
Fort Worth Children's Hospital-Fort Worth Medical Center	J. J. Innis	C	73	5	206†	0	0	421	0	0	1	0	0	1	3600-5100	FP
Galveston																
University of Texas Medical Branch Hospitals	E. B. Evans	ACF		50	851	20	65	5,023	2	2	2	1	0	7	4200-4200	P
Houston																
Baylor University Affiliated Hospitals	R. H. Eppright			132	2,863	30	53	16,263	0	4	4	4	0	12	3417-4410	FP
Ben Taub General	J. W. King	ACF	49													
Methodist		AF	49													
Veterans Admin.		AF	49													
Hermann ³⁰³	E. T. Smith	ACF		77	2,168	21	29	6,591	2	2	2	2	0	8	3600-4800	P
San Antonio																
Santa Rosa Medical Center	J. Hinchey	C	117, 120	50	2,434	25	32	5,396	0	2	0	0	0	2		P

Numerical and other references are listed on pages 274 through 277./

14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued																
Temple																
Scott and White Memorial ⁴⁷⁵	R. A. Murray	ACF		41	1,647†	8	25		1	1	1	0	0	3	4200-4800	P
UTAH																
Salt Lake City																
Latter-day Saints	A. M. Okelberry	AF	63	46	1,789	17	53	2,021	0	1	1	1	0	3	4200-4800	P
Primary Children's	B. G. Holbrook	C	63	16	622			2,218	0	0	2	0	0	2	3600-3600	P
University of Utah Affiliated Hospitals	S. S. Coleman								1	1	1	2	0	5		
St. Mark's		AF	34	4	1,339	4	50								4020-7405	
Salt Lake County General		AF	34	9	209	9	44	4,562							3600-5400	P
Shriners Hospital for Crippled Children		C	34	48	271	0	0	1,834								P
Veterans Admin.		AF	34	29	317	0	0	1,169							4205-6440	P
VERMONT																
White River Junction																
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, New Hampshire																
VIRGINIA																
Arlington																
National Orthopaedic and Rehabilitation	F. W. Rook	ACF		90	2,415	4	25	34,558	1	1	1	1	0	4	3000-4800	F
Charlottesville																
University of Virginia	J. H. Allen	ACF		31	908†	5	40	3,708	2	2	2	0	0	6	2100-3000	F
Richmond																
Crippled Children's	J. T. Tucker, M. J. Hoover	C	35	85	473	2	100	866						2	2400-2400	P
Medical College of Virginia—Hospital																
Division	M. J. Hoover, Jr.	AF	35	55	1,535	32	31	6,138	4	4	4	0	0	12	2100-2700	F
Veterans Admin.	R. D. Butterworth	A	35	26	421	3	33	972	0	1	0	1	0	2	4020-6120	P
WASHINGTON																
Seattle																
University of Washington Affiliated Hospitals	D. K. Clawson								4	4	4	4	0	16		
Children's Orthopedic Hospital and Medical Center	J. I. Tuell	C	36	16	853†	1	100	4,108							3000-6420	P
King County	L. Gordon	AF	36	76	1,183†	81	48	4,686							4500-5700	F
Swedish	J. E. Stewart	AF	36	71	2,752†	11	18		0	1	0	0	0	1	4800-4800	F
U. S. Public Health Service		AF	36													
University	D. K. Clawson	AF	36	16	454†	3	66	4,926							3900-7500	P
Veterans Admin.	D. K. Clawson	A	36	19	193	6	67	498							4020-7035	O
Shriners Hospital for Crippled Children (Spokane)	N. R. Brown	C	36, 91	40	227	0	0	2,212	0	0	0	2	0	2		
Spokane																
Shriners Hospital for Crippled Children—See University of Washington Affiliated Hospitals, Seattle																
WEST VIRGINIA																
Morgantown																
West Virginia University Medical Center	J. C. Pickett	ACF		12	346†	3	0	2,634	2	2	2	0	0	6	3320-4520	P
WISCONSIN																
Madison																
University of Wisconsin Affiliated Hospitals	H. Wirka								2	2	2	3	0	9		
University Hospitals	H. Wirka	ACF		59	1,125	7	29	5,960							3400-5200	P
Madison General				44	1,345†	15	60								3996-4596	P
St. Mary's				25	690	14	36								3400-5200	P
Veterans Admin.				31	319	3	100	775							5865-6440	P
Milwaukee																
Columbia	A. C. Schmidt	AF	37	31	699†	3	67	2,284	0	1	0	1	0	2	4800-5700	P
Milwaukee Children's	B. Brewer	C	37	17	591	0	0	2,360								P
Milwaukee County General	J. R. Regan	AF	37	41	741†	41	63	9,514	0	1	1	2	0	4	3134-5769	P
Veterans Admin. (Wood)	P. L. Carnesale	AF	37	54	715	15	67	4,475	1	1	1	1	0	4	4020-6120	P

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Orthopaedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in children's orthopedic surgery as an independent program. Some of these services also participate in an integrated program offering full training in all categories of Orthopedic Surgery and are also listed on pages 178 through 179. Programs, 7, Residencies, 6

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA																
Los Angeles																
Childrens Hospital of Los Angeles	J. Wilson, Jr.	C		17	495	12	100	5,064	0	1	0	0	0	1	3900-5100	O
Oakland																
Children's Hospital of the East Bay	B. Smart	C		9	391	1	94	1,104							3300-4200	P
CONNECTICUT																
Newington																
Newington Hospital for Crippled Children	B. H. Curtis	C		118	722	2	50	8,426	0	0	1	0	0	1	4100-4500	O
FLORIDA																
St. Petersburg																
American Legion Hospital for Crippled Children	C. L. Farrington	C		25	481	1	100	4,626	0	0	1	0	0	1	2400-2400	F
MISSOURI																
Kansas City																
Children's Mercy	P. W. Meyers	C		11	135	0	0	2,865							3300-3600	FP
TEXAS																
Fort Worth																
Fort Worth Children's Hospital- Fort Worth Medical Center	J. J. Innis	C		5	206†	0	0	421	0	0	1	0	0	1	3600-5100	FP
UTAH																
Salt Lake City																
Primary Children's	B. G. Holbrook	C		16	622			2,218	0	0	2	0	0	2	3600-3600	P

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Shriners Hospital for Crippled Children	Los Angeles	21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Highland-Alameda County Hospital	Oakland, Calif.		Jefferson Medical College Hospital	Philadelphia
	Presbyterian Medical Center	San Francisco	22.	Hospital for Special Surgery	New York City
2.	Sonoma State Hospital	Eldridge, Calif.		Veterans Admin. Hospital (Bronx)	New York City
	Children's Hospital of the East Bay	Oakland, Calif.	23.	Children's Hospital of Philadelphia	Philadelphia
	Highland-Alameda County Hospital	Oakland, Calif.		Graduate Hospital of the University of Pennsylvania	Philadelphia
	Samuel Merritt Hospital	Oakland, Calif.		Pennsylvania Hospital	Philadelphia
	Children's Hospital of San Francisco	San Francisco	24.	Buffalo General Hospital	Buffalo
	Franklin Hospital	San Francisco		Children's Hospital of Buffalo	Buffalo
	San Francisco General Hospital	San Francisco		Veterans Admin. Hospital	Buffalo
	Shriners Hospital for Crippled Children	San Francisco	25.	Children's Hospital	Columbus, Ohio
	University of California Hospitals	San Francisco		Mount Carmel Hospital	Columbus, Ohio
	Veterans Admin. Hospital	San Francisco	26.	House of St. Giles the Cripple (Brooklyn)	New York City
	Shriners Hospital for Crippled Children	Honolulu, Hawaii		New York Polyclinic Medical School and Hospital	New York City
3.	Shriners Hospital for Crippled Children	Los Angeles		St. Vincent's Hospital of the Borough of Richmond	New York City
	Highland-Alameda County Hospital	Oakland, Calif.		(Staten Island)	New York City
	Veterans Admin. Hospital	San Francisco	27.	University Hospitals of Cleveland	Cleveland
4.	Children's Hospital	Denver		Veterans Admin. Hospital	Cleveland
	University of Colorado Medical Center	Denver	28.	Emanuel Hospital	Portland, Ore.
	Veterans Admin. Hospital	Denver		Shriners Hospital for Crippled Children	Portland, Ore.
	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. M.		University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
5.	Hartford Hospital	Hartford, Conn.	29.	Shriners Hospital for Crippled Children	Philadelphia
	Grace-New Haven Community Hospital	New Haven, Conn.		Temple University Hospital	Philadelphia
	Newington Hospital for Crippled Children	Newington, Conn.	30.	Children's Hospital of Pittsburgh	Pittsburgh
	Veterans Admin. Hospital	West Haven, Conn.		Presbyterian-University Hospital	Pittsburgh
6.	University Hospital	Jackson, Miss.		St. Francis General Hospital	Pittsburgh
	Veterans Admin. Hospital	Jackson, Miss.		Veterans Admin. Hospital	Pittsburgh
7.	Chicago Wesley Memorial Hospital	Chicago	31.	Rochester General Hospital	Rochester, N. Y.
	Cook County Hospital	Chicago		Strong Memorial Hospital	Rochester, N. Y.
	Passavant Memorial Hospital	Chicago	32.	Baylor University Medical Center	Dallas, Texas
	St. Anne's Hospital	Chicago		Parkland Memorial Hospital	Dallas, Texas
	Veterans Admin. Research Hospital	Chicago		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	Evanston Hospital	Evanston, Ill.	33.	Nebraska Orthopedic Hospital	Lincoln, Neb.
	St. Francis Hospital	Evanston, Ill.		Veterans Admin. Hospital	Lincoln, Neb.
	Shriners Hospital for Crippled Children	Lexington, Ky.	34.	St. Mark's Hospital	Salt Lake City
	American Legion Hospital for Crippled Children	St. Petersburg, Fla.		Salt Lake County General Hospital	Salt Lake City
8.	James Whitcomb Riley Hospital	Indianapolis		Shriners Hospital for Crippled Children	Salt Lake City
	Methodist Hospital of Indiana	Indianapolis		Veterans Admin. Hospital	Salt Lake City
	Robert W. Long Hospital	Indianapolis	35.	Crippled Children's Hospital	Richmond, Va.
	St. Vincent's Hospital	Indianapolis		Medical College of Virginia-Hospital Division	Richmond, Va.
	Veterans Admin. Hospital	Indianapolis		Veterans Admin. Hospital	Richmond, Va.
9.	Kosair Crippled Children Hospital	Louisville, Ky.	36.	Children's Orthopedic Hospital and Medical Center	Seattle
	Louisville General Hospital	Louisville, Ky.		King County Hospital	Seattle
	Veterans Admin. Hospital	Louisville, Ky.		Swedish Hospital	Seattle
10.	Charity Hospital of Louisiana			U.S. Public Health Service Hospital	Seattle
	Tulane University Division	New Orleans, La.		University Hospital	Seattle
	Touro Infirmary	New Orleans, La.		Veterans Admin. Hospital	Seattle
	Veterans Admin. Hospital	New Orleans, La.		Shriners Hospital for Crippled Children	Spokane, Wash.
	Huey P. Long Charity Hospital	Pineville, La.	37.	Columbia Hospital	Milwaukee
	Shriners Hospital for Crippled Children	Shreveport, La.		Milwaukee Children's Hospital	Milwaukee
11.	Children's Hospital Medical Center	Boston		Milwaukee County General Hospital	Milwaukee
	Massachusetts General Hospital	Boston		Veterans Admin. Hospital (Wood)	Milwaukee
	Veterans Admin. Hospital (West Roxbury)	Boston	38.	Meadowbrook Hospital	Hempstead, N. Y.
	Veterans Admin. Hospital	Dearborn, Mich.		Nassau Hospital	Mineola, N. Y.
	Children's Hospital	Detroit		St. Charles Hospital	Port Jefferson, N. Y.
	Grace Hospital	Detroit	39.	Emory University Hospital	Atlanta, Ga.
	Harper Hospital	Detroit		Grady Memorial Hospital	Atlanta, Ga.
	Receiving Hospital	Detroit	40.	Crippled Children's Hospital	Phoenix, Ariz.
13.	Boston City Hospital	Boston		Letterman General Hospital	San Francisco
	Veterans Admin. Hospital (Jamaica Plain)	Boston		Shriners Hospital for Crippled Children	San Francisco
	Massachusetts Hospital School	Canton, Mass.	41.	House of St. Giles the Cripple (Brooklyn)	New York City
	Lakeville Hospital	Middleboro, Mass.		St. Luke's Hospital	New York City
14.	District of Columbia General Hospital	Washington, D.C.	42.	Cleveland Clinic Hospital	Cleveland
	Georgetown University Hospital	Washington, D.C.		St. Vincent Charity Hospital	Cleveland
	George Washington University Hospital	Washington, D.C.	43.	Variety Children's Hospital	Miami, Fla.
	Akron City Hospital	Akron, Ohio		Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
	Children's Hospital of Akron	Akron, Ohio	44.	"365" Crippled Children's Clinic and Hospital	Birmingham, Ala.
	Shriners Hospital for Crippled Children	Minneapolis		University Hospital and Hillman Clinic	Birmingham, Ala.
	Veterans Admin. Hospital	Minneapolis		Veterans Admin. Hospital	Birmingham, Ala.
	Gillette State Hospital for Crippled Children	St. Paul, Minn.	45.	Boston City Hospital	Boston
17.	Children's Hospital	Cincinnati		Carney Hospital	Boston
	Cincinnati General Hospital	Cincinnati		Massachusetts Hospital School	Canton, Mass.
	Jewish Hospital	Cincinnati		Lakeville Hospital	Middleboro, Mass.
	Veterans Admin. Hospital	Cincinnati	46.	St. Louis City Hospital	St. Louis
18.	Children's Mercy Hospital	Kansas City, Mo.		St. Louis University Group of Hospitals	St. Louis
	Kansas City General Hospital and Medical Center	Kansas City, Mo.	47.	Presbyterian-St. Luke's Hospital	Chicago
	St. Luke's Hospital	Kansas City, Mo.		University of Illinois Research and Educational Hospitals	Chicago
	Veterans Admin. Hospital	Kansas City, Mo.	48.	Good Shepherd Hospital	Syracuse, N. Y.
19.	Duke Hospital	Durham, N. C.		State University of New York Upstate Medical Center	Syracuse, N. Y.
	Veterans Admin. Hospital	Durham, N. C.		Syracuse Memorial Hospital	Syracuse, N. Y.
	North Carolina Orthopedic Hospital	Gastonia, N. C.		Veterans Admin. Hospital	Syracuse, N. Y.
	Shriners Hospital for Crippled Children	Greenville, S. C.		Children's Hospital Home of Utica	Utica, N. Y.
20.	Orthopaedic Hospital	Los Angeles	49.	Ben Taub General Hospital	Houston, Texas
	U.S. Naval Hospital	Oakland, Calif.		Methodist Hospital	Houston, Texas
	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.		Veterans Admin. Hospital	Houston, Texas
	Orange Memorial Hospital	Orlando, Fla.	50.	Shriners Hospital for Crippled Children	Chicago
	James Whitcomb Riley Hospital	Indianapolis		Veterans Admin. Hospital	Hines, Ill.
	James Lawrence Kernan Hospital for Crippled Children	Baltimore		West Suburban Hospital	Oak Park, Ill.
	U.S. Naval Hospital	Bethesda, Md.	51.	Bellevue Hospital Center, Division IV—New York University	New York City
	U.S. Naval Hospital	Chelsea, Mass.		New York State Rehabilitation Hospital	West Haverstraw, N. Y.
	Blodgett Memorial Hospital	Grand Rapids, Mich.	52.	St. Charles Hospital (Brooklyn)	New York City
	St. Charles Hospital (Brooklyn)	New York City		Veterans Admin. Hospital (Brooklyn)	New York City
	Duke Hospital	Durham, N. C.			
	U.S. Naval Hospital	Philadelphia			
	U.S. Naval Hospital	Portsmouth, Va.			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
53.	Bone and Joint Hospital.....	Oklahoma City	87.	Children's Hospital of Philadelphia.....	Philadelphia
	St. Anthony Hospital.....	Oklahoma City		Pennsylvania Hospital.....	Philadelphia
	University Hospitals.....	Oklahoma City		Veterans Admin. Hospital.....	Philadelphia
	Veterans Admin. Hospital.....	Oklahoma City	88.	James Lawrence Kernan Hospital for Crippled Children.....	Baltimore
54.	Children's Hospital.....	Washington, D.C.		University of Maryland Hospital.....	Baltimore
	Washington Hospital Center.....	Washington, D.C.	89.	Hennepin County General Hospital.....	Minneapolis
55.	Veterans Admin. Hospital.....	Des Moines, Iowa		University of Minnesota Hospitals.....	Minneapolis
	University Hospitals.....	Iowa City, Iowa		Gillette State Hospital for Crippled Children.....	St. Paul, Minn.
56.	E. A. Conway Memorial Hospital.....	Monroe, La.	90.	Shriners Hospital for Crippled Children.....	Los Angeles
	Ochsner Foundation Hospital.....	New Orleans		University of California Hospital.....	Los Angeles
	Touro Infirmary.....	New Orleans	91.	Veterans Admin. Hospital.....	Portland, Ore.
57.	Baltimore City Hospitals.....	Baltimore		Shriners Hospital for Crippled Children.....	Spokane, Wash.
	Children's Hospital.....	Baltimore	92.	State Hospital for Crippled Children.....	Elizabethtown, Pa.
	Johns Hopkins Hospital.....	Baltimore		Hahnemann Medical College and Hospital.....	Philadelphia
58.	Akron General Hospital.....	Akron, Ohio	93.	Children's Hospital Medical Center.....	Boston
	Children's Hospital of Akron.....	Akron, Ohio		Peter Bent Brigham Hospital.....	Boston
59.	Good Samaritan Hospital.....	Lexington, Ky.		Veterans Admin. Hospital (West Roxbury).....	Boston
	St. Joseph Hospital.....	Lexington, Ky.	94.	Arkansas Children's Hospital.....	Little Rock, Ark.
	Shriners Hospital for Crippled Children.....	Lexington, Ky.		University Hospital.....	Little Rock, Ark.
60.	Barnes Hospital.....	St. Louis		Veterans Admin. Hospital.....	Little Rock, Ark.
	St. Louis City Hospital.....	St. Louis	95.	Carrie Tingley Hospital for Crippled Children.....	Truth or Consequences, N. M.
	Shriners Hospital for Crippled Children.....	St. Louis		Hotel Dieu Sisters' Hospital.....	El Paso, Texas
61.	University of Missouri Medical Center.....	Columbia Mo.	96.	Crippled Children's Hospital.....	Phoenix, Ariz.
	Veterans Admin. Hospital.....	St. Louis		William Beaumont General Hospital.....	El Paso, Texas
62.	Baptist Memorial Hospital.....	Jacksonville, Fla.	97.	Newark City Hospital.....	Newark, N. J.
	Duval Medical Center.....	Jacksonville, Fla.		United Hospitals of Newark-Hospital for Crippled Children.....	Newark, N. J.
	Hope Haven Children's Hospital.....	Jacksonville, Fla.	98.	Children's Hospital.....	Columbus, Ohio
63.	Latter-day Saints Hospital.....	Salt Lake City		Riverside Methodist Hospital.....	Columbus, Ohio
	Primary Children's Hospital.....	Salt Lake City	99.	Children's Hospital.....	Columbus, Ohio
64.	Veterans Admin. Hospital.....	Long Beach, Calif.		University Hospital.....	Columbus, Ohio
	Children's Hospital of Los Angeles.....	Los Angeles	100.	Children's Hospital.....	Denver
65.	Children's Hospital.....	Denver		Denver General Hospital.....	Denver
	Fitzsimons General Hospital.....	Denver		Fitzsimons General Hospital.....	Denver
66.	Boston City Hospital.....	Boston	101.	Shriners Hospital for Crippled Children.....	St. Louis
	Lahey Clinic.....	Boston		James Whitcomb Riley Hospital.....	Indianapolis
	Massachusetts Hospital School.....	Canton, Mass.		Robert W. Long Hospital.....	Indianapolis
	Lakeville Hospital.....	Middleboro, Mass.	102.	Mount Sinai Hospital of Cleveland.....	Cleveland
	Shriners Hospital for Crippled Children.....	Springfield, Mass.		Maumee Valley Hospital.....	Toledo, Ohio
67.	New York Medical College—Metropolitan Hospital Center.....	New York City	103.	St. Vincent's Hospital.....	Toledo, Ohio
	Unit 1—Flower and Fifth Avenue Hospitals.....	New York City		Lenox Hill Hospital.....	New York City
	Unit 2—Metropolitan Hospital.....	New York City	104.	St. Charles Hospital (Brooklyn).....	New York City
68.	"365" Crippled Children's Clinic and Hospital.....	Birmingham, Ala.	105.	Ellis Hospital.....	Schenectady, N. Y.
	Lloyd Noland Hospital.....	Fairfield, Ala.		Sunnyview Rehabilitation Center.....	Schenectady, N. Y.
69.	United Hospitals of Newark-Hospital for Crippled Children.....	Newark, N. J.	106.	Cleveland Metropolitan General Hospital.....	Cleveland
	Queens Hospital Center.....	New York City		Veterans Admin. Hospital.....	Cleveland
70.	Confederate Memorial Medical Center.....	Shreveport, La.		Shriners Hospital for Crippled Children.....	Philadelphia
	Shriners Hospital for Crippled Children.....	Shreveport, La.	107.	St. Francis Hospital.....	Wichita, Kans.
71.	Youngstown Hospital.....	Youngstown, Ohio		Veterans Admin. Hospital.....	Wichita, Kans.
	Allegheny General Hospital.....	Pittsburgh		Wesley Medical Center.....	Wichita, Kans.
72.	Children's Hospital of Philadelphia.....	Philadelphia	108.	Children's Hospital of Buffalo.....	Buffalo
	Reading Hospital.....	West Reading, Pa.		Edward J. Meyer Memorial Hospital.....	Buffalo
73.	Veterans Admin. Hospital.....	Memphis, Tenn.		Veterans Admin. Hospital.....	Buffalo
	Fort Worth Children's Hospital—Fort Worth Medical Center.....	Fort Worth, Texas	109.	Napa State Hospital.....	Imola, Calif.
74.	St. Joseph Mercy Hospital.....	Ann Arbor, Mich.		Mary's Help Hospital.....	San Francisco
	University Hospital.....	Ann Arbor, Mich.		St. Joseph's Hospital.....	San Francisco
	Wayne County General Hospital and Infirmary.....	Eloise, Mich.		St. Mary's Hospital.....	San Francisco
75.	"365" Crippled Children's Clinic and Hospital.....	Birmingham, Ala.	110.	Childrens Hospital.....	San Diego, Calif.
	Veterans Admin. Hospital.....	Dallas, Texas		San Diego County General Hospital.....	San Diego, Calif.
76.	Jackson Memorial Hospital.....	Miami, Fla.		U.S. Public Health Service Hospital.....	San Francisco
	Variety Children's Hospital.....	Miami, Fla.		Charity Hospital of Louisiana.....	New Orleans
77.	Veterans Admin. Hospital.....	Wilmington, Del.	111.	Tulane University Division.....	New Orleans
	North Carolina Baptist Hospitals.....	Winston-Salem, N. C.		Rancho Los Amigos Hospital.....	Downey, Calif.
	Shriners Hospital for Crippled Children.....	Greenville, S. C.		Los Angeles County General Hospital.....	Los Angeles
	Greenville General Hospital.....	Greenville, S. C.	112.	White Memorial Hospital.....	Los Angeles
78.	Joseph P. Kennedy Jr. Memorial Hospital.....	Boston		Orange Memorial Hospital.....	Orlando, Fla.
	Memorial Hospital.....	Worcester, Mass.		Tampa General Hospital.....	Tampa, Fla.
	St. Vincent Hospital.....	Worcester, Mass.	113.	Georgia Baptist Hospital.....	Atlanta, Ga.
	Worcester City Hospital.....	Worcester, Mass.		Scottish Rite Hospital for Crippled Children.....	Decatur, Ga.
79.	Hospital of St. Raphael.....	New Haven, Conn.	114.	Eugene Talmadge Memorial Hospital.....	Augusta, Ga.
	Joseph P. Kennedy Jr. Memorial Hospital.....	Boston		University Hospital.....	Augusta, Ga.
80.	Veterans Admin. Hospital (Manhattan).....	New York City	115.	District of Columbia General Hospital.....	Washington, D.C.
	New York State Rehabilitation Hospital.....	West Haverstraw, N. Y.	116.	Freedman's Hospital.....	Washington, D.C.
81.	North Carolina Memorial Hospital.....	Chapel Hill, N. C.		United Hospitals of Newark-Hospital for Crippled Children.....	Newark, N. J.
	North Carolina Orthopedic Hospital.....	Gastonia, N. C.		U.S. Public Health Service Hospital (Staten Island).....	New York City
82.	Newington Hospital for Crippled Children.....	Newington, Conn.	117.	Brooke General Hospital.....	San Antonio, Texas
	Mary Hitchcock Memorial Hospital.....	Hanover, N. H.		Santa Rosa Medical Center.....	San Antonio, Texas
	Veterans Admin. Hospital.....	White River Jct., Vt.	118.	University of California Hospital.....	Los Angeles
83.	Edward J. Meyer Memorial Hospital.....	Buffalo		Good Samaritan Hospital.....	Cincinnati
	Allegheny General Hospital.....	Pittsburgh	119.	Orthopaedic Hospital.....	Los Angeles
84.	Brookdale Hospital Center (Brooklyn).....	New York City		Veterans Admin. Center—General Medical and Surgical Hospital.....	Los Angeles
	Jewish Chronic Disease Hospital (Brooklyn).....	New York City	120.	Los Angeles County Harbor General Hospital.....	Torrance, Calif.
	Jewish Hospital of Brooklyn.....	New York City		Santa Rosa Medical Center.....	San Antonio, Texas
85.	East Tennessee Baptist Hospital.....	Knoxville, Tenn.		U.S. Air Force Hospital.....	San Antonio, Texas
	East Tennessee Children's Hospital.....	Knoxville, Tenn.	121.	Children's Memorial Hospital.....	Chicago
	St. Mary's Memorial Hospital.....	Knoxville, Tenn.		Mayo Foundation.....	Rochester, Minn.
	University of Tennessee Memorial Research Center and Hospital.....	Knoxville, Tenn.		Rochester Methodist Hospital.....	Rochester, Minn.
86.	Shriners Hospital for Crippled Children.....	Honolulu, Hawaii		St. Mary's Hospital.....	Rochester, Minn.
	Tripler General Hospital.....	Honolulu, Hawaii	122.	Veterans Admin. Hospital.....	East Orange, N. J.
				Hospital Center at Orange.....	Orange, N. J.

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering full training in the specialty. Programs, 101; Residencies, 757.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Maintenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
COLORADO														
Fitzsimons General, Denver.....	A. K. Brown, Jr.....	21	703	1	100	9,585	0	1	1	1	0	3		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	D. J. Joseph.....	51	1,359	11	73	9,228	3	3	3	0	0	9		
TEXAS														
Brooke General, San Antonio ⁴⁷⁴	F. L. Spann.....	23	749	9	100	12,815	2	2	2	0	0	6		
UNITED STATES NAVY														
CALIFORNIA														
U.S. Naval, Oakland.....	L. E. Wible.....	25	837	4	75	9,024	1	1	1	1	0	4		
U.S. Naval, San Diego.....	G. W. Hurst.....	37	1,123	6	100	14,712	2	2	2	2	0	8		
MARYLAND														
U.S. Naval, Bethesda.....	G. W. Taylor.....	43	1,134	5	80	10,943	1	1	1	1	0	4		
PENNSYLVANIA														
U.S. Naval, Philadelphia ⁴¹⁴	F. A. Valusek.....	50	728	7	71	7,931	1	1	1	1	0	4		
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center.....	J. J. Hicks.....	23	1,086	2	0	4,000	2	2	2	2	0	8		
University Hospital and Hillman Clinic.....													2400-3600	F
Veterans Admin.....													4020-7035	O
CALIFORNIA														
Los Angeles														
Hollywood Presbyterian Hospital-Olmsted Memorial ⁸⁷	A. H. Miller.....	3	654	1	...	1,441	2	0	0	0	0	2	3384-3876	P
Los Angeles County General, Unit I ⁸⁹	C. Whitaker.....	26	1,952	25	28	23,171	4	4	4	4	0	16	3780-6900	F
University of California.....	J. J. Pressman.....	9	874	4	25	9,114	2	2	2	2	0	8	3324-5856	O
Veterans-Admin-General Medical and Surgical ¹⁰⁸	M. J. Acquarelli.....	35	1,251	27	63	9,620	2	2	2	0	0	6	4990-6440	P
White Memorial ¹¹²	G. C. Gay.....	9	875	3	67	4,912	1	1	1	1	0	4	4260-6660	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals.....							2	2	2	2	0	8†		
Palo Alto-Stanford Hospital Center.....	W. F. Baxter.....	5	435†	0	0	2,557							3450-4800	O
Veterans Admin.....	W. F. Baxter.....	8	88	4	75	3,369							4020-6120	O
Santa Clara County (San Jose).....	R. MacLean.....	5	332	4	75	4,083							4428-5952	F
San Mateo County General (San Mateo).....	J. P. Sweeney.....	2	176	0	0	1,902							3600-4800	F
San Francisco														
University of California Hospitals ¹¹⁷	F. A. Sooy.....	17	1,049	2	50	7,823	3	3	3	0	0	9	3580-4660	O
San Francisco General.....	E. S. Hopp.....	13	284	6	50	1,200							3816-3816	O
Veterans Admin.....	W. W. Deatsch.....	19	490	10	80	1,353	1	1	1	0	0	3	4972-7386	
San Jose														
Santa Clara County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto, Calif.														
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto, Calif.														
COLORADO														
Denver														
University of Colorado Affiliated Hospitals.....							2	2	2	2	0	8		
University of Colorado Medical Center.....	V. Hildyard.....	4	521	2	0	6,175							3000-4000	P
Veterans Admin.....	C. W. Whistler.....		180	0	0	2,610							4735-7035	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center.....														
Grace-New Haven Community.....	J. A. Kirohner.....	13	1,255	1	0	7,988	0	3	3	1	0	7	2800	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals.....	A. G. DiBlasio.....						3	3	3	1	0	10		
District of Columbia General.....		1	30	0	0	1,394							3800-5000	F
Georgetown University.....														
Washington Hospital Center.....	H. K. Vann.....	30	4,425†	12	58	8,219							4080-4620	P
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics.....	G. T. Singleton.....	4	260	0	0	3,183	1	1	1	1	0	4	3400-8000	O
Miami														
Jackson Memorial ¹⁴⁶	J. R. Chandler.....	14	1,043	7	48	5,986	2	2	2	0	0	6	3000-4680	P
Tampa														
Tampa General.....	J. B. Farris.....	45	1,836	11	55	5,505	1	1	1	0	0	3	3300-5700	FP
GEORGIA														
Atlanta														
Grady Memorial ¹⁴⁹	J. S. Turner, Jr.....	5	277	0	0	4,333	3	3	3	0	0	9	3000-3900	F

Numerical and other references are listed on pages 274 through 277.

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS														
Chicago														
Northwestern University Medical Center		20	2,691	2	50							2	3300-4200	P
Chicago Wesley Memorial	G. E. Shambaugh	26	1,068	30	23	23,286	1	1	1	1	0	6	1800-1800	FP
Cook County	J. A. Weiss													
Michael Reese Hospital and Medical Center	N. Leshin	12	1,297	2	50	2,179	1	0	0	0	0	1	3300-3900	P
Veterans Admin. Research	G. E. Shambaugh	8	75	0	0		1	0	1	0	0	2	4205-7405	O
University of Chicago Hospitals and Clinics ¹⁷⁸	J. R. Lindsay	13	779	7	57	12,719	1	2	2	3	0	8	3900-5500	O
University of Illinois Affiliated Hospitals	F. L. Lederer													
Illinois Eye and Ear Infirmary	F. L. Lederer	20	1,195	12	50	32,130	7	7	7	7	0	28	3000-4200	P
Presbyterian-St. Luke's	S. A. Friedberg	20	984	8	33	2,905	0	2	0	0	0	2	2700-3300	P
University of Illinois Research and Educational Hospitals		12	667	3	33	8,609	0	2	2	0	0	4†	3300-4200	P
Hines														
Veterans Admin. ¹⁷⁸	B. J. Soboroff	24	797	19	26	3,961	0	2	2	2	0	6	4020-6120	O
INDIANA														
Indianapolis														
Indiana University Medical Center		9	707	4	50	6,145	3	2	2	0	0	7	2825-3800	P
Indiana University Hospitals	D. T. Brown	10	199	10	30	4,843							3863-4915	P
Marion County General	R. Lingeman	9	167	9	77	324							4020-7035	O
Veterans Admin.	D. E. Brown													
IOWA														
Iowa City														
State University of Iowa Hospitals		54	2,705	16	69	25,433	5	5	5	5	0	20	3180-4560	P
University Hospitals	D. M. Lierle	11	759	0	0	1,318								
Veterans Admin.														
KANSAS														
Kansas City														
University of Kansas Medical Center	G. O. Proud	11	841	9	56	13,966	2	2	2	2	0	8	2400-3000	P
Veterans Admin. (Kansas City, Mo.)	H. A. Knauff	12	413	15	40	778							4020-5575	
KENTUCKY														
Louisville														
University of Louisville Medical Center		4	122	1	100	3,241	3	3	3	3	0	12	3012-4032	FP
Louisville General	G. D. Landau	5	169	1	0	726	1	1	0	0	0	2	4020-5575	O
Veterans Admin.	H. Oppenheim													
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana		6	624	9	11	9,533						8	1500-2400	F
Louisiana State University Division	V. H. Fuchs	16	1,020	1	100	9,066						8	1500-2400	F
Tulane University Division	H. G. Tabb	70	523	1	0	8,892	0	2	2	2	0	6	1200-1800	F
Eye, Ear, Nose and Throat ¹⁰⁰	H. G. Tabb													
Shreveport														
Confederate Memorial Medical Center	J. W. Pou	7	423	1	100	1,176	1	1	1	1	0	4	2280-3960	F
MARYLAND														
Baltimore														
Johns Hopkins	J. E. Bordley	22	1,646†	2	100	22,506	3	3	3	3	1	14†	2600-...	P
University of Maryland Affiliated Hospitals	C. L. Blanchard						0	3	3	3	0	9	4800-5400	
Baltimore Eye, Ear and Throat		8				6,438							3000-4400	P
University of Maryland		10	714	0	0	6,081								
MASSACHUSETTS														
Boston														
Boston City	A. J. Gorney	25	1,366	12	17	18,605	0	2	2	2	0	6	4200-5400	O
Massachusetts Eye and Ear Infirmary	H. F. Schuknecht	57	4,973	10	50	20,799	5	5	5	0	0	15	3800-4800	P
Veterans Admin. (Jamaica Plain)	P. Mysel	10	270	6	50	1,215	1	1	1	0	0	3	4205-7405	O
Massachusetts Memorial Hospitals	M. S. Strong	4	451	1	100	1,115							3600-4800	O
MICHIGAN														
Ann Arbor														
University ²⁵⁸	W. P. Work	18	878	3	67	11,388	4	4	4	4	0	16	2940-4240	O
Detroit														
Henry Ford	J. L. Dill	15	1,829	4	25	32,547	2	2	2	2	1	8	4800-6000	P
Wayne State University Affiliated Hospitals							4	3	3	3	0	13		
Children's	L. G. Waggoner	4	572	0	0	1,285							2700-2700	FP
Harper	L. G. Waggoner	22	2,611	7	43	1,467							4280-5400	P
Receiving	G. J. Beekhuis	10	756	8	63	10,379							3600-5088	P
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals ¹⁷⁹	L. R. Boies						4	4	4	4	0	16	4500-6600	F
Hennepin County General	J. H. Glaeser	3	274	2	50	2,654							3895-6120	O
University of Minnesota Hospitals	L. R. Boies	9	553	4	100	5,158							4205-7405	O
Veterans Admin.	H. Williams	15	332	4	100	734							3150-3150	F
Ancker (St. Paul)	A. Hohmann	5	343	6	50	3,759	0	1	1	0	0	2		
Rochester														
Mayo Foundation ²¹⁰	K. M. Simonton	13	1,377	0	0	51,725	4	4	4	4	0	16	2400-4200	P
Rochester Methodist														
St. Mary's														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center														
University	G. E. Arnold					478							2700-3600	O
Veterans Admin.	O. Green					1,350							4205-4990	O

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI														
Kansas City														
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.														
St. Louis														
Homer G. Phillips.....	J. West.....	8	210	13	15	3,478	1	2	1	0	0	4	3420-4365	P
St. Louis University Group of Hospitals.....	W. Harkins.....	21	2,510	3	33	1,899	1	1	1	0	0	3	2400-2640	FP
Washington University Hospitals ²⁵⁶							6	6	6	6	0	24		
Barnes.....	T. E. Walsh.....	39	3,277	17	59	7,771							3300-4200	O
McMillan.....														
Veterans Admin.....	E. Lyman.....	7	208	3	67	0							4990-4990	O
NEW JERSEY														
Newark														
United Hospitals of Newark.....														
Eye and Ear Infirmary.....	E. P. Cardwell.....	10	1,374	3	33	4,274	2	2	2	0	0	6	3600-4200	F
Newark City.....	F. W. Keim.....	8	257	14	14	1,423	1	1	1	0	0	3	3900-5700	F
NEW YORK														
Albany														
Albany Medical Center ²⁵⁴	J. Kouyoumgian.....	7	534	5	20	4,156	1	1	1	0	0	3	3200-5000	P
Buffalo														
Buffalo General ²⁵⁵	M. Soldineer.....	42	5,175	9	44	4,100	2	2	1	1	0	6	4100-5000	P
New York City														
Albert Einstein College of Medicine														
Affiliated Hospitals.....	S. L. Lane.....						1	1	1	0	0	3		
Bronx Municipal Hospital Center.....		14				4,642							4200-5220	P
Lincoln Hospital.....		6											4200-5220	P
Brooklyn Eye and Ear.....	J. P. Baker.....	44	6,087	9	22	26,806	2	2	2	0	0	6	1200-1800	P
City Hospital Center at Elmhurst.....	C. A. Seelig.....	10	441	8	50	4,543	1	1	1	0	0	3	4200-5220	FP
Harlem Eye and Ear.....	E. Grabscheid.....	14	2,404	0	0	21,219	1	1	1	0	0	3	3000.....	F
Kings County Hospital Center.....		25	1,056	4	0	17,064	2	2	2	2	0	8	4200-5220	P
Long Island College ²⁴³	I. A. Polisar.....	7	775	1	0	1,617	1	1	1	0	0	3	4500-6250	P
Manhattan Eye, Ear and Throat.....	R. J. Bellucci.....	54	5,259	8	25	32,605	4	4	4	0	0	12	3000-3600	O
Mount Sinai.....	J. L. Goldman.....	28	1,380	3	67	8,627	2	2	2	2	0	8	5000-6500	FP
New York Eye and Ear Infirmary.....	J. S. Hanley.....	26	2,610	1	0	26,401	3	3	3	0	0	9	1200-1800	P
New York.....	J. Moore.....	16	1,521	1	0	8,825	1	1	1	2	0	5	3200-3900	P
New York Polyclinic Medical School and Hospital.....	J. W. Bell.....	14	1,638	5	20	3,304	1	1	1	0	0	2	2700-3900	F
New York University Medical Center and Bellevue Hospital Center.....							4	4	4	0	0	12†		
Bellevue Hospital Center, Div. IV.....	J. F. Daly.....	88	2,230	19	58	23,623							4200-5220	FP
University.....														
Veterans Admin. (Manhattan).....	F. W. Kwok.....	16	371	10	30								4020-5575	O
Presbyterian.....	D. C. Baker.....	30	2,024	4	25	18,653	3	3	3	0	0	9	4500-5347	O
St. Luke's.....	S. Whitfield.....	15	1,068	5	44	6,895	1	1	1	0	0	3	3000-3900	P
Veterans Admin. (Bronx) ²⁵³	H. Kolson.....	30	463	7	100	2,573	1	1	1	0	0	3	4735-6120	O
Rochester														
Strong Memorial ²¹²	J. P. Frazer.....	7	901†	0	0	2,269	1	0	0	0	0	1	2600-4400	O
Syracuse														
State University of New York Upstate Medical Center.....	A. Doust.....	13	677	7	41	3,194	0	2	2	2	0	6	4488-5391	O
Veterans Admin.....	D. L. Poushter.....	8	150	4	50	466							4205-6440	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial.....	N. D. Fischer.....	8	529†	4	75	4,428	1	1	1	0	0	3	2800-5000	O
Durham														
Duke University Affiliated Hospitals ²⁷⁸	W. R. Hudson.....							2	2	2	2	0	8	
Duke.....		12	767	9	55	7,493							3900-4800	P
Veterans Admin.....		16	327†	12	42								4205-7405	O
Winston-Salem														
North Carolina Baptist.....	J. A. Harrill.....	11	800	2	50	4,445	1	1	1	0	0	3	2450-3250	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group.....														
Cincinnati General.....	V. W. Fischbach.....	16	637	9	71	4,441	2	2	2	2	0	8	2400-4800	F
Cleveland														
Cleveland Clinic.....	H. E. Harris.....	11	813	4	75	13,416	2	2	2	0	0	6	3800-5400	P
Cleveland Metropolitan General ²⁸⁷	S. C. Missal.....	4	227	3	67	4,619	0	1	1	1	1	4	3600-5060	FP
St. Luke's.....	F. W. Alexander.....	15	2,422	7	83	2,126	1	1	1	1	0	4	3600-5460	F
University Hospitals of Cleveland ²⁸⁸	W. H. Maloney.....	10	1,088†	1	0	3,676	2	2	2	0	0	6	4200-5400	P
Veterans Admin.....		11	197†	15	80	519							4020-5575	P
Columbus														
Ohio State University Hospitals.....								3	2	3	2	0	10	
Children's.....	T. Smith.....	19	3,388	1	100	1,715								
University.....	W. H. Saunders.....	7	482	0	0	3,655							4000-5000	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center.....								2	2	2	2	0	8	
University Hospitals.....	E. A. Walker.....	7	413	1	100	4,653							2400-5280	P
Veterans Admin.....	J. B. Snow.....	7	204	2	50	2,616								

Numerical and other references are listed on pages 274 through 277.

15. OTOLARYNGOLOGY — Continued

State	City	Institution	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON																
Portland																
		University of Oregon Medical School Hospitals and Clinics ¹⁰⁶	D. D. DeWeese	22	1,083	9	67	7,983	2	2	2	2	0	8	2700-3300	F
		Veterans Admin.	T. G. TenEyck	6	211	0	0	1,330	..	..	..	..	..	..	4205-7405	P
PENNSYLVANIA																
Danville																
		Geisinger Medical Center	F. W. Davison	17	1,707	6	16	16,063	1	1	1	1	0	4	2700-4500	FP
Philadelphia																
		Graduate Hospital of the University of Pennsylvania ¹¹⁹	J. P. Atkins	11	994	4	75	2,832	2	1	1	0	0	4	2454-3200	P
		Hospital of the University of Pennsylvania	P. Marden	14	1,033	5	50	2,846	2	2	2	2	0	8	1200-3192	P
		Jefferson Medical College ¹²¹	F. Harbert	19	1,230	7	43	3,009	3	3	3	2	0	11	3000-4200	O
		Temple University ¹²²	B. J. Ronis	25	3,380	4	100	4,342	2	2	2	0	0	6	2100-3000	P
Pittsburgh																
		Health Center Hospitals of the University of Pittsburgh		..	..	..	..	..	3	2	3	1	0	9	..	..
		Eye and Ear Hospital of Pittsburgh	R. E. Jordan	48	5,370	4	75	9,906	..	..	..	..	..	..	3060-3960	O
		Veterans Admin.	C. S. Dimling	17	530	8	87	418	..	..	..	..	..	..	4020-7035	P
		Mercy	J. T. Dickinson, J. A. Ferrone	28	2,299	7	71	1,722	1	1	1	1	0	4	5400-6300	P
PUERTO RICO																
SAN JUAN																
		San Juan City	J. Pico	7	597	6	..	5,289	1	1	1	0	0	3	4200-5400	F
RHODE ISLAND																
Providence																
		Rhode Island	R. W. Pearson	23	3,005	12	25	2,555	1	1	1	1	0	4	2280-4680	FP
SOUTH CAROLINA																
Charleston																
		Medical Center Hospitals	R. W. Hanckel	..	..	..	..	..	0	1	1	1	0	3	2490-3930	FP
		Medical College		6	374	3	33	4,985	..	..	..	..	..	..	..	..
		Roper		3	334	..	..	..	..	..	..	..	..	..	..	..
TENNESSEE																
Memphis																
		City of Memphis Hospitals ⁶⁷	S. H. Sanders	15	350	3	67	9,500	2	2	2	0	0	6	2310-3480	F
		Veterans Admin.	T. A. Maguda	23	443	10	90	4,527	1	1	1	0	0	3	4020-7035	O
Nashville																
		Vanderbilt University	P. H. Ward	..	..	..	..	..	..	..	..	..	..	..	3280-3480	..
TEXAS																
Dallas																
		Parkland Memorial	C. Winborn	6	340	4	25	4,120	0	1	1	1	0	3	2700-3300	P
		Veterans Admin. ⁶⁶	D. A. Corgill	27	667	29	59	5,650	2	2	2	2	0	8	4020-6120	P
Galveston																
		University of Texas Medical Branch Hospitals	G. McReynolds	8	473	3	33	3,573	1	1	1	0	0	3	4200-4200	P
Houston																
		Baylor University Affiliated Hospitals ⁷⁰	H. H. Harris	48	4,454	7	57	14,159	0	4	4	4	0	12	3417-4410	FP
		Ban Taub General		..	..	..	..	..	..	..	..	..	..	..	..	..
		Methodist		..	..	..	..	..	..	..	..	..	..	..	..	..
		Veterans Admin.		..	..	..	..	..	..	..	..	..	..	..	..	..
UTAH																
Salt Lake City																
		University of Utah Affiliated Hospitals	D. A. Dolowitz	..	..	..	..	..	1	1	1	1	0	4	..	..
		Salt Lake County General		8	385	0	0	3,327	..	..	..	..	..	..	3600-5400	..
		Veterans Admin.		8	116	0	0	247	..	..	..	..	..	..	4205-6440	..
VERMONT																
Burlington																
		University of Vermont Affiliated Hospitals	R. C. Morrow	..	..	..	..	..	1	1	1	1	0	4	..	..
		DeGoesbriand Memorial		2	157	0	0	473	..	..	..	..	..	..	4500-5000	O
		Mary Fletcher		6	523	0	0	1,004	..	..	..	..	..	..	4500-5000	O
VIRGINIA																
Charlottesville																
		University of Virginia	G. S. Fitz-Hugh	18	1,043	8	38	5,020	2	2	2	0	0	6	2100-3000	F
Richmond																
		Medical College of Virginia Affiliated Hospitals		..	..	..	..	..	3	3	3	3	1	13	..	..
		Medical College of Virginia—Hospital Division	P. N. Pastore	16	1,668	7	43	7,326	..	..	..	..	..	..	1800-2700	F
		Veterans Admin.		6	180	2	100	2,704	..	..	..	..	..	..	4020-5575	P
WISCONSIN																
Madison																
		University Hospitals ⁶⁶	M. Bennett	10	542	2	100	3,732	2	2	2	0	0	6	3400-5200	P
Milwaukee																
		Veterans Admin. ¹⁰²	R. H. Lehman	18	387	8	87	6,525	3	3	3	3	0	12	4020-6120	P

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

16. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designed as follows: A—pathologic anatomy only; C—clinical pathology only; P—pathologic anatomy and clinical pathology. Programs, 715; Residencies, 3,398

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio	C. K. Leeper	257	1,207,616	20,803	20,452	4P	1	1	1	1	0	4		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	M. R. Beck	190	514,742	5,198	5,198	4P	2	2	2	2	0	8		
COLORADO														
Fitzsimons General, Denver ¹²¹	A. Steer	255	656,162	4,816	4,487	4P	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Armed Forces Institute of Pathology, Washington	E. B. Helwig	26,464		33,481	33,481	1A	0	0	10	10	0	20		
Walter Reed General, Washington	N. S. Irely	363	1,101,132	7,738	7,738	4P	2	2	2	2	0	8		
HAWAII														
Tripler General, Honolulu	S. M. Dozier	270	794,370	8,241	8,241	4P						6		
TEXAS														
William Beaumont General, El Paso	P. L. Child	191	1,123,209	5,330	5,330	4P	1	1	1	1	0	4		
Brooke General, San Antonio	H. B. Hoeffler	381	931,783	5,891	5,891	4P	3	3	3	3	0	12		
WASHINGTON														
Madigan General, Tacoma	H. F. Sproat	205	536,526	5,456	5,456	4P	1	1	1	1	0	4		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	D. B. Rulon	206	480,395	6,595	6,260	4P	1	1	1	1	0	4		
U. S. Naval, San Diego	R. M. Dimmette	483	863,272	13,054	10,996	4P	2	2	2	2	0	8		
MARYLAND														
U. S. Naval, Bethesda	J. J. Humes	347	698,735	7,778	7,778	4P	2	2	2	2	0	8		
NEW YORK														
U. S. Naval, St. Albans	J. E. Szakacs	152	494,285	9,008	8,214	4P	1	1	1	1	0	4		
PENNSYLVANIA														
U.S. Naval, Philadelphia ⁴²³	J. E. Wilson	207	418,650	4,642	4,642	4P	1	1	1	1	0	4		
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service, New Orleans	A. L. Steplock	219	278,127	10,134	10,134	4P	1	1	1	1	0	4		
MARYLAND														
U. S. Public Health Service, Baltimore	R. Y. Katase	153	229,999	2,424	2,384	4P	1	1	1	1	0	4		
National Institutes of Health-Clinical Center, Bethesda	G. Williams, H. Stewart	230	626,852	3,476	3,476	4P						14		
NEW YORK														
U. S. Public Health Service (Staten Island), New York City	B. S. Eggertsen, Jr.	114	496,841	5,930	5,723	4P	1	1	1	1	0	4		
WASHINGTON														
U. S. Public Health Service, Seattle—See Swedish Hospital-U. S. Public Health Service, Seattle														
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	M. A. Jackson	247	311,105	5,195	5,195	4P						4	4400-5700	P
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	H. Mondragon	233	460,230	4,148	4,148	4P	1	1	1	1	0	4	5491-7114	O
DISTRICT OF COLUMBIA														
St. Elizabeths, Washington	P. A. Athanasiadou	216	252,500	2,038	2,038	2A	1	1	0	0	0	2	4800-5200	P
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist Hospitals	A. E. Casey	218	599,112	12,221	12,221	4P	2	0	0	0	0	2	4000-7000	P
Carraway Methodist	J. A. Cunningham, B. Bishop	164	113,400	3,312	3,312	4P	2	0	2	0	0	4	4200-4200	FP
University of Alabama Medical Center		619	1,151,359	19,288								17	2400-3600	F
University Hospital and Hillman Clinic	C. H. Lupton, Jr.					4P	3	6	6	2	0	17	2400-3600	F
Veterans Admin.	B. M. Hathaway					3A	2	1	1	1	0	5	4020-7035	O
Fairfield														
Lloyd Noland	H. G. Davis, Jr.	145	168,731	3,174	3,024	1A	1	0	0	0	0	1	4200-4200	FP
Mobile														
Mobile General	E. L. Brown	291	248,241	3,599	3,280	2A	1	1	0	0	0	2	4200-5100	P

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, San Francisco—Continued														
University of California San Francisco Medical Center Affiliated Hospitals.....														
University of California Hospitals.....	H. D. Moon.....	348	192,621	6,722	6,600	4P	1	3	2	2	0	8	3300-6300	O
San Francisco General.....	J. L. Carr.....	622	229,272	3,096	3,013	3A	5	4	2	2	0	12	3300-5916	O
Veterans Admin.....	L. Lichtenstein, J. W. Parker.....	256	287,107	3,450	3,450	2P	1	1	2	1	0	5	4221-7386	...
San Jose														
O'Connor.....	L. R. Grams.....	204	220,618	7,619	4,733	4P	0	1	0	1	1	3	4800-8400	P
Santa Clara County.....	D. L. Alcott.....	582	656,442	3,177	2,864	4P	2	2	2	2	0	8	4428-6888	F
San Pablo														
Brookside.....	G. H. DeMay, C. Rolle.....	144	216,706	3,645	2,504	2P	2	2	0	0	0	4	6000-6000	P
Santa Barbara														
Santa Barbara Cottage.....	D. R. Dickson.....	174	176,598	4,792	3,937	4P	2	0	0	0	0	2	3300-5100	FP
Santa Monica														
St. John's.....	G. J. Hummer.....	166	165,674	7,290	5,394	2A	..	..	..	..	..	..	3000-3600	F
Stockton														
San Joaquin General.....	H. Schneider.....	435	163,349	3,434	2,989	3A	1	0	0	0	0	1	4260-5040	P
Torrance														
Los Angeles County Harbor General.....	D. L. Moyer.....	447	553,701	4,338	4,149	4P	2	2	2	2	0	8	3780-6900	F
COLORADO														
Colorado Springs														
Penrose.....	M. Berthrong, J. Rice.....	230	197,167	5,374	4,476	4P	1	1	1	1	0	4	4500-5100	PO
Denver														
Children's.....	E. C. Beatty, Jr.....	150	222,229	7,773	1,075	2P	1	1	0	0	0	2	3600-4200	P
Denver General.....	W. C. White.....	930	370,276	2,921	2,875	4P	1	1	1	1	1	5	3516-5028	P
General Rose Memorial.....	J. Minckler.....	210	250,000	6,750	6,700	4P	1	1	1	1	0	4	3480-4020	F
Mercy.....	E. Hildebrand.....	111	170,560	7,149	6,816	4P	..	..	..	..	..	4	4620-5820	P
Porter.....	J. Denst.....	102	114,748	4,927	4,822	2P	1	1	0	0	0	2	3600-7200	P
Presbyterian.....	A. E. Lubeheco.....	242	222,911	6,492	4,958	4P	1	1	1	1	0	4	4200-5100	P
St. Anthony.....	S. K. Kurland, R. Herrman.....	155	216,325	8,636	4,150	4P	1	1	1	1	0	4	3900-5700	P
St. Joseph's.....	H. E. Shuey.....	248	342,606	8,872	5,568	4P	1	1	1	1	0	4	4320-5220	P
St. Luke's.....	W. C. Black.....	276	230,782	9,326	7,454	4P	1	1	1	1	0	4	4200-4800	P
University of Colorado Affiliated Hospitals.....							3	3	3	3	0	12		
University of Colorado Medical Center.....	D. W. King.....	760	492,000	6,545	6,500	..	..	..	..	..	..	..	3000-4000	P
Veterans Admin.....	C. W. Anthony.....	320	331,108	2,670	2,645	..	..	..	..	..	..	..	4020-11150	O
Pueblo														
Colorado State ¹⁸⁴	M. Gallavan.....	299	142,637	1,675	1,625	4P	..	..	..	..	..	10	6480-8400	O
St. Mary-Corwin.....	O. M. Wilbur.....	157	253,434	6,865	4,824	4P	2	2	2	2	0	4	4200-6000	P
CONNECTICUT														
Bridgeport														
Bridgeport.....	R. H. Pope.....	345	331,584	5,666	4,961	4P	1	1	1	1	0	4	3900-4800	FP
St. Vincent's.....	D. H. Lobdell.....	307	267,361	4,845	4,214	4P	2	2	1	1	0	6	5100-6300	P
Danbury														
Danbury.....	N. E. Herrera.....	154	187,310	5,337	3,351	4P	1	1	1	1	0	4	4800-6600	F
Derby														
Griffin.....	D. F. Miller.....	143	108,722	2,438	1,819	1A	1	0	0	0	0	1	3000-4800	F
Greenwich														
Greenwich.....	D. W. Benninghoff.....	214	123,317	4,930	5,256	2A	1	1	0	0	0	2	3300-5100	FO
Hartford														
Hartford.....	R. Tennant.....	699	509,165	13,215	12,514	4P	2	2	2	2	0	8	3300-5100	P
St. Francis.....	L. P. Hastings.....	246	338,037	8,512	7,661	4P	1	1	1	1	0	4	3600-5700	FP
Manchester														
Manchester Memorial.....	F. P. Becker.....	173	127,938	4,463	3,378	2A	2	0	0	0	0	2	5100-6500	O
Meriden														
Meriden.....	R. E. Katzenstein.....	103	178,312	3,839	2,707	1A	2	0	0	0	0	2	5146-5146	O
Middletown														
Middlesex Memorial.....	C. E. McLeod.....	173	115,014	3,515	2,525	2P	2	2	0	0	0	2	5146-5146	O
New Britain														
New Britain General.....	P. D. Rosahn.....	446	234,638	7,773	6,168	4P	2	1	1	1	0	5	3900-4800	P
New Haven														
Hospital of St. Raphael.....	R. Nesbit.....	267	292,860	16,003	15,317	4P	1	1	1	1	0	4	3600-4500	F
Yale-New Haven Medical Center.....														
Grace-New Haven Community.....	A. A. Liebow, D. Seligson.....	681	616,154	11,820	8,730	4P	9	2	2	0	0	13	2500-3400	P
Veterans Admin. (West Haven).....	R. Yesner.....	283	583,578	3,566	3,209	4P	2	2	2	0	0	6	4020-6120	O
Newington														
Veterans Admin.....	R. Olivetti.....	104	137,287	1,308	1,253	2P	1	1	0	0	0	2	4020-4735	P
Norwalk														
Norwalk.....	R. Barnett.....	273	211,692	5,180	3,467	4P	1	1	1	1	0	4	3420-4680	F
Stamford														
Stamford.....	E. S. Breakell.....	276	220,978	3,563	2,898	4P	1	1	1	1	0	4	3000-3900	FP
Waterbury														
St. Mary's.....	M. E. Cox.....	233	201,215	4,579	3,026	4P	1	1	1	1	0	4	3900-4800	FP
Waterbury.....	J. O. Collins.....	245	247,955	5,225	5,225	4P	1	1	1	1	0	4	2700-3600	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Delaware.....	J. W. Howard.....	385	459,473	6,887	6,463	4P	1	1	1	1	0	4	5400-7200	P
Memorial.....	J. W. Abbiss.....	253	265,221	4,531	4,531	4P	3	1	1	1	0	6	5400-7800	P
Wilmington General.....	J. V. Casella.....	177	245,027	5,239	3,833	2P	1	1	0	0	0	2	4200-4800	FP
DISTRICT OF COLUMBIA														
Washington														
Children's.....	G. Guin.....	135	231,030	998	984	2P	1	1	0	0	0	2	2700-3840	P
District of Columbia General.....	L. F. Misarik.....	770	1,242,968	8,052	8,052	4P	4	3	3	2	0	12	3800-5000	F

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA, Washington—Continued														
Doctors	O. B. Hunter, Jr.	185	241,082	5,643	4,739	4P	1	1	1	1	0	4	3600-7200	P
Georgetown University	A. Golden	378	460,876	4,996	4,996	4P	3	3	2	2	0	10	2820-3660	P
George Washington University	T. M. Peery	272	328,682	8,579	8,400	4P	1	1	1	1	0	4	3300-4200	P
Providence	K. McCoy	287	263,967	6,129	5,915	4P	1	1	1	1	0	4	4200-5100	P
Sibley Memorial	O. B. Hunter	231	214,370	7,693	6,193	4P	1	1	1	1	0	4	3600-4800	FP
Veterans Admin. ⁶²	M. J. Matthews	339	253,434	3,057	3,057	4P	2	1	0	0	0	3	4205-7405	O
Washington Hospital Center	V. E. Martens	903	420,860	12,639	12,283	4P	2	2	2	2	0	8	4080-4620	P
FLORIDA														
Coral Gables														
Veterans Admin.	R. M. Clark	373	480,977	4,476	4,400	4P	1	1	1	1	0	4	4020-6120	O
Fort Lauderdale														
Broward General	R. J. Poppiti, R. V. Thompson	266	306,261	14,038	5,565	4P	1	1	1	1	0	4	4800-5700	O
Gainesville														
University of Florida Teaching Hospital and Clinics	J. L. Edwards, F. W. Sunderman, Jr.	350	373,138	7,946	7,946	4P	4	4	4	2	1	15	3200-7000	O
Hollywood														
Memorial	J. Mickley	152	215,341	4,485	4,015	2P	1	1	0	0	0	2	4800-...	P
Jacksonville														
Baptist Memorial	A. G. Foraker	162	257,418	6,879	5,512	4P	1	1	1	1	0	4	5400-6300	O
Duval Medical Center	J. W. Eversole	274	257,552	9,555	9,149	2A	1	1	0	0	0	2	5400-5700	P
St. Vincent's	C. M. Whorton	159	264,001	7,514	5,657	4P	1	1	1	1	0	4	5400-6300	P
Miami														
Jackson Memorial	W. A. D. Anderson	955	1,297,850	15,146	12,780	4P	4	4	4	4	0	16	3000-4680	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	J. Benson	260	348,943	5,357	4,784	4P	1	1	1	1	0	4	3000-3900	FP
Orlando														
Orange Memorial	C. G. Butt	286	427,019	6,152	5,571	4P	1	1	1	1	0	4	5700-6600	O
Pensacola														
Baptist	G. Squires	135	174,982	3,154	1,434	4P	1	1	1	1	0	4	5100-6000	P
St. Petersburg														
Mound Park	I. C. Evans	425	375,603	10,345	10,345	4P	1	1	1	1	0	4	4420-5252	P
Tampa														
Tampa General	J. Hutcheson	551	316,356	12,756	10,906	4P	2	2	2	2	0	8	3000-5700	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	D. Ayer	226	281,823	7,213	5,966	4P	3	2	1	1	0	7	3780-4200	P
Emory University Affiliated Hospitals	J. T. Ellis	183	217,027	2,399	2,369	4P	4	2	2	1	0	9	3000-6000	P
Emory University	J. T. Ellis	197	274,321	1,687	1,567	3P	2	1	0	0	0	3	4020-7035	P
Veterans Admin.	J. T. Ellis	648	673,396	7,897	7,897	4P	3	3	3	1	0	10	2700-3900	F
Grady Memorial	R. Vincenzi	106	156,062	5,957	5,957	4P	1	1	0	0	0	2	5040-5280	P
Piedmont	J. T. Godwin	178	270,213	9,573	9,573	4P	1	1	1	1	0	4	5160-6000	P
St. Joseph's Infirmary														
Augusta														
Medical College of Georgia Hospitals	L. Stoddard	265	560,156	4,287	4,287	4P	3	2	1	1	1	8	3000-6996	O
Eugene Talmadge Memorial	M. Ihnen	161	259,516	5,996	5,072	4P	1	1	1	1	0	4	3000-6000	O
University														
Macon														
Macon	L. A. Ereble	175	376,848	9,514	7,565	4P	1	1	1	1	0	4	5400-7200	...
Savannah														
Memorial Hospital of Chatham County	C. A. Jaramillo	192	165,871	3,117	2,988	2P	1	1	0	0	0	2	4500-6000	F
HAWAII														
Honolulu														
Kuakini Hospital and Home	G. N. Stemmerman	134	99,350	3,885	3,267	2A	1	1	0	0	0	2	6600-7200	P
Queen's	H. Civin	313	299,834	6,900	5,851	4P	2	1	1	0	0	4	6600-7800	O
St. Francis	P. Y. Tamura	164	149,092	5,958	5,749	2A	1	1	1	1	0	4	6600-8400	O
ILLINOIS														
Berwyn														
MacNeal Memorial	B. H. Neiman	237	256,539	8,489	6,977	4P	1	1	1	1	0	4	5400-7200	FP
Chicago														
American	W. Eisenstaedt	82	74,427	1,875	1,672	2P	2	0	0	0	0	2	2700-3600	F
Augustana	F. J. Bicknell	169	172,802	3,291	2,992	4P	1	1	1	1	0	4	7380-7380	P
Children's Memorial	G. Milles	141	216,839	9,783	9,783	2P	1	0	0	0	0	1	3300-4200	P
Columbus	J. D. Boggs	180	323,414	7,926	6,516	4P	1	1	1	1	0	4	4500-5400	F
Cook County	E. F. Hirsch	2,264	2,132,210	21,731	21,731	4P	3	3	3	3	0	12	1800-7620	FP
Edgewater	P. B. Szanto	188	189,010	5,051	4,878	4P	2	1	1	0	0	4	6000-7800	F
Englewood	L. G. Gamboa	75	69,946	1,841	1,462	2P	1	1	0	0	0	2	4800-5400	F
Grant	M. Swerdlow	148	131,140	4,612	4,601	4P	1	1	1	1	0	4	5400-6300	P
Illinois Central	G. W. Smetters	124	122,401	3,832	3,372	2A	1	1	0	0	0	2	4656-...	FP
Illinois Masonic	W. P. Mavrelis	312	404,707	4,365	3,897	4P	1	1	0	0	0	2	6000-7200	F
Louis A. Weiss Memorial	C. Gyori	119	197,561	3,066	3,009	2A	2	0	0	0	0	2	5400-5700	P
Mercy	S. Levinson	155	312,018	3,795	3,795	4P	1	1	1	1	0	4	3600-4800	F
Michael Reese Hospital and Medical Center	G. W. Changus	492	1,096,134	13,698	11,626	4P	2	2	3	3	2	12	3600-5100	P
Mount Sinai	H. Braunstein	265	480,052	5,273	4,685	4P	3	3	3	3	0	12	4600-5800	...
Northwestern University Medical Center	I. Davidson	340	400,338	12,683	12,323	4P	2	1	1	1	0	5	3300-4200	P
Chicago Wesley Memorial	T. C. Laipply	120	235,965	3,588	3,588	4P	2	1	1	1	0	5	3300-4200	P
Passavant Memorial	W. Wartman, J. Sherrick	400	351,248	2,535	2,533	4P	2	2	1	1	0	6	4205-7405	O
Veterans Admin. Research	H. Yokoo	293	335,268	8,816	7,729	4P	1	1	1	1	0	4	3300-4200	P
Evansston (Evanston)	C. B. Taylor	641	831,486	10,014	9,872	4P	2	2	2	2	0	8	4800-7200	P
Presbyterian-St. Luke's	G. M. Haas	171	223,606	3,406	3,041	1A	1	0	0	0	0	1	4500-4500	FP
Ravenswood	H. Hetz	168	218,114	4,195	3,443	4P	1	1	1	1	0	4	6600-6600	O
St. Anne's	J. B. Hartney	96	106,187	4,798	3,840	4P	1	1	1	1	0	4	5650-6300	P
St. Joseph	J. R. Kraft	155	298,398	4,955	3,891	1A	2	0	0	0	0	2	6180-6780	P
St. Mary of Nazareth	M. C. Godwin													

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS, Chicago—Continued														
Swedish Covenant	J. B. McCormick	127	147,764	2,766	2,173	4P	1	0	1	0	0	2	3600-6000	F
University of Chicago Hospitals and Clinics	R. W. Wissler	488	785,093	7,638	7,449	4P	2	0	2	0	1	5	3900-5500	O
University of Illinois Research and Educational Hospitals	C. A. Krakower	370	1,018,125	15,062	15,062	4P	..	..	..	..	..	10	3000-4200	P
Veterans Admin. (West Side) ¹⁷⁰	B. Chomet	310	542,000	3,684	3,530	4P	2	1	0	1	0	4	4020-11725	O
Decatur														
Decatur and Macon County	O. C. Brosius	179	204,216	9,603	4,493	4P	..	..	..	..	..	4	5100-6900	F
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
St. Francis	G. A. Nedzel	292	240,954	6,358	4,877	4P	..	..	..	..	..	3	4080-4620	FP
Hines														
Veterans Admin. ¹⁸¹	M. E. Rubnitz	808	835,817	4,715	4,630	4P	2	2	2	2	0	8	4020-6120	O
Oak Park														
West Suburban	G. Kent, F. I. Volini	258	291,065	5,862	4,955	4P	1	1	1	1	0	4	4800-5400	P
Park Ridge														
Lutheran General	J. Valaitis	197	259,403	5,225	3,803	4P	1	1	1	1	0	4	4800-7200	P
Peoria														
Methodist Hospital of Central Illinois	H. I. Brown	230	184,609	5,930	4,439	4P	1	1	1	1	0	4	5400-7200	F
St. Francis	K. R. Solberg	322	275,186	4,275	4,252	4P	1	1	1	1	0	4	5100-6000	F
Rockford														
Rockford Memorial	M. O. Alexander	220	222,669	4,736	3,713	4P	1	0	1	0	0	2	3600-4800	F
St. Anthony	A. R. K. Matthews	176	155,003	4,711	4,523	4P	1	1	1	1	0	4	4800-7200	P
Urbana														
Carle Memorial	H. P. Friedman	96	185,000	3,851	3,620	1A	1	0	0	0	0	1	1800-4200	..
INDIANA														
Elkhart														
Elkhart General—See South Bend Medical Foundation Hospitals, South Bend														
Evansville														
St. Mary's	F. W. Porro	246	209,904	6,372	4,712	2P	1	0	1	0	0	2	4800-...	P
Fort Wayne														
St. Joseph's	L. A. Schneider	214	203,461	9,566	8,264	4P	2	1	1	1	0	4	4800-6000	P
Gary														
Methodist	W. P. Loh	231	223,667	15,934	7,103	4P	1	1	1	1	0	4	4200-6000	FP
Indianapolis														
Indiana University Medical Center		..	..	..	..	..	..	..	..	..	..	..	..	..
Indiana University Hospitals	P. R. Beamer	402	223,942	11,623	11,423	4P	3	3	3	3	0	12	3600-5000	..
Marion County General	P. R. Beamer	632	307,948	2,996	2,941	4P	1	1	1	1	0	4	3863-8000	P
Methodist Hospital of Indiana	L. H. Hoyt	439	1,257,606	18,986	12,618	4P	2	2	2	2	0	8	4320-5400	P
St. Vincent's	L. N. Foster	195	338,555	7,460	6,373	4P	1	1	1	1	0	4	5700-7500	P
Veterans Admin.	D. Rosenbaum	369	337,862	2,338	2,338	3P	0	1	1	0	0	2	4020-7035	O
Lafayette														
St. Elizabeth	H. T. Russell	95	153,296	3,567	2,548	2A	1	1	1	1	0	4	4800-5100	F
Mishawaka														
St. Joseph—See South Bend Medical Foundation Hospitals, South Bend														
Muncie														
Ball Memorial	L. G. Montgomery	298	131,505	7,265	5,556	4P	1	1	1	1	0	4	5700-6600	FP
South Bend														
South Bend Medical Foundation Hospitals	C. S. Culbertson	440	485,286	17,507	12,693	4P	2	2	2	2	0	8	5400-6000	..
Elkhart General (Elkhart)		..	..	..	..	..	..	..	..	..	..	..	..	..
St. Joseph (Mishawaka)		..	..	..	..	..	..	..	..	..	..	..	..	..
Memorial Hospital of South Bend		..	..	..	..	..	..	..	..	..	..	..	..	..
St. Joseph's		..	..	..	..	..	..	..	..	..	..	..	..	..
IOWA														
Cedar Rapids														
St. Luke's Methodist	R. F. Looker	270	320,805	7,988	5,406	4P	1	1	1	1	0	4	4200-5100	F
Des Moines														
Iowa Methodist	J. W. Green, Jr.	267	256,112	8,132	4,789	4P	1	1	1	1	0	4	3300-4200	F
Mercy	F. C. Coleman	244	233,161	3,655	3,641	4P	0	1	2	1	0	4	4800-5700	F
Veterans Admin.	T. E. Corcoran	180	200,181	2,303	2,303	1A	1	0	0	0	0	1	4020-7035	P
Iowa City														
Mercy	K. R. Cross	67	63,523	2,187	2,000	1P	1	0	0	0	0	1	3600-8000	O
University Hospitals	E. D. Warner	589	551,925	7,609	7,609	4P	3	3	3	3	0	13†	4500-8500	P
Veterans Admin.	K. R. Cross	252	275,162	2,175	2,024	4P	1	1	1	1	0	4	4020-7035	P
KANSAS														
Halstead														
Halstead	J. I. Mossberger	44	98,413	2,550	2,328	2P	1	1	0	0	0	2	3900-4200	P
Kansas City														
University of Kansas Medical Center	J. Carter	550	930,105	8,636	8,118	4P	6	5	5	2	0	18	4000-6500	P
Veterans Admin. (Kansas City, Mo.)	S. H. Choy	319	450,558	2,239	1,863	4P	..	..	..	..	..	4	4020-6120	..
Wichita														
St. Francis	W. P. Callahan, Jr.	359	972,072	52,187	37,159	4P	1	1	1	0	0	3	5400-6300	F
St. Joseph Hospital and Rehabilitation Center—Veterans Admin.		..	..	..	..	4P	1	1	1	1	0	4	..	..
St. Joseph Hospital and Rehabilitation Center	W. J. Reals	231	185,523	8,295	7,583	..	..	..	..	..	..	..	3900-5400	P
Veterans Admin.	M. Barnes	126	146,578	1,082	1,001	..	..	..	..	..	..	..	4205-7405	O
Wesley Medical Center	B. Stofer	201	479,245	11,029	10,616	4P	1	1	1	1	0	4	5400-6300	F
KENTUCKY														
Covington														
St. Elizabeth	R. J. Ritterhoff	97	116,847	4,306	3,232	2A	1	1	0	0	0	2	3900-5700	P
Harlan														
Harlan Appalachian Regional	D. M. Kuhns	178	136,468	6,062	5,190	4P	0	0	0	2	0	2	6400-8200	P
Lexington														
St. Joseph	J. T. McClellan	220	244,410	5,325	5,325	1A	1	0	0	0	0	1	4380-4380	O
University	W. B. Stewart	119	71,387	1,755	1,755	4P	1	1	1	1	0	4	3960-5780	P

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

State	City	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined, Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
								1st Year	2nd Year	3rd Year	4th Year	5th Year				
KENTUCKY—Continued																
Louisville	Children's	D. Stowens					1P									
	Louisville General	W. M. Christophersen	602	433,101	4,947	4,553	4P	2	2	2	2	2	10	2500-	FP	
	Veterans Admin. ¹⁹⁹	W. M. Christophersen	276	273,820	2,710	2,676	4P	1	1	1	1	0	4	4020-5575	O	
LOUISIANA																
New Orleans	Charity Hospital of Louisiana		E. Moss, C. E. Dunlap, H. C. McGill	1,879	1,121,994	15,252	15,252	4P					16	1500-2400	F	
		Hotel Dieu Sisters'	R. Hartwell	87	253,267	10,568	10,568	3P	1	1	1	0	0	3	2700-6000	O
		Ochsner Foundation	G. M. Carrera	213	357,433	6,539	6,458	4P	1	1	1	1	0	4	3000-3900	P
		Ochsner Foundation	M. Beeler	213	357,433	6,539	6,458	3C	1	1	1	0	0	3	3000-3660	P
		Southern Baptist	S. R. Staggers	238	571,440	16,205	16,205	4P	1	1	1	1	0	4	4020-4920	P
		Touro Infirmary	A. Hertzog	228	284,172	7,257	7,257	4P	1	1	1	1	0	4	2820-3720	FP
		Veterans Admin.	J. Ziskind	349	317,248	2,430	2,407	4P	1	1	1	1	0	4	4020-12845	O
	Shreveport	Confederate Memorial Medical Center	W. R. Mathews	321	412,810	5,410	5,410	4P	1	1	1	1	0	4	2280-3960	F
	MAINE															
	Bangor	Eastern Maine General		R. Wadsworth	158	196,887	10,662	9,080	3A	2	2	2	0	0	6	3900-5400	F
Lewiston		Central Maine General	C. F. Branch	253	105,147	5,546	5,446	4P	1	0	0	0	0	1	3300-4920	F
Portland	Maine Medical Center	J. E. Porter	250	286,872	6,416	4,094	4P	1	1	1	1	0	4	2400-3300	FP	
MARYLAND																
Baltimore	Baltimore City Hospitals		A. D. Pollack	554	439,129	5,320	5,320	3A	2	1	1	1	1	6	4500-6500	O
		Johns Hopkins	I. L. Bennett	778	561,755	15,924	15,924	3A	4	4	3	2	1	14	2600-	P
		Maryland General	W. B. King	198	396,410	8,625	7,191	4P	1	1	0	0	0	2	3900-4800	P
		Mercy	R. Lancaster	140	568,157	6,923	4,540	2A	1	1	0	0	0	2	6300-6600	P
		Provident	H. L. Tseng	83	135,135	2,435	2,332	1A	1	0	0	0	0	1	5400-5400	F
		St. Joseph	W. B. VandeGrift	154	213,507	6,448	5,087	2A	1	1	0	0	0	2	5400-5700	P
		Sinai Hospital of Baltimore	T. Weinberg	361	544,674	19,385	16,837	4P	3	2	2	2	0	9	4700-5750	P
		Union Memorial	H. H. Marsh, W. C. Merkel	265	313,210	9,149	8,245	4P	1	1	1	1	0	4	6240-7200	P
		University of Maryland	H. I. Firminger	424	565,912	9,451	9,200	4P	2	2	2	2	0	8	3600-5600	P
	Bethesda	Suburban	J. S. Shaver	150	334,114	5,583	4,082	4P	1	1	1	1	0	4	3720-4620	FP
Cheverly	Prince George's General	C. J. Burns	445	371,714	5,906	5,563	2P	1	1	0	0	0	2	3900-4800	F	
MASSACHUSETTS																
Beverly	Beverly	R. Fienberg	156	174,132	2,172	2,172	4P	2	0	0	0	0	2	-3600	F	
Boston	Beth Israel ²⁹	D. G. Freiman	250	302,178	5,829	5,829	4P	2	2	1	1	0	6	3600-6000	P	
	Boston City ²⁹	G. K. Mallory	1,040	102,484	7,169	7,127	4P	7	6	3	3	0	19	3600-5400	O	
	Boston Lying-in Hospital—Free Hospital for Women ²⁹		J. M. Craig					1A								
		Boston Lying-in ³⁰		144	105,191	6,058	6,058		0	0	0	2	0	2	3600-3600	P
		Free Hospital for Women (Brookline)		22	60,145	5,447	5,447		0	0	1	1	0	2	2800-4000	O
		Carney	H. J. Christian	189	272,361	5,810	4,889	4P	1	1	1	1	0	4	2400-3300	F
		Children's Hospital Medical Center	S. Farber	316	155,026	2,487	2,485	2P						2	1800-5250	F
		Faulkner	P. M. LeCompte	158	91,939	4,312	3,881	2P	1	1	1	0	0	1	3500-4500	F
		Lemuel Shattuck	G. W. Curtis	234	164,506	899	899	2A	2	1	0	0	0	3	4415-5538	P
		Massachusetts General ²⁰	B. Castleman	1,153	91,642	13,997	13,997	4P	4	2	2	0	0	8	3600-5400	P
		Massachusetts Memorial Hospitals	I. Gore	123	185,576	5,080	5,055	4P	1	1	1	1	1	5	3600-4800	O
		New England Center	H. E. MacMahon	205	558,082	4,072	3,876	2A	1	2	1	0	0	4	3600-6000	O
		New England Deaconess	W. A. Meissner	329	391,426	9,661	9,127	4P	3	4	3	3	2	15	3600-6000	P
		Peter Bent Brigham ^{29 228}	G. J. Dammin	376	347,248	3,926	3,926	4P	3	3	2	0	0	14	2533-4133	P
		St. Elizabeth's	J. H. Graham	214	1,295,097	7,322	5,238	3A	2	2	2	0	0	6	3600-4800	P
		Veterans Admin. (Jamaica Plain)	J. D. Houghton	463	533,632	4,167	4,167	3A	3	2	2	0	0	7	4205-7405	O
	Veterans Admin. (West Roxbury) ²⁴¹	H. J. White	109	175,252	1,619	1,619	2P	1	1	1	1	0	4	4020-7035	O	
Brockton	Brockton	G. R. Dickersin	117	165,956	3,739	2,595	2A	2	2	0	0	0	4	3610-3810	F	
Brookline																
Free Hospital for Women—See Boston Lying-In Hospital-Free Hospital for Women, Boston																
Cambridge	Cambridge City	F. O. Young	86	157,974	2,641	2,623	2A	1	1	0	0	0	2	3850-4200	F	
	Mount Auburn	H. A. Bird	206	197,908	3,698	3,258	2A	2	2	0	0	0	4	3600-4200	O	
Fall River	Truesdale	W. Freeman	92	138,150	5,488	4,453	1A						2	5100-5100	F	
Fitchburg	Burbank	H. J. Sparling, Jr.	112	145,134	2,390	2,390	3P	1	1	1	0	0	3	3600-4800	F	
Framingham	Framingham Union	C. G. Tedesci	130	166,396	11,638	9,847	4P	2	2	0	0	0	4	3900-4500	F	
Holyoke	Holyoke	H. P. Wakefield	152	95,277	3,437	2,815	1A	1	0	0	0	0	1	1800-3000	F	
Lawrence	Lawrence General	L. S. Holliffe	137	144,408	1,913	1,887	4P	1*	1	1	1	0	4	4500-5400	P	
Lynn	Lynn	H. G. Olken	208	210,501	5,346	5,346	4P						6	3600-8000	P	
Malden	Malden	M. V. MacKenzie	89	105,741	4,319	4,002	2P						2	3900-5100	F	
Newton Lower Falls	Newton-Wellesley	D. Skinner	149	217,193	6,080	3,847	4P	1	1	1	1	0	4	2700-4200	F	
Pittsfield	Pittsfield Affiliated Hospitals		W. Beautyman	202	216,658	7,859	4,149	4P	1	1	1	1	0	4	3900-5400	F
		Pittsfield General														
		St. Luke's														

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

Geography	Institution	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residences Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
								1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI															
Clayton	St. Louis County	J. P. Wyatt	243	249,841	1,757	1,487	1A	0	0	0	1	0	1	4200-4800	P
Columbia	University of Missouri Medical Center	F. V. Lucas	292	388,337	9,619	8,575	4P	3	3	3	3	0	12	4800-6300	P
Kansas City															
	Kansas City General Hospital and Medical Center	C. Wheeler	470	448,231	6,963	6,562	4P	2	2	2	2	0	8	4500-6300	P
	Menorah Medical Center	H. Cohen	151	177,398	9,156	2,985	4P	1	1	1	1	0	4	5700-7500	P
	Research Hospital and Medical Center	H. K. B. Allebach	174	212,446	5,432	4,165	4P	1	0	1	1	0	3	5100-6900	P
	St. Joseph	V. B. Buhler	271	420,268	7,816	6,206	4P	1	1	1	1	0	4	4200-6000	P
	St. Luke's	F. C. Hellwig	393	413,188	26,344	23,710	4P	2	2	2	0	0	6	5600-6650	P
	St. Mary's	A. Lapi	163	471,487	7,784	6,521	4P	1	1	1	1	0	4	4800-6600	F
	Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis															
	Barnes	P. E. Lacy	484	683,000	15,720	14,515	3A	1	1	1	1	0	13	3750-6500	O
	DePaul	J. Bauer	173	234,699	5,044	3,699	4P	1	1	1	1	0	4	4200-6000	F
	Homer G. Phillips	J. O. Blache	209	331,407	3,742	3,506	3A	1	1	1	0	0	3	3420-4584	P
	Jewish Hospital of St. Louis	J. Hasson	285	341,212	6,884	6,236	4P	2	1	1	1	0	5	2400-4200	FP
	Missouri Baptist	W. R. Platt	153	114,584	11,085	10,066	4P	1	1	1	1	0	4	4200-5400	FP
	St. John's Mercy	H. Allen	209	203,130	4,622	3,872	4P	1	1	1	1	0	4	3600-4800	F
	St. Louis City	D. D. Mark	668	491,618	3,704	3,544	4P	3	2	2	2	0	9	5053-8638	P
	St. Louis University Group of Hospitals	J. Wyatt	535	1,288,706	13,735	7,815	4P	4	3	1	3	0	11	2400-4800	F
	St. Luke's	R. W. Ogilvie	247	244,447	5,289	4,301	2A	1	0	0	0	0	1	3600-4200	F
NEBRASKA															
Lincoln	Lincoln General	F. H. Tanner	95	135,230	6,366	5,381	1A	1	0	0	0	0	1	4200-4200	F
Omaha															
	Bishop Clarkson Memorial	M. Foster	208	389,480	8,008	5,831	4P	1	1	1	1	0	4	3900-5100	O
	Creighton Memorial St. Joseph's	T. Perrin	225	220,603	6,976	350	4P	2	0	2	0	0	4	3900-4500	P
	Immanuel	K. C. Hoffman	76	125,900	5,732	2,213	2P	1	0	0	0	0	1	4800-5200	F
	Nebraska Methodist	J. R. Sehenken	184	172,840	9,045	9,004	4P	2	1	1	1	1	6	4200-6000	P
	University of Nebraska	J. R. Sehenken	123	203,004	1,970	1,925	4P	1	1	1	1	0	4	3000-4300	F
	Veterans Admin.	D. M. Fitch	195	229,585	2,279	2,025	3A	1	1	1	0	0	3	4020-5575	O
NEW HAMPSHIRE															
Hanover	Mary Hitchcock Memorial	R. K. House	224	226,117	4,059	3,713	4P	2	2	1	1	0	6	3008-4130	P
NEW JERSEY															
Atlantic City	Atlantic City	M. Aekerman	367	167,463	3,876	3,295	2A	1	1	0	0	0	2	3900-4200	F
Camden															
	Our Lady of Lourdes	R. L. Breckenridge	136	192,414	3,563	2,477	4P	2	0	0	0	0	2	4800-6600	P
	West Jersey	W. V. McDonnell	140	204,247	7,456	7,299	4P	1	1	1	0	0	3	5100-6000	FP
East Orange	East Orange General Veterans Admin. ³⁰⁰	H. L. Goodman F. Pachibul	94 474	114,018 408,991	2,782 2,924	2,412 2,912	1A 3A	1 1	0 0	0 1	0 0	0 0	2 2	4800-6000 4200-7405	F ...
Elizabeth	Elizabeth General Hospital and Dispensary St. Elizabeth	J. P. Greeley D. H. Dreizin	120 110	135,208 125,531	5,207 2,895	4,079 2,895	4P 2A	0 1	1 1	0 0	0 0	0 0	1 2	3900-4800 5500-6000	F O
Englewood	Englewood	S. R. Gambino	151	251,500	8,765	7,437	4P	1	1	1	1	0	4	3960-4860	FP
Flemington	Hunterdon Medical Center	E. Almstead	152	92,135	1,948	1,650	2P	1	1	0	0	0	2	4700-4700	FP
Hackensack	Hackensack	D. Brown	160	227,964	10,464	10,440	4P	1	1	1	1	0	4	3000-3900	F
Hoboken	St. Mary	A. Ehrlich	159	115,201	3,441	2,841	2A	1	1	0	0	0	2	3600-4800	F
Jersey City	Christ Jersey City Medical Center	A. J. Gitlitz A. Gnassi	130 349	217,541 373,613	9,408 26,098	7,349 26,098	2P 4P	1 2	1 2	0 2	0 2	0 8	2 8	4200-5400 3800-6000	F F
Long Branch	Monmouth Medical Center	M. R. Rush	237	223,695	5,134	4,828	4P	1	1	1	1	0	4	3900-4500	F
Montclair	Mountainside	J. L. Work	218	270,867	6,438	6,081	3A	2	2	2	0	0	6	3480-4080	F
Morristown	Morristown Memorial	H. F. Luddecke	212	316,359	7,435	7,435	4P	1	1	1	1	0	4	3900-4800	FP
Mount Holly	Burlington County Memorial	C. Catanzaro	137	166,625	2,689	2,689	2A	1	1	0	0	0	2	3000-4800	F
Neptune	Fitkin Memorial	R. E. Conover	312	138,759	3,695	3,621	4P	1	1	0	0	0	2	4200-5400	F
Newark	Newark Beth Israel Newark City St. Barnabas Medical Center St. Michael United Hospitals of Newark-Presbyterian	L. Goldman E. Albano W. G. Bernhard S. J. Rose S. Sarkisian	249 558 61 202 116	144,169 466,613 126,997 287,816 212,152	6,933 2,904 3,227 3,674 6,108	6,433 2,904 3,167 3,674 5,254	4P 3A 3P 4P 3A	1 2 1 1 1	1 2 1 1 1	1 2 1 1 1	1 0 0 0 0	0 0 0 0 3	4 6 3 4 3	3000-3600 4200-7200 3300-3900 4300-4500 3900-4200	F F F FP O
New Brunswick	Middlesex General St. Peter's General	S. E. Moolten V. A. Galdi	148 229	129,583 288,816	3,852 7,075	549 6,289	2P 4P	1 1	1 1	0 1	0 1	0 0	2 4	4680-4980 4560-6360	FP P
Orange	Orange Memorial	J. B. Gere	165	145,401	4,468	4,468	4P	1	1	1	1	0	4	2700-3600	FP
Paramus	Bergen Pines County Hospital-Pascaack Valley Bergen Pines County Pascaack Valley (Westwood)	M. Shuster V. H. Gillson	504 35	167,305 47,571	1,032 2,209	1,032 1,971	1A ...	1 ...	1 ...	0 ...	0 ...	0 ...	2...	...	...
Passaic	Passaic General St. Mary's	J. R. Gannon R. Brill	122 92	129,271 100,649	3,011 4,242	2,979 4,142	2P 2P	1 1	1 1	0 0	0 0	0 0	2 2	4200-5400 4200-4800	F F

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

		Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966						Total All Years	Salary per Year Min.-Max.	Main-tenance
								1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW JERSEY—Continued																
Paterson																
Barnert Memorial	J. Churg	87	141,301	4,434	3,812	1A	1	0	0	0	0	1	6000-6000	P		
Paterson General	J. J. Halleron	176	111,007	5,190	4,230	2P	1	1	0	0	0	2	4800-6000	F		
St. Joseph's	P. Steinlauf	351	312,864	7,102	5,989	4P	2	1	1	0	0	4	3900-4500	F		
Perth Amboy																
Perth Amboy General	H. Y. Tyler	112	250,333	3,856	3,856	1A	1	0	0	0	0	1	4800-5400	F		
Phillipsburg																
Warren	E. E. Ziegler	104	131,103	4,644	3,768	1A	1	0	0	0	0	1	4800-4800	FP		
Plainfield																
Muhlenberg	B. H. Hyun	313	277,064	6,941	6,941	4P	2	2	2	1	0	7	4000-5340	FP		
Summit																
Overlook	G. L. Erdman	201	214,033	5,203	4,268	4P	1	1	1	1	0	4	3600-5400	F		
Trenton																
Mercer	T. K. Rathmell	184	243,795	4,909	3,765	2A	1	1	0	0	0	2	3000-4200	F		
St. Francis	S. Weintraub	214	374,919	5,038	4,919	3A	1	1	1	0	0	3	4200-5100	F		
Vineland																
Newcomb	M. N. Solomon	78	56,316	2,929	2,604	1A	1	1	1	1	0	1	3600-5400	P		
Westwood																
Pascack Valley—See Bergen Pines County Hospital-Pascack Valley, Paramus																
NEW MEXICO																
Albuquerque																
Bataan Memorial Methodist	T. L. Chiffelle	93	270,521	2,861	2,272	4P	1	1	1	1	0	4	4200-5400	P		
University of New Mexico Affiliated Hospitals						4P										
Bernalillo County-Indian	R. S. Stone	126	215,794	1,729	1,219		1	1	1	1	0	4	4200-4600	FP		
Veterans Admin.	W. Hentel	220	238,914	2,022	1,970		1	0	1	0	0	2	4020-6120	O		
NEW YORK																
Albany																
Albany Medical Center	W. A. Thomas	603	618,672	7,202	7,202	4P	3	2	1	1	0	7	4205-6440	O		
Bender Laboratory Hospitals	J. J. Clemmer	499	843,307	16,080	16,080	4P	2	2	1	1	0	6	6000-7200	O		
A. N. Brady Memorial																
St. Peter's																
Veterans Admin.	A. S. Daoud	367	435,753	6,496	6,496	4P	1	1	1	1	0	4	4020-11150	O		
Binghamton																
Binghamton General	N. W. Elton	208	202,517	3,623	2,559	4P	1	1	1	1	0	4	4500-5400	P		
Bronxville																
Lawrence	A. A. Eggston	115	86,172	2,132	1,446	1A	1	0	0	0	0	1	3900-3900	F		
Buffalo																
Buffalo General	J. C. Brennan	493		13,340	12,888	4P	1	1	1	1	0	4	4100-5000	P		
Children's Hospital of Buffalo	K. Aterman	248	333,844	2,566	2,520	2P	2	2	0	0	0	4	2700-4500	FP		
Deaconess Hospital of Buffalo	J. Sheffer, B. Fisher	137	168,704	5,149	5,106	4P	1	2	2	0	0	5	3900-4200	FP		
Edward J. Meyer Memorial	H. Lansky	577	827,906	8,398	8,398	4P	2	2	1	1	0	6	3875-4640	P		
Morey	A. Constantine	193	213,103	6,433	5,184	3A	1	1	1	0	0	3	3300-3900	FP		
Millard Fillmore	A. V. Postoloff	344	400,334	9,051	8,101	3A	2	1	1	0	0	4	4400-4680	P		
Roswell Park Memorial Institute	J. W. Pickren	525	546,307	11,747	11,737	4P	2	2	2	2	0	8	4500-5544	O		
Sisters of Charity	C. F. Becker	268	196,165	5,567	5,322	2A	1	1	0	0	0	2	4020-5040	F		
Veterans Admin.	G. Fazekas	308	425,416	2,843	2,700	3A	1	1	1	0	0	3	4020-5575	O		
Cooperstown																
Mary Imogene Bassett	C. V. Z. Hawn	105	157,325	1,885	1,881	2A	1	1	0	0	0	2	3600-4800	P		
Elmira																
Arnot-Ogden Memorial	W. Kelly	124	219,476	4,994	4,008	1A	1	0	0	0	0	1	3600-4800	F		
Glen Cove																
Community Hospital at Glen Cove	T. Robertson	130	159,580	4,224	3,346	4P	1	1	1	1	0	2	3600-5100	F		
Glens Falls																
Glens Falls	R. Stokes	161	305,081	5,111	4,787	4P	1	1	1	1	0	1	4800-6600	P		
Hempstead																
Meadowbrook	V. S. Palladino	472	831,834	7,153	6,925	4P	2	2	2	2	0	8	4300-6700	F		
Johnson City																
Charles S. Wilson Memorial	A. Kosinski	209	243,485	4,554	3,019	4P	1	1	1	1	0	4				
Kingston																
Kingston Laboratory Hospitals	H. Derman	237	324,737	10,380	9,415	2P	0	1	0	1	0	2	5000-10000	O		
Benedictine																
Kingston																
Manhasset																
North Shore	S. Gross	116	248,391	4,153	3,578	2P	0	0	1	1	0	2	4450-5470	F		
Mineola																
Nassau	L. R. Ferraro	163	193,226	6,159	4,923	4P	1	1	1	1	0	4	4800-5100	P		
Mount Kisco																
Northern Westchester	R. A. Fox	137	166,067	3,848	2,812	1A	1	0	0	0	0	1	4440-4440	P		
Mount Vernon																
Mount Vernon	J. G. Sharnoff	144	157,016	4,371	4,188	2P	1	1	0	0	0	2	3300-4200	F		
Newburgh																
St. Luke's	T. P. B. Payne	183	183,306	4,391	3,478	2A	1	0	0	0	0	1	4200-4800	FP		
New Hyde Park																
Long Island Jewish	J. I. Berkman	265	332,997	6,872	6,372	4P	1	1	1	1	0	4	4500-6250	O		
New Rochelle																
New Rochelle	W. S. Schraft	209	254,124	4,119	3,325	3A	1	0	0	0	0	1	2700-3300	P		
New York City																
Bellevue Hospital Center																
Div. III-New York University	M. Kuschner	762	1,292,565	11,638	11,638	4P	5	5	5	5	0	20	4200-5220	FP		
Beth Israel	W. Antopol	166	730,752	6,373	6,373	4P	1	1	1	1	0	4	4500-6000	P		
Booth Memorial	A. Blaustein	139	134,068	3,416	3,416	4P	1	1	0	0	0	2	3900-4200	F		
Bronx-Lebanon Hospital Center	J. C. Ehrlich	317	408,781	6,555	6,458		2	2	2	2	0	8	4600-5200	P		
Concourse Division																
Fulton Division																
Bronx Municipal Hospital Center	A. A. Angrist	694	850,000	7,884	7,226	4P	4	4	4	4	1	17	4200-5220	P		
Brookdale Hospital Center	D. M. Spain	167	439,526	7,892	7,821	2A	1	1	0	0	0	4	4500-5000	P		
Brooklyn	J. A. deVeer	174	189,878	3,956	3,656	4P	1	1	1	1	0	4	5040-6060	P		
City Hospital Center at Elmhurst	I. Chapman	928	706,608	3,609	3,564	4P	2	2	1	1	0	6	4200-5220	P		
Columbia-Presbyterian Medical Center																
Francis Delafield	D. G. McKay	174	140,926	1,373	1,373		1	4	4	4	0	13				
Presbyterian	D. G. McKay	570	817,706	10,494	10,402								4200-5220	P		
													4200-5347	O		

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

16. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main- tenance P O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA—Continued														
Charlotte														
Charlotte Memorial	F. G. Germuth, Jr.	232	278,039	7,320	7,320	4P	1	1	1	1	0	4	4380-5100	P
Presbyterian	H. L. Large	215	178,690	10,618	10,618	4P	1	1	1	1	0	4	.....	...
Durham														
Duke University Affiliated Hospitals														
Duke	T. D. Kinney	410	1,178,904	8,387	8,387	4P	2	2	2	2	0	8	3900-4800	P
Veterans Admin.	A. W. Musser	236	316,020	2,910	2,910	4P	1	1	1	1	0	4	4205-7405	O
Watts	J. U. Gunter	111	213,413	4,243	4,243	2P	1	1	0	0	0	2	3900-4200	F
Greensboro														
Moses H. Cone Memorial	H. Z. Lund	212	161,508	10,815	10,581	4P	1	1	1	1	0	4	5400-7200	...
Wilmington														
James Walker Memorial	G. Lumb	...	...	...	...	2P	...	...	...	...	...	...	4200-...	O
Winston-Salem														
North Carolina Baptist	R. P. Morehead	419	553,820	66,681	66,681	4P	4	4	3	1	1	13	3000-5000	P
OHIO														
Akron														
Akron City	L. Catron	276	442,082	9,762	9,762	4P	1	1	1	1	0	4	4200-5400	FP
Akron General	G. R. Dochat	269	471,859	47,624	41,123	4P	1	1	1	1	0	4	4200-5400	FP
Children's Hospital of Akron	M. Baker	78	378,448	2,002	1,178	2P	0	0	2	0	0	2	4800-4800	FP
St. Thomas	G. G. Proskauer	260	274,603	7,263	6,548	4P	1	1	1	1	0	4	4200-5400	FP
Canton														
Aultman	F. B. Queen	227	348,745	9,955	9,896	4P	1	1	1	1	0	4	4200-6000	FP
Cincinnati														
Bethesda	J. Hamblet	165	123,409	6,208	5,375	4P	1	1	1	1	0	4	5640-6360	F
Good Samaritan	L. Z. Gordon	343	380,960	11,096	9,306	4P	1	1	1	1	0	4	3900-4800	F
Jewish	P. Wasserman	242	386,836	9,413	7,516	3P	1	1	1	0	0	3	3240-3720	FP
University of Cincinnati Hospital Group						4P	4	3	3	2	0	12†		
Children's	A. J. McAdams	134	3,944	3,944	1,941	1A	0	1	0	1	0	2	1800-5000	F
Cincinnati General	E. A. Gall	581	187,567	6,973	6,973	...	...	...	...	...	...	...	1800-4500	F
Veterans Admin.	E. A. Gall	248	298,248	1,796	1,796	...	...	...	...	...	...	...	4020-7035	...
Cleveland														
Cleveland Clinic	J. B. Hazard	371	838,908	9,537	9,537	4P	3	2	2	2	0	9	3900-5400	FP
Cleveland Metropolitan General	W. S. Morgan	415	1,106,980	4,017	4,017	4P	4	2	2	2	0	10	3200-5100	P
Evangelical Deaconess	V. Hirsch	104	156,391	3,324	3,293	2A	1	1	0	0	0	2	4200-4500	F
Fairview Park	H. F. McCorkle	196	206,808	6,966	4,605	2A	1	1	0	0	0	2	3900-4200	FP
Huron Road	E. Goodsitt	313	386,874	6,527	6,417	4P	1	1	1	1	0	4	3120-3720	F
Lutheran	W. Sinclair	164	183,880	4,505	4,505	2P	2	0	0	0	0	2	3900-4200	F
Marymount	E. E. Siegler	103	166,082	3,935	3,344	1A	2	0	0	0	0	2	6300-6300	F
Mount Sinai Hospital of Cleveland	H. Gold	299	607,962	16,015	16,015	4P	1	1	1	1	0	4	2700-3600	FP
St. Alexis	A. F. Naji	225	214,265	26,518	26,518	3A	1	1	1	0	0	3	6000-6600	F
St. Luke's	A. J. Segal	265	383,550	8,155	6,533	4P	1	1	1	1	0	4	3600-5460	F
St. Vincent Charity ³⁸⁷	J. S. Mackrell	217	306,725	4,225	3,455	4P	1	1	1	1	0	4	3720-4200	F
University Hospitals of Cleveland	A. R. Moritz	525	835,473	8,916	8,916	4P	5	5	5	5	0	20	3600-5400	P
Veterans Admin. ³⁸⁹	J. R. Kahn	372	513,460	5,487	5,155	4P	1	1	1	1	0	4	4020-6120	P
Columbus														
Children's	W. A. Newton	370	165,166	5,495	5,495	1A	3	0	0	0	0	3	2400-3600	P
Grant	B. H. Hurd	264	212,646	7,272	7,259	3P	1	1	1	0	0	3	5400-6600	P
Ohio State University Hospitals														
University	E. von Haam	1,098	1,382,638	5,674	5,674	4P	4	4	4	4	0	16	3324-7500	P
Riverside Methodist	R. J. Johansmann	272	327,537	10,448	9,423	4P	1	1	1	1	0	4	5160-5700	P
Dayton														
Miami Valley	J. Funkhouser	734	808,280	12,091	12,091	4P	2	2	2	2	0	8	6300-7500	P
Veterans Admin. ³⁹⁹	H. A. Campana	378	344,646	2,169	2,169	4P	1	1	1	1	0	4	4020-6120	O
Elyria														
Elyria Memorial	R. G. Thomas	212	190,850	5,790	4,253	4P	1	0	1	0	0	2	4800-5700	F
Hamilton														
Mercy	K. E. Lande	135	137,864	3,073	2,363	1A	1	1	1	0	0	3	4500-6000	F
Lima														
St. Rita's	C. L. Blumstein	179	192,528	6,531	3,330	4P	1	1	1	1	0	4	4800-5700	P
Lorain														
St. Joseph	C. Chesner	202	209,602	4,244	3,827	4P	1	1	1	0	0	3	4800-5700	F
Springfield														
Springfield City	G. W. Sickel	150	16,405	5,362	5,362	2A	1	1	0	0	0	2	3600-3600	F
Toledo														
Maumee Valley	G. B. Stansell	229	200,509	1,863	1,677	4P	1	1	1	1	0	4	4020-4800	FP
Mercy	E. L. Burns	170	229,317	6,093	5,483	4P	1	1	1	1	0	4	3600-4500	FP
St. Vincent's	M. F. Vidoli	272	310,581	5,858	3,874	4P	1	1	1	1	0	4	3900-4800	F
Toledo	B. Steinberg	345	250,366	7,803	5,971	4P	1	1	1	1	0	4	4200-5100	F
Warren														
Trumbull Memorial	J. D. Culberson	174	216,640	4,978	4,729	4P	1	1	1	1	0	4	4200-6000	F
Youngstown														
St. Elizabeth	B. Taylor	369	350,253	8,234	6,166	4P	1	1	1	1	0	4	4500-5400	F
Youngstown	A. E. Rappoport	535	621,416	9,264	9,264	4P	2	2	2	2	0	8	3900-4800	F
OKLAHOMA														
Oklahoma City														
Baptist Memorial	J. P. Dewar	90	224,731	4,603	3,160	1P	1	0	0	0	0	1	5100-5100	P
St. Anthony	W. T. Snoddy	253	377,900	7,933	5,586	4P	1	1	1	0	0	3	4800-5700	P
University of Oklahoma Medical Center						4P	2	2	2	2	2	10		
University Hospitals	W. E. Jaques	242	317,313	7,339	6,816	...	...	...	...	...	...	...	2400-7000	P
Veterans Admin.	L. L. Knight	264	311,564	3,340	2,797	...	...	...	...	...	...	...
Tulsa														
Hillcrest Medical Center	L. Lowbeer	241	239,319	12,259	10,250	4P	...	...	...	...	...	...	3000-5400	F
St. John's	E. E. Palik	221	343,203	9,834	7,860	4P	1	1	1	1	0	4	3000-3900	FP
OREGON														
Portland														
Emanuel	V. D. Sneed	260	230,951	12,253	10,569	3A	1	1	1	0	0	3	3300-5040	P
Good Samaritan	M. Heinemann	241	320,893	6,565	5,158	4P	1	1	1	1	0	4	4800-6000	P
St. Vincent	J. E. Nohlgren	320	202,295	9,538	8,303	4P	1	1	1	1	0	4	3300-3660	P

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
PUERTO RICO															
Aguadilla															
Aguadilla District						1A									
Arecibo															
Arecibo District	J. A. Carro	318	86,240	2,921	2,921	1A									
Ponce															
Ponce District General	E. Rivera	353	197,593	3,450	3,217	3A	1	1	1	0	0	3	3600-4800	F	
Rio Piedras															
I. Gonzalez Martinez Oncologic ⁴²	R. Marcial Rojas	32	29,054	2,856	2,856	1A	0	0	0	1	0	1	6000-6000	P	
University District	R. Marcial	468	278,761	6,696	6,680	4P	1	2	1	1	0	5	3600-4800	F	
San Juan															
San Juan City	M. De Jesus	145	332,433	4,088	3,391	3A	1	1	1	0	0	3	3600-4200	F	
Veterans Admin.	F. M. Reyes	73	172,242	1,338	1,320	1A	1	0	0	0	0	1	4520-6270		
RHODE ISLAND															
Newport															
Newport	M. A. Chernow	80	126,206	2,814	1,719	1A	1	0	0	0	0	1	4200-4800	F	
North Providence															
Our Lady of Fatima—Sec St. Joseph's Hospital															
Pawtucket															
Memorial	G. P. Paparo	150	305,527	14,650	10,521	4P	1	1	1	1	0	4	4800-6000	FP	
Providence															
Rhode Island	H. Fanger	381	688,016	8,961	8,864	4P	2	2	2	2	0	8	4700-5600	FP	
St. Joseph's Hospital—Our Lady of Fatima	S. R. Allegra	179	256,984	5,519	4,771	2A	1	1	0	0	0	2	4800-4800	FP	
Our Lady of Fatima (North Providence)													4800-4800	FP	
St. Joseph's													4800-4800	FP	
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	E. E. McKee	581	562,169	23,402	20,062	4P	2	2	2	2	0	8	2310-3930	FP	
Medical College															
Roper															
Greenville															
Greenville General	E. A. Dreskin	246	268,580	7,349	7,100	4P	1	1	1	1	0	4	4200-5500	P	
Spartanburg															
Spartanburg General	M. F. Patton	226	331,334	8,427	6,740	4P	1	1	1	1	0	4	5460-6060	P	
SOUTH DAKOTA															
Sioux Falls															
Sioux Valley	K. H. Wegner	179	136,535	4,420	3,844	4P	2	0	0	0	0	2	3900-4500	F	
TENNESSEE															
Chattanooga															
Baroness Erlanger	J. W. Adams	389	411,274	22,637	22,637	4P	1	1	1	2	0	5	3900-4800	F	
Knoxville															
East Tennessee Baptist	G. M. Katibah	78	121,277	5,923	5,331	2P	2	2	0	0	0	2	3600-4200	F	
University of Tennessee Memorial Research Center and Hospital	F. S. Jones	174	352,973	3,442	3,103	4P	1	1	1	1	0	2	4800-6000	F	
Memphis															
Baptist Memorial	M. L. Trumbull	438	609,549	17,126	13,660	4P	3	2	2	2	0	9		F	
City of Memphis Hospitals	D. Sprunt	821	319,412	5,811	5,811	4P	5	5	4	4	0	18	2310-3480	F	
Methodist	C. H. Steffe	200	302,719	10,602	9,623	4P	1	1	1	1	0	4	3900-4800	P	
St. Joseph	L. C. Prieto, M. Goss	147	253,818	5,900	5,143	4P	1	1	1	1	0	4	-5700	F	
Veterans Admin.	J. M. Young	531	611,700	4,503	4,413	4P	2	2	2	2	2	10	4020-7035	O	
Nashville															
Baptist	F. Womack	158	254,526	7,869	5,686	4P	1	1	1	1	0	4	3800-4800	F	
George W. Hubbard	H. M. Frazier	212	3,269	1,594	1,594	2A	1	1	0	0	0	2	2700-3600	F	
Nashville Metropolitan General	W. A. DeMonbreun	177	247,033	3,126	2,999	2A									
St. Thomas	D. K. Gotwald	190	275,284	5,833	4,123	4P							2	3600-3600	FP
Vanderbilt University ⁴¹	J. L. Shapiro	297	355,317	8,358	8,296	4P	4	3	3	3	0	13	3000-3600	P	
Veterans Admin.	N. Ende	216	342,787	2,511	2,251	4P	1	1	1	1	0	4	4020-7035	O	
Oak Ridge															
Oak Ridge Institute of Nuclear Studies Medical Division ⁴²	B. M. Nelson	27	480	44	44	1A	0	0	0	1	0	1	5400-5400	O	
TEXAS															
Austin															
Brackenridge	A. DaSilva	184	193,438	3,794	3,617	4P	1	1	1	1	0	4	4200-5400	F	
Dallas															
Baylor University Medical Center	G. J. Race	403	589,689	15,113	13,186	4P	3	3	2	2	0	10†	5100-6000	F	
Methodist Hospital of Dallas	A. B. Cairns	190	291,781	8,474	6,971	4P	1	1	1	1	0	4	4500-5400	P	
Parkland Memorial	C. T. Ashworth	522	981,571	44,538	44,538	4P	4	2	2	2	0	10	2400-3300	P	
St. Paul	J. H. Childers	239	431,416	5,843	5,639	4P	2	2	2	2	0	8	4500-5400	P	
Veterans Admin.	H. L. Reinhart	337	512,323	3,754	3,754	4P	1	1	1	1	0	4	4020-11150	P	
Fort Worth															
Harris Hospital—Fort Worth Medical Center	C. B. Mitchell	162	156,371	9,472	5,630	4P	1	1	1	1	0	4		F	
St. Joseph	O. J. Wollenman	198	234,310	5,350	4,370	4P	1	1	1	1	0	4	3600-4800	P	
Galveston															
University of Texas Medical Branch Hospitals	F. L. Jennings	378	780,919	7,139	6,877	4P	2	2	2	2	0	8	4200-4200	P	
Houston															
Baylor University Affiliated Hospitals															
Ben Taub General	R. M. O'Neal	503	578,374	6,500	6,500	4P	2	2	2	2	0	8	3600-6000	F	
Methodist	J. P. Abbott	328	755,970	17,906	7,956	4P	2	2	2	2	0	8	1980-2880	P	
Texas Children's	H. S. Rosenberg	105	264,835	2,299	2,205	1A						1	2400-3600	F	
Veterans Admin.	B. Halpert	553	611,272	3,753	234	4P	1	1	1	1	0	4	4020-11150	P	
Hermann	W. G. Brown	315	681,916	16,576	16,363	4P	1	1	1	1	0	4	3900-6192	P	
St. Joseph's	P. M. Marcuse	153	371,796	8,786	6,458	4P	1	1	1	2	0	5	4440-5340	P	
St. Luke's Episcopal	C. J. Lind	179	383,912	7,984	7,857	4P	1	1	1	0	1	4	1200-2750	F	
University of Texas M.D. Anderson Hospital and Tumor Institute	W. O. Russell	320	291,925	68,935	68,935	4P	0	2	2	4	1	9†	4200-10000	O	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

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16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	O or P or Main-Tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued														
Lubbock														
Methodist	W. H. Long	120	175,000	3,800	3,800	4P	1	1	1	1	0	4	3600-4800	P
McKinney														
Veterans Admin.	H. G. McDonald	87	91,462	1,028	1,028	2A	1	1	1	0	0	2	4020-5575	O
San Antonio														
Baptist Memorial	A. O. Severance	225	315,070	8,114	7,580	4P						6	5400-7200	P
Robert B. Green Memorial Hospital-Santa Rosa Medical Center														
Robert B. Green Memorial	D. L. Galindo	422	463,310	11,189	11,189							8	3300-5100	FP
Santa Rosa Medical Center	N. Jacob	340	392,850	8,126	8,066								3300-5100	F
Temple														
Scott and White Memorial	J. C. Stinson	123	371,834	6,133	6,133	4P	1	1	0	0	0	2	4200-5100	P
UTAH														
Ogden														
Thomas D. Dee Memorial	J. L. Verner	163	170,346	10,434	9,126	4P	1	0	0	0	0	1	3900-5100	
Salt Lake City														
Holy Cross	C. McNeil	158	258,060	7,573	5,398	4P	1	1	1	1	0	4	3600-4500	FP
Latter-day Saints	J. H. Carlquist	324	519,551	10,174	8,054	4P	1	1	1	1	0	4	3600-4800	F
University of Utah Affiliated Hospitals	W. H. Carnes					4P	4	2	2	2	0	10		F
Salt Lake County General		250	235,448	1,895	1,712								3600-5400	P
Veterans Admin.		168	239,951	1,920	1,740								4205-7405	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. W. Coon					4P	3	2	2	2	0	9		
DeGoesbriand Memorial		216	81,807	2,637	2,583								3000-4800	O
Mary Fletcher		263	169,792	6,089	5,136								3000-4800	O
VIRGINIA														
Charlottesville														
University of Virginia	D. E. Smith, O. B. Bobbitt	450	455,586	12,216	12,216	4P	2	2	4	0	0	8	2400-3600	F
Danville														
Memorial	T. J. Moran	125	145,655	5,252	5,252	4P	1	1	1	1	0	4		
Lynchburg														
Lynchburg General	S. M. Bouton, Jr.	173	105,110	5,612	5,250	4P								
Norfolk														
De Paul	A. F. Strauss	318	263,130	8,227	7,875	4P	1	1	1	1	0	4	4800-5700	F
Norfolk General	R. Shuman	384	326,594	6,916	6,791	4P	2	1	1	0	0	4	3600-5400	FP
Petersburg														
Petersburg General	S. Rusei	119	146,988	3,737	3,360	1A						2	7000-7000	P
Portsmouth														
Maryview						2A								
Richmond														
Medical College of Virginia-Hospital Division	F. Goodale	985	1,014,449	11,795	10,088	4P	6	6	6	6	0	24	2400-3600	F
Richmond Memorial	W. Monroe	175	240,000	6,200	5,000	2P	1	1	0	0	0	2	6600-6600	F
Veterans Admin.	J. R. Kris	305	466,071	4,657	4,657	4P	1	1	1	1	0	4	4020-6120	P
Roanoke														
Roanoke Memorial Hospitals	J. C. Gale	140	212,082	8,844	7,306	4P	1	1	1	1	0	4	5400-6000	F
WASHINGTON														
Seattle														
Doctors	R. C. Ellis	129	145,818	4,189	3,616	2A	1	1	0	0	0	2	5400-6000	F
Group Health	C. E. Marshall	150	190,000	5,400	3,800	1P	1	0	0	0	0	1	4800-4800	P
Providence	D. Mason	220	137,447	5,538	3,730	3A						2	5460-8400	FP
St. Frances Xavier Cabrini	G. D. LaZerte	94	51,500	2,800	2,400	2P						2	3600-3600	F
Swedish Hospital-U. S. Public Health Service						4P	1	1	1	4	0	7		
Swedish	P. K. Lund	329	245,771	12,272	11,929								4500-7000	F
U. S. Public Health Service	R. F. Samson	156	180,421	4,428	4,322									
University of Washington Affiliated Hospitals	E. P. Benditt					4P	6	4	4	4	0	18		
Children's Orthopedic Hospital and Medical Center	S. A. Creighton	143	203,838	1,729	766								3000-6420	P
King County	I. I. Schulberg	588	338,287	6,559	4,017								2400-5100	F
University	N. K. Mottet	230	126,679	3,649	3,601								2700-6300	P
Veterans Admin.	D. V. Brown	244	220,878	2,499	2,363								4020-7035	O
Virginia Mason	H. W. Jones	186	263,729	6,198	5,312	4P	1	1	1	0	0	3	3300-5700	FP
Spokane														
Deaconess	T. E. Ludden	174	254,880	7,786	6,074	4P	2	2	2	2	0	2	6240-6240	FP
Sacred Heart	J. E. Hill	288	186,161	7,986	7,726	4P	1	1	1	1	0	4	4200-5700	FP
Tacoma														
Pierce County						1A								
Tacoma General		342	228,993	12,816	9,461	4P	1	1	1	1	0	4	3600-5400	F
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional	W. A. Laqueur	165	183,000	3,800	3,730	2P	1	1	0	0	0	2	6400-6800	P
Charleston														
Charleston General	P. Ladewig, W. Garrard	158	99,832	5,566	5,550	4P	1	1	1	0	0	3	3900-4800	FP
Memorial	G. B. Swoyer	250	150,484	7,557	6,857	3A	1	1	1	0	0	3	4500-5100	FP
Clarksburg														
St. Mary's	H. Fischer	82	119,729	2,824	1,686	2P	1	1	0	0	0	2	3600-3600	F
Huntington														
Cabell Huntington	S. Werthammer	155	189,427	9,057	8,647	3A	1	0	0	0	0	1	4500-	F
St. Mary's	D. S. O'Conner	122	280,973	5,475	4,709	3A						3	3300-3900	FP
Martinsburg														
Veterans Admin.	R. G. Gottschalk	144	252,892	1,009	999	2P						2	4020-7035	O
Morgantown														
West Virginia University Medical Center	W. S. Albrink	333	223,444	4,780	4,780	4P	2	2	2	2	0	8	3900-6000	O
Wheeling														
Ohio Valley General	H. G. Little, R. O. Bell	210	198,078	6,182	5,450	4P	1	1	1	1	0	4	4800-5700	P

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

	Chief of Service or Program Director	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
WISCONSIN														
Eau Claire	W. Aronson	175	143,753	3,090	3,090	3A	1	1	1	0	0	3	4200-...	P
Fond du Lac	R. W. Steube	204	195,372	7,280	4,620	2A	2	2	0	0	0	4	3000-3600	FP
Madison	P. G. Piper	232	185,273	5,649	4,056	4P	1	1	1	1	0	4	2880-3780	FP
Madison General	D. Angevine, F. Larson,	358	391,652	6,418	6,204	4P	2	2	2	2	0	8	3400-5200	P
University of Wisconsin Affiliated Hospitals	W. Jaeschke													
University Hospitals	J. M. B. Bloodworth, Jr.	229	238,168	1,647	1,623	4P						2	4205-6440	P
Veterans Admin.														
Marshfield	C. I. Bowerman	179	142,715	3,478	2,518	4P	1	1	1	1	0	4	3600-5400	F
St. Joseph's														
Milwaukee	G. Ritchie	158	142,545	4,667	3,240	4P	1	1	1	1	0	4	4800-5700	P
Columbia ⁴⁸⁷	S. R. McCreadie	110	124,248	2,079	708									P
Milwaukee Children's	R. S. Haukohl	127	177,449	4,904	4,019	4P	1	1	1	1	0	4	5100-6000	FP
Evangelical Deaconess	P. Kimmelstiel	411	720,568	5,395	4,839	4P	2	2	2	2	0	8	3134-5769	P
Milwaukee County General	E. A. Birge	165	228,258	6,631	5,812	4P	1	1	1	1	0	3	4800-5400	P
Milwaukee	N. Enzer	164	291,930	4,653	4,653	4P	1	1	1	1	0	4	4200-5100	FP
Mount Sinai	J. D. Cardy	113	106,550	3,986	3,661	4P	1	1	1	1	1	5		
St. Francis	C. H. Alshuler	237	312,419	10,927	9,114	4P	1	1	1	1	0	4	4800-6000	FP
St. Joseph's	B. E. Clarke	182	178,626	4,913	3,785	4P	1	1	1	1	0	4	4500-5400	P
St. Luke's	S. B. Pessin	140	183,745	5,668	5,240	4P	1	1	1	1	0	4	4800-5700	P
St. Mary's	J. R. Kuzma	489	469,577	3,091	2,825	4P	2	2	3	3	0	10	4020-6120	P
Veterans Admin. (Wood) ⁴⁸⁹														

PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been approved by the Council on Medical Education and the American Board of Pathology as offering acceptable training in the specialty.

	Physician in Charge	Total Medicolegal Autopsies	Autopsies on Homicides	Autopsies, Toxicological Tests Made	Autopsies Body Examined at Scene by Pathologist
CALIFORNIA					
Bakersfield	R. W. Huntington, Jr.	486	22	324	0
Kern County General Hospital					
Oakland	G. S. Loquvam	1,397	44	720	0
Western Laboratories					
COLORADO					
Denver	G. I. Ogura, W. C. White				
Denver General Hospital					
DISTRICT OF COLUMBIA					
Washington	Major F. W. Kiel, MC, USA	137	4	66	2
Armed Forces Institute of Pathology					
FLORIDA					
Miami	J. H. Davis	1,608	99	1,021	150
Office of Medical Examiner, Dade County					
MARYLAND					
Baltimore	R. S. Fisher	2,001	146	1,600	50
Office of Chief Medical Examiner, Maryland State Dept. of Post Mortem Examiners					
MASSACHUSETTS					
Boston	S. Warren	376	50	320	38
Harvard Medical School Dept. of Legal Medicine					
NEW YORK					
New York City	M. Helpern				
Office of the Chief Medical Examiner					
OHIO					
Cleveland	L. Adelson, S. R. Gerber	1,589	115	1,133	125
Cuyahoga County Coroner's Office					
Columbus	E. von Haam	327	40	236	12
University Hospital					
PENNSYLVANIA					
Philadelphia	J. W. Spelman	1,553	132	1,771	75
Office of Medical Examiner, City of Philadelphia, Dept. of Public Health					
PUERTO RICO					
Rio Piedras	R. A. Marcial-Rojas				
Institute of Legal Medicine, University of Puerto Rico					
VIRGINIA					
Richmond	G. T. Mann	1,399	198	846	399
Office of Chief Medical Examiner, Commonwealth of Virginia, Dept. of Health					
WASHINGTON					
Tacoma	C. P. Larson	121	8	21	8
Tacoma General Hospital					

17. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council on Medical Education and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, and begin on page 217.

18. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty: (i.e., TWO or more years).
Programs, 239; Residencies, 2,210

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance O
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	T. M. Holcomb	33	20	1,018	31	94	30,404	4	4	0	0	0	8		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	R. B. Giffin, Jr.	20	16	696	28	89	15,900	3	3	0	0	0	6		
COLORADO															
Fitzsimons General, Denver	H. J. Umlauf, Jr.	40	19	1,536	12	92	68,379	3	3	0	0	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	J. P. Fairchild	56	18	1,702	55	89	27,828	4	4	0	0	0	8		
HAWAII															
Tripler General, Honolulu	E. J. Tomsovic	24	45	1,077	26	97	30,044						8		
TEXAS															
William Beaumont General, El Paso	T. A. Hanson	23	42	1,462	12	100	58,817	3	3	0	0	0	6		
Brooke General, San Antonio	L. Geppert	24	19	1,571	9	78	37,701	3	3	0	0	0	6		
WASHINGTON															
Madigan General, Tacoma	J. E. Buess	356	28	13,883	108	89	44,386	3	3	0	0	0	6		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	D. J. Pascoe	73		1,726	12	96	40,065	2	2	0	0	0	4		
U. S. Naval, San Diego	E. R. Moeller	36	30	2,404	35	82	53,367	2	2	0	0	0	4		
MARYLAND															
U. S. Naval, Bethesda	A. M. Margileth	27	17	1,395	39	87	8,319	2	2	0	0	0	4		
MASSACHUSETTS															
U. S. Naval, Chelsea ²²¹	W. A. Robie	13	3	969	29	90	19,241	2	2	0	0	0	4		
PENNSYLVANIA															
U. S. Naval, Philadelphia ⁴¹⁷	F. Becker	19	21	1,149	11	91	26,560	2	2	0	0	0	4		
VIRGINIA															
U. S. Naval, Portsmouth	M. Museles	37	43	2,119	44	75	38,235	2	2	0	0	0	4		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	R. B. Scott	31	41	4,629	101	78	3,476						8	4400-5700	P
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	D. Hirschl	21	967	809	9	100	2,609	1	1	0	0	0	2	5491-5990	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	H. P. Bentley, Jr.	54	29	6,616	80	70	18,104	9	8	1	0	0	18		
Children's	H. C. Shirkey	58	64	6,276	158	48	6,532							2400-3000	F
University Hospital and Hillman Clinic	H. P. Bentley, Jr.													2400-3000	F
Fairfield															
Lloyd Noland	G. C. McCullough	22	12	1,267	9	89	31,500	2	2	0	0	0	4	4200-4800	FP
Mobile															
Mobile General	D. F. Sullivan	18	31	784	33	82	5,735	2	2	0	0	0	3	4200-5100	P
ARIZONA															
Phoenix															
Good Samaritan	H. W. Lipow	58	58	3,854	31	58	1,248	1	1	0	0	0	2	5400-5700	P
Maricopa County General	R. Ganelin	31		1,313	41			4	2	0	0	0	6	5400-7560	P
St. Joseph's	M. L. Cohen	68	56	4,611	65	67	2,441	1	1	0	0	0	2	3000-3300	F
ARKANSAS															
Little Rock															
University	T. C. Panos	43	28	1,103	105	68	7,141	5	5	1	0	0	11	3400-3700	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA															
Bakersfield															
Kern County General	J. Forney	57	29	1,036	34	80	21,847	1	1	0	0	0	2	4800-5400	P
Fresno															
Fresno County General	W. Ziering	44	31	1,560	34	77	10,182	3	2	0	0	0	5	4200-4800	P
Los Angeles															
California Babies' and Children's Memorial Center	D. C. Shelby	10	14	813	5	80	20,315	2	1	0	0	0	3	4200-4800	F
Cedars of Lebanon	B. M. Kagan	27	39	1,790	41	81	7,874	3	3	0	0	0	6	3600-3920	P
Childrens Hospital of Los Angeles	R. Ward	146	...	8,522	234	89	92,051	11	17	2	0	0	30	2400-5700	P
Los Angeles County General, Unit I	P. Wehrle	175	152	8,627	199	68	44,619	8	8	0	0	0	16	3780-4080	F
Queen of Angels	D. Chambers	18	4	1,603	12	75	3,493	2	2	0	0	0	4	4500-4800	F
University of California	J. Adams	39	23	1,991	64	88	12,063	2	3	3	1	0	9	3324-5856	O
White Memorial	R. F. Chincock	26	19	1,583	24	70	10,543	2	1	0	0	0	3	4260-6660	P
Oakland															
Children's Hospital of the East Bay	M. Holliday	48	18	5,618	72	94	39,172	6	6	0	0	0	12	3300-4200	P
Highland-Alameda County	M. Schwartz	32	30	1,823	28	7	8,758	2	1	0	0	0	3	3218-3456	FP
Kaiser Foundation	A. King	17	36	831	7	71	70,852	2	2	0	0	0	4	4080-4380	FP
Palo Alto															
Stanford Medical Center and Affiliated Hospitals, Palo Alto-Stanford Hospital Center ¹⁰⁹	N. Kretschmer	36	27	2,649†	49	90	8,398	5	7	1	0	0	13†	3450-4350	O
San Diego															
San Diego County General ⁸⁵	J. B. Welsh	31	16	1,273†	23	67	2,430	1	1	0	0	0	2	4447-6236	O
San Francisco															
Children's Hospital of San Francisco	J. J. Piel	43	31	2,337†	10	60	19,517	...	...	...	...	...	7	3000-3900	FP
Kaiser Foundation	A. N. Lethin, Jr.	10	25	774	13	76	78,269	2	2	0	0	0	4	4080-4980	P
Presbyterian Medical Center	L. A. Luz	18	9	1,005	1	0	3,174	2	2	0	0	0	4	3900-4200	P
St. Luke's	D. Haskin	17	13	618	2	100	5,508	1	1	0	0	0	2	4200-4800	FP
St. Mary's	R. T. Terry	22	19	2,038	10	90	3,782	1	1	0	0	0	2	3300-4500	F
University of California Hospitals	E. B. Shaw	24	33	1,122	46	83	10,000	5	7	0	2	0	14	3580-6300	O
San Francisco General	M. Grossman	30	30	1,341	14	78	17,527	4	0	1	0	0	5	3300-5916	O
San Jose															
Santa Clara County	J. R. Maloney	35	22	1,675	21	90	16,637	4	3	0	0	0	7	4428-5136	F
Stockton															
San Joaquin General	R. Medico	14	23	766	15	73	4,757	1	1	0	0	0	2	4260-5040	P
Torrance															
Los Angeles County Harbor General	K. Zike	43	42	1,707†	29	96	13,424	4	4	0	0	0	8	3780-4080	F
COLORADO															
Denver															
Children's	P. C. Hoch	157	69	6,317†	112	89	16,168	9	7	2	0	0	18	3600-4800	P
Denver General	J. R. Connell	36	23	907	6	83	30,262	3	3	0	0	0	6	3516-3840	P
University of Colorado Affiliated Hospitals	C. H. Kempe	21	22	993	30	90	5,370	3	8	3	0	0	14	3000-4000	P
University of Colorado Medical Center															
CONNECTICUT															
Hartford															
Hartford	A. U. Peacock	57	83	3,761	35	88	1,707	1	1	0	0	0	2	3300-5100	P
St. Francis	T. F. Murphy	43	57	2,912	18	44	5,973	2	2	0	0	0	4	3600-5100	FP
New Haven															
Hospital of St. Raphael	P. F. McAlenney	22	34	1,997	7	77	1,949	3	1	0	0	0	4	3600-4500	F
Yale-New Haven Medical Center	C. D. Cook	31	70	1,296	55	85	11,548	7	6	1	0	0	14	2500-4300	P
Grace-New Haven Community															
DELAWARE															
Wilmington															
Delaware	J. W. Maroney	41	38	2,300†	15	93	5,563	3	2	0	0	0	5	5400-6000	P
DISTRICT OF COLUMBIA															
Washington															
Children's	R. H. Parrott	93	...	3,606†	97	90	51,095	13	12	1	0	0	26	2820-5100	P
District of Columbia General	T. E. Reichelderfer	92	92	2,055	36	83	47,026	7	7	1	0	0	15	3800-5000	F
Georgetown University	P. L. Calcagno	21	34	1,356	27	78	...	4	3	1	0	0	8	2400-3240	P
Providence	L. Cross	25	52	2,318	9	78	1,005	1	1	0	0	0	2	4200-4500	P
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	R. T. Smith	37	11	1,582	89	91	5,800	5	4	1	1	0	11	3200-6000	O
Jacksonville															
Jacksonville Hospitals Educational Program															
Baptist Memorial	J. G. Lane	42	26	3,289	16	56	2,121	2	1	0	0	0	3	5400-5700	O
Duval Medical Center	J. K. David	14	32	563	42	90	29,146	0	4	0	0	0	4	5400-5700	P
St. Luke's	J. W. Hayes	10	14	423	2	50	...	1	1	0	0	0	2	5400-5700	O
St. Vincent's	H. A. Carithers	31	28	2,826	17	59	1,365	2	2	0	0	0	4	5400-5700	P
Miami															
Jackson Memorial	W. L. Nyhan	44	63	1,666	87	59	16,175	6	7	1	0	0	14	3000-4680	P
Variety Children's ¹⁵⁵	W. C. Adams	49	...	2,261†	44	88	32,762	10	10	0	2	0	22	3000-3600	P
Tampa															
Tampa General	L. Cimino	55	73	1,154	44	47	1,201	1	1	0	0	0	2	3000-5100	FP
GEORGIA															
Atlanta															
Crawford W. Long Memorial	F. D. Jones	19	29	1,043	24	46	1,860	3	1	0	0	0	4	3780-4200	P
Georgia Baptist	J. Yampolaky	30	61	2,025	28	79	998	3	2	0	0	0	5	3900-4200	P
Emory University Affiliated Hospitals															
Grady Memorial	R. W. Blumberg	54	91	1,628	80	73	19,330	6	6	2	0	0	14	2700-3900	F
Henrietta Eggleston Hospital for Children	J. H. Patterson	...	53	4,169†	59	80	0	4	2	1	0	0	7	2700-3600	P
Piedmont	E. Cale	13	31	3,996	0	0	497	1	1	0	0	0	2	5040-5280	P
Augusta															
Medical College of Georgia Hospitals															
Eugene Talmadge Memorial		22	20	598	39	72	2,565	3	3	0	0	0	6	3000-3996	O
University	J. Bell	56	25	2,126	60	18	3,296	1	1	0	0	0	2	3000-6000	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O P F	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
HAWAII																
Honolulu																
Kauaikeolani Children's	D. F. B. Char	44	0	3,982	42	74	8,446	4	3	0	0	0	7	3300-3800	F	
ILLINOIS																
Chicago																
Cook County	J. Greengard	315	245	10,879	561	62	152,389	12	12	0	0	0	30†	1800-1800	FP	
Illinois Masonic	G. George	28	30	2,058	7	85	7,258	2	2	0	0	0	4	6000-7200	F	
Michael Reese Hospital and Medical Center	J. Metcoff	70	66	3,568	18	61	14,030	7	7	2	0	0	16†	3300-4500	P	
Mount Sinai	J. Aronow	27	30	1,707	27	63	4,611	2	2	0	0	0	4	4600-5800	P	
Northwestern University Medical Center																
Children's Memorial	R. B. Lawson	70		3,208	94	84	63,545	10	10	1	0	0	21	3300-4200	P	
Presbyterian-St. Luke's	J. R. Christian	49	48	2,576	48	83	23,400	4	4	1	0	0	9	2700-3000	P	
Stritch School of Medicine of Loyola University																
Affiliated Hospitals ³²																
Mercy	A. Fleming	26	22	1,469	12	75	6,162	4	4	1	0	0	9†	3600-4800	F	
University of Chicago Hospitals and Clinics	A. Dorfman	30	51	1,194	55	83	13,319	6	6	3	0	0	15	3900-4860	O	
University of Illinois Research and Educational Hospitals	I. Schulman	74	22	2,139	94	80	14,344	5	5	0	0	0	10†	3000-3300	P	
Evanston																
St. Francis	J. B. Murphy	30	14	2,533	12	83	2,996	1	1	0	0	0	2	4080-4440	FP	
Evergreen Park																
Little Company of Mary	A. W. Fleming	67	65	4,679	15	60	1,464						8†	4800-5400	F	
INDIANA																
Indianapolis																
Indiana University Medical Center																
Indiana University Hospitals	L. T. Meiks	59	32	2,047	133	73	7,717							3825-4150	P	
Marion County General	R. Butler	12	37	402	11	81	14,172							3863-4176	P	
Methodist Hospital of Indiana	B. S. Roth	79	47	1,330	29	69	1,049	2	2	0	0	0	4	4320-4680	P	
IOWA																
Des Moines																
Raymond Blank Memorial Hospital For Children	L. F. Hill	47	28	3,970	44	71	12,243	3	3	0	0	0	6	3300-3600	F	
Iowa City																
University Hospitals	D. L. Dunphy	57	30	2,257	77	75	13,487	5	5	0	0	0	10	3180-3540	P	
KANSAS																
Kansas City																
University of Kansas Medical Center	H. Miller	409	40	1,651	46	91	29,075	5	5	0	0	0	10	2700-3300	P	
KENTUCKY																
Lexington																
University of Kentucky Medical Center																
St. Joseph	R. B. Warfield	304	11	953	21	53		5	5	1	0	0	11			
University	W. E. Wheeler	22	6	621	35	71	2,919	3						4380-5760	P	
Louisville																
University of Louisville Medical Center																
Children's	F. Falkner	72	4	4,257	101	56	8,429	5	3	1	0	0	9	2400-3700	F	
Louisville General	W. T. Hughes	18	35	828	28	54	13,041	4	4	1	0	0	9	2500-2800	FP	
LOUISIANA																
New Orleans																
Charity Hospital of Louisiana																
Louisiana State University Division	R. L. Fowler	102	69	1,438	64	75	11,327							16	1500-1800	F
Tulane University Division	R. V. Platou	98	66	1,282	53	81	9,514							18	1500-1800	F
Shreveport																
Confederate Memorial Medical Center	C. H. Webb	58	55	3,219	66	53	3,279	2	2	0	0	0	4	2280-2520	F	
MAINE																
Portland																
Maine Medical Center	P. G. Good	37	28	2,602	52	71	3,881	1	1	0	0	0	2	2400-2700	FP	
MARYLAND																
Baltimore																
Baltimore City Hospitals	H. E. Harrison	26	68	1,581	108	100	29,209	3	5	1	1	0	10	4000-5500	O	
Johns Hopkins	R. E. Cooke	63	46	1,431†	70	84	61,752	14	10	2	0	0	26	2600...	P	
Mercy ²¹⁴	S. Walker	26	27	1,050	19	32	3,471	2	2	0	0	0	4	6300-6600	P	
Sinai Hospital of Baltimore	E. Kaplan	33	54	1,379	18	89	8,648	3	4	2	0	0	9†	4700-5500	P	
Union Memorial ²¹²	W. Grubb	15	24	611	4	50	2,493	4	2	0	0	0	6	6240-6720	P	
University of Maryland	J. E. Bradley	39	43	1,032	56	50	28,301	7	7	0	0	0	14	3000-4400	P	
MASSACHUSETTS																
Boston																
Boston City	S. S. Gellis	200	56	5,556	135	73	33,976	9	8	2	0	0	19	3600-4800	O	
Boston Floating	J. M. Baty	71		3,115	108	87	5,765	7	5	1	0	0	13	3450-4500	O	
Children's Hospital Medical Center	C. A. Janeway	67		3,011	210	83	39,918	12	15	7	2	0	36†	1800-5250	F	
Massachusetts General	N. B. Talbot							5	4	1	0	0	10	3600-4800	P	
St. Elizabeth's	J. J. A. Cavanaugh			3,187	55	42		3	3	0	0	0	6	3600-4200	F	
Worcester																
St. Vincent	P. Karpawich	50	19	3,454	14	90	955	2	2	0	0	0	4	4080-4380	FP	
Worcester City	R. Cox	45	24	1,916	16	81	3,460	2	2	0	0	0	4	3526-4720	FP	
MICHIGAN																
Ann Arbor																
University ²⁵⁴	J. L. Wilson	56	4	1,984	90	78	19,444	10	10	.5	0	0	25	2940-3240	O	
Detroit																
Children's	P. V. Woolley	114	28	4,350	217	62	71,605	13	13	3	0	0	29	2820-4020	FP	
Harper	E. E. Martmer	43	35	3,923	16	50	2,575	6	6	0	0	0	12	4260-4800	P	
Henry Ford	J. A. Johnston	73	21	2,159	18	78	22,085	3	3	0	0	0	6	4800-5400	P	

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APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued															
Flint															
Hurley.....	R. L. Clark.....	70	41	3,953	41	71	1,142	2	2	0	0	0	4	4500-4800	FP
Grand Rapids															
Butterworth.....	J. Wilson.....	46	44	3,122	43	84	1,296	1	1	0	0	0	2	4800-4800	P
Pontiac															
St. Joseph Mercy.....	F. M. Adams.....	46	34	4,146	24	75	3,291	1	1	0	0	0	2	4500-5220	P
Saginaw															
Saginaw General.....	R. Heavenrich.....	23	24	1,883	13	92	3,375	1	1	0	0	0	2	6360-6960	F
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals.....	J. A. Anderson.....	...	...	...	...	...	...	10	10	4	0	0	24	...	...
Hennepin County General.....	R. B. Raile.....	24	22	1,311	21	90	6,516	...	...	...	...	...	...	4500-6500	F
University of Minnesota Hospitals.....	...	101	17	3,730	186	92	10,342	...	...	...	...	...	...	3150-5500	O
Ancker (St. Paul).....	H. Venters.....	25	11	1,068	35	83	6,736	...	...	...	...	...	...	3150-3150	F
Rochester															
Mayo Foundation.....	J. W. DuShane.....	62	25	3,905	86	90	41,440	8	8	8	0	0	24	2400-3200	P
Rochester Methodist.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis, Minn.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center.....	B. E. Batson.....	22	28	769	73	58	7,697	3	3	0	0	0	6	3000-3600	O
MISSOURI															
Columbia															
University of Missouri Medical Center.....	R. L. Jackson.....	29	13	1,225†	51	63	7,510	3	2	1	0	0	6	3600-4200	P
Kansas City															
Children's Mercy.....	N. W. Smull.....	61	8	2,235	63	94	46,956	3	3	0	0	0	6	3300-3600	F
St. Louis															
Homer G. Phillips.....	P. White.....	67	53	3,113	42	45	14,985	8	8	4	0	0	20†	3420-4584	P
St. Louis Children's.....	A. F. Hartmann, Sr.....	133	...	5,707	133	76	44,743	14	15	15	1	0	30	2418-3498	P
St. Louis City ²⁸	M. A. Davis.....	57	45	2,774	22	81	9,951	3	3	0	0	0	6	3420-4583	P
St. Louis University Group of Hospitals.....	A. R. Sharp.....	49	49	2,729	64	79	19,357	6	6	2	0	0	14	2400-2640	FP
Cardinal Glennon Memorial Hospital for Children.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEBRASKA															
Omaha															
Childrens Memorial.....	C. R. Angle.....	73	2	5,474	43	70	10,793	4	4	0	0	0	8	5100-5400	O
Creighton Memorial St. Joseph's.....	T. R. Pfundt.....	32	32	2,388	14	11	0	3	3	0	0	0	6	3900-4500	P
University of Nebraska.....	G. E. Gibbs.....	16	16	523	11	82	11,024	2	2	1	0	0	5†	...	...
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial.....	R. C. Storrs.....	6	7	383	10	80	5,466	1	1	0	0	0	2	3008-3208	P
NEW JERSEY															
Camden															
Cooper.....	R. W. Bernardin.....	34	...	2,769	15	60	2,468	1	1	0	0	0	2	4200-4500	F
Jersey City															
Jersey City Medical Center.....	S. Stevenson.....	78	...	2,819	43	88	11,599	6	5	0	0	0	11	3400-4600	F
Neptune															
Fitkin Memorial.....	J. F. Raffetto.....	27	37	4,696†	66	89	1,589	1	1	0	0	0	2	4200-5400	F
Newark															
Newark Beth Israel.....	A. S. Finkelstein.....	...	...	4,646	9	89	701	1	1	0	0	0	2	3000-3300	F
St. Michael.....	E. Szelewa.....	49	39	2,200	28	50	4,941	4	4	0	0	0	8	3300-3600	FP
United Hospitals of Newark.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Babies'.....	W. P. Barba.....	62	...	3,205	26	80	18,909	6	6	3	0	0	15	4200-6000	F
Newark City.....	W. Mitchell, Jr.....	78	57	2,311	74	81	400	3	3	2	0	0	8	3900-5700	F
Plainfield															
Muhlenberg.....	F. W. Lathrop, Sr.....	29	50	2,673	9	55	3,672	1	1	0	0	0	2	4000-4320	FP
NEW MEXICO															
Albuquerque															
Bernalillo County-Indian.....	R. Tully.....	25	12	815	22	68	1,934	1	1	0	0	0	2	4200-4600	FP
NEW YORK															
Albany															
Albany Medical Center.....	P. R. Patterson.....	30	36	2,634	33	82	4,862	3	3	1	0	0	7	3200-4800	P
Buffalo															
Children's Hospital of Buffalo.....	M. I. Rubin.....	207	64	3,675	99	97	39,775	14	7	1	0	0	22	2700-4500	FP
Edward J. Meyer Memorial.....	T. S. Bumbalo.....	43	22	1,126	10	70	20,719	2	3	0	0	0	5	3875-4130	P
Cooperstown															
Mary Imogene Bassett.....	T. C. Goodwin.....	5	5	300	5	80	8,432	1	0	0	0	0	1	3600-4800	P
Hempstead															
Meadowbrook.....	H. S. Rubin.....	59	20	1,369	17	94	2,356	3	3	0	0	0	6	4300-6700	F
Manhasset															
North Shore.....	A. L. Florman.....	14	31	1,347	13	54	1,359	2	2	0	0	0	4	4450-5470	F
New Hyde Park															
Long Island Jewish.....	S. Karelitz.....	30	50	2,085	66	79	2,733	2	2	1	0	0	5†	4500-6250	O
New York City															
Bellevue Hospital Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Div. III—New York University School of Medicine.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Beth Israel.....	S. Krugman.....	67	53	3,020	120	78	101,135	10	10	3	0	0	23	4200-5220	FP
Bronx-Lebanon Hospital Center.....	S. Blatman.....	22	27	1,160	7	100	5,095	1	1	0	0	0	2	4500-5000	P
Fulton Division.....	M. Davidson.....	32	70	1,449	16	81	17,050	5	4	0	0	0	9	4600-5200	P

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APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued															
Harrisburg															
Harrisburg	R. J. Tureky	47	49	2,737	20	65	7,331	2	2	0	0	0	4	3300-3600	F
Harrisburg Polyclinic	F. B. Corneal	43	32	2,297	26	88	3,626	2	1	0	0	0	3	5400-6000	FP
Philadelphia															
Albert Einstein Medical Center	M. Malen	43	63	2,434†	19	68	4,555	2	2	0	0	0	4	2700-3000	FP
Children's Hospital of Philadelphia	A. M. Bongiovanni	6	0	7,642	93	80	10,276	10	9	4	1	0	23	1200-3000	F
Germantown Dispensary and Hospital	J. C. Williams	18	17	1,002	10	50	1,888	1	1	0	0	0	2	3600-5100	FP
Hahnemann Medical College and Hospital ^{42*}	C. C. Fischer	30	24	1,139	48	48	5,765	3	3	0	0	0	6	3000-3600	P
Hospital of the University of Pennsylvania	L. Barnes			784	12	100	10,033	3	3	1	0	0	7	1500-3600	P
Hospital of the Woman's Medical College of Pennsylvania	D. A. Howell	23	14	792	5	100	4,003	2	2	0	0	0	4	2400-3600	F
Jefferson Medical College ⁴⁰	H. G. Keitel	19	44	957	12	75	9,798	5	5	0	0	0	10	3000-3400	O
Philadelphia General	J. Ritter, S. Ziegler	135	99	3,618	47	66	30,564							3090-3871	F
Temple University Medical Center								10	10	3	0	0	23		
St. Christopher's Hospital for Children	W. E. Nelson	91	3	3,976	115	94	60,101							1500-3600	FP
Temple University	V. C. Vaughan, III														
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh															
Children's Hospital of Pittsburgh	R. L. Day	93		1,697	47	86	43,604	8	14	3	0	0	25	3060-3960	O
Sayre															
Robert Packer	D. S. Motsay	21	8	1,480	26	85	7,086	1	1	0	0	0	2	3000-3600	FP
PUERTO RICO															
Fajardo															
Fajardo District	J. F. Jimenez			1,457	120	55	2,613	2	2	1	0	0	5	4200-5400	F
Ponce															
Ponce District General	R. Blasini	108	30	3,174	410	42	10,103	7	7	0	0	0	14	3600-4800	F
Rio Piedras															
Rio Piedras Municipal	M. M. de Rullan	23	18	681	64	67	12,345	2	2	0	0	0	4	3600-4200	F
University (District)	A. Ortiz	66	24	1,722	196	94	5,257	4	4	1	0	0	9	3600-4200	F
San Juan															
San Juan City ⁴⁴	E. Colon	61	79	1,454	75	43	14,269	5	5	1	0	0	11	3600-4800	F
RHODE ISLAND															
Providence															
Rhode Island	B. Feinberg	36	0	1,390	21	62	3,929	3	3	0	0	0	6	2280-3480	FP
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	J. R. Paul							4	2	1	0	0	7	2310-3630	FP
Medical College		53	30	2,203†	89	64	11,482								
Roper		20	13	1,515†	8	75									
Columbia															
Columbia Hospital of Richland County	C. G. Castles, Jr.	55	35	2,500	40	70	9,529	1	1	0	0	0	2	5040-5280	P
TENNESSEE															
Knoxville															
East Tennessee Affiliated Hospitals															
University of Tennessee Memorial Research Center and Hospital	J. Chesney	23	17	2,415	45	47	2,359	2	2	0	0	0	4	4392-4512	F
East Tennessee Children's															
Memphis															
University of Tennessee Affiliated Hospitals	J. Hughes							12	9	1	0	0	28		
City of Memphis Hospitals		76	69	2,550	157	73	32,187							2310-3480	F
Le Bonheur Children's															
Nashville															
Baptist	D. S. Sanders	38	30	2,374	39	44	1,999	2	1	0	0	0	3	3900-4200	FP
George W. Hubbard ⁴⁸	E. P. Crump	21	26	809	10	70	8,848	2	2	2	0	0	6	2700-3900	F
Vanderbilt University Affiliated Hospitals								5	2	1	0	0	8		
Nashville Metropolitan General	W. D. Donald	9	18	509	12	100	9,591							3780-4500	F
Vanderbilt University	A. Christie	45	16	1,095	66	68	11,988							3000-3600	P
TEXAS															
Corpus Christi															
Driscoll Foundation Children's	J. M. Sloan	100	4	1,243	63	98	43,535	3	3	2	0	0	8†	2400-5100	FP
Dallas															
Children's Medical Center ^{46*}	J. A. James	98	95	5,457	124	67	82,357	8	8	2	0	0	18	3600-4200	P
Galveston															
University of Texas Medical Branch Hospitals	C. Daeschner	84	26	2,298	88	62	11,912	6	6	2	0	0	14†	4200-4200	P
Houston															
Baylor University Affiliated Hospitals	R. Blattner	113	165	4,960	191	72	66,743	13	10	2	0	0	25†		
Ben Taub General															
Hermann															
Methodist															
Texas Children's															
St. Joseph's	S. W. Joseph	28	46	2,974†	19	37	10,184	1	1	0	0	0	2	4440-4740	P
San Antonio															
University of Texas Post-Graduate Medical School Affiliated Hospitals								4	4	0	0	0	8		
Robert B. Green Memorial	H. A. Britton	52	39	1,112	58	63	14,982							3300-4500	FP
Santa Rosa Medical Center	C. Nau	104	31	5,284	47	66	7,397							3300-4500	F
UTAH															
Salt Lake City															
University of Utah Affiliated Hospitals	M. E. Lahey							6	6	1	0	0	13		
Salt Lake County General		21	12	954	17	79	26,841							3600-4800	
Shriners Hospital for Crippled Children		42	0	259	0	0	189								
Primary Children's		47	0	1,706	41	79	8,700							3600-3600	
Latter-day Saints			62	5,346	69	42									

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance O
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals.....	R. J. McKay, Jr.....	14	17	2,214†	3	67	479	2	1	0	0	0	3	3000-3600	O
DeGoesbriand Memorial.....		10	17	689	15	93	1,609							3000-3600	O
Mary Fletcher.....															
VIRGINIA															
Alexandria															
Alexandria.....	C. MacRae.....	21	42	2,042	6	67	4,245	1	1	0	0	0	2	3600-4200	P
Charlottesville															
University of Virginia.....	W. G. Thurman.....	17	27	782‡	28	50	7,738	3	2	0	0	0	5	2100-3000	F
Norfolk															
King's Daughters Children's.....	M. A. Warfield.....	51	46	3,748	44	73	15,845	2	2	0	0	0	4	3600-5100	FP
Richmond															
Medical College of Virginia—Hospital Division....	W. E. Laopus.....	63	70	1,954	114	54	23,257	8	8	8	2	0	26	1800-2400	F
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals.....	R. J. Wedgwood.....							14	13	4	0	0	31		
Children's Orthopedic Hospital and Medical Center.....	J. M. Docter.....	71		3,933‡	94	89	12,539							3000-4140	P
King County.....	C. W. Bierman.....	20		795‡	11	72	6,569							2400-5100	F
University.....	R. J. Wedgwood.....	22	18	506‡	19	79	8,036							2700-5750	P
WEST VIRGINIA															
Beckley															
Beckley Appalachian Regional.....	S. J. Winter.....	14	7	917‡	5	40	6,869	1	1	0	0	0	2	6400-6800	P
Charleston															
Memorial.....	T. G. Potterfield.....	16	22	920	15	40	1,051	1	1	0	0	0	2	4500-4800	FP
Morgantown															
West Virginia University Medical Center.....	W. G. Klingberg.....	32	11	1,477‡	60	85	4,713	5	5	2	0	0	12	3320-4520	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals.....	C. Lobeck.....							6	4	4	0	0	14		
Madison General.....		26	29	2,447‡	11	55								3396-3396	P
St. Mary's.....		30	42	2,000	21	70								3400-4600	P
University Hospitals.....		47	8	1,456	64	84	10,148							3400-4600	P
Milwaukee															
Marquette University Affiliated Hospitals.....	J. C. Peterson.....							3	2	1	0	0	6		
Milwaukee Children's.....		94		5,272	89	83	13,325							3600-3900	P
Milwaukee County General.....		49	45	2,359‡	20	33	12,660							3134-3808	P

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering full training of two years' duration through affiliation with a fully approved program.
Programs, 65, Residencies, 120

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA															
Long Beach															
Memorial Hospital of Long Beach ⁸⁷	S. Woolington.....	29	33	2,551	18	67	3,464	1	0	0	0	0	1	5400-6000	P
San Mateo															
San Mateo County General ¹¹¹	G. Williams.....	7	10	323	6	33	2,912	1	2	0	0	0	3	3600-4800	F
CONNECTICUT															
Norwalk															
Norwalk ¹⁸⁸	W. Lehmann.....	6		632	4	100	643	1	1	0	0	0	2	3420-3840	F
Waterbury															
Waterbury ¹⁸⁷	P. Teiger.....	31	27	2,532	15	73	1,519	1	1	0	0	0	2	2700-3000	F
DELAWARE															
Wilmington															
Wilmington General ¹⁸⁹	H. Rosenblum.....	13	25	1,146	3	100	3,538	1	1	0	0	0	2	4200-4800	FP
ILLINOIS															
Chicago															
Edgewater ¹⁷⁸	L. Robin.....	19	39	1,613	3	33	827						4	5400-6000	F
Grant ¹⁷⁸	D. H. Welker.....	14	12	2,763			2,433	1	1	0	0	0	2	5400-5700	P
Northwestern University Medical Center.....															
Evanston (Evanston) ¹⁶⁸	H. F. Philipsborn.....	22	33	1,871	9	89	1,612	1	1	0	0	0	2	3300-3600	P
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
Peoria															
St. Francis ¹⁶⁶	J. P. Callaway.....	64	53	2,773	20	56	2,496	2	0	0	0	0	2	5100-5100	F
KENTUCKY															
Louisville															
St. Joseph Infirmary ¹⁹⁸	J. H. Doyle.....	45	30	5,817	34	41	1,529	3	0	0	0	0	3	4740-4860	P
LOUISIANA															
New Orleans															
Ochsner Foundation ²⁰⁸	C. H. Snyder.....	18	15	1,290	19	79	12,156	1	1	0	0	0	2	3000-3360	P
Southern Baptist ²⁰⁷	S. L. Tiblier.....	24	64	2,182	10	60	63	1	1	0	0	0	2	4020-4320	P
Touro Infirmary ²⁰⁸	H. Rothschild.....	16	20	745	10	70	3,736	1	1	0	0	0	2	2820-3120	F

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MAINE															
Lewiston															
Central Maine General ²²⁴	H. C. Thacher	11	19	623	10	70	890	1	0	0	0	0	1	3300-3720	F
MARYLAND															
Baltimore															
Provident ²¹⁴	E. L. White	15	23	740	10	40	1,327	2	1	0	0	0	3	5400-6000	F
MASSACHUSETTS															
Springfield															
Springfield ²⁰³	T. A. Doe	27	...	1,370†	17	65	1,413	...	...	...	...	...	3	3900-4200	FP
MICHIGAN															
Detroit															
Receiving ²⁵⁸	A. Camacho	67	...	2,871	35	83	3,886	3	3	1	0	0	7	4188-5088	P
Kalamazoo															
Borgess ²⁴⁸	J. Dugger	24	18	1,679	11	73	1,402	1	1	0	0	0	2	5700-5700	F
Bronson Methodist ²⁵¹	E. F. Kercher	32	...	2,076	17	59	1,272	1	0	0	0	0	1	5700-5700	F
NEW JERSEY															
Trenton															
St. Francis ⁴¹⁷	H. Davis	39	37	2,759	15	20	2,146	1	1	0	0	0	2	4200-4920	F
NEW YORK															
Albany															
St. Peter's ³⁰³	J. E. Gainor	14	...	670	5	100	2,946	2	2	0	0	0	4	4200-5100	F
New York City															
Flushing Hospital and Dispensary ²⁶⁰	H. T. Vogel	26	37	1,046	4	50	2,977	1	1	0	0	0	2	4800-5400	F
Jewish Memorial ²⁵⁴	W. Levy														
	N. Greenstein	13	31	979	6	25	1,312	1	1	0	0	0	2	4200-6000	F
Mary Immaculate ²⁶⁰	V. G. Tosti	25	33	1,274	53	67	1,876	2	2	0	0	0	4	4140-4500	F
Misericordia ²⁵²	V. Casey	23	...	5,580	19	72	2,305	2	2	0	0	0	4	...	F
St. Francis ²⁵⁴	R. P. Drago	46	34	1,713	17	73	3,425	2	2	0	0	0	4	3600-4200	F
St. John's Episcopal ²⁵⁹	B. H. Shulman	12	29	504	9	71	3,894	1	1	0	0	0	2	4080-4500	FP
Wyckoff Heights ²⁵²	A. N. Eden	11	28	527	28	82	454	3	3	0	0	0	6	4080-5400	F
Rochester															
Genesee ²⁷²	R. S. Meltzer	10	28	717	8	63	3,114	1	1	0	0	0	2	4500-5000	O
NORTH CAROLINA															
Durham															
Watts ⁵⁶	A. H. London	15	13	1,160	0	0	2,354	1	1	0	0	0	2	3900-4200	F
Wilmington															
Babies ⁶⁸	J. B. Sidbury	29	1	2,393	13	46	2,387	1	2	0	0	0	3	3000-4800	FP
OHIO															
Cincinnati															
Good Samaritan ²⁵⁸	D. J. Frank	43	77	3,403†	15	47	769	...	...	...	...	...	3	3900-4500	F
Jewish ²⁵⁸	L. S. Friedman	23	41	2,369†	9	56	1,602	1	1	0	0	0	2	3240-3480	FP
Toledo															
Mercy ²⁵⁸	J. J. Tansey	48	30	2,571	20	65	3,339	2	0	0	0	0	2	3600-3600	FP
Warren															
Trumbull Memorial ²⁵⁷	R. P. Ostergard	21	30	1,805	3	100	589	2	1	0	0	0	3	4200-4800	F
PENNSYLVANIA															
Philadelphia															
Graduate Hospital of the University of Pennsylvania ⁴²³	J. A. Ritter	10	0	350	1	100	363	1	1	0	0	0	2	2610-2610	P
PUERTO RICO															
San Juan															
Presbyterian ⁴⁴⁴	J. Basora-Defillo	14	26	867†	15	53	6,241	1	0	0	0	0	1	7200-7200	F
RHODE ISLAND															
Providence															
Charles V. Chapin ²²⁰	M. Adelman	23	2	896	4	75	682	2	2	0	0	0	4	3888-3888	F
Roger Williams General ²²¹	R. C. Eley	30	16	1,471	3	67	666	2	1	0	0	0	3	4200-5100	F
SOUTH CAROLINA															
Greenville															
Greenville General ⁴⁴⁴	H. Jackson	51	47	2,780†	39	62	4,127	0	1	0	0	0	1	4500-4500	P
TENNESSEE															
Chattanooga															
T. C. Thompson Children's ⁴⁴¹	R. B. Clark	65	...	3,855	84	50	26,886	4	3	0	0	0	7	3900-4200	F
Memphis															
Baptist Memorial ⁴⁴⁸	F. Hill	39	50	2,785	24	63	691	2	0	0	0	0	2	3900-4200	F
St. Joseph ⁴⁴⁸	J. Segal	18	44	1,454	8	37	1,474	2	2	0	0	0	4	3900-4500	F
TEXAS															
Dallas															
Methodist Hospital of Dallas ⁴⁴⁶	W. D. Crane	27	38	2,937	25	56	1,268	2	2	0	0	0	4	3600-4200	P
WISCONSIN															
La Crosse															
La Crosse Lutheran ⁷¹	R. Slungaard	23	6	1,169	3	67	13,125	1	0	0	0	0	1	4200-4200	F

PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for ONE or TWO years of training by the Council on Medical Education, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. (Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board requirements and the explanatory footnote (*) on "Mixed," "Adult" and "Pediatric" categories below.)
 Programs, 29; Residencies, 38

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION											
CALIFORNIA											
Los Angeles											
University of California	E. Heimlich	3	6,235	1	1	0	0	0	2	5500-8000	O
San Francisco											
University of California Hospitals	W. C. Deamer	0	3,714	0	0	1	1	0	2	6000-6000	O
COLORADO											
Denver											
University of Colorado Medical Center	D. Pearlman	Inc. in Pediatrics	3,753	..	..	..	..	..	..	..	..
DISTRICT OF COLUMBIA											
Washington											
Children's	W. A. Howard	19†	3,469	1	1	0	0	0	2	4200-4200	O
ILLINOIS											
Chicago											
Michael Reese Hospital and Medical Center*	M. Mosko, A. Matheson	12	3,244	1	1	0	0	0	2†	3300-3900	P
University of Illinois Research and Educational Hospitals*	J. S. Hyde, M. Samter	140	1,540	1	0	0	0	0	1	3600-3600	P
KANSAS											
Kansas City											
University of Kansas Medical Center	F. Spears	Inc. in Pediatrics	..	..	..	..	..	..	..	..	..
KENTUCKY											
Lexington											
University	W. E. Wheeler	..	..	1	0	0	0	0	1	3960-..	P
MARYLAND											
Baltimore											
Johns Hopkins	M. B. Rhyne	Inc. in Pediatrics	5,039	..	..	..	..	..	..	..	..
MASSACHUSETTS											
Boston											
Children's Hospital Medical Center	H. L. Mueller	Inc. in Pediatrics	..	1	1	0	0	0	2	..	..
MICHIGAN											
Ann Arbor											
University*	J. M. Sheldon	..	5,064	1	1	0	0	0	2	5500-6000	O
Detroit											
Children's	S. J. Levin	147	6,925	1	1	0	0	0	2	2820-4020	FP
MINNESOTA											
Rochester											
Mayo Foundation*	G. B. Logan	Inc. in Pediatrics	..	2	2	0	0	0	4	3200-4200	P
Rochester Methodist	..	..	..	..	..	..	..	..	..	..	..
St. Mary's	..	..	..	..	..	..	..	..	..	..	..
NEW YORK											
Buffalo											
Children's Hospital of Buffalo	V. Cohen	..	5,022	0	0	0	1	0	1	2700-4500	FP
New York City											
New York University Medical Center	..	..	..	..	..	..	..	..	..	..	..
University	V. J. Fontana	170	2,580	2	0	0	0	0	2	6140-7140	O
Presbyterian (Babies)	W. Kessler	Inc. in Pediatrics	3,071	0	0	0	0	1	1	5347-5347	O
Roosevelt*	W. B. Sherman	9	3,135	1	0	0	0	0	1	3900-4900	O
Rochester											
Strong Memorial	J. Glaser	6	3,090	..	..	..	..	..	..	..	O
NORTH CAROLINA											
Durham											
Duke*	S. Dees	139	1,081	1	1	0	0	0	2	3900-4800	P
OHIO											
Cincinnati											
University of Cincinnati Hospital Group	..	..	..	0	0	1	0	0	1	5000-5000	O
Children's	..	64	395	..	..	..	..	..	..	..	..
Cincinnati General	..	133	5,602	..	..	..	..	..	..	..	..
Convalescent Hospital for Children	J. E. Ghory	72	260	..	..	..	..	..	..	..	..
Columbus											
Children's	I. Sivon	159	3,100	0	0	1	0	0	1	3000-3300	P
PENNSYLVANIA											
Philadelphia											
Children's Hospital of Philadelphia	H. I. Leeks	Inc. in Pediatrics	1,325	1	1	0	0	0	2	4000-4000	O
St. Christopher's Hospital for Children	L. S. Girsh	100	2,904	..	..	..	..	..	1	1500-1800	FP
Pittsburgh											
Children's Hospital of Pittsburgh	..	..	..	..	..	..	..	..	..	..	..
RHODE ISLAND											
Providence											
Rhode Island*	S. S. Freedman	Inc. in Pediatrics	1,467	1	0	0	0	0	1	4480-5080	FP

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main- tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE											
Memphis											
City of Memphis Hospitals (Frank Tobey Memorial Children's).....	L. V. Crawford.....	Inc. in Pediatrics	2,400	1	0	0	0	0	1	2310-3480	F
TEXAS											
Dallas											
Children's Medical Center*.....	S. R. Halpern.....	...	2,754	1	0	0	0	0	1	5004-5004	O
Houston											
Baylor University Affiliated Hospitals.....	J. P. McGovern.....	41	1,232	1	1	0	0	0	2	6000-6000	O
Texas Children's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIRGINIA											
Charlottesville											
University of Virginia*.....	J. Guerrant.....	.....	900	0	0	1	0	0	1	3600-4200	F

* The total residency programs in Allergy at these centers also include Adult Allergy. Accordingly, residency programs in centers with the symbol (*) are in the "Mixed" category referred to under Board Requirements. All other residency programs listed above are in the "Pediatric" category.

19. PEDIATRIC CARDIOLOGY

In the 1962 Directory of Approved Internships and Residencies, it was indicated that a list of approved residencies in Pediatric Cardiology would be published in subsequent issues of the Directory. Because it has not been possible to conduct survey visits of the programs recommended for approval by the Subspecialty Board of Pediatric Cardiology of the American Board of Pediatrics, listing of the programs has been deferred. Information concerning credit toward certification given for training received in centers or hospitals conducting such training programs may be obtained from the American Board of Pediatrics.

APPROVED RESIDENCIES

20. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering three years of acceptable training in the specialty.
Programs, 72; Residencies, 415

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY												
CALIFORNIA												
Letterman General, San Francisco	F. J. Sheffield	6,699	63,372	10,982	1	1	1	0	0	3		
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Tuskegee												
Veterans Admin.	R. S. Wilson	2,460	314,172	1,526	2	2	2	0	0	6	4020-5575	O
CALIFORNIA												
Long Beach												
Veterans Admin.	B. J. Michele	2,270	110,420	7,864	3	3	3	0	0	9	4020-7035	O
Los Angeles												
Los Angeles County General, Unit I	E. Austin	98,108	212,738		1	1	1	0	0	3	3780-5520	F
University of California	R. E. Worden	13,656	16,776	8,768	3	3	3	1	0	10	3600-4200	P
Veterans Admin.-General Medical and Surgical	K. H. Haase	2,580	84,800	8,892	4	4	4	0	0	12	4205-5865	P
White Memorial	F. B. Moor	88	100	17,811	1	1	0	0	0	2	4260-6660	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals												
Palo Alto-Stanford Hospital Center ¹¹⁰	D. Feldman	789	20,919	4,986	4	3	3	0	0	10	3600-4350	O
San Francisco												
University of California Hospitals	G. Bard	18,563	26,921	7,941	2	2	2	0	0	6	3600-5000	O
San Francisco General	G. Bard	826	9,351	305	0	1	0	0	0	1	3300-5916	O
Kaiser Foundation Rehabilitation Center (Vallejo)	S. Mead	6,972	323,100	6,616	1	1	1	0	0	3	4080-6240	P
Vallejo												
Kaiser Foundation Rehabilitation Center—See University of California Hospitals, San Francisco												
COLORADO												
Denver												
University of Colorado Medical Center	J. W. Gersten	5,847	26,571	26,571	2	2	2	0	0	6	3000-4000	P
Veterans Admin. ¹²²	J. A. Hall	2,841	32,061	330						2	4020-11150	O
CONNECTICUT												
New Haven												
Yale-New Haven Medical Center												
Grace-New Haven Community	R. V. Jones, Jr.	18,483	31,178	12,435							2500	O
DISTRICT OF COLUMBIA												
Washington												
Georgetown University	M. M. Kenrich	56	14,713	7,662	1	1	1	0	0	3	2400-3240	P
George Washington University	C. S. Wise	3,156	15,675	9,287	1	1	1	0	0	3	3300-3900	P
FLORIDA												
Coral Gables												
Veterans Admin.	W. C. Fleming	3,241	67,748	11,040	1	1	1	0	0	3	4020-5575	O
GEORGIA												
Atlanta												
Emory University—See Georgia Warm Springs Foundation-Emory University, Warm Springs, Ga.												
Warm Springs												
Georgia Warm Springs Foundation-Emory University					4	4	4	0	0	12		
Georgia Warm Springs Foundation	E. D. Haak	592	72,099	2,111							3600-7700	P
Emory University (Atlanta)	R. L. Bennett	592	7,247	3,762							-2940	P
North Carolina Baptist (Winston-Salem, N.C.)	E. H. Martinat	1,421	10,946	2,991							2450-3250	O
Medical College (Charleston, S.C.)												
ILLINOIS												
Chicago												
Mount Sinai	A. M. Rosenthal	39	7,623	1,043	3	3	2	0	0	8	3600-8000	
Charles H. and Rachel M. Schwab Rehabilitation		60	100	10,000							3600-8000	FP
Northwestern University Medical Center												
Veterans Admin. Research	L. B. Newman	1,164	59,325	2,277	3	0	0	0	0	3	4205-7405	O
Veterans Admin. (West Side) ¹⁶⁸	R. Wasserman	1,919	100,872	3,868	2	2	2	0	0	6	4020-11725	O
Hines												
Veterans Admin. ¹⁶⁰	W. T. Liberson	4,063	302,830	1,245	4	2	2	0	0	8	4020-5575	O
Peoria												
Institute of Physical Medicine and Rehabilitation ³⁴	H. W. Kendell	2,594	93,111	16,890	1	1	1	0	0	3	4500-5100	P
KANSAS												
Kansas City												
University of Kansas Medical Center	D. Rose	10,722	22,545	5,267	1	1	1	0	0	3	6000-6000	P
Veterans Admin. (Kansas City, Mo.)	R. R. Beatty	2,329	45,096	942							4020-5575	
KENTUCKY												
Louisville												
University of Louisville Medical Center												
Louisville General	H. Wing	10	4,122	7,660	1	1	1	0	0	3	2500-2800	FP
Veterans Admin. ²⁰⁰	I. Muss	3,064	38,353	181	1	1	0	0	0	2	4020-5575	O
MARYLAND												
Baltimore												
University of Maryland	P. F. Richardson	40	34,047	6,123	1	1	1	0	0	3	5000-6200	P

APPROVED RESIDENCIES

20. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS												
Boston												
Massachusetts General	A. L. Watkins	2,223	34,454	...	...	...	...	...	...	...	...	...
Massachusetts Memorial Hospitals	M. Freed	815	28,366	...	2	2	1	0	0	5	3600-4200	O
Veterans Admin. (Jamaica Plain)	F. Friedland	3,122	136,914	1,479	...	...	...	...	...	6	4205-7405	O
MICHIGAN												
Ann Arbor												
University ²⁵²	J. W. Rae, Jr.	...	31,710	31,710	2	2	2	0	0	6	2940-3840	O
Detroit												
Rehabilitation Institute	J. N. Schaeffer	2,129	81,348	34,797	2	2	2	0	0	6	5430-8000	O
MINNESOTA												
Minneapolis												
Kenny Rehabilitation Institute ²⁶⁷	H. Schoening	572	55,224	1,431	1	1	1	0	0	3	...	O
University of Minnesota Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
University of Minnesota Hospitals	F. J. Kottke	4,479	143,449	5,408	6	6	6	0	0	18	3600-5000	P
Veterans Admin.	B. S. Troedsson	7,668	132,733	1,118	1	1	1	0	0	3	4205-7405	O
Rochester												
Mayo Foundation	E. C. Elkins	14,686	107,277	107,277	3	3	3	0	0	9	2400-8000	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...
MISSOURI												
Columbia												
University of Missouri Medical Center	L. E. Wolcott	14,447	38,092	1,986	2	2	2	0	0	6	3600-4200	P
Kansas City												
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.	...	...	...	...	...	...	...	...	...	...	...	...
NEW JERSEY												
East Orange												
Veterans Admin. ²⁶¹	C. R. Brooke	2,537	110,237	1,049	2	1	1	0	0	4	4205-7405	...
NEW YORK												
Albany												
Albany Medical Center	L. D. Policoff	5,197	27,701	11,640	1	1	1	0	0	3	3800-7500	P
Veterans Admin.	J. Ehrlich	1,866	118,717	935	1	1	1	0	0	3	4020-11150	O
Buffalo												
Veterans Admin.	S. Machover	2,141	111,255	10,759	1	1	1	0	0	3	4020-5575	O
Montrose												
Veterans Admin. ²¹⁷	J. Meislin	1,356	514,596	119	1	1	1	0	0	3	4020-5575	O
New York City												
Bronx Municipal Hospital Center	A. S. Abramson	7,665	161,334	9,336	3	2	1	2	0	8†	4200-5220	P
Jewish Chronic Disease	J. Rogoff	1,148	67,990	6,133	2	2	1	0	0	5	4500-5700	F
Kings County Hospital Center	J. G. Benton	6,351	107,914	13,869	1	2	0	1	0	4	4200-5220	P
Montefiore Hospital Training Program	J. S. Tobis	...	...	...	3	3	3	0	0	9	4500-6250	P
Montefiore	...	2,793	21,317	2,896	...	...	...	...	...	...	...	...
Morrisania City	...	...	...	...	...	...	...	...	...	...	...	...
New York Hospital-Cornell Medical Center	K. Archibald	1,609	24,378	2,371	1	0	1	0	0	2	3600-5000	O
Hospital for Special Surgery	A. Kara	...	34,632	13,929	...	...	...	...	...	...	...	...
New York Medical College-Metropolitan Hospital Center	M. Lowenthal	...	...	...	6	4	4	2	2	18	...	...
Unit 1-Flower and Fifth Avenue Hospitals	...	3,781	142,744	10,434	...	...	...	...	...	...	...	...
Unit 2-Metropolitan	...	3,040	137,670	10,065	...	...	...	...	...	8	4200-5220	FP
Unit 3-Bird S. Coler Memorial Hospital and Home	...	...	...	...	...	...	...	...	...	...	...	...
New York University Medical Center and Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...
University (Institute of Physical Medicine and Rehabilitation)	...	...	...	...	...	...	...	...	...	...	...	...
Beltvue Hospital Center, Div. III	H. A. Rusk	30,963	120,326	11,678	2	2	1	0	0	5	4200-5220	FP
Goldwater Memorial	M. Daco	2,421	62,487	54	2	2	1	0	0	5	4200-5220	FP
St. Vincent's Hospital of the City of New York	...	...	...	...	...	...	...	...	...	...	...	...
Grasslands (Valhalla)	E. Moskowitz	1,169	58,015	2,005	0	2	0	0	0	2	5100-5600	FP
Presbyterian	R. C. Darling	46,038	101,573	17,282	...	...	...	...	...	5	4200-5347	O
Veterans Admin. (Bronx)	A. Ebel	4,507	342,260	3,442	2	2	3	0	0	7	4020-11150	O
Veterans Admin. (Brooklyn)	H. H. Samberg	2,418	104,235	3,183	1	0	0	0	0	1	4020-5575	O
Veterans Admin. (Manhattan)	B. Stoll	2,750	281,270	3,294	2	1	1	0	0	4	4020-5575	O
Valhalla												
Grasslands—See New York University Medical Center and Bellevue Hospital Center, New York City, N.Y.	...	...	...	...	...	...	...	...	...	...	...	...
NORTH CAROLINA												
Durham												
Veterans Admin.	R. H. Cress	2,548	33,098	...	2	1	1	0	0	4	4205-7405	O
Winston-Salem												
North Carolina Baptist—See Georgia Warm Springs Foundation-Emory University, Warm Springs, Georgia	...	...	...	...	...	...	...	...	...	...	...	...
OHIO												
Cleveland												
Cleveland Clinic	P. Nelson	8,295	22,009	10,428	1	1	1	0	0	3	3900-4500	P
Western Reserve University Affiliated Hospitals	C. Long	...	...	...	3	3	3	0	0	9	3900-12000	P
Cleveland Metropolitan General	N. Coyne	1,548	67,980	9,715	...	...	...	...	...	...	3600-5000	...
Highland View	C. Long	300	...	...	...	...	...	...	...	...	3900-12000	P
University Hospitals of Cleveland	H. Case	16,162	18,992	1,041	...	...	...	...	...	...	...	...
Veterans Admin.	R. Lowry	1,678	112,792	116	1	1	1	0	0	3	4020-5575	P
Columbus												
Ohio State University Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
University	E. W. Johnson	1,087	43,912	6,932	3	2	2	0	0	7	3600-6360	P
Dayton												
Veterans Admin.	L. Rosenberg	2,847	156,176	1,198	2	2	2	0	0	6	4020-5575	O
OREGON												
Portland												
Veterans Admin.	E. W. Fowlks	8,736	168,276	708	2	2	2	0	0	6	5820-11150	P

20. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA												
Philadelphia												
Hospital of the University of Pennsylvania	W. Erdman			2,650	3	3	3	0	0	9		O
Magee Memorial Hospital-Rehabilitation Center	F. Parry	358	28,624	5,588	1	1	1	0	0	3	3600-8000	O
Philadelphia General	A. A. Martucci	9,712	121,366	23,559	1	1	1	0	0	3	5207-6097	F
Temple University Affiliated Hospitals												
Albert Einstein Medical Center	C. Levenson	2,773	41,634		3	3	3	0	0	9	3600-5000	FP
Moss Rehabilitation												
Veterans Admin. ²⁹²	R. A. Schlesinger	1,266	39,072	998	1	1	1	0	0	3	4020-5575	O
Pittsburgh												
St. Francis General	T. C. Hohmann	3,130	56,509	6,996	2	2	2	0	0	6	4320-5040	FP
Veterans Admin.	R. Blanchard	2,570	139,214	881	1	1	1	0	0	3	4020-7035	P
PUERTO RICO												
San Juan												
Veterans Admin. ¹⁴⁸	H. J. Flax	1,720	37,015	4,452	2	1	1	0	0	4	4520-6270	
SOUTH CAROLINA												
Charleston												
Medical College—See Georgia Warm Springs Foundation-Emory University, Warm Springs, Ga.												
TENNESSEE												
Memphis												
Veterans Admin.	B. B. Sutton	862	197,681	2,639						1	4020-7035	O
TEXAS												
Dallas												
Baylor University Medical Center	E. M. Krusen	48,585	124,148	62,074	1	1	1	0	0	3	5100-8000	P
Houston												
Baylor University Affiliated Hospitals												
Methodist												
Texas Institute for Rehabilitation and Research												
Veterans Admin.	M. D. Lecklitner	17,958	229,731	21,063	4	4	4	0	0	12	4020-11150	P
VIRGINIA												
Richmond												
Medical College of Virginia-Hospital Division	J. B. Redford	5,258	127,547	127,547	2	2	2	0	0	6	1800-2400	F
Veterans Admin.	A. R. Dawson	3,406	284,920	1,092	2	2	2	0	0	6	4020-11725	P
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals	J. F. Lehmann				3	0	3	0	0	6		
King County	J. F. Lehmann	972	27,997	782							2400-5100	F
University		750	53,786	6,706							3900-8050	F
Veterans Admin.	H. Lefman	100		520							4020-7035	O
WISCONSIN												
Milwaukee												
Marquette University Affiliated Hospitals	R. Piaskoski				3	3	3	0	0	9		
Milwaukee County General												
Veterans Admin. (Wood)	D. Mattarella	2,588	331,655	804							4020-5575	P

21. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty. Programs, 61; Residencies, 174.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington ⁷²	R. E. House	20	302			1,691	3	1	1	0	0	0	2		
UNITED STATES NAVY															
MARYLAND															
U. S. Naval, Bethesda	W. C. Trier	30	409	1	100	5,358	2	1	0	0	0	0	1		
Georgetown University															
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
Phoenix															
Crippled Children's—See University of California Medical Center, San Francisco, Calif.															

APPROVED RESIDENCIES

21. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA															
Los Angeles															
University of California Medical Center	F. L. Ashley	..	..	0	0	1,355	3	1	1	1	0	0	2	4332-4332	O
University of California	F. L. Ashley	7	310	0	0	1,355	..	..	..	..	..	..	..	..	..
Veterans Admin.—General Medical and Surgical	F. L. Ashley	15	313	0	0	492	..	..	..	..	..	..	..	4990-6440	P
Huntington Memorial (Pasadena)	G. V. Webster	5	374	0	0	3,080	..	..	..	..	..	..	..	3600-5100	FP
Pasadena															
Huntington Memorial—See University of California Medical Center, Los Angeles, Calif.															
San Francisco															
St. Francis Memorial	G. B. O'Connor	11	818	3	0	663	3	2	1	1	0	0	4	3600-4800	P
University of California Medical Center	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
University of California Hospitals	..	5	165	..	..	631	..	0	1	0	0	0	1	4660-4660	O
Crippled Children's (Phoenix, Ariz.)	R. A. Peterson	20	181	4	100	1,230	..	..	..	..	..	..	..	4800-4800	P
Franklin	H. Blackfield	3	347	1	100	..	..	..	..	..	..	..	..	3324-4332	P
San Francisco General	..	..	..	..	..	..	..	..	..	..	..	..	..	3300-5916	O
DISTRICT OF COLUMBIA															
Washington															
Georgetown University—See U. S. Naval, Bethesda, Md.															
George Washington University	G. G. Letterman	12	694	2	50	700	2	1	1	0	0	0	2	3900-4200	P
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	M. J. Jurkiewicz	14	571	18	88	1,909	2	1	1	0	0	0	2	4500-...	O
Jacksonville															
Jacksonville Hospitals Educational Program	B. L. Morgan	..	..	..	..	..	2	1	1	0	0	0	2	..	P
Duval Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..	6600-6600	P
St. Vincent's	..	3	299	..	..	..	60	..	..	..	..	..	..	6300-6600	P
Orlando															
Orange Memorial	J. E. O'Malley	6	346	1	100	3,700	2	1	1	0	0	0	2	5400-5700	O
ILLINOIS															
Chicago															
Cook County	J. G. Kostrubala	40	540	15	40	3,024	2	..	..	..	..	..	5	1800-1800	FP
University of Illinois Affiliated Hospitals	P. W. Greeley, J.W. Curtin	..	..	..	..	..	2	..	..	..	..	..	..	..	..
Presbyterian-St. Luke's	..	35	889	0	0	1,750	..	1	0	0	0	0	1	3600-3600	P
University of Illinois Research and Educational Hospitals	..	13	325	1	0	1,526	..	0	0	0	0	1	1	4200-4200	P
Hines															
Veterans Admin.—See Mayo Foundation, Rochester, Minn.															
INDIANA															
Indianapolis															
Indiana University Medical Center	H. M. Trusler	..	..	..	..	..	2	1	1	1	0	0	3	..	..
Indiana University Hospitals	..	28	605	14	57	2,024	..	..	..	..	..	..	..	2825-3800	P
Veterans Admin.	..	13	190	5	80	540	..	..	..	..	..	..	..	4020-7035	O
KANSAS															
Kansas City															
University of Kansas Medical Center	D. Robinson	13	852	10	50	6,957	2	1	1	0	0	0	2	3000-3600	P
MARYLAND															
Baltimore															
Johns Hopkins	M. T. Edgerton	18	705†	5	60	2,399	2	..	..	..	..	..	..	3000-...	P
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	R. O. Dingman	9	541	0	0	178	2	1	1	0	0	0	2	6000-6300	O
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit, Mich.															
Detroit															
Henry Ford	A. P. Kelly	18	820	5	60	13,615	3	1	1	0	0	0	2	5400-6600	P
Straith Memorial ⁶⁴	R. E. Straith	..	..	..	..	..	3	..	..	..	..	..	..	..	..
Wayne State University Affiliated Hospitals	W. A. Lange	..	..	..	..	..	..	2	2	0	0	0	4	..	..
Veterans Admin. (Dearborn)	..	9	145	2	100	109	..	..	..	..	..	..	..	6440-7405	O
Grace	..	10	577†	0	0	57	..	..	..	..	..	..	..	4500-4800	FP
Receiving	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grand Rapids															
Blodgett Memorial	W. H. Staffensen	8	635	7	57	443	3	..	..	..	..	..	..	4800-5100	FP
Butterworth ²⁸⁵	R. Blocksma	..	..	..	..	..	2	1	0	0	0	0	1	4800-...	O
MINNESOTA															
Rochester															
Mayo Foundation	J. B. Erich	27	3,027	13	54	21,799	3	3	3	3	0	0	9	2400-6996	P
Rochester Methodist	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Mary's	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin. (Hines, Ill.)	W. B. Slaughter	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin. (Wood, Wis.)	W. H. Frackleton	..	..	..	..	..	..	..	..	..	..	..	..	..	..
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	J. H. Hendrix, Jr.	..	..	..	..	..	2	..	..	..	..	..	2	..	..
University	..	9	309	8	63	1,173	..	..	..	..	..	..	..	3300-3600	O
Veterans Admin.	..	3	52	0	0	..	..	..	..	..	..	..	..	6120-7035	O
MISSOURI															
Kansas City															
Kansas City General Hospital and Medical Center	F. J. McCoy	40	1,863	10	50	12,842	2	1	1	0	0	0	2	6300-6300	P

21. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI—Continued															
St. Louis															
Barnes.....	J. B. Brown.....	41	1,784	18	13	2,313	2	4	4	0	0	0	8	3600-4800	FP
St. Louis University Group of Hospitals.....	F. Paletta.....	19	530	2	100	1,708	2	3	3	0	0	0	8	3000-3300	FP
Veterans Admin.....	F. Paletta.....	27	331	10	70	...	..	..	..	..	..	..	..	..	..
NEW JERSEY															
Camden															
Cooper.....	A. vonDeilen.....	15	55	0	0	32	2	1	1	0	0	0	2	4200-4500	F
East Orange															
Veterans Admin. Hospital—Jersey City Medical Center.....	D. Mayer.....	..	..	..	..	..	2	..	..	..	..	..	..	..	..
Veterans Admin.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Jersey City Medical Center (Jersey City).....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Jersey City															
Jersey City Medical Center—See Veterans Admin. Hospital—Jersey City Medical Center, East Orange, N. J.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Newark															
St. Barnabas Medical Center ²¹¹	L. A. Peer.....	22	895†	1	100	690	3	1	1	1	0	0	3	3900-4500	F
NEW YORK															
Albany															
Albany Medical Center.....	W. B. Macomber.....	15	458	2	50	325	2	2	1	1	0	0	4	4500-5400	P
St. Peter's.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.....	..	13	126	3	100	289	..	..	..	..	..	..	..	4020-5575	O
Buffalo															
Roswell Park Memorial Institute ¹⁹	F. S. Hoffmeister.....	29	328	19	100	2,212	1	0	3	0	0	0	3	4500-5544	O
Hempstead															
Meadowbrook.....	L. R. Rubin.....	13	262	0	0	357	2	1	1	0	0	0	2	4300-6700	F
New York City															
Kings County Hospital Center.....	B. E. Bromberg.....	52	775	5	20	4,396	2	2	2	0	0	0	4	4200-5220	P
Montefiore Hospital Training Program.....	M. Lewin.....	..	..	..	..	..	3	1	1	1	0	0	3	..	..
Montefiore.....	Inc. in Surg.	428	..	..	..	782	..	..	..	..	..	..	..	4500-6250	P
Morrisania City.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Sinai.....	A. J. Barsky.....	14	493	1	100	1,597	3	1	0	1	0	0	2	5500-6000	P
Beth Israel.....	..	6	361	..	..	289	..	1	0	0	0	0	1	..-6000	P
Bronx Municipal Hospital Center.....	..	8	153	1	0	800	..	0	1	0	0	0	1	4200-5220	P
New York Hospital-Cornell Medical Center.....	H. Conway.....	25	634	3	66	1,493	2	0	0	0	1	1	2	3600-3900	P
Veterans Admin. (Bronx).....	..	23	229	2	100	371	..	2	1	0	0	0	3	6120-7035	O
New York University Medical Center and Bellevue Hospital Center.....	J. M. Converse.....	..	..	..	..	..	2	..	..	..	..	..	..	..	..
University (Institute of Reconstructive and Plastic Surgery).....	..	..	..	..	..	..	..	1	1	0	0	0	2	6000-7000	P
Manhattan Eye, Ear and Throat.....	..	11	830	0	0	1,564	..	1	1	0	0	0	2	6000-7000	P
Bellevue Hospital Center, Divisions III and IV.....	..	12	268	2	..	1,703	..	1	1	0	0	0	2	6000-7000	P
Presbyterian ²¹¹	G. Crikelair.....	..	..	..	..	3,312	3	2	2	1	0	0	5	4800-5347	O
St. Luke's.....	R. B. Stark.....	6	542	0	0	571	2	1	1	0	0	0	1	3300-3900	P
Rochester															
Strong Memorial ²¹²	R. M. McCormack.....	22	546†	2	0	717	2	0	0	0	2	2	4	2600-4400	O
Syracuse															
State University of New York Upstate Medical Center.....	D. Stark.....	8	471	5	83	804	2	0	0	0	1	1	2	5391-5730	O
Veterans Admin.....	..	6	114	2	100	348	..	..	..	..	..	..	..	4205-6440	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial.....	E. E. Peacock, Jr.....	16	918†	2	0	4,043	2	2	2	0	0	0	4	2800-5000	O
Durham															
Duke University Affiliated Hospitals.....	K. L. Pickerell.....	..	..	..	..	..	3	2	2	2	0	0	6	..	..
Duke.....	..	38	1,646	24	50	2,598	..	..	..	..	..	..	..	3900-4800	P
Veterans Admin.....	..	17	296†	1	100	..	..	..	..	..	..	..	..	4205-7405	O
OHIO															
Cincinnati															
Christ.....	J. J. Longacre.....	14	323	4	50	178	2	1	1	0	0	0	2	3000-3900	F
Cleveland															
Cleveland Clinic.....	R. Anderson.....	24	947	1	100	..	2	1	1	0	0	0	2	5400-5700	P
University Hospitals of Cleveland.....	C. H. Kiehn.....	..	..	..	..	405	2	1	1	0	0	0	2	5400-5400	P
Veterans Admin.....	..	9	103†	2	100	410	..	..	..	..	..	..	..	6120-7035	P
Columbus															
Ohio State University Hospitals.....	..	..	..	..	..	..	2	1	1	0	0	0	2	4800-7296	..
Children's.....	J. C. Trabue.....	5	419	1	100	366	..	..	..	..	..	..	..	..	..
University.....	J. E. Bennett.....	24	753	3	67	924	..	..	..	..	..	..	..	..	..
PENNSYLVANIA															
Allentown															
Allentown.....	K. Marcks.....	21	898†	3	100	3,243	2	1	1	0	0	0	2	3300-3900	FP
Philadelphia															
Hospital of the University of Pennsylvania.....	H. P. Royster.....	16	636	6	50	..	3	..	..	..	..	..	..	..	..
Graduate Hospital of the University of Pennsylvania.....	H. P. Royster.....	3	93	..	..	218	..	1	0	0	0	0	1	3600-...	P
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh.....	W. L. White.....	..	..	..	..	..	2	3	3	0	0	0	6	..	..
Children's Hospital of Pittsburgh.....	..	..	759	4	75	804	..	..	..	..	..	..	..	..	..
Presbyterian-University.....	..	26	1,178	6	50	514	..	..	..	..	..	..	..	3060-3660	O
Veterans Admin.....	..	38	799	26	80	976	..	..	..	..	..	..	..	4020-7035	P
RHODE ISLAND															
Providence															
Rhode Island.....	R. P. Sexton.....	2	190	0	0	211	2	1	1	0	0	0	2	4080-5280	FP

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

21. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE															
Memphis															
City of Memphis Hospitals.....	A. P. Jerome.....		Inc. in Surg.				3	1	1	0	0	0	2	2310-3480	F
TEXAS															
Dallas															
University of Texas Southwestern Medical School Affiliated Hospitals.....	J. T. Mills.....						2								
Parkland Memorial.....															
Baylor University Medical Center.....		10	819†	1	0			1	0	0	0	0	1	6000-6000	P
Children's Medical Center.....															
St. Paul.....															
Galveston															
University of Texas Medical Branch Hospitals.....	S. Lewis.....	45	1,143	45	44	3,046	3	2	2	2	0	0	6	4200-4200	P
Houston															
Baylor University Affiliated Hospitals.....	S. B. Hardy.....	59	1,345	21	43	5,313	3	2	2	2	0	0	6	4410-5017	FP
Ben Taub General.....															
Methodist.....															
Texas Children's.....															
Veterans Admin.....															
San Antonio															
University of Texas Post-Graduate Medical School Affiliated Hospitals.....	C. W. Gennison.....						3	1	1	1	0	0	3		
Robert B. Green Memorial.....		4	68	0	0	406								5100-5100	FP
Santa Rosa Medical Center.....		85	573	0	0	1,560								5100-5100	F
UTAH															
Salt Lake City															
Latter-Day Saints.....	T. R. Broadbent.....	16	770	1	0	1,730	2	0	0	0	1	1	2	4800-5100	P
VIRGINIA															
Charlottesville															
University of Virginia.....	C. C. Coleman.....	17	608†	8	50	1,561	2	0	0	0	1	1	2	2100-3000	F
WEST VIRGINIA															
Charleston															
Charleston General Hospital—Memorial Hospital.....	C. Litton.....						3	1	1	1	0	0	3		
Charleston General.....		8	512			4,977								3900-4800	FP
Memorial.....		4	219	0	0	251								4800-5400	FP
WISCONSIN															
Madison															
University Hospitals.....	F. Bernard.....	17	418	6	83	1,331	2	0	0	0	1	1	2	5200-5800	P
Milwaukee															
Veterans Admin. (Wood)—See Mayo Foundation, Rochester, Minn.															

22. PREVENTIVE MEDICINE

AVIATION MEDICINE

The following programs in Aviation Medicine have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, as offering acceptable training in the specialty.

School	Location	Director	Length of Approved Program (Years)	Beginning Salary (Month)
UNITED STATES AIR FORCE				
School of Aerospace Medicine.....	Brooks Air Force Base, Texas	H. V. Ellingson.....	2	
Other Federal affiliated training sites for the third year are: U. S. Army Aviation Medical Research Unit, Army Aviation Center, Fort Rucker, Alabama; Civil Aeronautical Research Institute, Federal Aviation Agency, Oklahoma City, Oklahoma; National Aeronautics and Space Administration Manned Spacecraft Center, Houston, Texas; Headquarters Military Air Transport Service, Scott AFB, Illinois, and several other U.S.A.F. medical facilities.				
*Program open only to members of the armed forces and employees of the federal government. Medical officers of the U. S. Army interested in this residency should write to the Director of Personnel and Training, Office of the Surgeon General, Department of the Army, Washington, D.C., 20310. Employees of the Federal Aviation Agency interested in this residency should address the Civil Air Surgeon, Federal Aviation Agency, Washington, D.C. 20553. Those interested in a residency sponsored by the National Aeronautics and Space Administration should address Chief of Medical Programs, NASA Manned Spacecraft Center, Houston, Texas 77001.				
UNITED STATES NAVY				
School of Aviation Medicine, Naval Aviation Medical Center.....	Pensacola, Florida	R. B. Lautzenheiser.....	2	
For information regarding program write to: Chief, Bureau of Medicine and Surgery U. S. Navy, 23d and E Sts., N.W., Washington 25, D. C.				
NONFEDERAL				
Ohio State University Medical Center.....	Columbus, Ohio	W. F. Ashe.....	3	to be arranged with Director of Program.
For information regarding program write to: Dept. of Preventive Medicine, Ohio State University, 410 West 10th Avenue Columbus 10, Ohio				

22. PREVENTIVE MEDICINE—Continued

GENERAL PREVENTIVE MEDICINE

The following institutions and agencies have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE years of training in General Preventive Medicine.

Institution or Agency	Physician in Charge	Areas of Training
CALIFORNIA		
Berkeley		
University of California School of Public Health.....	J. S. Felton.....	Epidemiology
LOUISIANA		
New Orleans		
Tulane University School of Medicine.....	J. C. S. Paterson.....	
MARYLAND		
Baltimore		
Johns Hopkins University School of Hygiene and Public Health.....	J. C. Hume.....	Epidemiology, Clinical Preventive Medicine, International Health, Maternal and Child Health
MASSACHUSETTS		
Boston		
Harvard University School of Public Health.....	B. MacMahon.....	Epidemiology
NEW YORK		
Albany		
State of New York Department of Health.....	W. Haddon, Jr.....	Epidemiology
OKLAHOMA		
Oklahoma City		
University of Oklahoma School of Medicine.....	W. W. Schottstaedt.....	Clinical Preventive Medicine
WASHINGTON		
Seattle		
University of Washington School of Medicine.....	J. T. Grayston.....	Epidemiology

OCCUPATIONAL MEDICINE (Academic)

The following educational institutions have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for TWO years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The in-plant training is being arranged, and a separate listing of such programs is published in this issue immediately following the list of institutions giving the academic portion.

Institution or Agency	Physician in Charge	Residencies Offered 1965-1966		
		1st Year	2nd Year	Total All Years
CALIFORNIA				
Los Angeles				
University of California School of Public Health.....	J. S. Felton.....	8	8	16
MASSACHUSETTS				
Boston				
Harvard University School of Public Health.....	J. L. Whittenberger.....	4	4	8
MICHIGAN				
Ann Arbor				
University of Michigan Institute of Industrial Health.....	H. J. Magnuson.....	4	4	8
NEW YORK				
Rochester				
University of Rochester School of Medicine and Dentistry.....	J. H. Sterner.....	4	4	8
OHIO				
Cincinnati				
University of Cincinnati Institute of Industrial Health, Graduate School of Arts and Sciences.....	R. A. Kehoe.....	8	4	12
Columbus				
Ohio State University College of Medicine, University Hospital and Ancillary Facilities, Department of Preventive Medicine.....	W. F. Ashe.....	4	4	8
PENNSYLVANIA				
Pittsburgh				
University of Pittsburgh, Graduate School of Public Health.....	D. Minard.....	4	4	8

22. PREVENTIVE MEDICINE — Continued

OCCUPATIONAL MEDICINE (In-Plant)

The following plants and agencies have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for ONE year of training to cover the requirement for in-plant training as the third year of a residency in Occupational Medicine. For further detailed information concerning a program, it is suggested that the applicant write to the physician in charge of the particular program concerned.

	Physician In Charge	Academic Affiliation	Residencies Offered 1965-1966 Total All Years
UNITED STATES AIR FORCE			
OHIO Headquarters, Air Force Logistics Command, U.S.A.F., Wright-Patterson Air Force Base.....	J. E. Boysen.....	University of Cincinnati.....	1
UNITED STATES ARMY			
MARYLAND U. S. Army Environmental Hygiene Agency, Edgewood.....	R. J. Phillips.....	University of Cincinnati.....	1
UNITED STATES PUBLIC HEALTH SERVICE			
DISTRICT OF COLUMBIA U. S. Public Health Service, Division of Occupational Health, Washington.....		University of Cincinnati.....	2
NONFEDERAL			
CALIFORNIA			
Fontana Kaiser Steel Corporation.....	H. A. Lewis.....	University of California.....	1
Oakland Kaiser Aluminum and Chemical Corporation.....	J. P. Hughes.....	University of Cincinnati.....	1
DELAWARE			
Wilmington E. I. du Pont de Nemours and Company, Inc.....	A. J. Fleming.....	University of Cincinnati, University of Pittsburgh.....	1
ILLINOIS			
East Peoria Caterpillar Tractor Company.....	H. A. Vonachen.....	University of Cincinnati.....	1
MASSACHUSETTS			
Boston Harvard University Health Center Division of Environmental Health.....	B. G. Ferris, Jr.....	Harvard University.....	
MICHIGAN			
Dearborn Ford Motor Company.....	E. A. Irvin.....	University of Michigan.....	1
Detroit General Motors Corporation.....	S. D. Steiner.....	University of Michigan.....	2
NEW JERSEY			
Wayne American Cyanamid Company.....	H. H. Gols.....	University of Cincinnati.....	1
NEW YORK			
Endicott International Business Machines Company.....	J. C. Duffy.....	University of Cincinnati.....	1
New York City American Telephone and Telegraph Company and Subsidiaries..... New York State Department of Labor, Division of Industrial Hygiene.....	L. H. Whitney..... M. Kleinfeld.....	University of Cincinnati..... University of Cincinnati.....	1 1
Rochester Eastman Kodak Company.....	J. H. Sterner.....	University of Rochester.....	1
OHIO			
Cincinnati National Lead Company of Ohio.....	J. A. Quigley.....	University of Cincinnati.....	1
Columbus Ohio State Department of Health, Division of Industrial Hygiene.....	Mr. H. G. Bourne.....	University of Cincinnati.....	
PENNSYLVANIA			
Harrisburg Pennsylvania Department of Health, Division of Occupational Health.....	J. Lieben.....	University of Pittsburgh.....	2
Pittsburgh Jones and Laughlin Steel Corporation (Pittsburgh Works Division)..... Westinghouse Bettis Atomic Power Division Power Laboratory.....	R. J. Halen, E. A. McGovern..... R. E. Masters.....	University of Pittsburgh..... University of Pittsburgh.....	1 1
TENNESSEE			
Chattanooga Tennessee Valley Authority Division of Health and Safety.....	O. M. Derryberry.....	University of Pittsburgh.....	1
WASHINGTON			
Richland General Electric Company, Hanford Atomic Products Operation.....	W. D. Norwood.....	University of Rochester, Ohio State University.....	2
Seattle Boeing Airplane Company, Aerospace Division.....	T. G. Hanks.....	Harvard University.....	2
WISCONSIN			
West Allis Allis-Chalmers Manufacturing Company.....	C. Zenz.....	University of Cincinnati.....	1

22. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been approved for training by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Annual Salary
U.S. Army	6th Army Hdqrs., Fort Ord, California	D. S. Myers, Lt. Col., MC	Military Post—Fort Ord	100,000*	1	....
	1st Army Hdqrs., Fort Dix, N.J. and Governor's Island, N.Y.	T. B. Dunne, Lt. Col., MC—Fort Dix L. Alishuler, Col., MC—Governor's Island	Fort Dix Military Reservation, N.J. 1st U.S. Army, Governor's Island, N.Y.	50,000* 100,000*	2	....
	3rd Army Hdqrs., Preventive Medicine Division, Fort Bragg, N.C.	I. H. Canfield, Lt. Col., MC	Fort Bragg and environs	100,000*	1	....
State of California	Berkeley, California	M. H. Merrill	Alameda County Berkeley City Contra Costa County Los Angeles City Orange County San Bernardino County San Diego County San Francisco City and County San Mateo County Santa Clara County Yolo County	850,350* 111,300* 468,200* 2,641,800* 970,900* 587,600* 1,164,100* 749,900* 508,025* 513,400* 76,200*	2	(a)
State of Delaware	Dover, Delaware	M. H. Mires	Kent County and New Castle County (b)	370,000*	2	6000 (c)
State of Florida	Jacksonville, Florida	R. V. Schultz	Alachua-Gainesville Dade-Miami Hillsborough-Tampa Palm Beach-West Palm Beach Pinellas-St. Petersburg Florida State Board of Health (e)	74,074 935,047 397,788 228,106 374,665	2	(d)
State of Georgia	Atlanta, Georgia	J. H. Venable	Baker-Dougherty-Lee-Worth Cobb-Douglas-Paulding Columbia-McDuffie-Richmond Bibb-Jones-Twigg Chattahoochee-Harris-Muscogee DeKalb-Rockdale Bryan-Chatham-Liberty Fulton	103,109 144,016 181,651 157,652 182,801 267,354 209,012 556,326	2	7,524 (f)
State of Illinois	Springfield, Illinois	F. D. Yoder	Cook County (g) DuPage County Lake County Peoria City and Peoria County (i)	1,600,000* 333,000* 321,000* 192,000*	2(h)	8400-9000
State of Maryland	Baltimore, Maryland	E. Davens	Anne Arundel County Baltimore County Baltimore City Montgomery County Prince George's County Washington County	231,000* 535,000* 925,000* 390,000* 421,000* 96,000*	2	8,180
State of Massachusetts	Boston, Massachusetts	F. R. Philbrook	Boston City Brookline Town Cambridge City Central District Newton City Northeastern District Southeastern District Western District	697,197 54,044 107,716 719,672 92,384 1,485,224 1,262,760 729,581	2 (j)	9,000-9,792
State of Michigan	Lansing, Michigan	A. E. Heustis	(k)	....	2	4800
State of Minnesota	Minneapolis, Minnesota	R. N. Barr	Minneapolis City Olmsted County, incl. Rochester City	482,872 65,532	2	4800 (l)
State of Mississippi	Jackson, Mississippi	J. A. Milne	Mississippi State Board of Health	246,587	2	9,000
New York City	New York City	R. E. Rothermel	New York City (r)	7,782,000*	2	7,200
State of New York	Albany, New York	F. B. Amos	(m)	....	2	8,308-10,222(m)
State of North Carolina	Raleigh, North Carolina	J. W. R. Norton	Charlotte-Mecklenburg County Forsyth County-Winston-Salem Halifax County Orange-Person-Chatham-Lee-Caswell District Health Dept. Pitt County	272,111 189,428 58,950 142,622 69,942	2	(s)
State of Oklahoma	Oklahoma City, Oklahoma	W. W. Schottstaedt	Oklahoma University Med. Center Cleveland County	47,600	2	5,000
State of Oregon	Portland, Oregon	R. H. Wilcox	Clackamas County Jackson County Lane County Marion County Multnomah County	121,610 83,647 181,173 138,457 155,050	2	9,600-11,040(o)
State of Pennsylvania	Harrisburg, Pennsylvania	C. C. Kuehn	Lewiston Meadville Philadelphia Pittsburgh Reading Williamsport Wilkes-Barre	664,279 642,737 342,585 620,870 791,627 342,388 349,337	2 (p)	588-912

APPROVED RESIDENCIES

22. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Annual Salary
State of Tennessee	Nashville, Tennessee	R. H. Hutcheson	Shelby County	627,019	2	10,800
State of Texas	Austin, Texas	J. E. Peavy		10,000,000*	2	8,250-9,450
State of Virginia	Richmond, Virginia	M. I. Shanholtz	Arlington County (q)	171,496*	2	8,400
State of Washington	Olympia, Washington	W. Lane	Benton-Franklin	90,700*	2	9,600-10,500
			Seattle-King	999,000*		
			Tacoma-Pierce	345,000*		
			Washington State	3,005,100*		

- * Estimated.
- (a) Two state civil service residencies—\$8,600 for first year. Salaries in local health department payrolls vary.
- (b) Excludes the city of Wilmington.
- (c) To those planning to work in state.
- (d) A resident with less than two years' experience in public health, or equivalent experience, receives \$690 a month; one with two years' experience receives \$840 a month.
- (e) Training in Florida State Board of Health, Jacksonville, with field experience in local health departments, predominantly those approved for public health residencies.
- (f) Salary range to \$8,088; in addition, travel and subsistence allowed while away from headquarters.
- (g) Excludes Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Kenilworth, Glencoe, Northfield, and remainder of New Trier Township), all with full-time health officer. Automobile allowance in addition to salary.
- (h) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year. Appointment can be effective the first of any month. Appointments are limited to those training for service in Illinois. Exceptions may be made in special cases. U.S. citizenship and Illinois medical license required.
- (i) Training is given under one director in both the City and County Health Departments.
- (j) Training in Massachusetts Department of Public Health, with field experience out of one or more of the District Health Offices of the Department and the affiliated health departments of Boston, Brookline, Cambridge and Newton. Information published was furnished in 1963 and may not be current.

- (k) The program operates in a local area which will best meet the defined need of the resident trainee.
- (l) Applications not accepted from aliens. Salary of \$400 per month for the post-doctoral student plus \$30 per month for each dependent.
- (m) Program uses any one of the 22 county health departments, 8 city health departments or 12 district offices within the state. Assignments are made on an individual basis. Fellowship granted for attendance at school of public health during or after first year of residency.
- (n) Annual salary, depending on qualifications, is \$8,308 to \$10,222 the first year, and \$11,680 to \$13,630 the second year.
- (o) All residencies under supervision of Oregon State Board of Health; only applicants planning to remain in Oregon will receive a salary. Population of Multnomah County excludes City of Portland. Second year residencies may involve the whole state, with population of 1,856,190.
- (p) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year. Appointment can be effective during any month of year. Appointments are limited to those training for service in Pennsylvania, but exceptions may be made in special cases. U. S. citizenship or declaration of intent to become citizen and eligibility for medical license in Pennsylvania required.
- (q) Plus selected rural areas to supplement urban program.
- (r) Includes training at Montefiore Hospital, New York City.
- (s) Information published was furnished early in 1963, and may not be current.

23. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level. Programs, 202; Residencies, 4,134

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year (Min.-Max.)	Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	M. B. Giffen	65	1,673	1	100	8,293	6	6	6	0	0	18			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	R. E. Clausen	74	1,158	0	0	13,772	6	6	6	0	0	18			
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	W. H. Anderson	225	1,449	1	100	7,116	8	8	8	0	0	24			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	J. E. Hamill	160	1,632	5	80	13,446	3	3	3	0	0	9			
MARYLAND															
U. S. Naval, Bethesda	C. S. Mullins	106	1,073	14	93	9,983	4	4	6	0	0	14			
UNITED STATES PUBLIC HEALTH SERVICE															
KENTUCKY															
U. S. Public Health Service, Lexington	W. P. Jurgensen	1,030	2,768	17	35	411	0	0	1	0	0	1	8317-12000	O	
TEXAS															
U. S. Public Health Service, Ft. Worth—See Parkland Memorial, Dallas, Texas															
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	E. Y. Williams	22	302	3	67	2,884						6	4400-5700	P	
St. Elizabeths, Washington	F. N. Waldrop	6,668	1,930	485	45	10,033	18	12	12	0	0	42	4800-5600	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center		90	1,689	1	0	8,905	4	4	4	0	0	12			
University Hospital and Hillman Clinic	J. N. Sussex												4000-5600	F	
Veterans Admin.	P. H. Linton												4020-7035	O	

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966						Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
ARKANSAS														
Little Rock														
Arkansas State University	H. B. Molholm	3,867	4,319	405	8	1,236	6	0	0	0	0	6	7764-12000	P
North Little Rock Veterans Admin.	W. G. Reese	19	228	0	0	4,383	3	3	3	1	0	10	4500-12000	O
	H. L. Lambert	1,981	2,068	119	59	...	3	3	3	0	0	9	4430-12110	O
CALIFORNIA														
Berkeley														
Herrick Memorial	A. E. Bennett	24	881	4	25	6,724	4	3	3	0	0	10	4500-5700	P
Camarillo														
Camarillo State	N. C. Nace	6,066	4,135	37	53	3,794	8	5	6	0	0	19	6120-13332	O
Eldridge														
Sonoma State Hospital-Napa State	J. C. Dawson	3,512	329	72	95	0	6	6	6	0	0	18	7320-12096	O
Sonoma State	W. A. Oliver	4,961	4,704	602	42	8,480	6	6	6	0	0	18	6120-12000	O
Napa State (Imola)														
Imola														
Napa State—See Sonoma State Hospital-Napa State, Eldridge, Calif.														
Long Beach														
Veterans Admin.	F. Bowers	49	370	3	33	2,250	..	..	..	..	..	4	4020-7035	O
Los Angeles														
Cedars of Lebanon	J. Gussen	17	255	1	0	4,333	2	2	2	0	0	6	3600-5280	P
Los Angeles County General, Unit I	E. Stainbrook	177	7,707	9	22	29,119	12	12	12	0	0	36	3780-5520	F
Mount Sinai	S. Schwartz	23	203	..	..	5,785	3	3	3	0	0	9	3120-4320	P
University of California	N. Q. Brill	81	1,303	1	0	20,141	15	15	15	2	0	47	3324-10968	P
Veterans Admin. Center Neuropsychiatric	R. V. Freeman	1,949	1,580	108	74	6,114	12	12	12	0	0	36	4221-11725	O
Veterans Admin. (Sepulveda)	M. Unger	726	785	65	32	2,610	4	4	4	0	0	12	4020-11725	O
Norwalk														
Metropolitan State	A. R. Beisser	3,934	3,495	192	35	13,796	..	..	..	..	..	..	..	O
Palo Alto														
Stanford Medical Center and Affiliated Hospitals							12	12	12	4	4	44†	..	..
Palo Alto-Stanford Hospital Center	T. Gonda	11	348†	1	0	10,294	..	..	..	..	..	..	3450-5575	O
Veterans Admin.	G. Krieger	1,733	1,327	26	95	4,250	..	..	..	..	..	..	4020-6120	O
San Mateo County General (San Mateo)	J. J. Downing	31	1,422	1	100	29,999	..	..	..	..	..	..	3600-4800	F
Patton														
Patton State	B. Kovitz	4,532	3,663	396	35	2,184	6	6	6	0	0	18	6120-15432	O
San Francisco														
Langley Porter Neuropsychiatric Institute	A. Simon	84	532	0	0	22,758	15	12	16	2	2	47	2400-12000	O
San Jose														
Agnews State	J. L. Waters	4,123	3,523	401	21	5,000	8	8	8	0	0	24	6120-15432	O
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals														
Stockton														
Stockton State	R. C. Martin	3,490	6,191	351	47	4,461	4	4	4	0	0	12	6120-10968	O
Talmadge														
Mendocino State	H. N. Hook	2,264	1,579	113	77	1,585	5	6	5	0	0	16	6120-17028	P
COLORADO														
Denver														
University of Colorado Affiliated Hospitals														
Colorado Psychopathic	H. S. Gaskill	71	1,185	1	..	10,414	12	12	12	0	0	36	3000-8500	P
Veterans Admin.	L. L. Woodfin	82	752	2	50	7,598	..	..	..	..	..	9	4020-11150	O
CONNECTICUT														
Hartford														
Institute of Living	J. Donnelly	371	572	9	67	10,311	11	11	11	0	0	33	4400-7000	O
Middletown														
Connecticut Valley	H. S. Whiting	2,729	2,350	363	33	7,246	8	8	8	0	0	24	6900-8300	F
New Canaan														
Silver Hill Foundation	W. B. Terhune	47	413	0	0	6,365	1	1	1	0	0	3	4800-9000	O
New Haven														
Yale-New Haven Medical Center														
Grace-New Haven Community	F. C. Redlich	66	169	..	..	6,842	0	17	6	0	0	23	3600-4800	P
Veterans Admin. (West Haven)	L. B. Fierman	169	326	1	100	615	14	14	2	0	0	30	4020-5575	O
Newton														
Fairfield Hills	J. E. Oltman	2,587	3,164	414	36	7,169	8	8	8	0	0	24	6960-8300	F
Norwich														
Norwich	W. W. Burns	2,749	2,193	323	33	5,821	6	6	6	0	0	18	6960-8300	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven, Conn.														
DELAWARE														
Farnhurst														
Delaware State	T. Tausig	1,462	785	135	46	5,538	..	..	..	..	..	9	5580-9120	P
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	J. L. Foy	185	4,292	18	28	0	5	2	1	0	0	8	3800-5000	F
Georgetown University	R. A. Steinbach	..	..	..	..	10,300	9	9	9	2	0	29	3800-6000	P
George Washington University	L. Yochelson	24	730	1	0	1,741	5	5	5	0	0	15	3300-4200	P
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	R. L. Williams	29	196	1	0	5,442	6	6	6	1	1	20	4200-5400	O
Miami														
Jackson Memorial	J. Caldwell	159	1,644	4	25	11,371	11	8	8	0	0	27	3360-5040	P
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals							15	15	15	0	0	45†	..	..
Emory University	B. Holland	18	154†	1	0	..	..	..	..	..	..	..	5220-6660	P
Grady Memorial	B. Holland	19	159	0	0	948	..	..	..	..	..	..	..	..
Milledgeville State (Milledgeville)	J. B. Craig	11,878	6,054	1,149	19	3,570	..	..	..	..	..	..	9420-10500	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966						Total All Years	Salary per Year (Min.-Max.)	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
GEORGIA—Continued															
Augusta															
Medical College of Georgia Hospitals															
Eugene Talmadge Memorial	E. J. McCranie	26	297	1	100	4,717	3	3	3	0	0	9	4500-5500	O	
Veterans Admin.	C. E. Jump	1,230	1,558	81	46	46	3	3	3	0	0	9	11725-12110	O	
Milledgeville															
Milledgeville State	J. B. Craig	11,878	6,054	1,149	19	3,570	16	6	2	0	0	24	9420-10500	O	
ILLINOIS															
Chicago															
Chicago Medical School Affiliated Hospitals															
Mount Sinai	H. Garner	25	502	2	50	3,584	3	3	3	0	0	9	4600-5800	O	
Forest (Des Plaines)	R. G. Novick	83	1,057	2	50	731	0	4	0	0	0	4	8000-8000	O	
Illinois State Psychiatric Institute	R. C. Drye	298	924	1	0	19,464	20	20	20	2	2	64	4200-12000	P	
Chicago State		4,265	4,265	478	16	0									
Michael Reese Hospital and Medical Center	R. Grinker	73	664	5	60	16,100	7	7	7	0	0	21	3300-4500	P	
Northwestern University Medical Center	B. Boshes					3,011									
Chicago Wesley Memorial	B. Boshes														
Passavant Memorial	J. Adams	21	430	3	67	386						2	3300-4200	P	
Veterans Admin. Research	R. D. Chessick	24	139	0	0							12	4205-7405	O	
Veterans Admin. (Downey)	J. H. Masserman						4	4	4	0	0				
	V. B. Raulinaitis	2,298	1,831	126	64	16,185						19	4020-7035	O	
Evanston (Evanston)	M. Brown	28	471	0	0	391	2	0	0	0	0	2	3300-3900	P	
Presbyterian-St. Luke's	R. R. Bolin	61	474	0	0	4,546	4	4	4	0	0	12	5100-6900	P	
Stitch School of Medicine of Loyola University															
Affiliated Hospitals															
Loretto															
Mercy	J. McLaughlin	21	294	2	100	1,539	3	3	3	0	0	9	3600-4800	F	
University of Chicago Hospitals and Clinics	R. S. Daniels	17	252	0	0	7,451	5	5	5	0	0	15	3900-6000	O	
University of Illinois Research and Educational															
Hospitals															
Veterans Admin. (West Side)	M. Sabahin	26	111	0	0	6,622	4	3	3	0	0	10	3000-3600	P	
	L. Halperin	74	445	1	100	203	3	3	3	0	0	9	4020-11725	O	
Des Plaines															
Forest—See Chicago Medical School Affiliated Hospitals, Chicago, Ill.															
Downey															
Veterans Admin.—See Northwestern University Medical Center, Chicago, Ill.															
Evanston															
Evanston—See Northwestern University Medical Center, Chicago, Ill.															
Hines															
Veterans Admin.	L. Jensen	107	411	5	20	1,180	4	4	3	0	0	11	4020-5575	O	
INDIANA															
Indianapolis															
Indiana University Medical Center							13	13	13	0	0	39			
Indiana University Hospitals	J. I. Nurnberger					2,726							5400-6600	P	
Larue D. Carter Memorial	D. F. Moore	134	460	4	25	2,849							5400-6600	P	
Marion County General	W. Kissell	70	531	13	46	1,846							3863-4489	P	
Veterans Admin.	J. I. Nurnberger	69	411			294							4020-7035	O	
IOWA															
Cherokee															
Mental Health Institute	W. C. Brinegar	725	1,038	79	41	6,646	4	4	4	0	0	12	11400-12300	O	
Independence															
Mental Health Institute	S. M. Korson	870	1,233	70	35	5,229	4	4	4	3	3	18†	11400-17100	O	
Iowa City															
State Psychopathic	P. E. Huston	54	406	1	0	7,864	7	7	7	5	3	29	4800-19000	O	
KANSAS															
Kansas City															
University of Kansas Medical Center	D. Greaves	34	275	0	0	14,883	6	6	6	1	0	19	6000-12000	P	
Veterans Admin. (Kansas City, Mo.)	F. V. Smith	59	257			156							4020-5575	O	
Topeka															
Menninger School of Psychiatry	K. A. Menninger														
	H. Klemmer														
C. F. Menninger Memorial	W. S. Simpson	122	413	1	100	30,285	3	3	3	5	5	19	4200-12000	O	
Topeka State	P. E. Feldman	1,042	2,034			12,000	20	20	20	0	0	60†	5000-14000	F	
Veterans Admin.	A. D. Cook, Jr.	948	2,993	139	78	6,763	20	20	20	0	0	60	4205-12110	O	
KENTUCKY															
Anchorage															
Central State—See University of Louisville Medical Center, Louisville, Ky.															
Lexington															
University of Kentucky Medical Center							6	5	5	2	1	19			
University	J. B. Parker, Jr.	8	77	0	0	3,816							3960-5160	P	
Veterans Admin.	K. B. Moore	965	793	11	73	4,823							4020-11515	P	
Louisville															
University of Louisville Medical Center															
Central State (Anchorage)	W. Fox	1,523	976	122	57	5,816							7716-8520	O	
John N. Norton Memorial Infirmary	E. E. Lomis	27	240	5	80	2,450						5	3000-10800	P	
Louisville Child Guidance Clinic															
Louisville General	W. K. Keller	15	1,082	3	0	822	2	1	1	1	0	5	2500-3000	FP	
Veterans Admin.	A. Guiglia	55	561	5	60	846	1	1	1	0	0	3	4020-5575	O	
LOUISIANA															
Jackson															
East Louisiana State—See Tulane University Affiliated Hospitals, New Orleans, La.															
Mandeville															
Southeast Louisiana State—See Tulane University Affiliated Hospitals, New Orleans, La.															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	C. Watkins	52	1,018	10	30	6,415						12	1500-2100	F	
Tulane University Division	R. G. Heath	54	1,018	14	29	4,744						11	1500-2100	F	
Tulane University Affiliated Hospitals															
East Louisiana State (Jackson)	F. A. Silva	3,740	3,270	210			4	0	0	0	0	4	7200-7200	P	
Southeast Louisiana State (Mandeville)	T. Fulmer	381	1,486	7	100		4	2	2	0	0	8		P	
Veterans Admin.	R. L. Stone	40	279	2	100	92	1	1	1	0	0	3	4020-14070	O	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year		Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.-Max.	O		
MARYLAND																
Baltimore																
Johns Hopkins	J. Elkes	69	230†	1	100	7,385	8	8	8	6	3	33	2600-...		P	
Seton Psychiatric Institute	L. H. Bartheimer	256	354	12	50	480	4	4	4	0	0	12	6300-6900		P	
University of Maryland	R. R. Monroe	55	375	0	0	10,363	5	5	5	0	0	15	3500-7000		P	
Catonsville																
Spring Grove State	B. Betz	2,439	4,610	267	24	8,613	..	..	..	..	..	12	5970-11378		P
Perry Point																
Veterans Admin.	W. M. Harris	1,305	634	44	79	1,830	2	2	2	0	0	6	4020-11150		O	
Sykesville																
Springfield State	J. V. Cohn	3,132	2,329	351	34	7,221	..	..	..	..	..	9	5970-9780		O
Towson																
Sheppard and Enoch Pratt	R. W. Gibson	213	533	11	27	700	5	5	4	3	0	17	5900-7100		..	
MASSACHUSETTS																
Bedford																
Veterans Admin.—See Veterans Admin. Hospitals of Boston Area, Boston, Mass.																
Belmont																
McLean—See Massachusetts General, Boston, Mass.																
Boston																
Boston City	P. Solomon	12	138	0	0	2,341	0	3	3	0	0	6†	4200-4800		O	
Boston State	D. Limentani, D. Blau	2,366	1,894	285	32	1,919	17	20	20	0	0	57	3679-7995		P	
Massachusetts General																
General Hospital Division	E. Lindemann	..	479	0	0	7,737	1	2	1	0	0	4	3600-4800		P	
McLean (Belmont)																
Massachusetts Memorial Hospitals	B. Bandler	13	167	1	0	6,383	4	4	4	2	1	15	3600-6000		O	
Massachusetts Mental Health Center	J. R. Ewalt	201	809	1	100	29,643	..	..	..	..	..	54†	4048-5078		O
New England Center	P. G. Myerson	2	40	0	0	2,500	4	4	4	0	0	12	3600-6000		O	
Veterans Admin. Hospitals of Boston Area																
Veterans Admin. (Bedford)	B. Yood	1,427	925	96	58	9,391	3	0	0	0	0	3	4020-7035		O	
Veterans Admin. (Jamaica Plain)	C. A. Pinderhughes	181	740	2	50	23,569	8	8	8	0	0	24	4205-7405		O	
Veterans Admin. (Brockton)	D. M. Banen	936	1,929	49	63	2,006	6	0	0	0	0	6	4020-4735		O	
Brockton																
Veterans Admin.—See Veterans Admin. Hospitals of Boston Area, Boston, Mass.																
Harding																
Medfield State	N. Mittel	1,145	784	103	57	4,752	6	6	6	0	0	18	9677-12329		P	
Worcester																
Worcester State	D. M. Moriarty	1,515	1,299	205	9	1,750	4	6	4	2	0	16	4048-11198		FP	
MICHIGAN																
Ann Arbor																
University of Michigan Affiliated Hospitals																
University	R. W. Waggoner	68	270	0	0	8,604	10	8	8	8	0	34	5323-6240		O	
Veterans Admin.	R. Ging	70	296	0	0	0	1	1	1	0	0	3	4205-7405		O	
Detroit																
Henry Ford	L. D. Proctor	25	487	1	0	8,889	3	0	0	0	0	3	7420-9820		P	
Lafayette Clinic	J. S. Gottlieb	67	343	0	0	16,412	12	12	12	0	0	36	7037-7955		O	
Receiving	K. E. Pitts	124	5,287	28	39	1,944	7	7	7	0	0	21	7193-8101		P	
Sinai Hospital of Detroit	N. Rosenzweig	27	300	3	33	2,176	4	4	4	0	0	12	6000-7800		FP	
Eloise																
Wayne County General Hospital and Infirmary	S. B. Jenkins	2,542	2,932	180	32	16,051	6	4	6	0	0	16	7193-8101		O	
Northville																
Northville State	C. H. Chen	2,162	553	90	33	4,150	6	6	6	0	0	18	7517-11484		O	
Pontiac																
Pontiac State	R. A. Braun	2,856	1,013	150	51	3,025	6	6	6	0	0	18	7517-11484		P	
Traverse City																
Traverse City State	C. W. Page	2,874	4,073	203	36	4,061	6	6	6	0	0	18	8519-11525		O	
Ypsilanti																
Ypsilanti State	R. A. Moore	3,786	1,211	150	47	3,247	8	8	8	0	0	24	7517-11526		O	
MINNESOTA																
Minneapolis																
Hennepin County General	W. W. Jepson	31	1,170	2	50	13,414	3	3	1	0	0	7	6900-9100		F	
University of Minnesota Hospitals	D. W. Hastings	62	408	2	50	6,774	5	5	7	0	0	17	3150-12000		O	
Veterans Admin.	W. Simon	93	820	4	100	607	4	4	3	0	0	11	4205-7405		O	
Rochester																
Mayo Foundation	E. M. Litin	44	875	0	0	13,000	7	7	7	2	0	23	3400-...		P	
Rochester Methodist	..	..	..	..	..	..	..	..	..	..	..	..	..		..
St. Mary's	..	..	..	..	..	..	..	..	..	..	..	..	..		..
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center																
Mental Health Unit—Mississippi State Board of Health	..	..	..	..	..	..	4	4	4	0	0	12	..		..
University	J. F. Suess	13	185	1	0	870	..	..	..	..	..	..	6600-8600		O
Veterans Admin.	O. Hubbard	27	289	0	0	2,574	..	..	..	..	..	..	4020-5575		O
MISSOURI																
Columbia																
University of Missouri Medical Center	J. M. Weiss	14	109†	..	..	2,607	4	3	3	0	0	10	5700-7500		P
Kansas City																
Greater Kansas City Mental Health Foundation	R. Barnes	58	956	4	100	9,533	4	4	4	0	0	12	4992-6996		P	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.																
St. Louis																
Barnes	E. Robins	94	1,387	2	50	6,126	6	6	6	4	2	24	5700-10200		O	
Jewish Hospital of St. Louis	A. Kaplan	27	189	..	..	3,109	3	3	3	0	0	9	4700-5500		O
St. Louis City (Malcolm Bliss Mental Health Center)	M. Mowrer	153	1,716	7	58	8,489	6	6	6	3	2	23†	5700-10200		P	
Homer G. Phillips	M. Mowrer	..	..	..	..	2,545	..	..	..	..	..	..	..		..
St. Louis State	G. A. Ulett	2,711	881	141	48	8,877	8	7	7	0	0	22	5700-7500		..	
St. Louis University Group of Hospitals	E. Auer	12	200	..	..	1,198	5	5	5	2	1	18	2400-2640		FP
Veterans Admin.	..	67	302	2	50	0	5	5	5	1	0	16	4205-11725		O	

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance P F O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued														
West Brentwood														
Pilgrim State	H. S. Barahal	13,277	4,679	1,396	28	0	10	10	10	0	0	30	7182-8075	O
White Plains														
New York Hospital—Westchester Division	J. H. Wall	287	314	13	85	7,677	6	6	4	0	0	16	3600-8000	F
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	M. H. Keeler	48	558†	1	100	11,631	12	12	12	0	0	36	3670-4920	O
Durham														
Duke University Affiliated Hospitals							8	8	8	4	4	32		
Duke	E. W. Busse	46	729	0	0	3,861							3900-4800	P
Veterans Admin.	R. L. Green	82	527†	0	0								4205-7405	O
Raleigh														
Dorothea Dix	W. A. Sikes	2,475	4,093	226	42	3,180	6	6	6	0	0	36	10704-12396	O
Winston-Salem														
North Carolina Baptist	R. Proctor	13	317			1,754	4	4	2	0	0	10	2450-8500	P
OHIO														
Cincinnati														
Rollman Psychiatric Institute	C. O. Ranger	118	995	0	0	4,637	9	9	9	0	0	27	5000-14000	O
University of Cincinnati Hospital Group	M. Levine						14*	15	13	0	0	42†		
Cincinnati General		50	730	0	0	3,250							2000-3250	FP
Veterans Admin.		53	359	1	100								4020-7035	
Cleveland														
Cleveland Clinic	A. D. Weatherhead	25	292	1	100	2,505	1	1	1	0	0	3	3900-4500	P
Cleveland Psychiatric Institute	E. N. Hinko	255	1,377	17	30	4,894	8	8	8	0	0	24	5000-12000	O
University Hospitals of Cleveland	L. D. Lenkoski	61	570†	0	0	10,129	8	8	8	1	0	25	3600-8000	P
Columbus														
Columbus State	I. G. Podobnikar	2,379	1,718	116	42	8,420	8	8	8	0	0	24	6900-7580	O
Ohio State University Hospitals							8	8	8	0	0	24		
Columbus Psychiatric Institute and Hospital														
University	R. Patterson												5004-8433	P
Worthington														
Harding	G. T. Harding, Jr.	106	562	4	0	439	3	3	2	0	0	8	...-6000	O
OKLAHOMA														
Norman														
Central State Griffin Memorial	E. G. Shadid	1,050	1,970	198	11	1,077	5	5	5	0	0	15	7000-12000	O
Oklahoma City														
University of Oklahoma Medical Center							6	6	6	2	1	21		
University Hospitals	L. J. West	16	37	0	0	2,859							5000-7200	P
Veterans Admin.	C. M. Pierce	65	361	0	0	7,056								
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	G. Saslow	21	167	0	0	6,040	3	3	3	0	0	9	2700-3300	F
Salem														
Oregon State	N. B. Jetmalani	2,126	2,260	293	27	3,064	7	3	3	0	0	13	10140-10980	
PENNSYLVANIA														
Coatesville														
Veterans Admin.	K. Wolff	1,359	853	28	81	2,180	4	2	2	0	0	8	4020-5575	O
Norristown														
Norristown State	P. Glowacki	3,942	761	341	19	3,966	10	10	10	0	0	30	7055-7772	F
Philadelphia														
Eastern Pennsylvania Psychiatric Institute	W. A. Phillips	126	273	1	0	7,053	5	5	5	0	0	15	7055-7772	O
Hahnemann Medical College and Hospital	V. B. O. Hammett					505	2	2	2	0	0	6	3600-5000	P
Hospital of the University of Pennsylvania	A. Stunkard		9	0	0	7,792	7	7	7	3	0	21	3500-12000	O
Mercy-Douglass	R. Rosillo	85	300	0	0	320	8	0	0	0	0	8	3200-3600	O
Institute of the Pennsylvania Hospital	W. A. Harvey	229	1,549	15	20	6,800	10	8	6	0	0	24	3600-5100	O
Jefferson Medical College	F. S. Cornelison	20	329	0	0	3,274	10	10	10	0	0	10	3600-12000	O
Philadelphia General	R. Luce	136	1,347	14	29	14,115	5	5	5	0	0	15	6610-8412	F
Philadelphia Psychiatric Center	P. Mechanick	113	1,188	2		4,790	8	7	7	2	0	24	4500-5600	F
Philadelphia State	E. L. Sielke	6,104	1,871	538	15	6,323	10	10	10	0	0	30	7055-7772	O
Temple University	O. S. English	18	303	1	100	3,524						22†	3200-4400	P
Pittsburgh														
Western Psychiatric Institute and Clinic	L. W. Earley	97	492	1	100	18,312	15	15	15	0	0	45	3204-6792	O
Warren														
Warren State	H. J. Reinhard	2,504	1,249	264	33	7,628	10	9	8	0	0	27	7005-9011	F
PUERTO RICO														
Bayamon														
Puerto Rico Institute of Psychiatry	V. Bernal del Rio	183	631	7	43	138	1	2	2	0	0	5	5400-6600	P
Rio Piedras														
Psychiatric Center for Training and Research	J. E. Morales						2	5	6	0	0	13		
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
Medical College	J. J. Cleckley	25	1,035†	0	0	5,701	4	4	4	0	0	12	3600-12000	P
Columbia														
South Carolina State Hospital, Columbia Unit	E. M. Burn	3,354	2,543	356	45	1,852	4	4	4	0	0	12	10000-10000	O
TENNESSEE														
Memphis														
Tennessee Psychiatric Hospital and Research Institute	G. H. Aivazian	76	388	2	50	5,925	5	5	5	0	0	15	3000-4200	O
Nashville														
Vanderbilt University	W. F. Orr	12	146	0	0	2,292	3	3	3	0	0	9	3000-7500	P

Numerical and other references are listed on pages 274 through 277.

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS														
Austin														
Austin State	S. A. Hoerster, Jr.	3,000	5,304	375	77	3,951	14	14	14	0	0	26	5880-10999	O
Dallas														
Parkland Memorial	R. L. Stubblefield	35	381	...	...	5,038	11	8	13	1	0	33†	5600-6600	P
Timberlawn Sanitarium		128	755	1	0	3,221	6	5	6	0	0	17	4800-8400	F
Veterans Admin.		68	75	1	100	...	2	2	2	0	0	6	4020-11150	P
U. S. Public Health Service (Ft. Worth)		...	...	...	...	...	...	...	...	...	...	...	...	...
Galveston														
University of Texas Medical Branch Hospitals	H. Ford	204	2,337	20	50	7,754	10	10	10	0	0	30	4200-4200	P
Houston														
Baylor University Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...
Ben Taub General	B. Sher	20	304	0	0	4,200	1	1	0	0	0	2	4500-5700	...
Houston State Psychiatric Institute	S. H. Frazier	27	292	0	0	8,400	3	2	2	0	0	7	4500-12000	...
Methodist	M. C. Bettis	27	505	1	1	2,289	0	0	1	0	0	1	1980-2580	P
Veterans Admin.	A. D. Pokorny	359	2,920	10	70	7,560	3	3	2	0	0	8	4020-11150	P
UTAH														
Provo														
Utah State—See University of Utah Affiliated Hospitals, Salt Lake City, Utah														
Salt Lake City														
University of Utah Affiliated Hospitals	C. H. H. Branch	...	...	...	...	...	5	5	5	1	1	17	...	...
Salt Lake County General		20	264	0	0	6,259	...	...	...	...	...	...	4800-12000	P
Veterans Admin.		307	399	35	57	5,120	...	...	...	...	...	...	4205-5865	P
Utah State (Provo)		723	1,124	87	7	...	...	...	...	...	...	...	4800-12000	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	T. J. Boag	...	...	...	...	...	3	3	3	4	0	13	...	...
DeCoesbriand Memorial		7	74†	0	0	751	...	...	...	...	...	...	4400-6600	O
Mary Fletcher		13	226	1	100	1,010	...	...	...	...	...	...	4400-6600	O
VIRGINIA														
Charlottesville														
University of Virginia	I. P. Stevenson	34	463†	2	0	1,776	5	5	5	2	2	19	3600-7200	F
Petersburg														
Central State	H. Sormus	4,751	1,365	341	8	2,499	6	4	2	0	0	12	9600-...	O
Richmond														
Medical College of Virginia—Hospital Division	H. D. Lederer	43	1,399	6	17	4,785	5	5	5	0	0	15	3000-4992	F
WASHINGTON														
Fort Steilacoom														
Western State	L. C. Brown	2,558	1,529	223	35	2,955	3	3	3	0	0	9	7524-10236	O
Seattle														
University of Washington Affiliated Hospitals	H. S. Ripley	...	...	...	...	...	12	10	10	2	0	34	...	...
King County	F. M. Draper	24	2,034†	4	25	1,835	...	...	...	...	...	...	2400-5100	F
University	H. S. Ripley	30	335†	0	0	6,295	...	...	...	...	...	...	4020-6300	P
Veterans Admin.	M. H. Johnson	70	370	3	33	1,400	...	...	...	...	...	...	4020-7035	O
Sedro Woolley														
Northern State	S. Spiro	1,166	866	156	32	...	3	3	3	0	0	9	7524-10236	O
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	M. Miller	...	...	...	...	...	12	12	12	4	0	40	...	...
Mendota State		921	3,909	53	40	1,951	...	...	...	...	...	...	3600-6600	P
University Hospitals		45	613	0	0	15,046	...	...	...	...	...	...	4800-8860	P
Milwaukee														
Associated Training Program of Milwaukee Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...
Milwaukee Children's	H. D. Sackin	...	...	...	...	763	...	...	...	...	...	...	...	...
Milwaukee Sanitarium Foundation	B. C. Burris	135	268	6	33	3,783	0	0	8	0	0	8	5575-...	P
Veterans Admin.	M. J. Primakow	187	778	16	81	5,195	5	5	5	0	0	15	4020-5575	P
Milwaukee County Mental Health Center—North Division	C. W. Landis	903	3,254	25	40	14,591	6	6	6	0	0	18	4100-12000	O

Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)
 Programs, 17; Residencies, 163

UNITED STATES NAVY

PENNSYLVANIA

U. S. Naval, Philadelphia	R. V. Berry	219	1,775	14	64	3,141	2	2	0	0	0	4
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NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA

San Francisco

Community Mental Health Services	R. A. Kimmich
Mount Zion Hospital and Medical Center	E. M. Weinschel	29	...	...	...	7,327	0	5	6	0	0	11	3900-6300	P
Presbyterian Medical Center	J. P. Kahn	9	186	1	0	5,733	3	3	3	0	0	9	3400-4800	P

ILLINOIS

Galesburg

Galesburg State Research	T. T. Tourlentes	1,664	422	118	31	1,079	4	4	0	0	0	8	4200-7200	F
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23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MARYLAND															
Crowsville															
Crowsville State	C. Casillas	1,790	2,005	164	24	4,937	3	4	4	0	0	11	5004-11640	P	
MASSACHUSETTS															
Boston															
Beth Israel	G. Bibring			0	0	7,377	3	3	5	4	1	16	2400-7000	P	
Waltham															
Metropolitan State	M. Asekoff	1,650	1,255	180	28	1,720	5	5	0	0	0	10	4400-8800	O	
NEW YORK															
Helmuth															
Gowanda State	I. M. Rossman	2,913	937	313	30	2,191						11	7182-8075	P	
Willard															
Willard State	A. N. Mustille	2,759	648	311	14	1,931						9	7182-8075	O	
Wingdale															
Harlem Valley State	L. P. Roberts	4,723	1,032	475	15	1,418	6	6	0	0	0	12	7182-8075	O	
OHIO															
Cleveland															
Fairhill Psychiatric	I. N. Perr	150	858	13	38	1,814	6	6	0	0	0	12	5000-6500	P	
PENNSYLVANIA															
Allentown															
Allentown State	H. T. Fiedler	1,785	431	102	36	1,997	4	4	0	0	0	8	6390-6716	O	
Danville															
Danville State	L. R. Angus	2,258	789	173	23	4,118	5	5	2	2	1	15	6390-13900	F	
Mayview															
Mayview State	R. F. Downey	2,972	787	270	34	3,358	4	4	0	0	0	8	6000-11000	F	
RHODE ISLAND															
Howard															
State of Rhode Island Medical Center—Institute of Mental Health	B. Badt	3,362	1,952	471	39	2,565	5	4	0	0	0	9	6250-7800	F	
VIRGINIA															
Williamsburg															
Eastern State	Z. Paclisanu	2,364	1,698	271	14							10	10032-10512	O	

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 21; Residencies, 106

UNITED STATES PUBLIC HEALTH SERVICE

MARYLAND														
National Institutes of Health—Clinical Center	R. Cohen	52	249	0	0	8,980	0	0	8	0	0	8		
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Pomona														
Pacific State	G. Tarjan	2,928	493	50	90	10,458						8	6120-12696	O
San Francisco														
St. Francis Memorial	R. H. Trapnell	20	482	2	50	2,985	1	0	1	0	0	2	3600-5400	P
COLORADO														
Pueblo														
Colorado State	C. E. Meredith	4,323	1,908	447	59	70						7	6480-8400	O
FLORIDA														
Jacksonville														
Duval Medical Center	W. H. McCullagh	48	766	4	100	4,273	2	1	1	0	0	4	6000-7200	P
MARYLAND														
Rockville														
Chestnut Lodge	K. L. Artiss	78	93	1	100	2,253	0	0	4	0	0	4	10000-10000	O
MASSACHUSETTS														
Boston														
Peter Bent Brigham	H. M. Fox		Inc. in Int. Med.				1	1	1	0	0	3	2400-3600	O
Stockbridge														
Austen Riggs Center	R. P. Knight	41	96	0	0	2,444						7	7500-10000	O
Taunton														
Taunton State	W. E. Glass	1,635	965	227	44	282	8	0	0	0	0	8	8795-11198	O
Waltham														
Walter E. Fernald State School	M. J. Farrell		67	54	56	421							1800-7000	O
MICHIGAN														
Northville														
Hawthorn Center	R. D. Rabinovitch	100	142	0	0	5,400	2	0	3	3	2	10	7517-12570	O
MISSISSIPPI														
Whitfield														
Mississippi State	J. J. Head	4,392	8,872	252	34		6	0	0	0	0	6	8400-9600	P

APPROVED RESIDENCIES

23. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Month Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK															
Cooperstown															
Mary Imogene Bassett	H. Gurian	6	153	0	0	1,006	1	1	1	0	0	3	3600-8075	P	
New York City															
Roosevelt	R. W. Laidlaw	14	148	0	0	1,019	1	1	1	0	0	3	3500-4900	O	
Ogdensburg															
St. Lawrence State	J. R. Haight	1,070	834	177	17	940	8	0	0	0	0	8	7182-8075	O	
Port Chester															
High Point	A. Gralnick	41	76	0	0	0	0	1	2	2	1	6	8500-13500	O	
Thiells															
Letchworth Village	I. N. Wolfson	4,328	218	67	58	159	2	0	0	0	0	2	7182-7182	P	
PENNSYLVANIA															
Harrisburg															
Harrisburg State	S. P. Laucks	2,563	1,003	196	21	186	6	4	0	0	0	10	6390-9454	F	
Philadelphia															
Albert Einstein Medical Center	P. Sloane	15	275†	1	0	1,739	1	1	1	0	0	3	3000-3600	FP	
RHODE ISLAND															
Providence															
Charles V. Chapin	W. N. Hughes	72	1,512	15	26	1,031	3	0	0	0	0	3	7288-7288	F	
Riverside															
Emma Pendleton Bradley	M. W. Laufer	54	17	0	0	1,453	0	0	1	0	0	1	3800-6000	P	

CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council on Medical Education, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. (Institutions identified with an asterisk () hold dual approvals: 1) for one year of training in Child Psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in Child Psychiatry offered independently. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the Information for Applicants published by the American Board of Psychiatry and Neurology. Programs, 98; Residencies, 530

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY												
CALIFORNIA												
Letterman General, San Francisco*	J. F. Donovan	1	14	4,630	1	1	0	0	0	2		F
DISTRICT OF COLUMBIA												
Walter Reed General, Washington*	S. Mourat		0	3,789	1	1	0	0	0	2		F
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
University of Alabama Medical Center*	J. N. Susex			1,034	2	2	0	0	0	4	5600-7500	F
CALIFORNIA												
Berkeley												
East Bay State Mental Hygiene Clinic*	C. R. Graham	34	122	3,560	0	0	0	2	1	3	6000-8000	O
Los Angeles												
Los Angeles County General, Unit I*	E. Stainbrook	14	13	2,649	0	0	0	2	2	4	6900-7500	F
Mount Sinai*	S. Brown			7,143						5	3800-6998	P
Reiss-Davis Clinic for Child Guidance*	R. L. Motto	7	150	8,984	0	0	2	3	3	8	6000-7000	O
University of California*	N. Q. Brill	33	71	505	0	0	0	3	3	6	6000-10968	P
Palo Alto												
Stanford Medical Center Child Psychiatry Clinic*	G. F. Hexter	3	13†	2,414	0	0	2	2	0	4	4350-7000	O
Pasadena												
Pasadena Child Guidance Clinic*	M. B. Durfee			3,794								O
San Francisco												
Children's Hospital of San Francisco	J. F. Ryan			11,900								
Langley Porter Neuropsychiatric Institute*	S. A. Saurek	15	4	3,102	0	0	2	2	2	6	3800-6998	F
Mount Zion Hospital and Medical Center	E. M. Weinsel	18		4,490	0	0	0	4	0	4	3900-8300	P
St. Mary's	M. Khlentzos	2	23		1	1	0	0	0	2	3300-4500	F
COLORADO												
Denver												
University of Colorado Medical Center*												
CONNECTICUT												
Hartford												
Institute of Living-Children's Clinic*	F. G. Bucknam		42	6,693	1	1	0	0	0	2	5400-8000	O
New Haven												
Yale University Child Study Center*	A. J. Solnit	0	0	4,030							3600-12000	O

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA												
Washington												
Children's Georgetown University Medical Center*	R. Lourie			562	0	0	3	3	0	6	4000-6000	O
	E. S. Keseler			2,450	0	0	2	2	0	4	3600-6000	P
FLORIDA												
Gainesville												
University of Florida Teaching Hospital and Clinics*	P. L. Adams	0	0	1,942	0	0	2	2	0	4	5400-6000	O
GEORGIA												
Atlanta												
Emory University Children's Clinic*	R. Ward				0	0	0	2	2	4	.....-7000	P
ILLINOIS												
Chicago												
Michael Reese Hospital and Medical Center*	J. Spurlock	10	20	2,868	0	0	2	2	0	4	3900-4800	P
University of Chicago Hospitals and Clinics*	J. F. Kenward	40	10	3,133	0	0	2	2	0	4	4860-5500	O
INDIANA												
Indianapolis												
Indiana University Medical Center*	J. E. Simmons				0	0	2	2	0	4		P
Indiana University Hospitals				2,544							6600-7500	P
Larue D. Carter Memorial		29	48	152							6600-7500	P
IOWA												
Iowa City												
State Psychopathic*	R. L. Jenkins	11	52	1,321	1	1	0	0	0	2	5800-12000	O
KANSAS												
Kansas City												
University of Kansas Medical Center*	P. Laybourne				0	0	2	2	0	4		
Topeka												
Menninger Clinic (Children's Service)*	J. C. Eirschberg	46	57	6,265	0	0	0	6	6	12	11000-12000	O
KENTUCKY												
Louisville												
Louisville Child Guidance Clinic*	L. Bernstein	45	421	9,610	0	0	2	2	0	4	3600-9400	O
LOUISIANA												
New Orleans												
Tulane University School of Medicine*	C. Phillips	10		1,732	0	0	10	2	0	12	5000-8400	
MARYLAND												
Baltimore												
Johns Hopkins*	L. Eisenberg			1,991	0	0						
University of Maryland*	F. T. Rafferty	60	150	4,000	0	0	4	4	0	8	4800-7000	P
MASSACHUSETTS												
Belmont												
Beaverbrook Guidance Center—See Metropolitan State Hospital-Beaverbrook Guidance Center, Waltham, Mass.												
Boston												
Beth Israel (Children's Unit-Psychiatric Service)	G. Bibring			3,500	0	0	2	1	1	4	3600-7000	P
Boston University-Boston City Hospital Guidance Center*	E. Pavenstedt	29	306	4,776	0	0	0	4	3	7	3600-9000	P
Children's Hospital Medical Center*	G. E. Gardner			10,295	6	6	0	0	0	12		
Douglas A. Thom Clinic for Children	S. T. vanAmerongen	13	255	2,460	0	0	2	2	0	4	3600-7000	
James Jackson Putnam Children's Center	P. H. Gates			12,453	3	1	0	0	0	4	3600-7000	O
Judge Baker Guidance Center*	G. E. Gardner	26	26	3,987	6	6	0	0	0	12	3600-7000	O
Massachusetts General*	S. Silverman, A. A. Stone	215	386	5,556						20†	2400-3600	P
Massachusetts Mental Health Center*	G. Rochlin	6	10	6,402	0	0	3	3	0	6†	4048-5078	O
Tufts-New England Medical Center*	H. M. Wolman			3,600	0	0	1	1	1	3	3600-12000	O
Lawrence												
Greater Lawrence Guidance Center	M. D. Bain			4,818	0	0	0	2	2	4	6000-7000	O
Quincy												
South Shore Mental Health Center	D. Ottenstein			7,919	0	0	2	2	2	6	13119-....	O
Waltham												
Metropolitan State Hospital-Beaverbrook Guidance Center	D. S. Gair				0	0	5	4	0	9	3600-7000	O
Beaverbrook Guidance Center (Belmont)		22	125	3,965								
Metropolitan State	D. Gair	72	165	481								
Worcester												
Worcester Youth Guidance Center*	J. Weinreb			9,428	4	4	0	0	0	8	6000-7000	O
MICHIGAN												
Ann Arbor												
University*	S. M. Finch	47	66	7,118	6	6	0	0	0	12	6240-8736	O
Detroit												
Children's Center of Wayne County*	H. Comly				0	0	4	4	0	8	7955-10753	O
Lafayette Clinic*	C. B. Simson	32	89	4,916								
Northville												
Hawthorn Center	R. D. Rabinovitch	100	142	5,400	2	0	3	3	2	10	7517-12570	O
Saginaw												
Saginaw Valley Child Guidance Clinic	N. Westlund	42	418	6,772	0	0	1	0	0	1	7500-10544	O
MINNESOTA												
Minneapolis												
University of Minnesota Hospitals*	R. A. Jensen	15	113	1,783	0	0	0	1	1	2	3150-12000	O
St. Paul												
Amherst H. Wilder Child Guidance Clinic*	H. S. Lippman	40	392	11,236	0	0	2	2	0	4	3600-3600	O

Numerical and other references are listed on pages 274 through 277.

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1965-1966						Total All Years	Salary per Year Min.-Max.	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
MISSOURI													
St. Louis													
William Greenleaf Eliot Division of Child Psychiatry Washington University Medical School*	E. J. Anthony	20	72	6,480	0	0	1	3	2	6	6000-8000	O	
NEW JERSEY													
Eatontown													
Children's Psychiatric Center	A. B. Judd	35	10	5,217	0	0	2	2	2	6	3600-10000	O	
Plainfield													
Union County Psychiatric Clinic*	W. E. Ganss			14,659	0	0	2	1	2	5	7500-8500	O	
Trenton													
Child Guidance Center of Mercer County*	C. R. Swift			8,612	0	0	2	2	0	4	6000-7500	O	
NEW YORK													
Albany													
Albany Child Guidance Center	L. M. Sportsman	9	169	2,324	0	0	1	1	1	3	7000-9000	O	
New York City													
Albert Einstein College of Medicine and Bronx Municipal Hospital Center*	J. B. Cramer	23	226	10,000	5	5	1	0	0	11†	4800-5220	P	
Brooklyn Psychiatric Center*	B. L. New			10,624	0	0	0	2	2	4	6000-8000	O	
Columbia-Presbyterian Medical Center*	W. S. Langford									9	8000-9000	O	
New York State Psychiatric Institute, Presbyterian	W. Langford	14	31	1,230	4	4	0	0	0	8	8000-9000	O	
Kings County Hospital Center*	M. Brozovsky			1,684	0	0	4	3	2	9	8000-9000	O	
Lenox Hill	K. F. Woodward			1,697	0	0	1	1	0	2	6000-9000	O	
Madeleine Borg Child Guidance Institute	A. H. Esman			30,017	0	0	0	4	4	8	9200-9200	O	
Mount Sinai*	A. Blau	12	41	2,006	0	0	5	5	0	10	4500-5500	P	
New York Medical College-Metropolitan Hospital Center*	A. M. Freedman												
Unit 1—Flower and Fifth Avenue Hospitals		0	0	7						4	5640-7000	F	
Unit 2—Metropolitan		Inc. in Pediatrics		11,842							4800-5220	FP	
Unit 3—Bird S. Coler Memorial Hospital and Home													
New York University Medical Center and Bellevue Hospital Center*													
Bellevue Hospital Center, Div. III	B. Fish	85	1000	590	0	0	15	5	5	25	4800-5220	FP	
Postgraduate Center for Mental Health Clinic for Children and Adolescents	B. B. Pfeffer	40	292	6,862	3	3	0	0	0	6	7000-7000	O	
St. Luke's*	J. M. Cotton	Inc. in Psychiatry		1,481	1	1	0	0	0	2	3900-11200	P	
Staten Island Mental Health Center—St. Vincent's Hospital of the Borough of Richmond				5,299	0	0	2	2	2	6	6000-10000	O	
St. Vincent's Hospital of the Borough of Richmond*	R. M. Silberstein												
Staten Island Mental Health Center													
Rhinebeck													
Astor Home for Children	G. Mora												
Rochester													
Rochester Child Guidance Clinic*	W. I. Halpern	0	386	3,757	0	0	2	2	2	6	7200-8400	O	
Schenectady													
Schenectady County Child Guidance Center	H. E. Karowe		236	3,047	0	0	1	1	0	2	6000-9000	O	
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial*	R. W. Speers	1	6‡	9,889	0	0	3	3	0	6	4970-7320	O	
Durham													
Durham Child Guidance Clinic, Duke University Medical Center*	J. A. Fowler	60	647	7,372	0	0	3	3	2	8	5000-7000	O	
OHIO													
Cincinnati													
University of Cincinnati Hospital Group*	O. M. Krug				0	0	6	6	0	12†			
Central (Mental Hygiene) Clinic				8,339									
Child Guidance Home of the Jewish Hospital		14	10	4,376							3600-12000	F	
Cleveland													
Cleveland Guidance Center*	C. M. Ness	18	133	4,559	0	0	1	0	0	1	6000	O	
University Hospitals of Cleveland*	W. D. Boaz	0	0	8,139	2	2	0	0	0	4	3600-6000	P	
Dayton													
Dayton Children's Psychiatric Hospital and Child Guidance for Dayton and Montgomery County*	J. M. Cunningham	66	105	4,625	3	3	0	0	0	6	12000-12000	O	
OKLAHOMA													
Tulsa													
Children's Medical Center*	J. T. Proctor	35	174	7,568	0	0	2	2	0	4	8000-10000		
PENNSYLVANIA													
Philadelphia													
Albert Einstein Medical Center	H. Kolansky				3	3	0	0	0	6	3600-7000	FP	
Child Study Center of Philadelphia	B. A. Ruttenberg			14,305	0	0	0	4	3	7	4000-12000	O	
Eastern Pennsylvania Psychiatric Institute*	R. C. Prall	10	0	4,984	3	3	0	0	0	6	8580-9011	O	
Hahnemann Medical College and Hospital*	H. Belmont				1	2	0	0	0	3	7000-8000	P	
Irving Schwartz Institute for Children and Youth (Philadelphia Psychiatric Center)*	H. H. Herskovitz	24		7,611	0	0	3	3	3	9	7000-8000	F	
Philadelphia Child Guidance Clinic*	R. L. Cohen			10,400	2	6	0	0	0	8	3600-12000	O	
Philadelphia General*	A. F. Bonan	0	0	5,200	1	0	0	0	0	1	6000-7000	F	
St. Christopher's Hospital for Children*	C. Settlege			6,332	0	0	2	2	0	6	3600-6000	P	
Pittsburgh													
Western Psychiatric Institute and Clinic*	M. Sonis	9	5	168	0	0	4	4	0	8	4116-6000	O	
Wilkes-Barre													
Children's Service Center of Wyoming Valley*	J. F. Robinson	40	443	4,149	0	0	2	2	2	4	3600-7000	O	
RHODE ISLAND													
Providence													
Providence Child Guidance Clinic*	H. Jaso			4,305	0	0	2	1	1	4	6000-8000	O	
Riverside													
Emma Pendleton Bradley	M. W. Laufer	54	17	1,453	0	0	0	2	2	4	3600-7000	P	

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Outpatient Visits	Residencies Offered 1965-1966						Total All Years	Salary per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
TENNESSEE													
Memphis													
Memphis and Shelby County Mental Health Center....	G. W. Marten.....	...	...	6,240	..	..	..	..	..	2	5000-8000	O
TEXAS													
Dallas													
Dallas Child Guidance Clinic.....	L. Claman.....	110	380	4,898	0	0	1	1	0	2	6000-7000	O	
University of Texas Southwestern Medical School*.....	R. L. Stubblefield.....	...	...	...	..	..	..	..	..	..	..	..
Galveston													
University of Texas Medical Branch Hospitals*.....	H. L. Burks.....	24	250	2,000	0	0	2	2	2	6	6000-10000	O	
Houston													
Houston State Psychiatric Institute*.....	I. A. Kraft.....	...	...	2,400	0	0	0	4	4	8	6000-12000	..
UTAH													
Salt Lake City													
University of Utah Affiliated Hospitals*.....	..	..	..	..	..	..	..	..	..	..	..	..
Salt Lake County General.....	C. H. H. Branch.....	..	..	1,515	2	2	0	0	0	4	4800-12000	P
WASHINGTON													
Seattle													
University of Washington Affiliated Hospitals*.....	..	..	..	..	..	..	..	..	..	..	..	..
University.....	R. Sobel.....	3	22†	5,449	4	4	0	0	0	8	5100-6300	P	
WISCONSIN													
Madison													
University of Wisconsin Affiliated Hospitals*.....	H. Borenz.....	..	..	..	0	0	3	3	0	6	..	..
Children's Treatment Center.....	..	25	30	200	..	..	..	..	..	..	5860-9360	P
University Hospitals.....	..	..	..	2,890	..	..	..	..	..	..	5860-9360	P
Wisconsin Diagnostic Center.....	..	20	275	1,850	..	..	..	..	..	..	5860-9360	P

24. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council on Medical Education and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 225.

25. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Programs, 262; Residencies, 2,038

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966						Total All Years	Salary per Year Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	C. C. Watts, Jr.....	105,198	70	3,483	0	3	3	3	0	0	9	..	..
UNITED STATES ARMY														
U. S. Army Co-ordinated Program														
Letterman General, San Francisco, Calif.....	P. E. Sieber.....	54,066	45	4,828	0	3	3	3	0	0	9	..	..
Fitzsimons General, Denver.....	P. E. Siebert.....	71,347	29	4,095	0	2	2	2	0	0	6	..	..
Walter Reed General, Washington.....	H. C. Harrell.....	74,881	226	3,388	11,257	4	4	4	0	0	12	..	..
Tripler General, Honolulu.....	L. C. Hamilton.....	77,586	43	2,414	0	..	..	..	..	..	5	..	..
Brooke General, San Antonio.....	L. H. Seitzman.....	76,186	88	4,933	0	5	5	5	0	0	15	..	..
UNITED STATES NAVY														
U. S. Navy Co-ordinated Program														
U. S. Naval, Oakland.....	W. M. Strunk.....	50,684	23	1,733	..	1	1	0	0	0	2	..	..
U. S. Naval, San Diego.....	G. E. F. Stocker.....	158,998	118	235	14,044	2	2	3	0	0	7	..	..
U. S. Naval, Bethesda.....	L. T. Brown.....	48,665	37	371	6,790	2	2	2	0	0	6	..	..
U. S. Naval, Chelsea.....	J. S. Featherston.....	27,433	1	272	0	1	1	0	0	0	2	..	..
U. S. Naval, St. Albans.....	W. F. Hansen.....	56,980	18	241	1,467	1	1	2	0	0	4	..	..
U. S. Naval, Philadelphia.....	G. L. Lewis.....	61,818	3	1,575	0	2	2	2	0	0	6	..	..
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service—See Charity Hospital of Louisiana, New Orleans, La.														
MARYLAND														
U. S. Public Health Service, Baltimore.....	W. M. Sennott.....	22,163	50	3,019	25	1	1	1	0	0	3	..	..
National Institutes of Health-Clinical Center ¹⁵⁴	B. Hathaway.....	38,792	6	108	1,568	1	1	1	0	0	3	..	..
NEW YORK														
U. S. Public Health Service (Staten Island),														
New York City ³²⁹	G. A. Shipman.....	48,062	1,596	326	0	2	2	2	0	0	8†	..	..

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966						Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's	T. W. Davis	65,749	9	4,988	0							6	4400-5700	P
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist	J. W. Underwood	24,135	69	4,633	0	1	1	1	0	0	3	3600-4800	P	
University of Alabama Medical Center	R. E. Roth	113,024	136	1,803	5,287	4	4	4	2	0	14	2400-4860	F	
University Hospital and Hillman Clinic												4020-7035	O	
Veterans Admin.														
ARKANSAS														
Little Rock														
University	H. J. Barnhard	40,807	69	542	6,342	4	4	4	0	0	12	3400-4000		
CALIFORNIA														
Long Beach														
Memorial Hospital of Long Beach—See Harbor General-Memorial Hospitals, Torrence, Calif.														
St. Mary's—See University of California, Los Angeles, Calif.														
Veterans Admin.	B. H. Feder	73,423	23	7,292	868	4	4	4	0	0	12	4020-7035	O	
Los Angeles														
Cedars of Lebanon	D. E. Zion, H. L. Jaffe	32,400	27	1,060	10,003	3	3	3	0	0	9	3600-6180	P	
Los Angeles County General, Unit I	G. Jacobson	190,600	394	13,672	0	9	9	9	9	0	30	3780-6900	F	
Queen of Angels ⁹³	S. Wilk	18,231	16	2,026	0	1	1	1	0	0	3	4500-5100	F	
University of California	A. H. Dowdy	56,140	81	3,755	14,313	4	4	3	3	0	14	3324-7800	O	
St. Mary's (Long Beach)	H. T. Vanley	27,598	35	1,333	5,263	0	1	0	1	0	2	4100-7200	F	
Veterans Admin.—General Medical and Surgical ⁹³	J. G. Davis	91,817	107	9,057	818	4	4	4	0	0	12	4205-5865	P	
White Memorial	E. S. Tobiassen	25,022	93	1,063	7,709	2	2	2	2	0	8	4260-6660	P	
Oakland														
Highland-Alameda County	D. Mack	42,218	39	2,685		2	1	1	0	0	4	3216-3900	FP	
Orange														
Orange County General	E. N. Sargent	25,169	53	2,026	6	1	1	1	0	0	3	4260-4740	P	
Palo Alto														
Stanford Medical Center and Affiliated Hospitals						6	4	5	0	0	15†			
Palo Alto-Stanford Hospital Center ¹²⁸	H. Kaplan	36,975	20	927	14,579							3450-4800	O	
Veterans Admin.	H. H. Jones	20,744										4020-6120	O	
Sacramento														
Sutter Community Hospitals	R. C. Ripple	18,551	74	5,818	8,208						2	3600-4980	O	
San Francisco														
Children's-Mount Zion Hospital and Medical Center—St. Mary's														
Children's Hospital of San Francisco	H. J. Burhenne	13,064	23	1,492	2,640						2	3000-4200	FP	
Mount Zion Hospital and Medical Center	S. B. Reich	22,119	4	1,587	0	1	1	1	1	0	4	3900-6300	FP	
St. Mary's	J. Bennett	20,249	9	2,496		1	1	1	0	0	3	3300-5100	F	
University of California San Francisco Medical Center Affiliated Hospitals														
San Francisco General	L. H. Garland	58,000	10	630	1,271	2	4	1	0	0	7	3300-5916	O	
University of California Hospitals	A. R. Margulis	74,147	118	1,404	16,446						15	3580-6300	O	
Veterans Admin.	S. E. Ross	26,370	5	1,091	749	1	1	1	1	0	4	4221-7386		
San Jose														
Santa Clara County	J. McCort	68,433	15	1,518	0	2	2	1	0	0	5	4428-5952	F	
Torrance														
Harbor General-Memorial Hospitals	J. H. Woodruff					4	3	3	0	0	10			
Memorial Hospital of Long Beach (Long Beach)	J. Anderson	28,278	20	2,283	2,368							5400	P	
Los Angeles County Harbor General	J. H. Woodruff	36,842	37	188	3,225							3780-5520	F	
COLORADO														
Colorado Springs														
Penrose	J. W. McMullen, J. A. del Regato	40,620	3	2,957	10,407	4	3	3	1	0	11	4500-7200	PO	
Denver														
Denver General	E. Salzman	34,375	17	790	10	1	1	2	0	0	4	3516-4200	P	
General Rose Memorial	M. Levine	28,604	23	1,507	0	1	1	1	0	0	3	3480-3840	F	
Presbyterian	K. D. A. Allen	37,715	94	1,941	13,290	2	1	1	0	0	4	4200-4800	P	
St. Joseph's	E. J. Meister	21,837	18	1,030	0	1	1	1	0	0	3	4320-4920	P	
St. Luke's	W. P. Stampfi	22,500	30	285	3,312	2	2	2	1	0	7	4200-4800	P	
University of Colorado Affiliated Hospitals														
University of Colorado Medical Center	M. Daves	36,278	7	1,059	4,685	4	4	3	0	0	11	3000-4000	P	
Veterans Admin. ¹³³	A. L. Daywitt	38,641	3	2,442	2,400	2	2	2	0	0	6	4020-7035	O	
CONNECTICUT														
Bridgeport														
Bridgeport	J. J. Esposito	29,763	38	1,124	2,758	1	1	1	0	0	3	3900-4500	FP	
St. Vincent's ²¹⁹	R. D. Russo	26,923	28	1,231		1	1	1	0	0	3†	5100-6300	P	
Hartford														
Hartford	W. C. Hall	56,192	87	5,418	12,358	2	2	2	0	0	6	3300-4500	P	
New Haven														
Hospital of St. Raphael	R. Shapiro	28,193	32	1,555	3,480	2	2	2	0	0	6	3600-4500	F	
Yale-New Haven Medical Center						5	4	4	0	0	13			
Grace-New Haven Community	M. M. Kligerman	64,787	103	1,092	10,665							2500-3400	P	
Veterans Admin. (West Haven)	M. F. Keohane	25,677	12	1,908	1,425									
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven, Conn.														
Waterbury														
St. Mary's	K. R. Kaess	23,509	12	1,958	0	1	1	1	1	0	4†	3900-4800	FP	

Numerical and other references are listed on pages 274 through 277.

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
DELAWARE														
Wilmington														
Delaware	J. W. Alden	34,854	28	1,876	0	1	1	1	0	0	3	5400-6600	P	
DISTRICT OF COLUMBIA														
Washington														
Doctors	C. E. Bickham, Jr.	25,604	21	553	3,579	2	1	1	0	0	4	6000-6000	P	
Georgetown University	W. Baensch	37,938	18	3,369	0	4	3	3	0	0	10	2400-3240	P	
George Washington University ¹⁵⁸	W. W. Stanbro	31,318	29	5,840	0	2	2	2	0	0	6	3300-3900	P	
Washington Hospital Center	J. E. Wissler	62,672	41	3,085	7,688	2	2	2	0	0	6	4080-4440	P	
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	J. D. Reeves	28,104	50	693	4,830	3	3	3	2	0	11	3000-6000	O	
Jacksonville														
Duval Medical Center	W. P. Scott	37,848	604	32	3,497	1	1	1	0	0	3	5400-6000	P	
Miami														
Jackson Memorial	R. E. Parks	116,755	111	4,090	12,270	6	6	6	1	0	19	3000-4680	P	
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals						3	3	3	1	0	10†			
Emory University	T. F. Leigh	30,229	8,136	3,110	2,687							2820-3060	P	
Veterans Admin.	S. Krants	15,123	0	2,038	0							4020-7035	P	
Grady Memorial	H. S. Weens	75,544	65	1,074	5,097	3	3	3	0	0	9	2700-3900	F	
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	M. Brown	29,653	40	323	3,239	2	2	2	0	0	6	3000-4992	O	
HAWAII														
Honolulu														
Queen's	L. Buzaid	63,964	10	349	5,619	1	1	1	0	0	3	6600-7800		
ILLINOIS														
Chicago														
Columbus	F. Lake, D. Lochman	26,542	78	6,405	6,689	2	2	2	0	0	6	4500-5100	F	
Cook County	I. F. Hummon	166,469	68	3,318	15,734	9	9	9	0	0	27	2400-2400	FP	
Illinois Masonic	W. Messaros	37,096	14	846	3,048	2	1	1	0	0	4	6000-7200	F	
Mercy	G. Cahill	28,042	104	950	6,060	1	1	1	0	0	3	3600-4800	F	
Michael Reese Hospital and Medical Center	B. Levin, E. Uhlmann	68,181	2,346	11,333	2,147	3	3	3	0	0	9	3600-4800	P	
Northwestern University Medical Center	E. Barth													
Chicago Wesley Memorial	A. Cannon	61,356	20	3,947	5,171	3	2	2	0	0	7	3300-3900	P	
Children's Memorial	H. White	23,982	0	0	0									
Passavant Memorial	R. B. Lewis	22,243				1	1	1	0	0	3	3300-3900	P	
Veterans Admin. Research	E. G. Warnick													
Evanston (Evanston)	W. T. Moss	28,536	3	197	5,395	3	0	0	0	0	3	4205-7405	O	
Presbyterian-St. Luke's	H. C. Burkhead	44,000	5,183	1,355	5,704	2	1	1	0	0	4	3300-3900	P	
University of Chicago Hospitals and Clinics	F. H. Squire	80,236	61	388	10,098	3	3	3	2	0	11	2700-3300	P	
University of Illinois Research and Educational Hospitals	R. D. Moseley	74,082	83	3,044	6,433	4	4	4	0	0	12	3900-4860	O	
Hospitals	R. A. Harvey	54,257	126	7,634	2,865						7	3000-4200	P	
Evanston—See Northwestern University Medical Center, Chicago, Ill.														
Evergreen Park														
Little Company of Mary	J. M. Brosnan	59,590	24	557	4,403	1	1	1	0	0	3	4800-5400	F	
Hines														
Veterans Admin. ¹⁶⁷	I. E. Kirsh	70,586	34	8,868	416	5	5	5	0	0	15	4020-5575	O	
Oak Park														
West Suburban	J. H. Gilmore	32,055	88	7,915	0	1	1	1	0	0	3	4800-5400	P	
Peoria														
St. Francis	P. R. Dirks	35,399	16	3,102	0	1	1	1	0	0	3	5100-5700	F	
INDIANA														
Indianapolis														
Indiana University Medical Center						6	5	5	0	0	16			
Indiana University Hospitals	J. A. Campbell	55,297	227	620	8,093							2825-3475	P	
Marion County General	W. A. Tosick	58,278	3,289	183	3,115							3863-4489	P	
Veterans Admin.	J. A. Campbell	25,829	123	0	915							4020-7035	O	
St. Vincent's	J. L. Morton	28,040	38	1,545	1,205	1	1	1	0	0	3	5700-6600	P	
IOWA														
Des Moines														
Iowa Methodist ¹⁹⁰	A. B. Phillips	25,167	28	2,781	1,607	1	1	1	0	0	3	3300-3900	F	
Veterans Admin. ¹⁹²	P. J. Trier	33,682	5	88	1,433	1	1	1	1	0	4	4020-7035	P	
Iowa City														
University Hospitals	E. F. Van Epps	69,203	149	7,085	8,601	5	4	4	0	0	13	3180-4200	P	
Veterans Admin. ¹⁷	J. G. Baron	28,089	1	1,565	0	2	1	1	0	0	4	4020-7035	O	
KANSAS														
Kansas City														
University of Kansas Medical Center	D. Germann	57,051	10,233	588	0	2	2	2	0	0	6	3600-4800	P	
Veterans Admin. (Kansas City, Mo.)	M. F. Westfall	43,959	7	1,350	0							4020-5575		
Wichita														
St. Francis	J. R. Kline	40,946	11	1,120	3,852	1	1	1	0	0	3	5400-6000		
KENTUCKY														
Lexington														
University	H. D. Rosenbaum	12,991	43	183	2,227	2	2	2	0	0	6	3960-5160	P	
Louisville														
St. Joseph Infirmary	E. Maxwell	33,237	118	852	6,203	1	2	0	0	0	3	4740-5040	P	
University of Louisville Medical Center														
Louisville General	J. T. Ling	107,022	81	599	6,437	3	3	3	1	0	10	2500	FP	
Veterans Admin.	R. H. Akers	23,141	0	477	0	1	1	1	0	0	3	4020-5575	O	

Numerical and other references are listed on pages 274 through 277.

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	M. Garcia, C. M. Nice	107,025	265	23,668	8,401	0	0	1	0	0	16	3600-4200	F	
U. S. Public Health Service	C. Kooiker	21,596	0	0	0	0	1	1	0	0	1	8916-8916	F	
Ochsner Foundation ²⁰⁶	B. C. Buchtel	64,767	22	5,389	0	1	1	1	0	0	3	3000-3600	F	
Southern Baptist ²⁰⁶	L. J. Bristow	40,089	0	4,614	0	1	1	1	0	0	3	4020-4620	F	
Touro Infirmary ²⁰⁶	A. R. Pryzant	41,783	27	2,453	0	1	1	1	0	0	3	2820-3420	FP	
Shreveport														
Confederate Memorial Medical Center	W. T. Snow	40,621	57	643	235	2	2	2	0	0	6	2080-3060	F	
MAINE														
Portland														
Maine Medical Center	J. F. Gibbons	40,081	50	3,997	833	1	1	1	0	0	3	2400-3000	FP	
MARYLAND														
Baltimore														
Johns Hopkins	R. H. Morgan	95,220	145	276	25,303	4	4	4	4	0	16	2600-	P	
Sinai Hospital of Baltimore	J. O. Salik	45,309	33	761	4,905	2	2	2	0	0	6	4700-5750	P	
University of Maryland	J. M. Dennis	74,185	276	3,116	12,464	3	3	3	0	0	9	3400-4400	P	
MASSACHUSETTS														
Boston														
Beth Israel ²⁰⁷	M. Simon	30,000	6	1,067	1,010	2	2	2	0	0	6	3600-6000	P	
Boston University Medical Center														
Boston City ²⁰⁸	J. H. Shapiro	159,216	52	3,085	0	6	6	6	6	0	24	3600-5400	O	
Massachusetts Memorial Hospitals	S. Kaufman	22,502	1	1,468								3600-4800	O	
Lahey Clinic ²¹¹	M. I. Smedal	52,088	5	1,399	8,677	2	1	1	0	0	4	3000-4800	O	
Massachusetts General	L. L. Robbins	124,642	166	2,974	17,560	5	5	5	0	0	15	3600-5400	O	
Mount Auburn-Faulkner-Shattuck Associated Hospitals	R. Schatzki					1	1	1	0	0	3		O	
Faulkner	L. E. Hawes	15,557	0	4	497							3000-3600	O	
Lemuel Shattuck	H. S. Sear	12,042	31	692	7,315							4415-4415	O	
Mount Auburn (Cambridge)	R. Schatzki	28,545	5	1,484	0							3600-4800	P	
New England Center	A. Ettinger	33,130	20	2,337	0	2	2	2	0	0	6	3600-6000	O	
New England Deaconess	J. H. Marks	26,817	20	1,151	4,919	1	1	1	0	0	3	3600-4800	P	
Peter Bent Brigham ²¹⁰	J. B. Dealy, Jr.	36,459	3	2,313	0	4	4	4	1	0	13	2533-4133	P	
Children's Hospital Medical Center	E. B. D. Neuhauser	32,194	0	0	0							1800-5250	F	
Veterans Admin. (Jamaica Plain)	E. G. Wissing	41,199	0	5,067	0	2	2	2	0	0	6	4205-7405	O	
Cambridge														
Mount Auburn—See Mount Auburn-Faulkner-Shattuck Associated Hospitals, Boston, Mass.														
MICHIGAN														
Ann Arbor														
St. Joseph Mercy	L. J. Hankamp	43,085	46	3,395	0	1	1	1	0	0	3	5400-6000	O	
University ²⁰²	F. J. Hodges	67,400	172	3,914	13,433	6	6	6	0	0	18	2940-3840	O	
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit, Mich.														
Detroit														
Grace	L. S. Figiel	45,928	275	14,244	0	2	2	2	0	0	6	3900-4500	FP	
Harper	J. C. Cook	40,708	83	5,540	7,513	3	3	3	0	0	9	4260-5100	P	
Henry Ford	W. R. Eyler	125,588	176	4,753	9,691	6	6	6	0	0	18	4800-5400	P	
Sinai Hospital of Detroit	H. H. Feigelson	30,492	12	2,562	0	1	1	1	0	0	3	3600-4200	FP	
Wayne State University Affiliated Hospitals														
Veterans Admin. (Dearborn)	R. S. Pakusch	60,286	135	3,917		2	2	2	0	0	6	4205-5865	O	
Detroit Memorial	J. E. Lofstrom	19,998	70	322	7,574							5700-6600	P	
Herman Kiefer	E. A. Harkaway	156,784	0	0	0	1	0	0	0	0	1	7505-8506	O	
Receiving	J. E. Lofstrom	98,601	85	4,520	0	3	3	3	0	0	9	4188-4788	P	
Elise														
Wayne County General Hospital and Infirmary ²⁰²	J. Zbikowski	56,314	8	1,752	0	2	2	2	0	0	6	5024-5819	F	
Flint														
Hurley	D. R. Limbach	36,809	37	4,076	0	2	2	2	0	0	6	4500-5700	FP	
McLaren General ²⁰⁴	J. L. Anderson	17,031	6	1,088	0	1	1	1	0	0	3	5700-6300	P	
Grand Rapids														
Blodgett Memorial	J. A. Gunn	29,397	17	903	6,045	1	1	1	0	0	3	4800-5100	FP	
Butterworth	E. F. Wahby	29,273	41	1,059	5,390	1	1	1	0	0	3	4800-5100	P	
Pontiac														
St. Joseph Mercy ²⁰⁰	E. J. Keefe	35,397	34	2,942	0	1	1	1	0	0	3	4500-5220	P	
MINNESOTA														
Minneapolis														
Swedish	L. G. Idstrom	36,413	35	808	4,426	1	0	0	0	0	1	3720-4920	F	
University of Minnesota Affiliated Hospitals ²⁰⁶						8	13	8	8	0	27			
University of Minnesota Hospitals	H. O. Peterson													
Veterans Admin.	D. G. Mosser	77,557	219	4,161	16,190							3150-3150	O	
	J. Jorgens	75,766	8	5,299	418							4205-7405	O	
Rochester														
Mayo Foundation	C. A. Good, D. S. Childs	310,341	512	6,320	38,154	10	10	10	0	0	30	2400-3200	P	
Rochester Methodist														
St. Mary's														
St. Paul														
Charles T. Miller	J. B. Coleman	22,725	47	3,939	0	1	1	1	0	0	3	4200-5100	P	
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center						3	3	3	0	0	9			
University	R. D. Sloan	45,400	104	119	6,291							3000-3900	O	
Veterans Admin.	J. Schor	35,532	0	0	0							4020-5575	O	
MISSOURI														
Columbia														
University of Missouri Medical Center ²⁷⁸	G. S. Lodwick	33,659	103	717	4,477	3	3	3	1	0	10	4800-6300	P	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
MISSOURI—Continued														
Kansas City														
Menorah Medical Center ¹⁸⁸	S. Rubin	30,011	12	59	816	1	1	1	0	0	3	5700-6900	O	
Research and Affiliated Hospitals						1	1	1	0	0	3			
Children's Mercy	A. B. Smith	7,652	2	4	0									
Research Hospital and Medical Center	A. B. Smith	28,800	24	252	7,560							5100-6300	F	
St. Luke's	L. A. Scarpellino	42,497	29	72	3,013	1	1	1	0	0	3	5600-6300	P	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.														
St. Louis														
Barnes	M. J. Friedenberg	72,721	198	1,787	10,370	5	5	5	3	0	18	3600-7200	P	
DePaul	E. C. Ernst	19,472	42	1,011	0	1	1	1	1	0	4	4200-6000		
Homer G. Phillips	W. E. Allen	36,552	52	2,439	0	2	2	1	0	0	5	3420-4584	P	
Jewish Hospital of St. Louis ²⁷⁷	H. R. Senturia	34,844	52	1,360	4,399	1	1	2	0	0	4	2400-3600	FP	
St. Louis City ²⁸⁴	D. C. Weir	46,676	32	1,632	0	3	3	3	2	0	11	3420-4583	P	
St. Louis University Group of Hospitals	D. Weir	127,390	17	1,056	5,259	2	2	2	0	0	6	2400-2640	FP	
Veterans Admin.	S. Kamberg	21,951	0	2,223	0	2	2	2	0	0	6	4205-5865	O	
NEBRASKA														
Omaha														
Creighton Memorial St. Joseph's	D. A. Dowell	33,764	32	362	5,432	1	1	1	0	0	3	3900-4500	P	
University of Nebraska Affiliated Hospitals						1	1	2	0	0	4			
Nebraska Methodist	H. B. Hunt	19,487	93	2,927	7,003							3600-6000	O	
University of Nebraska	P. M. St-Aubin	15,119	37	263	1,517							3000-3900	F	
Veterans Admin.	H. B. Saichek	22,630	9	7	0							4020-5575	O	
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	W. C. MacCarty, Jr.	36,069	80	1,454	4,765	1	1	1	0	0	3	3008-3738	P	
NEW JERSEY														
Camden														
Our Lady of Lourdes ²²⁴	G. R. Keefer, C. K. McGeorge	26,266	14	1,768	0	1	1	1	0	0	3	4800-6600	P	
Newark														
Newark Beth Israel	C. Berman	21,704	17	2,594	2,882	1	1	1	0	0	3	3000-3600	F	
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	J. W. Grossman	37,354	20	1,085	2,980	2	1	1	1	0	5	4200-5400	P	
NEW YORK														
Albany														
Albany Medical Center	J. F. Roach	60,000	41	1,593	8,899	1	1	1	1	0	4	3200-5000	P	
Veterans Admin.	P. W. Sum	35,444	3	2,294	384	1	1	1	0	0	3	4020-5575	O	
Buffalo														
Buffalo General	G. J. Culver, W. T. Murphy	30,865	36	6,737		2	1	1	0	0	4	4100-4700	P	
Deaconess Hospital of Buffalo ³¹¹	R. E. Seibel	41,776	35	8,444	6,384	1	1	1	0	0	3	3900-4200	FP	
Edward J. Meyer Memorial ³¹¹	E. G. Eschner	42,352	20	1,418	0	4	2	2	1	0	9	3875-5010	P	
Millard Fillmore ³¹¹	E. H. Schnap	32,564	17	1,023	0	1	1	1	0	0	3	4400-4680	P	
Roswell Park Memorial Institute	W. T. Murphy, F. R. Sheehan	49,799	224	8,809	12,702	7	2	2	0	0	11	4500-5544	O	
Hempstead														
Meadowbrook	H. R. Zatzkin	147,010	6,339	211	0	2	2	2	0	0	6	4300-6700	F	
Johnson City														
Charles S. Wilson Memorial ³⁷⁴	B. D. Jay	23,651	13	1,283	0	1	1	1	0	0	3			
Mineola														
Nassau	N. H. Robin	19,415	19	56	7,201	1	1	1	0	0	3	4500-4800	P	
New Hyde Park														
Long Island Jewish ³⁵¹	B. Epstein	25,663	5	1,821	0	1	1	1	0	0	3	4500-6250	O	
New York City														
Bellevue Medical Center														
Div. III—New York University School of Medicine	M. H. Poppel, S. Rubinfeld	245,197	3,108	1,140	0	3	3	4	3	0	13	4200-5220	FP	
Bronx Municipal Hospital Center	M. Elkin	110,933	69	3,909	6,640	5	5	5	0	0	15 [†]	4200-5220	P	
Brookdale Hospital Center ³⁶⁶	I. Bluth	29,615	16	1,505	0	2	2	2	0	0	6	4500-5500	P	
City Hospital Center at Elmhurst	P. Strax	62,615	5	3,408		2	2	2	0	0	6	4200-5220	P	
Jewish Hospital of Brooklyn	S. Schwartz	32,982	29	68	1,436	2	2	2	0	0	6	4500-5500	P	
Kings County Hospital Center ³⁶⁷	H. Z. Mellins	223,890	238	6,300	1,154	6	6	5	1	0	18	4200-5220	P	
Lenox Hill	E. E. Brant	27,628	14	1,835	3,800	1	1	1	0	0	3	4300-5100	P	
Long Island College	R. L. Pinck	38,960	16	1,314	5,305	2	1	1	0	0	4	4500-6250	P	
Maimonides Hospital of Brooklyn	E. Levin	36,665	6	1,802	0	1	1	1	0	0	3	4500-6250	P	
Memorial Hospital for Cancer and Allied Diseases—James Ewing	R. S. Sherman, J. J. Nickson	61,500	167	20,215	24,706	5	5	6	4	0	20	5520-8920	P	
Methodist Hospital of Brooklyn	N. Bartone	36,712	25	734	2,196	1	1	1	0	0	3	4600-5600	P	
Montefiore Hospital Training Program	H. G. Jacobson					6	6	6	0	0	18	4500-6250	P	
Montefiore		71,154	50	1,318	13,225									
Morrisania City		43,093	8	1,428	0									
Mount Sinai ³⁸⁸	B. S. Wolf	62,402	99	92	10,790	4	3	3	0	0	10	4500-6000	P	
New York ³⁶⁶	J. A. Evans	95,448	67	6,936	4,405	8	4	0	5	0	17	3200-3900	P	
New York Medical College														
Metropolitan Hospital Center	F. J. Borelli													
Unit 1—Flower and Fifth Avenue Hospitals		188,664	85	6,955	0						1		F	
Unit 2—Metropolitan		148,565	10	5,910	0			4			10	4200-5220	FP	
New York University Medical Center														
University	M. H. Poppel	37,404	7,344	2,976	1,656	3	3	3	3	0	12	6140-7140	O	
Presbyterian	W. B. Seaman	132,964	77	4,361	10,952	5	5	5	0	0	15	4200-5347	O	
Queens Hospital Center	A. V. Shapiro, L. B. Goldman	82,818	85	1,597	4,300	2	4	3	0	0	9	4200-5220	P	
Roosevelt	A. A. Dunn	54,953	6,400	439	0	2	2	2	0	0	6	3500-4900	O	
St. Luke's	N. Finby	45,334	165	1,529	3,593	2	2	2	0	0	6	3300-3900	P	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued														
St. Vincent's Hospital of the City of New York ³¹⁹	F. F. Ruzicka, Jr.	56,555	156	5,122	1,554	3	3	3	2	0	11†	3540-4140	P	
Veterans Admin. (Bronx)	S. M. Unger, B. Roswit	64,214	94	1,234	11,125	5	4	4	0	0	13	4020-11150	O	
Veterans Admin. (Brooklyn) ³²⁰	W. E. Chamberlain	29,761	3	6,913	0	1	1	1	0	0	3	4020-5575	O	
Veterans Admin. (Manhattan) ³²²	L. R. Lawrence	57,743	41	5,060	0	2	2	2	0	0	6	4020-5575	O	
Rochester														
Genesee ³⁷⁵	G. J. Baron	32,447	33	1,934	0	1	1	0	0	0	2	4500-5000	O	
Rochester General	T. VanZandt	38,787	19	4,137	0	1	1	1	0	0	3	3620-4620	FP	
Strong Memorial	L. H. Hempelmann, Jr.	43,742	71	150	3,342	4	4	4	2	0	14	2600-4400	O	
Syracuse														
State University of New York Upstate Medical Center	P. Riemenschneider	85,715	82	824	3,440	4	4	4	0	0	12	4036-4940	O	
Veterans Admin.	S. Chow	21,656	840	409	...	..	..	..	..	..	..	4205-5865	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	E. H. Wood	46,919	120	1,561	2,678	3	3	3	0	0	9	2800-5000	O	
Durham														
Duke University Affiliated Hospitals						3	6	4	2	0	15	...	...
Duke	R. J. Reeves	75,572	106	1,803	12,254	..	..	..	..	..	..	3900-4800	P
Veterans Admin.	J. P. Bonk	33,617	0	1,172	0	..	..	..	..	..	..	4205-7405	O
Winston-Salem														
North Carolina Baptist	I. Meschan	51,757	38	1,762	4,675	3	3	3	0	0	9	2450-3250	P	
NORTH DAKOTA														
Bismarck														
Bismarck Affiliated Hospitals	H. M. Berg	38,326	51	2,915	1,056	1	1	1	0	0	3	6000-6000	O	
Bismarck						..	..	..	..	..	..	...	...
St. Alexius						..	..	..	..	..	..	...	...
OHIO														
Akron														
Akron City	F. T. Moore	58,239	22	7,819	...	1	1	2	0	0	4	4200-4800	FP	
Akron General	C. J. Miller, Jr.	38,749	19	4,657	...	1	1	1	0	0	3	4200-4800	FP	
Cincinnati														
Good Samaritan	J. E. McCarthy	53,461	44	7,955	0	1	1	1	0	0	3	3900-4500	F	
Jewish	L. S. Rosenberg	34,096	90	354	4,610	1	1	1	0	0	3	3240-3720	FP	
University of Cincinnati Hospital Group ³⁸⁶						5	5	5	0	0	15	...	...
Children's	F. N. Silverman					..	..	..	..	..	..	...	...
	E. L. Saenger	20,863	32	751	0	..	..	..	..	..	..	...	...
Cincinnati General	B. Felson	71,517	90	1,459	9,674	..	..	..	..	..	..	1200-1620	...
Cleveland														
Cleveland Clinic	C. R. Hughes	102,397	15	949	8,362	2	2	2	0	0	6	3900-4500	P	
Cleveland Metropolitan General ³⁹²	H. Hauser	85,502	105	5,605	5,417	4	4	4	0	0	12	3200-5100	FP	
Huron Road	W. D. Heinrich	50,055	12	3,361	0	1	1	1	0	0	3	3120-3420	F	
Mount Sinai Hospital of Cleveland	G. Krause, M. Lubert	31,404	17	782	5,446	2	1	1	1	0	5	2700-3600	FP	
St. Luke's	D. D. Brannan	41,954	47	1,290	3,597	1	1	1	0	0	3	3600-4620	F	
University Hospitals of Cleveland	H. L. Friedell	80,837	55	835	8,637	3	3	3	0	0	9	3600-5400	P	
Veterans Admin.	M. D. Sachs	30,129	15	3,584	16	2	2	2	2	0	8	4020-6120	P	
Columbus														
Ohio State University Hospitals						..	..	..	..	..	..	...	...
University	S. W. Nelson	67,116	53	220	20,330	4	4	4	0	0	12	3324	P	
Dayton														
Miami Valley	D. Meininger	63,162	86	4,045	0	1	1	1	0	0	3	6300-7500	P	
Veterans Admin. ³⁹⁹	H. F. Plaut	34,111	1	2,457	0	2	2	1	0	0	5†	4020-6120	O	
Elyria														
Elyria Memorial—See St. Joseph Hospital-Elyria Memorial, Lorain, Ohio						..	..	..	..	..	..	...	...
Lorain														
St. Joseph Hospital-Elyria Memorial	D. A. Russell					1	1	1	0	0	3	...	...
St. Joseph		30,998	9	185	2,238	..	..	..	..	..	..	4800-5400	F
Elyria Memorial (Elyria)		27,857	35	1,546	3,177	..	..	..	..	..	..	4800-5700	F
Youngstown														
St. Elizabeth	R. J. Scheetz	55,355	26	3,150	0	1	1	1	0	0	3	4500-5100	F	
Youngstown	F. A. Miller, B. S. Brown	89,081	67	3,590	2,434	2	2	2	0	0	6	3900-4500	F	
OKLAHOMA														
Oklahoma City														
St. Anthony	C. G. Coin	26,184	5,705	85	...	1	1	0	0	0	2	4800-5700	P	
University of Oklahoma Medical Center						6	6	6	6	0	24	...	...
Presbyterian	E. H. Kalmon	23,726	18	72	3,480	..	..	..	..	..	..	5400-6000	O
University Hospitals	S. P. Traub	40,568	136	1,554	4,336	..	..	..	..	..	..	2400-6400	P
Veterans Admin.	S. M. Glasser	32,267	0	1,957	0	..	..	..	..	..	..	...	...
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	54,139	27	1,313	6,393	3	3	3	0	0	9	2700-3300	F	
PENNSYLVANIA														
Abington														
Abington Memorial ⁴³⁵	C. H. Sillars	38,172	35	3,872	...	1	1	1	0	0	3	3300-5100	F	
Allentown														
Sacred Heart	M. Stamatakos, C. C. Mengel	16,437	236	1,092	3,778	1	1	1	0	0	3	3600-4200	FP	
Bryn Mawr														
Bryn Mawr	R. M. Harvey	30,590	25	4,654	0	1	1	1	0	0	3	3300-3900	FP	
Danville														
Geisinger Medical Center	J. L. Williams	38,190	61	3,514	...	2	2	2	1	0	7	2700-4500	FP	
Darby														
Thomas M. Fitzgerald Mercy	J. F. Mahoney	32,601	70	3,212	0	1	1	1	0	0	3	1800-4800	F	
Erie														
Hamot	R. D. Bacon	30,096	30	952	2,251	1	1	1	0	0	3	3300-3900	FP	

Numerical and other references are listed on pages 274 through 277.

26. RADIOLOGY — Continued

Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA—Continued													
Philadelphia													
Albert Einstein Medical Center													
Northern Division	J. Gershon-Cohen	55,846	24	10,586	6,006	3	2	2	0	0	7	2700-3300	FP
Southern Division	H. Isard	25,683	12	2,380	0	1	1	1	0	0	3	2700-3300	FP
Episcopal ⁴³⁵	H. Fisher	26,886	32	2,742	0	1	1	1	0	0	3	4200-4680	O
Germantown Dispensary and Hospital	B. R. Young	29,096	20	4,676	...	1	1	1	0	0	3	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	A. K. Finkelstein	27,993	19	2,269	0	2	2	2	2	0	8	3210-6000	P
Hahnemann Medical College and Hospital	J. S. Lehman	41,328	172	7,840	9,203	3	3	3	1	0	10	3000-4000	P
Hospital of the University of Pennsylvania	R. H. Chamberlain	72,793	78	2,258	18,166	6	6	6	6	0	24	3000-4800	P
Jefferson Medical College ⁴⁴³	P. J. Hodes	53,004	35	1,018	8,724	4	4	4	4	0	16	3000-4200	O
Misericordia	C. J. Rominger	31,329	30	3,353	...	1	1	1	0	0	3	3000-4200	F
Pennsylvania ⁴²⁴	W. J. Tuddenham	26,242	23	1,429	0	...	...	...	...	...	2	3210-4170	O
Philadelphia General	G. Wohl	60,746	26	847	7,338	5	5	5	1	0	16	3090-4539	F
Presbyterian Hospital in Philadelphia ⁴²¹	E. Lame	18,433	40	1,463	0	1	1	1	0	0	3	2820-6000	F
Temple University	H. M. Stauffer, R. Robbins	68,745	104	378	13,369	5	5	5	1	0	16†	2460-3060	P
Veterans Admin. ³⁸⁶	A. T. Shockman	38,525	6	5,387	0	3	2	2	0	0	7	4020-5575	O
Pittsburgh													
Allegheny General	T. B. Childs	39,257	98	915	8,264	2	2	2	0	0	6	3900-4800	F
Health Center Hospitals of the University of Pittsburgh	B. R. Girdany	31,705	...	703	...	4	3	3	2	0	12	...	O
Children's Hospital of Pittsburgh	C. N. Chasler	...	...	...	...	...	...	...	...	...	...	3660-3960	O
Magee-Womens	J. A. Parsons	16,301	85	495	4,409	...	...	...	...	...	...	...	...
Presbyterian-University	E. Lasser	32,702	42	7,727	0	...	...	...	...	...	...	3060-3660	O
Veterans Admin.	S. Poller	33,646	2	3,041	0	...	...	...	...	...	...	4020-7035	P
Mercy	C. R. Perryman	42,433	53	651	11,545	2	2	2	0	0	6	5400-6000	P
Montefiore ⁴⁴²	H. W. Friedman	32,654	46	552	8,035	1	1	1	0	0	3	4200-4800	O
St. Francis General	G. A. Alexander	33,521	33	2,056	0	2	2	2	0	0	6	4320-5040	FP
Western Pennsylvania	W. S. Mellon	42,246	51	3,706	0	1	1	1	0	0	3	3900-4800	FP
Sayre													
Robert Packer	J. T. Littleton	25,736	10	4,342	0	1	1	1	0	0	4†	3000-4800	FP
West Reading													
Reading	G. W. Chamberlin	22,201	6	1,130	1,390	1	1	1	0	0	3	3300-4200	FP
PUERTO RICO													
Rio Piedras													
University of Puerto Rico Affiliated Hospitals													
I. Gonzalez Martinez Oncologic	V. Marcial	4,862	207	1,975	14,813	3	2	2	1	0	8	3600-6000	F
University (District)	R. Diaz Bonnet	42,657	...	...	...	2	2	2	0	0	6	3600-4800	F
Veterans Admin. (San Juan)	L. Ehrlich	8,947	0	0	0	0	0	1	0	0	1	4520-6270	...
San Juan													
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras, P.R.													
RHODE ISLAND													
Providence													
Rhode Island	L. A. Martineau	48,370	67	1,779	7,488	1	1	1	0	0	3	3280-5080	FP
SOUTH CAROLINA													
Charleston													
Medical Center Hospitals	H. S. Pettit	...	...	...	...	2	2	2	0	0	6	2310-3630	FP
Medical College	...	40,829	73	0	7,383	...	...	...	...	...	...	...	...
Roper	...	27,422	...	18	400	...	...	...	...	...	...	...	...
TENNESSEE													
Chattanooga													
Baroness Erlanger	C. Reavis	57,366	61	2,879	4,212	1	2	1	0	0	4	3900-4500	F
Knoxville													
University of Tennessee Memorial Research Center and Hospital	W. F. Kraemer	21,661	48	2,543	0	1	1	1	0	0	2	4392-4632	F
Memphis													
Baptist Memorial	J. E. Whiteleather	67,013	44	1,558	4,443	2	2	2	0	0	6	3900-4500	F
Methodist	J. C. King	57,530	52	4,225	0	3	3	2	0	0	8	3900-4500	F
University of Tennessee Affiliated Hospitals	D. Carroll	53,305	61	1,990	3,424	4	4	4	0	0	12	...	F
City of Memphis Hospitals	B. E. Greenberg	60,758	6	408	4,563	...	...	...	...	...	...	4020-5575	O
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...
Nashville													
Vanderbilt University	E. C. Klatte	40,349	82	1,073	5,924	3	3	3	0	0	9	3600-4800	P
Veterans Admin. ⁴⁴⁶	D. E. Sherman	23,123	10	1,801	0	1	1	1	0	0	3	4020-7035	O
TEXAS													
Dallas													
Baylor University Medical Center	J. E. Miller	52,631	224	1,322	11,704	2	2	2	2	0	8†	5100-6000	P
Methodist Hospital of Dallas	R. H. Millwee	27,936	63	736	1,977	1	1	1	0	0	3	4500-5100	F
St. Paul	M. D. Schonfeld	25,306	6	264	1,835	1	1	1	1	0	4	4500-5400	P
University of Texas Southwestern Medical School Affiliated Hospitals													
Parkland Memorial	F. J. Bonte	89,911	62	2,518	883	3	4	3	0	0	10	2400-3000	P
Veterans Admin. ⁴⁴⁹	D. Morkovin	52,153	90	4,624	150	2	2	2	0	0	6	4020-11150	P
Galveston													
University of Texas Medical Branch Hospitals	R. N. Cooley	70,989	114	8,225	0	4	4	4	0	0	12	4200-4200	P
Houston													
Baylor University Affiliated Hospitals	V. P. Collins	238,901	268	3,011	5,642	6	6	6	0	0	18	3785-5244	FP
Ben Taub General	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...
Hermann	J. D. Reeve	60,603	73	4,384	0	2	2	1	0	0	5	3900-5100	P
St. Joseph's ⁴⁷²	C. W. Yates	32,722	9	1,681	0	1	1	1	0	0	3	4440-5040	P
University of Texas M.D. Anderson Hospital and Tumor Institute	G. H. Fletcher	30,581	591	11,471	30,188	2	2	6	2	2	14†	4200-10000	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance O P F
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued													
San Antonio													
Baptist Memorial	H. Elmendorf	29,047	3,539	575	0						3	5400-7200	P
University of Texas Post-Graduate Medical School Affiliated Hospitals						2	2	2	0	0	6	3300-5100	FP
Robert B. Green Memorial	P. Zanca	32,189	36	614	907							3300-5100	FP
Santa Rosa Medical Center	J. Wiesner	44,828	5,839	266	252							3300-5100	F
Temple													
Scott and White Memorial	A. W. Sommer	59,429	73	6,872		1	1	1	0	0	3	4200-4800	P
UTAH													
Salt Lake City													
University of Utah Affiliated Hospitals	W. H. Christensen					2	2	2	0	0	6		
Holy Cross	R. R. Meyer	17,514	13	2,052	0	1	1	1	0	0	3	3600-4500	FP
Latter-day Saints	E. R. Crowder	23,334	43	1,126	0	1	1	1	0	0	3	3600-4200	F
St. Mark's	H. P. Plenk	13,874	14	225	5,892							3900-4500	P
Salt Lake County General ¹⁹⁸		23,692	35	6,644	0							3600-4800	
Veterans Admin.		20,710	87	675	0							4205-5865	
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals	A. B. Soule, Jr.					2	2	2	0	0	6		
DeGoesbriand Memorial		20,022	0	1,394	0							3000-4200	O
Mary Fletcher ²²⁹		29,268	33	640	4,489							3000-4200	O
VIRGINIA													
Charlottesville													
University of Virginia	T. E. Keats	56,278	48	1,891	11,383	3	3	3	0	0	9	2400-3600	F
Norfolk													
De Paul	J. Foster	30,429	15	3,848	0	1	1	1	0	0	3	4800-5400	F
Norfolk General	C. Wisoff	43,688	46	739	4,226	1	1	1	0	0	3	2400-5700	FP
Richmond													
Medical College of Virginia-Hospital Division	R. G. Lester	71,119	157	1,748	11,768	4	4	4	4	0	16	2700-3300	F
Veterans Admin.	W. H. Mendel	45,383	2	708	0							4020-6120	P
WASHINGTON													
Seattle													
Providence ²⁴⁶	E. A. Addington	15,222	12	846	0	1	1	1	0	0	3	3900-4800	FP
University of Washington Affiliated Hospitals	M. M. Figley					3	3	3	3	0	12		
King County	L. Phillips	38,882		0								2400-5700	F
University	M. M. Figley	20,232	15	524	3,929							3040-6300	P
Veterans Admin.	G. L. Loeb	53	840	900								4020-7035	O
Virginia Mason	T. Carlile	42,504	57	1,842	5,630	1	1	1	0	0	3	3300-5100	FP
Spokane													
Sacred Heart	C. Stevenson	26,981	210	2,607	2,594	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA													
Morgantown													
West Virginia University Medical Center	H. I. Amory	25,901	20	4,581	0	2	2	2	0	0	6	3320-4520	P
Wheeling													
Ohio Valley General	A. K. Butler	22,927	55	1,893	5,456	1	1	1	0	0	3	4800-5400	P
WISCONSIN													
Madison													
University Hospitals ²⁵⁵	L. W. Paul	54,369	147	2,146	14,396	5	4	4	0	0	13	3400-5200	P
Milwaukee													
Columbia	R. W. Byrne	25,714	16	2,280	0	1	0	0	0	0	1	4800-5400	P
Evangelical Deaconess	A. Melamed	31,613	29	940	3,424	1	1	1	0	0	3	5100-5700	F
Marquette University Affiliated Hospitals	J. R. Amberg												
Milwaukee County General		87,617	36	6,753	0	3	3	3	0	0	9	3134-4483	P
Veterans Admin. (Wood)		47,505	32	6,545	0	2	2	2	0	0	6	4020-5575	P
Milwaukee	J. L. Armbruster	35,051	140	6,214	2,670	1	1	1	0	0	3	4800-5100	P
Mount Sinai ¹⁷⁵	M. Moel	22,030	27	1,944	0	1	1	1	0	0	3	4200-4800	FP
St. Joseph's	G. W. Sengpiel	38,161	24	4,228		1	1	1	0	0	3	4800-6000	FP
St. Luke's	H. H. Wright	21,567	46	1,467	3,878	1	1	1	0	0	3	4500-5100	P

26. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate.
 Programs, 364, Residencies, 5,477

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance O P F	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	O. K. Park	79	2,589	28	100	9,742	3	3	3	3	0	12			

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	M. L. Smith	86	2,130	30	63	24,739	3	3	3	3	0	12		
COLORADO														
Fitzsimons General, Denver	D. E. Thomas	81	2,003	31	94	11,595	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	T. J. Whelan	93	1,194	55	85	8,051	4	4	4	4	0	16		
HAWAII														
Tripler General, Honolulu	P. V. Kiehl	203	3,270	25	80	46,064						16		
TEXAS														
William Beaumont General, El Paso	A. Cohen	57	2,243	19	95	10,356	2	2	2	2	0	8		
Brooke General, San Antonio	E. H. Vogel	97	1,664	100	87	9,559	4	4	4	3	0	15		
WASHINGTON														
Madigan General, Tacoma	C. W. Hughes	157	4,800	35	77	57,401	2	2	2	2	0	8		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	D. W. Robinson	133	2,822	46	82	15,802	2	2	2	2	0	8		
U. S. Naval, San Diego	C. K. Holloway	532	7,928	141	53	35,956	3	3	3	3	0	12		
ILLINOIS														
U. S. Naval, Great Lakes	F. P. Ballenger	124	1,996	27	92	8,370	2*	1	1	1	0	5		
MARYLAND														
U. S. Naval, Bethesda	D. P. Osborne	135	1,954	46	87	6,122	2	2	2	2	0	8		
MASSACHUSETTS														
U. S. Naval, Chelsea	G. T. Van Petten	68	1,623	18	84	6,331	1	1	1	1	0	4		
NEW YORK														
U. S. Naval, St. Albans	H. M. Wertheimer	133	2,130	39	62	3,513	2	2	2	2	0	8		
PENNSYLVANIA														
U. S. Naval, Philadelphia	H. P. Mahin	164	2,600	73	59	7,330	2	2	2	2	0	8		
VIRGINIA														
U. S. Naval, Portsmouth	L. R. Riddle	398	6,071	50	60	66,244	3	3	3	3	0	12		
UNITED STATES PUBLIC HEALTH SERVICE														
CALIFORNIA														
U. S. Public Health Service, San Francisco	C. H. Lithgow	95	2,396	32	70	9,328	2	2	2	2	0	8		
LOUISIANA														
U. S. Public Health Service, New Orleans	J. H. Waite	136	2,678	54	81	11,859	2	2	2	2	0	8		
MARYLAND														
U. S. Public Health Service, Baltimore ²¹⁴	N. Tarr	125	2,337	77	78	12,373	2	2	2	1	0	7		
MASSACHUSETTS														
U. S. Public Health Service, Boston	F. W. Love	96	1,843	41	85	9,016	1	1	1	0	0	3		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington ¹⁶⁰	B. Syphax	50	1,688	73	49	9,682						23	4400-5700	P
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center		162	5,706	234	60	12,227	10	10	6	4	2	32		F
University Hospital and Hillman Clinic	C. Lyons												2400-3900	F
Veterans Admin.	M. B. Sullivan												4020-7035	O
Fairfield														
Lloyd Noland	J. M. Slaughter	51	2,453	50	38	24,977	2	2	2	1	0	7	4200-5400	FP
Mobile														
Mobile General	H. S. Walker	81	2,839	117	67	9,599	4	2	2	2	0	10	4200-6000	P
ARIZONA														
Phoenix														
Maricopa County General	M. Wood	71	2,626	112	56		3	3	2	2	0	10	5400-7560	P
ARKANSAS														
Little Rock														
University	J. H. Crowdon	59	1,779	146	34	8,792	5	4	2	2	2	15	3400-5000	O
Veterans Admin.	R. J. Lipin	100	1,754	80	69	1,469	5	2	2	2	0	11	4020-7035	P
CALIFORNIA														
Bakersfield														
Kern County General	S. Palits	65	2,299	133	71	21,951	5	4	2	2	0	13	4800-6000	P
Fresno														
Fresno County General ¹²⁰	O. Davies	78	2,424	134	38	19,744	4	3	2	2	0	11	4200-5700	P
Long Beach														
Veterans Admin. ⁸⁷	J. A. Weinberg	188	2,166	78	84	3,920	3	3	3	3	0	12	4020-7035	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

26. SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residences Offered 1965-1966					Total All Year	Salary per Year		Maintenance	
			Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.-Max.	P-O		
CALIFORNIA—Continued															
Los Angeles															
Cedars of Lebanon	L. Morgenstern	169	6,499	132	61	12,014	8	2	1	1	0	12	3600-6180	P	
Los Angeles County General, Unit I	L. Rosoff	238	7,034	779	41	21,851	6	6	6	6	2	26†	3780-6900	F	
Los Angeles County General, Unit II		37				8,130	1	1	1	1	0	4	3780-6900	F	
Queen of Angels	J. Regan	112	4,565	116	45	3,112	1	2	0	0	0	3	4500-5100	F	
University of California Affiliated Hospitals ¹⁰¹	W. P. Longmire, Jr.			52	81	8,448	8*	4	4	2	2	20			
University of California	W. P. Longmire, Jr.	35	1,546			2,344							3324-6912	O	
Veterans Admin. (Sepulveda)	J. J. Cincotti	94				8,879							4020-6120	O	
Veterans Admin.—General Medical and Surgical ¹⁰⁵	H. E. Gordon	186	3,457	198	71	8,879	11*	4	4	4	0	23	4205-6440	P	
White Memorial ¹⁰⁷	A. I. Kugel	38	1,732	63	63	6,508	3	3	2	2	2	12	4260-6660	P	
Martinez															
Veterans Admin.	J. V. Smith	217	2,350	104	92	8,120						15	4020-6120	O	
Oakland															
Highland-Alameda County ¹⁰²	A. J. Hunnicutt	63	2,207	475	14	9,812	9*	3	3	3	0	18	3216-4404	FP	
Kaiser Foundation	H. Holmboe	119	6,287	153	48	75,856	4	3	2	1	0	10	4080-6240	FP	
Orange															
Orange County General	I. Rappaport	58	2,587†	114	77	7,702	4*	1	1	1	0	7	4260-5004	P	
Palo Alto															
Stanford Medical Center and Affiliated Hospitals							6*	4	4	4	3	21†			
Palo Alto-Stanford Hospital Center ¹²⁸	R. Chase	79	3,161†	73	75	4,249							3450-5250	O	
Veterans Admin.	L. R. Chandler	52	511	42	67	1,768							4020-6120	O	
Community Hospital of San Mateo County (San Mateo)															
San Mateo County General (San Mateo)	K. H. Prindle	43	1,064	37	81	6,133							3600-5520	F	
San Diego															
San Diego County General	R. A. Jones	51	1,110†	135	53	4,938	4*	2	2	2	0	10	4447-6236	O	
San Francisco															
Kaiser Foundation	P. D. Smith, Jr.	94	4,674	87	64	141,295	4	2	2	2	0	10	4080-6840	P	
Mount Zion Hospital and Medical Center ¹¹³	L. D. Rosenman	147	5,139†	128	62	10,979	3	3	2	1	0	9	3900-6300	FP	
Presbyterian Medical Center	V. Richards	41	1,665	58	81	1,819	6	4	4	4	0	18	3900-5400	P	
French	W. L. Rogers	67	2,676	21	48	5,518	2	2	0	0	0	2	4200-5400	F	
San Francisco General	W. Silen, C. Mathewson	92	3,062	295	28	5,275	4	4	4	0	0	12	3300-5916	O	
University of California Service															
Southern Pacific Memorial	W. L. Newberg	147	4,810	123	70	28,625	3*	3	2	2	1	11	3600-5100	F	
University of California Hospitals ¹¹⁸	J. E. Dunphy	69	2,749	68	74	9,065	8	7	6	6	6	33	3580-6300	O	
Veterans Admin. ¹²³	F. W. Blaisdell	97	1,674	80	70	3,465	7	3	2	2*	0	14†	4221-7386	O	
San Jose															
Santa Clara County ¹²⁰	S. Rigler	62	2,090	95	75	5,245	3	2	2	2	2	11	4428-6888	F	
San Mateo															
Community Hospital of San Mateo County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto, Calif.															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto, Calif.															
Santa Barbara															
Santa Barbara County General-Cottage Hospitals							4	2	2	1	0	9	3300-5100	FP	
Santa Barbara County General	W. A. Doane	14	300	14	70	1,237									
Santa Barbara Cottage	J. R. Rydell	86	3,803	60	57	0									
Stockton															
San Joaquin General	W. Brock	88	1,759	78	82	11,585	4	3	2	1	0	10	4260-5040	P	
Torrance															
Los Angeles County Harbor General	M. Orloff	80	1,815†	244	48	4,455	6	6	3	4	3	22	3780-7500	F	
CDLORADO															
Denver															
Denver General	D. H. Watkins	50	1,795	50	70	40,195	6	3	2	1	0	12	3516-4596	P	
St. Joseph's	B. T. Daniels	56	2,518	37	46	3,973	4	4	2	1	0	11	4320-5520	P	
University of Colorado Affiliated Hospitals							8	8	4	4	2	26			
University of Colorado Medical Center	W. R. Waddell	48	1,749	105	89	6,604							3000-4000	P	
Veterans Admin.	T. E. Starzl	101	1,314	117	86	3,338							4020-7035	O	
CONNECTICUT															
Bridgeport															
Bridgeport ¹⁴⁸	J. F. Nolan	164	7,856	134	51	5,511	1	1	1	1	0	4	3900-4800	FP	
St. Vincent's	W. H. Curley	124	5,479	113	58	1,774	2	2	2	2	0	8	5100-6300	P	
Hartford															
Hartford	E. M. Andrews	210	5,960	147	55	1,662	6	6	2	2	2	18	3300-6000	P	
Veterans Admin. (Newington)	P. W. Fenney	81	1,059	25	55	1,824	3	2	1	1	1	8	4020-7035	P	
St. Francis ¹⁴⁵	J. R. Cullen	231	6,972	227	38	3,237	2	2	2	2	0	8	3600-5700	FP	
New Britain															
New Britain General	J. A. Mlynarski	12	6,182	101	63	719	2	1	1	1	0	5	3900-4800	P	
New Haven															
Hospital of St. Raphael	J. J. Kneisel	111	4,482	112	50	15,928	3	3	2	1	0	9	3600-4500	F	
Yale-New Haven Medical Center							8	8	6	1	4	27			
Grace-New Haven Community	G. E. Lindskog	102	4,055	109	52	8,410							2500-4300	P	
Veterans Admin. (West Haven)	W. W. Lindenmuth	79	1,750	64	84	2,475									
Newington															
Veterans Admin.—See Hartford Hospital, Hartford, Conn.															
Waterbury															
Waterbury	R. N. Davie	128	4,330	85	41	2,586	1	1	1	1	0	4	2700-3600	F	
West Haven															
Veterans Admin.—See Yale-New Haven Medical Center, New Haven, Conn.															
DELAWARE															
Wilmington															
Delaware	C. L. Munson	102	3,244†	131	65	6,427	3	1	1	1	0	6	5400-7200	P	
Memorial	R. Lennihan, Jr.	102	4,741	90	61	845	2	1	1	1	0	5	5400-7800	P	
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General		84	1,607	140	46	7,193	4	3	3	3	0	13	3800-5000	F	
Georgetown University Service	R. J. Coffey														
George Washington University Service	B. Blades														
Howard University Service	B. Syphax														

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance P-O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA, Washington—Continued														
Georgetown University	R. J. Coffey	72	2,478	105	70	18,704	8	4	4	3	3	22	2400-3240	P
George Washington University ¹⁴⁸	B. Blades	122	7,731	106	70	1,735	6	4	2	1	0	13	3300-4200	P
Providence	L. J. Goffredi	128	5,476	97	53	...	2	2	1	1	0	6	4200-5100	P
Veterans Admin. ¹⁴⁸	G. A. Higgins	104	1,916†	82	80	3,812	4*	2*	2*	2	0	10†	4205-7405	P
Washington Hospital Center	N. P. D. Smyth	189	6,884†	189	51	11,653	10*	3	3	3	0	19	4080-4620	P
FLORIDA														
Coral Gables														
Veterans Admin.	M. Wolcott	156	2,795	136	60	16,950	6*	4	4	4	0	18	4020-6120	O
Gainesville														
University of Florida Teaching Hospital and Clinics	E. R. Woodward	54	1,957	113	84	4,938	6	2	2	2	1	13	3400-5800	P
Veterans Admin. (Lake City)		72	915	49	82	...	...	...	...	...	...	...	4020-7035	...
Jacksonville														
Jacksonville Hospitals Educational Program	H. W. Reinstine	...	...	...	...	...	...	...	...	...	...	...	...	...
Baptist Memorial	J. H. Wood	81	3,937	68	58	415	1	1	0	0	0	2	5400-5700	O
Duval Medical Center	T. M. Moseley	53	2,611	82	60	41,824	6*	3	2	2	0	14	5400-6300	P
St. Luke's	R. P. Thompson	90	3,821	64	31	...	1	0	0	0	0	1	5400-5400	O
St. Vincent's	J. Canipelli	122	5,514	121	58	2,327	4	4	1	1	0	10	5400-6300	P
Lake City														
Veterans Admin.—See University of Florida Teaching Hospital and Clinics, Gainesville, Fla.														
Miami														
Jackson Memorial	D. Warren	142	4,709	203	43	14,637	11	5	5	5	0	26	3000-4680	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	L. H. Manheimer	102	3,665	128	47	3,404	3	3	2	1	0	9	3000-3900	FP
Orlando														
Orange Memorial	A. H. Spivack	98	4,377	138	51	3,433	1	1	1	1	0	4	4500-5400	O
Tampa														
Tampa General	R. Connor	150	5,780	165	53	4,626	6	4	2	1	0	13	3000-5700	FP
GEORGIA														
Atlanta														
Emory University Hospital-Veterans Admin. ¹⁶¹							8	5	5	5	0	23†		
Emory University	J. D. Martin, Jr.	67	2,934†	44	66	6,094	...	...	...	...	...	...	2820-3780	P
Veterans Admin.	J. C. Thoroughman	140	2,634	64	58	...	...	...	...	...	...	...	4020-7035	P
Georgia Baptist	W. S. Dorough	150	9,260	104	49	688	3*	2*	1	1	0	7	3900-4800	P
Grady Memorial	J. D. Martin, Jr.	123	3,398	221	38	27,746	16	8	6	4	0	34	2700-3900	F
Piedmont	F. McRae	115	5,305	37	46	1,248	1-	1	1	1	0	4	5040-5760	P
St. Joseph's Infirmary	J. W. Veatch, Jr.	113	5,458	71	49	1,173	4*	2	1	1	0	8	5160-6000	P
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	W. Moretz	62	1,604	48	73	5,188	13	5	5	2	2	27	3000-6996	O
University	D. B. Sullivan	8	436	37	41	2,313	1	1	1	1	0	4	3000-6000	O
Veterans Admin.	W. D. Jennings, Jr.	113	1,623	58	44	3,738	11	2	2	1	2	18	4020-7035	...
Macon														
Macon ⁸⁸	M. B. Hatcher	...	11,339	169	28	...	3	2	2	2	0	9	5000-7200	...
HAWAII														
Honolulu														
Honolulu Integrated Surgical Residency							6	3	2	1	0	12	...	...
Kaukini Hospital and Home	Y. Fukushima	65	3,295	74	41	3,857	...	...	...	...	...	...	6600-8400	...
Queen's	R. Johnston	155	7,789	131	48	10,104	...	...	...	...	...	...	6600-8400	...
St. Francis	E. K. Lau	100	5,388	103	42	3,844	...	...	...	...	...	...	...	...
ILLINOIS														
Chicago														
Cook County ¹⁷³	R. J. Freeark	542	17,392	852	29	39,071	12*	8	8	8	0	44†	1800-1800	FP
Illinois Central	C. C. Guy	...	...	89	43	...	2*	1	1	1	0	5	4656	FP
Mercy ¹⁷¹	J. Keeley	87	2,231	99	49	4,854	4	3	2	1	0	10	3600-4800	F
Michael Reese Hospital and Medical Center	S. Mackler	101	3,312	120	67	5,626	10*	2	2	2	0	16	3300-4800	P
Mount Sinai	R. DeWall	83	2,496	90	23	8,861	4	3	2	2	2	13	4600-5800	...
Northwestern University Medical Center						2,550	...	...	...	...	...	...	...	...
Chicago Wesley Memorial ¹⁶⁶	J. Beal	109	4,553	123	60	...	5*	1	1	1	0	8	3300-4200	P
Passavant Memorial	J. Beal	46	1,470†	36	56	13,053	6	1	1	1	0	9	3300-4200	P
Veterans Admin. Research ¹⁶⁶	F. W. Preston	185	2,650	160	77	...	4	4	4	4	1	17	4205-7405	P
Evanston (Evanston)	J. M. Dorsey	111	3,307	40	78	955	1	1	1	1	0	4	3300-4200	P
Presbyterian-St. Luke's	E. J. Beattie	135	4,786	197	68	4,010	12	6	6	6	1	31	2700-3600	P
University of Chicago Hospitals and Clinics ⁶¹	W. E. Adams	98	2,735	200	82	17,820	4	4	4	4	2	18†	3900-6200	O
University of Illinois Research and Educational Hospitals	W. H. Cole	81	2,936	105	77	18,921	3	3	3	3	0	12	3000-4200	P
Veterans Admin. (West Side) ¹⁷⁹	W. J. Gillesby	172	2,996	136	77	6,092	4	4	3	3	0	14	4020-7035	O
Evanston														
Evanston—See Northwestern University Medical Center, Chicago, Ill.														
St. Francis	D. P. Slaughter	112	5,493	88	52	7,217	2	2	1	1	0	6	4080-4620	FP
Hines														
Veterans Admin. ¹⁶⁸	C. B. Puestow	287	3,512	264	61	5,173	11*	7	7	7	0	32	4025-6120	O
INDIANA														
Indianapolis														
Indiana University Medical Center	H. B. Shumacker	...	...	...	...	...	12*	3	3	2	2	22†	...	...
Indiana University Hospitals		53	1,576	157	76	2,359	...	...	...	...	...	...	2825-3800	P
Veterans Admin.		71	1,320	89	77	1,016	...	...	...	...	...	...	4020-7035	O
Marion County General	M. Marks	80	1,421	146	58	10,579	3	3	3	3	0	12	3883-6000	P
Methodist Hospital of Indiana	D. M. Schlegel	219	9,864	202	55	1,667	2	2	2	0	0	6	4320-5040	P
IOWA														
Des Moines														
Iowa Methodist	J. B. Priestley	189	8,509	215	54	8,018	3	2	2	2	0	9	3300-4200	F
Broadlawns Polk County	R. W. Hoffmann	56	2,390	101	55	8,018	...	...	...	...	...	...	4020-7035	O
Veterans Admin. ¹⁶¹	L. T. Palumbo	112	7,596	116	74	4,964	3	3	3	2	0	11	4020-7035	O
Iowa City														
University Hospitals	R. T. Tidrick	153	4,572	202	65	15,056	14*	10	8	8	3	43†	3180-4560	P
Veterans Admin.	F. D. Staab	149	2,416	112	71	2,490	6	4	2	2	0	14	4020-7035	O

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary Per Year Min.-Max.	Main-tenance P P P P O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
KANSAS															
Kansas City															
University of Kansas Medical Center	F. Allbritten	70	1,736	165	84	5,241	4	4	4	4	0	16	3000-4800	P	
Veterans Admin. (Kansas City, Mo.)	J. M. Zimmerman	79	1,371	86	72	1,664	..	..	..	..	..	..	4020-7035	..
Wadsworth															
Veterans Admin. ²⁸⁰	W. Brauer	120	2,048	95	74	2,926	2*	1	1	1	0	5	4020-7035	P	
Wichita															
St. Francis Hospital- Veterans Admin.	J. H. Holt	75	3,490	57	44	1,614	6	2	2	2	0	12	5400-6300	F	
St. Francis Veterans Admin.	F. W. Robinson	107	1,461	86	80	2,633	2	1	1	1	0	5	4205-7405	O	
KENTUCKY															
Harlan															
Harlan Appalachian Regional	W. H. Potter	66	1,843	35	31	18,263	2	2	2	2	0	8	6400-8200	P	
Lexington															
University of Kentucky Medical Center	B. Eiseman	38	1,005	75	79	1,971	..	5	5	5	3	0	18	3960-6360	..
University Veterans Admin.	W. G. Malette	40	416	43	60	2,388	..	..	..	..	..	..	4205-7405	P
Louisville															
St. Joseph Infirmary	J. A. Hemmer	153	7,097	114	44	1,996	4*	3*	2	1	0	10	4740-5220	P	
University of Louisville Medical Center	..	..	..	..	..	..	12	6	6	6	2	32	..	..
Children's	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisville General	R. J. Noer	97	2,109	158	63	23,463	..	..	..	..	..	..	2500-7035	FP
Veterans Admin.	J. E. Hamilton	106	1,979	105	62	5,310	..	..	..	..	..	..	4020-6120	O
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana State University Division ⁷	I. Cohn, Jr.	103	2,772	204	54	27,994	30	1500-2400	F
Tulane University Division	O. Creech	104	2,752	156	63	27,242	33	1500-2400	F
Ochsner Foundation ²⁰⁴	A. Ochsner	58	2,557	48	88	25,809	6*	4	4	4	0	18	3000-3900	P	
Veterans Admin. ²⁰⁸	S. F. Sayegh	104	1,621	83	65	1,428	9*	3	3	3	0	18†	4020-6120	O	
Shreveport															
Confederate Memorial Medical Center	C. D. Knight	107	4,292	204	36	14,970	6	4	4	3	0	17	2280-3960	F	
MAINE															
Portland															
Maine Medical Center	E. H. Drake	167	7,782	96	47	17,752	3	2	2	2	0	9	2400-3300	FP	
MARYLAND															
Baltimore															
Baltimore City Hospitals	M. M. Ravitch	137	2,593	163	50	17,772	5	7	4	2	2	20	4000-6500	O	
Church Home and Hospital	I. R. Trimble	141	4,318	87	41	11,741	6	2	1	1	0	10	5200-5800	O	
Franklin Square	D. B. Hebb	50	2,218	54	50	4,092	3	1	1	1	0	6	3960-4320	F	
Johns Hopkins ²¹⁶	A. Blalock	111	4,107†	155	70	15,268	5	4	3	3	3	18	2600	P	
Mercy	D. J. Pessagno	98	3,328	108	31	7,746	2	2	2	2	0	8	6300-6900	P	
St. Joseph	J. W. Ashworth	99	3,752	85	35	6,171	4	3	2	1	0	10	5400-5700	P	
Sinai Hospital of Baltimore	A. M. Seligman	117	5,664	133	46	12,244	6*	3	2	1	1	13†	4700-6000	P	
South Baltimore General	W. J. Sullivan	80	3,200	55	35	9,300	2	2	2	2	0	8	5400	F	
Union Memorial	J. N. Classen	159	6,077	102	53	12,598	4	3	3	2	0	10	6240-7200	P	
University of Maryland Affiliated Hospitals	..	..	..	..	..	..	14	6	6	5	0	31	..	..
Maryland General	C. T. Flotte, R. Z. Pierpont	126	8,032	128	46	1,463	..	..	..	..	..	..	3900-4800	P
University of Maryland ²¹⁸	R. W. Buxton	92	2,859	129	51	12,215	..	..	..	..	..	..	3000-4400	P
Cheverly															
Prince George's General	S. Schwarzbach	133	6,056	75	69	3,015	2	2	2	2	0	8	3900-4800	F	
Fort Howard															
Veterans Admin. ²¹⁵	J. M. Miller	91	1,069	54	69	477	2	2	2	2	0	8	4020-7035	P	
Perry Point															
Veterans Admin.	R. T. Shackelford	80	794	42	83	3,638	1	1	1	1	1	5	4020-11150	O	
MASSACHUSETTS															
Boston															
Beth Israel ²⁴⁷	J. Fine	118	4,342	95	50	12,516	4	3	2	2	2	15†	3600-6000	P	
Boston City															
I Surgical Service (Tufts) ²⁴⁶	R. A. Deterling	67	1,845	97	45	18,818	8*	6*	3	3	0	20	3600-5400	O	
III Surgical Service (Boston University) ²⁴⁸	J. J. Byrne	66	1,974	98	49	18,494	8*	4	4	4	0	20†	3600-5400	O	
V Surgical Service (Harvard) ²⁵³	W. V. McDermott	60	1,861	91	66	19,716	8*	6*	5	5	0	24†	3600-5400	O	
Boston University Affiliated Hospitals															
Massachusetts Memorial Hospitals ²²²	R. Smithwick	60	2,328	65	49	3,136	8	6	5	5	0	24	3600-5400	O	
Veterans Admin. (Jamaica Plain)	H. H. Faxon	101	2,240	122	72	4,322	8	8	4	4	0	24	4205-7405	O	
Veterans Admin. (Providence, R. I.)	H. W. Harrower	99	1,816	88	55	3,278	3	3	4	2	0	12	4020-7035	P	
Carney ²⁴⁵	C. J. Shea	132	6,023	144	50	4,721	5	3	3	2	0	13	2400-3330	F	
Massachusetts General ²⁴⁸	P. S. Russell	..	3,461	222	69	13,112	8	16	8	2	0	34	3600-6000	P	
New England Center ²⁴²	R. A. Deterling, Jr.	61	2,642	43	72	7,814	8	6	3	3	0	20	3600-6000	O	
Peter Bent Brigham ²⁵¹	F. D. Moore	141	4,007	163	88	25,528	9	9	4	4	1	27	2533-4133	P	
St. Elizabeth's ²⁴⁹	R. H. Stanton	137	5,014	137	43	6,222	4	3	2	2	0	11	3600-5400	F	
Springfield															
Springfield	T. R. Miner	156	7,266†	173	44	2,865	6	4	2	2	0	14	3900-4800	FP	
Worcester															
Memorial	G. R. Dunlop	107	3,958	80	61	217	3	2	1	1	0	7	4200-5100	P	
St. Vincent	C. S. Whelan	203	8,015	180	56	940	3	3	2	2	0	10	4080-4980	FP	
Worcester City	J. Maroney	110	5,160	161	38	8,762	3	3	2	1	0	9	3526-4720	FP	
MICHIGAN															
Ann Arbor															
St. Joseph Mercy	E. T. Thieme	175	7,981	94	60	44,084	6*	3*	3*	2	0	14	5400-6300	O	
University of Michigan Affiliated Hospitals ²⁵⁴	..	..	..	..	..	..	..	..	..	..	..	..	..	..
University	C. G. Child	98	2,430	193	76	9,253	20	14	7	5	0	46	2940-4240	O	
Veterans Admin.	W. J. Fry	86	2,530	62	88	2,037	2	2	1	1	0	6	4205-7405	O	
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit, Mich.	..	..	..	..	..	..	..	..	..	..	..	..	..	..

APPROVED RESIDENCIES

26. SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year		Main-tenance	
			Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.		
MICHIGAN—Continued															
Detroit															
Detroit Memorial	L. VanRaaphorst	101	3,670	107	50	840	2	2	1	1	0	6	5700-6600	P	
Grace	R. Altman	166	5,674†	149	62	2,328	10	5	3	3	0	21	3900-4800	FP	
Harper	W. S. Carpenter	102	2,893	101	43	3,081	10	3	3	3	0	19	4260-5400	P	
Henry Ford	L. S. Fallis	164	5,150	114	63	50,065	18	8	8	6	0	40	4800-6000	FP	
Mount Carmel Mercy	W. S. Carpenter	230	9,807	196	41	290	5	2	2	2	0	11	5400-6300	P	
St. John	C. J. France, E. W. Krass	84	1,775	39	36	981	2	2	2	2	0	8	5100-6000	P	
Sinai Hospital of Detroit ²⁵⁵	M. L. Sorock	117	5,268	97	55	4,168	4	1	1	1	0	7	3800-4500	FP	
Wayne State University Affiliated Hospitals															
Veterans Admin. (Dearborn)	E. M. Berkas	165	4,985	178	72	6,417	5	5	5	5	4	24	4205-7405	O	
Receiving	A. P. Thal	170	5,565	283	67	16,924	12	12	10	8	8	50	4188-7350	P	
Women's	J. R. Brown	63	2,482	56	41	571	1	1	0	1	0	3	5700-6600	O	
Eloise															
Wayne County General Hospital and Infirmary	W. W. Glas	182	3,513	282	37	4,517	4	3	3	3	0	13	5024-6157	F	
Flint															
Hurley	M. E. Dodds	174	5,283	154	48	2,047	2	2	2	2	0	8	4500-6000	FP	
Grand Rapids															
Blodgett Memorial	J. D. Miller	58	2,782	58	71	205	2	2	2	2	0	8	4800-5400	FP	
Butterworth	K. A. Dewey	152	6,187	144	58	313	2	2	2	2	0	8	4800-5400	P	
St. Mary's	F. S. Gillett	92	4,743	101	32	499	2	1	1	1	0	5	4500-5100	FP	
Highland Park															
Highland Park General	J. A. Witter	82	3,997	98	59	1,441	2	2	2	2	0	8	5377-6276	P	
MINNESOTA															
Minneapolis															
Hennepin County General	C. R. Hitchcock	104	3,893	196	74	24,086	6	4	4	4	4	22	4500-6500	F	
University of Minnesota Hospitals	O. H. Wangenstein	107	2,830	215	83	2,036	15*	15*	10	10	6	56†	3000-6000	P	
Veterans Admin. ²⁷⁰	E. W. Humphrey	164	2,355	197	87	2,209	4	4	4	4	4	20	4205-7405	O	
Rochester															
Mayo Foundation	J. W. Kirklia	207	11,124	254	77	66,500	30*	28*	25*	18	0	101	2400-4200	P	
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker	J. Perry	106	2,556	221	65	11,634	2	3	2	2	0	9	3150-3150	F	
Charles T. Miller ²⁷¹	D. A. Felder	99	3,394†	89	54	2,163	1	1	1	1	0	4	4200-5400	P	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center ²⁷⁴	J. D. Hardy	53	2,636	74	65	7,508									
Veterans Admin.	J. H. Conn	108	2,176	48	67	2,580									
Vicksburg															
Vicksburg	H. E. Kellum, Jr.	42	2,358	17	28	13,937	1	1	1	1	0	4	1200-3600	F	
MISSOURI															
Clayton															
St. Louis County ²⁷⁵	D. Sauer	51	2,183	96	57	28,568	2	2	2	2	0	8	3300-4800	F	
Columbia															
University of Missouri Medical Center	M. DeWeese	54	1,522†	53	66	6,189	4	4	4	3	0	15	3600-4800	P	
Kansas City															
Kansas City General Hospital and Medical Center	T. M. Johnson	51	1,979	169	35	16,613	2	2	2	2	0	8	4500-6300	P	
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.															
St. Louis															
Barnes	C. A. Moyer	109	3,305	110	66	6,713	11	6	5	8	0	30	3300-4500	O	
Homer G. Phillips	A. Spencer	113	3,073	201	31	12,079	8*	5	4	4	0	21	3420-4584	P	
Jewish Hospital of St. Louis	M. D. Pareira	108	4,172	72	46	6,102	4	2	2	2	0	10	2400-4200	FP	
Missouri Baptist	E. R. Lerwick	99	3,497†	82	40	685	2	2	2	2	0	8	4200-5400	FP	
St. Louis City ²⁷⁶		78	3,267	67	55	8,308	6*	4	4	4	0	18	3420-4583	P	
St. Louis-Little Rock Hospitals	R. A. Weir	120	3,584	86	47	31,570	4	3	2	2	0	11	4200-4500		
St. Louis University Group of Hospitals	C. R. Hanlon	125	4,419	127	60	3,076	4	3	3	3	2	15	2400-2640	FP	
Veterans Admin. (St. Louis University Service)	G. Kaiser	47	948	94	54		2	1	1	1	0	5			
St. Luke's	C. Lischer	110	4,452	113	67	3,190	3	3	2	1	0	9	3600-4800	F	
Veterans Admin.	W. T. Newton	56	907	91	55		4	2	2	2	0	10	4205-6440	O	
Washington University Service															
NEBRASKA															
Omaha															
Creighton Memorial St. Joseph's	F. Miller	117	6,121	205	41	5,060	4	4	2	2	0	12	3900-4800	F	
University of Nebraska Affiliated Hospitals															
Douglas County															
University of Nebraska ²⁸⁹	M. Musselman	39	796	41	73	7,297									
Veterans Admin.	W. P. Kleitech	119	2,064	112	62	3,129	2	2	2	2	0	8	4020-6120	O	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals															
Mary Hitchcock Memorial	R. E. Weismann	78	3,340	68	82	24,856									
Veterans Admin. (White River Jct., Vt.)	W. B. Crandell	34	619	13	92	1,741									
NEW JERSEY															
Camden															
Cooper	P. Mccray	184	5,622	217	31	13,265	2	1	1	1	0	5	4200-5100	F	
East Orange															
Veterans Admin. ²⁹⁴	A. H. Levy	170	3,652	134	60	1,617	4	4	2	3	0	13	4205-7405		
Jersey City															
Jersey City Medical Center		190	3,181	114	30	20,554	10	6	6	4	4	30	3400-5000	F	
Long Branch															
Monmouth Medical Center	L. A. Barnett	108	3,145	147	50	3,145	2	1	1	0	0	4	3900-4500	F	
Newark															
Newark Beth Israel	M. J. Kern	104	4,597	107	30	12,808	2	1	1	1	0	5	3000-3600	F	

Numerical and other references are listed on pages 274 through 277.

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued														
Syracuse														
St. Joseph's	R. Fairchild	118	3,738	69	45	2,508	4	2	2	1	0	9	3800-4515	F
State University of New York Upstate Medical Center	C. B. Mueller	310	9,382	267	36	8,687	13*	8	6	4	0	31†	4036-5391	O
Veterans Admin.	L. S. Rogers	72	991	56	63	2,527							4205-6440	O
Valhalla														
Grasslands	R. W. Holliday	88	1,828	135	44	9,055	3	2	2	2	0	9	5100-6200	FP
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	N. A. Womack	48	1,589†	76	66	5,350	8	8	6	6	3	31	2800-5000	O
Charlotte														
Charlotte Memorial	A. G. Brenizer, Jr.	54	2,344†	30	60	10,663	1*	1	1	1	0	4	4380-4860	P
Durham														
Duke University Affiliated Hospitals														
Duke	C. E. Gardner, Jr.	58	2,050	78	58	9,226	16	3	3	3	3	28	3900-4800	P
Veterans Admin.	R. W. Postlethwait	64	1,135†	56	71		4	0	2	1	0	7	4205-7405	O
Winston-Salem														
Forayth Memorial	K. V. Tyner	37	5,693	122	39	2,154	4	2	2	2	0	10	5100-6600	P
North Carolina Baptist	H. Bradshaw	56	2,533	55	73	4,252	8*	6*	3	3	0	20	2450-3250	P
OHIO														
Akron														
Akron City	H. V. Sharp	134	4,360	134	47	1,780	6*	2	2	2	0	12	4200-5400	FP
Akron General ¹⁹¹	T. S. Brownell	101	3,242	114	47	1,597	6*	4	2	2	0	14	4200-5400	FP
Barberton Citizens		131	5,273	55	14	1,021								
St. Thomas	R. J. Burkhard	103	3,626	96	59	1,703	4	2	2	1	0	9†	4200-5400	FP
Barberton														
Barberton Citizens—See Akron General Hospital, Akron, Ohio														
Cincinnati														
Christ	D. E. Early	104	2,236	70	36	468	4	2	2	1	0	9	3000-3900	F
Good Samaritan Hospital Training Program							5	5	3	3	0	16		
Good Samaritan	J. J. Cranley	86	2,238†	71	39	188							3900-4800	F
Longview State	J. Wilson, S. Blank	20	232	25	32	216								
St. Mary	R. A. Matuska	74	2,073	47	45	9,225							3900-5700	P
Jewish ¹⁸³	E. Woliver	157	6,971†	86	41	2,708	4	4	3	2	0	13	3240-3690	FP
University of Cincinnati Hospital Group	W. A. Altemeier						12*	6*	5	5	3	34†		
Children's		53	2,307	37	81	845								
Cincinnati General		114	2,351	150	58	13,420							1500-7405	F
Veterans Admin.		75	1,207	48	67								4020-7035	
Cleveland														
Cleveland Clinic-St. Vincent Charity							6	6	3	3	0	18		
Cleveland Clinic	G. Crile, Jr.	140	5,372	123	71	18,328							3900-5400	P
St. Vincent Charity	F. Vecchio	146	4,795	132	50	18,491							3720-4200	F
Cleveland Metropolitan General	F. A. Simeone	67	1,432	85	60	15,992	10*	4	4	4	2	24†	3200-5500	FP
Fairview Park	B. A. Ceraldi	104	3,630	86	53	3,720	2	2	2	2	0	8	3900-4800	FP
Huron Road	J. L. Bilton	141	4,773	156	55	1,869	4	4	3	3	0	14	3120-3720	F
Lutheran	W. O. Lewin	132	5,894	102	52	5,605	6	2	2	2	0	12	3900-4800	F
Mount Sinai Hospital of Cleveland ¹⁹¹	H. Gans	101	4,464	63	49	5,605	6	2	2	2	0	12	2700-3600	FP
St. Alexis	F. Simecek	161	5,576	169	54	2,933	4	2	2	2	0	10	6000-7800	F
St. Luke's	F. S. Cross	122	3,971	130	58	7,826	2	2	2	2	0	8	3600-5460	F
University Hospitals of Cleveland	W. D. Holden	126	4,603†	130	60	13,712	14	6	6	6	0	30	3600-5400	P
Veterans Admin.	J. Wolkoff	69	1,253†	81	74	1,100							4020-6120	P
Columbus														
Mount Carmel	R. W. Zollinger	120	4,781	81	49	1,208	2*	1	1	1	0	5	3900-4800	F
Ohio State University Hospitals														
University	R. Zollinger	104	3,168	117	77	6,280	10	6	4	4	1	25	3324-5724	P
Riverside Methodist	D. K. Heydinger	136	5,053†	70	65	6,206	5*	2	2	1	0	10	5160-5700	P
Dayton														
Miami Valley	R. Ireton	311	12,124†	238	50	4,056	2	1	1	1	0	5	6300-7500	P
Veterans Admin ¹⁹²	C. L. Cogbill	167	2,071	157	79	2,718	3	3	3	3	0	12	4020-6120	O
Toledo														
Maumee Valley	F. M. Douglass	61	1,832	108	56	3,848	2	2	2	2	0	8	4020-4800	FP
Youngstown														
St. Elizabeth	P. Cestone	181	6,378	171	50	1,544	6	2	2	2	0	12	4500-5400	F
Youngstown	G. G. Nelson	238	10,785	241	41	1,777	6	4	3	2	0	15	3900-5400	F
OKLAHOMA														
Oklahoma City														
St. Anthony	C. M. O'Leary	123	4,966†	107	36	2,563	2	1	2	1	0	6	4800-5700	P
University of Oklahoma Medical Center ¹⁹²							8*	6*	5*	4*	1	24		
University Hospitals	J. A. Schilling	65	1,879	77	57	8,337							2400-7405	P
Veterans Admin.	G. S. Campbell	55	865	50	72	3,060								
OREGON														
Portland														
St. Vincent ¹⁹³	J. W. Nadal	167	8,087†	115	57	3,048	2	2	2	2	0	8	3300-3660	P
University of Oregon Medical School Hospitals and Clinics														
Veterans Admin.	R. M. Vetto	192	3,243	172	76	8,703	5	5	5	4	4	23	2700-3300	F
		102	1,080	53	91	2,080	4	1	2	2	0	9	4020-7035	P
PENNSYLVANIA														
Abington														
Abington Memorial	A. S. Frobes	82	3,096†	106	53	2,155	2	2	2	2	0	8	3300-5100	F
Allentown														
Allentown	C. H. Trexler	118	4,941†	241	39	12,238	1	1	1	1	0	4	3000-3900	FP
Bryn Mawr														
Bryn Mawr ¹⁴¹	W. C. Stainback	137	5,264	128	38	3,574	5	2	2	2	0	11	3300-4200	FP

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued														
Galveston														
University of Texas Medical Branch Hospitals.....	E. Poth.....	53	1,905	76	62	6,045	6*	4	4	4	0	18	4200-4200	P
Houston														
Baylor University Affiliated Hospitals.....	M. E. DeBakey.....	323	10,728	416	73	18,416	13*	7*	7*	5	0	32	.....	FP
Ben Taub General.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Methodist.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Luke's Episcopal.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Texas Children's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hermann.....	G. W. Waldron.....	141	5,972	151	43	9,544	2	2	2	2	0	8	3600-4800	P
Temple														
Scott and White Memorial.....	T. Speed.....	65	2,402†	44	25	.....	3	3	3	3	0	12	4200-5100	P
Veterans Admin.....	A. S. Haisten.....	155	2,187	69	49	2,818	..	..	..	..	..	..	5100-6400	O
UTAH														
Salt Lake City														
Latter-day Saints ⁶⁹	V. L. Rees.....	128	5,942	90	42	2,627	5	2	2	2	0	11	3600-4800	P
University of Utah Affiliated Hospitals.....	W. J. Burdette.....	.....	.....	.....	.....	.....	4	4	4	4	4	20	.....	.....
Salt Lake County General.....	.....	56	1,356	51	67	24,052	..	..	..	..	..	..	3600-6000	.....
Veterans Admin.....	.....	95	1,289	44	85	15,702	..	..	..	..	..	..	4205-7405	.....
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals.....	A. G. Mackay.....	.....	.....	.....	.....	.....	2	2	2	2	0	8	.....	.....
DeGoesbriand Memorial.....	.....	21	910†	21	43	565	..	..	..	..	..	..	3000-4800	O
Mary Fletcher.....	.....	62	2,699	52	81	6,968	..	..	..	..	..	..	3000-4800	O
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIRGINIA														
Charlottesville														
University of Virginia.....	W. H. Muller, Jr.....	55	2,212†	47	62	11,582	8	4	3	3	0	18	2100-3000	F
Clifton Forge														
Chesapeake and Ohio Railway Employees' Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	3	2	2	1	0	8	.....	.....
Chesapeake and Ohio Railway Employees'.....	J. M. Emmett.....	75	3,744	65	48	15,610	..	..	..	..	..	..	4200-6000	FP
Chesapeake and Ohio (Huntington, W. Va.).....	J. P. Carey.....	57	1,833	46	30	9,292	..	..	..	..	..	..	5200-6000	O
Norfolk														
De Paul.....	R. E. McAlpine.....	124	5,922	99	57	5,077	2	2	1	1	0	6	4800-5700	F
Norfolk General.....	C. Fitchett.....	165	5,896	177	46	12,197	4	2	2	1	0	9	2400-6300	FP
Richmond														
Medical College of Virginia Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	14	9	7	7	1	38	.....	.....
Medical College of Virginia-Hospital Division.....	D. M. Hume.....	304	8,847	381	44	51,663	..	..	..	..	..	..	1800-2700	F
Veterans Admin.....	Y. H. Zimberg.....	76	1,863	69	65	3,862	..	..	..	..	..	..	4020-6120	P
WASHINGTON														
Seattle														
Swedish ²⁸⁵	E. B. Speir.....	199	9,735†	275	62	4,234	6*	2	2	2	0	12	4500-6000	F
University of Washington Affiliated Hospitals ⁴⁸⁰	H. N. Harkins.....	.....	.....	.....	.....	.....	12	8	6	6	6	38	.....	.....
King County.....	J. R. Cantrell.....	80	1,949†	169	59	7,438	..	..	..	..	..	..	2400-5700	F
University.....	H. N. Harkins.....	26	891†	54	87	3,526	..	..	..	..	..	..	2400-8100	P
Veterans Admin.....	J. W. Bell.....	48	803	56	95	476	..	..	..	..	..	..	4020-7035	O
Virginia Mason ⁷⁸	J. W. Baker.....	95	5,108	115	80	38,895	3	3	3	3	0	12	3300-5700	FP
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional.....	R. E. Wilcox.....	75	3,022†	39	74	30,992	4	3	2	2	0	11	6400-8200	P
Charleston														
Charleston General.....	J. Zekan.....	124	5,658	83	33	13,085	2	2	2	2	0	8	3900-4800	FP
Memorial.....	J. E. Lutz.....	119	5,548	67	50	4,277	2	2	2	2	0	8	4500-5400	FP
Huntington														
Chesapeake and Ohio—See Chesapeake and Ohio Railway Employees' Affiliated Hospitals, Clifton Forge, Va.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Morgantown														
West Virginia University Medical Center.....	B. Zimmermann.....	69	2,446†	198	70	7,971	3	3	3	2	1	12	3320-5120	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals.....	R. C. Hickey.....	.....	.....	.....	.....	.....	5	5	5	5	0	20	.....	.....
University Hospitals.....	R. C. Hickey.....	116	2,602	128	66	17,962	..	..	..	..	..	..	3400-5800	P
Veterans Admin.....	J. T. Mendenhall.....	46	439	52	69	493	..	..	..	..	..	..	4990-6440	P
Milwaukee														
Milwaukee County General.....	E. H. Ellison.....	145	4,419†	404	51	38,064	12*	8	6	6	0	32†	3134-5769	P
Milwaukee ⁹¹	D. S. Thatcher.....	109	4,460	62	76	8,133	2	2	2	2	0	8	4800-5400	P
Veterans Admin. (Wood) ¹⁸⁸	A. S. Close.....	114	1,845	130	85	5,407	6	4	4	4	0	18	4020-6120	P

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate. Programs, 134; Residencies, 726

UNITED STATES PUBLIC HEALTH SERVICE

NEW YORK

U. S. Public Health Service (Staten Island), New York City.....

C. R. Kunstling..... 127 2,590 38 68 9,876 3 4 3 0 0 10

WASHINGTON

U. S. Public Health Service, Seattle.....

H. C. Savage..... 124 2,712 42 88 11,219 1 1 1 1 0 4

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
OTHER FEDERAL														
CANAL ZONE														
Gorgas.....	E. P. Shirokov.....	52	1,357	38	84	5,741	2	2	2	0	0	6	5491-6490	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist.....	B. M. Carraway.....	125	6,013‡	37	30	73,878	3	2	2	0	0	7	3900-4500	F
Tuskegee														
Veterans Admin.....		121	1,062	67	52	117	3	3	3	0	0	0	4020-5575	O
ARIZONA														
Phoenix														
St. Joseph's.....	J. J. Berens.....	165	7,135	138	64	1,748	1	1	1	0	0	3	3000-3600	F
CALIFORNIA														
Los Angeles														
California.....	R. M. Milliken.....	109	5,746	62	31	1,258	2	2	2	0	0	6	3480-4080	FP
Hospital of the Good Samaritan.....	J. C. Jones.....	170	7,588	130	53	2,059	3*	2*	1	0	0	6	4500-5100	P
San Diego														
Mercy.....	J. H. Mehnert.....	124	7,207	84	42	4,412	1	1	1	0	0	3	3600-5400	F
San Francisco														
St. Luke's.....	W. B. Wallace.....	81	4,451	54	43	6,524	3*	1	1	0	0	5	4200-5400	FP
St. Mary's.....	T. J. Whalen.....	112	4,056	31	51	2,953	2	2	1	0	0	5	3300-5100	F
COLORADO														
Denver														
Mercy.....	R. E. Wilson.....	102	6,223	19	68	2,542	2	2	1	0	0	5	4620-5520	P
Presbyterian.....	K. C. Sawyer.....	124	5,214	94	63	4,376	3	2	1	0	0	6	4200-4800	P
St. Luke's.....	C. McLauthlin.....	217	9,658‡	111	58	1,512	3	1	1	0	0	5	4200-4800	P
Pueblo														
Colorado State.....	H. H. Kerr.....	81	816	61	56	5,361	4	3	2	0	0	9	6480-8400	O
CONNECTICUT														
Stamford														
Stamford.....	E. C. Rawls.....	114	5,497	109	56	2,561	1	1	1	0	0	3	3000-3600	FP
Waterbury														
St. Mary's.....	J. R. Bergen.....	170	7,036	77	39	7,001	2	2	2	0	0	6	3900-4500	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial.....	C. E. Holloway.....	160	8,371	110	36	5,848	4	3	2	0	0	9	3780-4200	P
Savannah														
Memorial Hospital of Chatham County.....	J. L. Alexander.....	...	3,108	93	...	4,828	1	1	1	0	0	3	4500-6000	F
ILLINOIS														
Chicago														
Grant.....	C. K. Solander.....	72	2,682	26	19	5,122	1	1	1	0	0	3	5400-6000	P
Illinois Masonic.....	L. Peterson.....	170	4,480	114	43	20,844	2	2	2	0	0	6	6000-7200	F
St. Elizabeth's.....	L. G. Khedroo.....	120	6,540	16	35	262	3	2	1	0	0	6	4200-4200	F
St. Joseph.....	E. J. DelBeccaro.....	54	2,442	35	40	2,138	2	2	2	2	0	8	5650-6300	P
Evergreen Park														
Little Company of Mary.....	M. J. McCarthy.....	166	7,090	48	47	707	..	..	..	..	..	6	4800-5400	F
Peoria														
St. Francis ¹⁸⁹	C. D. Branch.....	229	8,250	126	39	1,544	2	2	1	0	0	5	5100-5700	F
INDIANA														
Bluffton														
Clinic Hospital.....	H. D. Caylor.....	31	845	12	67	8,708	2	1	1	1	0	5	4200-5400	P
LOUISIANA														
New Orleans														
Southern Baptist ²⁰²	W. F. Becker.....	135	5,841	117	38	758	4	2	1	0	0	7	4020-4620	P
Touro Infirmary.....	M. L. Michel.....	92	3,784‡	134	45	3,217	3*	2	2	0	0	7	2820-3420	FP
MARYLAND														
Baltimore														
Lutheran Hospital of Maryland.....	W. E. Gilmore.....	57	2,193	64	50	3,835	2	2	1	0	0	5	4140-4500	P
Provident.....	R. A. Montgomery.....	41	1,273	42	38	4,172	3	2	1	0	0	6	5400-7200	F
St. Agnes ¹⁵⁴	G. Govatos.....	122	3,903	79	49	3,395	4	4	2	2	0	12	6300-7200	P
MASSACHUSETTS														
Beverly														
Beverly.....	R. E. Alt.....	71	2,791	64	67	15,174	2	1	1	0	0	4	2700-3600	F
Cambridge														
Cambridge City.....	F. M. Woods.....	38	1,984	89	33	5,167	1	1	1	0	0	3	3850-4550	F
Fall River														
Truesdale.....	D. F. Gallery.....	58	2,590	48	50	4,641	1	1	1	0	0	3	5100-7500	F
Malden														
Malden.....	W. E. Garrey.....	110	5,133	54	35	552	3	2	1	0	0	6	3900-5100	F
Pittsfield														
Pittsfield Affiliated Hospitals.....	R. Zupanec.....	107	4,763	47	43	2,070	2	2	1	0	0	5	3900-5100	F
Pittsfield General.....														
St. Luke's.....														
Quincy														
Quincy City.....	M. Sargent.....	127	6,511	39	41	831	2	2	1	0	0	5	3610-4010	F

APPROVED RESIDENCIES

28. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Overs. Maintenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN														
Detroit														
Alexander Blain	A. Blain, III	31	1,198	19	28	3,222	2	1	1	1	0	5	3900-8000	F
Providence	V. J. Marecki	124	4,123	83	41	791	2	2	2	0	0	6	5700-6800	O
Flint														
McLaren General	W. F. Dwyer	134	6,978	91	59	1,307	3*	3	1	0	0	7	5700-6800	P
Kalamazoo														
Bronson Methodist	F. L. Clement	88	4,071	62	48	615	2	1	1	0	0	4†	5700-6800	F
Pontiac														
Pontiac General	G. A. Sanford	125	4,571	96	33	214	2	2	2	2	1	9	4500-6000	FP
St. Joseph Mercy	C. G. Darling, Jr.	134	4,966	156	51	825	2	2	2	0	0	6	4500-5220	P
Royal Oak														
William Beaumont	H. B. Barker	87	3,739	74	47	79	3	3	3	0	0	9	5280-6300	P
Saginaw														
Saginaw General	J. E. Manning	69	4,210	27	41	104	1	1	1	0	0	3	6360-6960	F
MINNESOTA														
Minneapolis														
Mount Sinai	P. A. Salmon	73	3,104	39	67	3,630	2	2	2	0	0	6	3150-3150	FP
St. Barnabas Hospital-Swedish	L. J. Hay	96	5,326	56	60	270	2	1	1	0	0	4	3720-4920	F
St. Barnabas Swedish		120	4,922	107	40	342	2	2	1	0	0	5	3720-4920	F
MISSOURI														
Kansas City														
Menorah Medical Center	M. E. Silverstein	90	3,940†	61	53	511	2	2	2	0	0	6	5700-6900	O
St. Luke's ⁷⁷⁸	F. A. Carmichael	120	5,867	91	65	7,409	2	2	2	0	0	6	5600-6300	P
St. Louis														
DePaul	P. Meiners	56	2,378	84	32	454	2	2	2	0	0	6	4200-5400	F
St. John's Mercy	W. L. Tomlinson	120	4,844	116	53	2,539	3	1	1	0	0	5	3600-4800	F
NEBRASKA														
Lincoln														
Veterans Admin.	R. F. Moore	62	1,043	54	69	2,952	2	2	2	0	0	6	4020-11150	P
NEW JERSEY														
Atlantic City														
Atlantic City	G. R. Stamps	111	4,407	144	53	35,763	1	1	1	0	0	3	3900-4500	F
Camden														
West Jersey	K. L. Athey	135	5,002	78	33	2,359	1	1	1	0	0	3	5100-6000	FP
Englewood														
Englewood ⁸¹	R. B. Berlin	125	5,577	70	49	2,107	2	2	1	0	0	5	3960-4560	FP
Hackensack														
Hackensack	R. Grant	153	7,561	87	44	6,462	3	1	1	0	0	5	3000-3600	F
Mount Holly														
Burlington County Memorial	L. B. Reagan	71	2,837	65	33	3,673	2	2	1	0	0	5	3000-4800	F
Newark														
Newark City	I. M. Rollins	192	2,842	180	52	11,250	4	4	4	2	0	14	4200-7500	F
St. Barnabas Medical Center ⁴⁴	C. J. Reilly	90	3,551†	40	25	507	1	1	1	1	0	4	3300-4200	F
New Brunswick														
Middlesex General	P. J. Kunderman, N. Rosenberg	112	5,421	123	47	3,522	3	2	1	1	0	7	4680-5280	FP
St. Peter's General	R. G. Matfield	112	4,324	70	37	3,476	4	2	1	0	0	7	4560-6360	P
NEW YORK														
Albany														
Memorial	P. Glasier	114	4,452	83	31	8,042	1	1	1	0	0	3	4500-5100	FP
St. Peter's	T. I. Tyrrell	144	6,143	83	48	12,590	2	2	2	0	0	6	4200-5400	F
Buffalo														
Deaconess Hospital of Buffalo	K. H. Eckhart	128	3,315	107	33	6,986	3	3	1	0	0	7	3900-4200	FP
Johnson City														
Charles S. Wilson Memorial	R. Smith	105	4,912	103	49	22,739	3	2	2	0	0	7		
Mount Vernon														
Mount Vernon	J. F. Bagg	131	4,802	135	40	5,347	1	1	1	0	0	3	3300-4200	F
Newburgh														
St. Luke's	T. R. Proper	82	1,802	63	48	897	1	1	1	0	0	3	4200-4800	F
New Rochelle														
New Rochelle	H. J. Dunlap	170	8,445†	154	47	3,898	1	1	1	0	0	3	2700-3300	P
New York City														
Booth Memorial	J. Chassin	68	2,970	56	52	610	3	2	2	0	0	7	3900-4800	F
City Hospital Center at Elmhurst	A. Zimany	122	2,313	169	61	5,530	4	4	2	2	0	12	4200-5220	P
Fordham	J. P. Alvich	175	3,175	94	49	15,114	2	2	2	2	0	9	4200-5220	P
French	H. S. Huber	65	2,328	55	72	5,956	2	1	1	0	0	4	4800-5700	FP
Jamaica	H. Barber	80	3,831	80	60	24,385	2	2	2	1	0	7	4200-7200	F
Jewish Memorial	H. C. Baron	52	2,484	67	25	3,052	3	2	1	0	0	6	4200-6000	F
Lutheran Medical Center	R. P. Sanfilippo	97	3,484	57	43	2,529	2	2	2	0	0	6	3900-4500	F
Mary Immaculate	F. N. Dealy	95	3,638	70	30	2,507	3	1	1	0	0	5	4140-5100	F
St. Catherine's	J. Marrone	70	2,752†	89	21	2,029	2	1	1	0	0	4	3900-4380	F
St. Vincent's Hospital of the Borough of Richmond	W. F. Mitty, Jr.	101	3,364†	108	35	2,124	2	2	2	0	0	6	5700-6600	FP
Sydenham	D. F. Casten	65	2,067	37	22	2,885	2	1	1	0	0	4	4200-5220	P
Schenectady														
Ellis	S. MacMillan	150	6,343	122	59	8,300	3	3	1	0	0	7	3900-4800	FP
White Plains														
White Plains ⁸⁷⁵	W. M. Sberidan	101	4,775	18	43	2,490	1	1	1	0	0	3	4600-5400	F
NORTH CAROLINA														
Durham														
Watts	J. E. Davis	113	3,051	46	30	1,871	3	3	1	0	0	7	3900-4800	F
Winston-Salem														
Kate Bitting Reynolds Memorial	R. T. Odom	72	2,902	68	41	11,269	2	2	2	0	0	6	5100-6300	P

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
OHIO															
Canton															
Aultman	S. S. Reinglass	158	7,698	122	38	776	5	5	4	0	0	14	4200-6000	FP	
Mercy	J. J. Pagano	163	7,547	170	36	1,172	3	3	3	0	0	9	4200-6000	F	
Cleveland															
Evangelical Deaconess	R. Pipik	78	2,600	60	48	93	3	3	1	0	0	7	4200-4800	F	
Dayton															
Good Samaritan	P. A. Weisman	158	5,749	152	41	278	1	1	1	0	0	3	3900-4500	F	
Lakewood															
Lakewood	J. R. O'Malley	117	5,669†	63	44	1,011	5	3	1	0	0	9	3900-4500	FP	
Toledo															
St. Vincent's	J. I. Collins	116	5,270†	145	40	2,027	2*	1	1	0	0	4	3900-4500	F	
Warren															
Trumbull Memorial	D. A. Miller	115	4,759	71	43	310	3	2	2	0	0	7	4200-5400	F	
OKLAHOMA															
Tulsa															
Hillcrest Medical Center	F. Clingan	175	8,160†	160	41	574	2	1	1	0	0	4	3000-4200	FP	
St. John's	R. E. McDowell	198	7,052	207	27	3,929	1	1	1	0	0	3	3000-3600	FP	
OREGON															
Portland															
Good Samaritan	M. McKirdie	112	5,592	68	56	2,871	1	1	1	0	0	3	3300-3780	P	
PENNSYLVANIA															
Allentown															
Sacred Heart	C. A. Holland	146	6,347	147	43	2,724	1	1	1	0	0	3	3600-4200	FP	
Bethlehem															
St. Luke's Hospital of Bethlehem	G. R. Greenwood	173	6,628	132	54	15,406	2	1	1	0	0	4	3120-3720	FP	
Easton															
Easton	T. C. Zulick, Jr.	79	2,929	61	36	3,980	1	1	1	0	0	3	4200-4800	FP	
Erie															
St. Vincent	F. J. Brinig	116	5,819†	186	28	2,196	2	1	1	0	0	4	3900-4800	FP	
Harrisburg															
Harrisburg Polyclinic	E. O. Daué, Jr.	225	7,166	165	43	4,677	1	1	1	0	0	3	5400-6000	FP	
McKeesport															
McKeesport	F. R. Bondi	185	5,718	122	2	5,748	2	1	1	0	0	4	4800-6000	P	
Norristown															
Sacred Heart	R. A. Buyers	84	4,117	47	53	6,991	2	1	1	0	0	4	4200-6000	FP	
Philadelphia															
Frankford	A. L. Colley	59	2,693	72	46	5,525	1	1	1	0	0	3	4800-4800	...	
Mercy-Douglas	M. W. Allen	68	2,060	34	38	8,691	3	2	1	0	0	6	4800-5400	F	
Nazareth	J. F. O'Neill	65	2,672	60	37	3,546	1	1	1	0	0	3	4200-4200	F	
Pittsburgh															
Montefiore	H. Frankenstein	143	6,512	106	53	8,257	2	2	1	0	0	5	4200-4800	O	
Reading															
St. Joseph's	R. R. Impink	140	5,266	139	41	1,032	1	1	1	1	0	4	4200-4200	F	
West Reading															
Reading	W. K. Runyeon	139	2,064	54	50	841	3*	1	1	0	0	5	3300-4200	FP	
Wilkinsburg															
Wilkinsburg	W. O. Goehring	106	3,939	98	36	28,803	1	1	1	0	0	3	4800-4800	F	
Williamsport															
Williamsport	C. L. Youngman	140	5,628	112	23	15,521	1	1	1	0	0	3	4200-4800	F	
PUERTO RICO															
Ponce															
Hospital De Damas	L. F. Sala	58	2,752	33	45	3,624	1	1	1	0	0	3	2700-3300	F	
Ponce District General	J. Colon Bonet	125	2,729	129	60	22,306	3	3	3	0	0	9	3600-4800	F	
SOUTH CAROLINA															
Columbia															
Columbia Hospital of Richland County	G. T. McCutchen	105	3,789	129	28	14,450	1	1	1	0	0	3	5040-5760	P	
Spartanburg															
Spartanburg General	E. M. Colvin	214	10,067	157	26	9,044	2	2	2	0	0	6	5460-6060	P	
SOUTH DAKOTA															
Yankton															
Sacred Heart	C. McVay	24	1,086	13	31	735	1	1	1	0	0	3	3600-6000	F	
TENNESSEE															
Memphis															
St. Joseph	J. Barrasso	130	5,491	142	32	2,537	2	2	2	0	0	6	3900-4500	F	
TEXAS															
Austin															
Brackenridge ⁴⁵⁸	F. M. Nelson	53	2,230†	59	36	3,407	1	1	1	0	0	3	4200-5400	F	
Dallas															
Methodist Hospital of Dallas	C. E. Patterson	183	8,599	149	36	3,223	3*	1	1	0	0	5	4500-5100	F	
St. Paul	C. R. Morris	137	6,236	92	42	2,754	2	1	1	0	0	4	4500-5100	P	
Houston															
St. Joseph's	B. V. Williams	36	1,609†	14	36	2,292	3*	2	1	0	0	6	4440-5040	P	
San Antonio															
Robert B. Green Memorial	A. W. Hartman	72	5,894	182	46	30,781	3	3	3	0	0	9	3300-5100	FP	
VIRGINIA															
Alexandria															
Alexandria	C. V. Amole	66	3,193	63	21	3,587	2	1	1	0	0	4	3600-4800	P	
Richmond															
Johnston-Willis	F. S. Johns	65	2,227†	28	46	8,683	1	1	1	0	0	3	5400-6600	F	
Roanoke															
Jefferson	R. L. A. Keeley	26	1,108	22	59	2,121	2	1	1	0	0	4	7500-8100	P	
Roanoke Memorial Hospitals	H. Lee	235	8,388†	83	43	4,609	3	2	2	0	0	7	5400-6000	F	

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
WASHINGTON															
Seattle															
Providence	C. Bogardus	124	5,206†	78	68	1,112	3	2	2	0	0	7	3900-4800	FP	
WEST VIRGINIA															
Beckley															
Beckley	M. M. Ralston	29	1,345	24	37	9,052	2	1	1	0	0	4	3000-3600	F	
Huntington															
Cabell Huntington	J. Parsons	35	1,649	40	30	5,050	1	1	1	0	0	3	4500-...	F	
St. Mary's	G. F. Woelfel	146	7,525	93	29	4,188						4	3300-3900	FP	
Martinsburg															
Veterans Admin. ¹⁴⁶	I. Harrison	123	1,287	55	73	1,363	2	2	1	0	0	5	4020-7035	O	
Philippi															
Broadus	H. C. Myers	42	1,478	34	50	13,240	1	1	1	0	0	3†	3900-5100	F	
Wheeling															
Ohio Valley General	J. O. Rankin	153	4,822	136	45	1,928	4	4	2	0	0	10	4800-5400	P	
WISCONSIN															
Madison															
Madison General	J. P. Malec	45	1,646†	43	65	...	2	2	2	0	0	6	2880-3480	FP	
Milwaukee															
Columbia ¹⁹¹	M. Schroeder	76	3,037†	78	76	11,863	2	1	1	0	0	4	4800-5400	P	
Mount Sinai	R. W. Mann	113	4,128	44	45	2,438	3	2	1	0	0	6	4200-4800	FP	
St. Joseph's	W. Weisel	119	5,952†	90	58	2,222	4	2	2	0	0	8	4800-6000	FP	

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for ONE year of training as an integral part of the approved program of four or more years' duration in the specific hospital indicated by the footnote reference following the listing below.
Programs, 14; Residencies, 88

UNITED STATES ARMY

TEXAS														
U. S. Army, Fort Hood ⁴¹²	J. B. Dalton	108	6,363	6	50	124,801	4*	0	0	0	0	4	...	...

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

District of Columbia															
St. Elizabeths ⁷⁴															

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA															
Oakland															
Samuel Merritt ⁷⁵	G. T. Root	35	1,383	19	53	...							3216-5112	P	

COLORADO															
Denver															
Children's ¹⁷⁷	D. R. Akers	10	3,355†	42	92	6,225	0	0	0	1	0	1	4800-4800	P	

LOUISIANA															
Monroe															
E. A. Conway Memorial ²⁰¹	D. Sartor	37	1,451	68	12	6,364	0	2	1	0	0	3	7800-7800	P	

MASSACHUSETTS															
Boston															
Lahey Clinic ²⁴⁴	J. W. Brassch	117	3,621	65	48	13,812	0	0	0	12	0	12	1800-4200	O	
Chelsea															
Lawrence F. Quigley Memorial ²¹⁹	A. L. Davis	34	784	23	74	4,115							4048-5089	P	

MISSOURI															
Columbia															
Ellis Fischel State Cancer ²⁴⁵	J. S. Spratt, Jr.	63	1,532	42	67	8,838	0	0	0	2	2	4	3600-4800	FP	

NEW YORK															
New York City															
Francis Delafield ²⁵⁶	G. Humphreys	65	802	177	48	6,340	4	3	0	0	3	10	4200-5220	P	
Memorial Hospital for Cancer and Allied Diseases															
James Ewing ²⁴	H. T. Randall	299	7,375	437	44	40,725	0	0	27	0	0	27	5520-6220	P	

OHIO															
Columbus															
Children's ³⁰⁷	H. W. Clatworthy	45	2,203	48	96	4,101	0	0	0	0	3	3	3600-4200	P	

PENNSYLVANIA															
Norristown															
Norristown State ⁴¹¹	M. Troncelliti	23	211	51	14	4,279	0	0	2	0	0	2	7055-7752	F	
Philadelphia															
Chestnut Hill ³²⁷	J. W. Stayman, Jr.	76	3,614	25	60	3,053	0	1	0	1	0	2	4200-4200	F	

VIRGINIA															
Lynchburg															
Lynchburg General ²⁵⁶	L. R. O'Brian, Jr.														

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

28. SURGERY — Continued

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates. Programs, 21; Residencies, 108

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance		
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
NONFEDERAL AND VETERANS ADMINISTRATION																
CALIFORNIA																
Duarte																
City of Hope Medical Center	R. L. Byron	32	817	96	77	10,176	0	0	2	0	3	5	5400-6600	P		
COLORADO																
Denver																
Children's	D. R. Akers	10	3,355†	42	92	6,225	0	0	0	1	0	1	4800-4800	P		
DISTRICT OF COLUMBIA																
Washington																
Children's	J. Randolph	24	1,771†	29	75	7,253	0	0	2	1	0	3	5100-5100	P		
ILLINOIS																
Chicago																
Children's Memorial	O. Swenson	59	3,192	59	86	14,484	0	0	0	0	3	3	3300-4200	P		
MASSACHUSETTS																
Boston																
Children's Hospital Medical Center	R. E. Gross	46	2,012	44	89	20,395	6	2	2	1	0	11	1800-5250	F		
Walpole																
Pondville	M. Yatsubashi	83	1,304	177	50	16,227	0	0	1	1	0	2	3600-6000	O		
Westfield																
Western Massachusetts	F. S. Hopkins	48	1,004	135	56	6,524	0	1	0	2	1	3	7995-....	O		
MICHIGAN																
Detroit																
Children's	C. D. Benson	47	2,351	60	68	4,357	0	0	1	0	0	1	2820-4020	F		
MISSOURI																
Columbia																
Ellis Fischel State Cancer	J. S. Spratt, Jr.	63	1,532	42	67	8,838	0	0	0	2	2	4	3600-4800	FP		
NEW JERSEY																
Newark																
United Hospitals of Newark-Babies' Hospital Unit	A. Falla	28	....	....	....	7,670	..	..	..	..	..	2	6000-6000	O
NEW YORK																
Buffalo																
Children's Hospital of Buffalo	T. C. Jewett	38	2,019	25	92	5,591	0	0	0	1	1	2	2700-4500	FP		
Roswell Park Memorial Institute	G. E. Moore	78	1,426	109	99	14,265	0	0	0	6	6	12	4500-5544	O		
New York City																
Francis Delafield	G. Humphreys	65	802	177	48	6,340	4	3	0	0	3	10	4200-5220	P		
Memorial Hospital for Cancer and Allied Diseases																
James Ewing	H. T. Randall	299	7,375	437	44	40,725	0	0	0	24	0	24	6220-8920	P		
Presbyterian	T. Santulli	Inc. in Pediatrics	....	....	....	....	0	0	0	0	1	1	5347-5347	O
OHIO																
Columbus																
Children's	H. W. Clatworthy	45	2,203	48	96	4,101	0	0	0	0	3	3	3600-4200	P		
PENNSYLVANIA																
Philadelphia																
Children's Hospital of Philadelphia	C. E. Koop	3	2,105	38	80	3,073	0	0	2	2	0	4	1200-1200	F		
St. Christopher's Hospital for Children	S. L. Cresson	30	1,331	21	95	3,998	0	0	0	0	1	1	3600-....	P		
Pittsburgh																
Children's Hospital of Pittsburgh	W. B. Kieseewetter	25	1,426	28	75	4,824	0	0	2	1	1	4	3660-3960	O		
PUERTO RICO																
Rio Piedras																
I. Gonzalez Martinez Oncologic	L. Vallecillo	27	510	25	52	8,058	0	0	0	3	0	3	5400-5400	P		
TEXAS																
Houston																
University of Texas M.D. Anderson Hospital and Tumor Institute	E. C. White	100	2,683	121	73	27,000	0	0	0	6	3	9†	5400-6600	O		

Residency programs in the following hospitals are approved by the Council on Medical Education as offering satisfactory training of ONE or TWO years' duration in preparation for residency training IN THE SURGICAL SPECIALTIES ONLY. Applicants intending to qualify for examination by the American Board of Surgery should refer to the four lists of approved services immediately preceding this list. (Also refer to Surgical Residencies, J.A.M.A. 156-432, Sept. 25, 1954). Programs, 114; Residencies, 334

UNITED STATES AIR FORCE

TEXAS																
U. S. Air Force, Wichita Falls	L. S. Ayars	26	875	8	87	4,626	..	..	..	..	..	..	..	..	..	..

UNITED STATES ARMY

CALIFORNIA																
U. S. Army, Fort Ord	L. S. Serfas	141	7,376	8	100	88,887	4	0	0	0	0	4		

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1968					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES ARMY—Continued															
GEORGIA															
Martin Army, Fort Benning	F. F. Krauskop	164	8,544	29	86	9,522	4	0	0	0	0	4			
KENTUCKY															
U. S. Army, Fort Campbell	R. R. Chapman	39	1,678	9	89	8,448	3	0	0	0	0	3			
Ireland Army, Fort Knox	J. D. Caskie	89	5,682	10	70	129,623	3	0	0	0	0	3			
NEW JERSEY															
Walson Army, Fort Dix	G. W. Martin	129	5,472	46	78	119,720	2	0	0	0	0	2			
NORTH CAROLINA															
Womack Army, Fort Bragg	I. R. Lyman	220	8,214	30	70	92,370	4	0	0	0	0	4			
OKLAHOMA															
U. S. Army, Fort Sill	T. D. Kelly	99	1,248	14	71	8,143	2	0	0	0	0	2			
VIRGINIA															
DeWitt Army, Fort Belvoir	L. M. Jackson, Jr.	68	3,166	8	100	28,048	4	0	0	0	0	4			
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
Phoenix															
Good Samaritan	A. Wagner	116	5,690	88	49	278	2	2	0	0	0	4	5400-6300	P	
Tucson															
St. Mary's	F. Jabczenski	91	4,070	37	57	500	4*	4	2	2	0	12	6000-7200	P	
Tucson Medical Center	W. Soland	127	7,277	54	65	6,425	4*	4	2	2	0	12	6000-7200	P	
ARKANSAS															
Little Rock															
Arkansas Baptist	W. G. Cooper	55	2,373	54	43		2	0	0	0	0	2	5400-5400	F	
CALIFORNIA															
Berkeley															
Herrick Memorial	J. G. Holmes	63	2,894	64	56	266	1	0	0	0	0	1	4500-...	P	
Glendale															
Glendale Sanitarium and Hospital	H. C. Prout	84	5,000	71	51	2,261	2	0	0	0	0	2	4500-4500	P	
Loma Linda															
Loma Linda University	B. Branson	52	2,043	19	9	1,212	1	0	0	0	0	1	4846-7260	O	
Long Beach															
Memorial Hospital of Long Beach	A. Beland	139	6,636	82	59	454	1	0	0	0	0	1	5400-8000	P	
Los Angeles															
Santa Fe Coast Lines	L. Chaffin	83	1,165	76	38	16,081	4	0	0	0	0	4	5400-5400	F	
Pasadena															
Huntington Memorial	W. E. Delphey	138	6,900	94	56	11,889	3	0	0	0	0	3	3600-5100	FP	
Riverside															
Riverside County General	H. A. Roth	59	3,991	135	42	10,298	5	0	0	0	0	5	5280-5568	P	
San Bernardino															
San Bernardino County Charity	R. Seavers	122	5,652	157	53	28,214	5	2	0	0	0	7	4800-6000	F	
San Francisco															
French	W. L. Rogers	67	2,676	21	48	5,518	2	2	0	0	0	2	4200-5400	F	
Mary's Help Hospital-St. Joseph's	E. Carlson	36	1,981	25	40	4,101	1	1	0	0	0	2	3900-4500	FP	
Mary's Help	H. H. Lindner	59	2,615	21	45	4,715	1	1	0	0	0	2	3000-4800	FP	
St. Joseph's															
Santa Monica															
St. John's	J. F. Roberts	116	6,263	63	54	305							3000-3600	F	
COLORADO															
Pueblo															
St. Mary-Corwin	J. L. Weaver	165	7,177	80	46	0	4	4	0	0	0	8	4200-5100	P	
CONNECTICUT															
Danbury															
Danbury	J. B. Cherry	106	4,671†	117	37	2,383	2	0	0	0	0	2	4800-4800	F	
Greenwich															
Greenwich	J. V. Halloran	105	4,551	111	68	2,209	2*	0	0	0	0	2	3300-4500	FO	
Hartford															
J. J. McCook Memorial	C. Kelly	30	480	18	5	1,687	1	0	0	0	0	1	4800-5700	F	
New London															
Lawrence and Memorial Hospitals	F. B. Hartman	102	5,311†	69	52	436	3*	0	0	0	0	3	3600-3900	F	
Norwalk															
Norwalk	A. Margold	71	2,471	27	52	1,317	4	0	0	0	0	4	3420-4680	F	
DISTRICT OF COLUMBIA															
Washington															
Eastern Dispensary and Casualty Hospital	E. H. Short	123	4,809	136	19	24,299	3	2	0	0	0	5	5000-5600	F	
Sibley Memorial	D. C. Richtmeyer	75	3,304	39	64	2,890	1	1	0	0	0	2	3600-4800	FP	
FLORIDA															
Fort Lauderdale															
Broward General	R. C. Carson	171	7,107	105	43	356	4	0	0	0	0	4	4800-5700	O	
Miami Beach															
St. Francis	J. T. Jana, Jr.	21	758	24	46	508	2	0	0	0	0	2	5040-5040	P	
St. Petersburg															
Mound Park	E. B. Campbell	176	5,307	155	50	3,050	1	0	0	0	0	1	4420-4420	P	
ILLINOIS															
Berwyn															
MacNeal Memorial	R. G. Mrazek	113	5,433	60	33	1,889	3	0	0	0	0	3	5400-5400	FP	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths			Residencies Offered 1965-1966						Salary per Year Min.-Max.	Main- tenance O
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
ILLINOIS—Continued														
Chicago														
Alexian Brothers	L. G. Khedroo	71	2,387	17	35	1,000	3	0	0	0	0	3	4200-4200	F
American	P. Thorek	39	2,053	44	45	623	2	2	0	0	0	4	6700-7200	F
Hospital of St. Anthony de Padua	F. P. Donlon	63	2,421	23	39	0						2	4800-4800	F
Norwegian-American	G. T. Murphy	68	2,714	54	30	1,743	4	0	0	0	0	4	6000-6000	F
Ravenswood	R. F. Cunningham	37	1,508	41	61	80	1	0	0	0	0	1	4800-4800	FP
St. Anne's	J. P. Igin	45	1,710	49	34	396	3	0	0	0	0	3	6600-6600	O
Peoria														
Methodist Hospital of Central Illinois	W. H. Eastman	140	5,841	77	56	1,529	3	0	0	0	0	3	5400-....	F
INDIANA														
Fort Wayne														
Lutheran Hospital of Fort Wayne	R. Lloyd	97	5,106	13	61	1,642	1	0	0	0	0	1	3900-3900	F
Indianapolis														
St. Vincent's	J. Finneran	89	3,344	59	46	188	3	0	0	0	0	3	5700-5700	P
Muncie														
Ball Memorial	T. C. Moore	187	6,465	83	46	826	1	0	0	0	0	1	5700-5700	FP
KANSAS														
Wichita														
Wesley Medical Center	L. Crumpacker	154	8,266	62	37	9,672	3	0	0	0	0	3	5400-5400	F
KENTUCKY														
Louisville														
John N. Norton Memorial Infirmary	W. T. Ramage, Jr.	94	5,019	55	31	93	6	0	0	0	0	6	6000-6600	F
MAINE														
Lewiston														
Central Maine General	W. V. Cox	85	3,688	77	58	953	1	0	0	0	0	1	3300-3300	F
MARYLAND														
Baltimore														
Bon Secours	S. G. Sullivan	96	3,936	86	41	11,319	2	2	1	0	0	5	4500-7200	FP
Bethesda														
Suburban	J. O. Robben	98	5,666	100	46	326	2	2	0	0	0	4	3720-4020	FP
MASSACHUSETTS														
Boston														
New England	A. Brown	29	1,345	9	44	1,647	1	0	0	0	0	1	5000-....	F
Fitchburg														
Burbank	F. P. Ross	51	1,944	69	48	1,480	1	0	2	0	0	3	3600-4200	F
MICHIGAN														
Dearborn														
Oakwood	R. H. Ramsey	111	4,771	59	49	0	4*	0	0	0	0	4	4200-4200	F
Detroit														
Evangelical Deaconess	T. W. Baumgarten	78	3,423	75	33	13	2	0	0	0	0	2	5400-5400	P
Grosse Pointe														
Bon Secours	C. J. Holt	77	4,582	43	51	9,634							5100-5700	F
Kalamazoo														
Borgess	W. Butler	48	2,196	31	52	342	1*	0	0	0	0	1	5700-5700	F
Lansing														
Edward W. Sparrow	S. Rutledge	47	2,057	67	48	225	1	0	0	0	0	1	6600-6600	P
MINNESOTA														
Minneapolis														
Northwestern	F. H. Lott	85	3,635	47	68	119	3	0	0	0	0	3	3000-3000	F
St. Paul														
St. Joseph's	T. O'Kane	34	1,203	25	36		2	0	0	0	0	2	4020-....	P
MISSOURI														
St. Louis														
Deaconess	C. A. Gomez	68	2,328	61	46	578	4	2	0	0	0	6	5400-6000	FP
NEBRASKA														
Lincoln														
St. Elizabeth	R. F. Mueller	71	4,033	62	40	117	2	0	0	0	0	2	4200-4200	F
NEW JERSEY														
Montclair														
Mountainside	H. R. Wesson	112	4,060†	78	54	2,187	2	0	0	0	0	2	3480-....	F
Morristown														
Morristown Memorial	S. H. M. Plum	81	3,504	76	66	1,582	1	0	0	0	0	1	3900-3900	F
Neptune														
Fitkin Memorial	M. Hancock	102	3,878†	124	25	3,753	1	0	0	0	0	1	4200-5400	F
Newark														
St. Michael	J. Connolly	111	3,218	67	50	2,184	4	0	0	0	0	4	3300-....	FP
United Hospitals of Newark-Presbyterian	T. Stanley	70	2,103	62	53	3,028	3	0	0	0	0	3	3900-4200	O
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	W. R. Lovelace II	81	3,908	30	50	127,000	1	0	0	0	0	1	4200-4200	P
NEW YORK														
Buffalo														
Mercy	J. Perse	158	5,371	60	35	870	3	0	0	0	0	3	3300-3900	FP
Clifton Springs														
Clifton Springs Hospital and Clinic	J. Lasner	25	1,219	18	39	10,661	1	1	0	0	0	2	4200-4800	FP

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued														
New York City														
Hospital for Joint Diseases	J. R. Wilder	61	1,795	47	43	14,970	6	0	0	0	0	6	4000-4000	F
Mother Cabrini Memorial	J. P. Alvich	33	1,351	19	26	4,342	1	0	0	0	0	1	7200-9600	F
New York Infirmiry	L. Loseke	94	1,745	44	25	6,223	3	3	0	0	0	6	3000-4900	F
Port Chester														
United	F. J. Murphy	87	3,955	46	13	1,143	2	0	0	0	0	2	4800-6000	P
NORTH DAKOTA														
Bismarck														
Bismarck	P. L. Johnson	77	2,875	86	26	1,768	5	0	0	0	0	5	8500-8500	P
Fargo														
St. Luke's	G. H. Hall	68	3,177	28	29	24,000	3	0	0	0	0	3	6000-6000	F
OHIO														
Elyria														
Elyria Memorial	P. Ferrato	73	4,423	89	43	1,044	2	2	0	0	0	4	4800-5400	F
Hamilton														
Mercy	W. F. Hume	91	3,128	59	29	429	2	2	2	0	0	6	4500-6000	F
Mansfield														
Mansfield General	C. L. Shafer	120	4,912	54	31	0	6	0	0	0	0	6	3600-6000	FP
Toledo														
Flower	W. Meffley	88	3,890	41	32	252	1	0	0	0	0	1	4800-4800	F
OKLAHOMA														
Oklahoma City														
Presbyterian	E. R. Munnell	62	4,298†	47	70	3,894	4	0	0	0	0	4	5400-6000	O
OREGON														
Portland														
Emanuel	B. H. Best	173	7,136†	84	65	7,252	2	2	0	0	0	4	3300-5040	P
Providence		163	8,583	118	62	...	3	0	0	0	0	3	4200-4440	PO
PENNSYLVANIA														
Altoona														
Altoona	J. M. Stowell	106	4,128	118	27	12,673	2	0	0	0	0	2	6420-6420	F
Bradford														
Bradford	D. R. Watkins	62	2,719	48	31	...	2	2	2	2	0	8	3000-3000	F
Hazleton														
Hazleton State General	S. E. Matsko	59	2,237	70	24	5,260	2	2	0	0	0	4	6090-6390	P
St. Joseph	S. Yamulla	72	3,628	27	37	2,376	1	1	0	0	0	2	...-4800	F
Johnstown														
Conemaugh Valley Memorial	R. P. Zimmerman	123	4,292	85	32	1,129	2	0	0	0	0	2	4200-4800	F
Philadelphia														
Jeanes	P. J. Grotzinger	65	2,400	64	59	7,640	1	1	0	0	1	3	5200-6000	F
St. Joseph's	W. D'Alonzo	111	3,518	100	34	2,146	3	0	0	0	0	3	4800-4800	F
St. Mary's Franciscan	W. J. Tourish	98	3,308	74	31	2,788	2	0	0	0	0	2	3600-...	F
Woman's Hospital of Philadelphia	S. Beek	26	1,390	17	41	1,651	1	0	0	0	0	1	3300-3300	F
Pittsburgh														
St. Margaret Memorial	J. R. Watson	54	1,600	29	52	3,070	1	0	0	0	0	1	5100-5100	F
Uniontown														
Uniontown	R. M. Maher	102	4,181	100	32	767	2	0	0	0	0	2	4500-4500	F
Wilkes-Barre														
Wilkes-Barre General	P. Morgan	67	2,280	67	30	933	2	0	0	0	0	2	4200-4200	F
PUERTO RICO														
San Juan														
Presbyterian	P. A. Suau	23	916†	17	35	103	1	0	0	0	0	1	7200-7200	F
TENNESSEE														
Chattanooga														
Newell	E. T. Newell, Jr.	38	2,240	62	13	25,686	3	0	0	0	0	3	6000-6600	P
Knoxville														
St. Mary's Memorial	C. C. Smeltzer	76	3,453	57	25	149	1	1	0	0	0	2	3840-3960	F
TEXAS														
Dallas														
Gaston Episcopal	J. V. Goode	97	4,921	75	48	...	3	0	0	0	0	3	3600-3600	FP
Fort Worth														
Harris Hospital-Forth Worth Medical Center	J. F. Lindsay	151	5,408†	106	53	368	1	1	0	0	0	2	...	F
Houston														
Southern Pacific	J. R. Gandy	38	1,020	15	40	4,330	3	0	0	0	0	3	3000-3000	F
UTAH														
Ogden														
Thomas D. Dee Memorial	D. W. Tanner	75	6,696	85	49	7,105	2	0	0	0	0	2	3900-4200	P
Salt Lake City														
Holy Cross	W. S. Brooke	124	6,708	101	56	167	2	0	0	0	0	2	3600-3600	FP
St. Mark's	H. B. Lamb	125	6,051	29	58	1,877	1	0	0	0	0	1	4020-4020	P
VIRGINIA														
Newport News														
Riverside	H. Williams	126	6,720	59	35	273	2	0	0	0	0	2	6000-...	FP
Richmond														
Richmond Memorial	O. Gwathmey	158	6,370	84	47	299	6	0	0	0	0	6	6600-6600	F
St. Elizabeth's	J. S. Horsley, III	29	1,035	16	38	...	1	1	0	0	0	2	4200-6000	FP
Roanoke														
Lewis-Gale	W. L. Sibley	69	3,293	34	76	54,081	2	1	0	0	0	3	6000-6600	FP

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
WASHINGTON														
Seattle														
Doctors	W. E. Watson	73	4,709	34	70	...	...	...	...	...	...	5400-6000	F
Spokane														
Sacred Heart	C. P. Schlicke	177	10,805	137	48	191	2	0	0	0	0	2	4200-4200	FP
WISCONSIN														
Janesville														
Mercy	E. W. Reinardy	67	3,537	16	38	534	3	0	0	0	0	3	...-6000	P
La Crosse														
La Crosse Lutheran	S. B. Gundersen, Jr.	100	4,807	100	50	22,500	2	0	0	0	0	2	4200-4200	F
Marshfield														
St. Joseph's	B. R. Lawton	87	3,855†	67	52	3,230	2	0	0	0	0	2	6000-6000	F
Milwaukee														
Evangelical Deaconess	C. A. Bauer	150	7,625	65	54	2,195	3	3	0	0	0	6	4800-5400	F
St. Luke's	R. R. Watson	140	5,135	49	51	2,686	3	0	0	0	0	3	4500-4500	P

27. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the Board of Thoracic Surgery, as offering acceptable training in the specialty. The new policy on approval of "mixed" programs is stated in the Special Announcements Section following the Annual Report. It is anticipated that the Directory for 1965 will list only residencies in straight thoracic surgery. Programs, 100; Residencies, 281.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1965-1966 Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Percent	Outpatient Visits				
UNITED STATES AIR FORCE										
TEXAS										
U. S. Air Force, San Antonio ⁴⁷⁸	D. C. Campbell, Jr.	23	539	32	72	243	2	2	...	...
UNITED STATES ARMY										
CALIFORNIA										
Letterman General, San Francisco	B. A. Raymond	15	144	20	90	1,469	2	2	...	...
COLORADO										
Fitzsimons General, Denver	T. H. Hewlet	14	113	7	88	557	2	2	...	...
DISTRICT OF COLUMBIA										
Walter Reed General, Washington	E. J. Jahnke, Jr.	31	304	19	79	375	2	4	...	...
TEXAS										
Brooke General, San Antonio ⁴⁷⁸	H. A. Blake	17	323	22	77	367	2	3	...	...
UNITED STATES NAVY										
CALIFORNIA										
U. S. Naval, San Diego	B. F. Baisch	42	372	47	62	1,562	2	2	...	...
NEW YORK										
U. S. Naval, St. Albans	H. S. Arnold	22	208	8	88	158	2	2	...	...
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
Birmingham										
University of Alabama Medical Center	...	...	...	...	...	...	1	1	...	...
University Hospital and Hillman Clinic	C. Lyons	...	...	...	...	...	...	...	3900-3900	F
Veterans Admin.	M. Bradley	...	...	...	...	...	...	...	4020-7035	O
CALIFORNIA										
Duarte										
City of Hope Medical Center	F. X. Bryon	12	197	14	86	375	1	2	5400-6600	P
Los Angeles										
University of California ¹²⁶	J. V. Maloney, Jr.	9	313	35	100	...	2	...	3324-6912	O
Veterans Admin.—General Medical and Surgical ¹⁰⁹	R. K. Hughes	14	319	36	86	467	2	4	7405-7405	P
Oakland										
Children's Hospital of the East Bay	D. J. Dugan	4	107	10	94	...	1	...	4800-4800	P
Highland-Alameda County ¹⁰⁸	D. J. Dugan	9	283	24	67	467	2	4	3216-3456	FP
Olive View										
Olive View	N. C. Hamel	55	980	29	59	600	1	4	12240-12240	O
San Francisco										
University of California Hospitals	...	15	514	28	96	673	1	1	6300-6300	O
Torrance										
Los Angeles County Harbor General	W. Bloomer	6	104†	15	71	838	2	...	...	F

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966	Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent						
COLORADO											
Denver											
National Jewish	M. M. Newman	15	180	23	91	200	2	..	4200-5000	O	
Veterans Admin.	R. K. Brown	..	192	..	..	856	1	..	..	..
CONNECTICUT											
New Haven											
Hospital of St. Raphael	M. G. Carter	12	260	26	84	122	1	2	3600-4500	F	
Yale-New Haven Medical Center	..	..	..	..	..	..	..	..	..	..
Grace-New Haven Community	G. E. Lindskog, W. W. L. Glenn	34	827	65	74	1,094	2	3	3400-..	P	
DISTRICT OF COLUMBIA											
Washington											
George Washington University	B. Blades	14	620	9	75	1,397	2	2	4500-4500	P	
FLORIDA											
Gainesville											
University of Florida Teaching Hospital and Clinics	M. W. Wheat, Jr.	17	541	59	88	1,268	2	2	6000-8000	O	
Miami											
Jackson Memorial ¹⁵⁷	T. D. Gentsch	26	667	60	48	1,040	2	3	4800-5520	P	
GEORGIA											
Atlanta											
Emory University Affiliated Hospitals	O. A. Abbott	..	..	..	..	..	2	6	..	..
Emory University	..	21	749†	41	66	..	..	..	3600-4800	P
Grady Memorial	..	..	..	..	..	..	..	..	3900-3900	F
Augusta											
Medical College of Georgia Hospitals	..	..	..	..	..	..	2	..	..	..
Eugene Talmadge Memorial	R. Ellison	19	498	28	79	1,047	..	4	6996-6996	O	
Battley State (Rome)	R. F. Corpe	23	232	6	83	0	..	1	7524-7800	P	
Rome											
Battley State—See Medical College of Georgia Hospitals, Augusta	..	..	..	..	..	..	..	..	..	..
ILLINOIS											
Chicago											
Chicago State Tuberculosis Sanitarium	H. T. Langston	25	307	7	29	112	1	1	4200-4200	O	
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	..	..	2	50	907	1	5	4944-5190	F
Presbyterian-St. Luke's	E. J. Beattie	66	1,225	86	76	1,258	2	8	3900-4200	P	
Hines											
Veterans Admin. ¹⁸²	H. T. Langston	21	295	55	67	1,267	2	3	7035-7035	O	
Hinsdale											
Suburban Cook County Tuberculosis Sanitarium District	A. F. Reimann	20	163	4	100	752	1	1	3600-7200	O	
IOWA											
Iowa City											
University Hospitals	J. L. Ehrenhaft	32	600	27	70	..	2	2	7000-9000	P	
KANSAS											
Kansas City											
University of Kansas Medical Center	F. Allbritten	..	..	..	..	..	1	1	3000-4800	P
LOUISIANA											
Monroe											
E. A. Conway Memorial—See Ochsner Foundation Hospital, New Orleans	..	..	..	..	..	..	..	..	..	..
New Orleans											
Charity Hospital of Louisiana	..	..	..	..	..	..	..	..	..	..
Louisiana State University Division	L. Strug	8	217	21	62	941	2	2	2400-2700	F	
Tulane University Division	O. Creech	6	113	10	80	716	2	2	2400-2700	F	
Ochsner Foundation	A. Ochsner	20	788	18	83	4,742	2	2	3900-6000	P	
E. A. Conway Memorial (Monroe)	A. Ochsner	8	214	12	33	480	..	2	5500-6500	P	
Shreveport											
Confederate Memorial Medical Center	W. W. McCook, Jr.	7	229	6	35	1,393	1	1	3960-3960	F	
MARYLAND											
Baltimore											
University of Maryland	R. A. Cowley	50	300	33	61	480	2	6	5000-5700	P	
Veterans Admin.	R. F. Kieffer, Jr.	28	226	12	75	0	1	1	4020-7035	P	
MASSACHUSETTS											
Boston											
Boston City Hospital-Boston Sanatorium	..	..	..	..	..	..	2	4	..	..
Boston City	J. W. Strieder	45	374	52	69	..	..	..	4800-5400	O
Boston Sanatorium	J. W. Strieder	23	..	4	50	0	..	..	4800-4800	O
New England Deaconess ²²¹	R. H. Overholt	21	680	40	65	..	2	4	3600-4200	P	
MICHIGAN											
Ann Arbor											
University	C. Haight	35	654	58	74	2,286	2	8	2940-3240	O	
Dearborn											
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit	..	..	..	..	..	..	..	..	..	..
Detroit											
Henry Ford	C. R. Lam	40	1,036	82	93	825	2	6	5400-6600	P	
Herman Kiefer	J. C. Day	105	842	4	50	1,240	2	6	7595-8506	O	
Wayne State University Affiliated Hospitals	A. P. Thal	..	..	..	..	..	2	..	..	..
Veterans Admin. (Dearborn)	..	9	128	11	73	253	..	1	6440-7405	O	
Receiving	R. C. Read	..	..	..	..	..	..	4	7000-10000	P
Lansing											
Ingham Medical	A. L. Stanley	39	254	29	15	4,771	1	2	4800-6200	F	
MINNESOTA											
Minneapolis											
Veterans Admin. ²⁷⁰	E. W. Humphrey	..	..	32	81	326	2	2	4205-7405	O

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966	Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Percent						
MINNESOTA—Continued											
Rochester											
Mayo Foundation	O. T. Clagett	Inc. in Surgery	...	...	...	2	4	2400-6996	P
Rochester Methodist											
St. Mary's											
MISSISSIPPI											
Jackson											
University of Mississippi Medical Center	J. D. Hardy	1	37	3	67	2	2	3600-3600	O		
University	W. R. Webb	16	209	6	83	182		3600-3600	F		
Mississippi State Sanatorium (Sanatorium)											
Sanatorium											
Mississippi State Sanatorium—See University of Mississippi Medical Center, Jackson.											
MISSOURI											
Columbia											
University of Missouri Medical Center	J. W. Mackenzie	7	131†	10	80	199	2	5400-6000	P		
Mount Vernon											
Missouri State Sanatorium	J. W. Polk	429	1,186	105	43	4,885	1	4800-...	O		
St. Louis											
Barnes	T. Burford	23	767	58	47	2,600	2	4800-5000	O		
NEW JERSEY											
Jersey City											
Berthold S. Pollak Hospital for Chest Diseases	J. J. Timmes	25	244	26	53	681	2	6000-...	F		
NEW YORK											
Albany											
Albany Medical Center	A. Stranahan	21	955	37	65	180	2	4000-7405	P		
Buffalo											
Veterans Admin.	W. M. Chardack	14	180	43	63	...	2	6120-7035	O		
Mount Morris											
Mount Morris Tuberculosis	J. M. Judd	188	381	36	41	15,156	1	11080-13210	O		
New York City											
Bronx Municipal Hospital Center	D. State	35	300	20	65	575	2	4200-5220	P		
Columbia University Affiliated Hospitals	J. M. Ford	18	158	6	17	207	2	4200-5220	FP		
Bellevue Hospital Center, Div. I	R. Wylie	Inc. in Surgery						5347-5347	O		
Presbyterian	J. A. Malcolm	15	134	35	51	...	2	7035-7035	O		
Veterans Admin. (Manhattan)	K. Karlsen	34	529	51	49	1,022	2	4200-5220	P		
Kings County Hospital Center	A. Kantrowitz	17	140	14	64	...	1	5000-6250	P		
Maimonides Hospital of Brooklyn	G. Robinson	Inc. in Surg.									
Montefiore	R. S. Litwak	19	460	23	74	305	2	4500-6250	P		
Mount Sinai								6750-7000	P		
New York Medical College—Metropolitan Hospital Center											
Unit 1—Flower and Fifth Avenue Hospitals	S. A. Thompson	11	170	12	46	290	3	4200-5220	FP		
Unit 2—Metropolitan	L. Miscall	30	127	58	45	171	2	4200-5220	P		
Queens Hospital Center	P. Cooper	15	149	24	75	300	2	7035-7035	O		
Veterans Admin. (Bronx) ¹⁰⁰	R. Klopstock	17	143	17	59	520	2	7035-7035	O		
Veterans Admin. (Brooklyn)											
Sunmount											
Veterans Admin.	V. S. Wojnar	4	80	5	80	200	1	...-5700	O		
NORTH CAROLINA											
Chapel Hill											
North Carolina Memorial	R. M. Peters	7	314†	20	75	561	2	2800-5000	O		
Charlotte											
Charlotte Memorial	P. W. Sanger	11	438†	22	77	...	2	5100-5100	P		
Durham											
Duke	W. C. Sealy	22	678	39	51	1,095	2	3900-4800	P		
Oteen											
Veterans Admin.	T. Takaro	89	1,195	98	66	1,712	2	5575-7035	O		
Winston-Salem											
North Carolina Baptist	H. Bradshaw	9	300	25	84	193	2	2450-3250	P		
OHIO											
Cleveland											
Cleveland Clinic	D. B. Effler	21	608	42	76	2,073	2	5400-5700	P		
Cleveland Metropolitan General	J. H. Kennedy	5	147	29	67	578	2	4400-5060	FP		
St. Vincent Charity	E. B. Kay	15	309	31	78	64	2	3720-3900	F		
Sunny Aeres Cuyahoga County Tuberculosis	H. J. Mendelsohn	Inc. in Int. Med.					1	6500-6500	FP		
University Hospitals of Cleveland ¹⁰⁴	H. J. Mendelsohn	Inc. in Surgery					2	5400-5400	P		
Veterans Admin.	H. J. Mendelsohn	13	136†	19	47	266		5575-7035	P		
Columbus											
Ohio State University Hospitals	K. Klassen	25	1,117	95	79	695	2	4800-7296	P		
University	N. C. Andrews			5	80	...	2	3324-7296	P		
Ohio Tuberculosis											
OKLAHOMA											
Oklahoma City											
University of Oklahoma Medical Center	G. S. Campbell	19	223	18	78	468	2	7405-7405	P		
University Hospitals	G. S. Campbell	5	33	4	75	200					
Veterans Admin.											
OREGON											
Portland											
University of Oregon Medical School Hospitals and Clinics	J. E. Dunphy	98	534	43	84	3,054	2	2700-3300	F		
PENNSYLVANIA											
Philadelphia											
Hahnemann Medical College and Hospital ¹⁰⁵	H. T. Nichols	16	231	25	84	0	4	3600-3600	P		
Presbyterian Hospital in Philadelphia	R. Trout	9	224†	28	82	164	1	3180-3480	F		
Temple University	J. C. Davila	9	250	12	92	...	2	3000-3000	P		
St. Christopher's Hospital for Children											

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

27. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1965-1966		Main-tenance
				Number	Autopsy Percent			Total All Years	Salary per Year Min. - Max.	
PENNSYLVANIA—Continued										
Pittsburgh										
Health Center Hospitals of the University of Pittsburgh.....							3	3		
Allegheny General.....	E. M. Kent.....	24	456	52	42	1,076	..	..	3900-4800	F
Children's Hospital of Pittsburgh.....	H. T. Bahnson.....	8	162	17	94	..	..	..	3660-3960	O
Presbyterian-University.....	H. T. Bahnson.....	9	178	13	62	92	..	..	3060-3960	O
Western Pennsylvania ⁴⁴¹	G. M. Sanes.....	12	320	21	39	62	2	5	3900-5400	FP
TENNESSEE										
Knoxville										
University of Tennessee Memorial Research Center and Hospital ⁴⁴⁵	R. Newman.....	10	340	15	60	341	2	2	4632-4752	F
Memphis										
City of Memphis Hospitals ⁴⁴⁹	J. W. Pate.....	10	200	24	54	528	2	3	2310-3480	F
Veterans Admin. ⁴⁴⁸	F. A. Hughes.....	71	855	82	85	343	2	3	4020-7035	O
West Tennessee Tuberculosis ⁴⁴⁸	F. H. Cole.....	72	306	10	60	291	2	4	3960-4740	F
Nashville										
Vanderbilt University ⁴⁵⁸	R. A. Daniel.....	4	153	5	40	..	2	2	3000-3600	P
TEXAS										
Dallas										
Baylor University Medical Center ⁴⁶⁷	D. L. Paulson.....	23	912†	39	80	253	2	2	6000-6000	P
Parkland Memorial ⁴⁶¹	R. R. Shaw.....	12	312	24	29	780	2	6	2700-3000	P
Veterans Admin. ⁴⁶⁰	R. H. Holland.....	22	257	51	80	407	2	..	6120-7035	P
Galveston										
University of Texas Medical Branch Hospitals.....	A. W. Harrison.....	17	448	37	43	358	2	2	4200-4200	P
Houston										
Baylor University Affiliated Hospitals.....	M. E. DeBakey.....	65	1,979	114	82	1,834	2	6	..	FP
Ben Taub General.....										
Methodist.....										
Veterans Admin.....										
UTAH										
Salt Lake City										
Latter-day Saints.....	W. R. Rumel.....	24	1,365	53	81	41	2	2	4800-5100	P
University of Utah Affiliated Hospitals.....	W. J. Burdette.....	..	..	..	..	..	1	2	..	..
Salt Lake County General.....			250	4	75	545	..	..	6000-8000	P
Veterans Admin.....		10	162	5	80	531	..	..	6000-8000	P
VIRGINIA										
Charlottesville										
University of Virginia.....	E. C. Drash.....	18	616†	20	65	1,398	2	2	3000-3000	F
Richmond										
Veterans Admin.....	Y. H. Zimberg.....	16	234	27	48	466	1	2	4020-7035	P
WISCONSIN										
Milwaukee										
Milwaukee County General.....	B. G. Narodick.....	11	292†	20	70	..	2	2	5769-5769	P
Veterans Admin. (Wood) ⁴⁹⁰	W. Weisel.....	15	224	22	86	864	2	4	7035-7035	P

28. UROLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Urology, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution. Programs, 187; Residencies, 817

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	F. E. Cook, Jr.....	23	968	3	100	5,305	1	1	1	1	0	4	..	..
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	K. E. Van Buskirk.....	22	515	7	71	11,610	0	1	1	1	0	3	..	..
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	C. B. Hewitt.....	60	649	10	80	1,664	2	2	2	0	0	6	..	..
HAWAII														
Tripler General, Honolulu.....	A. A. Borski.....	27	1,072	1	100	8,647	..	..	..	..	..	3	..	..
TEXAS														
Brooke General, San Antonio.....	L. K. Mantell.....	29	831	13	69	9,299	2	2	2	0	0	6	..	..

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland ¹⁰⁴	E. A. Blakey	26	749	3	67	5,711	1	1	1	1	0	4	.....	...
U. S. Naval, San Diego	R. J. Dukhuizen	55	1,808	33	24	16,453	1	1	1	1	0	4	.....	...
MARYLAND															
U. S. Naval, Bethesda	W. E. Fraser	32	400	5	80	8,976	1	1	1	1	0	4	.....	...
NEW YORK															
U. S. Naval, St. Albans	C. W. Lewis	28	660	6	83	3,175	1	1	1	1	0	4	.....	...
PENNSYLVANIA															
U. S. Naval, Philadelphia	W. E. Morris	40	641	20	50	5,371	1	1	1	1	0	4	.....	...
UNITED STATES PUBLIC HEALTH SERVICE															
NEW YORK															
U. S. Public Health Service (Staten Island), New York City ³⁴³	M. W. Justice	46	996	14	71	7,363	1	1	1	1	0	4	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedman's, Washington	W. M. Lucas	17	453	17	35	2,945	..	..	..	..	..	3	4400-5700	P
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	H. C. Hudson	15	840†	6	50	5,277	1	1	0	0	0	2	3600-4500	F	
University of Alabama Medical Center	S. W. Shirley	48	1,241	19	42	5,809	3	3	3	0	0	9	.....	...
University Hospital and Hillman Clinic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2400-3600	F
Veterans Admin.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4020-7035	O
ARKANSAS															
Little Rock															
University	J. Headstream	14	508	11	36	3,286	1	1	1	0	0	8	3400-4000	O	
CALIFORNIA															
Bakersfield															
Kern County General	D. Falk	8	246	23	74	2,838	0	1	1	0	0	2	4800-6000	P	
Downey															
Rancho Los Amigos—See Loma Linda University Affiliated Hospitals, Los Angeles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Long Beach															
Veterans Admin. ⁶⁶	A. J. Bischoff	37	625	28	86	2,800	1	1	1	1	0	4	4020-7035	O	
Los Angeles															
Kaiser Foundation	J. F. Cooper	22	1,510	12	50	16,496	0	1	1	1	0	3	4500-6420	P	
Loma Linda University Affiliated Hospitals	.....	.....	.....	.....	.....	.....	1	0	1	1	0	3	.....	...
Rancho Los Amigos (Downey)	A. E. Comarr	20	110	21	80	760	.....	.....	.....	.....	.....	.....	3780-7500	P
White Memorial	R. T. Bergman	8	387	4	0	3,433	.....	.....	.....	.....	.....	.....	4260-6660	P
Riverside County General (Riverside)	R. W. Barnes	6	388	9	56	1,181	.....	.....	.....	.....	.....	.....	5424-6540	P
Los Angeles County General, Unit I ⁹²	J. W. Morrow	60	2,013	105	28	22,341	3	3	3	3	0	12	3780-6900	F	
Los Angeles County General, Unit II	P. Getzoff	17	428†	28	21	3,497	1	1	1	1	0	4	3780-6900	P	
University of California Medical Center	.....	.....	.....	.....	.....	.....	1	1	1	1	0	4	.....	...
University of California	W. E. Goodwin	18	723	16	90	3,606	.....	.....	.....	.....	.....	.....	3840-6912	O
Veterans Admin.—General Medical and Surgical	M. M. Mims	60	1,794	51	65	11,409	.....	.....	.....	.....	.....	.....	4990-6440	P
Los Angeles County Harbor General (Torrance)	A. T. K. Cockett	23	590†	42	46	3,704	.....	.....	.....	.....	.....	.....	3780-6900	F
Martinez															
Veterans Admin.	J. S. Elliot	217	2,350	104	92	8,120	3	4735-6120	O
Oakland															
Highland-Alameda County	T. T. Nickels	13	359	14	86	2,474	1	1	1	0	0	3	3216-3900	FP	
Orange															
Orange County General	C. K. Pearlman	7	378†	4	75	1,171	3	4260-5004	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	.....	.....	.....	.....	.....	.....	2	2	2	2	0	8†	.....	...
Palo Alto-Stanford Hospital Center	T. Stamey	16	963†	8	50	1,653	.....	.....	.....	.....	.....	.....	3450-4800	O
Veterans Admin.	J. L. Farr	14	171	2	100	1,068	.....	.....	.....	.....	.....	.....	4020-6120	O
San Mateo County General (San Mateo)	T. F. Conroy	2	97	2	100	.....	.....	.....	.....	.....	.....	.....	4500-.....	F
Riverside															
Riverside County General—See Loma Linda University Affiliated Hospitals, Los Angeles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Diego															
San Diego County General ⁶⁸	R. T. Plumb	16	484†	27	72	3,199	1	1	1	1	0	4	4447-6236	O	
San Francisco															
Presbyterian Medical Center ⁸⁴	H. Weyrauch	7	421	2	0	791	2	2	2	0	0	6	3900-4800	P	
Santa Clara County (San Jose)	R. A. Petersen	11	366	11	91	1,906	1	1	1	0	0	3	4428-5952	F	
Southern Pacific Memorial	T. E. Gibson	20	656	10	80	3,903	0	1	1	0	0	2	3600-5100	F	
University of California Affiliated Hospitals	D. R. Smith	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...
San Francisco General	F. Hinman, Jr.	27	638	32	71	696	1	1	1	0	0	3	3300-5916	O	
University of California Hospitals	D. R. Smith	19	877	12	75	4,489	1	1	1	0	0	3	4130-4660	O	
Veterans Admin.	J. W. Schulte	22	470	7	29	1,908	1	1	1	0	0	3	4972-7386	...	
San Jose															
Santa Clara County—See Presbyterian Medical Center, San Francisco	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Torrance															
Los Angeles County Harbor General—See University of California Medical Center, Los Angeles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Numerical and other references are listed on pages 274 through 277.

28. UROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
COLORADO														
Denver														
Denver General	D. H. Watkins	7	269	6	67	2,305	1	1	1	0	0	3	3840-4596	P
University of Colorado Affiliated Hospitals	O. G. Stonington	11	543	15	80	2,025	0	1	1	1	0	3	3000-4000	P
University of Colorado Medical Center			513	1	100	1,506							4735-7035	O
Veterans Admin.														P
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center							0	2	2	2	0	6		
Grace-New Haven Community	B. M. Harvard	45	1,462	31	52	6,260							2800	P
Waterbury (Waterbury)	J. K. Shearer	17	556	5	20	159	0	1	0	0	0	1	3000-3000	F
Veterans Admin. (West Haven)	B. M. Harvard	14	418	14	71	1,350								F
Waterbury														
Waterbury—See Yale-New Haven Medical Center, New Haven														
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Delaware	J. Furlong	18	542†	14	50	1,939	1	1	1	0	0	3	5400-6600	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals							2	2	2	2	0	8		
District of Columbia General	R. R. Baker	14	335	27	30	3,111							3800-5000	F
Georgetown University	R. R. Baker	13	515	6	50								2400-3240	P
Veterans Admin.													4205-7405	O
George Washington University Affiliated Hospitals	L. R. Culbertson	14	335	27	34	3,111	1	1	1	0	0	3	3800-5000	F
District of Columbia General	T. Kelly	22	904	9	66	583							3600-4200	P
George Washington University	L. R. Culbertson	17	328	9	100	1,800							4205-7405	O
Veterans Admin.														P
Washington Hospital Center ¹⁴⁴	E. E. Ferguson	43	2,215†	17	59	1,050	1	1	1	0	0	3	4080-4620	P
FLORIDA														
Bay Pines														
Veterans Admin.—See Tampa General, Tampa														
Gainesville														
University of Florida Teaching Hospital and Clinics	G. H. Miller	7	336	6	83	1,637	1	1	1	0	0	3	3200-5800	O
Jacksonville														
Duval Medical Center-St. Vincent's	W. A. Van Nortvick	9	429	16	44	5,508		1	1			2	6000-6300	P
Duval Medical Center		19	1,076	3	0	570	1	0	0	0	0	1	5700-6300	P
St. Vincent's														
Miami														
Jackson Memorial ¹⁵⁶	V. Politano	69	1,931	85	28	6,971	3	3	3	0	0	9	3380-5040	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	S. Goldman	20	718	15	27	635	1	1	1	0	0	3	3000-3600	FP
Orlando														
Orange Memorial	J. L. Campbell	32	1,275	23	52	935	1	1	1	1	0	4	4500-5400	O
Tampa														
Tampa General	L. Hewit	30	1,485	28	39	2,392	1	1	1	0	0	3	3300-5700	FP
Veterans Admin. (Bay Pines)	J. L. Davis	38	506	23	65	826							4475-5965	O
GEORGIA														
Atlanta														
Grady Memorial	C. Rieser	32	676	29	69	9,082	2	2	2	0	0	6	3000-3900	F
Veterans Admin.	E. Haltiwanger			11	55								4020-7035	P
St. Joseph's Infirmary ³⁸⁴	H. P. McDonald	19	913	15	73	683	1	1	1	0	0	3	5460-6000	P
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	J. R. Rinker	24	564	5	80	2,340	1	1	1	1	0	4	3996-6996	O
University	W. L. Lucas	17	403	1	0	872	1	1	1	0	0	3	3000-5000	O
Savannah														
Memorial Hospital of Chatham County	P. L. Scardino		876	14		1,239	1	1	1	0	0	3	4500-6000	F
ILLINOIS														
Chicago														
Cook County	J. L. Wilkey	75	1,359	87	15	5,295	3	3	3	0	0	9	1800-1800	FP
Michael Reese Hospital and Medical Center ¹⁸⁴	I. Shapiro	31	894	21	52	1,872	1	1	1	1	0	4	3300-4800	P
Mount Sinai ¹⁵⁶	J. Widran	16	443	15	33	1,075	1	1	1	0	0	3	4600-5800	
Northwestern University Medical Center						2,180								
Chicago Wesley Memorial	V. J. O'Connor, Jr.	18	1,012	22	64		1	1	1	1	0	2	3300-4200	P
Children's Memorial	L. King	8	430	3	100								3600	O
Passavant Memorial	J. Grayback	15	601†	6	33	1,183						1	3300-4200	P
Veterans Admin. Research	J. T. Grayback	34	650	39	80		0	1	1	0	0	2	4205-7405	O
Presbyterian-St. Luke's	E. C. Graf	33	1,830	15	70	1,792	0	1	1	1	0	3	3000-3600	P
University of Chicago Hospitals and Clinics	C. W. Vermeulen	15	568	17	70	6,238	1	1	1	0	0	3	3900-4860	O
University of Illinois Research and Educational Hospitals	J. H. McDonald	18	454	6	67	4,711	1	1	1	0	0	3	3300-4200	P
Hines														
Veterans Admin. ¹⁶⁹	F. A. Lloyd	240	1,090	57	63	4,729	0	3	3	3	0	9	4735-6120	O
INDIANA														
Indianapolis														
Indiana University Medical Center							2	2	2	0	0	6		
Indiana University Hospitals	R. A. Garrett	17	539	9	11	1,429							2825-3800	P
Marion County General	J. M. Young	17	311	21	62	3,164							3863-4915	P
Veterans Admin.	R. A. Garrett	20	411	24	70	1,074							4020-7035	O
Methodist Hospital of Indiana	J. H. O. Mertz	64	2,735	38	45	709	1	1	1	1	0	4	4320-5400	P

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
IOWA															
Des Moines															
Veterans Admin. ⁴⁵	L. J. Arduino	26	1,349	19	74	1,078	1	1	1	0	0	3	4020-7035	P	
Iowa City															
University Hospitals	R. H. Flocks	63	1,805	56	59	9,804	3	3	3	3	0	12	3180-4560	P	
KANSAS															
Kansas City															
University of Kansas Medical Center	W. L. Valk	21	726	20	50	4,212	2	2	2	0	0	6	3000-4800	P	
Veterans Admin. (Kansas City, Mo.)	W. L. Valk	34	712	19	79	1,352							4020-6120		
Wadsworth															
Veterans Admin.	L. Becker	28	533	16	69	4,108	1	1	1	0	0	3	4020-7035	P	
St. Luke's (Kansas City, Mo.)	A. Mitchell	15	723	6	67										
Wichita															
Veterans Admin.	M. E. Jacobson	27	381	15	40	1,000	1	1	1	0	0	3	4205-7405	O	
St. Francis	F. W. Matassarini						1	1	1	0	0	3	5400-6000	F	
Sedgwick County Hospital and Clinic	F. W. Matassarini	9	178	7	0	947									
KENTUCKY															
Lexington															
Good Samaritan Hospital-St. Joseph	D. D. Scott	16	766	8	25		1	1	1	0	0	3	3120-3360	F	
Good Samaritan St. Joseph	E. H. Ray, Sr.	21	1,050	15	44	0	1	1	1	0	0	3	4200-4800	P	
University of Kentucky Medical Center	E. H. Ray						1	1	1	0	0	3	3960-5160	P	
University Veterans Admin.			Inc. in Surg.												
Louisville															
University of Louisville Medical Center	R. Lieh	10	370	13	54	6,853	2	2	2	0	0	6	2500-2800	FP	
Louisville General	H. I. Berman	30	473	15	67	1,050	1	1	0	0	0	2	4020-5575	O	
Veterans Admin.															
LOUISIANA															
Alexandria															
Alexandria—See Veterans Admin., New Orleans															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	G. C. Tomskey	28	1,046	38	47	11,356						8	1500-2400	F	
Tulane University Division	J. Schlegel	30	923	49	48	10,511						8	1500-2400	F	
Ochsner Foundation ²⁰⁵	W. E. Kittredge	23	874	6	83	9,969	2	2	2	0	0	6	3360-...	P	
Veterans Admin.	J. U. Schlegel	32	494	25	76	468	0	2	2	2	0	6†	4735-6120	O	
Touro Infirmary	R. Morrow	19	935†	16	31	1,264	1	0	0	0	0	1	2820-2820	FP	
Veterans Admin. (Alexandria)	J. U. Schlegel	22	331	10	60	765									
Shreveport															
Confederate Memorial Medical Center	B. E. Trichel	24	1,242	36	36	4,200	1	1	1	1	0	4	2280-3960	F	
MAINE															
Bangor															
Eastern Maine General—See Mount Auburn, Cambridge, Mass.															
MARYLAND															
Baltimore															
Johns Hopkins	W. W. Scott	31	940†	24	50	8,456	0	2	2	2	2	8	2600-...	P	
Sinai Hospital of Baltimore	M. A. Robbins	22	845	11	27	1,082	1	1	1	0	0	3	4700-3750	P	
University of Maryland ²¹⁷	J. D. Young, Jr.	29	936	25	56	8,532	0	2	2	2	0	6	3000-4400	P	
Fort Howard															
Veterans Admin. ²¹⁴	H. C. Kramer	26	198	15	80	574	0	0	1	0	0	1	4020-5575	P	
MASSACHUSETTS															
Boston															
Boston University Medical Center ²⁵⁰															
Boston City	G. Austen	45	648	39	44	7,180	1	1	2	0	0	4	3600-4800	O	
Massachusetts Memorial Hospitals	D. B. Stearns	8	436	4	75	757	2	1	0	0	0	3	3600-4800	O	
Lahey Clinic	L. D. Flint	40	1,148	8	50	7,752	1	1	1	0	0	3	3000-4200	O	
New England Deaconess	L. Woodruff	28	571	9	100								3600-...	P	
Lawrence F. Quigley Memorial (Chelsea)	L. Woodruff		Inc. in Surgery	3	67	1,458							4048-5089	F	
St. Luke's (New Bedford)	H. Hoffman	13	480	5	80	346	0	0	1	0	0	1	3300-3300	P	
Massachusetts General	W. F. Leadbetter		821	23	74	5,130	0	2	1	0	0	3	3600-6000	P	
Peter Bent Brigham ¹¹⁻²²⁹	J. H. Harrison		Inc. in Surgery	2	2	2	2	2	2	0	0	6	2933-3733	P	
Veterans Admin. (West Roxbury)	H. S. Talbot	12	278	4	75	780	2	1	1	0	0	4	4020-7035	O	
Veterans Admin. (Jamaica Plain) ²⁵⁵	R. Chute	31	838	21	71	1,340	1	1	1	0	0	3	4205-7405	O	
Cambridge															
Mount Auburn	J. Fischmann		304	10	70	68	1	1	1	0	0	3	3600-4800	P	
Eastern Maine General (Bangor)	J. Memmlaar	17	453	12	50	1,460							3600-4800	F	
Chelsea															
Lawrence F. Quigley Memorial—See Lahey Clinic, Boston															
New Bedford															
St. Luke's—See Lahey Clinic, Boston															
West Roxbury															
Veterans Admin.—See Peter Bent Brigham, Boston															
MICHIGAN															
Ann Arbor															
University of Michigan Medical Center	R. M. Nesbit	39	1,481	29	72	6,856	3	3	3	0	0	9	2940-3840	O	
University Veterans Admin.	J. Lapidus	26	Inc. in Surg. 14	72	731	0	0	0	1	0	1	2	4205-7405	O	
Detroit															
Grace	M. N. Stewart	31	1,137†	23	61	911	1	1	1	0	0	3	4200-4800	FP	
Harper	F. B. Bicknell	35	1,064	18	44	1,301	1	1	1	1	0	4	4560-5400	P	
Henry Ford	A. W. Bohne	22	1,113	13	61	16,088	2	2	2	0	0	6	4800-5400	P	
Receiving ²⁵⁴	J. M. Pierce, Jr.	31	724	44	45	5,294	0	0	2	2	2	6	4000-5088	P	
Eloise															
Wayne County General Hospital and Infirmary	J. Lapidus	34	594	20	45	1,308	1	1	1	1	0	4	5024-6157	F	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1964-1965					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals															
Hennepin County General															
University of Minnesota Hospitals	C. D. Creevy	22	767	21	71	1,535	1	1	1	1	0	4	3150-6150	O	
Veterans Admin.	G. Mellinger	44	974	22	86	2,136	3	2	2	2	0	9	4205-7405	O	
Rochester															
Mayo Foundation	O. S. Culp	53	3,632	23	78	29,047	6	6	6	6	0	24	2400-4200	P	
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker Hospital—Charles T. Miller ⁵⁴															
Ancker	F. E. B. Foley	10	274	7	71	2,690	0	1	1	0	0	2	3150-3150	F	
Charles T. Miller	R. W. Geist	16	663†	7	43	477							4500-4500	P	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	T. Ainsworth	9	315	6	100	2,697							3300-3600	O	
University	L. E. Daddens	27	418	13	46	1,638							4020-5575	O	
Veterans Admin.															
MISSOURI															
Columbia															
University of Missouri Medical Center	I. M. Thompson	24	674†			3,955	3	3	3	3	0	12	3600-4800	P	
Kansas City General Hospital and Medical Center (Kansas City, Mo.)	S. F. White	14	424	20	45	75,937									
Kansas City															
Kansas City General—See University of Missouri Medical Center, Columbia															
St. Luke's—See Veterans Admin., Wadsworth, Kansas															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kansas															
St. Louis															
Barnes ²⁸⁸	J. J. Cordonnier	32	1,339	17	49	3,321	2	2	2	0	0	6	4500-5057	O	
Homer G. Phillips	M. Abrams	24	452	45	31	3,703	0	2	1	1	0	4	4157-4584	P	
St. Louis City	H. Sunshine, E. Cannon	15	416	10	58	2,982	1	1	1	0	0	3	3420-4583	P	
St. Louis University Group of Hospitals ²⁹	W. Melick	27	1,112	13	61	1,205	2	2	2	0	0	6	2400-2640	FP	
Veterans Admin.	J. J. Cordonnier	24	435	7	29	205							4205-5865	O	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals	L. J. Morin						1	1	1	0	0	3			
Mary Hitchcock Memorial		14	682	4	100	1,731							3208-4130	P	
Veterans Admin. (White River Junction)		13	269	3	100	886							3120-4475	O	
NEW JERSEY															
Bayonne															
Bayonne Hospital and Dispensary ⁴⁸	A. J. Balsamo	19	1,644	9	56	361	1	1	1	0	0	3	3600-4200	F	
East Orange															
Veterans Admin. ²⁴⁹	M. Malament	45	698	46	55	1,276	1	1	1	0	0	3	4205-7405		
Jersey City															
Jersey City Medical Center	J. Seebode	41	811	30	23	1,718	1	1	1	0	0	3	3800-4600	F	
Newark															
Newark City	R. E. Lieb	20	400	25	48	1,381	1	1	1	0	0	3	4200-7200	F	
NEW YORK															
Albany															
Albany Medical School Affiliated Hospitals	W. A. Milner						2	1	1	0	0	4			
Albany Medical Center	W. A. Milner	22	1,011	14	43	617	2	1	1	0	0	4	3200-5000	P	
Veterans Admin.	J. L. Berry	32	420	10	68								4020-	O	
Buffalo															
Buffalo General ³¹³	W. J. Staubit	29	937	12	33	935	1	1	1	1	0	4	4100-5000	P	
Roswell Park Memorial Institute	M. W. Woodruff	24	384	25	100	4,791							4500-5544	O	
Edward J. Meyer Memorial	W. J. Staubit	28	643	36	31	2,396	2	2	2	2	0	8	3875-5010	P	
Children's Hospital of Buffalo	W. J. Staubit	10	460	1	100	600							2700-4500	FP	
Veterans Admin.	M. J. Gonder	27	450	21	57	316							4020-7035	O	
Millard Fillmore	P. A. Greco	24	909	12	41	526	1	1	1	0	0	3	4400-4680	P	
Hempstead															
Meadowbrook	C. J. Schmidlapp	23	533	20	55	1,641	1	1	1	0	0	3	4300-6700	F	
New York City															
Albert Einstein College of Medicine Affiliated Hospitals	J. R. Herman														
Bronx Municipal Hospital Center		30	750	44	31	3,500	3	3	2	0	0	8	4200-5220	P	
Lincoln	R. G. Marks	Inc. in Surgery	9	33	2,889		1	1	1	0	0	3	4200-5220	P	
Bellevue Hospital Center															
Div. II—Cornell University ³⁰²	J. W. Draper	50	456	15	8	4,234	1	1	1	1	0	4	4200-5220	FP	
Div. IV—New York University ³⁶⁴	R. S. Hotchkiss	23	352	23	45	7,618	1	1	2	1	0	5	4200-5220	FP	
Beth Israel	L. A. Orkin	45	1,268	24	33	1,513	1	1	1	0	0	3	4500-6000	P	
Brooklyn-Cumberland Medical Center	F. C. Hamm						1	1	1	0	0	3			
Brooklyn													5040-5840	FP	
Cumberland															
City Hospital Center at Elmhurst	W. L. F. Ferber	22	378	23	54	2,218	1	1	1	0	0	3	4200-5220	P	
Francis Delafield ³³⁷	J. K. Lattimer	29	315	49	56	1,567	1	2	2	0	0	5	4200-5220	P	
Jewish Hospital of Brooklyn	S. Weinberg	27	740	15	7	1,131	1	1	1	0	0	3	4500-5500	P	
Kings County Hospital Center ²²⁸	F. C. Hamm	47	1,170	52	35	5,694	2	2	2	0	0	6†	4200-5220	P	
Long Island College	H. C. Harlin	35	1,235	31	42	964	1	1	1	0	0	3	4500-6250	P	
Maimonides Hospital of Brooklyn	H. Hermann	29	1,009	22	14	858	1	1	1	0	0	3	5000-6250	P	
Montefiore Hospital Training Program	P. B. Hudson						1	1	1	1	0	4	5000-6250	P	
Montefiore															
Morrisania City		15	546	16	33	2,252									
Mount Sinai	H. Brendler	56	1,340	34	33	3,587	3	3	3	0	0	9	5000-6500	P	
New York	V. Marshall	44	1,274	13	61	8,975	0	2	2	2	0	6	3400-3900	P	

Numerical and other references are listed on pages 274 through 277.

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued															
New York Medical College-Metropolitan Hospital Center	G. R. Nagamatsu	80	1,420	28	50	5,850	2	2	2	0	0	6	4300-4720	F	
Unit 1—Flower and Fifth Avenue Hospitals		27	474	22	56	6,810						6	4200-5220	FP	
Unit 2—Metropolitan															
Unit 3—Bird S. Coler Memorial Hospital and Home															
New York Polyclinic Medical School and Hospital	F. A. Beneventi	26	986	8	38	1,286	1	1	1	0	0	3	2700-3900	F	
Presbyterian	J. K. Lattimer	75	2,413	21	29	10,834	5	2	2	0	0	9	4500-5347	O	
Queens Hospital Center	L. G. Goldberg	30	564	55	31	3,246	1	1	1	0	0	3	4200-5220	P	
Roosevelt	S. A. Beisler	25	716	21	42	2,377	1	1	1	0	0	3	3900-4900	O	
St. Luke's ³¹⁹	J. W. Draper	40	872	26	27	3,170	1	1	1	1	0	4	3300-3900	P	
Veterans Admin. (Bronx)	J. K. Lattimer	52	853	28	68	1,000	1	2	2	0	0	5	4735-6120	O	
Veterans Admin. (Brooklyn) ³²⁹	W. J. Somellas	36	675	18	56	565	2	1	1	0	0	4	4735-6120	O	
Veterans Admin. (Manhattan) ³¹⁹	A. H. Ulm	57	857	29	72	...	2	2	2	0	0	6	4735-6120	O	
Rochester															
Strong Memorial ¹⁵	D. F. McDonald	24	922†	8	50	1,611	0	2	2	2	1	7	2600-4400	O	
Syracuse															
State University of New York Upstate Medical Center	O. M. Lilien	46	1,177	36	71	1,810	0	1	1	1	0	3	4488-5391	O	
Veterans Admin.	O. M. Lilien	29	563	18	67	998							4205-6440	O	
NORTH CAROLINA															
Chapel Hill															
University of North Carolina Affiliated Hospitals	P. L. Bunce	12	510†	7	57	3,318	1	1	1	0	0	3	2800-5000	O	
North Carolina Memorial															
Charlotte															
Charlotte Memorial	G. A. Hawes	33	1,583†	18	56	1,098	1	1	1	1	0	4	4380-5100	P	
Durham															
Duke University Affiliated Hospitals ³⁷⁹		19	726	17	76	6,311	3	2	2	0	0	7	3900-4800	P	
Duke	J. F. Glenn	21	453†	11	46	...	1	1	1	0	0	3	4205-7405	O	
Veterans Admin.	S. Boyarsky														
Winston-Salem															
North Carolina Baptist	W. H. Boyce	30	1,185	20	65	4,639	1	1	1	1	0	4	2450-3250	P	
OHIO															
Akron															
Akron City	W. A. Keitzer	41	1,559	16	38	976	1	1	1	0	0	3	4500-5400	FP	
Akron General ³⁸¹	R. G. McCreedy	26	984	11	36	373	0	1	0	1	0	2	4500-5400	FP	
Cincinnati															
Good Samaritan	W. P. Mulvaney, H. W. Ratledge	30	1,094†	25	32	...	1	1	1	0	0	3	3900-4500	F	
University of Cincinnati Hospital Group	A. T. Evans						3	3	3	0	0	9†			
Cincinnati General		26	758	14	67	3,460							2160-2640	F	
Veterans Admin.		32	363	14	43	...							4020-7035	...	
Cleveland															
Cleveland Clinic ³⁹³	R. Straffon	34	1,626	16	44	10,941	2	2	2	0	0	6	4200-5400	FP	
Cleveland Metropolitan General	A. Roth	11	400	12	50	5,728	0	1	1	1	1	4†	3600-5060	P	
Huron Road	V. C. Laughlin	25	781	16	50	594	1	1	1	0	0	3	3120-3420	F	
University Hospitals of Cleveland	L. Persky	24	1,202†	16	81	2,427	1	1	1	0	0	3	4200-5400	P	
Veterans Admin.	L. Persky	30	514†	22	77	370							4020-5575	P	
Columbus															
Ohio State University Hospitals	C. Winter	3	819	13	50	4,434	2*	2	2	2	0	8†	3624-5724	P	
University															
Toledo															
St. Vincent's ¹⁴	E. A. Ockuly	24	1,071†	24	38	395	1	1	1	1	0	4	3900-4800	F	
Maumee Valley	E. A. Ockuly	11	230	10	40	792	0	0	0	1	0	1	4800	FP	
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	W. L. Parry						2	2	2	1	0	7			
University Hospitals		12	387	4	75	2,884							3845-5352	P	
Veterans Admin.		30	417	16	75	1,512									
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics	C. V. Hodges	64	1,345	47	90	5,733	3	3	3	3	0	12	2700-3300	F	
Veterans Admin.	R. B. Higgins	36	538	22	85	2,080	1	0	2	0	0	3	4020-5575	P	
PENNSYLVANIA															
Danville															
Geisinger Medical Center	H. E. Brown	22	1,081	18	44	8,309	1	0	1	0	0	2	2700-4500	FP	
Erie															
Hamot	R. C. Lyons	22	759	17	41	4,678	1	1	1	1	0	4	3300-4200	FP	
St. Vincent	A. Kaminsky	30	1,372†	31	35	8,451	1	1	1	0	0	3	4200-5400	FP	
Philadelphia															
Albert Einstein Medical Center	H. Lipshutz	43	1,359†	20	45	1,001	1	1	1	0	0	3	2700-3300	FP	
Episcopal	G. D. Shoup	12	322	7	29	953	1	0	1	0	0	2	4200-4680	O	
Graduate Hospital of the University of Pennsylvania	H. M. Burros	15	525	5	80	1,012	1	1	1	0	0	3	2250-2250	P	
Hahnemann Medical College and Hospital	J. Gielason	25	607	14	29	2,016	2	2	2	0	0	6	2700-3300	P	
Hospital of the University of Pennsylvania	J. J. Murphy	34	1,235	12	64	2,216	1	1	1	1	0	4	3000-6000	P	
Jefferson Medical College ³⁸⁸	T. R. Fetter	50	1,700	24	54	5,286	2	2	2	0	0	6	3400-4200	O	
Pennsylvania	B. L. Hayllar	8	563	10	20	2,128						2	3210-4170	O	
Philadelphia General		36	566	56	66	3,508							3090-4539	F	
Division A	P. Leberman						1	1	1	0	0	3			
Division B	N. Viek						1	1	1	0	0	3			
Temple University	K. B. Conger	31	967	17	47	1,870	1	1	1	0	0	3	2100-3000	P	
Veterans Admin.	M. Bogash	33	714	28	42	...	1	1	1	0	0	3	4735-6120	O	

APPROVED RESIDENCIES

28. UROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1966					Total All Years	Salary per Year Min.-Max.	Main-tenance O
			Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued													
Pittsburgh													
Allegheny General..... J. L. Hamilton.....	25	896	24	46	1,115	1	1	1	0	0	3	3900-4800	F
Health Center Hospitals of the University of Pittsburgh.....													
Presbyterian-University..... J. J. Lee.....	21	630	20	55	1,423	0	1	1	0	0	2	3060-3660	O
Mercy..... C. C. Altman.....	27	693	19	32	462	1	1	1	1	0	4	5400-6000	O
Veterans Admin. ⁴⁴⁹ C. A. Kuehn.....	20	503	21	57	557	1	1	1	1	0	4	4020-7035	P
Western Pennsylvania..... S. H. Johnson.....	14	649	4	100	367	1	1	1	0	0	3	3900-5400	FP
Wilkes-Barre													
Wilkes-Barre General..... M. U. Rumbaugh.....	59	497	13	31	642	1	0	1	0	0	2	4200-4200	F
PUERTO RICO													
San Juan													
San Juan City..... L. Sanjurjo.....	14	341	6	16	2,928	1	1	1	0	0	3	3600-4800	F
RHODE ISLAND													
Providence													
Rhode Island..... E. K. Landsteiner.....	26	842	33	36	3,357	1	1	1	0	0	3	2280-4080	FP
SOUTH CAROLINA													
Charleston													
Medical Center Hospitals..... K. M. Lynch.....				67		0	1	1	1	0	3	2490-3930	FP
Medical College.....	10	384†	3	67	2,120								
Roper.....	12	574†	3										
TENNESSEE													
Memphis													
City of Memphis Hospitals..... S. L. Raines.....	23	608	20	45	7,305	2	2	2	0	0	6	2310-3480	F
Veterans Admin. ⁴⁴⁷ W. H. Walker.....	60	722	24	83	2,687	1	1	1	0	0	3	4020-7035	O
Nashville													
George W. Hubbard..... D. V. Bradley.....	6	107	6	50	1,073	2	2	2	0	0	6	2700-3900	F
Vanderbilt University ⁴⁴⁶ C. E. Haines.....	10	358	3	33	2,425	2	2	2	0	0	6	3000-3600	P
TEXAS													
Dallas													
Parkland Memorial..... H. M. Spence.....	20	587	12	42	5,192	0	1	1	1	0	3	2700-3300	P
Veterans Admin. ⁴⁶³ P. A. Duff.....	34	586	25	52	2,535						2	4020-6120	P
Galveston													
University of Texas Medical Branch Hospitals..... C. Hooks.....	22	518	17	29	3,971	1	1	1	0	0	3	4200-4200	P
Houston													
Baylor University Affiliated Hospitals..... R. Scott, Jr.....	104	4,242	46	58	9,615	3	3	3	0	0	9	3418-4280	FP
Ben Taub General.....													
St. Luke's Episcopal.....													
Texas Children's.....													
Veterans Admin.....													
Hermann ⁴⁷¹ C. M. Crigler.....	34	1,971	18	44	2,909	1	1	1	1	0	4	3600-4800	P
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals..... P. R. Powell.....						1	1	1	0	0	3		
DeGoesbriand Memorial.....	7	285†	7	43	216							3000-4800	O
Mary Fletcher.....	10	423	5	60	542							3000-4800	O
White River Junction													
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.													
VIRGINIA													
Charlottesville													
University of Virginia..... A. J. Pequin.....	26	752†	21	33	4,213	2	2	2	0	0	6	2100-3000	F
Norfolk General (Norfolk)..... P. Devine.....	23	825	24	46	1,249							4200-6300	FP
Danville													
Memorial..... R. T. McCauley.....	234	1,103	19	58		1	1	0	0	0	2		
Norfolk													
Norfolk General—See University of Virginia, Charlottesville													
Richmond													
Medical College of Virginia Affiliated Hospitals.....						3	3	3	0	0	9		
Medical College of Virginia—Hospital Division..... G. R. Prout, Jr.....	30	904	35	26	2,725							2100-2700	F
Veterans Admin..... R. C. Bunts.....	42	965	21	81	1,827							4020-5575	P
WASHINGTON													
Seattle													
University of Washington Affiliated Hospitals..... J. S. Ansell.....						2	2	2	0	0	6		
King County..... J. S. Ansell.....	19	468†	21	33	2,405							3300-5700	F
University..... J. S. Ansell.....	5	161†	1	100	1,061							3300-7035	P
Veterans Admin.....	19	317	8	100	334							4020-7035	O
WEST VIRGINIA													
Charleston													
Memorial Hospital—Charleston General ¹² D. R. Gilbert.....						1	1	1	0	0	3		
Charleston General.....	7	275	6	50	0							3900-4800	FP
Memorial..... D. R. Gilbert.....	12	529	5		262							4800-5400	FP
WISCONSIN													
Madison													
University of Wisconsin Affiliated Hospitals..... J. B. Wear, Sr.....						2	2	2	0	0	6		
Madison General..... P. R. Kundert.....	23	832†	17	35								3996-3996	P
University Hospitals..... J. B. Wear, Sr.....	29	640	21	67	1,661							4000-5200	P
Veterans Admin..... J. B. Wear, Sr.....	27	285	10	80	480							4990-5865	P
Milwaukee													
Milwaukee County General..... H. T. Hotter.....	20	549†	11	18	3,212	0	1	1	1	0	3	3134-5769	P
Veterans Admin. (Wood) ¹⁹² J. W. Kearns.....	39	472	28	86	4,400	2	2	2	2	0	8	4020-6120	P

Numerical and other references are listed on pages 274 through 277.

NUMERICAL AND OTHER REFERENCES

- * Indicates number includes appointments made for residents preparing for training in other fields.
 † Indicates special training available beyond the period for which program is approved.
 ‡ Indicates discharges instead of admissions.

1. Appointments restricted to men only.
2. U.S. Citizenship required.
3. Appointments not available to graduates of foreign medical schools.
4. Veterans Admin. Hospital (Manhattan), New York City.
5. May include one year fellowships in the Department of Cardiology.
6. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
7. May include one year of surgical research at Louisiana State University School of Medicine.
8. Includes fellowships.
9. Includes six months training in the second year at Veterans Administration Hospital, Fort Howard, Maryland.
10. Approved for affiliate training only.
11. Co-ordinated three year program: Peter Bent Brigham Hospital affords 18 months. Veterans Admin. Hospital (West Roxbury), Boston, 18 months. Residents should apply to either hospital.
12. First year of training to be provided at University Hospitals, Iowa City, Iowa.
13. Residents will spend one year at Vanderbilt University Hospital, Nashville, Tennessee.
14. Coordinated three year program: St. Vincent's Hospital affords two years, Maumee Valley Hospital, one year. Residents should apply to St. Vincent's Hospital.
15. First year residents to spend six months at Rochester General Hospital, Northside Division and senior residents to spend six months at Genesee Hospital, Rochester, New York.
16. Residents should apply to University of California Hospitals, San Francisco.
17. Residents must complete entire program of three and one-half years.
18. The Board of Thoracic Surgery will allow a maximum of six months credit for time spent at this hospital.
19. In addition to three years in internal medicine, one year of training in hematology is available.
20. Credit limited to six months training.
21. Combined integrated program—Bellevue Hospital Center—Div. II (Cornell) and Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital.
22. Entire program of 42 months must be completed in order to obtain three years of credit.
23. An optional third year of training is offered at White Memorial Hospital, Los Angeles.
24. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
25. One year of clinical investigation available.
26. An additional one year of fellowship training in cardiopulmonary laboratory is available.
27. Includes one year of training (1st year) at Barnes Hospital, St. Louis, Missouri.
28. Maricopa County General Hospital, Phoenix, Ariz.
29. The laboratory is affiliated with the Department of Pathology, Harvard Medical School.
30. Obstetrics and Gynecological pathology only.
31. Includes six months training during the second year at Bergen Pines County Hospital, Paramus, N. J.
32. Approved Category P. Residents interested should consult Requirements for Certification of the American Board of Pathology.
33. La Rabida Jackson Park Sanitarium, Municipal Contagious Disease Hospital, St. Joseph Hospital, St. Vincent's Infant Hospital, Chicago.
34. Methodist Hospital and St. Francis Hospital Divisions, Peoria, Ill.; University of Kansas Medical Center, Kansas City, Kansas.
35. Sunnyview Rehabilitation Center, Schenectady, New York.
36. National Jewish Hospital, Denver.
37. In addition to the three year program at Bellevue Hospital Center, Div. I, another program has been approved for two years of training which includes rotation on the following services: Columbia University Division and Medical Chest Service, Bellevue Hospital Center, Columbia Research Division, Goldwater Memorial Hospital, Medical Service, Francis Delafield Hospital.
38. Third year at Eugene Talmadge Memorial Hosp., Augusta, Georgia.
39. Senior resident to spend six months at St. Louis-Little Rock Hospitals, St. Louis.
40. Previous internship not required.
41. Includes six months at one of the following: Englewood Hospital, City of Chicago Municipal Tuberculosis Sanitarium, Chicago; Suburban Cook County Tuberculosis Sanitarium, Hinsdale, Illinois; or Blodgett Memorial Hospital, Grand Rapids, Michigan.
42. Approved Category J. Residents interested should consult Requirements for Certification of the American Board of Pathology.
43. Ben Taub General Hospital, Veterans Admin. Hospital, Houston, Texas.
44. Applicants for residency positions should apply to the Department of Internal Medicine of the State University of Iowa College of Medicine.
45. Includes one year of training at University Hospitals, Iowa City.
46. Includes one year affiliated training at Georgetown University Hospital, Washington, D.C.
47. Residents must complete 42 months of training to get credit for 36 months in radiology.
48. Coordinated three-year program: Bayonne Hospital and Dispensary affords two years; Jersey City Medical Center, Jersey City, one year. Residents should apply to Bayonne Hospital and Dispensary.
49. Children's Hospital Medical Center, Boston, is also approved independently for one year of neurology training.
50. Nebraska Psychiatric Institute, Omaha.
51. Program offers a year or more of additional training in the specialty beyond the basic three years required to fulfill the residency requirement of the Board.
52. In addition to a three year intramural residency, a rotating residency which provides six months training on each of the following services: Columbia University Division, Bellevue Hospital Center; Medical Chest Service, Bellevue Hospital Center; Columbia Research Division, Goldwater Memorial Hospital, and Medical Service, Francis Delafield Hospital, is afforded.
54. Combined three year program: Two years afforded at Ancker Hospital, one year afforded at Charles T. Miller Hospital. Residents should apply to Ancker Hospital.
55. Includes one year of training at Cook County Hospital, Chicago.
56. John A. Andrew Memorial Hospital, Tuskegee, Alabama.
57. In addition to a four year program, University of Texas Medical Branch Hospitals, Galveston, participates in the three year program of the University of Texas Post-Graduate Medical School Affiliated Hospitals, Houston, providing the first year of training. The second and third years are spent at St. Joseph's Hospital and University of Texas M. D. Anderson Hospital and Tumor Institute, Houston.
58. Program offers a year or more of additional training for those residents who wish to qualify for certification under Plan I of the American Board of Anesthesiology. This listing does not necessarily indicate that this additional training is approved or disapproved. Applicants should correspond directly with the chief of the service.
59. Emory University Affiliated Hospitals, Atlanta, Georgia.
60. City Hospital at Elmhurst, Hospital for Joint Diseases, Institute for the Crippled and Disabled, New York City; New York State Rehabilitation Hospital, West Haverstraw, New York.
61. Holy Cross Hospital, Primary Children's Hospital, St. Mark's Hospital, Salt Lake County General Hospital, Shriners Hospital for Crippled Children, Veterans Administration Hospital, Salt Lake City.
62. One year of affiliated training provided on a continuing basis at Beekman-Downtown Hospital or Jewish Hospital of Brooklyn.
63. In addition to the affiliation at Presbyterian Medical Center, Veterans Administration Hospital also holds independent two year approval in neurology.
64. Bridgeport Hospital, Bridgeport, Conn.; Freedmen's Hospital, Washington, D.C.; St. Francis Hospital, Hartford, Conn.; St. Barnabas Medical Center, Newark, N.J.; Latter-day Saints Hospital, Salt Lake City, Utah.
65. Duke Hospital, Durham, North Carolina.
66. Orange County General Hospital, Orange, Calif.
67. Memphis Eye, Ear, Nose and Throat Hospital, Memphis.
68. Resident is required to serve four years in the program in order to obtain credit for three years of training in urology.
69. An optional third year of training is offered at Memorial Center for Cancer and Allied Diseases, New York City.
70. Providence Hospital, Seattle, Washington.
71. University Hospitals, Madison, Wisconsin.
72. One year affiliated training at Barnes Hospital, St. Louis, Mo.
73. One year affiliated training at Milwaukee County Hospital, Milwaukee.
74. George Washington University Hospital, Washington, D.C.
75. Highland-Alameda County Hospital, Oakland, California.
76. University of Alabama Medical Center, Birmingham, Alabama.
77. John-Andrew Memorial Hospital, Tuskegee, Ala.
78. Public Health Service Indian Hospital, Fort Defiance, Ariz.; University of Texas Medical Branch Hospitals, Galveston, Texas.
79. University Hospital, Little Rock, Arkansas.
80. City of Hope Medical Center, Duarte, Calif.; University of California Medical Center, Los Angeles.
81. City of Hope Medical Center, Duarte; Los Angeles County Harbor General Hospital, Torrance, Calif.
82. Sonoma State Hospital, Eldridge; Fresno County General Hospital, Fresno; Sacramento County Hospital, Sacramento; Children's Hospital of San Francisco, French Hospital, San Francisco; Santa Clara County Hospital, San Jose; Sonoma County Hospital, Santa Rosa, California.
83. Sonoma State Hospital, Eldridge; Napa State Hospital, Imola; San Francisco General Hospital, San Francisco.
84. Veterans Administration Hospital, Martinez; Hahnemann Hospital, Mount Zion Hospital and Medical Center, San Francisco.
85. Napa State Hospital, Imola; Agnews State Hospital, San Jose, Calif.
86. California Babies' and Children's Medical Center, Los Angeles.
87. Childrens Hospital of Los Angeles, Los Angeles.
88. Childrens Hospital of Los Angeles, Doheny Eye Foundation, Los Angeles.
89. Childrens Hospital of Los Angeles, Hollywood Presbyterian Hospital-Olmsted Memorial, Los Angeles.

90. Childrens Hospital of Los Angeles, Hospital of the Good Samaritan, Los Angeles.
91. Childrens Hospital of Los Angeles, Los Angeles County General Hospital, Los Angeles.
92. Childrens Hospital of Los Angeles, Los Angeles County Health Department, University of California Hospital, Los Angeles.
93. Childrens Hospital of Los Angeles, Los Angeles Tumor Institute, Los Angeles.
94. Childrens Hospital of Los Angeles, University of California Hospital, Los Angeles.
95. Childrens Hospital of Los Angeles, Los Angeles; St. John's Hospital, Santa Monica, California.
96. Los Angeles County General Hospital, Mount Sinai Hospital, University of California Hospital, Los Angeles; Los Angeles County Harbor General Hospital, Torrance, Calif.
97. Los Angeles County General Hospital, University of California Hospital, Los Angeles.
98. Los Angeles Tumor Institute, Los Angeles.
99. University of California Hospital, Los Angeles; Veterans Administration Hospital, San Fernando, California.
100. University of Southern California, Los Angeles.
101. Veterans Admn. Hospital, San Fernando, Calif.; Johns Hopkins Hospital, Baltimore, Md.; Mayo Foundation, Rochester, Minnesota.
102. Children's Hospital of the East Bay, Peralta Hospital, Samuel Merritt Hospital, Oakland, California.
103. Children's Hospital of the East Bay, Samuel Merritt Hospital, Oakland, California.
104. Highland-Alameda County Hospital, Oakland, California.
105. Highland-Alameda County Hospital, Oakland; Children's Hospital of San Francisco, Mount Zion Hospital and Medical Center, San Francisco.
106. Samuel Merritt Hospital, Oakland, Calif.
107. Olive View Hospital, Olive View, California.
108. Orange County General Hospital, Orange, Calif.
109. Stanford Convalescent Home, Palo Alto; San Mateo County General Hospital, San Mateo, Calif.
110. Stanford Convalescent Home, Veterans Administration Hospital, Palo Alto, California.
111. Stanford Medical Center Affiliated Hospitals, Palo Alto, California.
112. Riverside County General Hospital, Riverside, California.
113. Sacramento County Hospital, Sacramento, Calif.
114. Sacramento County Hospital, Sacramento, Calif.; San Francisco General Hospital, Southern Pacific Memorial Hospital, Veterans Administration Hospital, San Francisco; Santa Clara County Hospital, San Jose, Calif.
115. San Diego County General Hospital, San Diego, California.
116. Veterans Administration Hospital, San Fernando, California; Johns Hopkins University Hospital, Baltimore, Md.
117. Children's Hospital of San Francisco, Southern Pacific Memorial Hospital, U. S. Public Health Service Hospital, San Francisco.
118. Franklin Hospital, San Francisco General Hospital, San Francisco.
119. Kaiser Foundation Hospital, St. Elizabeth's Infant Hospital, San Francisco.
120. Presbyterian Medical Center, San Francisco.
121. San Francisco General Hospital, University of California Hospitals, San Francisco.
122. University of California Hospitals, San Francisco, California.
123. University of California Hospitals, San Francisco; Santa Clara County Hospital, San Jose, California.
124. San Jose Hospital, San Jose, California.
125. Santa Clara County Hospital, San Jose, Calif.
126. San Joaquin General Hospital, Stockton, Calif.
127. Los Angeles County Harbor General Hospital, Torrance, California.
128. Weimar Chest Center, Weimar, California.
129. Children's Hospital, Denver.
130. St. Joseph's Hospital, Denver.
131. St. Luke's Hospital, Denver.
132. University of Colorado Medical Center, Denver.
133. Presbyterian Hospital, University of Colorado Medical Center, Denver.
134. St. Mary-Corwin Hospital, Pueblo, Colorado.
135. J. J. McCook Memorial Hospital, Hartford Conn.; Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, New York City.
136. Grace-New Haven Community Hospital, New Haven, Connecticut.
137. Grace-New Haven Community Hospital, New Haven, Conn.; Newington Hospital for Crippled Children, Newington, Conn.; Southbury Training School, Southbury, Conn.
138. Veterans Administration Hospital, West Haven, Connecticut.
139. Delaware Hospital, Wilmington, Delaware.
140. Delaware Hospital, Wilmington, Delaware; Graduate Hospital of the University of Pennsylvania, Philadelphia, Pa.
141. Veterans Administration Hospital, Wilmington, Delaware, Norristown State Hospital, Norristown, Pennsylvania.
142. Armed Forces Institute of Pathology, Veterans Administration Hospital, Washington, D.C.
143. Armed Forces Institute of Pathology, Washington, D.C.; Children's Hospital of Philadelphia, Philadelphia.
144. Children's Hospital, Washington, D.C.
145. Columbia Hospital for Women and Lying-In Asylum, Georgetown University Hospital, George Washington Hospital, Washington, D.C.
146. Columbia Hospital for Women and Lying-In Asylum, George Washington University Hospital, Washington, D.C.
147. District of Columbia General Hospital, Washington, D.C.
148. District of Columbia General Hospital, St. Elizabeths Hospital, Veterans Administration Hospital, Washington, D.C.; Fairfax Hospital, Falls Church, Virginia.
149. District of Columbia General Hospital, St. Elizabeths Hospital, Washington, D.C.; Fairfax Hospital, Falls Church, Virginia.
150. District of Columbia General Hospital, Washington, D.C.; Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, U.S. Public Health Service Hospital (Staten Island), New York City; Norfolk Community Hospital, Norfolk, Va.
151. District of Columbia General Hospital, Washington, D.C.; Fairfax Hospital, Falls Church, Virginia.
152. George Washington University Hospital, Washington, D.C.
153. Veterans Administration Hospital, Washington, D.C.
154. Walter Reed General Hospital, Washington, D.C.
155. Walter Reed General Hospital, Washington, D.C.; U.S. Naval Hospital, Bethesda, Maryland.
156. Veterans Administration Hospital, Coral Gables, Florida.
157. Southeast Florida Tuberculosis Hospital, Lantana, Florida.
158. Jackson Memorial Hospital, Miami, Florida.
159. Emory University Hospital, Atlanta, Georgia.
160. Georgia Baptist Hospital, Atlanta, Georgia.
161. Grady Memorial Hospital, Atlanta, Georgia.
163. Georgia Warm Springs Foundation, Warm Springs, Ga.; University Hospital (Institute of Physical Medicine and Rehabilitation), Veterans Administration Hospital (Bronx), New York City.
164. Kaplani Maternity and Gynecological Hospital, Honolulu, Hawaii.
165. Chicago State Hospital, Cook County Hospital, Salvation Army Booth Memorial Hospital, Chicago.
166. Children's Memorial Hospital, Chicago.
167. Children's Memorial Hospital, Columbus Hospital, Chicago.
168. Children's Memorial Hospital, Henrotin Hospital, Veterans Administration Hospital (West Side), Chicago.
169. Children's Memorial Hospital, Northwestern University Medical Center, Chicago.
170. Children's Memorial Hospital, University of Illinois Research and Educational Hospitals, Chicago.
171. City of Chicago Municipal Tuberculosis Sanitarium, Veterans Admin. Hospital (West Side), Chicago.
172. Columbus Hospital, Chicago.
173. Cook County Hospital, Chicago.
174. Cook County Hospital, Mount Sinai Hospital, Chicago.
175. Cook County Hospital, Chicago; Milwaukee Children's Hospital, Milwaukee.
176. Englewood Hospital, Chicago.
177. University of Colorado Medical Center, Denver, Colorado.
178. Illinois Eye and Ear Infirmary, Chicago.
179. Mercy Hospital, Mount Sinai Hospital, Presbyterian-St. Luke's Hospital, Chicago; Veterans Administration Hospital, Hines, Illinois.
180. Mercy Hospital, University of Illinois Research and Educational Hospitals, Chicago.
181. Passavant Memorial Hospital, Chicago.
182. Presbyterian-St. Luke's Hospital, Veterans Admin. Hospital (West Side), Chicago.
183. University of Illinois Research and Educational Hospitals, Chicago.
184. Veterans Admin. Hospital (West Side), Chicago.
185. Little Company of Mary Hospital, Evergreen Park, Illinois.
186. Veterans Admin. Hospital, Hines, Illinois.
187. Silver Cross Hospital, Joliet, Illinois.
188. Community Memorial General Hospital, La Grange, Illinois.
189. Peoria State Hospital, Peoria, Illinois.
190. Broadlawns Polk County Hospital, Des Moines, Iowa.
191. Mercy Hospital, Des Moines, Iowa.
192. University Hospitals, Iowa City, Iowa.
193. University of Kansas Medical Center, Kansas City, Kansas.
194. Wesley Medical Center, Wichita, Kansas.
195. Cardinal Hill Convalescent Hospital, Lexington, Kentucky.
196. St. Joseph Hospital, Veterans Administration Hospital, Lexington, Kentucky.
197. University Hospital, Lexington, Kentucky; University of Louisville Medical Center, Louisville, Kentucky.
198. Children's Hospital, Louisville General Hospital, Louisville, Kentucky.
199. Louisville General Hospital, Louisville, Ky.
200. University of Louisville Medical Center, Louisville, Ky.
201. Ochsner Foundation Hospital, New Orleans, La.
202. Lallie Kemp Charity Hospital, Independence, Louisiana.
203. Lake Charles Charity Hospital, Lake Charles; Touro Infirmary, New Orleans.
204. E. A. Conway Memorial Hospital, Monroe, La.
205. E. A. Conway Memorial Hospital, Monroe, La., Huey P. Long Charity Hosp., Pineville, La.
206. Charity Hospital of Louisiana, New Orleans.
207. Charity Hospital of Louisiana (Louisiana State University Division), New Orleans, La.
208. Charity Hospital of Louisiana (Tulane University Division), New Orleans.
209. Charity Hospital of Louisiana (Tulane University Division), Crippled Children's Hospital, New Orleans.
210. Confederate Memorial Medical Center, Shreveport, La.
211. Baltimore City Hospitals, Baltimore, Maryland; Veterans Administration Hospital, Fort Howard, Maryland.
212. Hospital for the Women of Maryland, Baltimore, Maryland.
213. Johns Hopkins Hospital, Baltimore, Maryland.
214. University of Maryland Hospital, Baltimore, Maryland.
215. University of Maryland Hospital, Veterans Administration Hospital, Baltimore, Maryland.
216. Veterans Admin. Hospital, Baltimore, Maryland.
217. Veterans Administration Hospital, Fort Howard, Maryland.
218. Peninsula General Hospital, Salisbury, Md.
219. Beth Israel Hospital, Boston City Hospital (III Surgical Service), Carney Hospital, St. Elizabeth's Hospital, Boston.
220. Beth Israel Hospital, Children's Hospital Medical Center, Boston; Emma Pendleton Bradley Hospital, Riverside, R.I.

221. Boston City Hospital, Children's Hospital Medical Center, Boston.
222. Boston City Hospital, Boston; Huggins Hospital, Wolfeboro, N.H.
223. Boston City Hospital, Boston; Charles V. Chapin Hospital, Providence, R. I.
224. Boston Floating Hospital, Boston.
225. Boston Floating Hospital or Lemuel Shattuck Hospital, Boston.
226. Boston Lying-in Hospital, Children's Hospital Medical Center, Boston.
227. Boston Lying-in Hospital, Children's Hospital Medical Center, Veterans Administration Hospital (West Roxbury), Boston.
228. Boston Lying-in Hospital, Children's Hospital Medical Center, Veterans Administration Hospital (West Roxbury), Boston; Free Hospital for Women, Brookline, Mass.
229. Children's Hospital Medical Center, Boston.
230. Children's Hospital Medical Center, New England Deaconess Hospital, Peter Bent Brigham Hospital, Boston.
231. Children's Hospital Medical Center, Veterans Administration Hospital (West Roxbury), Boston; Burbank Hospital, Fitchburg, Mass.
232. Faulkner Hospital, Boston.
233. Faulkner Hospital, Massachusetts General Hospital, New England Deaconess Hospital, Boston; Pondville Hospital, Walpole, Mass.
234. Lahey Clinic, Boston.
235. Lahey Clinic, Boston; Children's Medical Center, Seattle; Northern State Hospital, Sedro Woolley, Washington.
236. Lemuel Shattuck Hospital, Boston; Lynn Hospital, Lynn, Mass.
237. Lemuel Shattuck Hospital, Boston, or Pondville Hospital, Walpole Massachusetts.
238. Massachusetts General Hospital, Boston.
239. New England Baptist Hospital or New England Deaconess Hospital, Boston.
240. New England Center Hospital, Veterans Admin. Hospital (Jamaica Plain), Boston; Mount Auburn Hospital, Cambridge, Massachusetts.
241. Peter Bent Brigham Hospital, Boston.
242. Veterans Administration Hospital (Jamaica Plain), Boston.
243. Veterans Administration Hospital (Jamaica Plain), Boston; Lawrence F. Quigley Memorial Hospital, Chelsea; Framingham Union Hospital, Framingham, Massachusetts.
244. Boston City Hospital (V Surg. Serv.), Boston; University of Virginia Hospital, Charlottesville, Va.; Swedish Hospital, Seattle, Washington.
245. Washington University Hospital, St. Louis; University of Missouri Medical Center, Columbia, Mo.; St. Louis City Hospital, St. Louis; St. Louis County Hospital, Clayton, Mo.; Jewish Hospital of St. Louis.
246. Lawrence F. Quigley Memorial Hospital, Chelsea, Massachusetts.
247. Boston State Hospital, Boston; Lawrence F. Quigley Memorial Hospital, Chelsea; Pondville Hospital, Walpole, Massachusetts.
248. Lynn Hospital, Lynn, Mass.; Salem Hospital, Salem, Mass.; Middlesex County Sanatorium, Waltham, Mass.
249. Pondville Hospital, Walpole, Mass.
250. Pondville Hospital, Walpole, Mass.; Veterans Admin. Hospital, Providence, R. I.
251. University Hospital, Ann Arbor, Mich.
252. Veterans Admin. Hospital, Ann Arbor, Mich.
253. Veterans Admin. Hospital, Ann Arbor; Wayne County General Hospital and Infirmary, Eloise, Michigan.
254. Veterans Admin. Hospital, Dearborn, Michigan.
255. Veterans Admin. Hospital, Dearborn; Detroit Memorial Hospital, Detroit.
256. Presbyterian Hospital, New York City, N.Y.
257. Veterans Administration Hospital, Dearborn; Herman Klefer Hospital, Detroit.
258. Children's Hospital, Detroit.
259. Children's Hospital, Grace Hospital, Receiving Hospital, Detroit.
260. Harper Hospital, Detroit, Michigan.
261. Harper Hospital, Detroit; William Beaumont Hospital, Royal Oak, Michigan.
262. Receiving Hospital, Detroit.
263. Wayne State University Medical Center, Detroit or Bellevue Hospital, New York City.
264. Wayne County General Hospital and Infirmary, Eloise, Michigan.
265. St. Mary's Hospital, Grand Rapids, Michigan.
266. Hennepin County General Hospital, Mount Sinai Hospital, Minneapolis; Ancker Hospital, St. Paul, Minnesota.
267. Kenny Rehabilitation Institute, Minneapolis.
268. University of Minnesota Hospitals, Veterans Administration Hospital, Minneapolis.
269. Hennepin County General Hospital, University of Minnesota Hospitals, Minneapolis.
270. University of Minnesota Hospitals, Minneapolis.
271. Ancker Hospital, St. Paul, Minnesota.
272. St. Joseph's Hospital, St. Paul, Minnesota.
273. Mississippi Baptist Hospital, Jackson, Miss.
274. Mississippi State Sanatorium, Sanatorium, Mississippi.
275. Ellis Fischel State Cancer Hospital, Columbia, Missouri.
276. Ellis Fischel State Cancer Hospital, Columbia, Mo.; Barnes Hospital, St. Louis State Hospital, St. Louis.
277. Ellis Fischel State Cancer Hospital, Columbia, Mo.; Cardinal Glennon Memorial Hospital for Children, St. Louis.
278. Children's Mercy Medical Center, Kansas City, Missouri.
279. Children's Mercy Hospital, Kansas City General Hospital, Kansas City, Missouri.
280. Children's Mercy Hospital, St. Luke's Hospital, Kansas City, Missouri.
281. Veterans Admin. Hospital, Kansas City, Mo.
282. Barnes Hospital, Veterans Admin. Hospital, St. Louis.
283. Cardinal Glennon Memorial Hospital for Children, St. Louis.
284. Cardinal Glennon Memorial Hospital for Children, St. Mary's Hospital, St. Louis.
285. McMillan Hospital, St. Louis.
286. St. Louis City Hospital, St. Louis.
287. St. Louis Maternity Hospital, St. Louis.
288. Veterans Administration Hospital, St. Louis.
289. Bishop Clarkson Memorial Hospital, Childrens Memorial Hospital, Nebraska Methodist Hospital, Veterans Administration Hospital, Omaha.
290. Creighton Memorial St. Joseph's Hospital, University of Nebraska Hospital, Omaha.
291. Veterans Administration Hospital, Omaha.
292. Children's Seashore House at Atlantic City for Invalld Children, Atlantic City, N.J.; Hospital of the University of Pennsylvania, Philadelphia.
293. Children's Seashore House at Atlantic City for Invalld Children, Atlantic City, N.J.; Lanckenau Hospital, Philadelphia.
294. Hackensack Hospital, Hackensack, N.J.; Babies Hospital, Newark, N.J.
295. Margaret Hague Maternity Hospital, Jersey City, N.J.
296. Margaret Hague Maternity Hospital, Jersey City, N.J.; Manhattan State Hospital, New York City.
297. Newark City Hospital, United Hospitals of Newark-Hospitals for Crippled Children, Newark, N.J.; U. S. Public Health Service Hospital (Staten Island), New York City.
298. United Hospitals of Newark-Hospital for Crippled Children, Newark, N.J.
299. New Jersey Orthopaedic Hospital, Orange Memorial Hospital, Orange, New Jersey.
300. Orange Memorial Hospital, Orange, New Jersey.
301. Kessler Institute for Rehabilitation, West Orange, N.J.
302. Carrie Tingley Hospital for Crippled Children, Truth or Consequences, New Mexico.
303. Albany Medical Center Hospital, Albany, N.Y.
304. Veterans Admin. Hospital, Albany, N.Y.
305. Children's Hospital of Buffalo, Buffalo, N.Y.
306. Children's Hospital of Buffalo, Mercy Hospital, Roswell Park Memorial Institute, Buffalo, N.Y.
307. University Hospital, Columbus, Ohio; Veterans Administration Hospital, Dayton, Ohio.
308. Children's Hospital of Buffalo, Veterans Administration Hospital, Buffalo, N.Y.
309. Children's Hospital of Buffalo, Buffalo, N.Y.; Strong Memorial Hospital, Rochester, N.Y.
310. Edward J. Meyer Memorial Hospital, Buffalo, N.Y.
311. Roswell Park Memorial Institute, Buffalo, N.Y.
312. Roswell Park Memorial Institute, Buffalo, N.Y.; Genesee Hospital, Rochester, N.Y.
313. Veterans Admin. Hospital, Buffalo, N.Y.
314. St. Vincent's Hospital of Westchester County, Harrison, N.Y.; St. Vincent's Hospital, New York City; Astor Home for Children, Rhinebeck, N.Y.
315. Meadowbrook Hospital, Hempstead, N.Y.
316. North Shore Hospital, Manhasset, N.Y.; Triboro Hospital (Jamaica), New York City.
317. Albert Einstein Clinic, New York City.
318. Beekman-Downtown Hospital, Memorial Center for Cancer and Allied Diseases—James Ewing Hospital, Presbyterian Hospital, St. Luke's Hospital (Woman's Division), New York City.
319. Bellevue Hospital Center, New York City.
320. Bellevue Hospital Center, Bronx Municipal Hospital Center, New York City.
321. Bellevue Hospital Center, Francis Delafield Hospital, New York City.
322. Bellevue Hospital Center, Presbyterian Hospital, New York City.
323. Bellevue Hospital Center, University Hospital, New York City.
324. Bronx Municipal Hospital Center, New York City.
325. Bronx Municipal Hospital Center, Lincoln Hospital, Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City.
326. Bronx Municipal Hospital Center, Presbyterian Hospital, New York City.
327. Germantown Hospital and Dispensary, Philadelphia, Pa.
328. Maimonides Hospital of Brooklyn, Veterans Admin. Hospital (Brooklyn), New York City.
329. Columbia-Presbyterian Medical Center, New York City.
330. Flower and Fifth Avenue Hospitals, New York City.
331. Francis Delafield Hospital, New York City.
332. Francis Delafield Hospital or Goldwater Memorial Hospital, New York City.
333. Francis Delafield Hospital, Mount Sinai Hospital, St. Luke's Hospital, New York City.
334. Francis Delafield Hospital, Presbyterian Hospital, New York City.
335. Greenpoint Hospital (Brooklyn), New York City.
336. Greenpoint Hospital (Brooklyn), Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York University Medical Center, New York City.
337. Harlem Hospital, Presbyterian Hospital, U. S. Public Health Service Hospital (Staten Island), New York City.
338. Jewish Hospital of Brooklyn, Maimonides Hospital of Brooklyn (Brooklyn), New York City.
339. Kings County Hospital Center (Brooklyn), New York City.
340. Kings County Hospital Center (Brooklyn), New York City; St. Francis Hospital and Sanitarium, Roslyn, N.Y.
341. Lincoln Hospital, New York City.
342. Veterans Admin. Hospital (Bronx), New York City.
343. Long Island College Hospital (Brooklyn), New York City.
344. Long Island College Hospital (Brooklyn), Maimonides Hospital of Brooklyn, Long Island Jewish Hospital (New Hyde Park), New York City.
345. Long Island College Hosp. (Brooklyn), N.Y.C.; Long Island

- Jewish Hospital, New Hyde Park, N.Y.
 346. Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, New York City.
 347. Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, New York City.
 348. Memorial Hospital for Cancer and Allied Diseases-James Ewing Hospital, Presbyterian Hospital, New York City.
 349. Metropolitan Hospital, New York City.
 350. Includes one year of training at Montefiore Hospital, New York City.
 351. Montefiore Hospital, New York City.
 352. Montefiore Hospital, Morrisania City Hospital, New York City.
 353. Montefiore Hospital, Presbyterian Hospital, New York City.
 354. Morrisania City Hospital, New York City.
 355. Mount Sinai Hospital, New York City.
 356. Chesapeake and Ohio Employees' Hospital, Clifton Forge, Va.
 357. New York Hospital-Cornell Medical Center, New York City.
 358. Cooper Hospital, Camden, N.J.
 359. Presbyterian Hospital, New York City.
 360. Queens Hospital Center (Jamaica), New York City.
 361. St. John's Episcopal Hospital (Brooklyn), New York City.
 362. St. Luke's Hospital, New York City.
 363. Triboro Hospital (Jamaica), New York City.
 364. University Hospital, New York City.
 366. Veterans Admin. Hospital (Bronx), New York City; Hospital of the University of Pennsylvania, St. Christopher's Hospital for Children, Philadelphia.
 367. Veterans Administration Hospital (Brooklyn), New York City.
 368. Wyckoff Heights Hospital (Brooklyn), New York City.
 369. Genesee Hospital, Rochester, New York.
 370. Genesee Hospital, Highland Hospital, Rochester General Hospital, Rochester, N.Y.
 371. Genesee Hospital, Rochester General Hospital, St. Mary's Hospital, Rochester, N.Y.
 372. Strong Memorial Hospital, Rochester, N.Y.
 373. University of Rochester Medical Center, Rochester, N.Y.
 374. State University of New York Upstate Medical Center, Syracuse, New York.
 375. Grasslands Hospital, Valhalla, New York.
 376. John Umsted Hospital, Butner, N.C.; Dorothea Dix Hospital, Raleigh, N.C.
 377. Lincoln Hospital, North Carolina Cerebral Palsy Hospital, Watts Hospital, Durham, N.C.
 378. McPherson Hospital, Durham, N.C.
 379. Watts Hospital, Durham, N.C.
 380. Watts Hospital, Durham, N.C.; North Carolina Sanatorium, McCain, N.C.
 381. Children's Hospital of Akron, Akron, Ohio.
 383. Children's Hospital, Cincinnati.
 384. Cincinnati General Hospital, Cincinnati.
 385. Longview State Hospital, Cincinnati.
 386. Veterans Admin. Hospital, Cincinnati.
 387. Cleveland Clinic Hospital, Cleveland, Ohio.
 388. Cleveland Metropolitan General Hospital, Cleveland.
 389. Cleveland Metropolitan General Hospital or Institute of Pathology, Western Reserve University, Cleveland.
 390. Cleveland Metropolitan General Hospital, University Hospitals of Cleveland, Cleveland.
 391. Cleveland State Hospital, Cleveland.
 392. Lutheran Hospital, Cleveland.
 393. St. Vincent Charity Hospital, Cleveland.
 394. Sunny Acres Cuyahoga County Tuberculosis Hospital, Cleveland.
 395. University Hospitals of Cleveland, Cleveland.
 396. Children's Hospital, Columbus, Ohio.
 397. Children's Hospital, Columbus State School, Mount Carmel Hospital, Columbus, Ohio.
 398. Children's Hospital, Columbus, Ohio; St. Elizabeth Hospital, Dayton, Ohio.
 399. University Hospital, Columbus, Ohio.
 400. University Hospital, Columbus, Ohio or Miami Valley Hospital, Dayton, Ohio.
 401. Veterans Admin. Hospital, Dayton, Ohio.
 402. Central State Griffin Memorial Hospital, Norman, Okla.
 403. Mercy Hospital, Oklahoma City, Oklahoma.
 404. Veterans Admin. Hospital, Oklahoma City, Okla.
 405. Presbyterian Hospital, Oklahoma City, Okla.
 406. St. Vincent Hospital, Portland, Oregon.
 407. University of Oregon Medical School Hospitals and Clinics, Portland, Oregon.
 408. Veterans Administration Hospital, Portland, Oregon.
 409. Oregon State Hospital, Salem, Oregon.
 410. Lower Bucks County Hospital, Bristol, Pa.; Children's Hospital of Philadelphia, Misericordia Hospital, Philadelphia.
 411. Bryn Mawr Hospital, Bryn Mawr, Pa.
 412. Crozer-Chester Medical Center, Chester, Pa.
 413. Brooke General Hospital, San Antonio, Texas.
 414. American Oncologic Hospital, Children's Hospital of Philadelphia, Philadelphia.
 415. Chestnut Hill Hospital, Philadelphia, Pa.
 416. Chestnut Hill Hospital, Philadelphia General Hospital, Philadelphia.
 417. Children's Hospital of Philadelphia, Philadelphia.
 418. Children's Hospital of Philadelphia, Hospital of the University of Pennsylvania, Philadelphia.
 419. Children's Hospital of Philadelphia, Philadelphia General Hospital, Philadelphia.
 420. Episcopal Hospital, Philadelphia General Hospital, Philadelphia.
 421. Hahnemann Medical College and Hospital, Philadelphia.
 422. Hahnemann Medical College and Hospital, Hospital of the University of Pennsylvania, Hospital of the Woman's Medical College of Pennsylvania, Jefferson Medical College Hospital, Philadelphia General Hospital, Temple University Hospital, Philadelphia.
 423. Hahnemann Medical College and Hospital, Presbyterian Hospital in Philadelphia, St. Christopher's Hospital for Children, Temple University Hospital, Philadelphia.
 424. Hospital of the University of Pennsylvania, Philadelphia.
 425. Hospital of the University of Pennsylvania or Temple University Hospital, Philadelphia.
 426. Jefferson Medical College Hospital, Philadelphia.
 427. Jefferson Medical College Hospital, Philadelphia General Hospital, Philadelphia.
 428. Lankenau Hospital, Presbyterian Hospital in Philadelphia, Philadelphia.
 429. Misericordia Hospital, Philadelphia.
 430. Pennsylvania Hospital, Philadelphia.
 431. Pennsylvania Hospital, Philadelphia General Hospital, Veterans Admin. Hospital, Philadelphia.
 432. Philadelphia General Hospital, Philadelphia.
 433. Philadelphia General Hospital, St. Christopher's Hospital for Children, Philadelphia.
 434. St. Christopher's Hospital for Children, Philadelphia.
 435. Temple University Hospital, Philadelphia.
 436. Wills Eye Hospital, Philadelphia.
 437. Allegheny General Hospital, Pittsburgh.
 438. Allegheny General Hospital, Children's Hospital of Pittsburgh.
 439. Children's Hospital of Pittsburgh, Pittsburgh, Pa.
 440. Children's Hospital of Pittsburgh, Eye and Ear Hospital of Pittsburgh, Pittsburgh.
 441. C. Howard Marcy State Hospital, St. Francis Hospital, Shadyside Hospital, Pittsburgh.
 442. University of Pittsburgh Medical Center, Pittsburgh.
 443. University Hospital, Rio Piedras, Puerto Rico.
 444. San Juan City Hospital, San Juan, P.R.
 445. East Tennessee Tuberculosis Hospital, Knoxville, Tenn.
 446. St. Mary's Memorial Hospital, Knoxville, Tennessee.
 447. Baptist Memorial Hospital, Memphis, Tennessee.
 448. City of Memphis Hospitals, Memphis, Tenn.
 449. Veterans Admin. Hospital, West Tennessee Tuberculosis Hospital, Memphis, Tennessee.
 450. Baptist Hospital, Nashville General Hospital, Veterans Admin. Hospital, Nashville, Tenn.
 451. Baptist Hospital, Veterans Administration Hospital, Nashville, Tennessee.
 452. Middle Tennessee Tuberculosis Hospital, Nashville, Tenn.
 453. Middle Tennessee Tuberculosis Hospital, Nashville Metropolitan General Hospital, Veterans Administration Hospital, Nashville, Tennessee.
 454. Nashville Metropolitan General Hospital, St. Thomas Hospital, Nashville, Tennessee.
 455. Nashville Metropolitan General Hospital, Veterans Admin. Hospital, Nashville, Tennessee.
 456. Vanderbilt University Hospital, Nashville, Tennessee.
 457. Veterans Admin. Hospital, Nashville, Tenn.
 458. Austin State Hospital, Austin, Texas.
 459. Baylor University Medical Center, Children's Medical Center, Dallas, Texas.
 460. Baylor University Medical Center, Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
 461. Baylor University Medical Center, Children's Medical Center, Veterans Admin. Hospital, Dallas, Texas.
 462. Baylor University Medical Center, Parkland Memorial Hospital, Dallas, Texas.
 463. Ben Taub General Hospital, Houston, Texas.
 464. Children's Medical Center, Gaston Episcopal Hospital, Dallas, Texas.
 465. Children's Medical Center, Dallas, Texas.
 466. Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
 467. Children's Medical Center, Parkland Memorial Hospital, Veterans Admin. Hospital, Dallas, Texas.
 468. Parkland Memorial Hospital, Dallas, Texas.
 469. Veterans Admin. Hospital, Dallas, Texas.
 470. Hermann Hospital, Houston, Texas.
 471. Southern Pacific Hospital, University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
 472. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
 473. Robert B. Green Memorial Hospital, San Antonio State Tuberculosis Hospital, San Antonio, Texas.
 474. Robert B. Green Memorial Hospital, San Antonio, Texas.
 475. Veterans Admin. Hospital, Temple, Texas.
 476. Primary Children's Hospital, Salt Lake City.
 477. Salt Lake County General Hospital, Salt Lake City.
 478. Western State Hospital, Fort Steilacoom; Children's Orthopedic Hospital and Medical Center, Seattle, Washington.
 479. Children's Orthopedic Hospital and Medical Center, Seattle, Washington.
 480. Children's Orthopedic Hospital and Medical Center, Firland Sanatorium, Seattle, Wash.
 481. Firland Sanatorium, U. S. Public Health Service Hospital, Seattle, Washington.
 483. Highland Hospital, Charleston, W. Va.; West Virginia University Medical Center, Morgantown, W. Va.
 484. University Hospitals, Madison, Wisconsin.
 485. Veterans Admin. Hospital, Madison, Wisconsin.
 486. Martha Washington Hospital, Milwaukee County Hospital, Milwaukee.
 487. Milwaukee Children's Hospital, Milwaukee.
 488. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee Hospital, Milwaukee.
 489. Milwaukee Children's Hospital, Milwaukee Hospital, Milwaukee.
 490. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
 491. Milwaukee Children's Hospital, Veterans Admin. Hospital (Wood), Milwaukee.
 492. Milwaukee County General Hospital, Milwaukee.
 493. Milwaukee Hospital, Milwaukee.

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical division of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

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|------------------------------|--|
| 1. Anesthesiology | 15. Physical Medicine and Rehabilitation |
| 2. Colon and Rectal Surgery | 16. Plastic Surgery |
| 3. Dermatology | 17. Preventive Medicine |
| 4. General Practice | General Preventive Medicine |
| 5. General Surgery | Aviation Medicine |
| 6. Internal Medicine | Occupational Medicine |
| 7. Neurological Surgery | Public Health |
| 8. Neurology | 18. Psychiatry and Neurology |
| 9. Obstetrics and Gynecology | Child Psychiatry ² |
| 10. Ophthalmology | 19. Radiology |
| 11. Orthopedic Surgery | 20. Thoracic Surgery ³ |
| 12. Otolaryngology | 21. Urology |
| 13. Pathology | |
| 14. Pediatrics | |
| Allergy ¹ | |
| Cardiology ¹ | |

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house officers to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

*Previous versions of this publication were given the caption "Approved Residencies and Fellowships." Because of the multiple meanings of Fellowship, this part of the caption has been deleted. There is no accompanying intent to change the Council's relationship to programs identified by the sponsoring institution under this term.

1. Candidates may be certified by either the American Board of Internal Medicine or by the American Board of Pediatrics; applicants must fulfill the certification requirements of the board concerned before they are eligible for examination in the subspecialty.

2. In most instances, candidates must be certified in psychiatry by the American Board of Psychiatry and Neurology before they are eligible for certification in the subspecialty.

3. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

1. GENERAL REQUIREMENTS

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

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, *i. e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

Size and Type.—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions, in the understanding and management of which they are acquiring additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

1. STAFF

The teaching staff should be composed of ethical licensed physicians holding the degree of doctor of medicine from medical schools acceptable to the Council on Medical Education of the American Medical Association. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the supervision and direction of the residency program, and for correlating the activities of the resident staff in

various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff meetings at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers, are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section II).

2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no re-

sponsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section II).

4. MEDICAL LIBRARY

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs of the latest edition of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.

5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indices. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the *Standard Nomenclature of Diseases and Operations* is recommended for all medical records. Clinical records must be complete and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, con-

dition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

6. SELECTION OF RESIDENTS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resident staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health, and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hospital must be for the patients' welfare.

For those applicants who have had their prior medical training in the United States or Canada, evaluation of qualifications is usually not difficult. Personality characteristics can be assessed through interview, letters of recommendation, and communication with the hospital where internship was served, and the dean's office of the medical school. The medical school accreditation and internship review programs of the Council on Medical Education of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 1633 Central St., Evanston, Ill., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council. Before appointment of such a candidate to a residency position, the hospital should assure itself that he has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

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

1. Have a full and unrestricted state license to practice, or
2. Have secured a standard or temporary certificate from ECFMG.

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

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

7. TRAINING PROGRAM

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e. g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Supervision.—The educational effectiveness of a residency depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the department heads and a representative committee of the medical staff. Heads of departments should be responsible for their own services, the committee assuming a larger role in directing and correlating the various aspects of the educational program. The department head should have qualifications and breadth of experience which will enable him to carry out an effective training program. Those members of the attending staff who assist in supervising the resident's work should also have had acceptable training in the specialty and should demonstrate an interest and ability in teaching. In some hospitals, where the number of men on the staff who have had advanced training in the specialty is limited, it may be desirable to assign responsibility for the supervision of the training program to physicians recognized in their field, on a consulting basis. In such instance, it is expected that the consultant assuming this responsibility will devote sufficient time to the residency program to assure the close and continuing supervision of all phases of the resident's work.

Resident Responsibility.—Aside from the daily contact with patients and the attending staff, and participation in the organized educational program, the assumption of responsibility is a most important aspect of residency training. Accordingly, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents in diagnosis and in treatment, as well as in the teaching of interns and medical students. In surgery and the surgical specialties, the resident should be given ample opportunity to perform major surgical procedures under supervision, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Methods of Instruction.—It is important that methods of

instruction be employed in the training program which are best suited to the special field. Emphasis should be placed on personal instruction at the bedside, in the operating room and in the delivery room, on related laboratory studies, teaching rounds, departmental conferences or seminars, clinical-pathological conferences, demonstrations and lectures.

Clinical-pathological conferences should be held preferably each week for the general staff, or, in larger hospitals it may be advisable to arrange separate meetings for each of several departments in order that all of the available material may be presented properly. The program should include the demonstration of pathological material from the operating room and from autopsies. The amount of material to be reviewed will usually require a weekly meeting and permit the more extensive use of the fresh and frozen specimens which are preferred to fixed specimens for demonstration and study. Details of the program and its manner of presentation may vary but the following procedure represents the plan followed in many hospitals:

- a. Presentation of abstract reports of selected cases.
- b. Demonstration of gross and microscopic pathology.
- c. Correlation of clinical and pathological findings.
- d. Comparison of reports with the literature.
- e. Summary of findings and conclusions.

The success of the clinical-pathological conference lies chiefly in the ability of the pathologist to teach and to interpret pathological lesions in terms of clinical manifestations of the disease.

A record of all conferences of the medical staff should be kept by every hospital for both current and future reference.

Journal Club.—Familiarity with and critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments. Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain

period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of large hospitals. Regardless of the size of the service, advantage should be taken of this opportunity for the resident staff to obtain experience in the care of these types of cases. Being available in the hospital at all times, they may be called on to take the initiative in making differential diagnosis, rendering first aid treatment, and assuming the major responsibility for the immediate care of a variety of traumatic conditions. They must also decide when patients should be admitted to the hospital. Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents.

Operating Room Assignment.—In surgery and the surgical specialties, work in the operating room constitutes an important part of the resident's responsibility. During the course of his training, the resident should be given sufficient operating responsibility to acquire surgical skill and judgment. This experience should be progressively graded to the end that, on completion of his training, the resident is able to assume individual responsibility for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospitals affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the preparation of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An understanding of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either

individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

9. BASIC SCIENCE TRAINING

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross

and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

II. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

Objectives.—An approved three-year training program in anesthesiology is expected to provide instruction and experience of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only

with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods employed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

General Considerations for a Three Year Program.— 1. Three-year programs should expand the scope of education to include more thorough preparation in the pertinent basic sciences and related fields of general medicine which are mentioned in succeeding paragraphs than is possible in a two-year program. Requests for three-year approval which do not conform to this purpose will not be favorably considered.

2. Institutions applying for three-year approval should supply a prospectus for a three-year program with the application. The added training material permitted by the added year need not, and perhaps should not, comprise the third chronologic year of the program. Those portions of the program designed to increase the scope of training beyond ordinarily clinical anesthesia experience should be described in some detail, specifying time allotment, place, names of instructors, and such other information as may be of importance in assessing the training value of the program.

General Consideration for a Two Year Program.—With the exception of the additional instruction secured in the three-year program, which is essentially non-clinical, the following requirements apply to two-year programs also.

Staff.—The most important element in the staffing of a training program is the genuine interest of the staff in instruction of residents in all the aspects of the field of anesthesiology. The need and desire to teach must be the primary motive for the development of a training program. Those programs in which the evidence points toward the acquisition of residents primarily to satisfy the needs of the clinical work load will be seriously questioned as will those programs in which the number and variety of patients available to the resident are limited. The staff should be of sufficient number so that any resident may expect direct supervision at any time. The ratio of staff to residents is subject to so many variables that a fixed number cannot be assigned. Ordinarily, a program in which there is only one functioning staff person as far as the training program is concerned will not be approved.

The staff should ideally be composed of physicians with different interests and capabilities. Included should be those who are interested in and proficient in clinical management of anesthesia, the basic sciences, general medicine, and research.

The director should be capable of administering the program and given the power to do so. His position as director should be determined on the basis of his interest and facility as a teacher and not primarily upon the basis of his seniority or control of private practice.

Clinical Material.—Through the parent hospital and/or the affiliated hospital, a sufficient variety of anesthetic problems should be available to the resident to provide the basis for instruction and experience in anesthetic management of patients undergoing thoracic, pediatric, obstetrical and neurosurgical procedures, as well as in problems arising from all other types of surgical cases.

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the responsi-

bility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and postoperative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

Didactic Program.—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading, teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the resident training program should provide instruction in the following general areas:

a. *The Basic Sciences (physiology, pharmacology, anatomy, biochemistry).* The instruction should not be based only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. *General Medicine.* The instruction in this area should emphasize the importance of acquaintance with the fundamental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms

and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. *Technic.* Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

Research.—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident. For those residents in the two-year program, emphasis should be in clinical training. Direct participation in research by residents in a three-year program is not required but should be encouraged.

Records.—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which he has participated. The director of the program must validate this record.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consul-

tations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lectures, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry,

embryology, histology, pathology, pharmacology and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

4. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduates intending to enter general practice. General practice residency programs, following the internship, should provide for additional experience and responsibility in those branches of medicine which are of primary importance to the general practitioner.

Duration and Scope of Training.—General practice residencies should be flexible, both as to content and duration, depending upon the special needs of the individual resident. It is recommended that residency programs be of at least two years' duration. In a two-year residency, the first year should be devoted to general medicine: *i.e.*, internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The second year may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, traumatic surgery, fractures, and operative gynecology. Any service offered during this second year must be of at least three months' duration. Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the medical management of ambulatory patients. Hospitals which have no organized outpatient department should provide the resident with an opportunity to compensate for this deficiency, such as that provided in a home care program or preceptorship.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

5. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in general surgery which are designed to meet the requirements of the Council on Medical Education, the American College of Surgeons,

and the American Board of Surgery, should include, after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the Board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions acceptable to the Board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the Board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the Board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery is recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. Scope of Training.—Residencies in general surgery should offer a broad surgical training and should preferably include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the specialties most commonly included. However, other surgical specialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. Application of Basic Medical Sciences in Surgical Training.—The application of the basic medical sciences

should be stressed in relation to the clinical work of the residents throughout the whole training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

D. Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. The members of the staff should have a real interest in teaching and must be willing to give the time and effort required by the educational program.

The staff must be organized, and the chief of the service must be responsible for the quality of work done in the department, and the supervision of the resident training program. Continuity of this responsibility and supervision of the residents is highly desirable. Therefore, the appointment or election of the chief of service should not be considered as honorary, and should be of such duration as to insure this continuity.

E. Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient out-patient services where they exist and by well developed follow-up services in all hospitals.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

6. Special Requirements for Residency Training in Internal Medicine

Residencies in internal medicine should be organized on a broad basis to include instruction in the various specialties which combine to form internal medicine. Accordingly, the

program should not be limited entirely to internal medicine and its subdivisions but might well include a reasonable amount of training in psychiatry, neurology, dermatology, and pediatrics, even though they are organized as independent residencies.

In institutions offering residencies in internal medicine and its special fields, emphasis should be placed on the educational features of the program and residents should receive regular instruction from members of the staff in all diagnostic and therapeutic methods. Particular emphasis should be placed on the study of etiology, pathogenesis, symptoms, and the course of the various diseases so that the residents may develop skill and accuracy in diagnosis as well as a mature judgment and resourcefulness in therapy.

Under the supervision of qualified members of the staff, the residents should assume individual responsibility in actual case management. They should also be required to correlate clinical studies not only with post-mortem pathology, but also with the other allied basic science fields; review medical literature and take an active part in regular teaching rounds, departmental seminars, and clinical-pathologic conferences.

Requirements.—For approval, a residency in internal medicine should have an adequate number and variety of annual admissions to the Department of Medicine.

Allied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, biophysics, pathology, pharmacology, physiology, and other areas are especially desirable and should be closely correlated with clinical experience. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Section 1 to 9) must also be met for approval.

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the Secretary of the Board. Those who wish certification by a subspecialty board in medicine must first qualify in internal medicine and should then apply to the Secretary of the subspecialty board. These are listed annually in the Directory of Approved Internships and Residencies.

7. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 verified intracranial neoplasms, for each resident completing his training each year. Close contact must be maintained between the staff neurosurgeons and the resident staff. It is essential that the resident participate actively in the diagnostic study, operative treatment, and postoperative care of patients. The period of training consists of four years and must be preceded by at least one year of approved internship, preferably in surgery, although a rotating internship is acceptable. If the neurosurgical training is begun after a rotating internship, additional training of at least six months in surgery must be arranged by the chief of the neurosurgical service.

The residency period must be chiefly clinical and not didactic, and there must be concurrent instruction in neurology and the basic sciences, particularly as they relate to neurosurgery. To qualify for the full four years of approval, a residency must provide broad experience in neurosurgery.

The residency program should be adequate to insure competence and skill. Under supervision the resident should be given the responsibility for the diagnostic studies and some of the operations, especially in his final year.

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical

procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

Applied Basic Science Instruction.—Organized basic science work as applied to neurological surgery is especially desirable in neuroanatomy, neuropathology, neurophysiology, neuroradiology and neuroophthalmology. This should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

8. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

9. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of Newborn Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident should have performed. It must be stated that no amount of assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In the absence of such certification, the Residency Review Committee may approve

programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services with graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the non-operative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

After July 1, 1962, the Residency Review Committee for Obstetrics and Gynecology will not approve residencies of less than three years' duration providing training in this specialty. While training in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years' required clinical program in obstetrics and gynecology. A minimum of 18 months in obstetrics and 18 months in gynecology is required. Likewise, formal courses in the basic sciences which separate the resident from clinical training should not be included in the three-year minimal clinical training program.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

10. Special Requirements for Residency Training in Ophthalmology

Duration of training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

Basic Medical Sciences.—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology, biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if pos-

sible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

Staff.—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency in ophthalmology should include a well organized and supervised active outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

11. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology,

biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent hospital, with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complimentary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desir-

able to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Staff.—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. In the absence of such certification, the Residency Review Committee may approve programs when the Chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head of chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

13. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, both clinical pathology

and anatomic pathology, and special fields of clinical pathology and anatomic pathology.

Scope of Training.—The training program in pathology should be designed to acquire a broad knowledge of the subject matter in the fields of clinical and anatomical pathology, as well as the techniques and methodology required to gain this information. Experience in interpretation of laboratory data, in directing a laboratory, in teaching, and in investigation are all objectives of a good program.

Every attempt should be made to gain correlative experience in anatomic pathology and clinical pathology in addition to relating these experiences to the patient.

Systematic instruction in anatomic pathology should be accomplished primarily through the use of fresh tissues, microscopic slides, and photographs, supplemented by museum specimens and seminar material when available. Proficiency in frozen-section diagnosis and in exfoliative cytology are important aims. The teaching material must be sufficient in quantity and variety to afford adequate training in gross and microscopic pathology. Special emphasis, however, should be placed on the quality of the supervision and instruction rather than the quantity of material.

The training in clinical pathology should emphasize methodology and techniques because the result of a laboratory test is no more valuable than the accuracy of performance. Interpretation of these tests for assistance in the diagnosis and management of patients, and the development of administrative ability are of especial value in the division of clinical pathology.

Instruction should include, but not be limited to, training in bacteriology, immunology, blood banking, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the person in training, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of medical and non-medical personnel in relation to the volume of work.

In general, the qualitative standards will determine whether a laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of training.

It is expected that the director of the program be a fully qualified specialist in the branches of the specialty for which training is approved, and that he provide adequate supervision of the hospital laboratory. Adequate supervision is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program. In special instances, the equivalent of full time direction by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of technicians and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to func-

tion efficiently. There should be facilities in all hospitals for tests usually performed in clinical pathology, for the study of surgical specimens, and for the performance of autopsies. In larger hospitals the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

Institutions with an autopsy percentage of less than 25 will not ordinarily be approved, and those institutions with percentages between 25 and 40 will be given special scrutiny.

Fixed anatomic and pathological specimens in proportion to the size of the hospital, should be available for study by the staff. Properly filed and indexed color photographs may in part be substituted for museum specimens.

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of the material and the size of the staff justifies. A clinicopathological conference should be held at least every two weeks.

In institutions offering training in both anatomic and clinical pathology, the program should be so arranged as to assure even division of the residents' training and experience in anatomic and clinical pathology. Ordinarily, this can best be achieved by a series of exclusive, or nearly exclusive, assignments to the various departments of the laboratory.

Quantitative Requirements.—In the field of anatomic pathology there should be sufficient volume and variety of autopsies, surgical and cytological material (except in special programs) to insure adequate education, training, and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material does not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

Approval is granted for residency training in pathology in the following categories.

Category APCP-4. In both anatomic and clinical pathology for a total of four years.

Category APCP-2. In both anatomic and clinical pathology for a total of two years.

Category AP-3. In anatomic pathology only for three or more years.

Category AP-1. In anatomic pathology only for one year.

Category CP-3. In clinical pathology only for three or more years.

Category CP-1. In clinical pathology only for one year.

Category SP. Special pathology only, usually for one year. This designation includes forensic pathology, research only, and such other special programs as may be approved.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

14. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and outpatient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient and in those with neu-

rological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

Quantitative Requirements.—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.

Applied Basic Science Instruction.—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Sections 1 to 9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

Allergy. (See also Requirements for Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appro-

priate board, as listed in Section V, to be certain regarding the full requirements for certification.

Pediatric Cardiology.—Residencies in pediatric cardiology should be closely associated with approved residency training programs in pediatrics, thereby assuring availability of all facilities and personnel necessary for the complete care of the infant and child. Thorough understanding of human growth and development and the response of the young patient to environmental factors, both intrinsic and extrinsic, is a fundamental prerequisite for the proper management of infants and children with cardiovascular problems. The purpose of a residency in pediatric cardiology is to equip the trainee to manage children with problems of a cardiovascular nature, whether congenital or acquired, in relation to the patient's rehabilitation and with emphasis on the adaptation of the whole individual rather than the specific disease process or the body system involved.

Duration of Training.—Two years of training in an approved pediatric cardiology training center are required to meet the minimal standards of the Sub-Board of Cardiology of the American Board of Pediatrics. Training need not be confined to a single approved center, although it is essential that the resident who splits his training between two approved residencies in pediatric cardiology receive progressive education, experience and responsibilities in the specialty rather than two years as a beginner with virtual duplication of instruction at an elementary level.

Scope of Training.—Residencies in pediatric cardiology should offer broad and inclusive training in the specialty. This should include fundamentals of clinical diagnosis with special emphasis on auscultation and physical examination and the role of roentgenology and roentgenoscopy, electrocardiography, vectorcardiography, phonocardiography and other laboratory tests used in diagnosis and management. Thorough understanding of embryology and anatomy of the normal heart and vascular system as well as the deviations from normal that may occur should be mastered. Knowledge of normal and abnormal cardiovascular physiology should be required. Experience and instruction in technics of and understanding of the limitations of cardiac catheterization and selective angiocardiology are necessary. Experience with pre and post-operative care of patients having cardiac surgery, both by closed and open methods, in close cooperation with the cardiovascular surgical staff is required. Opportunity for long-term follow-up observation of post-operative patients must be afforded the trainee. Study of rheumatic fever and other infections and metabolic conditions resulting in abnormalities in cardiovascular function should be combined with experience in management of patients in sufficient numbers to demonstrate the typical and atypical features of each.

Basic Medical Sciences.—The resident should be assigned for a period of service in pathology with instruction by a qualified pathologist. Specimens demonstrating the various types of congenital cardiovascular anomalies should be classified and readily available for study. Conferences involving current pathologic material should be held regularly and closely correlated with clinical experience; such conferences should include clinicians, surgeons, physiologists, roentgenologists and pathologists. Thorough training in cardiovascular physiology is essential and participation by the resident in cardiac catheterization procedures is necessary. Such experience should be intimately related to clinical diagnosis and management. Regularly scheduled conferences involving clinicians, surgeons, roentgenologists and cardiovascular physiologists should be an integral part of the residency teaching program. Residency programs should provide ample opportunities for basic research, and participation in a specific laboratory or clinical research project should be encouraged.

Staff.—Highly qualified teachers should be available in pediatric cardiology as well as in roentgenology, pathology

and physiology. The chief of service should be certified by the Sub-Board of Cardiology of the American Board of Pediatrics or, lacking such certification, should be of recognized ability and possess high professional standing in the specialty. The educational value of a residency depends largely on the quality and extent of supervision of the residents by teachers who are not only fully qualified but who are interested in teaching and willing to devote adequate time to this endeavor.

Clinical Material and Facilities.—A satisfactory number of patients must be available to provide the resident with a wide variety of cardiovascular problems in children. While there is no need to perform special tests such as cardiac catheterization or angiocardiology on all patients with cardiac problems there should be a sufficient number of diagnostic problems to justify such procedures in an adequate number of patients per year, thus reflecting a reasonably large case load, in-patient and out-patient, during the course of a year. A minimum number of cardiac operations in children is required to provide depth of experience in pre and post-operative management needed by a properly trained resident in pediatric cardiology. If these minimal numbers of special procedures and operations are reached or exceeded, the total number of clinical cases should be adequate for proper instruction of a resident.

Equipment, staff and availability of ancillary services such as good nursing care, properly staffed post-operative units, social service facilities, etc., should conform to the recommendations of the Council of Rheumatic Fever and Congenital Heart Disease of the American Heart Association in "Standards for Centers Caring for Patients with Congenital Cardiac Defects," published in *Circulation*, Vol. XXI, April, 1960.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

15. Special Requirement for Residency Training in Physical Medicine and Rehabilitation

Scope of Training.—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physically handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

Duration of Training.—A minimum of three years of residency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved institution. The Department of Physical Medicine and Rehabilitation should be organized as a major service, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas. The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. Hospital beds should be assigned to the Department of Physical Medicine and Rehabilitation conducting an approved residency in this specialty.

Quantitative Requirements.—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admissions and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation and

care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

16. Special Requirements for Residency Training in Plastic Surgery

Duration of Training.—Residency training programs which are designed to meet the requirements of the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experience in the various methods of excisional reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hands, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and

complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aviation Medicine, Occupational Medicine and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Section 1 to 9) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

General Preventive Medicine

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and coordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic study in which the candidate is enrolled as a graduate student, in residence; and a second phase in which the candidate secures field training and experience. These two phases may be carried on consecutively or separately.

Academic training: The academic phase of the residency training must be at least one year of graduate study. The character and quality of advanced study engaged in by the resident should be equivalent to that of students seeking advanced degrees. However, the content of the residency program may differ from the curriculum required for an advanced degree, and achievement of such a degree is not a requirement. The program of instruction should be individualized as far as possible to the needs of each resident, and when feasible, conducted on a tutorial basis.

The content of courses offered should include but not be limited to: principles and practices of preventive medicine, medical and public health administration, human ecology, environmental medicine, and both basic and advanced study in biometry and epidemiology. Every effort should be made to strengthen the resident's competence in the clinical and laboratory disciplines and to provide an effective integration of the clinical sciences in relation to human health problems with that of epidemiology. Supplementary courses should be

available to the resident in such areas as microbiology, immunology, genetics, cytology, biophysics, and the social sciences; especially, sociology, anthropology, economics and psychology.

Field training: Field training should be under the supervision of staff qualified to provide guidance and graduate instruction in preventive medical practice or research, either directly under an educational institution or an organization or agency affiliated with the educational institution. Each resident should have progressively graded responsibility, under competent direction, of at least one year's duration.

In selecting field training experience for the resident, the training institution may use a field training area partially or entirely under its own jurisdiction and supervision or it may use an affiliated organization or agency most suitable to the needs of the individual resident. The resources and organization of the affiliated agency must satisfy basic requirements for graduate training purposes; the calibre of supervisory professional staff members and their competence and interest in residency legal training should be the determining factors in the assignment of residents to their charge.

The third year of the preventive medicine residency training program may be allotted to academic study, field training, clinical residency in a field closely related to preventive medicine, research, or a combination of such experiences.

Since research methods and scientific inquiry play so large a part in the practice of preventive medicine, special attention should be given to the development of research competence in the residency period. As a part of the three years of residency training, the resident should be required to undertake an independent and original investigation in a special field and to present the results of this research in a thesis acceptable to the responsible institution.

Facilities: The facilities of the training institution need not conform to any rigid pattern; educational institutions, research centers or operating agencies may qualify, provided the residency program is appropriately affiliated with and supervised by an approved and accredited academic institution. A plan of affiliation between two or more of these categories will be necessary in most instances. In every case, the combination must provide:

1. An educational environment capable of providing the breadth of instruction outlined above;
2. Laboratory space, supplies, and technical assistance for research by the resident;
3. A well-stocked, up-to-date medical library;
4. Facilities for field training of sufficient size and scope to provide experience in each of the major areas of preventive medicine and to exemplify good administrative organization. The staff members associated with residency programs should have demonstrable interest in and capacities for teaching, as well as high competence in their respective fields.

Personnel and Organization: The Director of the residency training program should be qualified in preventive medicine and have established competence in teaching and graduate training. There should be at least one person on the training staff who has established competence and continuing experience in each of the major fields of instruction. The training staff members should be selected by the Director and should be directly responsible to him for their participation in the program. There should be specific commitments concerning the time to be contributed by each staff member and the content of training which he is to provide. There should be a Residency Advisory Committee composed of the Director and the heads of the departments primarily concerned with the training of the resident, and selected consultants. This Committee should concern itself with the development, content and improvement of the training program, the policies, procedures and conduct of the program inclusive of instructional techniques, and the periodic evaluation of all phases of the resident's training. It should report periodi-

cally, at least annually, to the head of the training institution.

Eligibility of Applicants: In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the qualification of each applicant for an appointment to an approved residency in general preventive medicine without designation of specialized field should be reviewed by an appropriate committee appointed by the training institution or agency. The committee should make special effort to evaluate each candidate's suitability for career training in preventive medicine on the basis of preliminary and medical education, including internship, professional motivation and career objectives.

Aviation Medicine

A formal training program in aviation medicine should include academic training in the fundamental disciplines of preventive medicine and public health; it should also include training and experience in the basic and clinical sciences related to aerospace operations and ground support, and in administrative support of aviation medicine programs. The formal training program should be of at least three years' duration. One year should be devoted to academic study in preventive medicine and public health, and two years to a residency in aviation medicine. The residency should include an academic component and an applicatory component; the entire residency should normally be under sponsorship of a school of aviation medicine, a medical school, a school of public health, or a graduate school. An approved government or civilian agency or institution may also serve as the agency responsible for residency training. It should normally be responsible for the maintenance of the health of a sufficiently large number of flying and ground support personnel to provide the residents with the broad experience in the various phases of the specialty. There should be a sufficient amount and variety of aeronautical equipment available to enable the resident to familiarize himself with its use. A well-staffed hospital to which aviation-medicine problems are referred should be available. If not, such training should be provided through affiliation. Experience in the examination, care, and management of ambulatory patients should be provided through the facilities of an adequately staffed and well-equipped outpatient department. The agency should have access to an adequately equipped laboratory in which studies on problems relating to aircraft accidents and hazards of flight can be carried out. The applicatory component may be secured through affiliation with the sponsoring agency.

Academic Program—Public Health and Preventive Medicine.

Courses should normally be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should normally cover the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organization and administration of programs for promotion of health.
3. Evaluation and control of environmental hazards to health.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health degree or equivalent and such desired elective subjects as may be applicable to aviation medicine.

Residency.

The residency should provide training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which

may be encountered. The residency should include an academic component which covers the following subjects:

1. Aviation physiology: responses of the body to changes in temperature, pressure, and oxygen concentration, and to acceleration, which may be encountered in flight.
2. Selection of aircrews: medical examination and selection of persons to be trained for flying or aerospace activities.
3. Maintenance of aircrews: recognition, prevention, and treatment of disorders related to flight; influence of specific disorders on fitness for flying; consideration of these problems from viewpoints of clinical specialties such as internal medicine, surgery, ophthalmology, otorhinolaryngology, and neuropsychiatry.
4. Flying safety, including accident prevention and medical support of accident investigation (aviation pathology).
5. Environmental hazards faced by flyers and ground support workers; devices, equipment, and procedures for protection of personnel concerned.
6. Aerial transportation of patients: contraindications for air travel by patients; medical problems in movement of patients by air.

The applicatory component of the residency should provide an opportunity for the planned and supervised application of the knowledge and concepts of preventive medicine and aviation medicine gained in the academic phases of the program. The program should impose definite responsibilities upon the resident. The program may be in a civilian or military organization having responsibility for the health of a reasonable number of flying personnel and/or personnel concerned with ground support of aeronautical or aerospace operations. It should encompass experience in the following fields:

1. Clinical aviation medicine: diagnosis, prevention, and treatment of disorders resulting from flight or ground support activities; evaluation of disorders having a bearing on capabilities or qualification for duties in aviation or ground support.
2. Administrative aviation medicine: planning, administration, and supervision of a broad health program for flying and/or ground support personnel.

The entire residency training program should be under the supervision of a Director of Training who is certified in Aviation Medicine, and a Residency Advisory Committee. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General Requirements, Section 1). The committee should be made up of persons of recognized capabilities in aviation medicine and/or related medical fields. Should any portion of the program be arranged through affiliation, the resident should during such period be under the direct supervision of an individual certified in aviation medicine and/or a related clinical specialty. The supervisor in such a situation should be furnished a clearly defined statement of experience and responsibility required during the period of affiliation.

Eligibility of Applicants.

In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for an appointment to an approved residency in aviation medicine should have completed at least one academic year of graduate study in preventive medicine, or training and study deemed by the American Board of Preventive Medicine to be substantially equivalent to such graduate study.

Occupational Medicine.

Residencies in occupational medicine, as a specialized branch of preventive medicine, should include training in the

principal divisions of preventive medicine and public health, such as administration, health education, epidemiology (control of communicable and degenerative diseases), accident prevention, and sanitation. The training should not neglect the broad problems of community health but should emphasize their relation to the industrial population as an important part of the general population and to occupational hazards and disease.

The training period comprises a period of specialized training of three years' duration, one year of which is carried out in supervised practice in an industrial medical organization. Ordinarily these programs should be conducted under the sponsorship of an educational institution. They may be organized in a school of medicine, a school of public health, or an associated graduate school, in which the facilities of a university as a whole are available for intramural instruction. Extramural training should be provided by an organization affiliated with the educational institution, and having a satisfactory medical service. The intramural and extramural phases may be carried on simultaneously or as separate periods.

I. Content of Intramural Training Program.

A. Basic Disciplines. The basic disciplines may vary in their content to some degree (and in their emphasis on matters of general importance in the field of preventive medicine and of special significance to the industrial physician) in accordance with the availability of facilities for instruction in various institutions of learning. Courses should be offered to include the following:

1. Preventive Medicine as it relates to community health generally, rather than to industrial health specifically, includes microbiology, control of communicable diseases and their transmission, and various aspects of administrative medicine.

2. Industrial health practice which concerns itself with the medical problems and practices of industry, as well as other activities of the industrial physician in his professional, advisory, and administrative relationship to industrial employees in all categories, to his immediate and more general professional associates, to the hygienic authorities, and to management.

3. Industrial hygiene, under which term is included all measures for the determination of the significant and extent of occupational stresses and hazards, and for the development and application of means of controlling such stresses and hazards, so as to promote and maintain industrial health.

4. Physiology and other basic sciences with particular reference to the manner in which the occupation and environment affect man.

5. Epidemiology and biostatistics and their application to the health problems of the industrial population.

B. Related Fields

1. Special fields of medicine such as mental health, rehabilitation, and gerontology.

2. Legal and insurance aspects of industrial medical practice.

3. History, structure, and functions of industry.

4. Social studies (human relations) including such subjects as personnel relations, industrial relations, labor relations, and public relations.

C. Clinical Training. Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study. Organized and well-staffed clinics in industrial establishments, as well as many other organized medical services in the community, may be utilized. Clinical training should provide experience in at least the following areas:

1. Medical appraisal of abilities and disabilities in rela-

tion to the requirements of job, job placement, and adjustment of worker to job.

2. Management of occupational injury and diseases to include etiology, pathology, diagnosis, prognosis, therapy, rehabilitation, and prevention.

3. Medical appraisal of the individual with particular reference to qualitative standards and compensation for disability.

4. Rehabilitation. Adequate training in rehabilitation can best be provided in an institution in which there is a properly staffed department of rehabilitation. Well-developed services in medicine, surgery, and the medical and surgical specialties should be available. The efforts of these services and the department of rehabilitation should be co-ordinated in achieving the objective of the rehabilitative process, the return of the industrial casualty to a suitable and useful occupation.

D. Research. Investigation of the industrial environment and the response of individuals to it, studies of new materials and new sources of energy, and training in the significance of research are an essential part of professional instruction. The resident may be required to prepare a thesis worthy of publication based on his own study.

II. Type and Contents of Training Industry.

A. General Type and Duration of Residency in Industry.

The resident must serve for a year, preferably in continuous service, in one or more industrial medical organizations approved for scope and quality of service.

B. Professional and Facilities.

1. Personnel. An industrial medical organization which participates in the training of residents in occupational medicine should be under the direction of a competent physician having position and authority in the organization commensurate with his responsibilities, including that of assuming a high level of ethical conduct and practice within the medical department. All of the activities of the industry relating to the health of employees, industrial hygiene and sanitation, and the hygienic problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

The staff of the medical department, including nurses and technical assistants, should be adequate in numbers, competent to perform the work which is required of them, and should have such relationship to the chief of the medical staff and such functions in the performance of the work of the medical department as are in keeping with sound professional standards.

The local professional relationships of the medical staff should be such as to insure appropriate liaison with private physicians of the employees. The services of fully qualified consultants in specialized fields of medical and surgical practice should be utilized as necessary.

2. Facilities. The quarters and facilities of the medical department should be adequate in location, arrangement, and equipment to provide freedom from noise, to insure comfort, cleanliness, and orderliness in the conduct of the medical work, and especially to yield complete privacy for interviews, medical examinations, and the maintenance of wholly confidential medical records.

Laboratories, equipment for the conduct of clinical and environmental observations and investigations, and appropriate reference books and periodicals shall be available within the medical or other plant facilities, or in such proximity elsewhere as to meet adequately the needs of the practice of medicine and industrial hygiene.

3. Industrial Medical Practice. The type of medical practice conducted by the industrial medical department shall be of a high professional quality and shall extend into all of the fields of medical activity that are appropriate to the needs of the industry concerned.

The medical examinations and the medical records should be such as to reveal the hygienic status of the population of the plant or industry in a reasonably effective manner, with respect to injury, illness, and disease of non-occupational or occupational origin. They should also be adequate in respect to the medical problems of the individual employee. The information on the respective occupations, hygienic problems, and hazards associated with specific occupations and operations within the plant or industry should be comprehensive and up-to-date; the means by which such information is kept current, through reports, trips of inspection, analytical and other environmental data, should be part of the regular mechanisms of the medical operations and relationships within the industrial organization.

4. Adaptation and Utilization of Personnel and Facilities for Medical Instruction. In addition to the general adequacy of the medical personnel and facilities for the performance of their necessary duties, the conditions within the medical department and the industrial organization which it serves must be such as to provide time for the training of medical residents. The competence of the preceptors within industry and the affiliation of the personnel of the medical department with the institution responsible for professional instruction must be such as to insure the fulfillment of an educational function, rather than to provide a means of delegating the less exacting and less responsible work of the medical department to a subordinate in training.

Eligibility of Applicants.— In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicants for an appointment to an approved residency in occupational medicine should have completed one academic year in an accredited school of public health leading to a degree of Master of Public Health or have had equivalent training. In some cases, residency training may precede the year of formal academic training.

The provisions of the section on General Requirements (Sections 1 to 9) must also be met for approval.

Board Requirements.—Candidates for examination in occupational medicine must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in occupational medicine. One of these years must have been devoted to graduate study leading to a degree of Master of Public Health in an approved School of Public Health (or other similar training and study satisfactory to the Board). Another year must have been spent in graduate study in occupational medicine or in a closely related field acceptable to the Board. (Section I).

At least one of the remaining four years must have been spent in an approved occupational medicine program in one or more industrial medical organizations approved for scope and quality of service. (Section II, 16).

Public Health

Residencies in this field should include training in the principal divisions of public health, such as administration, health education, epidemiology (control of infections and degenerative diseases), maternal health, infant and child health, accident prevention, and sanitation. Approval for residency training in the specialty is ordinarily extended to training areas organized under a state plan, although recognition may be given to a local health department offering acceptable training in one or more of the major branches. An acceptable program should be for a period of one or more years' duration. If the training is limited to a single field of public health, the length of the training should be at least two years, one of which may be spent in residency training in an appropriate clinical specialty.

The health department in which training is given should be well-established and should serve an area large enough to offer comprehensive experience in the several aspects of community health. A program of sufficient scope and diversity is not likely to be provided in communities of less than 50,000 population.*

The department should be efficiently organized on a basis which will assure the provision of public health services of a superior quality as well as proper supervision of the residents' training. It should co-operate actively with other agencies, official and non-official, in the development and conduct of a community-wide health program.

The facilities of the health department, including office and laboratory space, should be adequate for the efficient functioning of the public health service. When the work of the resident involves considerable travel, adequate transportation should be provided. The department should maintain a basic collection of reference texts and periodicals in public health and associated fields, even if more complete library facilities are available outside the department.

An efficient system of records must be maintained. Since much of the resident's later responsibility is likely to be administrative in nature, it is essential that he has a thorough indoctrination in the preparation and maintenance of reports, registers, and other required records.

Residency training at the state and local level should be under the direction of a qualified physician trained in public health who has demonstrated his ability to administer a comprehensive public health program. His professional qualifications should meet the standards required of the staff of hospitals approved for residency training in other specialties (General Requirements, Section 1). His staff should include a sufficient number of well-trained personnel to provide adequate health service to the community and assistance in the training program. A state department of health responsible for the organization and conduct of a training plan should make available consultative service in the several basic and special public health fields.

The residency training should include planned observation of and active participation in the various public health programs operating within the community. It should include experience in the collection of vital statistics, control of communicable disease, promotion of child and adult health, regulation of the environment, and education of the public with respect to personal and community health. Training in these several fields should be such as to provide familiarity with the planning, development, and methods of operation of public health programs and the duties and techniques used by the members of the staffs of the responsible public health agencies.

Eligibility of Applicants. In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for appointment to an approved residency in public health should have completed one academic year, leading to a degree of Master of Public Health, in an accredited school of public health, or have had equivalent advanced training. In some cases, the year of residency may precede the year of formal academic training.

Board Requirements.—Candidates for examination in public health must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in public health.

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equiva-

*For a method of evaluating the scope and quality of a public health program see "Health Practice Indices," 1950 edition, and the "Evaluation Schedule," November, 1947, published by the American Public Health Association, 1790 Broadway, New York 19.

lent training and study satisfactory to the Board) and at least two years of supervised field experience in public health practice in an approved residency. The remaining three years must have been limited to the practice of public health, preferably under the supervision of a well-qualified specialist in that field.

It is recognized that an individual may obtain suitable training in programs other than those of an official health department: among such are the federal services, industry, and certain voluntary agencies. The training of such persons will be adjudged on an individual basis.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of patients. The service functions of the residents should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic science are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance be-

tween the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single, narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis, and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with

the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiological therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.
- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.
- E. Sufficient experience in child psychiatry for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserve a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.
- G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.

H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.

I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.

J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, sociology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, pediatric, and psychiatric services and their sub-specialties. The neurological outpatient clinics and the consultation services should be supervised by an experienced neurologist, and, where feasible, their activities should be co-ordinated with those of the neurosurgical, pediatric, and psychiatric clinics so that reciprocal consultative services can be readily exchanged between the clinics. There should be an especially close relationship with neurosurgery so that the residents can follow their patients through whatever neurosurgical operations are performed in the hospitals.

During their period of training the residents should have experience with problems of child neurology, including the neurological examination of newborns and infants. Particular attention should be paid to the changes incident to growth and development of the child and his nervous system.

It is important that the residents should have sufficient opportunities to acquaint themselves with the content and

procedures of physical medicine and rehabilitation services.

The residents in neurology should have organized instructions in the examination of the mental status of patients and should be acquainted with the symptomatology and differential diagnosis of the more frequently encountered psychiatric syndromes, especially those associated with the known and demonstratable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

The provisions of the General Requirements (Section 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatric facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training.

The setting in which the training in Child Psychiatry takes place should maintain its own identity and not be so concealed in a larger institution that its training program becomes diffused and not subject to the direction of the child psychiatrist who heads it up. The necessity for basic direction of the clinical and training programs by the child psychiatrist is imperative, no matter what the administrative setting of the training facility is. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and

experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportunities for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequate equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic text and periodicals, both historical and current, in the field of Child Psychiatry and related fields. There should be an adequate record system.

The core of the training experience lies in the quality of the supervision of the fellow's clinical work. The training supervisor should be competent, engaged in the practice of diagnosis and treatment of children and their parents. He should not only be professionally competent, but should understand the supervisory process. It is desirable in the two-year period that the fellow have experience with more than one supervisor. Each trainee should have at least two hours of supervision per week.

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, psy-

chotherapy, the collaborative treatment of the child and his family, the roles and specific contributions of the psychiatric social worker and clinical psychologist, the literature of the field, normal and deviant personality development, and special diagnostic and treatment techniques, etc. Since the areas of practice in Child Psychiatry are manifold, child psychiatric activities take place in a number of different settings and under a number of different administrative auspices. These include community child guidance clinics, university teaching centers, private practice, public health, state hospital systems (inpatient, outpatient clinics, and state-wide administration), consultative work with various types of special disease problems such as cerebral palsy, epilepsy, or pediatric services, and in the teaching of the principles of Child Psychiatry to non-psychiatric medical practitioners, in courts and school systems. It is a part of the obligation of the training center to make sure that a trainee who has already selected his area of activity in Child Psychiatry get some teaching in the areas of administration, etc., which would be appropriate.

The provisions of the General Requirements (Section 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Radiology

Residencies of three years' duration should provide training in all divisions of the specialty: diagnostic roentgenology, therapeutic radiology (including therapy by means of radium or one of its substitutes), and the use of radioactive isotopes.

The training should be systematic and progressive in character with gradual assignment of responsibility. It should also include an active participation in radiologic conferences, staff meetings, and joint conferences with other departments.

Without attempting to define a detailed plan of instruction, it can be suggested that the first year be devoted principally to fundamentals of diagnostic roentgenology. In the second and third years, the clinical applications of radiology should be emphasized with at least one year or the equivalent assigned exclusively to radiotherapy, including the therapeutic use of radioactive isotopes. In addition, during the residency training period the equivalent of two months should be devoted to the diagnostic use of radioactive isotopes.

In view of the importance of pathology as a basis for radiologic diagnosis and therapy, stress should be placed on its study. Credit will be given for pathology up to a maximum of three months. The pathology may be taught concurrently throughout the three years or as a separate full-time assignment. Instruction in radiation physics and radiobiology may run concurrently with part or all of the training program.

The relationship of the radiology department to residencies in other fields is stated in Sections 1 and 2 of these *Essentials*.

Quantitative Requirements: In residencies covering the entire field of radiology, it is desirable that there be a minimum of 20,000 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems) and 1,500 roentgen therapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). An adequate number and variety of surface, intracavitary and interstitial treatments by means of radioactive substances must be provided. The caliber of the training program in a fairly wide field is of more importance than the exact number of examinations and treatments.

Applied Basic Science Instruction: In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, radiation physics, and radiobiology. Such work should be closely related with clinical experience. See Sections 1 to 9 of these *Essentials* for a discussion of applied basic medical science instruction.

The American Board of Radiology certifies physicians in the entire field of radiology, including nuclear medicine, diagnostic roentgenology, and therapeutic radiology.

An applicant for the examination in any radiologic field must have completed, after an approved internship, a period of study of at least three years in a department approved for radiologic training, followed by one year of additional experience (practice, training, or research) in radiology or allied sciences.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary or the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Thoracic Surgery

Thoracic surgery residencies should be so organized as to provide experience and tutelage in all aspects of surgical diseases of the thorax, thereby relating pathology, physiology and the basic sciences to clinical experience.

The surgical experience must encompass two years of graded responsibility, likewise, as nearly as possible, in all aspects of the field. To achieve this, affiliations between complementing services or institutions and utilization of cardiopulmonary laboratories as well as research facilities are to be encouraged.

Prerequisites. Residents in approved programs should have completed the training requirements for examination by the American Board of Surgery or should have completed such requirements at the conclusion of a specified period of the training in thoracic surgery. The moral and ethical standards of the candidate must be acceptable.

Duration of Training. Programs should preferably be of two years' duration during which time the candidate's surgical experience should by preference be exclusively in the field of thoracic disease, and the twenty-four months should by preference be consecutive.

When affiliations occur between services or institutions where special emphasis is placed on particular segments of the field, (cardiovascular, neoplasms, tuberculosis, etc.) rotation should be spaced so that proper benefit will be obtained from each training period. Simultaneous service at more than one institution is deemed ill-advised because continuity of experience is sacrificed and the resident may well become an "unessential" part of the staff and assume the role of an itinerant observer.

Where the thoracic surgery experience is obtained on a program which integrates general and thoracic surgery, the adequacy of this experience must be evaluated on an individual basis. Candidates for examination whose training is acquired on such "mixed" services should request a review on an individual basis of their experience by the Board of Thoracic Surgery.

Scope of Training. The training must be so planned as to fulfill the following objectives:

- Thorough understanding of the basic sciences as they apply to thoracic surgery.
- Graded and progressive assumption of operative responsibility.
- Finally, assumption of relatively complete responsibility for the patient's care under proper supervision.

Clinical Material. Since few hospitals are capable of providing uniform experience in all aspects of this field, affilia-

tions are encouraged between diverse services. These areas of varying emphasis include: cardiovascular diseases, pulmonary diseases (non-tuberculous), diseases of the mediastinum including the esophagus, tuberculosis, and the chest wall, including diaphragm. Training in endoscopic techniques should be included.

Where services are highly developed in one particular area such as cardiovascular disorders or tuberculosis, approval can be given for a total of one year only, diversification of experience being essential during the remainder of the training program.

Approved residencies should include no more than six months of intensified activity in research (animal surgery), cardiopulmonary laboratories or on medical (non-surgical) services.

Due consideration is given to the value of experience obtained on private services, particularly when combined with "ward" or "free" beds but preceptorship type training alone is not approved.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical

experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

III. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervised his work, and such detailed information as may be necessary in rating the resident's total accomplishment at the end of his training. The close personal contact which exists between department heads and the resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

IV. MISCELLANEOUS

Contract for Appointment.—It is considered desirable that the candidates for residency and the hospital enter into a formal contract at the time of the appointment. Contracts for one year, renewable by mutual consent, are preferable. Once made, the terms of the contract should be honorably fulfilled by both parties. The contract may be terminated following failure of one or the other parties to carry out its terms of the contract or by mutual agreement. Violations of contract may be made a matter of record in the hospital's or individual's file of the American Medical Association.

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

V. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close collaboration between the Council on Medical Education, the various American Boards responsible for the examination and certificates of the specialists, and the Advisory Board for Medical Specialties. In this way the study and appraisal of residencies leads to the formulation of lists approved by the Council and acceptable to the respective boards. These lists may be obtained from the Council on request. In most in-

stances, there is indicated for the hospitals on the approved lists the amount of credit (one to three or more years) which is allowed by the appropriate American board toward qualifying for the certification examination.

The specialty boards listed below have been approved by the Council in accordance with the following resolutions of the House of Delegates:

Resolved, That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

Resolved, That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approved Examining Boards in Specialties.")

American Board of Anesthesiology

Forrest E. Leffingwell, M.D., Secretary-Treasurer
100 Constitution Plaza, Hartford, Conn., 06103

American Board of Colon and Rectal Surgery

Stuart T. Ross, M.D., Secretary
520 Franklin Avenue, Garden City, N.Y.

American Board of Dermatology

Clarence S. Livingood, M.D., Secretary
Henry Ford Hospital, Detroit, Mich., 48202

American Board of Internal Medicine

W. A. Werrell, M.D., Secretary-Treasurer
1 W. Main St., Madison, Wis. 53703

American Board of Neurological Surgery

Guy L. Odom, M.D., Secretary-Treasurer
Duke University Medical Center, Durham, N.C.

American Board of Obstetrics and Gynecology

Clyde L. Randall, M.D., Secretary-Treasurer
100 Meadow Road, Buffalo, New York 14216

American Board of Ophthalmology

Merrill J. King, M.D., Secretary-Treasurer
Box 236, Cape Cottage Branch, Portland, Maine

American Board of Orthopaedic Surgery

Wm. A. Larmon, M.D., Secretary-Treasurer
29 E. Madison St., Chicago, Ill., 60602

American Board of Otolaryngology

Dean M. Lierle, M.D., Secretary-Treasurer
University Hospitals, Iowa City, Iowa, 52241

American Board of Pathology

Edward B. Smith, M.D., Secretary-Treasurer
P.O. Box 5795, Bethesda, Md.

American Board of Pediatrics

John McK. Mitchell, M.D., Executive Secretary
6 Cushman Rd., Rosemont, Pa.

American Board of Physical Medicine and Rehabilitation

Earl C. Elkins, M.D., Secretary-Treasurer
200 First St., S.W., Rochester, Minn.

American Board of Plastic Surgery

Minot P. Fryer, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis, Mo. 63108

American Board of Preventive Medicine

John C. Hume, M.D., Secretary-Treasurer
615 North Wolfe St., Baltimore, Md., 21205

American Board of Psychiatry and Neurology

David A. Boyd, Jr., M.D., Executive Secretary-Treasurer
102 Second Ave., S.W., Rochester, Minn.

American Board of Radiology

H. Dabney Kerr, M.D., Secretary
Kahler Hotel Bldg., Rochester, Minn.

American Board of Surgery

Robt. M. Moore, M.D., Secretary-Treasurer
1617 John F. Kennedy Blvd., Philadelphia, Pa., 19103

American Board of Urology

Wm. N. Wishard, Jr., M.D., Secretary-Treasurer
30 Westwood Rd., Minnetonka, Minn., 55343

Board of Thoracic Surgery

O. T. Clagett, M.D., Secretary-Treasurer
1151 Taylor Ave., Detroit, Mich., 48202

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields must first fulfill the general certification requirements of the American board concerned, including the examinations.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

VI. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For two specialties, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies under consideration by the Council on Medical Education of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Three boards also certify candidates in subspecialties. Certification in the primary field is a requirement for certification in the subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy and cardiology. The American Board of Psychiatry and Neurology certifies candidates in child psychiatry. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by six boards. The American Board of Obstetrics and Gynecology will issue certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in anatomic pathology, clinical pathology, a combination of these two fields, anatomic pathology and clinical microbiology, anatomic pathology and neuropathology, clinical microbiology and clinical chemistry, neuropathology, clinical microbiology, hematology, clinical chemistry, and forensic pathology. The American Board of Preventive Medicine issues certificates in public health, aviation medicine, occupational medicine, and general preventive medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neu-

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Medical Schools										Foreign Medical Graduates Special or Additional Requirements			All Graduates			
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Medical Society Membership	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Application or Registration Fee	Total Fee	Stated Limitation (years) in Applicant's Eligibility
Anesthesiology.....	x	x	x	x	2-3	1-4	..	..	x	..	x	x	..	x	50	150	..
Colon and Rectal Surgery.....	x	x	x	x	4-5	..	x	..	..	..	x	x	..	x	25	175	..
Dermatology.....	x	x	x	x	3	1	x	..	x	..	x	x	x	x	25	150	2
Internal Medicine ¹	x	x	x	x	3	2	x	x	x	..	x	x	x	x	60	135	3
Neurological Surgery.....	x	x	x	x	4	2	x	..	..	..	x	x	x	x	25	200	3
Obstetrics and Gynecology.....	x	x	x	x	3	2	..	..	..	x	x	..	..	..	35	160	..
Ophthalmology.....	x	x	x	x	3	1	..	x	x	x	x	x	..	x	100	150	3
Orthopedic Surgery.....	x	x	x	x	4	2	x	x	..	..	x	x	x	..	15	205	3
Otolaryngology ²	x	..	..	x	4	..	..	..	..	x	x	..	..	x	125	255	3
Pathology.....	x	x	..	..	4	1	x	x	x	..	x	..	..	..	100	100	3
Pediatrics ³	x	x	x	x	2	2	x	x	..	..	x	x	x	..	125	125	..
Physical Medicine and Rehabilitation.....	x	x	x	x	3	2	x	..	x	..	x	x	x	..	100	175	3
Plastic Surgery.....	x	x	..	x	5	2	x	x	x	..	x	x	x	..	50	175	3
Preventive Medicine.....	x	x	x	x	3	3	x	..	..	..	x	x	x	..	25	125	3
Psychiatry and Neurology ⁴	x	x	x	x	3-5	2-1	x	..	..	x	x	x	x	..	75	175	3
Radiology.....	x	x	x	x	3	1	..	x	..	..	x	x	..	x	150	150	..
Surgery.....	x	x	x	x	3-4	2-0	x	x	..	..	x	..	..	x	25	175	3
Thoracic Surgery ⁵	x	x	x	x	2	..	x	..	..	..	x	..	..	x	25	125	3
Urology.....	x	x	x	x	4	2	x	..	..	..	x	..	x	..	75	175	..

1. Also certifies in the subspecialties of Allergy, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease.
2. Limited certification granted at the discretion of the Board.
3. Also certifies in subspecialties of Allergy and Cardiology.
4. Also certifies in subspecialty of Child Psychiatry.
5. Certification by American Board of Surgery prerequisite.
6. Applicant may be considered "Board eligible" only for number of years indicated; thereafter, new application must be submitted.

NOTE: In this table, those items are marked "X" on which the Board makes specific statement. In most instances, there are additional qualifying statements not indicated in this table. In all instances, refer for details to the board requirements which follow. While all boards may accept the foreign medical graduate under certain circumstances, they do not all specify that ECFMG certification is required. ALL FOREIGN GRADUATES WHO CONTEMPLATE SPECIALTY BOARD CERTIFICATION SHOULD CORRESPOND WITH THE APPROPRIATE BOARD AT THE EARLIEST POSSIBLE MOMENT.

TABLE 2.—Approved Examining Boards in Medical Specialties

Name of Board	Total Certificates Awarded to June 30, 1964	Year of Activation
American Board of Anesthesiology	3,272	1937
American Board of Colon and Rectal Surgery	337	1949
American Board of Dermatology	2,380	1932
American Board of Internal Medicine	16,028	1936
American Board of Neurological Surgery	1,099	1940
American Board of Obstetrics and Gynecology	7,868	1930
American Board of Ophthalmology	5,894	1915
American Board of Orthopaedic Surgery	4,147	1934
American Board of Otolaryngology	5,904	1924
American Board of Pathology	6,390	1936
Anatomic Pathology	3,201	
Anatomic Pathology and Clinical Microbiology	1	
Anatomic Pathology and Clinical Pathology	1,859	
Anatomic Pathology and Neuropathology	7	
Clinical Chemistry	17	
Clinical Microbiology	27	
Clinical Microbiology and Clinical Chemistry	1	
Clinical Pathology	1,075	
Forensic Pathology	141	
Hematology	17	
Neuropathology	44	
American Board of Pediatrics	9,690	1933
American Board of Physical Medicine and Rehabilitation	511	1947
American Board of Plastic Surgery	641	1937
American Board of Preventive Medicine	2,338	1948
Aviation Medicine	438	
Occupational Medicine	453	
Public Health	1,434	
General Preventive Medicine	13	
American Board of Psychiatry and Neurology	8,144	1934
Psychiatry	6,532	
Neurology	625	
Psychiatry and Neurology	987	
American Board of Radiology	8,320	1934
Diagnostic Roentgenology	894	
Medical Nuclear Physics	7	
Radiological Physics	76	
Radiology	6,030	
Radium Therapy	8	
Roentgen Ray and Radium Physics	23	
Roentgenology	1,019	
Therapeutic Radiology	258	
Therapeutic Roentgenology	5	
American Board of Surgery	13,814	1937
Board of Thoracic Surgery (Affiliate of the American Board of Surgery)	1,525	1949
American Board of Urology	3,140	1935
Totals	101,442	
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy	196	
Cardiovascular Disease	724	
Gastroenterology	501	
Pulmonary Diseases	294	
Total	1,715	
American Board of Pediatrics		
Allergy	165	
Cardiology	121	
Total	286	
American Board of Psychiatry and Neurology		
Child Psychiatry	381	
American Board of Surgery		
Proctology	81*	
Totals	2,463	
Special Certification		
American Board of Obstetrics and Gynecology		
Obstetrics	24	
Gynecology	15	
Total	39	
American Board of Otolaryngology		
Endoscopy	4	

* Independent board approved in 1949.

rology or a combined certificate for those qualified in both fields. This Board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic roentgenology, radium therapy, radiologic physics, roentgen ray and gamma ray physics, and medical nuclear physics.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, and indicates that each specialty board will accept the foreign graduate under certain conditions. This table is incomplete because the varying requirements of the boards cannot be shown in full detail.

Most of the American specialty boards have published booklets containing a list of their officers together with statements regarding organization, purposes, and qualifications that determine eligibility for certification. In this issue of THE DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES, there are published, with the consent of each board concerned, sections from the booklets containing the requirements for certification in the specialties. This information is published for the convenience of those physicians who are planning to seek board certification. Any

TABLE 3.—Annual Specialty Board Certification, 1944-1964

Year (Ended March)	No. of Boards in Existence	No. Certified	Cumulative Totals
1944	15	1,578	23,444
1945	15	1,308	24,752
1946	15	1,320	26,072
1947	15	2,424	28,496
1948	16	3,002	31,498
1949 (June 30)	19*	4,479	35,977
1950 (June 30)	19	3,827	39,804
1951 (June 30)	19	4,552	44,346
1952 (June 30)	19	4,118	48,464
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,464
1956 (June 30)	19	3,083	63,727
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,970	73,121
1959 (June 30)	19	4,306	77,427
1960 (June 30)	19	3,985	81,408
1961 (June 30)	19	4,234	85,642
1962 (June 30)	19	4,826	90,468
1963 (June 30)	19	5,376	95,844
1964 (June 30)	19	5,598	101,442

* One board, the American Board of Proctology, did not certify any candidates during this period.

specific inquiry concerning certification by a specialty board should be addressed to the board secretary, or executive secretary, whose name and address will be found in this issue of THE DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES.

Table 2 contains a list of the approved specialty boards, the year of activation, and the total number of candidates certified through June 30, 1964. Data are also presented regarding the number of physicians certified in the subspecialties and those granted special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, preventive medicine, psychiatry and neurology, and radiology.

A total of 95,844 physicians was reported certified by the 19 specialty boards to July 1, 1963. From this date through June 30, 1964, 5,598 physicians were certified, bringing the total to 101,432 certifications on June 30, 1964. In the subspecialties, 116 physicians were certified, bringing that total to 2,463 on the same date.

Table 3 indicates the total number of physicians certified each year for the past 21 years by all specialty boards. The total number certified on June 30, 1964, was 101,442.

The eleventh edition of the *Directory of Medical Specialists*, compiled by the Advisory Board for Medical Specialties and published in 1963 by the *Marquis-Who's Who*, Chicago, contains biographical information on the educational background of each living specialist (including those retired from practice) certified by an American board.

AMERICAN BOARD OF ANESTHESIOLOGY

- ALBERT FAULCONER, President, Rochester, Minn.
- E. M. PAPPER, Vice President, New York City
- JOHN ADRIANI, New Orleans
- RICHARD H. BARRETT, Hanover, N. H.
- ROBERT D. DRIPPS, Philadelphia
- WILLIAM K. HAMILTON, Iowa City
- DAVID M. LITTLE, JR., Hartford, Conn.
- JAMES H. MATTHEWS, Minneapolis
- ROBERT T. PATRICK, Casper, Wyo.
- MILTON C. PETERSON, Kansas City, Mo.
- FORREST E. LEFFINGWELL, Secretary-Treasurer, Pasadena, California; Office of the Board, 100 Constitution Plaza, Hartford, Conn. 06103

The following provisions are applicable to any candidate for certification who takes his first written examination in June, 1966. Those desiring to take any examination given prior to that date should direct an inquiry to the Secretary of the American Board of Anesthesiology, at the address listed above, for detailed information as to current regulations.

METHOD OF MAKING APPLICATION

Application for admission to the examination may be made only after a physician has completed two years of approved training. Application must be made to the Secretary on a form prescribed by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made only by the entire Board on recommendation of the appropriate committees. This activity is not a function of the Secretary.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been screened by organizations acceptable to the Board (ECFMG or National Board of Medical Examiners); and
2. Establish in a manner satisfactory to the Board that (a) he is a physician duly licensed by law to practice medicine, (b) he has completed a satisfactory internship, (c) he is of high ethical and professional standing; and
3. Submit proof to the Board that he has acquired special training in Anesthesiology according to either of the two plans outlined in the succeeding paragraphs.

Plan 1

A residency or fellowship in Anesthesiology of not less than three years, at least two of which must be devoted to clinical training. The residency or fellowship must be in a hospital or other institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc. The two years of clinical training may be received in a hospital or other institution approved for only two years of training. The additional training (described under "Equivalents") must be obtained in a hospital or other institution approved for three years of training.

In a three-year residency or fellowship, the Board will require any of the following equivalents for not more than one year of the total three year training period.

Equivalent (a)

Training and study in one of the following disciplines: physiology, pharmacology, biochemistry, anatomy, pathology, internal medicine, general surgery.

Equivalent (b)

Approved advanced training in a subspecialty in An-

esthesiology, such as anesthesia for pediatric surgery or anesthesia for cardiovascular surgery.

The applicant may spend all or a part of a year in one or more of the equivalents.

In addition, one year of practice acceptable to the Board over and above the period of residency training including the equivalents.

Plan 2

A residency or fellowship in anesthesia of not less than two years, both of which must be devoted to clinical training. The residency or fellowship must be in a hospital or institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc.

In addition, four years of practice acceptable to the Board over and above the period of residency or fellowship training.^o

4. Prove to the satisfaction of the Board by such examinations and investigations as the Board may prescribe that he is qualified to practice Anesthesiology; and

5. Personally prepare such case history abstracts of personally conducted procedures pertaining to Anesthesiology as the Board may specify; and

6. In July of each year submit annual reports of anesthesia experience on forms provided by the Board.

Each applicant shall be classified for the purposes of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. Written Examination.—Eligible applicants may take this examination upon completion of either (a) two years of approved residency training plus one year of practice acceptable to the Board, or (b) three years of approved training including one of the above equivalents. Written examinations are held annually in approximately 18 locations throughout the United States on the last Friday in June. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

2. Survey Examination.—The Board may require a survey in addition to the letters and annual reports which it currently requires.

3. Oral Examination.—After the appropriate period of practice acceptable to the Board the candidate's qualifications are reviewed and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in the spring and fall. Examiners consist of Directors of the Board, and Diplomates who assist as associate examiners. Oral examinations cover all phases of Anesthesiology, including the basic sciences and clinical applications.

Applicants are entitled to three opportunities at yearly intervals to take the written examination. This three-year period begins on the date an applicant is first declared eligible for the written examination.

^oThe Residency Review Committee for Anesthesiology is currently reviewing those programs desiring to be listed as being approved for three years of training. Those seeking such approval should submit an application together with a detailed description of the facilities and training activities which are being offered for the additional year to the Secretary, Residency Review Committee for Anesthesiology, % Council on Medical Education, 535 North Dearborn Street, Chicago, Illinois 60610. The director of each training program should take note that, until he has received official notice from the Committee Secretary that his program has been approved for three years of training, he and his trainees should continue to make prior arrangements individually with the Board as to credit allowable for the trainees' proposed activities beyond two years of clinical training.

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A fee of fifty dollars (\$50) will be charged for each repeat in the written and oral examination. The Board may, however, at its discretion deny a candidate the privilege of re-examination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examinations, his application will be declared void and reapplication will not be allowed.*

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be one hundred fifty dollars (\$150). At least fifty dollars (\$50) shall be paid upon filing the application, of which sum thirty-five dollars (\$35) shall be returned if the candidate is not accepted for examination. The remainder of one hundred dollars (\$100) shall be paid before taking the examination.

The Board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

Proper forms for making application and other information may be obtained by writing to the Secretary, Forrest E. Leffingwell, M. D., 100 Constitution Plaza, Hartford, Conn., 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY**

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STUART T. ROSS, Secretary, 520 Franklin Avenue, Garden City, N.Y.

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. He shall possess full citizenship in the country in which he practices.
3. He shall limit his practice to proctology, shall appear personally before the Board, and shall submit to the required examinations.
4. He shall deliver to the Board upon request an official

*The reapplication privilege may still be granted those who filed their original application prior to February, 1958, if they submit proof of an additional year of approved clinical training.

**Formerly American Board of Proctology.

record of patients hospitalized by him during the year prior to the date of submission of the application.

5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association.

2. He shall possess a license to practice medicine in the country of his residence.

3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education of the American Medical Association.

4. Candidates who have graduated from foreign medical schools are required to possess the certificate of the Educational Council for Foreign Medical Graduates prior to acceptance in an approved proctologic residency.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. He shall have completed a minimum of three years of an approved general surgical residency and one of the following:

- (a) Two years of a proctologic residency approved by the Board; or
- (b) Two years of a proctologic preceptorship approved by the Board.

2. Applicants who present evidence of exceptional training and experience in colonic and rectal surgery during their three years of training in general surgery may, upon special application and approval by the Board, be accepted for examination following one year of approved training in proctology.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's pre-medical and medical training; internships; residencies; precepteeships; other postgraduate study; hospital and dispensary appointments; teaching positions; service in the armed forces; service in federal, state or local government; membership in medical societies, and any additional information considered valuable by the Board.

The application shall be signed by two proctologists. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources, and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in *THE JOURNAL of the American Medical Association*.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers, and the examiners do not know the identity of the examinees.

Part 1: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology, and biochemistry. The examination is held in the fall of the year simultaneously in several cities of the United States.

Upon approval of the American Board of Colon and Rectal Surgery, candidates who have been certified by the American Board of Surgery and who have completed required training in proctology may not be required to take Part 1 of the examinations of the American Board of Colon and Rectal Surgery.

Part 2: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes the inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part 3: This consists of comprehensive written and oral examinations on the theory and practice of proctology and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part 3 examinations until he has completed the requirements of Part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEEs

Application fee: A fee of twenty-five dollars (\$25) shall accompany the application.

Examination fee: A fee of one hundred fifty dollars (\$150) is due and payable when the candidate is notified that he has been approved for examination.

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Colon and Rectal Surgery and shall be sent to the Secretary.

AMERICAN BOARD OF DERMATOLOGY

- J. WALTER WILSON, President, Los Angeles
- LOUIS A. BRUNSTING, Vice President, Rochester, Minn.
- RUDOLF L. BAER, New York City
- EDWARD P. CAWLEY, Charlottesville, Va.
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- WILEY M. SAMS, Miami
- WALTER B. SHELLEY, Philadelphia
- CLARENCE S. LIVINGOOD, Secretary, American Board of Dermatology, Inc. Henry Ford Hospital, Detroit, Michigan 48202

GENERAL REQUIREMENTS

Preliminary Registration forms are acceptable after the applicant has met the following requirements:

1. High ethical and professional standing.
2. Graduation from an approved medical school in the United States of America or Canada. Graduates of other schools are required to pass Part I and Part II of the examination of the National Board of Medical Examiners.
3. Satisfactory completion of an approved internship.
4. A state license to practice medicine in the United States of America or Licentiate of Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or regular status in the Armed Forces of the United States or Canada.
5. Citizenship in the United States or citizenship in Canada.
6. Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of an approved residency in dermatology are eligible for nonresident special certification. (See section on Graduates of Foreign Medical Schools.)

SPECIAL REQUIREMENTS

The following minimum requirements have been estab-

lished for admission to examination:

Formal training in dermatology and related subjects of not less than three years. This training may be obtained as a resident, fellow, or graduate student in the institutions recognized by the Council on Medical Education of the American Medical Association and approved by the joint Residency Review Committee for Dermatology. One month in each year may be taken as a vacation. Vacations may not be postponed to accumulate from one year to another.

The formal training shall include: At least one year full-time in an institution approved for three-year training in dermatology. Graduate training in the basic medical sciences; and carefully supervised laboratory and clinical work which should include the direct responsibility for in-patient care in dermatology.

METHODS OF TRAINING

The preferred method of training is a 3-year well-integrated and continuing program in an institution approved for the full training period.

Apart from the required full-time year in such an institution; the additional training requirements may be fulfilled by training in institutions approved for one year or two years or in a part as a preceptee.

Training must be completed within five years except where military service or other compelling circumstances shall intervene.

Suggestions for the study of dermatology are given in the Guide for Residency Training in Dermatology.

CREDIT FOR GRADUATE TRAINING IN OTHER SPECIALTIES

Candidates who are diplomates of other specialty boards or who have taken formal training in part toward such certification may submit credentials for possible credit toward training.

One year of training in Internal Medicine in a hospital approved for residency training in Internal Medicine may be substituted for one year of the three years of formal training required; in this case the other two years of training must be obtained in an institution approved for three-year training in Dermatology.

RESPONSIBILITY

It is the candidate's responsibility to make early contact with the Board at the beginning of training to ascertain and observe its regulations, and to file the *Preliminary Registration* and the *Application for Certification* forms. Candidates must meet all requirements before applying for certification.

Directors of training are responsible for submitting an *Annual Graduate Training* form on each candidate.

Approved preceptors, in conjunction with the director of training of the institution in which the candidate spends half of his training time, are responsible for submitting an *Annual Graduate Training* form on each preceptee.

PRELIMINARY REGISTRATION

Each candidate *must file a Preliminary Registration form with the Board* at the beginning of training, whether or not plans are complete at the time. This establishes his identity and status as a candidate and begins his permanent file. It also enables the Board to detect any possible deficiencies in the plan of training. A fee of twenty-five dollars (\$25) must accompany this registration, which is not refunded.

ESTIMATES OF STATUS

Decisions as to the status of candidates who ask for an estimate of the further training needed can be made only by the Committee on Requirements upon submission of an *Estimate of Status* form for the Board acts as a body and only through duly constituted committees. The twenty-five dollars (\$25) *registration fee*, which will be credited toward the Preliminary Registration, must accompany this form.

APPLICATION FOR CERTIFICATION

Each candidate must file an *Application for Certification* form after completion of formal training and before the

closing date regularly, semimonthly published in the Examination and Licensure column of THE JOURNAL of the American Medical Association. Dates of examinations are also published here. When all supporting documents have been received the application is submitted to the Committee on Requirements, which appraises the qualifications of the candidate and decides as to his eligibility for examination. An examination fee of one hundred twenty-five dollars (\$125) is payable when the candidate is notified that his application is acceptable to the Board. The loan sets of histo-pathology slides are then available from the Armed Forces Institute of Pathology.

The total fee of one hundred and fifty dollars (\$150) has been carefully computed and is used entirely for administrative purposes. Members of the Board receive no compensation except for actual expenses connected with the oral examinations.

EXAMINATIONS

Examinations are designed to ascertain the breadth of the candidate's knowledge in the basic as well as the clinical aspects of dermatology, to test his familiarity with the literature and to gauge his general qualifications as a specialist in this branch of medicine.

All applicants for certification must pass a comprehensive written examination before they are eligible for the oral test. The written examination is held simultaneously in major cities. Applicants are then required to pass the oral clinical and laboratory examination. Cases will be seen and discussed with each candidate, and the examiners will seek to ascertain his knowledge of dermatology as well as of various related subjects.

Candidates whose applications have been accepted may take the examination if in addition to three years of training they will have completed one year of credit toward experience by the date of the next oral examination.

Except in special circumstances an applicant shall take the examination within two years following the filing of application for accreditation. A candidate once accepted for an examination will henceforth remain eligible for only two succeeding examinations, unless some compelling circumstance, such as military service, shall intervene.

Candidates who have signified their intention of taking the examination and who fail to appear, or who cancel their request after the final notice has gone out, shall forfeit the examination fee.

The Board's records are confidential throughout. Examination marks will not be divulged. The findings of the Board are subject to its discretion and are final. Applications are accepted with this understanding.

CERTIFICATES

A certificate is issued when the candidate has: (1) successfully completed his three years of formal training; (2) completed one year of experience before taking the oral examination; and (3) successfully passed the written and oral examinations.

Certificates are issued only to physicians who practice in the United States of America and its possessions or in Canada.

Membership in the local and state medical societies as well as the American Medical Association is strongly recommended.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

A—Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of approved residency in dermatology are eligible for nonresident certification.

REQUIREMENTS

1. High ethical and professional standing.
2. Graduation from a medical school listed in the *World Directory of Medical Schools*, World Health Organization.

3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates.

4. Citizenship in the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

5. Satisfactory completion of (a) three full years of training in an institution or institutions approved for graduate training in dermatology; (b) the written and oral examinations given by the American Board of Dermatology.

RULES AND REGULATIONS

A *Preliminary Registration* form should be filed with the office of the Secretary as soon as requirements 2, 3, and 4 have been fulfilled, accompanied by photostatic copies of (a) medical diploma; (b) standard certificate of ECFMG; and (c) a license to practice medicine. A fee of twenty-five dollars (\$25) must accompany this registration, which is not refunded.

The *Application for Nonresident Certification* form is acceptable on completion of three full years of training in institutions approved for graduate training in dermatology. The final date for filing applications is published semi-monthly in the Examination and Licensure column of THE JOURNAL of the American Medical Association.

Each applicant must present a sworn statement that his application for this Special Certificate is based upon his intention to return to the nation where he intends to practice and if he returns to practice in the United States of America or Canada, under visa, exchange, immigration quota, or by any other means, he will surrender his Special Certificate and accept any further consideration from this Board under all of the regulations applying to a regular applicant from the United States of America or Canada.

An examination fee of one hundred twenty-five dollars (\$125) is payable when the candidate is notified that his Application for Certification is acceptable to the Board.

All examinations will be given in the United States of America.

A special certificate suitable for framing will be awarded after fulfilling the above requirements and successfully passing the examinations.

B—Graduates of foreign medical schools who are citizens of the United States of America or Canada and who will practice in the States or Provinces are eligible for certification after meeting the General and Special Requirements.

PRECEPTORS AND PRECEPTEE TRAINING

Preceptors are Diplomates of the Board of at least five years standing in active practice; recognized teachers of professorial rank, on the active staff of an institution approved for three years of graduate training in dermatology.

Precepteeships are granted for one year of graduate training. The preceptee must not spend more than one half of his time in the preceptor's office. The remaining half-time is to be spent under supervision of preceptor in an institution approved for three years of graduate training in dermatology.

AMERICAN BOARD OF INTERNAL MEDICINE

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GENERAL QUALIFICATIONS

1. All candidates must be citizens of the United States or Canada. (For exceptions see "Graduates of Foreign Medical Schools not citizens of the United States or Canada, who are returning to their homeland.")
2. All candidates must be licensed to practice medicine in a state, territory, province or possession of the United States or Canada.
3. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the Council on Medical Education of the American Medical Association at the date of graduation. (Graduates Foreign Medical Schools*)
2. Satisfactory completion of an approved internship of not less than twelve months.**
3. Satisfactory completion of training and experience according to the following PLANS A, B, or C. (Graduates of foreign medical schools may qualify only under PLAN A.)

QUALIFICATIONS FOR EXAMINATION

Plan A

Written Examination: Candidates who will have satisfied the general and professional qualifications listed above, and who will have had five years of preparation after the completion of an approved internship on or before October 1st, are eligible to apply for examination in their fifth year. (Closing date for acceptance of applications is May 1st.)

Three (3) years of the five (5) year interval must be in full time formal training as follows:

- 1) Three years of residency training in the broad field of internal medicine in a program approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education of the American Medical Association, or
- 2) Two years of residency training in the broad field of internal medicine in an approved program as described in Paragraph 1, and a third year of full-time graduate education in a field related to internal medicine, provided the assignment is in an approved medical school or medical school hospital or in a hospital approved for 3 years of residency in internal medicine by the Residency Review Committee in Internal Medicine. The Board may recognize other institutions for a third year of training; however, such institutions must have a nationally recognized reputation for advanced training programs and provide this in an academic atmosphere.

Assignments for this year of graduate education may be devoted to:

- a) basic or clinical research,
- b) assignments in basic science departments of approved medical schools in the United States or Canada.
- c) subspecialty training,
- d) twelve months of formal study in internal medicine in a recognized postgraduate medical school in the United States or Canada.

The remaining two years in internal medicine may be devoted to work in any clinical investigative or basic science area related to internal medicine.

OBLIGATED military service in the Armed Forces of the United States or Canada or in the United States Public

*See requirements for Graduates of Foreign Medical Schools on page 320.

**During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirements of twelve months. A residency of nine months is considered as nine months only.

Health Service may be applied as clinical experience but not as formal training.

Such assignments in the Armed Forces, as well as other experience in internal medicine, may be applied at any interval in the five year requirement, following an approved internship.

Plan B

Written Examination: Graduates of approved medical schools in the United States and Canada not eligible under PLAN A, may qualify under PLAN B after completion of the following training and experience: (NOTE: Graduates of foreign medical schools cannot qualify under PLAN B.)

- 1) One year of approved internship
Two years of approved residency in internal medicine
Five years of experience in areas related to internal medicine
- 2) One year of approved internship
One year of approved residency in internal medicine
Two years of graduate education as described under PLAN A (2)
Four years of experience in areas related to internal medicine
- 3) One year of approved internship
One year of approved residency in internal medicine
Eight years of experience in areas related to internal medicine
- 4) One year of approved internship
Eleven years of experience in areas related to internal medicine, provided the candidate is identified as an internist by his colleagues in his community
Obligated military service may be applied as in PLAN A.

Plan C

Written Examination: Plan C has been devised to broaden the opportunity for graduate education in terms of the requirements of this Board. *This plan is exclusive.* It is reserved for the use of Chairmen of Departments of Medicine, in approved medical schools in the United States and Canada, who may wish to recommend for admission to examination certain men who have planned a career in academic medicine but whose training may not have satisfied the requirements of the other "Plans" authorized by the Board.

Candidates may not elect "Plan C". Specific recommendation that a candidate be qualified under this plan must be made by a Chairman of a Department of Medicine in an approved medical school in the United States or Canada. The recommendation must assure that the candidate has been trained under his personal supervision or under that of other persons in his department for a minimum of three years of a five year period of training after internship; that at the time of application this training has been completed and has been shaped with the idea that the candidate has been preparing for an academic career; and that during the training period the candidate has had adequate direct responsibility for patient care in the broad field of internal medicine. Obligated military service, as described in Plan A, *may not* be included as a part of the five year period of training. This plan is intended for the unusual candidate. Each application will be considered individually by the Executive Committee of the Board.

If the candidate wishes to qualify after a minimum of five years of training, it will be the responsibility of the Head of the Department of Medicine concerned to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to the examination. It will may be that the Head of the Department will require additional years of training beyond the minimum before recommending the candidate to the Board. A candidate qualifying under the foregoing provisions will be examined by the Board in the broad field of internal medicine.

ORAL EXAMINATIONS: The oral examination, under all PLANS, may be taken at the convenience of the Board after passing the written examination. Your regional area with dates and locations of examination will be designated with your notification of passing the written examination.

GRADUATES OF FOREIGN MEDICAL SCHOOLS
WHO ARE CITIZENS OF THE UNITED STATES OR CANADA
REQUIREMENTS

1) Candidates in this classification not licensed to practice in a state, territory, province or possession of the United States or Canada, or who have not passed the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany application for admission to examination.

2) All candidates are required to complete an internship of one year approved by the Council on Medical Education of the American Medical Association.

3) All candidates are required to complete the appropriate graduate training and subsequent experience in internal medicine after internship in accordance with the provisions of "PLAN A."

4) Two years of obligated service in the Armed Forces of the United States or Canada after internship may be applied in satisfying the time element but not the post-graduate training requirements.

5) Please see "DEFINITIONS" as applied to requirements of this Board.

GRADUATES OF FOREIGN MEDICAL SCHOOLS NOT CITIZENS
OF THE UNITED STATES OR CANADA WHO WILL RETURN
TO THEIR HOMELAND AFTER COMPLETION OF AN
APPROVED INTERNSHIP FOLLOWED BY THREE YEARS OF
APPROVED RESIDENCY IN INTERNAL MEDICINE

1) Candidates in this classification are required to complete an internship of twelve months approved by the Council on Medical Education of the American Medical Association.

2) Candidates must have passed the examination of The Educational Council for Foreign Medical Graduates and have received a permanent certificate regardless of time or school of graduation. A photostatic copy of the certificate must accompany application for admission to examination.

3) Candidates are required to complete thirty-six months of approved residency and two additional years of experience after internship in accordance with the requirements of Plan A.

4) Candidates who are accepted for the Written Examination may take this examination in the United States or at designated installations of the United States in foreign countries.

5) Candidates who pass the written examination will be eligible to apply for admission to the oral examination at the convenience of the Board. All oral examinations will be given in the United States.

6) Candidates passing the oral examination of this Board will receive from the Board a statement that they have passed the written and oral examinations of the American Board of Internal Medicine. This "statement" may take the form of a document suitable for framing.

7) The Board reserves unto itself the right to reject any and all applications.

8) All candidates must be citizens of the country to which they are returning and licensed to practice medicine in that country.

9) The "Statement" referred to in paragraph 6 may not be exchanged for a certificate of the Board in the event the candidate should return to the United States or Canada and qualify for citizenship.

10) Please see "DEFINITIONS" as applied to the requirements of this Board.

DEFINITIONS

As Applied to Requirements of This Board

- 1) *An approved internship* is defined as an internship not less than one year (rotating or straight internship in internal medicine) approved by the Council on Medical Education of the American Medical Association.
- 2) *An approved residency* in internal medicine is defined as postgraduate training approved by the Residency Review Committee in Internal Medicine.
- 3) *Obligated military service* is defined as service under the requirements of an Act of Congress governing the "Doctors Draft."
- 4) *Postgraduate education* as referred to in the requirements includes an approved internship and approved residencies and fellowships.
- 5) *Graduate training* includes formal training and study in recognized graduate schools of medicine or basic sciences.

CREDIT FOR SERVICE IN THE MEDICAL CORPS OF THE
ARMED FORCES OF THE UNITED STATES OR CANADA

Active duty as a commissioned officer in the Medical Corps for the periods December 7, 1941 to January 1, 1947 and June 1, 1950 to July 1, 1954, may be applied as one year of residency credit or one year of clinical experience regardless of assignment.

GRADUATES OF THE CHICAGO MEDICAL SCHOOL
AND THE MIDDLESEX SCHOOL OF MEDICINE

Graduates of the Chicago Medical School prior to the approval of the Council on Medical Education of the American Medical Association, in 1949, may apply under the provisions of Plan A and at the discretion of the Executive Committee of the Board be admitted to examination.

Graduates of the Middlesex School of Medicine, who received their degree in medicine prior to January 1, 1951, may apply under the provisions of Plan A and at the discretion of the Executive Committee of the Board be admitted to examination.

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in Medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in outlining its requirements, the Board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The Board believes that all internists should have a sound fundamental knowledge of anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology. Such knowledge is essential to the continued progress of any internist. The Board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three year residency program.

The Board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the Board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the Board.

METHOD OF EXAMINATION

1. *The WRITTEN EXAMINATION* is held simultaneously in different sections of the United States, Canada, and outside continental limits of the United States wherever

eligible candidates are located. Only one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into morning and afternoon periods of three hours each. The questions are of the multiple choice type, framed in such manner as the Board elects, and designed to test the candidate's basic clinical acumen and his knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology, and pharmacology as related to internal medicine.

2. The ORAL EXAMINATIONS are held near the time and place of the annual meeting of the American College of Physicians and at such other times and places as the Board may designate. Announcement of all oral examinations will appear in the *Bulletin of The American College of Physicians* and *THE JOURNAL of The American Medical Association*. Applications will be accepted as soon as the schedule is announced and cannot be accepted after the closing date published. The oral examinations are given by the members of the Board with the assistance of such guest examiners as may be selected, and are conducted at the bedside of patients assigned each candidate.

Candidates will be expected to present in a concise, orderly fashion pertinent facts in the history and diagnosis. Demonstration of important physical findings will be requested by the examiner. During the oral examination, questions will be asked concerning diagnostic and therapeutic procedures related to the problems under discussion and to any other aspects of Internal Medicine. Conciseness and clarity of statement as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret objective demonstrations of roentgenologic, pathologic, hematologic, electrocardiographic and other abnormalities.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive Secretary-Treasurer.

The closing date for acceptance of application is May 1st of the year concerned.

The application must be accompanied by a recent, signed photograph of the candidate and the registration and examination (written) fee of sixty dollars (\$60). Forty-five dollars (\$45) will be refunded if the application is disapproved.

The oral examination fee of sixty-five dollars (\$65) is due when applying for admission to the oral examination.

The certificate fee of eleven dollars and eighty-five cents (\$11.85) is due after the notification of certification is received.

REEXAMINATION

I. WRITTEN EXAMINATION

- 1) The interval between written examinations will be not less than one year.
- 2) A fee of thirty-five dollars (\$35) is due upon application for reexamination.
- 3) The number of written examinations for which a candidate may apply is not limited.

II. ORAL EXAMINATION

- 1) The interval between oral examinations will be not less than one year.
- 2) A fee of sixty-five dollars (\$65) is due upon application for reexamination.
- 3) Candidates failing three (3) oral examinations, after January 1, 1958, must apply for and pass another written examination before admission to further oral examinations.

NOTE: Candidates are not required to repeat the examinations within the specified time limits. A longer interval may be elected between both written and oral examinations. Candidates who elect an

interval of three years or more between written examinations must file new applications.

CANCELLATIONS

A candidate who cancels his assignment for examination will be required to pay a special fee before admission to a subsequent examination. This provision becomes necessary because of the large number of cancellations after complete arrangements have been made and the expense incident thereto.

Written Cancellation Fee	None
Oral Cancellation Fee	\$25.00

CERTIFICATES

The certificate issued by the American Board of Internal Medicine shall be in such form as to comply with the Articles of Incorporation and the By-laws and shall be signed by the members of the Board and shall bear the official seal of the Board.

Certificates of the Board will be issued to candidates who have passed the written and oral examinations and have been officially certified by the Board.

SUBSPECIALTY BOARDS

Allergy, Cardiovascular Disease, Gastroenterology and Pulmonary Disease are recognized subspecialties.

1) The Subspecialty Boards of the American Board of Internal Medicine do not appraise hospitals for residency or fellowship, however, a residency or fellowship in a subspecialty in a hospital approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine may be applied as one year of credit provided the program is planned on an educational basis under supervision of a subspecialist.

2) After establishing eligibility in a subspecialty candidates will be admitted to examination, on application, two (2) years after certification in Internal Medicine.

To establish eligibility candidates will apply on a form obtained from this office, which will in turn be studied by the subspecialty Board concerned.

Announcement of the dates and places of subspecialty examinations will appear in *THE JOURNAL of the American Medical Association* and the *Bulletin of The American College of Physicians*.

Application forms will be forwarded upon request to the office of the Executive Secretary-Treasurer.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

- FRANCIS MURPHEY, Chairman, Memphis, Tenn.
- DONALD D. MATSON, Vice Chairman, Boston
- LYLE A. FRENCH, Minneapolis
- E. S. GURDJIAN, Detroit
- J. LAWRENCE POOL, New York, N.Y.
- DAVID L. REEVES, Santa Barbara, Calif.
- HENRY G. SCHWARTZ, St. Louis
- C. HUNTER SHELDEN, Pasadena, Calif.
- OSCAR SUGAR, Chicago
- FRANK TURNBULL, Vancouver, B.C., Canada
- BENJAMIN B. WHITCOMB, Hartford, Conn.
- GUY L. ODOM, Secretary-Treasurer, Duke University Medical Center, Durham, N.C.

GENERAL QUALIFICATIONS

1. Moral, ethical and professional standing satisfactory to the members of the Board.
2. Completion of a minimal prescribed period of formal training in approved centers in the United States or Canada as described below.
3. It shall be discretionary with the Board to accept for examination candidates who have been in neurosurgical practice in the United States or Canada more than six years, but whose formal training fails to meet the full requirements.
4. Properly qualified candidates who are permanent residents in and citizens of other countries and are legally

qualified to practice medicine there, and who have received their training in neurological surgery in the United States or Canada may apply for certification by the American Board of Neurological Surgery.

5. A special certificate may be issued to foreign candidates (not American or Canadian citizens) who have received their training in neurological surgery in the United States or Canada and who are returning to their own country at the end of their training period. Examination for the Foreign Certificate may be taken without completion of the requirement of two years in the practice of neurological surgery. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

PRELIMINARY PROFESSIONAL STANDING

I

1. Graduation from a medical school which is acceptable to the American Board of Neurological Surgery.

II

1. Completion of a surgical internship of not less than one year in an approved hospital in the United States or Canada, or its equivalent in the opinion of the Board.

2. A period of graduate study of not less than four years following completion of the training in general surgery in a hospital or recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. Of this training period at least thirty months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training in clinical neurological surgery be obtained in one institution. The American Board of Neurological Surgery will not ordinarily approve training in any hospital or graduate school of medicine for periods of less than six months.

Upon recommendation of the head of an approved neurosurgical training program and individual ratification by the Board, credit may be given retroactively for training if a candidate:

- a) transfers from one approved neurosurgical training center to another by arrangement between the chiefs of the two programs.
- b) before entering a training program has had in other approved centers substantially more than the prerequisite training in general surgery, medical neurology or in the basic neurological sciences.

These provisions in no way alter the basic minimum requirements of 4 years training in neurosurgery including 30 months of clinical neurosurgery of which 24 months must be in one institution.

The candidate must prepare himself to pass examinations given by the Board in neurological surgery, general surgery, medical neurology (including neuro-ophthalmology and electroencephalography), neuropathology, neuroanatomy, neurophysiology and neuroradiology.

The Board does not accept training by preceptorship.

Credit for partial training in foreign or other non-approved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of, and with, the advice and approval of, the director of the candidate's clinical neurosurgical program.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory practice of neurological surgery in one location is required prior to examination.

At the time of examination the candidate will be required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon. Only

those upon whom neurosurgical diagnostic or operative procedures have been carried out during the two years immediately preceding examination should be listed. Information must include:

1. Identifying hospital number and date of admission
2. Clinical diagnosis
3. Definitive diagnostic procedures, if performed
4. Operations, if performed
5. Result, including, when applicable, all complications and autopsy findings

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material will be readily available when requested. The candidate should bring this list with him to the examination. He should *not* send it to the Secretary-Treasurer ahead of time. The Board will request reference letters from physicians who have known the candidate during this period of practice. The Board at its discretion may send representatives to call upon the candidate for a review of his practice.

APPLICATIONS

An application on the official application blank, in such form as may be adopted from time to time by the Board of Directors, must be in the hands of the Secretary-Treasurer of the Board not less than nine (9) months prior to the date the applicant wishes to present himself for examination. In most instances, therefore, a candidate should write to the Secretary-Treasurer for the official application blank after he has been in practice about one year.

The Secretary-Treasurer on receipt of an application shall forthwith make inquiries from the candidate's references and from such other persons as the Secretary-Treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary-Treasurer of its recommendation. The application shall then be acted upon by the members of the entire Board at a regular meeting and the applicant promptly notified of the Board's decision. If accepted the candidate shall be eligible for examination at the next meeting of the Board for which he can be scheduled. He must take the examination within 3 years of the time that he is eligible to be scheduled or reapply again as a new candidate. If the examination has been failed, it must be repeated within 3 years, but the Board requires a waiting period of 1 year to allow time for further preparation. If a candidate has failed twice and re-applies, he must withdraw from practice and take a minimum of six (6) months of formal study under the supervision of, and satisfactory to, the director of an approved neurosurgical training program.

PAYMENT OF FEES

The fee for Certification shall be two hundred dollars (\$200). The candidate for examination on filing his application shall accompany it with an application fee of twenty-five dollars (\$25). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination he shall send the examination fee of one hundred seventy-five dollars (\$175) to the Secretary-Treasurer at least two weeks before the date of the examination. The fee for re-examination in case of failure shall be one-hundred fifty dollars (\$150).

FOREIGN CANDIDATES

All graduates of foreign medical schools who are candidates for certification by the American Board of Neurological Surgery must have passed the examinations given by the Educational Council for Foreign Medical Graduates.

Each foreign candidate who passes the examinations given by the American Board of Neurological Surgery must provide the Secretary-Treasurer of the Board with evidence of his license to practice in his own country before the Foreign Certificate of the Board will be forwarded to him. If the holder of a Foreign Certificate returns to or remains in the United States to practice, he must forfeit this Foreign Certificate and reappear before the Board after two years of practice in the United States or Canada. The fee for this re-examination shall be one hundred and fifty dollars (\$150).

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

- CARL P. HUBER, President, Indianapolis
- JOHN I. BREWER, Vice-President, Chicago
- ANDREW A. MARCHETTI, Vice-President, Washington, D.C.
- CURTIS J. LUND, Assistant Secretary, Rochester, N.Y.
- S. LEON ISRAEL, Philadelphia
- E. STEWART TAYLOR, Denver
- RALPH C. BENSON, Portland, Ore.
- WILLIAM C. KEETTEL, Iowa City
- W. NORMAN THORNTON, JR., Charlottesville, Va.
- GORDON W. DOUGLAS, New York City
- J. ROBERT WILLSON, Ann Arbor, Mich.
- LAWRENCE M. RANDALL, Chairman of the Board, Rochester, Minn.
- REED B. DAWSON, Esq., Counsel, New York City
- CLYDE L. RANDALL, Secretary and Treasurer, 100 Meadow Rd. Buffalo, N.Y. 14216

REQUIREMENTS

A. For Certification

Each candidate, before he may become eligible to apply for evaluation of qualifications by the Credentials Committee, must establish the following:

1. The possession of the degree of Doctor of Medicine from an institution of learning acceptable to the Council on Medical Education of the American Medical Association.
2. That he is a full citizen of the United States or Canada, has an unlimited license to practice medicine in either country, is a member of a County or District Medical Society, and is of high ethical and professional standing.
3. The completion of at least one year of intern service in a hospital acceptable to the Council on Medical Education of the American Medical Association or the Canadian Council on Hospital Accreditation. The Board accepts the fifth or "intern" medical school year required by some schools in lieu of the usual fifth or intern year of clinical training following graduation.
4. The completion of a minimum of three years approved progressive residency composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology.
5. That he has had at least eighteen consecutive months of post-residency practice in the same locality, and limited to the specialty, completed immediately prior to the date of application. Interpretation of the "same locality" requirement may be made by the Board for those candidates who have had post-residency practice in service on obstetrics and gynecology in the Armed Forces.

In addition, the candidate must offer as sponsors two Diplomates of this Board from his community currently acquainted with his ability in the practice of the specialty.

B. For Authentication (Foreign Nationals)

Each candidate, before he may become eligible to take the Part I examination, must establish the following:

1. Possession of a permanent E.C.F.M.G. (Educational Council for Foreign Medical Graduates) certificate.

2. The completion of a minimum of three years approved progressive residency composed of eighteen months in obstetrics and eighteen months in gynecology.

C. Special Credits and Rulings

1. Since July 1, 1962, this Board has required a minimum of three years approved and progressive residency, composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology, to complete the requirements for admission to examination. Exceptions will be made only for those candidates who have served a preceptorship approved and commenced prior to July 1, 1960, under the rules then in force, and completed by July 1, 1962. **APPLICATIONS FOR TRAINING BY PRECEPTORSHIP ARE NO LONGER APPROVED.**

2. Applicants on service in obstetrics-gynecology under orders in governmental hospitals will receive residency credit if such hospitals are officially approved for residency programs in this specialty.

Physicians in practice who are recalled to service as members of either National Guard or reserve units will be granted credit toward their post-residency practice time for 50 per cent of the time served; this credit will not, in any circumstance, exceed one year.

3. Post-residency practice is emphasized as an opportunity for colleague appraisal of the candidate's ability when working on his own responsibility. This experience may occur as an assistant, an associate, as independent practice, service in obstetrics and gynecology in governmental services or, when the candidate has completed residency requirements, advanced to full-time teaching appointment in a medical school, which includes clinical responsibility. Periods of residency in obstetrics and gynecology in excess of the required three years will not be substituted for any part of post-residency practice.

4. Physicians otherwise qualified who were graduated before January 1, 1939, whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for at least five years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. Knowledge of both obstetrics and gynecology is required.

5. Applicants who possess a certificate from another Board may retain such certificate provided they agree to confine their future practice to obstetrics and/or gynecology.

6. The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except when this is related to active military duty.

7. It is permissible for candidates and Diplomates of the American Board of Obstetrics and Gynecology to participate in Emergency Care.

8. Foreign born candidates applying for certification must supply with the application a notarized statement, not original citizenship papers, attesting full citizenship in the United States or Canada. Such candidates will not be eligible to apply for admission to examination until three years from the date of unlimited licensure to practice medicine in the United States or Canada.

9. Credit for a residency in "accelerated programs" will be allowed only for residencies served during 1943-46.

10. Any physician who formally obligates himself to enter a residency program approved by the Residency Review Committee and who breaks his contract without justifiable cause, either before or during his period of service, except by mutual consent of the candidate and the hospital, may

be declared ineligible for examination for certification at the discretion of the Board.

11. A candidate's time in practice requirement may be fulfilled while on active duty in governmental services provided:

1. Five or more years have elapsed since completion of his internship.
2. He is serving in governmental service when he applies and his list of hospital dismissals records his clinical experience during the twelve months immediately preceding the date of his application.
3. The Board has received evidence indicating favorable colleague appraisal of his activities while in governmental services.

A candidate who applies after separation from governmental service, whose list of hospital dismissals records experience in civilian practice during the twelve months preceding the date of his application, and/or whose record of colleague appraisal is in the community where he has established residence *after separation from governmental service*, must have been in civilian practice a *minimum of eighteen months in that locality*.

APPLICATION AND FEES

Application forms may be obtained from the Executive Secretary. When completed they must be returned to him not later than July 1 of each year, accompanied by the application fee of \$35.00 which is not returnable.

The application must be accompanied by duplicate certified typewritten lists of all patients dismissed from the candidate's service in each hospital where he has practiced during the year preceding the application. The patients listed must be only those for whom the candidate assumed the major responsibility.

The data of obstetrical and gynecological patients must be listed separately on unbound paper 8½ by 11 inches and must conform **IN ALL DETAILS** to the format on the last page of the Bulletin.

If the application is approved the candidate will be notified of admission to examination. This should be acknowledged immediately accompanied by remittance of the examination fee of \$125.00 which is not returnable.

Applicants declared eligible but who fail to exercise the privilege of examination in the same year, are required to submit new duplicate certified typewritten lists of all patients dismissed from their service in each hospital where they have practiced during the year immediately preceding their request to be scheduled. Those who fail to request examination within 3 years of the date of filing their original application must file a new and current application, submit a duplicate certified list of patient dismissals for the preceding 12 months and pay a new application fee of \$35.00.

When the Board declares the candidate ineligible for admission to examination or postpones this admission, a request for re-opening of the application may be made within two years of the original date of application without payment of additional fee. This request must be accompanied by evidence that the reasons for ineligibility and/or postponement have been corrected. As a general rule the Board will not reconsider the application in less than two years.

Following two ineligibility or postponement rulings on the original application, an entirely new application must be submitted with the fee of \$35.00.

All candidates requesting re-opening of their application are required to submit, with their letter of request, current duplicate certified typewritten lists of all patients dismissed from their service in each hospital where they have practiced during the preceding twelve months.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expense. Directors and Associate Examiners serve as such without compensation other than actual expense.

APPLICATION, FEES AND REGULATIONS CONCERNING ADMISSION TO RE-EXAMINATION

Re-examinations, owing to failure in the Part I examination, may be taken after one year but must be taken within three years after first failure without payment of additional fee.

Re-examination in Part II does not include repetition of Part I examination. One re-examination may be taken on the original application within three years of the first examination and first failure without submission of a new application. Requests for this re-opening of the original application and first admission to re-examination in Part II must be accompanied by a fee of \$35.00.

Failure to exercise the privilege of re-examination within three years requires the submission of a new application with payment of the usual fees for application and examination.

Following two failures in either Part I or Part II the candidate may submit a second application under the same regulations as applied to the original application and may be admitted to re-examinations but once. Exceptions to this ruling can only be made by action of the entire Board of Directors.

All requests and applications for re-examination, in either Part I or Part II, must be made prior to July 1 of each year and accompanied by **CURRENT** duplicate certified typewritten lists of all patients dismissed from the candidate's service in each hospital where he has practiced during the preceding twelve months.

ONLY ONE RULING ON ANY APPLICATION WILL BE MADE WITHIN A PERIOD OF TWELVE MONTHS

EXAMINATIONS

Part I, scheduled for December 11, 1964, consists of a comprehensive written examination in obstetrics and gynecology and related basic sciences limited to three hours.

The examination will be conducted at designated centers in the United States and Canada.

Special arrangements will be made with senior officers to supervise the examination for candidates in military service. Such candidates must keep the Board Office informed of their addresses.

Each applicant accepted for Part I examination will be required to achieve a passing grade of 75 per cent before becoming eligible for the Part II examination. The latter must be taken at one of the two next consecutive Part II examinations offered. However, if Part II examination is not taken during the first year after the candidate passes Part I, he is required to submit new certified lists of patient dismissals as described under "Application and Fees."

SPECIAL NOTICE

PART I EXAMINATION (written), commencing in 1965, will be conducted in July at designated centers in the United States and Canada. Requirements, application, procedure, fees, etc., will be published in the 1964 Bulletin.

Candidates whose residency will be completed on or before June 30, 1965 will be eligible to make application to take the examination in July 1965.

Part II, scheduled for April 26-May 1, 1965, is conducted by the Directors of the Board and Associate Examiners and consists of:

1. An oral examination to determine the general qualifications of the candidate as a specialist in obstetrics and gynecology, the extent of his experience and knowledge in clinical obstetrics and gynecology and related basic sciences, and his familiarity with recent obstetrical and gynecological literature. He is expected to identify and discuss illustrations of gross obstetrical and gynecological conditions.

2. An examination in obstetrical and gynecological pathology. The candidate is expected to identify and describe microscopic preparations.

Examiners report on each candidate to the assembled

Board and Associate Examiners. The candidate is then passed or failed by the vote of the entire Board of Directors.

The passing grade in each part of the examination is 75 per cent.

RESIDENCY PROGRAMS IN OBSTETRICS AND GYNECOLOGY

Graduate programs in obstetrics and gynecology are passed upon by a Residency Review Committee sponsored jointly by the American Board of Obstetrics and Gynecology, the Council on Medical Education of the American Medical Association and the American College of Surgeons. The Committee is composed of twelve Diplomates of the Board who have had experience in the organization and supervision of sound programs for graduate education in this field. The sponsors have reviewed and approved the policies of the Committee and delegated to it full authority to act.

Programs are approved to provide for the resident an educational opportunity that is progressive in experience and responsibility. All programs should achieve a balance between the educational activities and the experience acquired through the care of patients. The total number of residents should be such that the maximal education and experience can be afforded the individual resident.

The American Board of Obstetrics and Gynecology requires three years of progressive experience composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology for admission to examination for certification.

The Board recognizes that some residency programs, in order to meet the minimal requirements, may extend beyond three years. Such programs may be arranged for approval of more than three years provided there is no dilution of resident experience in clinical obstetrics and gynecology or no decrease in the time requirements mentioned previously.

Education in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to total care of the patient.

Since July 1, 1958, this Board has not allowed credit within the required three years for separately organized basic science courses which remove the candidate from clinical obstetrics and gynecology.

Exchange of residents within the specialty between approved programs is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical experience equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such service is carefully supervised by the chief of the approved program in which the Resident is enrolled. Such an arrangement is to be attested in the hospital information form supplied to the Residency Review Committee.

The Board requires a minimal three years of an approved progressive residency program composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology to fulfill the qualifications for admission to examination. Programs not including, either intramurally or by affiliation, thirty-six months of progressive clinical experience in the specialty are no longer approved. Thus, the one year programs approved only for the first year in obstetrics and/or gynecology are no longer approved. The institutions involved are urged to affiliate with those having approved programs. Full approval will be given only to the parent program.

Two-year residencies in obstetrics only or gynecology only are not approved and should affiliate to produce a combined program that can be approved. Two-year residencies in obstetrics and gynecology likewise are not approved. The institutions involved are encouraged to develop a three-year program by expansion or affiliation.

The chief of service should be a Diplomate of this Board in the interest of proper organization of the department and the teaching of the combined specialty. At least one additional senior member of the staff should be similarly quali-

fied. In the absence of such certification the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty and one additional senior member is similarly qualified. When obstetrics and gynecology are not a combined department the chief of each division and at least one of his associates must be Diplomates of this Board or otherwise qualified as mentioned above. If gynecology exists as a subdivision of general surgery the program will be approved only if the chief gynecologist and at least one other member of the subdivision meet the above requirements. When the divisions of obstetrics and gynecology are not combined in a given institution or when one or the other of the divisions is located in an affiliated institution, approval for residency training is contingent upon the integration of teaching and the rotation of residents between obstetrics and gynecology in order to afford equal education and experience in both branches of the specialty.

Applications for residency approval must be made in triplicate. Special forms may be secured from the Secretary of the Council on Medical Education of the A.M.A. The hospital should retain a duplicate of all documents relating to the application. When completed the application and all papers pertaining thereto should be submitted to the Council on Medical Education of the A.M.A., 535 North Dearborn Street, Chicago, Illinois 60610. Following inspection of the proposed program by a representative of the Council the application will be submitted to the Residency Review Committee for consideration and action.

For further information a copy of the Essentials of Approved Residencies, published by the Council, should be available to all who participate in the activities of a program.

AMERICAN BOARD OF OPHTHALMOLOGY

- ARTHUR GERARD DEVOE, Chairman, New York City
- BANKS ANDERSON, Vice Chairman, Durham, N.C.
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- C. WILBUR RUCKER, Rochester, Minn.
- HAROLD G. SCHEIE, Philadelphia
- ROBERT N. SHAFFER, San Francisco
- FRED M. WILSON, Indianapolis
- MISS LEA M. STELZER, Registrar Box 236, Cape Cottage Branch, Portland, Me.

PREREQUISITES

1. High ethical and professional standing.
2. Full citizenship in the country where the candidate practices. Foreign born ophthalmologists practicing in the United States, if otherwise qualified, may apply if they have filed their petition for naturalization three years prior to application.
3. A degree from a medical school of high standing, satisfactory to the Board and approved by the Council on Medical Education of the American Medical Association.
4. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools, (Canadian schools excepted), providing that he has not already passed the examination of the State Board or that of the National Board of Medical Examiners.
5. Completion of an internship of not less than one year in a hospital approved by the same Council.
6. Individuals who have completed 36 months of formal ophthalmological training (residency and basic science courses) may apply for the written qualifying test after completion of 12 months of practice or 12 months of institutional work, a total of 48 months. All other individuals, with

REQUIREMENTS FOR CERTIFICATION

less formal training, may apply for the written test after 60 months in ophthalmology or 72 months of combined ophthalmology and otolaryngology. A basic course is recognized as equivalent in time to residency training. *All time requirements must be completed by the date of the written test.*

7. Licensure in the State, Province or country where the candidate practices.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the Secretary's office before the published deadline date.

2. Fee of \$100.00 remitted with application.

3. A list of papers or books published.

4. Written qualifying test.

5. Practical examination.

6. Special review of ophthalmic surgery.

FEES

For original written test, \$100.00, payable with application.

For original clinical examination, \$50.00, payable on successful completion of the written test.

Repeating written test, \$65.00.

Repeating clinical examination, \$65.00.

Single conditions, \$25.00.

Two or more conditions, \$35.00.

The fees have been carefully computed on a basis of cost of examinations, and are used entirely for administrative expenses. Examiners serve without compensation other than actual expenses.

TIME LIMIT FOR APPLICATIONS

Applicants must successfully complete the written test and oral examination within six years after acceptance of application. After six years a new application and credentials will be required.

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology, particularly: anatomy, histology, embryology, optics, physiologic optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skillful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp and microscope. Mere factual knowledge is not sufficient; the candidate must have had training in the application of these subjects and in their use in clinical ophthalmology.

2. Active clinical experience in approved hospitals, clinics, dispensaries and private practice. Library and laboratory facilities should be utilized for the intensive study of cases. These requirements may be met in various ways:

BASIC STUDIES

Anatomy and Histology of the Normal Eye
Embryology and Developmental Abnormalities
Bio-Chemistry
Pathology
Microbiology and Immunology
Optics and Physiological Optics
Ocular Physiology
Medical Ophthalmology
Pharmacology
Neuro-Ophthalmology
Principles of Ophthalmic Surgery

These may be covered by:

A—A curricular course in the basic sciences related to ophthalmology in an approved graduate medical school.

B—Courses in individual basic sciences related to ophthalmology as given at various approved institutions. The Home Study Course of the American Academy of Ophthalmology and Otolaryngology is recommended as a supplement.

mology and Otolaryngology is recommended as a supplement.

C—Residency. By advanced study of these subjects during a residency and by correlation of the principles involved with clinical problems.

D—Research, Fundamental and Clinical. By the detailed study, under supervision or as assistant to an experienced research worker, of some problem or topic which brings the basic sciences into direct relation with the concrete clinical problem.

Research under competent critical and sympathetic supervision will give first hand insight into (1) the methods whereby old knowledge was and new knowledge is acquired and (2) the pitfalls which accompany attempts to enlarge the sphere of knowledge. In this way the candidate can learn to evaluate basic facts in the intelligent critical way which is expected of the specialist in practice.

CLINICAL EXPERIENCE

Residency or Fellowship in an approved hospital is recommended. The most desirable of these residencies have regular lectures covering the entire field of clinical ophthalmology and of the basic subjects as applied in clinical practice. Many of these have seminars at which residents report cases which they have carefully worked up. These are discussed by the other residents and by the staff and the method of presentation as well as the subject matter critically considered.

After completing a residency it is of great advantage to secure a position in a clinic as fellow or assistant. This may require only part time work, but due credit will be given. Its value to the student depends on how much study he puts into it and on how competent his seniors are.

The candidate who cannot secure the type of residency he desires should not despair, for his progress depends upon how he uses his opportunities as well as on the opportunities themselves.

MILITARY SERVICE

Credit for military service is given on an individual basis, each case being considered on its own merits and the amount of credit allowed is determined by the Board when the information is submitted with the application.

WRITTEN QUALIFYING TEST

Before being accepted for examination, candidates are given a Written Test to ascertain their qualifications. The questions may cover any part of ophthalmology and are especially devoted to the subjects listed on pages 6 and 8. The Written Test will be given in several principal cities at the same time. Choice of cities is determined largely by the geographical distribution of candidates. Candidates found acceptable will be notified to appear for a subsequent clinical examination in ophthalmology.

An applicant must take the written test within TWO years after acceptance of application. If he fails, a second written test must be taken within TWO years after the first failure. After TWO failures a candidate must submit a new application and credentials.

A candidate is not considered "Board Eligible" until he has passed the Written Qualifying Test.

CLINICAL EXAMINATIONS

Examinations usually are held annually at or near the time and place of the meeting of the American Medical Association; also at other times and places at the discretion of the Board.

The Board reserves the right to limit the number of candidates to be admitted to any scheduled clinical examination.

The oral examination must be taken within two years after passing the written test. Failed or conditioned subjects in the oral examination must be taken again within two years.

If all subjects are not passed after three attempts, a can-

didate must apply for and pass another written qualifying test.

SUBJECTS

(conducted with patients, slides, graphs, charts, etc.)

External Diseases.	Medical Ophthalmology.
Histopathology.	Refraction.
Motility.	Neuro-ophthalmology.

Principles of Ophthalmic Surgery

1. EXTERNAL DISEASES of the eye and adnexa. Patients will be examined by the candidates. Methods of examination, diagnoses, and treatment will be discussed. As a basis of discussion slides may be used to illustrate various external diseases.

2. MEDICAL OPHTHALMOLOGY. The candidate will be expected to demonstrate knowledge of systemic disease, with particular reference to their ocular and adnexal manifestations. He will show facility with techniques and principles of ophthalmoscopy by examining and reporting upon patients. Each candidate is required to bring his own ophthalmoscope.

The oral examination must be taken within two years after passing the written test. Failed or conditioned subjects in the oral examination must be taken again within two years.

If all subjects are not passed after three attempts, a candidate must apply for and pass another written qualifying test.

3. PATHOLOGY. The candidate will demonstrate familiarity with general clinical pathology as well as the etiology, pathology and bacteriology of diseases of the eye. He will be asked to examine microscopic slides and to recognize normal and pathologic histology of the eye.

4. REFRACTION. A candidate will examine patients and show mastery of various methods, and of the principles of refraction and of retinoscopy. He should bring his own retinoscope, trial frame and cross cylinders.

5. MOTILITY. The candidate will demonstrate upon patients his familiarity with methods of examination. He should bring his own prisms and other portable testing devices. Diagnoses and treatment will be discussed including the normal and abnormal physiology of binocular vision.

6. OPHTHALMIC SURGERY. The candidate may be asked to examine surgical patients or to study photographs of surgical problems. These will be used as a basis for discussion of the principles of ophthalmic surgery.

7. NEURO-OPHTHALMOLOGY. Familiarity with the ophthalmological manifestations of neurological disorders is expected. The candidate will examine patients with the arc perimeter and tangent screen. He will be required to interpret charted fields of neurological and ocular abnormalities and to demonstrate an understanding of the principles of perimetry. He must supply his own test targets.

CERTIFICATION

The decision of the Board is final as to the candidate's passing, failure or partial failure. The final action of the Board is based upon the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

Certified ophthalmologists should refer to themselves as DIPLOMATES of the American Board of Ophthalmology. (There are only twelve members of the Board and these are elected from the three component societies.)

RE-EXAMINATION

Candidates may be re-examined on satisfactory evidence of adequate additional preparation and payment of re-examination fee. When a candidate is conditioned in one or more subjects the Committee on Examinations shall decide on the merits of the case and the length of time that must elapse before re-examination in these subjects. A minimum of one year additional preparation is required of candidates who fail. The Board may at its discretion deny the candidate the privilege of re-examination.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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II. CERTIFICATES

The American Board of Orthopaedic Surgery, Inc. awards a certificate to the candidates who successfully pass Part I and Part II examinations, confine their practice to orthopaedic surgery, and are acceptable on the basis of their moral and ethical standing. This portion of the Board's responsibility is discharged by issuing a certificate to an individual found qualified as of the date of certification. (Training leading to "Limited Certification" was discontinued January 1, 1962.)

III. MINIMAL TRAINING REQUIREMENTS FOR BOARD EXAMINATIONS FOLLOWING TWELVE MONTHS OF APPROVED INTERNSHIP OR THE EQUIVALENT

Note: All training must be on programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in the Directory of Approved Internships and Residencies.) The Board also accepts training in Canada taken on Services approved by the Royal College of Physicians and Surgeons of Canada for training in orthopaedic surgery.

The minimum training requirements of the Board should not be interpreted as restricting training programs to these limits. Directors of programs should retain residents in training as long as necessary beyond the minimum four years in order to bring them to the desired level of proficiency to practice the specialty.

1. Twelve months adult orthopaedic surgery.

(a) Six months of credit may be granted toward adult orthopaedic surgery when the resident is assigned full time on Hand Services in approved hospitals. The Residency Review Committee is also empowered to approve for training certain Hand Services on which residents are not necessarily assigned full time in the hospital.

(b) A maximum of three months of training may be given toward the adult orthopaedic surgery requirement for time spent on physical medicine and rehabilitation programs acceptable to the Board.

2. Six months fractures and trauma.

3. Six months training in the basic sciences. (Training in Pathology obtained while the resident is assigned to General Surgery is not acceptable unless the department is also an integral part of a program approved by the Residency Review Committee for Orthopaedic Surgery.)

4. Twelve months children's orthopaedic surgery.

5. Twelve months additional training obtained any time during the residency program which may consist of one of the following:

(a) A fourth year of training consisting of either twelve months in one category of the above clinical phases of the specialty or two services of six months each of such training. (A maximum of six months each of orthopaedic rehabilitation and hand surgery will be accepted during this year of training on services acceptable to the Board.)

- (b) A second year of straight surgical internship.
- (c) Twelve months of rotating resident training in the surgical specialties, including General Surgery, on approved programs. Credit may be granted for three months radiology, three months obstetrics and gynecology, and three months anesthesiology.
- (d) Time spent primarily in research, subsequent to internship, following which the resident will present a summary of his work to the Committee on Eligibility. If a minimum of six months is recognized, the remaining six months may be fulfilled by an additional six months of training in any category carried under Section III.
- (e) Work in military service. Credit is granted only after termination of military service and presentation of a Professional Training Record, letters from Chiefs of Services and a list of operations performed by the candidate. Credit may be granted on the basis of one month of credit for one month of training when obtained on approved programs. The assignments in the other surgical specialties must be in accordance with Section III-5(c). One month of credit may be granted for two months of training, not to exceed twelve months, when the candidate is assigned to unapproved hospital services. An Officers Professional Training Record, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D. C.
- (f) Five years of practice of medicine. The candidate will present as evidence of his time in practice a list of patients (with final diagnoses) admitted to his private services for twelve months prior to date of filing for credit and signed by the hospital administrator or record librarian. The application will be supplemented by letters from at least two colleagues evaluating the candidate's experiences.
- (g) Twelve months as a full-time graduate student in basic science obtained after internship may be approved by the Committee on Eligibility.

IV. REQUIREMENTS FOR PART I EXAMINATION

1. Citizenship of and residence in either the United States or Canada, or possession of papers showing intent to become a citizen.
2. Graduation with a degree of Doctor of Medicine from a medical school of the United States or Canada recognized by the Council on Medical Education of the American Medical Association.
3. Graduates of foreign medical schools who obtain the regular certificate by examination of the Educational Council for Foreign Medical Graduates will be acceptable to the Board on the same basis as others possessing the degree of Doctor of Medicine as herein stated. Inquiries relative to the examination are to be sent to the Educational Council for Foreign Medical Graduates, 1633 Central Avenue, Evanston, Illinois. The Board will accept a candidate who has passed the examinations of the National Board of Medical Examiners and has a State license to practice medicine in the United States in lieu of the examinations of the Educational Council for Foreign Medical Graduates.
4. Completion of a straight surgical or rotating internship of not less than one year in a hospital approved at that time by the Council on Medical Education of the American Medical Association or in institutions considered satisfactory by the American Board of Orthopaedic Surgery, Inc. in instances of foreign graduates who have obtained the regular certificate of the Educational Council for Foreign Medical Graduates, or the equivalent as stated in Section IV-3.
5. Completion of the minimum four years of approved residency training as described in Section III.

V. FILING OF APPLICATION FOR PART I EXAMINATION

1. Application blanks for this examination are obtainable from the office of the Board. They must be returned to the office before January first of the year of the examination, and must be accompanied by a non-refundable fee of \$15.00. An application submitted to the Committee on Eligibility remains on file for three years unless it is ruled otherwise. After this time a new application and fee are required.
2. The Committee on Eligibility is the arbiter in deciding whether or not the application is acceptable. Only questions pertaining to rules and procedures may be answered by the Secretary of the Board.
3. Notification of acceptance is mailed to eligible candidates in advance of the examination.
4. A fee of \$50.00 is payable on receipt of notification. The fee will be forfeited if the candidate fails to appear for the examination or cancels after being scheduled.
5. The date and place of the examinations are announced in the Journal of the American Medical Association and in the Journal of Bone and Joint Surgery. The examinations are usually held in June in cities strategically located in the eastern, central and western sections of the country.
6. Part I examination must be taken within three years after completion of training unless there is a reason acceptable to the Committee on Eligibility, or candidates will be required to take an additional year of training in any category on an approved residency program (see Section III), following which the examination must be taken within three years.
7. Candidates practicing in Canada are required to pass the qualifying examinations in orthopaedic surgery of the Royal College of Physicians and Surgeons of Canada before they can apply for Part I examination of the American Board of Orthopaedic Surgery, Inc., unless they obtained three or more years of their approved training in the United States.

VI. SCOPE OF PART I EXAMINATION

The examination is a written examination covering the following: fundamental principles of surgery, fractures and trauma, adult and children's orthopaedic surgery, anatomy, pathology, bacteriology, physiology, biochemistry and biomechanics, and other basic sciences as they relate to the specialty.

VII. RESULTS OF PART I EXAMINATION

1. Notification of the results of the Part I examination is mailed by the Secretary of the Board to both successful and unsuccessful candidates.

Note: No information respecting the results is obtainable prior to notification. No certificate is issued following completion of Part I examination.
2. Successful candidates may make application to the Board for admission to the Part II examination, as explained in Section VIII.
3. Unsuccessful candidates will be automatically reconsidered for Part I examination by the Committee on Eligibility during the ensuing two years without the filing of a new application, although a new application fee of \$15.00 must be paid when necessary (see Section V-1). Upon receipt of the Committee's approval to repeat the examination, the candidate will pay to the Board the fee of \$50.00.
4. Candidates who fail Part I examination must repeat the examination within the ensuing two years unless there is a reason acceptable to the Committee on Eligibility, or they will be required to take an additional year of training on an approved residency program.
5. After the third failure to pass Part I examination the candidate will be required to obtain additional training. Upon approval by the Committee this can be accomplished by devoting half time for one year to a course of study

under the supervision of a director of an approved training program, the remaining time to be devoted to private practice. Candidates must repeat the examination within a three year period or they will be required to take an additional year of training on a full-time basis on an approved residency program. A new application with fee of \$15.00 must be submitted for each additional examination, followed by payment of the \$50.00 examination fee upon notification of eligibility. A plan of additional training must be submitted for review of the Committee during the year following the failure.

VIII. REQUIREMENTS FOR PART II EXAMINATION

Note: Successful completion of Part I examination does not automatically enjoin the Board to declare a candidate eligible for Part II examination. Certain additional requirements, as well as the approval of the Committee on Eligibility, are requisite.

1. Part II examination must be taken within a three-year period following the completion of Part I examination. In some cases the Committee on Eligibility may extend this time. After a lapse of three years or more it will be necessary to repeat Part I examination the following year. If Part I examination is not taken within the prescribed period the candidate must obtain an additional year of training on an approved residency program.

2. Full citizenship in the United States or Canada, with residence in either country.

3. License to practice medicine in the United States or Canada.

4. High ethical and professional standards and satisfactory moral standing in the community.

5. Practice requirements:

(a) The practice requirements of two years must be satisfied after completion of all training.

(b) Practice must be limited to orthopaedic surgery except as other therapy may be required in the care of patients during rotation on emergency services.

(c) Candidates in private practice must spend twelve of the twenty-four months in one locality *immediately prior* to the Part II examination to permit the Committee on Eligibility to evaluate the candidates' competence in practice.

(d) Candidates employed full-time in institutions can qualify after a minimum of two years. If Part II examination is not taken after two years of continuous service in institutions and the candidate returns to civilian practice, it will be necessary to practice twelve months in one locality prior to the examination. The minimum period of two years of practice cannot be satisfied by mixing full time institutional work with preceding or subsequent time in private practice unless the Committee on Eligibility rules otherwise.

(e) Candidates in military service must be assigned as orthopaedic surgeons in hospitals for two years. If such a candidate returns to civilian life before taking Part II examination he must spend twelve months in one locality prior to the examination.

(f) A candidate must submit as part of his application for Part II examination an unbound list of all his patients admitted to the hospitals in which he practiced during the year just prior to the filing of his application. The list should give the name of the hospital, the period covered, the hospital number of each patient, age, definitive diagnosis, treatment and end result. The list must be certified by the hospital administrator or librarian. In instances of partnership or the assignment to full-time positions in private or government hospitals, the list should consist of an adequate number of patients cared for primarily by the candidate.

IX. FILING OF APPLICATION FOR PART II EXAMINATION

1. Applications for Part II examination must be received in the office of the American Board of Orthopaedic Surgery, Inc. before July first of the year preceding the examination. Each application must be accompanied by a non-refundable fee of \$15.00.

2. An application accepted by the Committee on Eligibility remains valid for three years, after which time a new application and fee must be submitted.

3. On notification from the Committee on Eligibility of the candidate's eligibility to take the examination, a fee of \$125.00 must be paid. This fee is forfeited if the candidate fails to appear for the examination or if he cancels after being scheduled.

X. SCOPE OF PART II EXAMINATION

The examination consists of two parts—*written* and *oral*—covering anatomy, correlative pathology, children's orthopaedic surgery, fractures and trauma, and adult orthopaedic surgery.

XI. RESULTS OF PART II EXAMINATION

A. *Successful Candidates*

1. Candidates who are acceptable to the Board and who have successfully passed Part II examination receive a certificate indicating that they are qualified to practice the specialty of orthopaedic surgery as of the date of the examination.

2. Candidates possessing Limited Certificates are not considered qualified to practice children's orthopaedic surgery. They may subsequently become fully certified by completing one year of approved resident training in children's orthopaedic surgery and passing the written examination in that field and three oral examinations, two in children's orthopaedic surgery and one in children's fractures. The examination fee is \$50.00.

B. *Unsuccessful Candidates*

1. Candidates who are unsuccessful in Part II examination are informed by the Secretary.

2. Candidates who fail a single subject, either oral or written, will be required to repeat that portion of the examination within two years. The fee is \$50.00. If the single portion is not taken within the subsequent two years, the entire Part II examination must be repeated within the following two years, with payment of the full fee. Failure to comply with the above will require the candidate to repeat Part I examination the same year. Twelve months of additional full-time training on an approved program will be required if he fails to do so. Candidates who fail a single subject for a third time must obtain additional training, just as do candidates who fail the total examination (see Paragraph 5 below).

3. Candidates who fail two orals or one oral and one written examination must repeat the entire examination. They may request the opportunity of repeating the examination on two occasions without obtaining further training. The Committee on Eligibility will automatically consider the candidate for re-examination the year following a failure unless a new application is required (see Section V-1). Upon notification of approval to repeat the examination, the candidate must remit the fee of \$125.00. This fee is forfeited if a candidate fails to appear for the examination or cancels after being scheduled.

4. Following the initial and second failure to pass Part II examination the candidate must repeat the examination within a two-year period unless there is a reason acceptable to the Committee on Eligibility, or he must repeat Part I examination within one year. If Part I is not taken within the year the candidate must obtain an additional year of full-time training on an approved residency program.

5. After a candidate's third failure to pass Part II examination the Committee on Eligibility will require him to

REQUIREMENTS FOR CERTIFICATION

obtain additional training. With the approval of the Committee this can be accomplished by devoting half time for one year to a course of study under the supervision of a director of an approved training program, with the remaining time to be devoted to private practice. This training plan must be submitted to the Committee within one year after the third failure to pass the examination. A candidate must repeat the examination within a three-year period or he will be required to repeat Part I examination the following year. Failure to comply will require the candidate to take an additional year of full time training on an approved residency program.

XII. MECHANISM FOR TAKING EXAMINATION BY FOREIGN GRADUATES WHO WILL RETURN TO THEIR HOME LANDS TO PRACTICE ORTHOPAEDIC SURGERY

The following regulations apply to physicians who do not hold an unlimited license to practice medicine in a State of the United States or a Province of Canada and who intend to practice in a country other than the United States or Canada.

1. Physicians who are not licensed in and who are not citizens of the United States or Canada, and who are not practicing or contemplating practice in either of these countries, may be considered individually for examination and if successful in the examination will be issued a Foreign Certificate after two years of practice in their home lands.

2. Each candidate will be considered individually and rejection of an application will be at the discretion of the Board.

3. Candidates must meet all of the requirements for Part I and Part II examinations (with the exception of those pertaining to citizenship in the United States or Canada and the practice requirements) as set forth in the Rules and Procedures of the Board.

4. The Committee on Eligibility may require, at its discretion, the presentation of documents, either in original form or sworn and notarized translations, which substantiate a candidate's claims and allegations.

5. A candidate who is returning immediately to the country where he intends to practice upon completion of the required residency training may, at the discretion of the Board, be accepted for examination at this time. If he is successful in the examination he will be notified but he will not be granted a certificate until he has completed and furnished proof of two years of practice devoted exclusively to orthopaedic surgery. A special Foreign Certificate will then be issued to him.

6. A candidate who has completed four years of approved training and two years of additional experience in the United States or Canada which is acceptable to the Committee on Eligibility may be examined at the discretion of the Board. If he is successful in the examination he will be notified but he will not be granted a certificate until he has completed and furnished proof of one year of practice devoted exclusively to orthopaedic surgery in the country of his choice. A special Foreign Certificate will then be issued to him.

7. Each candidate must make a sworn statement that his application for a Foreign Certificate is based upon his intention, without mental reservation, to return to practice in a specified foreign country. He will also pledge that should he return to practice in the United States or Canada under visa, exchange, immigration quota, or by any other means, he will surrender his Foreign Certificate and accept any further consideration from the Board under all of the regulations applying to a candidate from the United States or Canada. A contract incorporating these points is available from the Board office.

8. Application and examination fees are the same as those required from candidates from the United States and Canada

and are payable in the currency of the United States of America.

9. The examinations are the same as those given to candidates from the United States and Canada.

XIII. REVOCATION OF CERTIFICATES

1. Certificates may be revoked because of misrepresentation to the Board respecting the candidate's training and other requirements.

2. In signing his application the candidate agrees to revocation of his certificate upon request by the Board on grounds of his violation of standards of ethical practice and/or for any cause resulting in forfeiture of his license to practice.

XIV. MILITARY SERVICE

1. Medical officers who have elected service in the military forces as their life careers apply for certification on the same basis as doctors in civilian practice. The practice requirements may be met by hospital assignments in which their duties are limited to the practice of orthopaedic surgery.

2. Medical officers on temporary or permanent status with the Armed Services, who serve in military hospitals approved for training in orthopaedic surgery by the Residency Review Committee and by the appropriate Residency Review Committees for the other Specialties, obtain credit on the same basis as residents on approved services in civilian hospitals (see Section III).

3. Candidates who serve in military hospitals not approved by these Committees, but whose experience is judged by the Board to have been equal to that obtained on approved programs, may be granted the maximum credit of one year of training on the basis of one month of credit for each two months of service (see Section III-5 (e).)

4. Candidates requesting such credit must submit completed Professional Training Records in addition to lists of operations performed by them, and letters from Chiefs of Services with evaluations of their experience. An Officers Professional Training Record, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D. C.

5. Medical officers assigned to residency programs in civilian institutions approved for orthopaedic training receive the same credit as civilian candidates.

XV. RECORDS OF SURGICAL CASES AND INSPECTIONS

1. Records of a specified number of consecutive surgical cases may be requested by the Board in order to evaluate the work of a candidate.

2. A representative of the Board may visit a community in order to evaluate the work of a candidate.

XVI. APPROVED ORTHOPAEDIC SURGERY RESIDENCIES

1. Training in the United States must be taken in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery, Inc. and the Council on Medical Education of the American Medical Association. A list of approved institutions is published annually in the Directory of Approved Internships and Residencies and is obtainable from the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. Credit for time spent in institutional resident training will be granted only for the period the institutions are on the approved list. Credit may be given from the start of the resident training period if the institution becomes approved during the time candidate is in training.

3. A candidate engaged in resident training in an institution which becomes disapproved in whole or in part will receive training credit for the entire period during which his contract is in force.

4. The term "fellow" is considered synonymous with "resident" and is recognized by the Board only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows performing resident training for credit must not exceed the number approved by the Residency Review Committee for a given program.

5. Institutions approved for resident training in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of institutions not individually approved for resident training, provided that:

- (a) The resident spends at least half of the minimum time required in each category of training in institutions approved by the Committee for that type of training.
- (b) The training supplements services in the same categories in which the institution responsible for the training is approved.

Note: The Residency Review Committee will inspect and approve every hospital used for training by a given program regardless of the length of time of such services. This procedure will go into effect as programs are routinely inspected by the Committee, as it does every two or three years. Hospitals giving six months or more training may be listed in the Journal.

(c) Not more than six months are spent on services devoted to orthopaedic rehabilitation (see Section III-5(a).)

XVII. REQUIREMENTS OF INSTITUTIONS OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full programs and including all parts of the training requirements may integrate all parts so that they may be given concurrently. The Chief of the program or the supervising committee is entirely responsible for comprehensive training in all aspects of the specialty for each resident. The Board does not dictate the training of such residents, nor does it attempt to break down their training as to months spent in the various categories of approved training.

2. Individual hospitals approved for portions of full programs are expected to train residents primarily in the categories approved by the Residency Review Committee.

3. The minimum requirements of resident orthopaedic training programs are as follows:

- (a) One year of training in adult orthopaedic surgery.
- (b) Six months of training in the basic sciences.
- (c) Six months of training in fractures and trauma.
- (d) One year of training in children's orthopaedic surgery.
- (e) One year of additional training as described in Section III-5.

4. Training in adult orthopaedic surgery, children's orthopaedic surgery and hand surgery must include observation and first-hand experience in diagnosis, treatment, operative and post-operative care of such problems.

5. Training in fracture surgery and trauma must similarly include observation and first-hand experience in diagnosis, conservative and operative treatment, and post-operative care of recent and old fractures, as well as other forms of related trauma.

6. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry, insofar as these relate to orthopaedic surgery, and must be taken on programs approved by the Residency Review Committee for Orthopaedic Surgery. The Board does not recognize such training when it is a segment of the residency program for training in general surgery unless it is simultaneously approved by the Residency Review Committee for Orthopaedic Surgery.

7. The Board looks with disfavor upon candidates completing the residency requirements by training for short

periods of time in several approved institutions, even though all of the above requirements are satisfied.

8. Candidates in resident training may not engage in private practice of their own or receive credit for time spent in private office practice of others, except in instances of approved Hand Services, where the resident is not necessarily assigned full time in the hospital.

XVIII. MECHANISM FOR OBTAINING APPROVAL OF INSTITUTIONS FOR RESIDENCY TRAINING IN ORTHOPAEDIC SURGERY

1. Obtain the necessary blanks from the Secretary of the Residency Review Committee for Orthopaedic Surgery at the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

2. Return the completed forms to the Council and request an inspection of all the hospitals involved in the proposed residency program.

3. Following the inspection by a full-time representative of the Council, his report and related data will be directed to the Residency Review Committee for final action. The Committee will take particular cognizance of the degree to which the local hospital and available medical talent have been utilized in setting up the proposed residency. The Secretary of the Committee will then convey the decision of the Residency Review Committee to the petitioning hospital. The Committee meets twice a year, usually in April and October.

4. Programs tentatively approved are re-inspected after twelve months by a Diplomate of the Board who is selected by the Residency Review Committee. This report is followed by further consideration and final evaluation by the Committee.

5. Hospitals seeking extension of approved training services or the reinstatement of approval of services following withdrawal of same will follow the same procedures as outlined above.

AMERICAN BOARD OF OTOLARYNGOLOGY

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- FRANCIS E. LEJEUNE, New Orleans
- JOHN R. LINDSAY, Chicago
- WILLIAM J. McNALLY, Montreal, Canada
- PHILIP E. MELTZER, Boston
- JAMES A. MOORE, New York City
- GEORGE F. REED, Boston
- HARRY P. SCHENCK, Philadelphia
- GEORGE A. SISSON, Syracuse, N.Y.
- BURTON J. SOBOROFF, Chicago
- DEAN M. LIERLE, Executive Secretary-Treasurer, University Hospital, Iowa City, Iowa 52241

GENERAL REQUIREMENTS

The following general qualifications of candidates for examination are required by the Board:

REQUIREMENTS FOR CERTIFICATION

1. A candidate shall possess moral, ethical and professional qualifications acceptable to the Board.

2. A candidate shall have been graduated from a medical school approved by the Council on Medical Education of the American Medical Association or of the Canadian Medical Association.

3. A candidate must have had an internship of at least one year approved by the Council on Medical Education of the American Medical Association or the Canadian Medical Association.

4. A candidate who has received premedical or medical instruction outside of the United States or Canada shall present documented evidence of the satisfactory completion of this course of study in approved institutions.

5. A candidate from a country outside of the United States or Canada who has received acceptable foreign premedical and medical training and who has served an approved residency in Otolaryngology in the United States or Canada is eligible for examination provided he meets all other requirements of the Board.

6. A candidate who has received premedical, medical and residency training outside the United States or Canada will be considered on an individual basis by the Board.

SPECIAL REQUIREMENTS

1. Four years of graduate training in addition to the internship. This period must include a minimum of one year of training in general surgery and three years in otolaryngology, both in approved programs.

(a) It is recommended that the year of general surgery be taken before the residency training in otolaryngology or between the first and second year. It may be taken between the second and third year but not following the completion of training in Otolaryngology.

2. The training must include studies in anatomy, biochemistry, embryology, microbiology, pathology, physiology and audiology.

In exceptional circumstances certain candidates who do not meet all the prescribed requirements may be accepted for examination by special action of the Board.

LIMITED CERTIFICATION

At the discretion of the Board, a limited certificate may be issued to one who has all the prerequisites but practices one branch of the specialty exclusively.

APPLICATION FOR EXAMINATION

1. A candidate for examination shall complete and submit the application forms supplied by the Secretary of the Board. It shall contain a record of the following: premedical and medical training, internships, residencies, and other postgraduate study, hospital and dispensary appointments, teaching positions, membership in medical societies, list of personal publications, if any, and any additional information considered of value to the Board's consideration of his qualifications.

The application shall be signed by two Diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two recent photographs, 4" x 3½", unmounted and autographed, (b) three letters of endorsement from responsible citizens, two of whom must be Diplomates of the Board of Otolaryngology, (c) a list of operations and assists performed by the candidate during his residency training, (d) verification of training, and (e) the application fee.

The complete application shall be filed with the Secretary not less than nine months prior to the probable date of the examination, with exception of the list of operations, which must be submitted three months prior to the termination of the residency.

2. An accepted application remains active for three years. If at the end of this period a candidate fails to appear for

examination the application fee is forfeited and reapplication will be necessary.

3. The Board reserves the right to reject any application.

4. No statement indicating a prospective candidate's eligibility for examination by the Board can be given until after formal application has been made.

FEES

The fee for the examination is two-hundred fifty-five dollars (\$255). Of this sum one-hundred twenty-five dollars (\$125) must accompany the application. No part of this one hundred twenty-five dollars (\$125) is returnable. No application will be acted upon until the one-hundred twenty-five dollars (\$125) application fee is received. The remaining one-hundred thirty dollars (\$130) of the fee of two-hundred fifty-five dollars (\$255) must be paid to the Secretary immediately upon notification of acceptance for examination. No part of this one-hundred thirty dollars (\$130) is returnable once the candidate has been accepted for examination. A re-examination fee of two-hundred fifty-five dollars (\$255) is required of candidates who request re-examination.

NOTE: The fee is computed on a basis of actual cost and is used wholly for administrative and examination expenses.

Candidates whose credentials have been found satisfactory and who have met the requirements of the Board examination will be notified as early as possible prior to the probable date of examination. Because the number of candidates who can be admitted to an examination is limited, appointments are made in the order in which the applications are received and accepted.

EXAMINATION

The time and place of the examination will be determined by the Board. Advance notices of examinations are published in THE JOURNAL of the American Medical Association and certain journals devoted to the specialty of otolaryngology. Insofar as is possible, examinations will be held near the time and place of the annual meetings of the American Academy of Ophthalmology and Otolaryngology and/or the National Ear, Nose and Throat Societies. Time allotted for these examinations is from three to five days.

The examination encompasses all phases of Otolaryngology including bronchoesophagology, maxillofacial surgery, and surgery of the neck, comprising the following sections:

1. Oral examinations covering all phases of otolaryngology.

2. Basic sciences as applied to otolaryngology.

3. Gross pathology and histopathology.

4. Clinical examinations of patients (history taking, physical examination, functional tests, a discussion of differential diagnosis, laboratory and x-ray data, etc.)

Unless otherwise specified all examinations will be conducted orally.

REEXAMINATION

A candidate who fails one examination may be admitted to a subsequent examination after a waiting period of one year (but within four years of the date of his second application) provided such a request for re-examination is approved by the Board and an additional fee of two-hundred fifty-five dollars (\$255) is paid. Nine months notice of a desire to appear for a re-examination is required.

Candidates who have failed in a second examination may be accepted for a third examination upon recommendation of the Credentials Committee. However, a satisfactory evidence of further study and progress is required, and a new application must be filed. The fee for the third examination is two-hundred fifty-five dollars (\$255), one-hundred twenty-five dollars (\$125) of which must accompany the application. The balance of the fee, one-hundred thirty dollars (\$130) will be due upon notification of acceptance.

A candidate who is being re-examined must take the complete examination.

CERTIFICATION

A certificate is granted by the Board to a candidate who has met all the requirements and passed its examination.

AMERICAN BOARD OF PATHOLOGY

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- S. BRANDT ROSE, Philadelphia
- EDWARD B. SMITH, Secretary-Treasurer, P.O. Box 5795, Bethesda, Maryland

GENERAL REQUIREMENTS

1. The candidate must possess moral and ethical standing in the profession.
2. He must hold a permanent, unlimited license to practice medicine.
3. He must devote his time principally and primarily to the practice of pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education of the American Medical Association, or graduation from medical schools acceptable to the Board in other countries.

SPECIAL TRAINING AND EXPERIENCE

1. The Board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience:

(a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board.

(b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) *Anatomic and Clinical Pathology:*

1. Four years of supervised study and training in an institution approved for residency training in anatomic and clinical pathology by the Council on Medical Education of the American Medical Association, or by the Board. It is immaterial whether the trainee holds the title of intern, resident, fellow, trainee or assistant. The four years are divided equally as follows: two years of anatomic pathology and two years of clinical pathology. The candidate may substitute up to 12 months of training in a department of pathology of an approved school of medicine after the second year of undergraduate study as credit toward anatomic and clinical pathology provided that, in the opinion of the Board, the training is acceptable. Candidates may likewise substitute not to exceed 12 months of a fellowship or instructorship in a preclinical department of a medical school for one of the four years if, in the opinion of the Board, the experience was applicable to the practice of pathology. Candidates holding a master's or doctor's degree in a special discipline of pathology may obtain time credit for not more than 12 months toward this work, regardless of whether it was received before or after the medical degree. The evaluation of time credits will depend on how much of pathology was

covered in the graduate work. These various credits may permit the candidate to take the examinations before the end of the fifth year following graduation from medical school. To avoid misunderstanding, trainees desiring credit for undergraduate study or graduate degrees should communicate with the Office of the Secretary of the American Board of Pathology early in their training period.

Research with a direct application to the practice of anatomic and clinical pathology may be accepted for credit not to exceed one-third of the time requirement. The Board encourages research and believes that all candidates should carry on investigation, teaching and the publication of scientific papers during their training.

(2) One additional year, which may be a rotating or straight clinical internship, or a continuation of 2-(a)-(1) above, or the independent practice of anatomic and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(b) *Anatomic pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. In addition, training in a pathology department of an approved medical school after the second year of undergraduate study may be credited as outlined under 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of anatomic pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(c) *Clinical pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology. Candidates may substitute not to exceed 12 months of a clinical internship, a fellowship or instructorship in a preclinical department of a medical school for one of the four years. The credit for undergraduate training or a master's or doctor's degree also applies, as outlined in 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of clinical pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(d) *Clinical Chemistry, Clinical Microbiology, Hematology, Neuropathology and Forensic Pathology:*

The Board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had one of the following types of training:

(1) Applicants already holding a certificate of the Board in anatomic and clinical pathology, or the certificate in clinical pathology only (for qualification in clinical chemistry, clinical microbiology or hematology)—one additional year of supervised training in the special field of their choice in an institution approved by the Council on Medical Education of the American Medical Association, or by the Board, or one additional year of full-time experience, or its equivalent, (in the special fields of clinical chemistry, clinical microbiology, or hematology) under circumstances satisfactory to the Board.

Applicants already holding the certificate of the Board in anatomic and clinical pathology, or the certificate in anatomic pathology only—two years of supervised training in neuropathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. One of the two years may be substituted for the fifth year toward regular certification. The Board admits to examination in anatomic pathology and neuro-

pathology candidates with approved training consisting of two years in anatomic pathology and two years in neuropathology, plus a fifth year (internship, practice, or further training).

Applicants already holding a certificate in anatomic and clinical pathology, or in anatomic pathology only, or, in special instances, in clinical pathology only—one year of supervised training in forensic pathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. The Board will accept the combination of approved training in anatomic, clinical and forensic pathology after five years on the basis of two years in anatomic pathology, two years in clinical pathology, and one year in forensic pathology. For details, write the Secretary of the Board.

(2) Applicants not holding a certificate in pathology from the Board—five years of training in the special field of their choice, provided four of the five years have been in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the specialty in a hospital approved by the American Medical Association, or in other institutions acceptable to the Board.

3. The requirements for those acceptable under the so-called "11 year rule" of the Board are: The practice of pathology under circumstances acceptable to the Board for a period of not less than 11 years. At the election of the candidate, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For the candidate in this category who has had some special study and training in anatomic or clinical pathology acceptable under paragraphs 2-(a), (b), (c) or (d), double time credit will be allowed. Thus, if a candidate had two years of acceptable supervised study and training, only seven years of practice would be required.

If a candidate has become certified in anatomic pathology, the rule for eligibility by experience is as follows: Seven years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board after the date of certification in anatomic pathology. The same requirements would apply for eligibility in anatomic pathology after certification in clinical pathology.

4. Certification without examination.

(a) Until January 1, 1966, the Board at its discretion may certify candidates without examination in the special fields of clinical chemistry, clinical microbiology and hematology, if the following conditions have been met as of January 1, 1961:

(1) That the candidate has been for a period of five years of professorial rank in the special field of his choice and in an approved medical school, or

(2) That the candidate has been practicing his specialty for 10 years in a senior position in a hospital having an adequate department in the special field, approved by the Council on Medical Education of the American Medical Association, or in an institution acceptable to the Board.

The Board no longer certifies without examination in anatomic or clinical pathology, nor in the special fields of neuropathology and forensic pathology.

CREDIT FOR MILITARY SERVICES

Credit may be allowed for training and experience in pathology in the military services during the period July 1, 1940 to June 30, 1947. This credit for training or experience, or both, is given on an individual basis and will de-

pend on the opportunity the applicant has had as indicated by the medical service record in the specialty of pathology. After July 1, 1947 credit for those military services will be given on the same basis as it is in civilian institutions except that the rule in the preceding statement will not apply to reserve officers who continue on active duty after that date.

BOARD ELIGIBLE

For the purposes of the American Board of Pathology "Board eligible" for examination is to be defined as applicable to a pathologist, a) who has sent in a formal application, including fee, to the American Board of Pathology, b) whose application has been evaluated by the Board and found to meet the requirements for examination by the American Board of Pathology, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board eligible" for examination is valid for three years only, after which a new application, with additional fee, re-evaluation and new statement for examination are required. If the candidate does not pass the examination during these two three-year periods of being "Board eligible" for examination, he will no longer be regarded as "Board eligible."

This policy is in effect as of January 1, 1962, that is, persons previously declared to be eligible for examination shall continue to be eligible until January 1, 1965.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be procured from the Secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the Board unless it is accompanied by the application fee.

The application or examination fee for candidates is one hundred dollars (\$100). If the candidate fails in his examination, he will be admitted to a second examination after one year. The applicant must pay an additional fee of fifty dollars (\$50) before a second examination will be given.

The application fee of one hundred dollars (\$100) has been determined after careful consideration and is based on actual estimates of the expense of examination and administration. None of the Board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the Board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technique. The applicant may apply for certification in anatomic and clinical pathology, in anatomic pathology only, in clinical pathology only, or in a special field.

DEFINITIONS

Pathology is defined as that specialty of the practice of medicine dealing with the causes and nature of disease, which contributes to diagnosis, prognosis and treatment through knowledge gained by laboratory applications of the biological, chemical or physical sciences to man, or material obtained from man.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain

periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the *Directory of Approved Internships and Residencies of the American Medical Association each year*. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and in the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the Board.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.

2. Technicians:

There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of laboratory:

The Board recognizes the complexity and diversity of tests performed in a modern pathology laboratory. To insure optimal working conditions, adequate space should be provided for personnel and equipment. The Board does not specify the exact amount of space in a given laboratory. However, programs from laboratories with a ratio of less than 20 sq. ft. per hospital bed will be scrutinized closely.

4. Equipment for the laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Autopsy percentage:

No institution with an autopsy rate of less than 25 per cent will be approved, and those institutions with a rate between 25 and 40 per cent will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.

8. Museum:

There should be available fixed anatomic and pathological specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Education program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

In the field of anatomic pathology there should be sufficient volume and variety of autopsy, surgical and cytological material (except in special programs) to insure adequate education, training and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material do not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

Approval is granted for residency training in pathology in the following categories:

CATEGORY APCP-4. In both anatomic and clinical pathology for a total of four years.

CATEGORY APCP-2. In both anatomic and clinical pathology, one year in each for a total of two years.

CATEGORY AP-3. In anatomic pathology only for three or more years.

CATEGORY AP-1. In anatomic pathology only for one year.

CATEGORY CP-3. In clinical pathology only for three or more years.

CATEGORY CP-1. In clinical pathology only for one year.

CATEGORY SP. Special pathology only, usually for one year. This designation includes forensic pathology, research only, and such other special programs as may be approved.

AMERICAN BOARD OF PEDIATRICS

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REQUIREMENTS FOR ADMISSION TO EXAMINATION.
 GRADUATES OF MEDICAL SCHOOLS IN THE
 UNITED STATES

All candidates for examination for certification must meet the following requirements:^{*}

1. Graduation from an approved medical school.
2. Licensure to practice in the United States prior to issuance of a certificate except in those situations in which a license to practice is not required.
3. One year of rotating, pediatric, or other internship in an approved hospital.
4. Two years of specialized residency-type training in an approved pediatric center. The Board urges strongly that the entire residency training period should be spent in a continuous 2-year program.

At least one year of the two years of required residency training must be a full-time medical pediatric inpatient residency in an approved institution. The second year of required residency training may be met in the ways listed below, although the Board recommends that whenever possible candidates complete the two years as regular residents.

(a) Three months' credit will be allowed for full-time residency-type training in each of the following pediatric subspecialties: allergy, cardiology, endocrinology, hematology, neurology, pathology, psychiatry, radiology, and on contagious disease and newborn and premature infant services.

A maximum of six months' credit may be granted for training in these fields through prior arrangement with the Credentials Committee. All appointments must be served in programs approved for general pediatric residency training or for the pediatric subspecialty in question.

(b) It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of sick children. The Board believes further that this purpose can be accomplished only through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or post-graduate school which does not carry the essential ingredient of responsibility for patient care is, in the opinion of the Board, inconsistent with this principle. Accordingly, the Board will accept such courses as part of an approved residency program in pediatrics only in exceptional cases authorized by the Board.

5. A subsequent term of two years of specialized study or practice or a combination of the two. Credit for one year toward this requirement is allowed for medical military service regardless of assignment. Credit in excess of one year may be granted if the medical officer is engaged in full time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics provided he has completed his residency training. It must be noted, further, that the maximum credit that any candidate may receive toward the practice requirement for work done prior to completion of residency training is eighteen months.

^{*}To avoid misunderstanding, the Board urges any candidate whose training is not clearly covered in these regulations to communicate with the office of the Executive Secretary. Whenever possible, this should be done before entering upon the appointment in question.

Attention is invited to the fact that the primary duty of the resident must be the care of the patients under supervision, if full credit in satisfaction of the residency training requirement is expected. Research residencies or fellowships which involve little or no clinical training are creditable for only three months toward completion of requirements. Research residencies which include significant clinical training may be allowed to a total of six months for a year of service. Teaching appointments may not be substituted for residency training appointments.

Both research residencies and teaching appointments are, of course, entirely acceptable in satisfaction of practice or further study requirements. Portions of a research residency not applicable for residency training credit may thus be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but are accepted toward the practice requirement.

The Board defines service in a pediatric center as full time devoted to rounded experience in an approved hospital which includes graded responsibility for care of patients on ward and outpatient services, experience with newborn, including premature infants, and both therapeutic and preventive pediatrics. It is expected that such service will include adequate graduate training in the basic medical sciences, as well as in the clinical, laboratory, and public health aspects of this specialty.

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States.—Candidates who are graduates of medical schools other than those in the United States and Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They hold the standard certificate of the Educational Council for Foreign Medical Graduates.
2. They hold a license to practice in the United States.
3. They meet the internship, residency training, and practice or further study requirements of the Board as detailed above.

Citizens of Other Countries.—Properly qualified candidates who are permanent residents in and citizens of other countries, are licensed to practice there, and have fulfilled the internship and residency training requirements listed above in the United States or Canada may apply for examination for certification by the American Board of Pediatrics.

All candidates must hold the standard certificate of the Educational Council for Foreign Medical Graduates before being admitted to the Board examination.

Such foreign candidates who are returning to their own country at the end of their training period may be examined without completion of two full years in the *practice* of pediatrics.

A certificate, appropriately identified to distinguish it from the resident certificate of this Board, will be issued to such candidates who have passed successfully the examinations of this Board after they have completed such a period of practice or further study in their own country, which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

Articles on the written examination will be found in PEDIATRICS (November, 1958; November, 1959; and June,

1962). Details concerning conduct and content of the oral examination were published in PEDIATRICS (October, 1959). Reprints will be distributed in advance of the examinations.

PART I-WRITTEN

Written examinations are objective in type and are given once each year, in January, simultaneously at a number of places scattered throughout the country and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Closing date for receipt of applications for the annual written examination in January is the preceding November 15th.

PART II-ORAL

Oral examinations are held five or six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. As far as possible, candidates are given a choice of location, taking into account date application is filed, date of eligibility, and proximity to the examination site.

APPLICATION

Application must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of anticipated eligibility date; they will not be accepted earlier.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

FEES

The application fee is one hundred twenty-five dollars (\$125). The full fee must be remitted with the application. Fees are subject to change at any time.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

Fees are subject to change at any time.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written reexamination may be taken one and two years later. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure examination will again be permitted after one year. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Board.

Candidates will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high quality. Emphasis is therefore placed on practical aspects, but since good practice is founded on sound scientific knowledge, the candidate must be prepared to demonstrate that he can utilize these basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "clinical cases."

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC ALLERGY

GEORGE B. LOGAN, Chairman, Rochester, Minn.
 SUSAN DEES, Durham, N.C.
 WILLIAM A. HOWARD, Washington, D.C.
 HARRY L. MUELLER, Boston
 JAMES C. OVERALL, Nashville, Tenn.
 SHELDON C. SIEGAL, Los Angeles

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in Pediatrics before submitting an application for examination in Allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATIONS

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the subspecialty board. Ample notice will be sent to candidates.

FEES

The application fee for certification in allergy is one hundred twenty-five dollars (\$125).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

Fees are subject to change at any time.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

(1) Certification in Pediatrics.*

(2) Two years of full-time training in an approved allergy clinic and its associated hospital. At least half of such training must be in pediatric allergy. Three types of allergy clinics have been approved:

- (a) Pediatric
- (b) Adult
- (c) Mixed

Two years of training in clinics of type (a) or (c), or one year in each is acceptable. One year in (b) and the other in (c) is not acceptable. Please see the Directory of Approved Internships and Residencies for listing of approved hospitals and associated clinics.

In place of (2) the candidate may take:

(3) One year full-time training in an approved allergy clinic plus two years part-time training at least once a week for not less than 200 hours each year in an approved allergy clinic and hospital. At least half of the total experience must be in pediatric allergy. Thus, training which consists only in a combination of (b) and (c) as defined above does not qualify.

OR

(4) Five years, part-time, at least once a week for not less than 200 hours each year, in an approved pediatric or mixed allergy clinic and its activities.**

*Training in allergy may be carried out prior to such certification.

**This provision has been withdrawn except for candidates who started their program prior to January 1963.

RESEARCH: If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy at an approved clinic, or in a combination of the two.

PRECEPTORSHIP: Preceptorship alone is not acceptable, but part of a full-time training program (50 per cent or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of the training program of an approved clinic and the preceptor and clinic training run concomitantly.

CREDIT FOR COURSES: Established courses or seminars in Allergy and Immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over twenty per cent of required part-time training hours may be so credited each year.

The candidates should be prepared for oral and written examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infection, experimental hypersensitivity, the clinical manifestations of allergic disease, especially as they appear in infants and children, and also allergic factors that may be present in other diseases. They must be prepared to discuss diagnostic procedures and methods of treatment, and the pharmacology of drugs and physiology of respiration as they relate to allergy and asthma. In controversial matters, they should be familiar with arguments on both sides of such questions.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in pediatric allergy and will be listed as a specialist in pediatric allergy.

Prospective applicants for certification in the subspecialty of pediatric allergy may apply to the Executive Secretary of the American Board of Pediatrics.

PART-TIME TRAINING

All hospitals approved for full-time training in pediatric allergy are also approved for part-time training. In addition clinics of the following hospitals have been approved for *part-time* training:

D. C. General Hospital, Washington, D. C., R. B. Scott; Jackson Memorial Hospital, Miami, Fla., M. Marks; Children's Memorial Hospital, Chicago, G. Lanoff; Charity Hospital, New Orleans, V. J. Derbes; Bronx Municipal Hospital, New York City, H. Rapaport; Long Island Jewish Hospital, New York City, E. Pearlman; Metropolitan Hospital, New York City, New York Medical College, S. Untracht; Mt. Sinai Hospital, New York City, H. Rapaport; New York Hospital, New York City, P. DeGara; Children's Memorial Hospital, University of Oklahoma, Oklahoma City, L. Burroughs; University of Oregon Medical School Hospital, Portland, M. Moore; Jefferson Medical College Hospital, Philadelphia, H. Leopold; Vanderbilt University Hospital, Nashville, J. Overall.

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

JAMES W. DUSHANE, Chairman, Rochester, Minn.
FORREST H. ADAMS, Los Angeles
EDWARD C. LAMBERT, Buffalo
ALEXANDER S. NADAS, Boston
SAUL J. ROBINSON, San Francisco
HELEN B. TAUSSIG, Baltimore

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before submitting an application for examination in cardiology.

Each cardiology application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATION

Cardiology examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the subspecialty board. Ample notice will be sent to candidates.

FEES

The application fee for certification in cardiology is one hundred twenty-five dollars (\$125).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

Fees are subject to change at any time.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

- (1) Certification by the American Board of Pediatrics.
- (2) Each candidate must meet the following requirements:
 - (a) Serve two (2) years full-time as a trainee in an approved training program in pediatric cardiology
OR
 - (b) One (1) year full-time as a trainee in an approved training program in pediatric cardiology,
AND
Two (2) years part-time of not less than 300 hours of concentrated work under supervision in each year in an approved training program in pediatric cardiology
OR
 - (c) Six years of work in the field of pediatric cardiology for three-fourths of his time.
- (3) Special cases not meeting the above requirements in full may be considered for examination only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

N.B.: These alternative requirements given above under (b) and (c) will be withdrawn after December 31, 1963; i.e., candidates must have entered upon part-time training taken subsequent to the full-time year before that date in order to qualify, or have completed two years of acceptable part-time training before that date, if this is taken in advance of the full-time year.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in pediatric cardiology and will be listed as a specialist in pediatric cardiology.

Prospective applicants for certification in the subspecialty of pediatric cardiology may apply to the Executive Secretary of the American Board of Pediatrics.

TRAINING PROGRAMS

Accreditation of training programs is now in progress.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

FREDERIC J. KOTTKE, Chairman, Minneapolis
ARTHUR S. ABRAMSON, Vice Chairman, New York City
JOSEPH G. BENTON, New York City
THOMAS F. HINES, New Haven, Conn.

H. WORLEY KENDELL, Peoria, Ill.
 A. B. C. KNUDSON, Washington, D.C.
 JUSTUS F. LEHMANN, Seattle
 EDWARD W. LOWMAN, New York City
 DONALD L. ROSE, Kansas City, Kan.
 WILLIAM H. SCHMIDT, Philadelphia
 EARL C. ELKINS, Secretary-Treasurer,
 200 First St., S.W., Rochester, Minn.

QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. A legal license to practice medicine in one or more of the states of the United States, its territories, the District of Columbia, or one or more of the provinces of Canada.

Foreign graduates who have completed three years of approved residency training in this country and who are returning to their native country to practice may be declared eligible for examination without the aforementioned licensure.

C. Graduation from a medical school approved by the Council on Medical Education or graduation from a foreign medical school which, in the opinion of the Board, offers medical education equivalent to such an approved school; completion of an internship in a hospital approved by said Council.

D. A period of study after the internship of not less than three years in a residency approved by the above mentioned Council. This period of study shall include graduate training in basic science as related to physical medicine and rehabilitation and not less than two years of clinical training and experience in physical disabilities, related to the fields of rheumatology, neurology, neurosurgery, orthopedics, and medicine.

Any foreign medical graduate who has received approved residency training in this country and who wishes to be certified by the American Board of Physical Medicine and Rehabilitation, must successfully complete the examination of the Educational Council for Foreign Medical Graduates before he will be considered eligible for examination and subsequent certification.

E. An additional period of not less than two years in full-time practice of physical medicine and rehabilitation.

In selected cases, *full-time* practice in physical medicine and rehabilitation may be substituted, in whole or in part, for "D" above. In those cases, two years of full-time practice in the specialty is considered the equivalent of one year of approved training.

A maximum of one year of credit may be given for (a) one or more years of approved training in other recognized specialties, or (b) four or more years of general practice, and would count toward "D" above. Residents who receive such credit must spend a minimum of 21 months in clinical training in the department of physical medicine and rehabilitation exclusively.

EXAMINATION

The examination for certification is given in two parts. Part I is written, Part 2, oral. Examinations are given once a year and cover certain aspects of the basic sciences and the clinical aspects of physical medicine and rehabilitation (including the role of associated personnel such as the physical therapist, occupational therapist, clinical psychologist, social service worker, and vocational guidance counselor).

APPLICATION

The application form shall contain a record of the candidate's premedical and medical education, internship, graduate study, and verification of full-time practice in the specialty. The application shall be accompanied by a fee of one hundred dollars (\$100) if the candidate is applying for Part I only, and by a fee of one hundred seventy-five dollars

(\$175) if applying for Parts 1 and 2. (In case of rejection of the application, evaluation fee of twenty-five dollars (\$25) will be retained by the Board, and the examination fee will be refunded. If the candidate is declared eligible for examination, the fees are not refundable. If for any reason a candidate does not take the examination after having been declared eligible, fees paid may remain on deposit for a period up to three years. After that period of time, the deposit becomes the property of the Board and the candidate must reapply for re-evaluation and examination.)

CERTIFICATION

Certificates of the Board shall be issued to the effect that the applicant has been found qualified as a specialist in physical medicine and rehabilitation.

AMERICAN BOARD OF PLASTIC SURGERY

REED O. DINGMAN, Chairman, Ann Arbor, Mich.
 CLIFFORD L. KIEHN, Vice-Chairman, Cleveland
 MINOT P. FRYER, Secretary-Treasurer, St. Louis
 ARTHUR J. BARSKY, New York City
 THOMAS D. CRONIN, Houston, Tex.
 MILTON T. EDGERTON, Baltimore
 E. HORACE KLABUNDE, San Francisco
 DOUGLAS W. MACOMBER, Denver
 ROBERT M. MCCORMACK, Rochester, N.Y.
 JOSEPH E. MURRAY, Boston
 F. X. PALETTA, St. Louis
 PAUL P. PICKERING, San Diego, Calif.
 DAVID W. ROBINSON, Kansas City, Kans.
 HENRY P. ROYSTER, Philadelphia
 CLIFFORD C. SNYDER, Coral Gables, Fla.
 RICHARD B. STARK, New York City
 CHARLES F. STEISS, San Francisco
 GEORGE V. WEBSTER, Pasadena, Calif.
 MRS. ESTELLE E. HILLERICH, Corresponding Secretary, 4647
 Pershing Ave., St. Louis 8

GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the Board.

The Board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This Board will accept as candidates for examination for the standard domestic certificate only those who are full citizens of the United States of America or citizens by birth in Canada.

PROFESSIONAL REQUIREMENTS

The Board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education of the American Medical Association, or graduation from a foreign school considered acceptable by the Board.

The American Board of Plastic Surgery will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Three years of training in general surgery, beyond the internship year, as a resident or an assistant resident in a

hospital approved by the Conference Committee on Graduate Training in Surgery. Of the required three years of approved training in general surgery, a minimum of 24 months must be in clinical surgery, which may include a few months each of one or more of the following: orthopedic, urological, neurological, thoracic, gynecological, and other divisions of surgery, as well as general surgery.

4. Training in general plastic surgery, including maxillo-facial surgery, for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery, or in a preceptorship approved by the Board. In fulfilling this requirement, there is a limit of one year's credit given for all work done in all governmental plastic surgery residencies (Army, Navy, Veterans Administration Hospital, etc.) regardless of the time put in by trainees in such residencies. It is required that all such trainees take one additional year of approved training in plastic surgery in a civilian residency or preceptorship.

Residencies approved by the Tripartite Residency Review Committee for Plastic Surgery as two-year programs of training in plastic surgery are recognized as the minimum training required in plastic surgery. If a hospital wishes to be approved for a three-year program of training in plastic surgery, then candidates accepting training in such programs must complete the entire three years in order to receive full credit, so as to have at least one year of senior responsibility. Any exception to this must be specifically recommended by the Chief of Service and be approved by the Board. One of the three years will be credited as the first of the required two years of practice in plastic surgery.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performances of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit only for training in plastic surgery received in the United States or Canada but may, at its discretion, give credit toward the required private practice period for training in plastic surgery received in countries other than the United States and Canada, each case being determined individually.

The above training in plastic surgery may be taken as a resident in an approved hospital or under an approved preceptorship offering equivalent training (a list of currently approved preceptorships is available from the Board office).

The period of special training should emphasize the relation of the basic sciences—*anatomy, pathology, physiology, biochemistry, and bacteriology*—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The Board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, writ-

ten or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the Board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements or by the entire Board where necessary after a review of the candidate's formal application for such rulings to make the rounds of the Committee.

In 1960, the Board began to issue special Foreign Certificates (nonresident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States and who have passed the regular examinations of the Board, and who will return to their homeland to practice. Candidates who finish their training in plastic surgery after Jan. 1, 1961, will be required to have the certificate of the ECFMG. All candidates must possess a valid license to practice medicine in their home country. Requirements for the Foreign Certificate (nonresident certification) may be obtained from the office of the Board.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery does not assume the responsibility for independent inspection and approval of the residency programs in plastic surgery, but recognizes those residencies in plastic surgery approved by the Residency Review Committee for Plastic Surgery. This Committee is a tripartite body composed of representatives from the Council on Medical Education of the American Medical Association, from the American College of Surgeons, and from the American Board of Plastic Surgery, the secretary of the Committee being a member of the Council on Medical Education of the American Medical Association.

Any Diplomate of the Board desiring approval of a residency program of training under his supervision should apply, or have his hospital administrator apply, to the Residency Review Committee for Plastic Surgery c/o Council on Medical Education of the American Medical Association, 535 N. Dearborn Street, Chicago 60610. He will be sent a regular application blank to be filled out and returned to that Committee. The Committee will appoint inspectors to go to the hospital to inspect the program. The question of approval will then be considered at the next semiannual meeting of the Residency Review Committee and the applicant informed of the result. It usually takes a period of six to twelve months to process an application.

A list of approved residencies in plastic surgery is published annually in the *Directory of Approved Internships and Residencies* and in the *Bulletin of the American College of Surgeons*. The list may also be obtained from the office of the Board, but the Board assumes no responsibility for placing men who wish to enter training. Such men should apply directly to the chiefs of residency programs in which they might be interested, or to the chiefs of preceptorship programs, to ascertain if openings exist and if they will be accepted to fill such openings.

Preceptorships.—In certain instances the Board will accept, in lieu of the required two years' training in an approved residency, training in a preceptorship program approved by the Board. A list of the existing preceptorship programs may be obtained from the office of the Board. The chiefs of these preceptorship programs have been urged to convert the programs into approved residencies when the local situation permits, since the aim of the Board is to approve training in residencies only and not in preceptorship programs.

All trainees, whether residents or preceptees, must submit an annual report to the Board of the training being received.

Report forms for this purpose may be obtained from the office of the Board upon request.

It should be kept in mind by all that the primary interest of the Board is to encourage well-rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the Board, both for preliminary general surgery and for specialized plastic surgery training are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice, and the examinations of the Board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the Board, that is, three years of residency training in general surgery after the internship year.

The training in plastic and maxillo-facial surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic surgery, as to both type and anatomic distribution. It should include experience in the treatment of congenital and acquired defects and deformities of the face, neck, body, and extremities, for both functional and aesthetic reasons. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the Board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, should be given an opportunity to operate independently on suitable cases under more remote supervision.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits, and the amount of credit allowed is determined by the Board when the information is submitted with the application.

The Medical Officer's Professional Training Record (DD Form 408) is a record maintained by individual Medical Corps officers for presentation to the various authorized accrediting boards toward certification. This record is presented by the officer to the boards for evaluation of the military experience acquired by Medical Corps officers while serving in the Army Medical Service. This form has been prepared by the surgeons general of the armed services with the assistance of the Council on Medical Education of the American Medical Association and is distributed by the offices of the surgeons general to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the Board.

CASE REPORTS

Upon approval by the Board of a candidate's application for certification, each candidate is required to submit to the Board 12 major case reports illustrative of his independent work in the field of general plastic surgery. Do not submit more than 12.

Candidates are admitted to examination only after submitting case reports that meet the required standards of the Board and that have been approved by the Committee on Credentials and Requirements. They should be submitted within one year from the time of such request. The case reports shall conform to conditions which the Board may from time to time specify.

The case reports should be assembled during the private

practice period, and may be submitted at any time near the completion of the private practice period that they are ready, in cases where the candidate has had an official evaluation of his training. A maximum of four cases completed by the candidate during his first two years of training and four cases completed during the third year of training (where the candidate has elected to take a third year of training) may be used if the candidate so desires and finds it necessary. They should be submitted preferably by October 1st of any year, and not later than January 1st, for the annual May examinations of the Board.

The 12 case reports must be of a diversified nature and must be submitted to the office of the Board together with before and after photographs. They should be of the following distribution:

- Cleft lip: primary or secondary, 1.
- Cleft palate: primary or secondary, 1.
- Traumatic defects requiring reconstructive surgery:
 - (a) Face and neck, 1.
 - (b) Body and extremities, 1.
- Acute burns, 1.
- Fracture of facial bones, excepting nasal fractures, 1.
- Aesthetic operations of sufficient variety, 1.
- Plastic surgery of the hand, 1.
- Malignancies or conditions prone to malignancies (eradication and repair):
 - (a) Face, 1.
 - (b) Body and extremities, 1.
- Congenital anomalies: 2.
 - (a) Examples:
 - Syndactylism
 - Congenital absence (partial or total) of external ear
 - Hypospadias
 - Bands (constricting)
 - Thyroglossal duct cyst
 - Extensive nevi, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The Board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

In instances where a candidate submits case reports that do not meet the standards of the Board, he will be required to submit additional case reports or an entirely new set of 12 within a period of one year. If this second series of new case reports again does not meet the standards of the Board, the candidate may be required to take additional training (of length and type specified by the Board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate may be visited at his place of practice by a member or members of the Board to observe him operate and to examine a number of his preoperative and postoperative cases.

The qualifying examinations are given yearly, usually in

May, immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons. Candidates are required to go to the designated center for the qualifying examination, which will last two days. These centers will be in the city in which the meeting of this organization is held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available.

The written examination will consume half of the first day and will consist of questions of the "True or False" or "Multiple Choice" type. The subjects of the written examination are: (1) Theory and Practice of Plastic Surgery; (2) Applied Anatomy, Applied Physiology; (3) Pathology, Bacteriology, Clinical Laboratory Methods, Pharmacology; (4) Reaction of Tissue to Injury, Surgical Accidents, Anesthesia. The afternoon of the first day and all of the second day will be taken up by oral examinations. A general oral examination pertaining to plastic surgery will be given and an oral examination in anatomy, using cadavers, may be given. In the practical part of the examination, the examiners may present a group of patients for examination by the candidates and the candidates will be quizzed on the diagnosis and method of procedure for correction. Slides of pre-operative conditions may be shown on a screen and the candidate asked to make a quick diagnosis of the items and tabulate in the order of their importance the methods of treatment. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be shown on a screen and the candidate requested to make the diagnosis.

GRADES

To be considered as passing, the candidate will be required to receive a grade of at least 65% in each portion of the written examination and an average grade of 75% on the entire written and oral examination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued to him by the Board, signed by its officers and having the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FEES

The fee for application and examination is one hundred seventy-five dollars (\$175). Of this sum fifty dollars (\$50) must accompany the application, and the remaining one hundred twenty-five dollars (\$125) must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it is necessary for a limited time to request a voluntary annual contribution from Diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

JAMES H. STERNER, Chairman, Rochester, N. Y.
 RICHARD F. BOYD, Vice Chairman for Public Health, Dallas, Tex.
 WILLIAM J. KENNARD, Vice Chairman for Aviation Medicine, Washington, D. C.
 LEMUEL C. MCGEE, Vice Chairman for Occupational Medicine, Wilmington, Del.
 RODNEY R. BEARD, Vice Chairman for Preventive Medicine, Palo Alto, Calif.

J. H. BAILLIE, Toronto, Canada
 THOMAS D. DUBLIN, Bethesda, Md.
 HAROLD V. ELLINGSON, Gunter Air Force Base, Ala.
 MERRILL H. GOODWIN, Washington, D. C.
 MALCOLM H. MERRILL, Berkeley, Calif.
 FRANK PRINCI, Cincinnati
 ERNEST L. STEBBINS, Baltimore
 CHARLES F. SUTTON, Springfield, Ill.
 TOM F. WHAYNE, Lexington, Ky.
 JOHN C. HUME, Secretary-Treasurer, 615 North Wolfe Street, Baltimore 5, Md.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education of the American Medical Association, or a foreign hospital internship satisfactory to the Board; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;
4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually as a portion of the Education Number of the Journal of the American Medical Association. Further information concerning residencies in Public Health may be obtained from the Secretary of the Joint Residency Committee for Preventive Medicine, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

SPECIAL REQUIREMENTS IN AVIATION MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of not less than two years, in addition to 1 above, which shall have provided planned instruction in the principles of aviation medicine, and supervised participation in a comprehensive program of aviation medicine approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; a period of experience deemed by the Board to be substantially equivalent to the year of supervised experience under some circumstances may be acceptable in lieu of the second year of training.
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training or research in, or the teaching or practice of, aviation medicine.
4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching or research in, or practice of, aviation medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.
2. **Residency (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; or a period of experience deemed by the Board to be substantially equivalent to such year of residency.
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, or special training in, or teaching or practice of, occupational medicine;
4. Three years of the experience outlined in 2 and 3 above, must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually as a portion of the Education Number of the Journal of the American Medical Association. Further information concerning residencies in Aviation Medicine may be obtained from the Secretary of the Joint Residency Review Committee for Preventive Medicine, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

**A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually as a portion of the Education Number of the Journal of the American Medical Association. Further information concerning residencies in Occupational Medicine may be obtained from the Secretary of the Joint Residency Review Committee for Preventive Medicine, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate education in residence at a medical school with a program of training in preventive medicine recommended by the joint Residency Review Committee for Preventive Medicine and approved by the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine, or at a school of public health accredited for the purpose of such study by the American Public Health Association, or in Canada, an equivalent academic program approved by the Board; and
2. ***Residency (after internship) of at least two years of instruction, observation and supervised experience in a comprehensive organized Preventive Medicine Residency Training Program approved for this type of residency training by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the American Medical Association's Council on Medical Education, or an equivalent Canadian residency, in a field directly related to preventive medicine;
3. A period (after internship) of not less than three years (in addition to 1 and 2 above) of special training or research in, or teaching or practice in, some area (or areas) of preventive medicine;
4. Three years of the six-year requirement of graduate education, residency and additional experience shall have been obtained within the five-year period immediately prior to application for certification;
5. Limitation of practice to full-time teaching, practice or research in preventive medicine as a specialty.

APPLICATIONS FOR EXAMINATION AND RE-EXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine) and must be filed with the Secretary by November 30 in order for eligibility to be established for the examination in the spring of the next year. It must be accompanied by the required documentation, application fee, and one recent, clear, unmounted, autographed photograph of the applicant which should be attached to the application.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued, regardless of when his original application was filed.

Properly qualified applicants may take Parts I and II of the examination together following the six years of graduate education, residency and additional specialized experience, or may elect to take Part I of the examination after completion of the graduate study and the required residency training. In either situation, an applicant will not be admitted to examination until he has completed satisfactorily all requirements of graduate study and residency.

Following successful completion of Part I of the examination an applicant may become eligible to take Part II of the

***A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually as a portion of the Education Number of the Journal of the American Medical Association. Further information concerning residencies in General Preventive Medicine may be obtained from the Secretary of the Joint Residency Review Committee for Preventive Medicine, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

examination, provided he or she has continued full time in his or her field of concentration and has submitted evidence of completion of at least three years of further special training or research, teaching or practice acceptable to the Board, in addition to the academic and residency training required for Part I. Ordinarily, the filing of a reapplication form with the Board will fulfill the requirement for such evidence. Re-application must be made not later than November 30 of the year prior to taking Part II of the examination the following spring.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three years of the date of the first examination for which he or she is declared eligible, except as specified above, is required to file a new application, and to pay a new application fee.

Candidates failing the examination, may, upon timely application and payment of appropriate fee, be admitted to re-examination within a three-year period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty (e.g. Public Health), may apply for certification in another affiliated specialty (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than the year of formal graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES

Application fee	\$25
Must be submitted with application; is not refundable. For those electing to take Parts I and II of the examination separately, an additional fee of \$10.00 must be submitted with the application for Part II.	
Examination fee	\$100
Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.	
Certificate fee	\$10
Payable prior to issuance of certificate.	
Re-examination fees:	
Each part taken	\$25
Examination fees for additional affiliated specialties: Each specialty	\$50

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consists of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part II is a comprehensive written examination or, in the case of candidates being examined in General Preventive Medicine, a comprehensive oral examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral interview or practical examination is also required of candidates being examined in Public Health, Aviation Medicine, or Occupational Medicine which usually will be held at the completion of Part II of the examination. An endeavor will be made to adapt the details of the oral interview or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written and/or oral examination relating specifically to such field, i.e. Part II only.

The examiners will submit a report upon each candidate to the assembled Board, by which the result of the examination will be determined finally.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that the applicant has been found to be possessed of special knowledge in the field specified in his application. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching, research, or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

CERTIFICATION OF FOREIGN MEDICAL GRADUATES

The Board may issue special certificates to graduates of foreign medical colleges indicating the possession of special knowledge in Preventive Medicine, or a field thereof. Such certificates are issued only to individuals not authorized to practice medicine in the United States or Canada.

To be eligible for such certification, the individuals must make application for special certification and establish to the satisfaction of the Board that (1) he has been graduated with the degree of Doctor of Medicine, or a degree determined by the Board to be equivalent, from a medical school not located in the United States or Canada; (2) he has satisfactorily passed the qualifying examination given by the Educational Council for Foreign Medical Graduates; and (3) he has had not less than six (6) years of training and experience in Preventive Medicine or a field thereof, which included (a) at least one year of study in a School of Public Health, or a school determined by the Board to offer equivalent training and (b) at least three (3) years of Residency Training or supervised field experience in Preventive Medicine or a field thereof, except that one year of such training and experience may be satisfied by a clinical Residency judged by the Board to be directly related to Preventive Medicine or a field thereof.

The application procedure, the examination process and the fees are the same as those required for all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY
AND NEUROLOGY

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DAVID A. BOYD, JR., Executive Secretary-Treasurer 102-110
Second Avenue, S.W., Rochester, Minn. 55902

APPLICATION FOR CERTIFICATES

An application, in order to be considered at any meeting of the Board, must be in the hands of the Secretary of the Board *not less than 90 days* before the date of such meeting. A proper application form may be obtained from the Secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

- Each application for a certificate must establish that:
- (a) He is a physician duly licensed by law to practice medicine.
 - (b) He is of acceptable ethical and professional standing.
 - (c) He is now a member of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the Board for good and sufficient reasons.
 - (d) He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a specialty.

APPLICANTS

Applicants shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics or a rotating service.

3. The nine-month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, all undertaken in the United States or Canada, three years of which must be specialized training satisfactorily completed in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, all undertaken in the United States or Canada, five years of which must be specialized training satisfactorily completed in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in Psychiatry or Neurology and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in a training program or different programs approved for at least two years of residency training in the specialty in which they seek certification.

For those individuals whose training begins after June 30, 1964, a resident in training must spend at least two of his three years of training in a single program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, and neuroentogenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

SIDNEY CARTER, New York City
 J. S. GOTTLIEB, Detroit
 LAWRENCE C. KOLB, New York City
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APPLICATION FOR CERTIFICATES

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The Secretary of the Board, upon receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

Each application for a certificate must establish that:

- (a) He is a physician duly licensed by law to practice medicine.
- (b) He is of acceptable ethical and professional standing.
- (c) He is now a member of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the Board for good and sufficient reasons.
- (d) He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a specialty.

APPLICANTS

Applicants shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics or a rotating service.

3. The nine-month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, all undertaken in the United States or Canada, three years of which must be

specialized training satisfactorily completed in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, all undertaken in the United States or Canada, five years of which must be specialized training satisfactorily completed in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in Psychiatry or Neurology and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in a training program or different programs approved for at least two years of residency training in the specialty in which they seek certification.

For those individuals whose training begins after June 30, 1964, a resident in training must spend at least two of his three years of training in a single program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, and neuroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experi-

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

Experience credit will not be given for work performed before the applicant has had at least one year of accredited training in psychiatry or neurology except that an applicant may substitute two or more consecutive years spent in formal accredited training in any one of the medical or surgical specialties for one year of experience in psychiatry or neurology. This training may have been acquired prior to the training in psychiatry or neurology.

Since the emphasis of the Board examination is in the clinical aspects of psychiatry and neurology, the candidate is advised to obtain adequate clinical experience during the two years following his training. Under certain circumstances, experience credit will be given for investigative work in any of the basic sciences. Documentation of these two years must be submitted.

The Board will give credit for one year of training in Child Psychiatry providing it is the third year of the required three years of special training required by the Board and providing it is taken in a center approved by this Board for training in Child Psychiatry.

The lists of training programs approved by this Board and by the Council on Medical Education of the American Medical Association may be found in the current issues of the Directory of Approved Internships and Residencies.

The Board is unable to inspect and evaluate resident training programs outside the United States and Canada. Therefore, neither training nor experience credit will be granted for work undertaken after July 1, 1962 in programs or practice outside the United States and Canada.

EXAMINATIONS

Dates and places of examinations shall be set by the Board at its discretion and shall be announced in the Journal of the American Medical Association, in the American Journal of Psychiatry, in the Journal of Nervous and Mental Diseases, and in the Archives of Neurology, and in the Archives of General Psychiatry.

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. Written examinations may be given at the discretion of the Board. The examination for Certification in Psychiatry will differ from the examination for Certification in Neurology.

The neurologist should have acquired skill to conduct a diagnostic psychiatric interview, to summarize his findings, and formulate a diagnostic statement. He should be acquainted with other diagnostic procedures used in psychiatry,

when they are useful, and their limitations (psychologic tests, narcosynthesis). He should have a reasonable knowledge of general psychopathology and a sufficient awareness of psychodynamic forces to make it possible for him to manage the emotional problems of a patient with a neurological illness. His information of psychiatry shall include as well knowledge of the major forms of psychiatric therapy, their indications and contraindications. The neurologist must be aware as well of such medico-legal issues as competency and responsibility. Formal provision should be made in neurologic training programs so that the trainee may acquire the knowledge and skills described before.

A formal application, together with the application fee, must be filed in the Executive Office and the applicant, having fulfilled completely the five full years in the field, must be declared eligible for examination by the Credentials Committee before he can be scheduled for any examination.

No reservation will be made in any examination which has not been definitely scheduled, both as to date and location.

PAYMENT OF FEES

The candidate upon filing his application shall accompany it with an application fee of seventy-five dollars (\$75), which is not returnable. If a preliminary written examination has been decreed, an additional twenty-five dollar (\$25) fee will be required at the time of the applicant's acceptance. When notified by the Secretary that he is accepted for the oral and practical examination, the candidate shall send to the Secretary an examination fee of one hundred dollars (\$100). A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of one hundred dollars (\$100).

A candidate who has failed in one examination is eligible for re-examination within one year upon payment of a re-examination fee of one hundred dollars (\$100). After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the re-examination, he may, after two years have elapsed, submit a new application and seventy-five dollar (\$75) fee, present evidence of further training, and pay an examination fee of one hundred dollars (\$100).

A candidate who fails in one or two subjects is eligible for re-examination in those subjects within one year upon payment of a re-examination fee of seventy-five dollars (\$75). After the year has elapsed he must submit a new application and pay new application and examination fees and repeat the entire examination. If he fails the re-examination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of an application fee of seventy-five dollars (\$75). If admitted to the examination, he must pay a new examination fee of one hundred dollars (\$100).

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary at least three (3) months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three (3) years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee.

[COMMENT ON TRAINING WHICH FULFILLS THE SPECIALIZED REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATION IN CHILD PSYCHIATRY

Certification in General Psychiatry is a prerequisite for eligibility for examination for Certification in Child Psychiatry, which requires a minimum of four years of approved residency training credit, two of which should be in general psychiatry and two in child psychiatry, and two additional years of experience in child psychiatry. If already certified

in general psychiatry, the trainee will need two additional years in an approved child psychiatric residency training program if he has not had training in a program which has been concurrently approved by the Committee on Certification in Child Psychiatry.

One year of the training credit toward the general psychiatric residency training requirements may simultaneously be used as one of the years of training in child psychiatry, provided the program is approved by the Board and its Committee on Certification in Child Psychiatry in both areas. Training in child psychiatry taken during the regular residency training period in an approved general program will count only toward training credit in general psychiatry, unless the program is concurrently approved by the Committee on Certification in Child Psychiatry of this Board.

(Institutions identified with an asterisk in this *Directory* hold dual approvals: 1) for one year of training in child psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in child psychiatry offered independently.)]

APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An application in duplicate on official forms, in order to be considered at any meeting of the Committee, must be in the office of the Secretary of the Board not less than ninety (90) days before the date of such meeting. The proper application forms may be obtained from the Secretary of the Board. Applications will be formally considered only when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable, after which he shall forward the application to the Committee on Credentials in Child Psychiatry. This Committee shall consider the application and any other information available and notify the Secretary whether the application is accepted. The certification of a candidate shall be approved by a majority of the members of the Committee on Certification in Child Psychiatry at any meeting held for such certification.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for Certification in Child Psychiatry must establish that:

(a) He is a physician possessing an unlimited license for the practice of medicine in some state of the United States or province of Canada.

(b) He is of acceptable ethical and professional standing.

(c) He is a Diplomate in Psychiatry of the American Board of Psychiatry and Neurology, Inc. (See Classes of Applicants.)

(d) He has satisfactorily completed the required training and experience in child psychiatry as a specialty.

TRAINING AND EXPERIENCE REQUIREMENTS

Applicants must satisfy the Committee of the adequacy of their specialized training and experience in Child Psychiatry. Further, their major interest and activities in their current practice must be devoted to psychiatric problems of children and adolescents. Should they have left the field of Child Psychiatry for other types of practice but otherwise fulfill the training and experience requirements, they must show that the two years prior to application have been in specialized practice of Child Psychiatry.

Applicants must be Diplomates in Psychiatry of the American Board of Psychiatry and Neurology, Inc. Admission to examination requires a total of six (6) years of psychiatric training and experience. Of these, four (4) years shall be in approved psychiatric training, two (2) of which shall be in Child Psychiatry training programs acceptable to this Committee. It is advisable that those seeking the certificate as specialists in Child Psychiatry who receive their primary

training in Psychiatry should have training in the pediatric aspects of general medicine. Such training may be offered in lieu of two years of practice experience.

In the third year of basic training in psychiatry, the applicant may complete one (1) year of the two years of specialized training in child psychiatry. After completion of basic psychiatric training, a minimum of one (1) year of specialized child psychiatry training must be secured in training centers acceptable to the Committee. Enough further training in child psychiatry in approved specialty programs to total a minimum of two (2) years are required. At least the second year of training in child psychiatry should be secured in a child psychiatric training program approved for two years of training in the specialty. Any excess training in child psychiatry over the required two (2) years or approved residency training in pediatrics may be applied to the experience requirements. Otherwise the applicant must have a minimum of two (2) years of specialized practice in child psychiatry. In the interim he must have achieved Certification in Psychiatry by the American Board of Psychiatry and Neurology, Inc.

The Committee may require, at its discretion, as part of the qualifications of eligibility for examination for Certification in Child Psychiatry, the publications of the applicant and/or a series of case reports of children treated by the applicant.

APPLICATION AND FEES

Applicants shall make application in duplicate on official forms. Such applications must be accompanied by an application fee of seventy-five dollars (\$75). This fee is not refundable.

Those applicants accepted for certification by examination will be notified and scheduled for examination. The examination fee of one hundred dollars (\$100) is payable when such payment is requested by the Secretary of the Board. If a written examination is required, an additional examination fee of twenty-five dollars (\$25) will be requested.

Should the applicant be found not eligible for examination for Certification in Child Psychiatry, he will be notified of his deficiencies so that these may be corrected before expiration of application. The application remains valid for three (3) years from date of submission. After this period, the applicant must submit a new application and pay a new application fee to receive further consideration.

EXAMINATIONS

Examinations will be held whenever there are a sufficient number of candidates. These will be oral and/or written examinations and will include examination in all areas relating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, including mental retardation, etiological mechanisms and therapeutic measures and planning. Knowledge of the history and literature of child psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to organize a practical program of therapy and management from these data.

Should the candidate not be successful in the initial examination, he may be re-examined within one year after payment of a one hundred dollar (\$100) re-examination fee. If he does not appear for re-examination within one year, the application lapses, and he may receive further consideration only after submitting a new application and a new application fee of seventy-five dollars (\$75).

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of child psychiatry as defined above and undertake such further preparation which will correct the

deficiencies which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three (3) years from the date of submission of application shall be required to submit a new application and pay the attendant fee. All unused examination fees on deposit in the Board Office will be forfeited by the candidate to the Board when the application lapses by going out of date.

AMERICAN BOARD OF RADIOLOGY

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CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of the three forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all of its branches, or
2. A certificate to the effect that the applicant has been found qualified to practice radiology in one of the following categories: (a) diagnostic roentgenology; (b) therapeutic radiology.
3. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in all of its branches.
4. A certificate to the effect that the applicant has been found qualified to practice radiologic physics in one of the following categories: (a) roentgen ray and gamma ray physics; (b) medical nuclear physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, radium, and radioactive isotopes.
2. *Diagnostic Roentgenology* is that branch of radiology which deals with the diagnostic application of roentgen rays.
3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen rays, radium, and radioactive isotopes.
4. *Radiologic Physics* is that branch of physics which deals with the medical application of roentgen rays and the radiations from radio-isotopes, nuclear reactions, and particle accelerators.

5. *Roentgen Ray and Gamma Ray Physics* is that branch of radiologic physics which deals with roentgen rays and gamma rays.

6. *Medical Nuclear Physics* is that branch of radiologic physics which deals with radioisotopes, nuclear reactions, and particle accelerators.

GENERAL REQUIREMENTS FOR CERTIFICATE IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements:

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.
2. A license to practice medicine in the state or country in which he resides.
3. Assurance that the applicant holds himself out to be a specialist in Radiology or one of its branches as defined under "Definitions" and that he limits his practice within the field of Radiology.
4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country of which he is a bona fide resident.

B. General Professional Education:

1. Graduation from a medical school recognized by the Council on Medical Education of the American Medical Association. If the applicant is a resident of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency approved by the Executive Committee.
2. Completion of an internship, preferably of the general rotating type, of not less than one year in a hospital approved by the same Council.

C. Special Training:

1. After completion of the internship there shall be a period of special training in a department of radiology recognized and approved by the American Board of Radiology and the Council on Medical Education of the American Medical Association as competent to provide a satisfactory training in radiology. This period of special training shall be as the Board of Trustees by resolution or motion shall determine from time to time.

RADIOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have had three years' formal residency training in an approved department of radiology.
2. Candidates beginning their training on July 1, 1956, or thereafter must have had three years' formal residency training in an approved department of radiology, plus an additional year of either further training or practice.
3. The three-year training period must include the equivalent of three months in Pathology and three months in Isotopes. The three months' training required in Pathology can either be co-ordinated throughout the entire three years of training or can be taken separately in the Department of Pathology in a three-month period. Maximum credit for training in Pathology, however, is three months. The time spent in Isotopes may be credited either to Diagnosis or Therapy in accordance with the wishes of the program director.
4. During the three-year training period in Radiology a minimum equivalent of twelve months must be spent in Therapeutic Radiology and eighteen months in Diagnostic Roentgenology.

DIAGNOSTIC ROENTGENOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have had two and one-half years' formal residency training in Diagnostic Roentgenology in an approved department of radiology; the equivalent of six months of this time must have been devoted to pathology.

2. Candidates beginning their training on July 1, 1956, and before July 1, 1957, must have had two and one-half years' formal residency training in an approved department of radiology (the equivalent of six months of which time must have been devoted to pathology) plus an additional year of either further training or practice.

3. Candidates who began their training on July 1, 1957, or thereafter must have had three years' formal residency training in Diagnostic Roentgenology in an approved department of radiology, plus an additional year of either further training or practice. The three-year training period must include the equivalent of *three months'* training in pathology.

4. Candidates applying for Diagnostic Roentgenology may expect to be examined in Physics.

THERAPEUTIC RADIOLOGY.

The *time* requirements for examination in Therapeutic Radiology are the same as for Diagnostic Roentgenology (see above). After July 1, 1957, a candidate must have three months' training in pathology and three months' training in isotopes. Candidates applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources as well as proficiency in roentgen therapy.

APPLICATION AND FEE

Application for examination must be made in duplicate on forms which may be obtained from the Secretary. These forms shall be forwarded with the required data, three unmounted autographed photographs, and the application fee of one hundred fifty dollars (\$150) by the deadline established for filing. In the event of withdrawal of an application fifty dollars (\$50) is retained for processing. A candidate who does not accept an appointment within three years after becoming eligible, except for a reason acceptable to the Board, will be required to submit another application and application fee.

EXAMINATIONS

Examinations are usually conducted in June and December.

Appointments are offered to candidates in the following order of priority:

1. American citizens.
2. Foreign candidates who intend to return to their country of citizenship.
3. Foreign candidates who show evidence they intend to become American or Canadian citizens.

The examination consists of film interpretation, problems regarding the clinical applications of roentgen rays, radium, and radioactive isotopes, and questions in pathology, physiology, radiobiology, and radiophysics. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

AMERICAN BOARD OF SURGERY

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REQUIREMENTS FOR ADMISSION TO EXAMINATION
 GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
 Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from medical schools acceptable to the Board in other countries.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Training in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner. While the management of conditions relating to the gastrointestinal tract and other abdominal conditions continues to form the bulwark of general surgery, candidates are expected to have knowledge of the basic principles applied in the management of fractures, head injuries or other forms of trauma, and of the more common problems in cardiovascular, gynecologic, neurologic, orthopedic, pediatric, plastic, thoracic, and urologic surgery.

BASIC SCIENCES

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three- or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

SENIOR YEAR

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, *the Board requires that the candidate have had this senior year in order to become eligible for examination.*

Because it is recognized that some flexibility and well-considered experimentation are essential to progress in surgical as well as other forms of education, the Board's Credentials Committee, which ordinarily meets each January and June, is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the following specified requirements.

TYPES OF PROGRAMS

The requirements for examination may be fulfilled by either of two programs. These are considered to be minimal in attaining the purposes of the Board and do not preclude additional desirable educational experiences which may strengthen the individual residency training program.

The Board may, at its discretion, require that a member of the Board, or other designated Diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board reserves the right to require a candidate to submit a list of the operative procedures performed by him during his training period.

GROUP 1 PROGRAM

Satisfactory completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four years of training by the Conference Committee on Graduate Training in Surgery is required.

An approved four-year residency may include a research project or an assignment to a basic science department such as pathology, physiology, or anatomy, provided this is an integral part of the program. The program must include at least three years of clinical surgery.

The Board accepts training of not more than one year's duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four years by the Conference Committee. *The senior year must have been spent in the parent institution holding the approval of the Conference Committee, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Conference Committee, equivalent in training value to the senior year in the parent institution and is under the same supervision.*

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his qualifications for special consideration by the Credentials Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group 1 or Group 2, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four years by the Conference Committee.

GROUP 2 PROGRAM

Satisfactory completion of a graded residency in general surgery of at least three years' duration including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Training in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day-to-day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and *the final year must have been spent in the capacity of senior or chief resident in general surgery.*

Satisfactory completion of two additional years of training beyond the three years of residency to complete a total of five is necessary to meet the requirements for examination. At least one of these two additional years must embrace patient responsibility and major operative work performed by the candidate under acceptable supervision. The two years may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement, approved by the Board in advance, with a preceptor acceptable to the Board who informs the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full-time basis. Training credit in excess of twelve months will not be granted in this category.

Credit not to exceed six months may be granted for the study of a single basic science such as pathology, physiology, or anatomy.

Credit may be granted for a maximum of twelve months spent in full-time research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship training, either in general surgery or in a recognized surgical specialty.

N.B: Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which Group 2 candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery was carried out under the supervision of a surgeon acceptable to the Board. For Group 2 candidates any such credit will be considered preceptorship credit.

LICENSE TO PRACTICE

The Board requires, prior to issuance of a certificate, that candidates have a valid license to practice medicine except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy, or Public Health Services of these countries.

FOREIGN-TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for foreign graduate training.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates must communicate with the Board at least three months before completing their training requirements (and in no instance later than June 1st), if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada, and those requesting some credit for foreign graduate training (see above), must submit the Evaluation Form not later than March 1 of the year in which examination is desired.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications must be returned by Aug. 1 if consideration is desired for examination in Part I in December of the same year.

Candidates completing their training requirements after Sept. 30 must await consideration for admission to the December Part I examination one year later.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training, but also upon information available to the Board concerning their professional ability as surgeons and their ethical standing.

Candidates are notified of their eligibility for the Part I examination when their applications have been approved, and subsequently are sent a list of examination centers from which to choose. Candidates are not eligible for the Part 2 examination until they have made a passing grade in Part 1.

A candidate who has been notified of eligibility to take the Part 1 or the Part 2 examination and who does not exercise this option within three years shall apply for re-evaluation of his eligibility for examination.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATION

The qualifying examination is divided into Part 1 (written) and Part 2 (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART I

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The Part 1 examination is of the objective, multiple-choice type, and is administered during a one-half day session. This examination is designed to cover general surgical problems and the sciences basic to surgery. Questions are of various types, and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the Board with the technical assistance of the Educational Testing Service.

PART 2

Examinations usually are held in ten different centers in the United States each year, September through May or

June. These examinations are conducted by members of the Board and selected Diplomates acting as guest examiners.

The Part 2 examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in clinical surgery, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease processes and their clinical implications. The identification of gross and microscopic lesions and the interpretation of roentgenograms also may be included.

REEXAMINATION

Candidates who fail Part 1 or Part 2 are required to wait one year before they can be eligible for reexamination.

Should a candidate fail a reexamination in Part 1 or in Part 2, the Credentials Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

FEES

The fee for examination is one hundred seventy-five dollars (\$175) payable as follows: twenty-five dollars (\$25) for registration, seventy-five dollars (\$75) for Part 1 and seventy-five dollars (\$75) for Part 2.

The fee for reexamination in Part 1 or in Part 2 is seventy-five dollars (\$75).

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, Dr. O. T. Clagett, 1151 Taylor Ave., Detroit, Mich., 48202. This board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

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 ROLLIN A. DANIEL, JR., Vice Chairman, Nashville, Tenn.
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 PAUL W. SANCER, Charlotte, N.C.
 MISS LOUISE SPER, Executive Assistant, 1151 Taylor Ave., Detroit, Mich., 48202.

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Adequate training in thoracic and cardiovascular surgery.

Definition of what constitutes adequate training.

To qualify for examination in thoracic surgery, the candidate shall have had two years of training on an active Thoracic Surgery Service that is approved by the Council on Medical Education of the American Medical Association in collaboration with the Board of Thoracic Surgery or training deemed equivalent by the Board of Thoracic Surgery.

Training obtained on Surgical Services where the experience with thoracic and non-thoracic cases is mixed can

qualify the candidate for examination, but only after favorable review by the Credentials Committee on an individual basis. Requests for such evaluation should be directed to the Secretary, O.T. Claggett, M.D., 1151 Taylor Avenue, Detroit, Michigan 48202.

Preceptorships alone are not considered to provide adequate training.

Even though emphasis on one or another facet of thoracic surgery, (esophagus, tumor, tuberculosis, cardiovascular, etc.) may have characterized the candidate's training experience, he is nevertheless held accountable for knowledge concerning all phases of the field. Not more than one year of training credit is to be allowed for experience that is confined to any one such segment.

Since few hospitals are capable of providing adequate experience in all facets of thoracic surgery, affiliation between diverse institutions is recommended. By preference the twenty-four months of training should be consecutive, and rotation through affiliated institutions or services should be appropriately spaced for proper benefit from each. It is also required that the candidate be familiar with the basic sciences as they relate to thoracic surgery. His moral and ethical standards must be acceptable.

FOREIGN TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for training in thoracic surgery acquired on services outside of the United States.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training but also upon information available to the Board concerning their professional ability as Thoracic Surgeons and their ethical standing.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part I is written, and Part II is an oral examination in clinical surgery, X-ray interpretation and pathology.

Part I. This examination will be given simultaneously at least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Candidates examined by the American Board of Surgery in Part I (written examination) on or after October 26, 1955, who are certified by the American Board of Surgery will be required to take only the Part II examination of the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in Part I prior to October 26, 1955 will be required to take Part I (written examination) of the Board of Thoracic Surgery before taking its oral examination.

Part II. In order to be eligible for Part II a candidate must have successfully completed Part I if required to take this preliminary examination. Examinations in Part II are held near the time and place of the annual meetings of the American Association for Thoracic Surgery and the American College of Surgeons.

It is the policy of the Board of Thoracic Surgery to examine candidates in Part II only upon the completion of their thoracic surgery residency unless circumstances require their returning to a foreign country, departure as a medical missionary, etc.

Dates of written and oral examinations are regularly pub-

lished in the Examination and Licensure column of the Journal of the American Medical Association and the Journal of Thoracic and Cardiovascular Surgery.

RE-EXAMINATIONS

Those individuals who fail Part I or Part II are required to wait for a period of one year before they are eligible again to take the part which they have failed. Those who fail twice in Part I or Part II will be required to wait for a period of two years. In addition they will be required to submit evidence of additional study and preparation prior to admission to re-examination. A candidate must give at least 60 days' notice requesting reconsideration for examination. The Board may at its discretion deny the candidates the privilege of further re-examination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Furthermore, a candidate who has failed in an examination (Part I or Part II) and who does not apply for re-examination within three years shall be required to make a new application and pay a new examination fee.

FEES

For the special examination in thoracic surgery and the issuing of a certificate, the fee is \$125.00. Twenty-five dollars of this fee is to accompany the application and will be considered as a registration fee. It is non-returnable to the applicant in case he is disapproved for examination.

The fee for re-examination is \$50.00.

AMERICAN BOARD OF UROLOGY

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REQUIREMENTS FOR ALL APPLICANTS

A. *Application for Certification Must Be Made on a Special Form* provided by the Secretary. This shall be returned to him accompanied by other required data and credentials and by seventy-five dollars (\$75) of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by this Council.

Requirements of graduates of foreign medical schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing. Graduates of foreign medical schools are required to have the standard certificate issued by the Educational Council for Foreign Medical Graduates, or to be licensed by examination to practice in the United States.

D. The applicant must establish that he has received special graduate training as follows:

1. An approved internship of at least one year.
2. One year in the basic sciences or clinical studies basic

to urology; or one-year residency in general surgery or internal medicine, on an approved service.

3. An approved graduated three-year residency in urology, leading to competency in all its phases.

Any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

E. Applicant must have an additional period of not less than two years in the practice of urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full-time practice of urology.

FEEES

The examination fee is one hundred seventy-five dollars (\$175). (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) Seventy-five dollars (\$75) must accompany the application. One hundred dollars (\$100) must be paid when the application has been processed. Neither fee is returnable.

The cost of the preparation and mailing the certificates will be charged to the candidate.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, without additional fee, but he must give sixty days' notice of his intention to appear for reexamination. A new group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include: evidences of hospital practice including the presentation of reports of twenty-five representative (not necessarily consecutive) major urologic cases from practice, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment, etc.; a written examination; pathology and oral-clinical examinations.

A. Evidences of Hospital Practice and Case Reports.

An index, in consecutive order, of all major and minor urologic surgery (including endoscopy) done during the last two years of practice must be presented. This index must be verified by the various hospital administrators.

The candidate must present twenty-five records of major urologic cases completed since the candidate's residency training with hospital, names (or initials) and record numbers, in which the candidate has had complete charge, responsibility and activity in all phases of the patient's care. These reports must be typewritten on 8½-by-11-in. paper and in duplicate, but need not be on any special form. *Please file the duplicate in your own office.* The second copy will be called for when and if it is needed.

Complete index lists must accompany the reports. If they are obtained from more than one hospital, a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name (or initials) of the patient, the hospital number and the name and date of operation. Statements from the administrators of the hospitals attesting that the candidate was the operator must be included.

The candidate must *personally* prepare the case reports, remembering that these are documentary evidence of his ability and that the material in them and the manner of

presentation are important evidence of his competence as an Urologist.

The case reports must be received on or before Aug. 1.

The case reports must be prepared as follows. Those not conforming to this outline will be returned for correction.

1. Heading; including identification of patient, hospital number and name or initial, age, marital status, sex, occupation, diagnosis, dates of hospitalization, date and name of operation, and outcome.

2. Complete history, including chief complaint, present and past history, family history, review of symptoms, etc.

3. Complete physical examination, including temperature, pulse, respiration and blood pressure, upon admission.

4. Initial laboratory and x-ray examinations must be recorded in detail.

5. Admitting diagnosis, based on above, with reasons for making this diagnosis.

6. Indications for further management and description of same in chronological order, together with finding and outcome, as they occurred. This should include detailed description of all subsequent laboratory and x-ray findings, final preoperative diagnosis and reasons for same.

7. Major and minor surgical procedures shall be described in detail. A detailed description of all other treatment and findings such as administration of drugs, and fluids, morbidity, complications, consultations, use of special drainage, etc., shall be recorded.

8. A detailed description of the postoperative course, including complications and outcome shall be given. If autopsy is done this should be reported.

9. An adequate follow-up of patient's course after dismissal from the hospital.

10. Final summary of the case.

This must include the candidate's interpretation of the record in terms of pathology; the basis for diagnosis; the facts that determined the treatment prescribed, whether surgical or otherwise; the course of treatment to be pursued following discharge from the hospital or clinic; and a critical discussion of the knowledge gained from the management of the case.

11. The entire record should be compiled as chronologically as possible and *must* contain dates of all data.

12. The candidate will be required to include a statement that he has personally prepared and edited the case reports.

B. Written Examination.

The written examination is designed to test the candidate's preparation in and his knowledge of the whole field of urology, including the subjects: clinical urology, pathology, anatomy, physiology, embryology, bacteriology, physiological chemistry, and endocrinology. These may be held on certain dates simultaneously in different parts of the country at places convenient for candidates.

C. Pathology.

The examinations in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope, and examination of fresh urinary sediments. It will be held at the time of the oral examination.

D. Oral-clinical examination.

This will consist of discussion of urological problems. The subjects forming the basis of this examination are urography; diseases of the genital organs, including the prostate and each portion of the urinary tract and the adrenals. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

Communications should be addressed to the Secretary-Treasurer. Checks should be made payable to: the American Board of Urology, Inc.

MEDICAL LICENSURE REQUIREMENTS*

Citizenship Requirements for Permanent Licensure

No Requirement		
California	Guam	Virgin Islands
Canal Zone	Maine	Washington
District of Columbia	Utah	
Declaration of Intention		
Arizona	Maryland	Oregon
Connecticut	Massachusetts	Pennsylvania
Hawaii	Minnesota ²	Rhode Island
Idaho	New Hampshire	South Dakota
Illinois	New Mexico	Texas
Indiana	New York	Virginia
Iowa		Wisconsin
Full Citizenship		
Alabama	Michigan ⁴	Oklahoma
Alaska	Mississippi ²	Puerto Rico
Arkansas	Missouri	South Carolina
Colorado	Montana ¹	Tennessee
Delaware ¹	Nebraska	Vermont
Florida	Nevada ¹	West Virginia
Georgia	New Jersey	Wyoming ³
Kansas	North Carolina ²	
Kentucky	North Dakota	
Louisiana	Ohio ¹	

1. Canadian citizens must file first papers.
2. Not applicable to citizens of Canada.
3. May be waived at discretion of the Board.
4. Issued temporary license renewable for 5 years, or until full citizenship is obtained.

Licensure, Registration or Other Requirements for Interns

Licensure	Registration	Other Requirements
Puerto Rico	Arkansas	Arizona ¹
	California	Florida ⁴
	Colorado ⁸	
	Delaware	
	District of Columbia	
	Indiana ⁹	
	Massachusetts ⁵	
	Missouri ⁷	
	New Hampshire	
	New Mexico	
	Oregon ¹	
	Rhode Island ⁷	
	South Carolina ⁷	
	Texas ⁷	
	Vermont ⁵	
	Virginia ¹	
	West Virginia ⁸	

1. Licensed hospitals must register annually names of all interns.
2. May serve for an aggregate period not to exceed 4 years: required to register with licensing board annually.
3. [Category deleted.]
4. Hospitals required to register names of interns every 6 months with State Board of Health. Interns may serve for a period of 2 years without licensure.
5. Limited registration granted.
6. May serve for not more than 2 years without licensure.
7. Temporary permit required.
8. Foreign graduates must obtain approval from Board for such service.
9. Temporary medical permit granted until obtaining a regular license.

*Information on this and subsequent pages reprinted with permission from the STATE BOARD NUMBER of *The Journal of the American Medical Association*, Vol. 188, pp. 877-926 (June 8), 1964.

Medical Licensing Boards Requiring One-Year Internship

Alabama	Kansas	Pennsylvania ⁵
Alaska ¹	Kentucky	Puerto Rico ³
Arizona	Louisiana ³	Rhode Island ³
California ⁶	Maine	South Dakota
Canal Zone	Michigan	Utah
Colorado	Minnesota	Vermont ⁶
Delaware ³	Montana	Virgin Islands
District of Columbia	Nevada	Washington
Guam	New Hampshire ⁷	West Virginia
Hawaii	New Jersey ⁴	Wisconsin
Idaho	North Dakota	Wyoming
Illinois ²	Oklahoma ⁶	
Iowa	Oregon	

1. Unless in active practice for 4 years as a licensed physician.
2. Straight internships may be accepted if applicant is Board certified in a recognized specialty.
3. Internship must be a rotating service.
4. One year rotating service or 2-year straight internship. At least 3 months of rotating service must be in general surgery, 3 months general medicine, and 6 weeks obstetrics.
5. Candidates seeking licensure who have completed a straight or mixed internship must have had 6 weeks of obstetrics and gynecology or its equivalent.
6. Must be approved by Board and meet minimum standards of qualification by the A.M.A.
7. An internship, approved by the Board, of not less than 12 months.

Licensure, Registration, or Other Requirements for Residents

Licensure	Registration	Other Requirements
Iowa ⁵	Arkansas	Arizona ¹
Maine ⁶	California	Florida ⁸
Michigan ⁶	Colorado ²	
Minnesota ⁶	Delaware	
Montana	District of Columbia	
Nebraska	Idaho	
Nevada ²	Illinois ⁴	
North Carolina ¹¹	Indiana ¹⁴	
North Dakota	Massachusetts ⁸	
Oklahoma ¹¹	Missouri ¹⁰	
Puerto Rico	New Hampshire	
Utah	New Mexico	
	New York ¹⁰	
	Oregon ¹	
	Pennsylvania ¹²	
	Rhode Island ⁶	
	South Carolina ⁸	
	South Dakota ¹³	
	Texas	
	Vermont ⁵	
	Virginia ^{1, 7}	
	West Virginia ⁷	
	Wisconsin ¹	

1. Licensed hospitals must register annually names of all residents.
2. May serve for an aggregate period not to exceed 4 years: required to register with licensing board annually.
3. Hospitals required to register names of residents every 6 months with State Board of Health. Residents may serve for a period of 2 years without licensure.
4. Applicants who wish to serve residencies in Illinois hospitals and who are not eligible for permanent registration may apply for temporary certificates which are issued without examination. Temporary permit issued for service in state hospitals to physicians eligible for licensure.
5. Resident physician's license issued for a period of not more than 7 years in approved hospital; must practice under the supervision of a licensed physician.
6. Temporary permit required.
7. Foreign graduates must obtain approval from Board for such service.
8. Limited registration covering appointment as resident, or fellow in a specific hospital.
9. Temporary permit for one year; candidate must be eligible for permanent licensure.
10. Temporary certificate for 2 years for residents, except in state mental and municipal hospitals.
11. Limited license for duration of residency. Hospital must furnish annually list of residents.
12. Postgraduate certificate issued for residency training if licensed in any state or Canada or hold the certificate of the National Board of Medical Examiners.
13. Temporary permit for one year.
14. Temporary medical permit granted until obtaining a regular license.

Temporary and Educational Permits, Limited and Temporary Licenses, or Other Certificates Issued by State Licensing Boards

Alaska	Temporary permits issued for 6 months while processing permanent licensure, for physicians employed in the summer cannery season and for locum tenens work.
Arizona	Temporary permits issued on basis of community emergency.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard or temporary ECFMG certification.
Delaware	Temporary emergency license granted for 4 months, subject to renewal, for emergency shortage and for locum tenens practice provided physician is licensed in another state.
Georgia	Temporary permit until board meets.
Hawaii	Temporary permit issued only if a community requires a pathologist or radiologist and the County Medical Society so certifies.
Idaho	Temporary license until next board meeting.
Illinois	Temporary certificate for residency training for applicants who are not qualified for permanent registration. Issued for period of one year, may be extended. Permit issued for service in state hospitals to physicians eligible for licensure.
Indiana	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued foreign medical graduates for graduate education training, must have standard or temporary ECFMG certification. Temporary medical permit granted to interns and residents until they can obtain a regular license.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for one year issued at discretion of board.
Kansas	Temporary permit until next board meeting. Not renewable.
Kentucky	Temporary permits issued to applicants by endorsement for 6-month period to serve until investigations completed and meeting of board. Limited licenses issued to graduates of foreign medical schools and graduates of unapproved American schools for one year, renewable for special place, purpose, and time.
Louisiana	Temporary permit is granted to physicians possessing the necessary credentials who file application for examination or reciprocity and who locate in Louisiana between the regular semi-annual meetings of the board. Temporary permit valid until next meeting of the board.
Maine	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
Massachusetts	Limited registration covering appointment as intern, resident, or fellow in specific hospital, or as assistant in medicine while a student in medical school.
Michigan	Temporary annual license for resident and postgraduate training renewal each year, not to exceed 5 years. Internship Permits issued to graduates of foreign medical schools for a period of 1 year.
Minnesota	Temporary certificate issued foreign medical graduates for duration of residency. A certificate of Graduate Training issued if requirements of the law have been met. No authority to practice nor licensure rights.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to foreign graduates, noncitizen who is awaiting citizenship. Temporary license issued to interns, residents, fellows, or house officers.
Montana	Temporary license is granted to physicians to practice anywhere in the state in the interim between license meetings. Must appear at next board meeting to have temporary license made permanent.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
New Hampshire	Temporary license or until full citizenship or a maximum of 5 years for foreign-trained physicians.
New Jersey	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of the state.
New Mexico	Institutional permit issued for practice in state hospitals only. Permits for interns and residents. Temporary licenses issued until next board meeting.
New York	Temporary certificate for 2 years for residency training except in public hospitals.
North Carolina	Limited license issued for duration of residency, renewable on an annual basis, to physicians not eligible for licensure by endorsement.
North Dakota	Temporary permit for United States and Canadian graduates. Does not apply to foreign graduates. Limited license for physicians employed in state hospitals until next board meeting and for locum tenens.
Oklahoma	Temporary license for 1 year for residency training in approved hospital; may be renewed for 2 additional years.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign Postgraduate Registration for physician in United States on Educational Visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit issued for intern and residency training on a yearly basis. Temporary permits are issued to endorsement applicants in medical training beginning practice prior to board meeting.
South Dakota	Temporary license issued for 4 years to graduates of unapproved medical schools for practice in State Institutions provided applicant passes Basic Science and Medical Board examination.
Texas	Temporary permit issued until next board meeting. Beginning July 1, 1961, institutional permits will be issued to interns and residents. Foreign graduates must be ECFMG certified.
Vermont	Limited license issued to foreign graduate, noncitizen who is awaiting citizenship. Temporary certificate issued to interns, residents, fellows, or house officers.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Conditional certificate or license for employment by the Department of Institutions if licensed in another state.
West Virginia	Temporary license issued until next board meeting to qualified applicants.
Wisconsin	Temporary educational permit issued to graduates of foreign medical schools for residency training. May be renewed annually for not more than 5 years.
Wyoming	Temporary permit until next board meeting. Citizenship requirements may be waived and temporary license granted on annual basis at the discretion of the Board provided the applicant successfully completes ECFMG examination or Board's written examination; citizenship must be obtained within 5 years.

Status of Requirements for Medical Licensure for Physicians Trained in Foreign Countries Other than Canada*

	Written Examination Required	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Basic Science Certificate	Internship	Required to Pass Examination of Educational Council for Foreign Medical Graduates	Additional Requirements	Examination Fee, Dollars
Alabama	x	x	x	x	x	x	x	25
Alaska	x	x	x	x	x	x	x	35
Arizona	x	x	D	x	x	x	x	50
Arkansas	Not Accepted	Not Accepted						
California	x	x	x	x	x	x	x	40
Canal Zone	x	x	x	x	x	x	x	10
Colorado	x	x	x	x	x	x	x	25
Connecticut	x	x	D	x	x	x	x	50
Delaware	x	x	x	x	x	x	x	50
District of Columbia	x	x	x	x	x	x	x	35
Florida	x	x	x	x	x	x	x	50
Georgia	x	x	x	x	x	x	x	20
Guam	x	x	x	x	x	x	x	50
Hawaii	x	x	D	x	x	x	x	50
Idaho	x	x	D	x	x	x	x	25
Illinois	x	x	D	x	x	x	x	75
Indiana	x	x	D	x	x	x	x	25
Iowa	x	x	D	x	x	x	x	50
Kansas	x	x	x	x	x	x	x	50
Kentucky	x	x	x	x	x	x	x	50
Louisiana	Not Accepted	Not Accepted						
Maine	x	x	x	x	x	x	x	100
Maryland	x	x	D	x	x	x	x	50
Massachusetts	x	x	D	x	x	x	x	50
Michigan	x	x	x	x	x	x	x	30
Minnesota	x	x	D	x	x	x	x	50
Mississippi	x	x	x	x	x	x	x	35
Missouri	x	x	x	x	x	x	x	50
Montana	x	x	x	x	x	x	x	75
Nebraska	x	x	x	x	x	x	x	25
Nevada	Not Accepted	Not Accepted						
New Hampshire	x	x	D	x	x	x	x	30
New Jersey	x	x	x	x	x	x	x	50
New Mexico	x	x	D	x	x	x	x	100
New York	x	x	D	x	x	x	x	40
North Carolina	x	x	x	x	x	x	x	50
North Dakota	x	x	x	x	x	x	x	100
Ohio	x	x	x	x	x	x	x	50
Oklahoma	Not Accepted	Not Accepted						
Oregon	x	x	D	x	x	x	x	125
Pennsylvania	x	x	D	x	x	x	x	50
Puerto Rico	x	x	x	x	x	x	x	30
Rhode Island	x	x	D	x	x	x	x	50
South Carolina	x	x	x	x	x	x	x	100
South Dakota	x	x	D	x	x	x	x	40
Tennessee	x	x	x	x	x	x	x	50
Texas	x	x	D	x	x	x	x	50
Utah	x	x	x	x	x	x	x	25
Vermont	x	x	x	x	x	x	x	20
Virgin Islands	x	x	x	x	x	x	x	65
Virginia	x	x	D	x	x	x	x	50
Washington	x	x	x	x	x	x	x	25
West Virginia	x	x	x	x	x	x	x	25
Wisconsin	x	x	D	x	x	x	x	75
Wyoming	x	x	x	x	x	x	x	50

This summary should be verified by direct communication with the secretary of the licensing board of the state in which the physician is interested.

* See separate table applicable to Canadian citizens.
 x Implies yes.
 D Declaration of intention to become citizen of the United States.

Additional Requirements

Alabama. Candidate is eligible if he is certified by the National Board of Medical Examiners and approved.
California. Non-Citizens—Two-year internship in an approved hospital in the United States, one of said years being in California, followed by oral and clinical examination. Citizens—one year approved internship followed by oral and clinical examination.
Canal Zone. Acceptable at the discretion of the Board.
Colorado. Credentials must be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being visaed by the U. S. Consul in the country wherein the school of graduation is or was located.
Connecticut. For graduates of unapproved medical schools, minimum of three years of hospital training in approved hospital in United States or Canada required, one year of which must be in general medicine. Maintains list of acceptable medical schools.
Delaware. Residence for one year required.
District of Columbia. Examiners must pass D.C. examination or be exempt therefrom by virtue of having passed a basic science examination elsewhere.
Florida. One year approved internship or 5 years private practice in United States.
Georgia. Reciprocity applicants may furnish certification of passing examination of Educational Council for Foreign Medical Graduates in lieu of acceptable medical school, and applicants are given consideration on an individual basis. Must appear before licensing board for interview.
Guam. Residence for one year required. Diplomates of National Board eligible on endorsement basis.
Hawaii. Residence for one year required. Diplomates of National Board eligible on endorsement basis. Maintains list of acceptable medical schools. Graduates of other schools considered if in practice for seven of eleven years as a licensed physician.
Idaho. Considered on an individual basis.
Illinois. Limited license for practice in hospitals maintained by the state.
Indiana. Two years postgraduate training in approved hospital in United States required.
Iowa. The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all of the following: (a) a diploma issued by a medical college which college has been neither approved nor disapproved by the medical examiners; and (b) completion of three years of training as a resident physician which training has been approved by or is acceptable to the medical examiners; and (c) recommendation of the ECFMG.
Kansas. Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul. ECFMG certificate has a favorable bearing on acceptance.
Kentucky. Applicant required to complete at least five years' training in the United States in an institution approved by the board and to have successfully passed examination of National Board of Medical Examiners.
Maine. Maintains list of acceptable medical schools.
Maryland. Three years hospital service in the United States required, one year of which must be a rotating internship or one year of residency in internal medicine; also one of the three years must have been spent in an approved hospital in Maryland.

Massachusetts. Must furnish documentary evidence that education is equivalent to that of graduates of United States medical schools and shall be required to take a screening examination conducted periodically for such applicants by the National Board of Medical Examiners, who shall certify that the applicant has successfully passed said examination. If he fails to pass, he may be permitted to repeat the screening examination twice. If third screening examination is failed, he shall not be permitted to retake screening examination until he has finished a 1-year internship or residency in a Massachusetts hospital approved for such training by the American Medical Association. If a candidate is a diplomate of an approved specialty board, he may be admitted to the examination for licensure without being required to take the screening examination.
Michigan. Temporary licenses for private practice may be granted to those foreign medical graduates who have served an approved internship in Michigan and have declared their intention to become a citizen of the United States.
Minnesota. One-year internship is required.
Mississippi. Interview by examining board prior to examination required.
Missouri. Temporary license issued noncitizens, awaiting citizenship.
New Hampshire. Diplomates of National Board of Medical Examiners eligible on endorsement basis. Temporary license valid until citizenship is completed may be given. Considered on an individual basis. Certified copies of credentials and translations must be filed with application.
New Jersey. Candidates required to have not less than three years of training in a hospital approved by the board.
New York. Board of Regents maintains list of acceptable medical schools. Graduates of schools not on this list may be required to take additional approved hospital training and sometimes additional graduate study.
North Carolina. Considered on an individual basis.
North Dakota. Considered on an individual basis.
Ohio. Must serve at least two years as intern or resident in approved hospital in United States.
Oregon. Must show evidence of internship and/or residency of not less than two years in not more than two hospitals approved for such training. Less than an unqualified recommendation from the heads of these training programs shall preclude further consideration.
Pennsylvania. Graduates of foreign medical schools are considered on an individual basis.
South Dakota. Applicant required to practice in a State Institution for four years under a temporary license and reappear before the board for permanent licensure.
Tennessee. All applicants must be from medical schools whose curriculum equals that of the University of Tennessee. Each applicant considered on an individual basis.
Texas. All foreign-trained physicians (with exception of Canada) must appear for personal interview.
Utah. Applicant required to have 3 years of internship or residency, 1 year spent in Utah, and hold certificate of National Board of Medical Examiners.
Virgin Islands. Residence of six months required.
Virginia. Applicant must be licensed to practice medicine and surgery in country in which school of graduation is located or must have completed the course of study and passed examinations equivalent to those required for a diploma or license conferring such full right to practice. Two years of internship in approved hospital in the United States or Canada within the past five years prior to application. If citizenship is not acquired within seven years after licensure, the license automatically becomes void.
West Virginia. Applicant must be resident of the state for three years preceding application and recommended by local society. ECFMG recommended by Board, not required by law.
Wisconsin. 1953 Legislature established One Year Temporary Educational Permit which authorizes graduates of unapproved foreign schools to obtain residency training in approved hospitals. May be renewed for four additional years.

**Schedule for Written Examination and Issuance of Licenses by
Reciprocity or Endorsements of Credentials**

Medical License Fees

	Written Examinations	Licenses by Reciprocity or Endorsement Issued	Exami- nation	Reciprocity or Endorsement
Alabama	Annually	Continuously	\$ 25	\$ 50
Alaska	On application	Continuously	35	110
Arizona	Quarterly	Quarterly	50	150
Arkansas	June and November	June and November	50	100
California	Quarterly	Once a week	40	138
Canal Zone	On application	On application	10	5
Colorado	Twice annually	Quarterly	25	50
Connecticut	March, July, and November	Continuously	50	100
Delaware	January and July	Monthly	50	150
District of Columbia	Twice annually	Quarterly	35	50 ^a
Florida	June and November	No reciprocity	50	..
Georgia	June and October	June and October	20 ^{a, f}	100
Guam	No examination given	On application	..	50
Hawaii	January and July	Continuously	50	50
Idaho	Semiannually	Semiannually	25	150
Illinois	Quarterly	Quarterly	75	100
Indiana	Annually, June	Once a month	25	100
Iowa	June and December	Monthly	50	100
Kansas	January and June	January and June	50	b
Kentucky	Biannually	Monthly	50	75
Louisiana	June and December	June and December	25	50
Maine	March, July, and November	March, July, and November	100	100
Maryland	June and December	Every 5 weeks	50	50
Massachusetts	January and July	Monthly except August	50	100
Michigan	June and October	Continuously	75	100
Minnesota	Quarterly	Quarterly	35	50
Mississippi	Annually, June	June and December	50	100 ^a
Missouri	Twice annually	Eight times annually	75	100
Montana	January and July	Continuously	25	50
Nebraska	Annually in June	Continuously	100	200
Nevada	Quarterly	Quarterly	30	50
New Hampshire	Twice annually	Twice annually	50	100
New Jersey	June and October	Monthly	100	100
New Mexico	May and November	May and November	40	40
New York	June and December	Continuously	50	100
North Carolina	Annually, June	Five times annually	100	100
North Dakota	January and July	January and July	25	100
Ohio	June and December	Six times annually	50 ^c	100 ^c
Oklahoma	Annually, June	Quarterly	50	75
Oregon	January and July	Quarterly	30	30
Pennsylvania	May and November	Every 6 to 8 weeks	50	50
Puerto Rico	Twice annually	Continuously	100	100
Rhode Island	Quarterly	Eight times annually	50	100
South Carolina	June and November	May, June, and November	25	50
South Dakota	Twice annually	Continuously	20	50
Tennessee	Quarterly	Continuously	50	100
Texas	Biannually	Quarterly	50	100
Utah	Annually, May	February, June, Au- gust, and November	25	50
Vermont	January and June	Continuously	50	100
Virgin Islands	Twice annually	Twice annually	65	65
Virginia	June and December	June and December	25	25
Washington	January and July	Quarterly	25	100
West Virginia	January and July	Quarterly	25	100
Wisconsin	January and July	Quarterly	50 ^d	100
Wyoming	February, June, and October	February, June, and October	50	50

a. Endorsement fee, \$35.

b. Sum equal to fee of endorsing state.

c. Endorsement fee, \$50.

d. Foreign graduates, \$75.

e. Nonresident, \$50.

f. Foreign graduates, \$125.

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- West Virginia:** Dr. Newman H. Dyer, Secretary, 1800 Washington St., Charleston 4.
- Wisconsin:** Dr. Thomas W. Tormey, Jr., Executive Secretary, 1414 S. Park St., Madison.
- Wyoming:** Dr. James W. Sampson, Secretary, 2301 Central Ave., Cheyenne.

Boards of Examiners in the Basic Sciences

Twenty-three states and the District of Columbia have adopted basic science requirements as a prerequisite for licensure. The law in most of these states applies to any person practicing the healing arts or any branch thereof, whereas the law in a few states indicates that it specifically applies to those persons planning to engage in the practice of medicine, osteopathy, and chiropractic; still others include the practice of naturopathy, chiropody, and dentistry.

A basic science law provides for the establishment of a board of medical examiners and requires that each person

to whom the law applies appear before the board of examiners in the basic sciences and demonstrate his knowledge of the basic sciences. These boards have no licensing powers. A certificate of proficiency in the fundamental sciences is issued which must be presented when applying for a license to practice medicine or other methods of healing. The function of the basic science board in the District of Columbia is to examine all applicants referred to it by the Commission on Licensure and does not issue any type of certificate.

The states comprising this group, together with the year of enactment of the basic science law for each, are included in the table below. This table presents in composite form, the subjects in which examinations are given by each board and the interstate registration policies for certification without examination (i.e., by reciprocity, waiver, or exemption).

While the informative data here presented may be useful to those seeking licensure in these states, it is recommended that the information be verified by direct communication with the basic science board. The present executive corresponding officer of each of the 24 basic science boards is as follows:

- Alabama: Dr. E. Carl Sensenig, Secretary, 1919 17th Ave., South, Birmingham 3.
- Alaska: Dr. J. William Gibson, Secretary, 188 S. Franklin St., Juneau.
- Arizona: Dr. Millard G. Seeley, Secretary, University of Arizona, Tucson.
- Arkansas: Dr. A. W. Ford, Secretary, Education Building, Little Rock.
- Colorado: Dr. Esther B. Starks, Secretary, 1459 Ogden St., Denver 80218.
- Connecticut: Mrs. Regina G. Brown, Executive Assistant, 258 Bradley St., New Haven 10.
- District of Columbia: Mr. Paul Foley, Deputy Director, 1145 19th St., NW, Washington 6.
- Florida: Mr. Theodore A. Ashford, Box 17236, Tampa 33612.
- Iowa: Dr. Elmer W. Hertel, Secretary, Waverly.
- Kansas: Dr. Leon C. Heckert, Secretary, Kansas State College, Pittsburg.
- Michigan: Mrs. Anne Baker, Secretary, 116 Stevens T. Mason Bldg., Lansing.
- Minnesota: Dr. Raymond N. Bieter, Secretary, 105 Millard Hall, University of Minnesota, Minneapolis 55455.
- Nebraska: Mr. R. K. Kirkman, Director, Room 1009, State Capitol Bldg., Lincoln 9.

- Nevada: Dr. Lowell L. Jones, Secretary, Box 8355, University Station, Reno 89507.
- New Mexico: Mrs. Marguerite Cantrell, Secretary, PO Box 1522, Santa Fe.
- Oklahoma: Dr. E. F. Lester, Secretary, 402 Sequoyah Memorial Bldg., Oklahoma City 5.
- Oregon: Dr. R. L. Collins, Secretary, Box 5175, Eugene.
- Rhode Island: Mr. Thomas B. Casey, Administrator, 366 State Office Bldg., Providence.
- South Dakota: Dr. W. McA. Kleinbacker, Secretary, 909 Mulberry St., Yankton.
- Tennessee: Dr. Roland H. Alden, Secretary, 62 S. Dunlap St., Memphis 3.
- Texas: Miss Betty J. Anderson, Executive Secretary, 1012 Sam Houston State Office Bldg., Austin.
- Utah: Mr. Floy W. McGinn, Director, 318-A State Capitol Bldg., Salt Lake City 1.
- Washington: Mr. Thomas A. Carter, Secretary, Capitol Bldg., Olympia.
- Wisconsin: Dr. B. H. Kettlekamp, Secretary, River Falls.

Basic Science Registration Fees*

Alabama	.....\$25 ³	Nebraska	.....\$10 ³
Alaska	..... 25	Nevada	..... 25
Arizona	..... 20	New Mexico	..... 50 ⁴
Arkansas	..... 25 ¹	Oklahoma	..... 15 ²
Colorado	..... 25	Oregon	..... 25
Connecticut	..... 25	Rhode Island	..... 10
District of Columbia	..... 25	South Dakota	..... 15 ⁷
Florida	..... 10	Tennessee	..... 25 ⁵
Iowa	..... 20	Texas	..... 25 ⁶
Kansas	..... 25	Utah	..... 10
Michigan	..... 10 ⁷	Washington	..... 10
Minnesota	..... 25 ²	Wisconsin	..... 10 ⁸

*Fee for registration by examination and reciprocity: (1) non-residents \$50; (2) reciprocity \$50; (3) waiver \$15; (4) reciprocity and waiver \$75; (5) reciprocity \$10; (6) reciprocity and waiver \$50; and (7) waiver \$25.

States Having Basic Science Legislation, 1963

Year of Enactment	Subjects Included in Examination										Interstate Registration Policies																				
	Bacteriology	Chemistry	Diagnosis	Hygiene	Pathology	Physiology	Histology	Public Health	Alabama	Alaska	Arizona	Arkansas	Colorado	Connecticut	Dist. of Col.	Florida	Iowa	Kansas	Michigan	Minnesota	Nebraska	Nevada	New Mexico	Oklahoma	Oregon	Rhode Island	South Dakota	Tennessee	Texas	Washington	Wisconsin	Other
Alabama.....	x	x	x			x	x			Reciprocity if examination is equal to that of Alabama																					
Alaska.....	x	x	x			x	x			Reciprocity if credentials equal to those of Arizona and 4 subjects passed at one time																					
Arizona.....	x	x	x			x	x			Reciprocity if examination is equal to that of Arizona and 4 subjects passed at one time																					
Arkansas.....	x	x	x			x	x			Reciprocity if examination is equal to that of Arizona and 4 subjects passed at one time																					
Colorado.....	x	x	x			x	x			Reciprocity if examination is equal to that of Arizona and 4 subjects passed at one time																					
Connecticut.....				x	x	x	x			No reciprocity																					
District of Columbia.....										Examination may be waived ¹																					
Florida.....										No reciprocity																					
Iowa.....				x	x	x	x			Examination may be waived ¹																					
Kansas.....										Examination may be waived ¹																					
Michigan.....										Examination may be waived ¹																					
Minnesota.....				x	x	x	x			Examination may be waived ¹																					
Nebraska.....				x	x	x	x			May waive examination if basic science or medical grades of other states not less than 75% in each subject																					
Nevada.....										May waive examination if basic science or medical grades of other states not less than 75% in each subject																					
New Mexico.....										May waive examination if basic science or medical grades of other states not less than 75% in each subject																					
Oklahoma.....										Considered on individual basis																					
Oregon.....										Considered on individual basis																					
Rhode Island.....										No reciprocity																					
South Dakota.....										No reciprocity																					
Tennessee.....										No reciprocity																					
Texas.....										No reciprocity																					
Utah.....										No reciprocity but examination may be waived																					
Washington.....										No reciprocity but examination may be waived																					
Wisconsin.....										No reciprocity but examination may be waived																					

1. Candidates required to pass examinations in chemistry and bacteriology.
2. Reciprocal agreements with only those states which have a basic science board and grant like exemption to applicants from Arkansas.
3. Each case considered individually.
4. Partial reciprocity.
5. Must take examination in hygiene.
6. Limited reciprocity.