

Directory of Approved Internships and Residencies

1965

THE NATIONAL INTERN MATCHING PROGRAM FOR 1966
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
APPROVED INTERNSHIPS
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 15, 1965, (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 especially indebted to Miss Valeda Carboneau, Miss Marion Gavrilis, Miss Judith Lee, and Miss Rita Hammes.

dated December 27, 1965.

The other material published in this Directory does not appear in the November 15, 1965, issue of JAMA, but will be indexed in the December 27 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 15 issue, along with the regular copies of JAMA that make up Volume 194.

Annual Report on
Graduate Medical Education in the United States

This is the 39th 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 1964-1965. Except where otherwise specified, the data reported here were secured from hospitals as of September 1, 1964, and therefore provide performance data one year ago. Most tables contain a column listing the projected positions offered for the academic year 1966-1967.

The material in this Annual Report, plus the following section on Special Reports, Announcements, and Notices, will also be published in the Education Number of *The Journal* for November 15, 1965. Thus, the special Education Number of *The Journal* will contain only those two portions of the full Directory of Approved Internships and Residencies, since the Directory itself is too large to be included in the special issue of *The Journal*. This Directory is intended to be a complete manual of all information pertaining to internships and residencies, and includes, in addition, a consolidated list of hospitals and other institutions approved for graduate training, detailed lists of all approved internship programs, detailed lists of all residency programs by specialty, the Essentials of an Approved Internship, the Essentials of Approved Residencies, the requirements of the American Specialty Boards, full details of the National Intern Matching Program (NIMP), and an extract on medical licensure requirements taken from the annual State Board Number of *The Journal* for June 7, 1965.

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, as 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 "tear-sheets" of lists of the approved internships and residencies to interested foreign physicians upon inquiry. Reprints of the Directory, as well as of the separate Essentials and Board requirements are available on request.

By next year, it should be possible to give a full report of data on foreign medical graduates. In addition to listing distribution of foreign graduates by specialties in affiliated and non-affiliated hospitals, certain additional data as to origin of the foreign graduates are now available. Data on licensure of foreign graduates are contained in the State Board Number of *The Journal*.

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 the matching program.

During the year ending June 30, 1965, the Internship Review Committee considered 318 programs, of which 288 had been surveyed by the field staff. Of this number, continued full approval was granted to 196 programs, action was deferred on no pro-

grams, progress reports were accepted on 30, 37 were placed or continued on probation, approval was withdrawn from 10, approval was withheld from 7 new applications, and 38 new applications were approved.

Table 1.—Number of Internships, 1955-1964

	No. of Hospitals	No. of Internships	No. of Positions Filled	Percentage of Positions Filled
1955-1956	867	11,816	9,603	83
1956-1957	852	11,895	9,893	83
1957-1958	807	12,325	10,198	83
1958-1959	853	12,469	10,352	83
1959-1960	865	12,580	10,253	82
1960-1961	864	12,547	9,115	73
1961-1962	816	12,074	8,173	68
1962-1963	789	12,024	8,805	73
1963-1964	765	12,229	9,636	79
1964-1965	757	12,728	10,097	79

Table 1 follows the format adopted last year in which columns were added for positions filled and percentage of positions filled. There has been continuation of the trend noted three years ago for a progressive decrease in the number of hospitals offering internships, but an increase in the number of internship positions offered as well as filled. The percentage of positions filled remained at 79%, as for last year.

The low point of positions filled in 1961-1962 resulted from implementation of the policy requiring ECFMG certification, and the progressively increasing number of interns each year since then reflects the increasing numbers of foreign graduates securing certification by the ECFMG.

Compliance with the policy regarding ECFMG certification continued to be good, and only one hospital internship was withdrawn from the approved list during 1964-1965 because of failure to adhere to this policy.

Internships by Type of Service

Table 2 follows the same format as in previous years, but for the first time indicates the division of types of internships between hospitals affiliated with medical schools and those not affiliated.

In spite of a decline of eight in the total number of hospitals with approved internship programs, there was an actual increase of 65 approved programs. There was a decrease of three rotating internship programs, with an increase of 35 straight and 36 mixed, so the relative rate of increase of mixed internships is greater than the increase for straight.

Sixty-one per cent of all approved internship programs are in non-affiliated hospitals, offering 61% of all available positions and obtaining 59% of all available interns. Of all rotating internship positions available, 71% were offered by non-affiliated hospitals, while the affiliated hospitals offered 68% of the available straight internships. On the other hand, 83% of the positions filled in non-affiliated hospitals were rotating internships while 52% of the positions filled in affiliated hospitals were rotating internships. While affiliated hospitals offered 68% of the straight internships, only 38% of

Table 2.—Number of Internships by Type of Service

Type of Internship	Affiliated Status	Number of Internships				Per-centage Positions Filled	Total Positions Offered 1966-1967
		No. of Ap-proved Pro-grams	Total Posi-tions Of-fert Sept. 1, 1964	Posi-tions Filled Sept. 1, 1964	Posi-tions Vacant Sept. 1, 1964		
ROTATING	Affiliated	143	2,632	2,135	497	81	2,610
	Non-Affiliated	515	6,425	4,918	1,507	77	6,456
	Total	658	9,057	7,053	2,004	78	9,066
MIXED	Affiliated	89	512	413	99	81	615
	Non-Affiliated	100	440	364	76	83	585
	Total	189	952	777	175	82	1,200
STRAIGHT Internal Medicine	Affiliated	91	867	835	32	96	983
	Non-Affiliated	65	390	339	51	87	480
	Total	156	1,257	1,174	83	93	1,463
Surgery	Affiliated	71	510	458	52	90	571
	Non-Affiliated	59	258	188	70	73	305
	Total	130	768	646	122	84	876
Pediatrics	Affiliated	55	286	206	80	72	332
	Non-Affiliated	35	133	91	42	68	152
	Total	90	419	297	122	71	484
Pathology	Affiliated	51	116	74	42	64	130
	Non-Affiliated	28	61	28	33	46	64
	Total	79	177	102	75	58	194
Obstetrics and Gynecology	Affiliated	7	21	10	11	48	20
	Non-Affiliated	5	5	1	4	20	10
	Total	12	26	11	15	42	30
Total Straight	Affiliated	275	1,800	1,583	217	88	2,036
	Non-Affiliated	192	847	647	200	76	1,011
	Total	467	2,647	2,230	417	84	3,047
FAMILY PRACTICE AND GENERAL PRACTICE PROGRAMS	Affiliated	5	20	11	9	55	24
	Non-Affiliated	9	52	26	26	50	44
	Total	14	72	37	35	51	68
GRAND TOTALS	Affiliated	512	4,964	4,142	822	83	5,285
	Non-Affiliated	816	7,764	5,955	1,809	77	8,098
	Total	1,328	12,728	10,097	2,831	79	13,381

the positions filled in affiliated hospitals were straight internships. For non-affiliated hospitals, 11% of the filled positions were straight internships.

For both groups of hospitals, mixed internships were well filled, but the most popular for both groups were straight internships in internal medicine. The family practice and general practice programs which are being conducted on a pilot basis, were only about half filled in both groups of hospitals. Although 20 of these pilot programs have been approved, data are available only on 14 which have been activated at the time the data were secured.

If all 7,336 of 1963-1964 U.S. graduates were serving internships, then 2,761 would have been filled by foreign graduates. As will be seen from Table 6, there were actually 2,821 foreign graduates serving internships, so perhaps 60 of the United States graduates were not engaged in intern training.

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 two or three of the above four 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 ap-

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777
2220
31
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proved 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. Because of the continuing increase in popularity of mixed internships, the Council is now considering a more flexible definition of the rotating internship, which would embody some of the concepts of the mixed internship and permit hospitals to arrange rotational assignments, capitalizing on the strengths of the hospital concerned, thus avoiding the need for outside affiliations which are often difficult to obtain.

For 1964-1965, the average number of intern positions available per hospital was 16.8, as compared to 15.9 for the previous year. Since many hospitals have more than one type of internship program, the average number of positions per individual program was 9.6, essentially the same as for the previous year. For the three types of programs, the averages were 13.7 positions for rotating internships, 5.7 for straight, and 5.0 for mixed internships. Because of the generally larger size of the affiliated hospitals, and the generally smaller size of the non-affiliated hospitals, the average of interns per program was reflected in slightly higher figures for the affiliated hospitals and slightly lower for the non-affiliated group.

The column in Table 2 indicating positions to be offered for 1966-67 indicates there is apparently no end to the desire for additional numbers of internships, since this figure is 653 more positions than were offered for September 1, 1964.

Table 3, which was added for the first time last year, again indicates the progressive shifts in proportion between the major types of internships which became clearly apparent in 1960-1961.

In summary, we note that rotating and mixed internships together constitute 64% of all the approved programs, the same as for last year; however, rotating internship programs declined by 2%, while the mixed internship programs increased by 2%. Together, they offered 79% of the positions and obtained 78% of the available interns, essentially the

Table 3.—Types of Internship Programs Offered, 1956-1964

	Rotating		Mixed		Straight		Family and General Practice		Totals
	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	...	1,107
1961-62...	737	61	107	9	359	30	9	...	1,212
1962-63...	697	56	133	11	391	32	14	1	1,235
1963-64...	661	52	153	12	432	34	17	1	1,263
1964-65...	658	50	189	14	407	35	14	1	1,328

same as for the previous year. Straight internships, while constituting 35% of the approved programs, offered only 21% of the total positions and obtained 22% of the available interns.

Family Practice and General Practice Programs

These programs conducted on a pilot basis are continuing to be studied by the Council at the direction of the House of Delegates, and the last report of this Council resulted in the creation of an ad hoc Committee on Education for Family Practice, representing the AMA, the AAMC, and the AAGP. The Council does not anticipate approving more pilot programs than the present 20, but will make no further recommendations for change in the educational requirements for general practice or family practice programs, until the several groups now actively studying these matters have completed their studies.

These pilot programs consist of two unified years of education, which in some respects represent the equivalent of a one-year internship and a subsequent one-year residency. They are listed, however, in the NIMP as if they were internships, since they do represent the initial graduate training for the new physician. The index of internships by type of service which follows the list of approved internships in this Directory identifies the 20 pilot programs.

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 four 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 the over-all decrease of eight in total number of hospitals approved for intern training represented an increase of one in the non-Federal Government group, a decrease of six in the church-related, and a decrease of three in the non-profit corporation hospitals.

658
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189

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

Control	No. of Hospitals	No. of Approved Programs	Number of Internships				Total Offered 1966-1967
			Total Offered Sept. 1, 1964	Filled Sept. 1, 1964	Vacant Sept. 1, 1964	Per-centage Filled	
Federal							
U. S. Air Force	7	7	100	83	17	83	104
U. S. Army	8	8	207	177	30	86	208
U. S. Navy	13	13	175	175	0	100	177
U. S. Public Health Service	7	11	107	85	22	79	108
Veterans Administration	4	5	50	46	4	92	66
Other Federal	3	3	50	43	7	86	60
Totals	42	47	689	609	80	88	721
Governmental (Non-federal)							
State	34	151	1,132	866	266	77	1,264
County	42	77	1,308	1,114	194	85	1,347
City	40	95	1,178	897	281	76	1,230
City-County	12	22	333	292	41	88	339
Hospital District	4	8	111	91	20	82	111
Totals	132	353	4,062	3,260	802	80	4,291
Nongovernmental Nonprofit							
Church Related	231	327	2,961	2,184	777	74	3,086
Nonprofit Corporation	346	593	4,937	3,983	954	81	5,197
Totals	577	920	7,898	6,167	1,731	78	8,283
Proprietary							
Individual Partnership	1	1	8	5	3	63	8
Corporation	3	3	20	18	2	90	24
Miscellaneous	2	4	51	38	13	75	54
Totals	6	8	79	61	18	77	86
Grand Totals	757	1,328	12,728	10,097	2,631	79	13,381

The generally larger size of the non-Federal Governmental hospitals is indicated by the fact that while they comprised only 17% of the total, they had 27% of the approved programs, and offered 32% of all positions. They also secured 32% of the available interns. The non-governmental, non-profit hospitals comprised 76% of all hospitals with approved internships, and while having 69% of the approved programs, they offered 62% of the positions and obtained 61% of the interns. The federal hospitals comprised 6% of the total, and obtained 6% of the interns. Statistics for the six proprietary hospitals are too meager to be significant.

The continued recruitment success of the church-sponsored group of hospitals was again indicated by a 4% increase in percentage filled over last year. This is an improvement of 21% in the past three years. Among the federal group of hospitals, only the U.S. Navy filled 100% of its available internships. The Air Force performance compared with the previous year was 7% fewer internships filled; the U.S. Army filled 2% fewer; the U.S. Public Health Service, 18% fewer; and the Veterans Administration, 6% fewer. The three other federal hospitals of Gorgas, Freedmen's, and St. Elizabeths increased their percentage of filled position by 40% over the previous year.

For the non-federal, governmental group of hospitals, the county hospitals' recruitment percentage was the same; the city-county group increased by 6%; and the remainder declined from 5-9% compared to the previous year. In summary, both the non-federal government and the federal government hospitals decreases in recruitment percentages of 3% and 2%, respectively were offset by the 2% increase in recruitment for the large group of non-government, non-profit hospitals.

Internships by Medical School Affiliation and Bed Capacity

Table 5 indicates that the total decrease of eight hospitals with approved internships included five non-affiliated hospitals and three affiliated. The 208 hospitals affiliated with medical schools comprises only 27% of the total of 757, a decrease of 1% com-

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

Classification	No. of Hospitals	No. of Programs	Number of Internships				Total Offered 1966-1967
			Total Offered Sept. 1, 1964	Filled Sept. 1, 1964	Vacant Sept. 1, 1964	Per-centage Filled	
Nonaffiliated							
Less than 200 beds	45	46	368	285	83	77	405
200-299	165	199	1,554	1,191	363	77	1,610
300-499	232	307	3,052	2,236	816	73	3,134
500-over	107	264	2,790	2,243	547	80	2,947
Totals	549	816	7,764	5,955	1,809	77	8,096
Affiliated							
Less than 200 beds	13	17	91	43	48	47	105
200-299	34	56	395	301	94	76	415
300-499	83	192	1,481	1,189	292	80	1,590
500-over	78	247	2,997	2,609	388	87	3,175
Totals	208	512	4,964	4,142	822	83	5,285
Grand Totals	757	1,328	12,728	10,097	2,631	79	13,381

pared to last year. While 79% of all available internships were filled, the non-affiliated group filled 77%, and the affiliated group filled 83%.

As was true last year, the larger hospitals of over 500 beds reflected the highest per cent of filled positions, with the best record going to this group of affiliated hospitals. It is worth noting this group requested over 400 less positions than for the previous year and it was successful in filling 87% of all positions offered. Of the non-affiliated hospitals, the 300-500 bed hospitals, while asking for the largest group of interns, secured the lowest percentage, only 73%. For the affiliated group, the 13 hospitals of less than 200 beds filled only 47% of the available internships. It is worth noting that, while the non-affiliated hospitals filled only approximately three-fourths of the available positions, they still secured three-fifths of all the available interns.

Internships by Census Region and State

Table 6 reveals again that approved internships were not offered in the five states of Alaska, Idaho, Montana, Nevada, and Wyoming. While the Pacific region had the highest percentage of filled positions at 87%, there was no gain or loss of more than 3% for any region except for the Canal Zone and Puerto Rico, where only 62% of positions filled represented a loss of 8% over the previous year. While the Canal Zone recruitment increased by 25%, the percentage of filled positions in Puerto Rico decreased by 14%.

Table 6 lists the foreign interns on duty by state and region. As has been true for the past several years, the largest total number of foreign medical graduates, 1,253, were on duty in the Middle Atlantic states of New Jersey, New York, and Pennsylvania. This represented 44% of all foreign gradu-

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

Census Region and State	No. of Approved Programs	No. of Hospitals	Number of Internships				Foreign Interns		Total Positions Offered 1966-1967
			Total Offered Sept. 1, 1964	Filled Sept. 1, 1964	Vacant Sept. 1, 1964	Percentage Filled	Number on Duty Sept. 1, 1964	Percentage in Filled Positions	
New England									
Connecticut.....	27	20	239	206	33	86	119	58	253
Maine.....	3	3	24	14	10	58	1	7	24
Massachusetts.....	45	30	345	282	63	82	112	40	345
New Hampshire.....	3	1	16	16	...	100	1	6	16
Rhode Island.....	7	7	70	67	3	96	43	64	74
Vermont.....	5	2	31	30	1	97	8	27	31
Totals.....	90	63	725	615	110	85	284	46	743
Middle Atlantic									
New Jersey.....	55	39	526	425	101	81	320	75	551
New York.....	232	98	1,970	1,730	240	88	723	42	2,123
Pennsylvania.....	106	74	978	752	226	77	210	28	1,015
Totals.....	393	211	3,474	2,907	567	84	1,253	43	3,689
South Atlantic									
Delaware.....	4	2	20	19	1	95	10	53	24
District of Columbia.....	21	10	253	229	24	91	67	29	262
Florida.....	27	19	326	246	80	75	62	25	332
Georgia.....	39	15	280	198	82	71	27	14	263
Maryland.....	46	21	347	308	39	89	86	28	368
North Carolina.....	27	10	191	153	38	80	18	12	203
South Carolina.....	10	6	100	55	45	55	1	2	100
Virginia.....	22	13	210	166	44	79	31	19	243
West Virginia.....	12	7	83	45	38	54	20	44	88
Totals.....	208	103	1,810	1,419	391	78	322	23	1,883
East North Central									
Illinois.....	72	37	757	642	115	85	263	41	798
Indiana.....	16	9	139	103	36	74	1	1	154
Michigan.....	45	37	562	392	170	70	92	23	596
Ohio.....	87	53	812	623	189	77	263	42	842
Wisconsin.....	22	14	180	142	38	79	45	32	202
Totals.....	242	150	2,450	1,902	548	78	664	35	2,592
West North Central									
Iowa.....	9	5	82	64	18	78	18	28	88
Kansas.....	9	5	79	72	7	91	3	4	86
Minnesota.....	15	13	254	184	70	72	34	18	259
Missouri.....	40	19	352	224	128	64	39	17	384
Nebraska.....	16	9	111	63	48	57	...	...	112
North Dakota.....	1	1	12	3	9	25	3	100	12
South Dakota.....	2	2	13	11	2	85	...	...	14
Totals.....	92	54	903	621	282	69	97	16	955
East South Central									
Alabama.....	14	5	113	78	35	69	...	...	118
Kentucky.....	14	6	117	85	32	73	10	12	139
Mississippi.....	8	3	45	30	15	67	...	...	50
Tennessee.....	26	12	267	194	73	73	8	4	276
Totals.....	62	26	542	387	155	71	18	5	583
West South Central									
Arkansas.....	9	3	63	25	38	40	...	...	62
Louisiana.....	23	6	230	152	78	66	5	3	237
Oklahoma.....	9	7	81	52	29	64	...	...	81
Texas.....	39	24	459	374	85	81	38	10	475
Totals.....	80	40	833	603	230	72	43	7	855
Mountain									
Arizona.....	5	5	91	73	18	80	26	36	96
Colorado.....	18	13	193	149	44	77	14	9	199
New Mexico.....	2	1	16	8	8	50	1	13	18
Utah.....	13	6	98	66	32	67	1	2	98
Totals.....	38	25	398	296	102	74	42	14	411
Pacific									
California.....	78	53	1,120	986	134	88	27	3	1,166
Hawaii.....	5	4	63	54	9	86	4	7	72
Oregon.....	10	6	96	71	25	74	3	4	98
Washington.....	19	13	189	159	30	84	22	14	197
Totals.....	112	76	1,468	1,270	198	87	56	4	1,533
Territories and Possessions									
Canal Zone.....	1	1	16	14	2	88	...	...	16
Puerto Rico.....	10	8	109	63	46	58	42	67	121
Totals.....	11	9	125	77	48	62	42	55	137
Grand Totals.....	1,328	757	12,728	10,097	2,631	79	2,821	28	13,381

ates on duty, and also represented 43% of all interns serving in those three states. The New England region actually exceeded the Middle Atlantic region in proportion of foreign graduates in filled positions, where 46%, or almost half of the positions were so filled. At 75%, the state of New Jersey had the highest per cent of filled positions occupied by foreign graduates, while New York state had the largest total number of foreign graduates on duty, with 723. These 723 foreign graduates constitute 26% of all foreign graduates serving as interns, and also represents 42% of all the filled internships in New York state. Besides the large numbers in New Jersey, New York and Pennsylvania, only Illinois and Ohio had more than 200 foreign graduates, or 9% each of the total of foreign graduates; while only Connecticut and Massachusetts had over 100, or approximately 4% each of the total. No foreign medical graduates were serving in Alabama, Arkansas, the Canal Zone, Mississippi, Nebraska, South Dakota, or Oklahoma. There was only one state, New Hampshire, with 100% of its positions (16) filled. There were seven states plus Puerto Rico with 60% or less positions filled. These ranged from North Dakota with only 25% of its 12 positions filled, through Arkansas, New Mexico, West Virginia, South Carolina, Nebraska, Maine, to Puerto Rico, with 58% of its 109 positions filled. In Puerto Rico, 67% of the positions were filled by foreign medical graduates.

Note that the total number of 2,821 foreign trained interns on duty is 28% of all filled positions, and is the largest total since 1961-1962, when 1,273 foreign graduates comprised only 16% of all filled positions (Table 26).

National Intern Matching Program

The Directory of Approved Internships and Residencies is also the Directory for the NIMP, and 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 1966. Since the results have been so similar from year to year, the NIMP plans to issue reports which combine the results of several years' experience.

In the fourteenth Matching Program for the year 1965-1966, there were 13,038 internships to be filled through the plan, and 7,598 participants. Of these, 7,342 or 97% were matched, and 256 or 3% were unmatched. The number of foreign medical graduates participating in the Matching Program increased from 194 the previous year to 313, and, of these, 276, or 88%, were matched.

Of the 727 participating hospitals, 109, or 15%, received 100% of their complement, 200 received 50% to 99%, 105 received 25% to 49%, 106 received 1% to 24%, and 207 or 28% received none. First or second choice of hospitals was matched to 83% of

the students, while 7% were matched to their third-choice hospital. Of the hospitals, 77% received their first or second choice of students, while 14% received their third choice.

Of the total of 7,342 U.S., Canadian, and foreign graduates matched, 4,725, or 64%, were matched to hospitals affiliated with medical schools, while 2,053, or 28%, were matched to non-affiliated hospitals, and 564, or 8%, were matched to federal hospitals. Of the 172 hospitals with major medical school affiliations, 148, or 86%, received from 50-100% of their interns through the NIMP. Of the 492 non-affiliated hospitals, only 124, or 25%, received 50-100% of their interns through the NIMP.

Foreign Medical Graduates and Hospital Affiliation

Of the 757 hospitals with approved internship programs, 522 or 69% accepted foreign-trained physicians. These included 117 or 56% of the 208 affiliated hospitals and 405 or 74% of the 549 non-affiliated hospitals. The 439 foreign trained interns in affiliated hospitals made up 16% of the total of 2,821, and represented 11% of all the interns on duty in those hospitals. In the non-affiliated hospitals, the 2,382 foreign trained interns were 84% of all such physicians, and were 40% of all interns on duty in those hospitals. Accordingly, the ratio of U.S. and Canadian interns to foreign trained interns was approximately 8:1 in affiliated hospitals, and 3:2 in non-affiliated hospitals.

Internship Salaries

The average annual salary per program for 1965-1966, and as published in the Directory for 1965, is \$3,529, an increase of \$104 over that of 1964-1965. For affiliated hospitals, the average is \$3,245, an increase of \$192; for non-affiliated hospitals, the average is \$3,707, an increase of only \$29 a year.

\$500, for a total of 1,328 programs in 757 hospitals.

Table 7 lists the annual salaries by increments of Data were not available for 58 of the programs, so the calculations were based on 1,270 programs. The salary range between \$2,000 and \$4,000 per annum included 886 or 70% of 1,270 programs. This range included 84% of the affiliated hospitals, the same as last year. It included only 60% of the non-affiliated hospitals in contrast to 68% last year. While 13% of

Table 7.—Annual Internship Salaries

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not available.....	16	42	58
0- 500.....	0	1	1
501-1,000.....	0	0	0
1,001-1,500.....	9	5	14
1,501-2,000.....	2	5	7
2,001-2,500.....	73	41	114
2,501-3,000.....	138	92	230
3,001-3,500.....	50	75	125
3,501-4,000.....	158	259	417
4,001-4,500.....	24	115	139
4,501-5,000.....	23	90	113
Over 5,000.....	19	91	110
Totals.....	512	816	1,328

the programs in affiliated hospitals paid more than \$4,000 per year, 38% of the programs in the non-affiliated hospitals paid this amount. Over \$5,000 per year was paid by 4% of the affiliated hospital programs, but by 12% of the non-affiliated hospital programs.

Residency Programs

In these annual reports, since 1962, additional descriptive material and tables, relating to approval of residency programs have been added because of the continuing interest of the House of Delegates of the American Medical Association. The annual report for 1962 carried a detailed description of the process by which residency programs were surveyed, evaluated, and approved. Table 8 lists the 26 different specialties which were evaluated by 19 individual Residency Review Committees at 37 separate meetings held between July 1, 1964, and June 30, 1965. The specialties of pathology and thoracic surgery are not included in Table 8 because these specialties do not have Residency Review Committees, and these programs are evaluated in collaboration with the specialty boards concerned.

The vast amount of work done by these Residency Review Committees finds its expression in the published lists of approved programs only through the totals of new programs added or programs withdrawn. The other actions of the Committees are made known by direct correspondence with the program directors and hospital adminis-

trators concerned. A total of 2,470 individual residency programs was reviewed, approval was withdrawn from 127 programs, 127 new programs were approved, approval was withheld from 72 applications, and 226 programs were placed on or continued on probation.

Table 9.—Survey Activities of the Field Staff

Year Ending June 30	1961	1962	1963	1964	1965
Hospitals Visited.....	843	845	922	1,115	1,152
Internships Reviewed.....	329	328	329	364	290
Residencies Reviewed.....	2,099	2,121	1,967	2,008	2,068
Total Programs Reviewed.....	2,428	2,449	2,296	2,372	2,358

Table 9 is a comparison of the survey activities of the field representatives of the Council over the past five years, indicating that, of the total of 1,386 hospitals, 1,152 or 83% were visited by the field representatives. In those hospitals, 2,358 individual programs were reviewed, including 2,068 or 38% of all approved residencies and 290 or 22% of all approved internships.

Since less than 100 residency programs are conducted primarily outside of hospitals, these programs are included only in Tables 10 and 26. Because all other residencies are conducted within hospitals, the remaining statistics and tables do not include programs in the four fields of preventive medicine and in forensic pathology.

The total of 5,524 approved programs is a decrease of 844 over the year before, but the total of approved positions offered was 38,750, or 1,393 more than the year before. For the year 1966-1967, the projected number of additional positions

Table 8.—Activity of Residency Review Committees—July 1, 1964, to June 30, 1965

Specialty	No. of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Granted Increased or Decreased Approval	Programs on which Further Data were Required	Programs with Progress Reports for Review	Programs Placed or Continued on Probation	Programs on which Approval was Withdrawn	Programs on which Approval was Withheld	Total Programs Reviewed
Anesthesiology.....	2	6	50	8	18	16	12	2	8	120
Aerospace Medicine.....	2**	0	2	0	0	1	0	0	0	3
Colon and Rectal Surgery.....	1	0	2	0	0	2	0	1	0	5
Child Psychiatry.....	2**	10	30	0	3	5	0	3	1	52
Dermatology.....	1	2	31	0	3	1	0	0	0	37
General Practice.....	2	11	48	0	1	6	17	10	1	94
General Preventive Medicine.....	2**	2	1	0	0	3	0	0	0	6
Internal Medicine.....	3	11	125	8	14	63	38	35	13	307
Neurological Surgery.....	2	0	29	0	9	7	1	1	1	48
Neurology.....	2**	5	19	2	6	13	1	3	2	51
Obstetrics-Gynecology.....	3	7	105	12	26	54	27	8	4	243
Occupational Medicine (Academic).....	2**	1	1	0	0	0	0	0	0	2
Occupational Medicine (In-Plant).....	2**	2	0	0	1	1	0	3	1	8
Ophthalmology.....	2	2	54	0	7	5	8	0	1	77
Orthopedic Surgery.....	2	3	69	0	23	22	13	3	4	137
Otolaryngology.....	2	0	35	0	17	9	6	1	0	68
Pediatric Allergy.....	2**	3	6	5	1	0	0	1	0	16
Pediatric Cardiology.....	2**	20	14	0	7	0	0	2	8	51
Pediatrics.....	2**	9	103	2	11	16	14	8	5	168
Phys. Med. and Rehab.....	2	3	13	0	4	7	3	6	2	38
Plastic Surgery.....	2	2	17	1	4	5	4	2	0	35
Psychiatry.....	2**	7	81	5	2	25	2	8	6	136
Public Health.....	2**	1	2	0	0	4	1	0	0	8
Radiology.....	2	3	203	0	17	15	45	18	4	305
Surgery.....	3	9	161	8	21	45	28	10	10	292
Urology.....	2	8	57	0	2	34	6	2	1	110
Totals*.....	37	127	1,258	51	197	359	226	127	72	2,470

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

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is 1,225, for a new grand total of 40,451 available residencies.

Table 10 also indicates, for the first time, the number of foreign graduates in the non-hospital residencies, although still a very small figure of 13. Accordingly, there are 1,101 more foreign graduates, and 419 more U.S. and Canadian graduates, so that the percentage of positions filled has risen to 80%, the same as two years before.

Residencies by Specialty

Table 10 lists the 29 specialty fields in which graduate training is offered, 23 of the training programs being conducted primarily in hospitals. The 10 major specialties offering more than 1,000 residency positions comprised 85% of all positions offered, a decrease of 2% over last year. In order of size, these were surgery, 6,726; internal medicine, 6,608; psychiatry, 4,429; pathology, 3,373; obstetrics-gynecology, 2,806; pediatrics, 2,290; radiology, 2,067; anesthesiology, 1,737; orthopedic surgery, 1,673; and ophthalmology, 1,093. As for the previous year, the four specialties of dermatology, neurological surgery, ophthalmology, and plastic surgery were more than 90% filled. The six specialties with less than 70% of the positions filled were anesthesiology, colon and rectal surgery, general

practice, pathology, pediatric allergy, and physical medicine. It will be noted that, except for the specialties of plastic surgery and pediatric allergy, the percentages of foreign medical graduates were low in the well-filled specialties and high in the poorly-filled specialties. Although physical medicine with 46% filled had the poorest record, 35% of the positions were filled by foreign graduates. The specialty of general practice once again was demonstrated to be highly unpopular with American graduates, since only 49% of the 767 positions were filled, and 237 or 63% of the filled positions were held by foreign graduates. The 140 U.S. and Canadian graduates in general practice residencies constituted only 0.6% of all non-foreign medical graduates on duty, and represented 226 less such residents than the previous year.

The total of 5,440 approved programs in hospitals was 858 less than listed for the previous year, but there were 350 more positions offered. There were 1,502 more positions filled than the previous year, with the result that the total percentage filled rose by 1% to a figure of 80% filled. The increase in filled positions was composed of 414 non-foreign graduates, and 1,088 foreign graduates more than the previous year, so that the percentage of foreign graduates in filled positions increased 2% to a total

Table 10.—Number or Residencies, by Specialty

Specialty	Number of Approved Programs	Total Appointments (All Years)						Percentage of Foreign Graduates in Filled Positions	Total Positions Offered 1966-1967
		Total Offered Sept. 1, 1964	Filled by Non-Foreign Graduates Sept. 1, 1964	Filled by Foreign Graduates Sept. 1, 1964	Total Filled Sept. 1, 1964	Positions Vacant Sept. 1, 1964	Percentage of Positions Filled		
Anesthesiology.....	248	1,737	733	463	1,196	541	69	39	1,822
Colon and Rectal Surgery.....	12	28	8	7	15	13	54	47	28
Dermatology.....	93	450	356	54	410	40	91	13	458
General Practice.....	158	767	140	237	377	390	49	63	810
Internal Medicine.....	531	6,608	4,082	1,389	5,471	1,137	83	25	6,893
Neurological Surgery.....	152	522	390	83	473	49	91	18	543
Neurology.....	126	628	381	120	501	127	80	24	675
Obstetrics and Gynecology.....	434	2,806	1,878	622	2,500	306	89	25	2,842
Ophthalmology.....	198	1,093	940	102	1,042	51	95	10	1,142
Orthopedic Surgery.....	329	1,673	1,287	172	1,459	214	87	12	1,701
Otolaryngology.....	142	782	593	98	691	91	88	14	828
Pathology.....	720	3,373	1,269	750	2,019	1,354	60	37	3,480
Pediatrics.....	308	2,290	1,221	714	1,935	355	85	37	2,399
Pediatric Allergy.....	29	36	18	5	23	13	64	22	44
Pediatric Cardiology.....	19	56	23	22	45	11	80	49	61
Physical Medicine.....	86	394	119	64	183	211	46	35	428
Plastic Surgery.....	85	210	140	52	192	18	91	27	206
Psychiatry.....	287	4,429	2,599	856	3,455	974	78	25	4,677
Psychiatry-Child.....	103	486	282	67	349	137	72	19	564
Radiology.....	312	2,067	1,288	272	1,560	507	76	17	2,157
Surgery.....	693	6,726	4,127	1,751	5,878	848	87	30	7,013
Thoracic Surgery.....	118	288	158	92	250	38	87	37	302
Urology.....	257	924	625	148	773	151	84	19	967
Totals.....	5,440	38,373	22,657	8,140	30,797	7,576	80	26	40,040
Other than hospitals									
Aerospace Medicine.....	3	85	75	6	81	4	95	7	92
Gen. Prev. Medicine.....	9	55	28	4	32	27	58	13	82
Occup. Medicine (Academic).....	8	68	27	0	27	41	40	..	68
Occup. Medicine (In-Plant).....	24	38	10	1	11	27	29	9	34
Public Health.....	24	106	47	0	47	59	44	..	109
Forensic Pathology.....	16	25	8	2	10	15	40	20	26
Totals.....	84	377	195	13	208	173	55	..	411
Grand Totals.....	5,524	38,750	22,852	8,153	31,005	7,749	80	26	40,451

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

Specialty	Number of Approved Programs	Total Appointments (All Years)					Percentage of Positions Filled	Percentage Foreign Graduates in Filled Positions	Total Positions Offered 1966-1967
		Total Offered Sept. 1, 1964	Filled by Non-Foreign Graduates Sept. 1, 1964	Filled by Foreign Graduates Sept. 1, 1964	Total Filled Sept. 1, 1964	Positions Vacant Sept. 1, 1964			
Affiliated									
Anesthesiology.....	128	969	424	260	684	285	71	38	1,038
Colon and Rectal Surgery.....	7	17	5	3	8	9	47	38	16
Dermatology.....	60	290	229	36	265	25	91	14	302
General Practice.....	17	88	35	7	42	46	48	17	85
Internal Medicine.....	217	3,131	2,156	498	2,654	477	85	19	3,357
Neurological Surgery.....	110	313	228	55	283	30	90	19	318
Neurology.....	90	423	251	88	339	84	80	26	455
Obstetrics and Gynecology.....	154	1,186	914	169	1,083	103	91	16	1,224
Ophthalmology.....	117	643	570	45	615	28	96	7	669
Orthopedic Surgery.....	171	893	722	67	789	104	88	9	905
Otolaryngology.....	89	442	332	51	383	59	87	13	461
Pathology.....	237	1,401	705	262	967	434	69	27	1,457
Pediatrics.....	128	1,233	703	356	1,059	174	86	34	1,306
Pediatric Allergy.....	16	19	9	2	11	8	58	18	23
Pediatric Cardiology.....	14	49	20	20	40	9	82	50	49
Physical Medicine.....	60	272	82	48	130	142	48	37	293
Plastic Surgery.....	43	99	64	28	92	7	93	30	96
Psychiatry.....	137	2,226	1,518	331	1,849	377	83	18	2,389
Psychiatry-Child.....	43	201	139	17	156	45	78	11	247
Radiology.....	155	1,117	729	145	874	243	78	17	1,170
Surgery.....	240	2,950	2,212	470	2,682	268	91	18	3,118
Thoracic Surgery.....	66	158	94	35	129	29	82	27	162
Urology.....	142	502	400	53	453	49	90	12	520
Totals.....	2,441	18,622	12,541	3,046	15,587	3,035	84	20	19,660
Non-Affiliated									
Anesthesiology.....	120	768	309	203	512	256	67	40	784
Colon and Rectal Surgery.....	5	11	3	4	7	4	64	57	12
Dermatology.....	33	160	127	18	145	15	91	12	156
General Practice.....	141	679	105	230	335	344	49	69	725
Internal Medicine.....	314	3,477	1,926	891	2,817	660	81	32	3,536
Neurological Surgery.....	42	209	162	28	190	19	91	15	225
Neurology.....	36	205	130	32	162	43	79	20	220
Obstetrics and Gynecology.....	280	1,620	964	453	1,417	203	88	32	1,618
Ophthalmology.....	81	450	370	57	427	23	95	13	473
Orthopedic Surgery.....	158	780	565	105	670	110	86	16	796
Otolaryngology.....	53	340	261	47	308	32	91	15	367
Pathology.....	483	1,972	564	488	1,052	920	53	46	2,023
Pediatrics.....	180	1,057	518	358	876	181	83	41	1,093
Pediatric Allergy.....	13	17	9	3	12	5	71	25	21
Pediatric Cardiology.....	5	7	3	2	5	2	71	40	12
Physical Medicine.....	26	122	37	16	53	69	43	30	135
Plastic Surgery.....	42	111	76	24	100	11	90	24	110
Psychiatry.....	150	2,203	1,081	525	1,606	597	73	33	2,288
Psychiatry-Child.....	60	285	143	50	193	92	68	26	317
Radiology.....	157	950	559	127	686	264	72	19	987
Surgery.....	453	3,776	1,915	1,281	3,196	580	85	40	3,895
Thoracic Surgery.....	52	130	64	57	121	9	93	47	140
Urology.....	115	422	225	95	320	102	76	30	447
Totals.....	2,999	19,751	10,116	5,094	15,210	4,541	77	34	20,380
Grand Totals.....	5,440	38,373	22,657	8,140	30,797	7,576	80	26	40,040

of 26% filled. As noted in Table 11, the total of positions offered for 1966-1967 is 40,040, this being 1,165 more positions than were offered for 1965-1966.

Table 11 again divides the hospital specialties according to whether they are conducted in hospitals affiliated or not affiliated with medical schools. As for the year before, there was a striking reduction in the number of positions offered in the affiliated hospitals and an increase in the positions offered in the non-affiliated hospitals. Both groups of hospitals reduced the total number of approved programs over the previous year, by 21% for the affiliated, but only by 7% in the non-affiliated hospitals. The reductions in residency positions offered

for September 1, 1964, as compared with the previous year was 9% for the affiliated hospitals, and the increase in positions as compared with the year before was 19% for the non-affiliated hospitals. As a result, for the first time, more residency positions were offered in the non-affiliated hospitals, 19,751 or 51%, as compared with 18,622 or 49% in the affiliated hospitals. The 30,797 total residencies filled represented 80% of all those available, and the non-affiliated hospitals obtained 49% of all available residents, while the affiliated obtained 51%. Of the 7,576 vacancies, three-fifths were in non-affiliated hospitals and two-fifths were in affiliated hospitals.

Of the 22,657 positions filled by graduates of U.S. and Canadian schools, 45% were in non-affili-

ated and 55% in affiliated hospitals, representing a shift as compared to the previous year of 8% in favor of the non-affiliated hospitals. There was also a shift of 4% in favor of the non-affiliated hospitals for foreign medical graduates as they obtained 63% of the 8,140 foreign-trained physicians, and the affiliated hospitals obtained 37%. The 5,094 foreign graduates on duty in non-affiliated hospitals represented 33% of all positions filled in those hospitals, the same as last year, while in the affiliated hospitals the 3,046 on duty represented 20% of all filled positions, an increase of 3% over the previous year.

Study of the positions offered for next year reveals an increase of 1,667 positions, with the non-affiliated hospitals again offering 51% and with fewer positions available only in dermatology and plastic surgery. The affiliated hospitals will again offer 49% of the positions, and will offer fewer positions only in colon and rectal surgery, general practice, and plastic surgery.

It is worth noting that, of the 23 listed hospital specialties, the non-affiliated hospitals have a larger number of approved programs in 9 specialties, offered a larger number of positions in 7 specialties, and filled more positions in 8 specialties than did the affiliated hospitals. There was only one specialty in which the number of foreign graduates exceeded the number of U.S. and Canadian graduates, this being general practice in non-affiliated hospitals, with 69% of the 335 filled positions held by foreign graduates. There were only 42 general practice residencies filled in affiliated hospitals, and

7 or 17% were held by foreign graduates.

The averages for residency positions available per program are meaningful only to the extent that they indicate the generally larger size of programs in affiliated hospitals. Over-all, 7 positions per program were offered and 5.7 positions per program were filled. For the non-affiliated hospitals, 6.7 were offered and 5.0 positions per program were filled, while for the affiliated hospitals, 7.6 were offered and 6.4 were filled.

Residencies by Type of Hospital Control

Table 12 indicates that, of the hospital-based programs, there were 37 less hospitals offering 858 less programs than the previous year. These hospitals offered 1,350 more positions, but obtained 1,502 more residents than the previous year, so the percentage filled increased to 80%. As reported before, foreign medical graduates filled 26% of all residency positions.

Except for the relatively small group of proprietary hospitals, each of the other groups showed a decrease in both the number of hospitals and number of approved programs. The non-governmental, non-profit hospitals comprised 61% of the total, offered 56% of the approved programs, with 49% of the available positions, and they obtained 47% of the available residents. The non-federal government hospitals made up 24% of the total with 28% of the programs, offered 37% of the positions and obtained 38% of the available residents. Hospitals of the federal government were only 10% of the

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

Control	No. of Hospitals	No. of Approved Programs	Number of Residencies				Foreign Residents		Total Residencies Offered 1966-1967
			Total Offered Sept. 1, 1964	Filled Sept. 1, 1964	Vacant Sept. 1, 1964	Percentage Filled	No. on Duty	Percentage in Filled Positions	
Federal									
U.S. Air Force.....	2	13	106	92	14	87	...	...	111
U.S. Army.....	16	87	673	591	82	88	24	4	671
U.S. Navy.....	9	75	440	408	32	93	...	...	446
U.S. Public Health Service.....	12	40	187	153	34	82	1	1	191
Veterans Administration.....	87	525	2,859	2,127	732	74	358	17	3,038
Other Federal.....	4	21	179	109	70	61	21	19	181
Totals.....	130	761	4,444	3,480	964	78	404	12	4,638
Governmental (nonfederal)									
State.....	169	702	7,528	6,215	1,313	83	1,070	17	7,796
County.....	60	336	2,528	2,122	406	84	478	23	2,689
City.....	60	329	3,272	2,726	546	83	971	36	3,441
City-County.....	11	98	704	543	161	77	77	14	730
Hospital District.....	10	36	275	208	67	76	37	18	278
Totals.....	310	1,501	14,307	11,814	2,493	83	2,633	22	14,934
Nongovernmental nonprofit									
Church Related.....	283	943	4,558	3,135	1,423	69	1,345	43	4,636
Nonprofit Corporation.....	523	2,111	14,073	11,490	2,583	82	3,594	31	14,594
Totals.....	808	3,054	18,631	14,625	4,006	78	4,939	34	19,230
Proprietary									
Individual.....	2	2	6	6	...	...	1	17	5
Partnership.....	1	1	4	3	1	75	...	...	4
Corporation.....	15	19	72	54	18	75	26	48	82
Miscellaneous.....	53	102	909	815	94	90	137	17	1,147
Totals.....	71	124	991	878	113	89	164	19	1,238
Grand Totals.....	1,317	5,440	38,373	30,797	7,576	80	8,140	26	40,040

total, with 14% of the approved programs, offered 12% of the positions and obtained 11% of the residents.

Within the federal hospital group, the 525 V.A. programs constituted 69% of the total, offered 64% of the positions and obtained 61% of all residents serving in the federal hospitals. The 2,127 residents in the Veterans Administration were 7% of the total on duty in the country, while the 87 hospitals were 8% of the total.

Each group of hospitals improved the percentage of filled positions slightly over the previous year, and there was increasing utilization of foreign graduates. Although the numbers employed in the Federal Government are small, there was a 37% increase in foreign graduates in these hospitals compared with the previous year. While the total of 8,140 foreign graduates was an increase of 15% over the previous year, practically the entire gain went into the non-governmental, non-profit group of hospitals, especially in the non-profit corporations. Eighty-six per cent of all the foreign graduates serving as residents were in the four types of hospitals identified as state, city, church-related, and non-profit corporation, with 3,594 or 44% serving in the non-profit corporation hospitals. The non-governmental, non-profit hospitals were the major employers of foreign medical graduates both quantitatively and percentage-wise, and the 4,939 on duty constituted 34% of all filled positions in those hospitals, an increase of 5% over the previous year.

Except for the small group of "other federal" hospitals, the lowest success in recruitment was 69%, for the church-related hospitals. Both the proprietary and the Air Force hospitals showed marked gains over the previous year.

Residencies by Medical School Affiliation and Bed Capacity

Table 13 indicates that, of the 1,317 hospitals, 28% were affiliated and 951 or 72% were in the non-affiliated category. Both groups of hospitals were smaller than the previous year, and they both

offered less approved programs; however, the non-affiliated groups offered more residencies than the previous year, while the affiliated hospitals offered less. As a result, the two groups of hospitals are coming closer together from the statistical standpoint, both having offered almost the same total number of positions. The per cent of filled positions in non-affiliated hospitals rose three points to 77%, while the affiliated hospitals recruitment percentage remained at 84% of all available positions offered. The foreign medical graduates constituted 33% of all filled positions in non-affiliated hospitals, and constituted 20% of the filled positions in affiliated hospitals. While almost identical numbers of foreign graduates are on duty in the hospitals of over 500 bed capacity in both non-affiliated and affiliated groups, these constituted 25% of the total non-affiliated positions filled, and 19% of the total positions filled in affiliated hospitals of over 500 beds. For each of the other three bed-size categories, the percentage of foreign graduates was twice as high in the non-affiliated as in the affiliated hospitals, i.e., in the 300-499 bed category of non-affiliated hospitals, 48% of the total filled positions were held by foreign graduates whereas this figure was only 22% for affiliated hospitals in that same category.

The relationship between recruitment success and hospital size is difficult to detect from this table, inasmuch as the non-affiliated hospitals of less than 200 beds filled 83% of the total positions offered, while the 300-499 bed non-affiliated hospitals filled only 69% of positions. In the affiliated group, the hospitals of less than 200 beds, as well as those of over 500 have identical filled percentages of 86%. While recruitment result was slightly better in the affiliated than the non-affiliated hospitals, the total number of residents obtained was almost identical in the two groups of hospitals. The per cent of all positions filled in the non-affiliated hospitals, however, was still low at 77%, even though representing an improvement of 3% over the previous year, since 60% of the total vacancies were in the non-affiliated hospital group.

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

Classification	No. of Hospitals	No. of Approved Programs	Number of Residencies					Percentage Filled	Total Positions Offered 1966-1967
			Total Offered Sept. 1, 1964	Filled Non-Foreign Sept. 1, 1964	Filled Foreign Sept. 1, 1964	Total Filled Sept. 1, 1964	Vacant Sept. 1, 1964		
Nonaffiliated									
Less than 200 beds.....	271	389	2,835	1,689	662	2,351	484	83	3,006
200-299.....	199	443	1,905	590	780	1,370	535	72	1,927
300-499.....	276	1,030	4,941	1,789	1,644	3,433	1,508	69	5,042
500-over.....	205	1,137	10,070	6,048	2,008	8,056	2,014	80	10,405
Totals.....	951	2,999	19,751	10,116	5,094	15,210	4,541	77	20,380
Affiliated									
Less than 200 beds.....	70	138	721	532	89	621	100	86	870
200-299.....	52	234	1,270	836	207	1,043	227	82	1,313
300-499.....	104	768	4,419	2,720	745	3,465	954	78	4,670
500-over.....	140	1,301	12,212	8,453	2,005	10,458	1,754	86	12,787
Totals.....	366	2,441	18,622	12,541	3,046	15,587	3,035	84	19,680
Grand Totals.....	1,317	5,440	38,373	22,657	8,140	30,797	7,576	80	40,040

GRADUATE MEDICAL EDUCATION

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

Census Region and State	No. of Hospitals	No. of Approved Programs	Number of Residencies				Foreign Residents		Total Residencies Offered 1966-1967
			Total Offered Sept. 1, 1964	Filled Sept. 1, 1964	Vacant Sept. 1, 1964	Percentage Filled	Number on Duty Sept. 1, 1964	Percentage in Filled Positions	
New England									
Connecticut.....	30	109	691	537	154	78	191	36	696
Maine.....	3	12	41	19	22	46	1	5	41
Massachusetts.....	83	237	1,843	1,600	243	87	447	28	1,914
New Hampshire.....	2	15	69	54	15	78	7	13	66
Rhode Island.....	14	31	138	99	39	72	45	45	141
Vermont.....	4	30	75	66	9	88	16	24	80
Totals.....	136	434	2,857	2,375	482	83	707	30	2,936
Middle Atlantic									
New Jersey.....	62	149	782	567	215	73	365	64	802
New York.....	176	808	6,726	5,806	920	86	2,378	41	7,046
Pennsylvania.....	107	424	2,686	1,982	704	74	536	27	2,876
Totals.....	345	1,381	10,194	8,355	1,839	82	3,279	18	10,724
South Atlantic									
Delaware.....	5	17	73	32	41	44	19	59	76
District of Columbia.....	18	120	962	761	201	79	209	27	991
Florida.....	25	116	714	577	137	81	162	28	798
Georgia.....	22	94	629	476	153	76	82	17	659
Maryland.....	35	141	1,039	921	118	89	339	37	1,097
North Carolina.....	19	91	710	601	109	85	43	7	739
South Carolina.....	6	28	168	112	56	67	27	24	177
Virginia.....	30	101	620	469	151	76	116	25	689
West Virginia.....	13	44	174	93	81	53	57	61	185
Totals.....	173	752	5,089	4,042	1,047	79	1,054	26	5,411
East North Central									
Illinois.....	59	269	1,898	1,595	303	84	578	36	2,010
Indiana.....	13	60	384	273	111	71	11	4	383
Michigan.....	53	243	1,952	1,602	350	82	452	28	1,945
Ohio.....	76	326	2,215	1,673	542	76	635	38	2,251
Wisconsin.....	25	99	641	464	177	72	81	17	690
Totals.....	226	997	7,090	5,607	1,483	79	1,757	31	7,279
West North Central									
Iowa.....	12	37	371	330	41	89	27	8	361
Kansas.....	11	46	407	312	95	77	72	23	411
Minnesota.....	21	111	1,306	1,136	170	87	190	17	1,328
Missouri.....	36	154	1,075	743	332	69	221	30	1,178
Nebraska.....	13	32	175	113	62	65	27	24	187
North Dakota.....	5	9	32	28	4	88	16	57	29
South Dakota.....	2	2	7	2	5	29	...	..	7
Totals.....	100	391	3,373	2,664	709	79	553	21	3,501
East South Central									
Alabama.....	7	54	296	195	101	66	11	6	319
Kentucky.....	19	69	351	254	97	72	70	28	423
Mississippi.....	7	35	193	140	53	73	5	4	219
Tennessee.....	26	115	713	545	168	76	57	10	740
Totals.....	59	273	1,553	1,134	419	73	143	13	1,701
West South Central									
Arkansas.....	7	25	151	112	39	74	4	4	167
Louisiana.....	18	94	716	546	170	76	18	3	731
Oklahoma.....	11	42	292	200	92	68	18	9	279
Texas.....	42	193	1,463	1,115	348	76	142	13	1,492
Totals.....	78	354	2,622	1,973	649	75	182	9	2,669
Mountain									
Arizona.....	8	23	98	60	38	61	19	32	128
Colorado.....	17	90	594	492	102	83	78	16	609
New Mexico.....	5	12	91	46	45	51	11	24	89
Utah.....	9	48	190	145	45	76	5	3	195
Totals.....	39	173	973	743	230	76	113	15	1,021
Pacific									
California.....	109	495	3,456	2,946	510	85	168	6	3,606
Hawaii.....	10	25	128	103	25	80	12	12	133
Oregon.....	9	37	268	237	31	88	19	8	267
Washington.....	20	78	458	397	61	87	38	10	471
Totals.....	148	635	4,310	3,683	627	85	237	6	4,477
Territories and Possessions									
Canal Zone.....	1	7	25	21	4	84	4	19	25
Puerto Rico.....	12	43	287	200	87	70	111	56	294
Totals.....	13	50	312	221	91	71	115	52	319
Grand Totals.....	1,317	5,440	38,373	30,797	7,576	80	8,140	26	40,040

Residencies by Census Region and State

Table 14 again reveals the concentration of approved programs in the Middle Atlantic states of New Jersey, New York, and Pennsylvania, where 26% of all the hospitals with approved programs offered 25% of all approved programs, 27% of the available positions, and filled with 27% of the available residents. Of the 8,355 filled positions, 3,279, or 39%, were filled by foreign medical graduates. The foreign medical graduates in these three states constitute 40% of all those serving residencies in the United States.

It will be noted that 82% of all the foreign graduates serving as residents are located in the states of the Atlantic Coast, plus the neighboring states of Vermont and West Virginia, and the three mid-western states of Ohio, Illinois, and Michigan. The individual states with over 50% of positions filled by foreign graduates are New Jersey with 64%, West Virginia 62%, Delaware 59%, North Dakota 57%, and the Commonwealth of Puerto Rico 56%.

No state filled more than 90% of the positions offered, although Maryland and Iowa both filled 89%. The eleven states with less than 70% of their positions filled were South Dakota 29%, Delaware 44%, Maine 46%, New Mexico 51%, West Virginia 53%, Arizona 61%, Nebraska 65%, Alabama 66%, South Carolina 67%, Oklahoma 68%, and Missouri 69%.

For 1966-1967, each census region of the country is offering more residencies, but there were seven individual states offering fewer than before, with Oklahoma offering 13 fewer and Iowa 10 fewer.

Residency Salaries

Because of the varying durations of residency programs in the various specialties, it was possible only to calculate an average salary for the first-year residents. Data on salaries were not available from 8% of the affiliated and 9% of the non-affiliated hospitals, but 4,977 programs did provide salary data. The average annual starting salary for all hospitals was \$3,989, or a decrease of \$48 per year over the previous reported figure. For the affiliated hospitals the average annual beginning salary was \$3,775, or an increase of \$36 per year, while for the non-affiliated, this salary decreased by \$146 to \$4,163, as compared to the previous year.

Table 15 lists the range of salaries for both categories of hospitals tabulated by \$500 annual increments. These are the salaries that are listed in the Directory as available for the year 1966-1967, but are probably fully in effect at the moment as well. For affiliated hospitals, 96% of the programs paid salaries between \$2,001 and \$5,500 per year. For the non-affiliated hospitals, 91% of the programs paid salaries ranging from \$2,001 to \$6,000 per year. Also for this latter group, 67% of the programs paid salaries ranging from \$3,500 to \$5,500.

Table 15.—Annual Salaries Offered Residents, 1966-1967

Annual Salary Offered	Programs In Affiliated Hospitals	Programs In Non-affiliated Hospitals	Total Programs
Data not Available.....	189	274	463
0- 500.....	0	2	2
501-1,000.....	2	1	3
1,001-1,500.....	7	2	9
1,501-2,000.....	7	8	15
2,001-2,500.....	88	35	123
2,501-3,000.....	132	134	266
3,001-3,500.....	313	153	466
3,501-4,000.....	499	567	1,066
4,001-4,500.....	785	708	1,493
4,501-5,000.....	140	377	517
5,001-5,500.....	154	317	471
5,501-6,000.....	37	177	214
6,001-6,500.....	32	69	101
6,501-7,000.....	32	56	88
7,001-7,500.....	4	37	41
7,501-8,000.....	14	29	43
8,001-8,500.....	1	17	18
8,501-9,000.....	2	16	18
9,001-9,500.....	0	3	3
9,501-10,000.....	1	9	10
10,001-10,500.....	0	3	3
10,501-11,000.....	0	1	1
11,001-11,500.....	0	2	2
Over 11,500.....	2	2	4
Totals.....	2,441	2,998	5,440

There were two hospitals in the affiliated and two in the non-affiliated group that reported over \$11,500, and during the recent AMA Annual Convention in New York City, the Council was given oral reports of resident salaries in some institutions very much in excess of those reported in the annual questionnaire.

In August of 1960 a questionnaire study was conducted by the Council to determine certain trends in the financing of graduate educational programs. These data were reported in the Directory of Approved Internships and Residencies and the annual Education Number of The Journal for 1961.

The policy of the House of Delegates as approved at the June, 1961, Annual Convention is that:

- "1) 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
- "2) 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 on Medical Education and the Council on Medical Service were urged by the House of Delegates to continue their joint study of the best mechanisms by which these recommendations may be accomplished. The two Councils presented a joint report on Compensation of House Officers at the June, 1963, meeting, but the report was disapproved by the House of Delegates, although the two basic principles above were fully supported.

The Liaison Committee of the two Councils has therefore concluded that it should repeat the questionnaire survey, inasmuch as five years have

elapsed, so that another report may be made to all concerned as to trends and patterns in the financing of graduate medical education.

Foreign Medical Graduates

Throughout this report, data on foreign medical graduates are listed along with those on other graduates under the various paragraph headings. The Council has agreed to become the principal source for data on foreign medical graduates in the future, but with present methods of programming statistical data, definitive reports are not yet ready this year.

It must be emphasized that graduates of Canadian medical schools are not regarded as foreign medical graduates, since those schools are accredited by the identical mechanism used for accreditation of the medical schools in the United States and Puerto Rico. Graduates of the Canadian medical schools are therefore not required to have ECFMG certification, as are foreign medical graduates.

While the Institute of International Education continued to report the distribution of foreign physicians according to home country, the actual figures on duty are not completely reliable because of the difficulty in securing 100% return of questionnaires. Nevertheless, the data as reported by the IIE in its 1964 report on international exchange, "Open Doors 1964," show that, of all foreign physicians serving as interns or residents in this country, 2% are from Africa, 13% from Europe, 42% from the Far East, 19% from Latin America, and 16% from the Near and Middle East. The IIE regards Canadians as foreign physicians, and therefore reported 8% from Canada. As before, the Philippines contributed the single largest group, with 24% of all foreign physicians having come from the Philippines. Ten per cent of foreign physicians serving as interns or residents were from India and Pakistan, and 8% from Iran.

The latest data on foreign medical graduates as of September 1, 1964, do not permit a breakdown according to country of origin, but there was a gain of 2,230 in total foreign graduates over the previous year. The 8,140 residents and 2,821 interns represent 10,961 on duty. This added to the 1,925 serving in other areas as listed in Table 16 indicates that there are 12,886 foreign medical graduates securing graduate medical education in the United States in the various recognized specialties.

A special study performed in January, 1965, was intended to indicate the behavior of foreign medical graduates, as compared to U.S. graduates in regard to length of training, program changes, etc. Preliminary data from this study indicate that approximately 80% of the foreign graduates serving as interns proceed onward into residency programs the following year. In the annual report for 1963,

it was shown that in 1962, 17% of all the foreign medical graduates serving as residents were serving in their first year of United States training, and therefore had served no previous internship here. This meant that the program directors had concluded that their previous experience represented the equivalent of an approved internship. As of January, 1965, 28% of the foreign medical graduates serving as residents had not served an internship the year previously. While some of these may have completed internship one or more years earlier, it is fair to assume the majority of these were appointed directly to residencies on a basis of having had advanced training abroad. Of the foreign graduates in residency training last year, 7% changed from one specialty to another, while 45% remained in the same specialty.

Hand tabulation of the status of Canadian and foreign graduates from the census of the Circulation and Records Department as of July 30, 1964, indicates that 1,332 of the foreign graduates serving in U.S. hospitals were U.S. citizens who had attended medical schools outside Canada, the United States, and Puerto Rico. The interns and residents who were foreign citizens and graduates of U.S. schools totalled 243, and the foreign citizens who had graduated from Canadian schools were 304. A total of 1,032 graduates of Canadian medical schools was serving in the United States, with 150 as interns, 803 as residents, and 79 in other positions, as described in Table 16.

The number of United States citizens who were foreign graduates increased by 108 over the previous year, or 9%. Of the Canadian graduates, 51 or 52% more than the previous year were serving as interns, while 61 or 7% fewer were serving as residents than before.

Educational Council for Foreign Medical Graduates

With the exception of the October, 1963, examination, the total of 9,848 candidates examined on March 24, 1965, was the highest yet. Of this number, 42% or 4,170 examined in foreign and domestic centers scored 75 or higher, the highest total in the history of the ECFMG. As was announced last year, after March, 1964, no more temporary ECFMG certificates will be granted for individuals scoring between 70 and 75.

One of the noteworthy accomplishments of the ECFMG was the production of a Handbook for Foreign Medical Graduates available for distribution in June, 1965. This is a 132-page Handbook, containing eight chapters. It describes not only the ECFMG itself, but hospital organization and practices in the United States, medical customs and medical language, and many other matters vital for the foreign medical graduate who wishes to adapt as early as possible to the hospital life of an intern and resident, and also to the American way

of life generally. This Handbook is being distributed to all foreign medical schools, as well as to all offices of the United States State Department abroad. Each foreign physician who passes the ECFMG examination will receive one of these Handbooks. After initial distribution, this Handbook may be purchased for \$1 on request to the Educational Council for Foreign Medical Graduates, 1633 Central Street, Evanston, Illinois, 60201.

Other Graduate Trainees by Specialty

Table 16 lists the physicians reported in graduate training activities such as research or teaching fellowships, clinical traineeships, or other types of appointments leading toward specialization and possibly specialty board certification. The total of 4,983 represents an increase of 10% over the figure reported the previous year, and the 1,925 foreign graduates making up 39% of the total represent a gain of 134 over the previous year.

Table 16.—Other Graduate Trainees by Specialty

	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology	65	63	128	49
Colon and Rectal Surgery	2	...	2	...
Dermatology	42	8	50	16
General Practice	56	40	96	42
Internal Medicine	1,134	512	1,646	31
Neurological Surgery	27	16	43	37
Neurology	79	32	111	29
Obstetrics and Gynecology	115	88	203	43
Ophthalmology	67	29	96	30
Orthopedic Surgery	93	27	120	23
Otolaryngology	24	16	40	40
Pathology	206	183	389	47
Pediatrics	279	225	504	45
Pediatric Allergy	12	1	13	8
Pediatric Cardiology	17	18	35	51
Physical Medicine	20	16	36	44
Plastic Surgery	21	7	28	25
Psychiatry	357	266	623	43
Psychiatry-Child	68	18	86	21
Radiology	103	40	143	28
Surgery	209	255	464	55
Thoracic Surgery	27	38	65	59
Urology	35	27	62	44
Totals	3,058	1,925	4,983	39

The grand total of residents plus other graduate trainees serving both in and outside of hospitals was, accordingly, 35,988, or an increase of 1,991 over the previous year. The proportion of physicians serving other than as residents, was 14% of the total, or an increase of 1% over last year.

Hospital Autopsy Rates

Table 17 indicates the hospitals having 12 or more deaths per year and reporting the highest autopsy rates. These rates are published in three different groups, separating the federal hospitals and the non-federal children's hospitals, so that the other general and special purpose hospitals can be given the recognition they deserve for this very

important measure of hospital performance. 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.

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.		93
3. Fitzsimons General Hospital, Denver, Colo.		91
4. Veterans Administration Hospital, Seattle, Wash.		91
5. Tripler General Hospital, Honolulu, Hawaii		90
6. U. S. Army Hospital, Fort Ord, Calif.		88
7. U. S. Air Force Hospital, Andrews AFB, Washington, D. C.		88
8. U. S. Naval Hospital, Great Lakes, Ill.		88
9. U. S. Naval Hospital, Chelsea, Mass.		88
10. Brooke General Hospital, San Antonio, Texas		88
11. U. S. Naval Hospital, Oakland, Calif.		87
12. Veterans Administration Hospital, Denver, Colo.		87
13. U. S. Naval Hospital, Bethesda, Md.		87
14. Veterans Administration Hospital, San Juan, P. R.		87
15. Madigan General Hospital, Tacoma, Wash.		87
16. Veterans Administration Hospital, Ann Arbor, Mich.		86
17. William Beaumont General Hospital, El Paso, Texas		86
18. U. S. Air Force Hospital, San Antonio, Texas		86
19. U. S. Public Health Service Hospital, Seattle, Wash.		86
20. U. S. Naval Hospital, Charleston, S. C.		85
Nonfederal Hospitals (Children's Hospitals)		%
1. Crippled Children's Hospital, Phoenix, Ariz.		100
2. Children's Hospital of Los Angeles, Los Angeles, Calif.		92
3. Children's Hospital, Washington, D. C.		91
4. Children's Hospital of Buffalo, N. Y.		91
5. Milwaukee Children's Hospital, Milwaukee, Wis.		91
6. Sonoma State Hospital, Eldridge, Calif.		90
7. Children's Hospital of Pittsburgh, Pittsburgh, Pa.		90
8. Driscoll Foundation Children's Hospital, Corpus Christi, Texas		90
9. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.		90
10. St. Christopher's Hospital for Children, Philadelphia, Pa.		89
11. Children's Hospital of the East Bay, Oakland, Calif.		88
12. Children's Hospital, Denver, Colo.		87
13. Children's Hospital Medical Center, Boston, Mass.		87
14. Kaulikeolani Children's Hospital, Honolulu, Hawaii		86
15. King's Daughters Children's Hospital, Norfolk, Va.		86
16. Henrietta Egleston Hospital for Children, Atlanta, Ga.		85
17. Texas Children's Hospital, Houston, Texas		85
18. Children's Hospital of Philadelphia, Philadelphia, Pa.		84
19. Children's Mercy Hospital, Kansas City, Mo.		83
20. Children's Hospital, San Diego, Calif.		82
Nonfederal Hospitals (Other than Children's Hospitals)		%
1. Roswell Park Memorial Institute, Buffalo, N. Y.		100
2. Los Alamos Medical Center, Los Alamos, N. M.		94
3. University Hospital, Seattle, Wash.		94
4. Tufts-New England Medical Center, Boston, Mass.		91
5. Oak Ridge Institute of Nuclear Studies, Medical Division, Oak Ridge, Tenn.		91
6. Denver General Hospital, Denver, Colo.		88
7. Presbyterian Medical Center, San Francisco, Calif.		87
8. University of Colorado Medical Center, Denver, Colo.		87
9. National Jewish Hospital, Denver, Colo.		86
10. Mary Hitchcock Memorial Hospital, Hanover, N. H.		86
11. Santa Clara County Hospital, San Jose, Calif.		84
12. Scripps Clinic and Research Foundation, La Jolla, Calif.		83
13. University of Minnesota Hospital, Minneapolis, Minn.		83
14. University of California Hospital, San Francisco, Calif.		82
15. San Joaquin General Hospital, Stockton, Calif.		82
16. City of Hope Medical Center, Duarte, Calif.		80
17. University of Illinois Research and Educational Hospitals, Chicago, Ill.		80
18. University Hospital, Columbus, Ohio		80
19. University of Oregon Medical School Hospitals and Clinics, Portland, Ore.		79
20. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas		79

Director of Medical Education

Tables 18 and 19 repeat the data shown last year regarding geographic and specialty distribution of directors of medical education. There was surprisingly little change from last year, inasmuch as the total is increased by only six, to a new high of 970, and 53% were listed as full-time salaried, while 33% were part-time salaried, 11% part-time non-salaried, and only 3% fulltime non-salaried.

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	1	2	..	1	4
Arizona	3	..	..	2	5
Arkansas	2	1	..	..	3
California	58	15	..	3	76
Canal Zone	1	..	..	..	1
Colorado	8	5	1	2	16
Connecticut	12	10	1	4	27
Delaware	2	2	..	..	4
District of Columbia	7	3	..	2	12
Florida	14	6	..	..	20
Georgia	11	4	1	..	16
Hawaii	2	5	..	..	7
Illinois	26	13	1	5	45
Indiana	5	1	2	..	8
Iowa	6	3	..	..	9
Kansas	2	4	..	..	6
Kentucky	8	4	1	1	14
Louisiana	7	6	..	..	13
Maine	1	1	..	..	2
Maryland	16	7	1	1	25
Massachusetts	17	22	1	5	45
Michigan	21	16	2	6	45
Minnesota	11	5	1	1	18
Mississippi	4	2	..	..	6
Missouri	12	9	1	2	24
Nebraska	3	7	..	..	10
New Hampshire	1	..	..	..	1
New Jersey	19	24	2	7	52
New Mexico	3	1	1	..	5
New York	63	45	4	13	125
North Carolina	8	1	..	2	11
North Dakota	..	..	..	2	2
Ohio	29	18	3	11	61
Oklahoma	4	2	..	3	9
Oregon	5	2	1	..	8
Pennsylvania	41	32	3	15	91
Puerto Rico	3	2	..	2	7
Rhode Island	8	1	..	1	10
South Carolina	5	..	..	..	5
South Dakota	..	2	..	..	2
Tennessee	11	7	..	1	19
Texas	22	7	..	1	30
Utah	2	4	..	1	7
Vermont	..	1	..	1	2
Virginia	12	7	1	1	21
Washington	8	6	1	1	16
West Virginia	8	..	..	1	9
Wisconsin	5	7	..	4	16
Totals	517	322	29	102	970

There were no DME's on duty in Alaska, Idaho, Montana, Nevada, or the Virgin Islands.

According to specialty, internal medicine predominated as before as a specialty field, with 37% of all the reported directors of medical education; 14% were surgeons, 13% psychiatrists, 25% were in the remainder of the 19 other specialties, while 11% were listed as miscellaneous.

The Guide Committee of the Association of Hos-

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	2	4	1	1	8
Colon and Rectal Surgery	1	1	..	..	2
Dermatology	2	2	..	1	5
General Practice	6	8	..	4	18
Internal Medicine	189	130	7	31	357
Neurological Surgery	..	..	..	..	..
Neurology	1	1	..	..	2
Obstetrics-Gynecology	13	11	2	7	33
Ophthalmology	2	2	..	1	5
Orthopedic Surgery	13	15	5	3	36
Otolaryngology	1	1	1	2	5
Pathology	6	17	5	7	35
Pediatrics	31	11	..	2	44
Pediatric Allergy	..	1	..	..	1
Pediatric Cardiology	1	2	..	..	3
Physical Med & Rehab	1	1	..	1	3
Plastic Surgery	..	..	..	1	1
Psychiatry	103	21	..	4	128
Psychiatry-Child	15	2	..	..	17
Radiology	2	..	2	2	6
Surgery	47	57	5	23	132
Thoracic Surgery	3	4	..	..	7
Urology	5	8	..	..	13
Miscellaneous	73	23	1	12	109
Totals	517	322	29	102	970

pital Directors of Medical Education has revised the Guide on "The Director of Medical Education in the Teaching Hospital" and it was published in The Journal for June 21, 1965. The address of the Executive Secretary of the Association of Hospital Directors of Medical Education is now 333 North Michigan Avenue, Chicago, Illinois 60601.

Hospital Staffing Patterns

Table 20 indicates a rather striking change in the apparent distribution of full-time directors of residency programs. In actual fact, the 115% increase to a total of 3,143 such full-time program directors

Table 20.—Full-Time Directors of Residency Programs

Specialty	In Affiliated Hospitals	In Nonaffiliated Hospitals	Totals	Percentage in all Programs
Anesthesiology	109	93	202	81
Colon and Rectal Surgery	1	3	4	25
Dermatology	31	20	51	55
General Practice	6	34	40	25
Internal Medicine	158	145	303	57
Neurological Surgery	58	23	81	53
Neurology	73	28	101	80
Obstetrics and Gynecology	79	80	159	37
Ophthalmology	44	32	76	38
Orthopedic Surgery	67	52	119	36
Otolaryngology	44	21	65	46
Pathology	204	395	599	83
Pediatrics	88	83	171	56
Pediatric Allergy	5	4	9	32
Pediatric Cardiology	10	4	14	74
Physical Medicine	50	18	68	79
Plastic Surgery	17	12	29	34
Psychiatry	102	113	215	75
Psychiatry-Child	27	35	62	60
Radiology	140	131	271	87
Surgery	146	167	313	45
Thoracic Surgery	41	31	72	61
Urology	69	50	119	46
Totals	1,569	1,574	3,143	58

probably reflects in part the re-design of the questionnaire so that this item was less easy to overlook by the reporting institution. A definition of full-time was not supplied to the hospitals, but this will be done for next year. Note that the distribution between affiliated and non-affiliated hospitals was essentially equal.

In general practice, only 2.5% of the programs had full-time directors. The 10 specialties with the highest proportions of full-time directors are radiology, 87%; pathology, 83%; anesthesiology, 81%; neurology, 80%; physical medicine, 79%; psychiatry, 75%; thoracic surgery, 61%; child psychiatry, 60%; internal medicine, 57%; and pediatrics, 56%. The 3,143 programs with full-time program directors constitute 58% of all the 5,540 individual residency programs in hospitals.

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 756 hospitals approved for internship programs, 15 or 2% accept men only, 98 or 13% require U.S. citizenship, and 66 or 9% specify that foreign medical graduates are not eligible for appointment. Of the 1,317 hospitals approved for residency training, 2% restrict appointments to men only, 13% require citizenship, and 6% do not accept foreign medical graduates.

Of the total of 1,386 hospitals, 245 or 18% indicated appointments were available for dental interns, while 177 or 13% indicated appointments were available for dental residents. As of September 1, 1964, there was a total of 908 dental interns and residents on duty, of whom 511 or 56% were interns and 397 or 44% were dental residents.

Supply and Demand

Because of the continued interest of the House of Delegates, this annual report now contains a modest amount of information about supply and demand in the specialty fields in the United States. At the June 1964 AMA Convention, the Reference Committee on Medical Education and Hospitals commented on the difficulty and complexity of attempting to define the terms "supply" and "demand" in an ever-changing field such as medical practice. Several other committees are now actively considering this matter also.

Since the data reported in most of the tables relate to September 1, 1964, it has become customary to use comparable data secured from the quarterly tables of distribution of physicians by type of practice, prepared by the AMA Directory Report Service. The report for October 5, 1964, is therefore the one most nearly matching the September 1 data pertaining to interns and residents.

Table 21 is, accordingly, constructed from the

data in the above quarterly report, as well as from the residency figures derived from Table 10.

Table 21.—Distribution of Physicians in the U.S.—
1964-1965

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.....	73,144	26	337	0.5	1	49
Internal Medicine.....	36,175	13	5,471	15.0	18	83
General Surgery.....	26,300	9	5,878	22.0	19	87
Psychiatry.....	16,259	6	3,455	21.0	11	78
Obstetrics-Gynecology.....	16,256	6	2,500	15.0	8	89
Pediatrics.....	14,532	5	1,935	13.0	6	85
Radiology.....	9,087	3	1,560	17.0	5	76
Ophthalmology.....	8,123	3	1,042	13.0	3	95
Anesthesiology.....	8,046	3	1,196	15.0	4	69
Pathology.....	7,679	3	2,019	26.0	7	60
Orthopedic Surgery.....	7,147	3	1,459	20.0	5	87
Totals.....	222,748	79	26,892	12.0	87	..
Others.....	59,928	21	3,905	7.0	13	..
Grand Totals.....	282,676	100	30,797	11.0	100	..

The grand total of all physicians in all categories, according to primary specialty, including those in private practice, those not in private practice, and those in internship and residency training programs, was 282,676. This was a gain of 6,520 over the previous year. This also shows a continuation of the trend first noted last year, which appeared to follow 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 Convention of the AMA. In 1963, there was a 17% increase in the number of physicians classified in general practice over the figure reported for 1962. There was a decrease in physicians classified under general surgery and obstetrics-gynecology. For 1964, there was an increase of 4,048 physicians classified in general practice, which represented an increase of only 6% over the 1963 figure. Thus, general practitioners constituted 26% of all physicians classified, but only 0.5% of the physicians so classified were residents in training. This is in striking contrast to the other ten leading specialties in which residents constitute 11% of all the physicians classified. In pathology, the 2,019 residents in pathology constitute 26% of the 7,679 physicians listed as pathologists. Residents constitute 22% of all physicians classified in general surgery, 21% of all psychiatrists, 20% of all orthopedic surgeons, 17% of all radiologists, 15% of all internists, obstetricians, and anesthesiologists, and 13% of all pediatricians and ophthalmologists.

It will also be noted that for each of these specialties, with the exception of general practice, the percentage of total residents on duty in each field is distinctly greater than is the percentage of specialists in the same field when compared to all

physicians. Except for general practice, which has only 1% of all the residents on duty and only 49% of the residencies in that field filled, the other leading specialties have relatively good records. In general surgery, while 9% of all physicians are classified in that field, 19% of all residents are in general surgery; 6% of all physicians are psychiatrists but 11% of all residents are psychiatrists; while both ophthalmology and pathology have 3% each of all the physicians in practice in those fields, ophthalmology has only 3% of the residents, while pathology has 7%.

It is difficult to judge whether a true shortage exists in some fields or whether there is an overage in demand. While ophthalmology residencies were 95% filled, the pathology residencies were only 60% filled. A review of last year's figures, however, reveals that the increase in ophthalmologists was 151, while the increase in pathologists was 490, thus, even though the specialty of pathology is increasing at a faster rate than the specialty of ophthalmology in terms of numbers of physicians practicing the specialty, there is still a far greater surplus of unfilled pathology residencies (1,354) compared to unfilled ophthalmology residencies (51). With the relatively rapid increase in pathologists, plus the fact that only 4 other specialties have more residents, it is difficult to say that the high percentage of residency vacancies denotes a true shortage of residents in pathology.

As another aid to young physicians considering supply and demand in terms of locating a practice, a recent AMA publication has just become available. This is a booklet entitled "Distribution of Physicians in the United States," and is produced by the Department of Economics of the Division of Socio-Economic Activities. In this volume, the numbers of physicians are compared by state, region, district, and county, but because of space limitations data are available only on the six major fields of general practice, general surgery, internal medicine, obstetrics-gynecology, pediatrics, and psychiatry. Single complimentary copies are available from the AMA on request.

Through the courtesy of the staff of the Physician's Placement Service of the Department of Community Health and Health Education of the American Medical Association, additional data bearing on the problem of supply and demand are reported here. These data are derived from the summary of registration with the AMA Physician's Placement Service in which comparisons are made between the applications of physicians seeking placement and the opportunities to practice medicine received from communities, institutions, and other organizations and individuals. For 1964, 2,849 applications from physicians were processed, while 2,670 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. If it were possible to survey each state, since most operate placement services, a better composite picture might be obtained.

Table 22.—Annual Statistical Report, Physicians Placement Service

Specialty	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
TOTAL	2,849	100%	2,670	100%
General Practice.....	410	14	1,102	41
Anesthesiology.....	80	3	46	2
Dermatology.....	61	2	23	1
ENT—EENT.....	50	2	101	4
Internal Medicine.....	481	17	280	10
Miscellaneous*	188	7	184	7
Industrial.....	..	..	..	..
Institutional.....	..	..	..	..
Public Health.....	..	..	..	..
School Health.....	..	..	..	..
Obstetrics-Gynecology.....	332	12	95	4
Ophthalmology.....	116	4	124	5
Orthopedics.....	113	4	105	4
Pathology.....	68	2	28	1
Pediatrics.....	181	6	257	10
Psychiatry, Neurology and				
Neuro-Psychiatry.....	78	3	92	3
Radiology.....	112	4	51	2
Surgery.....	453	16	111	4
Urology.....	112	4	59	2
Neuro-Surgery.....	14	**	12	**

*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.

**Less than 1/2 of one per cent.

Table 22 was provided by the Physician's Placement Service and permits a comparison between the numbers of physicians in the various specialties who are seeking location and the numbers of opportunities in the various specialties in which a physician is desired. This table lists 15 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 also more opportunities than applications in psychiatry and related fields, as well as in pediatrics. There are two specialties in which the available physicians outnumber the opportunities by a considerable amount, these being obstetrics-gynecology and surgery.

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 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 a practice. Inquiries regarding internship or residency appointments addressed to that Department are automatically referred to the Council on Medical Education.

Hospital Facilities

Tables 23 and 24 show the relationship between the educational programs, medical school affiliation, and total hospital beds in United States hospitals. The official data for total hospital beds were secured from the American Hospital Association, based on its 19th annual survey for the year 1964, published in the special August "Guide Issue" of the journal "Hospitals."

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.....	187	3	145,694	9
Limited Medical School Affiliation.....	116	2	85,270	5
Medical School Affiliation				
(Intern and/or Resident Programs).....	66	1	28,662	1
No Medical School Affiliation.....	1,017	14	538,801	32
Totals.....	1,386	20	798,427	47
Hospitals without Approved				
Training Programs.....	5,741	80	897,612	53
Grand Totals.....	7,127	100	1,696,039	100

For 1964 the grand total of hospitals listed by the American Hospital Association was 7,127, and the grand total of beds was 1,696,039. Both these figures represent slight reductions over the previous year, and result from changes in classification, rather than an actual withdrawal of available hospitals and beds from the nation's resources. Since there was also a reduction in the number of hospitals with approved educational programs, the percentage figures are identical with the previous year, whereby the 1,386 teaching hospitals comprised 20% of all those registered in the United States, and the 798,427 beds represented 47% of the total available hospital beds. As for last year, 6% of all hospitals (27% of all teaching hospitals) were affiliated with medical schools, while 14% (73% of all teaching hospitals) had no such affiliation. There are many small hospitals in the United States not eligible for approved educational programs, and therefore the percentages of beds related to educational programs are relatively higher than the percentages of hospitals.

Table 24 indicates that 5% of the 1,386 hospitals with approved programs conduct internships only, with involvement of only 2% of the teaching hospital beds. Residencies only are conducted in 630, or 45% of the teaching hospitals and involved 57% of the teaching hospital beds. Both internship and residency programs are conducted in 687 or exactly

50% of the teaching hospitals, and they involve 41% of the teaching hospital beds.

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

	Hospitals		Hospital Beds	
	No.	% of Total	No.	% of All Hosp. Beds
Hospitals with:				
Internships Only.....	69	5	18,301	1
Residencies Only.....	630	45	455,875	27
Internships and Residencies.....	687	50	324,251	19
Grand Totals.....	1,386	100	798,427	47

Present Status of Graduate Training Programs

Table 25 is a new table giving the distribution of house officers on duty in hospitals according to location of school and status of hospital affiliation. It indicates that there were 40,894 interns and residents on duty in all hospitals on September 1, 1964, and the non-affiliated hospitals secured 21,165 or 52% of all interns and residents.

In non-affiliated hospitals, interns constitute 28% of all of the 21,165 house officers, while they constitute only 21% of 19,729 house officers in affiliated hospitals.

Of the total of 29,933 U.S. and Canadian graduates serving as house officers, 16,244 or 54% were in affiliated hospitals. Of all 10,961 foreign-trained physicians serving as house officers, 7,476 or 68% were in non-affiliated hospitals.

The ratio of house officers (interns and residents) who were U.S. and Canadian medical school graduates to those who were foreign medical school graduates was 4.7:1 in affiliated and 1.8:1 in non-affiliated hospitals.

Table 25.—Distribution of House Officers by Country of Medical Education

	Affiliated Hospitals Location of Medical School			Non-Affiliated Hospitals Location of Medical School		
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools
Interns.....	3,703	439	4,142	3,573	2,382	5,955
Residents.....	12,541	3,046	15,587	10,116	5,094	15,210
Totals.....	16,244	3,485	19,729	13,689	7,476	21,165

Table 26 is the cumulative table showing the status of internships and residencies since World War. II. Along with Table 10, this is the only other table which indicates the total number of residencies offered and filled both in hospitals and outside of hospitals. The total of internships and residencies offered both in hospitals and otherwise, was 51,478, while 41,102 or 80% of these positions were filled. If we add to this total the 4,983 trainees in categories other than internships and residencies, we have a grand total of 46,085 United States and foreign graduates undergoing graduate medical education leading toward licensure, general or specialty practice, or specialty board certification as of September 1, 1964. The total of 2,452 additional

GRADUATE MEDICAL EDUCATION

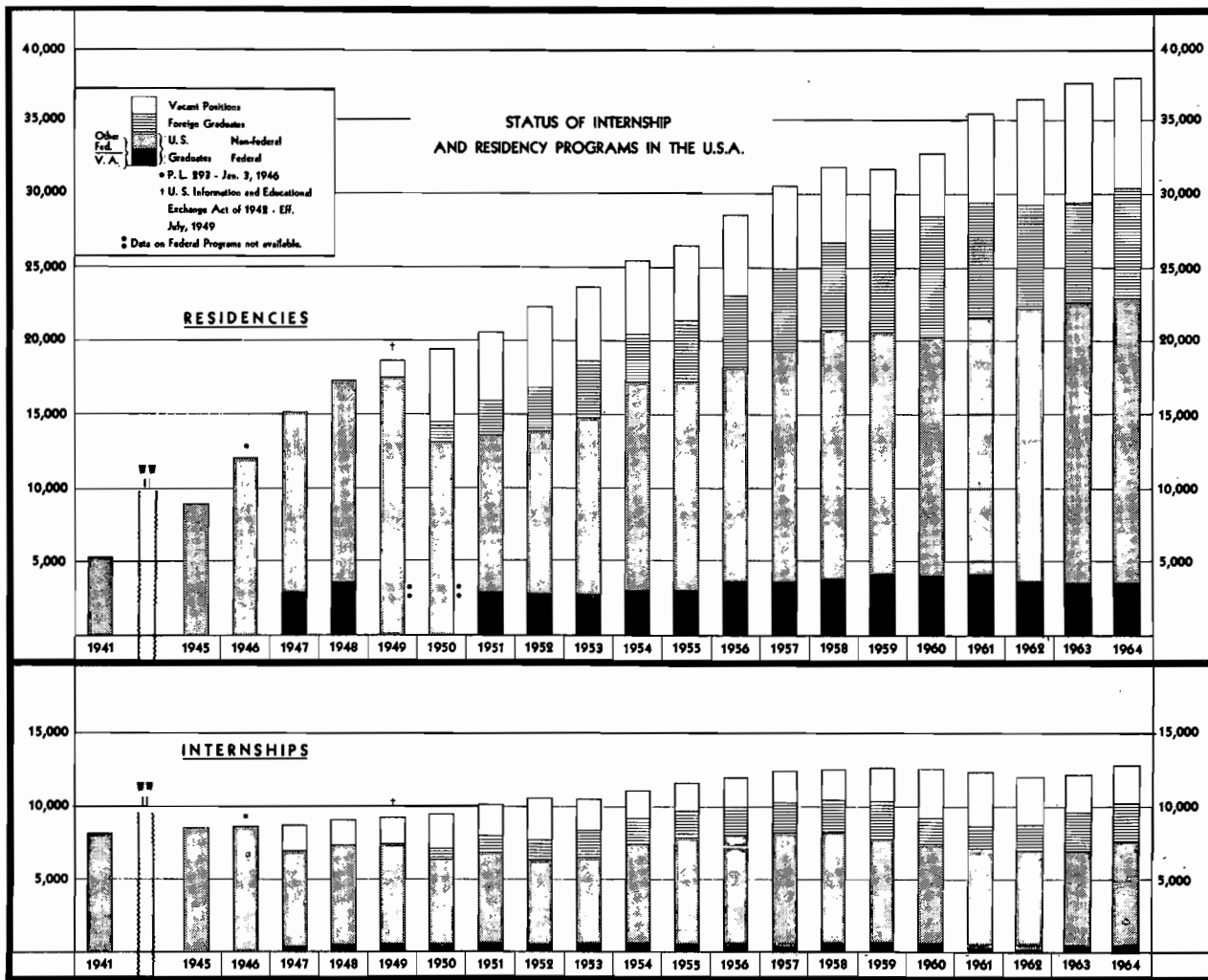


Chart I.—Status of Internship and Residency Programs in the U.S.A.

Table 26.—Status of Internship and Residency Programs in the U.S.A.

	Internships						Residencies							
	Total Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal Services* V.A.	Other	Total Vacant	Total Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal Services* V.A.	Other	Total Vacant
1964-1965	12,728	10,097	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,749
1963-1964	12,229	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,728
1962-1963	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723	2,602	1,249	5,766
1960-1961	12,547	9,115	7,362	1,753	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,456	4,143
1958-1959	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957-1958	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956-1957	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955-1956	11,616	9,603	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	20,494	17,219	3,275	2,252	657	4,992
1953-1954	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952-1953	10,548	7,645	6,292	1,353	67	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951-1952	10,044	7,866	6,750	1,116	71	472	2,178	20,645	15,851	13,618	2,233	2,120	761	4,794
1950-1951	9,370	7,030	6,308	722	..	435	2,340	19,364	14,495	13,145	1,350	..	..	4,869
1949-1950	9,124	7,313	..	†	..	..	1,811	18,669	17,490	..	†	..	..	1,179
1948-1949	9,027	7,248	..	..	..	..	1,779	17,293	..	..	..	..	..	..
1947-1948	8,683	6,902	..	..	..	..	1,781	15,172	..	..	..	..	..	..
1946-1947	8,584	..	..	..	..	..	..	12,003	..	..	..	..	..	..
1945-1946	8,429	..	..	..	..	..	..	8,930	..	..	..	..	..	..
World War II														
1941-1942	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.

trainees on duty represents an increase of 6% over the previous year.

Chart I is a graphic representation of the data in Table 26, and indicates a distinct gain in residencies filled over the previous two years and the continued increase in the residencies offered. The increase in the internships is of a very much lower order of magnitude.

Increase in Hospital Positions

A comparison of the house-officer positions offered in the 1964 Directory for the academic year 1965-1966, and the positions offered in the 1965 Directory for the academic year 1966-1967. The grand total of 53,421 internships and residencies projected as available July 1, 1966, is 1,589 more than projected for the previous July. The difference in projections by the affiliated as compared to the non-affiliated hospitals must be noted, however, since for July 1, 1966, the affiliated hospitals are offering 25,665 internship and residency positions

which are 1,203 or 4% less than for July 1, 1965; on the other hand, the non-affiliated hospitals are offering 27,756 internship and residency positions, which are 2,792 or 11% more positions than before. Accordingly, for the year 1966-1967, affiliated hospitals will offer 48% of all available internship and residency positions while the non-affiliated hospitals will offer 52%.

There was an over-all reduction in the number of both affiliated and non-affiliated hospitals approved for internship and residency training, and continued decrease in positions offered by affiliated hospitals. It is clear, therefore, that the continuing over-all increase in available internship and residency positions reflects the increased offerings of the non-affiliated hospitals. Thus, the "shortage" of interns and residents is more apparent than real, and the increase in the pool of unfilled positions will continue as long as non-affiliated hospitals persist in offering more positions than can logically be filled by the available candidates.

Special Reports, Announcements, and Notices

I. POLICY STATEMENTS

A. Externships for Foreign Medical Students

On July 6, 1965, a memorandum on the above subject was mailed by the Chairman of the Council on Medical Education to all hospitals with approved internship and residency programs. There was no intention to disturb the long-established pattern of summer clerkships which many United States hospitals offer to undergraduate medical students for strictly educational purposes. In such instances, the students are not employed for the primary purpose of completing histories and physicals, but those histories and physical examinations which they do perform are done under careful supervision and are only supplementary to the record. If salaries are paid to such individuals for services rendered to the hospitals, then such services will consist of those technical duties as described in the Note at the end of the followed quoted memorandum:

"This memorandum is occasioned by the recent increase in requests from United States hospitals for approval of externships for American citizens who are students in foreign medical schools. Such requests are based on statements of the students that their medical schools (principally in Belgium, France, and Mexico) will accept externships in United States hospitals in lieu of the 'internship' or period of clinical work which is required before they are qualified to receive the degree, diploma, or certificate of graduation authorizing the practice of medicine.

"While such students may have passed the ECFMG examination, they are not yet eligible for ECFMG certification, and have been notified to that effect.

"The Policy of the Council on Medical Education on Externships for Foreign Medical Students is as follows:

- "1. There is no Council program of approval or disapproval for externships for either United States, Canadian, or foreign medical students, and the various states do not provide the same legal sanction which covers students serving clinical clerkships as curricular requirements of United States medical schools. Foreign medical students cannot be certified by ECFMG, and although they may have passed the ECFMG examination, they are employable in hospitals only on a technical level and under appropriate supervision. They may be permitted to engage in educational activities in a hospital when this does not involve responsibility for patient care. The routine taking of histories and the performance of physical examinations are not appropriate, since these are regarded as responsibility for patient care.
- "2. The Council does not approve the appointment of foreign medical students to externships for purposes of fulfilling the 'internship' requirements of specific foreign medical schools, since this entails the assumption of responsibility for patient care for which such individuals are not qualified according to current standards.
- "3. Whether or not a student in the foreign medical school is an American citizen, his participation as an extern in patient care activities in a United States hospital having other approved graduate training programs jeopardizes approval of such programs; furthermore, this involves the student in the unauthorized practice of medicine, with all the attendant hazards to himself, to the hospital, to the staff, and to their patients.

"Policy of the United States Department of State:

"On February 14, 1964, a one-time, two-page 'Special Notice for Hospitals' was sent to every hospital sponsor of Exchange-Visitor Programs in connection with the introduction of the revised form DSP-66 'Certificate of Eligibility for Exchange-Visitor Status,' and certain new Program procedures. This two-page notice has subsequently been reduced to a one-page statement, but it contains a very important paragraph indicating that uncertified foreign physicians appointed as 'clinical clerks,' 'surgical assistants,' etc., under the Exchange-Visitor Programs will constitute grounds for cancelling a hospital's program.

"The Department of State has authorized our dissemination of the following policy with specific reference to foreign medical students:

"All American hospitals should be aware of the fact that the Department does not authorize extern or externship appointments to foreign medical students under the Exchange-Visitor Program. Thus any hospital sponsoring an Exchange-Visitor Program which offers an externship appointment to a foreign medical student and attempts to document him as an exchange visitor (with Form DSP-66 'Certificate of Eligibility for Exchange Visitor Status') is violating the terms of its Program which becomes immediately subject to cancellation. A hospital wishing to offer an externship to a foreign medical student, during the summer vacation months for example, should explore with the local office of the Immigration and Naturalization Service the procedure for executing a petition on Form I-129B in order to effect the entry of the student as a trainee under Section 101 (a) (15) (H) of the Immigration and Nationality Act.

"Note: The above cited reference to the Immigration and Nationality Act relates to classification of a foreign medical student as an "industrial trainee." In spite of the legality of this procedure, utilization of the foreign medical student as an extern during the period of his medical school vacation is still contrary to the Council policy unless such an individual is assigned only those technical duties expected of other non-professional personnel and does not engage in those aspects of patient care appropriate only to a qualified physician."

B. ECFMG Requirements for Foreign Medical School Faculty Members

The Council on Medical Education recognizes and encourages the long-established practice of exchanging faculty members between foreign and United States medical schools. The established policy regarding ECFMG exemption requires that such foreign faculty members serving in United States medical schools be at the level of assistant professor, associate professor, professor, or the equivalent, and come to serve in a medical school or in a hospital affiliated with a medical school in some capacity other than as intern or resident. On a basis of appropriate correspondence between an administrative official of the United States medical school, the Council can furnish a statement exempting such a foreign faculty member from ECFMG certification.

In June, 1965, the Council extended this policy to apply to all faculty members of foreign medical schools who come to this country for participation in teaching and research only, and not for participation in patient care. Thus, the younger foreign faculty members who are not at the level of Assistant Professor or above, but who have completed all the formal requirements which normally qualify them as specialists in their own countries or which qualify them to be examined as specialists in their own countries, may come

to this country for service in a medical school or a hospital affiliated with a medical school for purposes of teaching or research without being required to have ECFMG certification. The Council will provide a statement of exemption on request of an official of the medical school involved. Such individuals who come to the United States for service in an approved internship or residency, thus assuming responsibility for patient care, are required to have ECFMG certification as before.

C. Program Transfers and Broken Contracts

This subject was discussed in the Education Numbers of the JAMA for November 16, 1963, and for November 16, 1964. On February 14, 1964, the United States Department of State communicated with all sponsors of Exchange-Visitor Programs, in connection with the introduction of the revised form DSP-66 and certain new program procedures. At that time a "special notice for hospitals" was also included with an elaboration of State Department policies.

D. Osteopaths and Former Osteopaths

The policy statements of the Council have been published in the Education Numbers of the JAMA for both November 17, 1962, and November 16, 1964. There have been no changes in these policies with reference either to graduates of the California College of Medicine, former graduates of the Los Angeles College of Osteopathic Physicians and Surgeons, or graduates of other schools of osteopathy. According to the established policy of the Council, a physician who holds an M.D. degree and is fully licensed as an M.D. is eligible for internship and residency training in the state which has granted him a full and unrestricted license as an M.D.

The policy announced in the Journal for September 2, 1961, and repeated in the Education Number of The Journal for November 16, 1964, is reaffirmed, that osteopaths who do not hold the M.D. degree may serve on hospital attending 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. Graduates of schools of osteopathy who do not hold M.D. degrees are not eligible for appointment to internships and residencies approved by the Council on Medical Education of the American Medical Association.

At the June, 1965, Annual Convention of the American Medical Association, the Council on Medical Education and the Board of Trustees' Committee on Osteopathy and Medicine announced to the House of Delegates their intention to undertake promptly a study of the circumstances pertinent to the relationship of osteopathy and medicine. It is the intention of the above two bodies to present a full report of the results of that study to the House of Delegates at the 1965 Clinical Session. It is possible further policy statements may result from this report which will have implications to the field of graduate medical education.

E. New Specialty Boards and New Specialty Societies

The Education Number of The Journal for November 15, 1965, contains an editorial on this subject because of the interest and concern of various groups in the establishment of new societies and the possible establishment of new boards. Because of the need to re-emphasize the established mechanism by which new medical specialty boards can apply for consideration and gain recognition and approval by the Advisory Board for Medical Specialties and the Council on Medical Education of the American Medical Association, the present standards for approval of examining boards in the medical specialties are published in this issue as approved by the AMA House of Delegates, June 27, 1962, and published in the JAMA for February 2, 1963.

Revision of Essentials for Approval of Examining Boards in Medical Specialties

Since 1934 medical specialty boards have been granted official recognition by collaborative action of the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals acting for the American Medical Association under authorization of the House of Delegates which directed the Council "to express its approval of such special examining boards as conform to the standards of administration formulated by the Council." As in all of its accrediting functions, the Council has always recorded its standards of administration in the form of *Essentials* for approval by the House as the basis for evaluating specialty boards.

The Council was of the opinion that the previously existing "Essentials for Approved Examining Boards in Specialties" required significant revision to adequately serve this Association's responsibility in recognizing specialty boards. The revision approved in February 1962 by the Advisory Board for Medical Specialties and in June 1962 by the House of Delegates differs substantively from the previous version in that it is designed to:

1. Present the policies of both the American Medical Association and the Advisory Board for Medical Specialties as they pertain to approval of specialty boards.
2. Establish specific deadlines to prevent unnecessary delay in decisions regarding proposals for new specialty boards.
3. Provide a mechanism for early and effective collaborative action of the American Medical Association and the Advisory Board without relinquishing either organization's privilege of independent consideration and action should circumstances warrant.

An editorial revision of part of Section III was approved in June 1963.

ESSENTIALS FOR APPROVAL OF EXAMINING BOARDS IN MEDICAL SPECIALTIES

I. Introduction

The original *Essentials for Approved Examining Boards in the Specialties* (hereafter termed "the *Essentials*") was a collaborative effort of the Advisory Board for Medical Specialties (hereafter termed "the Advisory Board") and the Council on Medical Education and Hospitals of the American Medical Association (hereafter termed "the Council") based on recommendations of the Committee on Standards and Examinations of the Advisory Board. It was approved by the House of Delegates of the American Medical Association at its annual meeting June 11-15, 1934, at which time the House delegated to the Council the responsibility to approve American Boards on behalf of the American Medical Association.

The present sixth revision of the *Essentials* is a joint document of the Advisory Board and the Council, reaffirming the close cooperative relationships between the two organizations. It embodies the policies of the Advisory Board and the American Medical Association.

The *Essentials* describe the procedures by which consideration may be given to applications for the establishment of new (primary, subsidiary, affiliate) boards, new types of certification and modification of existing types of certification.

They also indicate that the Advisory Board and the Council recognize the rapidly developing trends in specialty training and practice, as well as the important role of the American Boards of medical specialties in maintaining and elevating the standards of medical education and practice.

II. Functions and Purposes of Specialty Boards

The primary functions of approved specialty boards are (1) to determine the competence of candidates who appear voluntarily for examination and to certify as diplomates

those who are qualified, and (2) to improve the general standards of graduate medical education and facilities for specialty training. The objective of these activities is to promote the public welfare and improve medical care.

A specialty board is organized to:

- (a) assist in improving the quality of medical education,
- (b) assist in establishing minimum education and training standards in conformity with the general provisions of these *Essentials*,
- (c) determine whether candidates have received adequate preparation,
- (d) provide comprehensive examinations to determine the ability and fitness of such candidates, and
- (e) certify to the competence of those physicians who have satisfied requirements of the respective examining boards.

III. Approval and Recognition of Examining Boards

A specialty board (primary, subsidiary or affiliate) in a medical specialty should represent a distinct and well-defined field of medicine. It should reflect advancement in medical knowledge and practice. It should be concerned primarily with organ systems or broadly useful methods of diagnosis and treatment. Certification by a board should provide assurance to the public and the medical profession that diplomates possess particular competence in the special area of medicine concerned.

The Advisory Board and the Council will look with disfavor upon creation of new (primary, subsidiary, affiliate) boards unless such further division of medicine will be in the interest of the public and will provide advancement in medicine. Specialties which are limited in scope, or which do not fulfill requirements for approval and recognition as primary boards, should be developed within the framework of boards currently in existence. Such specialties will be considered for approval only in a subsidiary or affiliate relationship with existing, approved boards which must fully endorse the proposed relationship.

The responsibility of the Advisory Board and the Council is not limited to initial approval of examining boards in medical specialties. Proposed changes in policy and other matters of interest will be reported immediately to the secretary-treasurer of the Advisory Board and by him to the Advisory Board and the Council.

IV. Procedure for Establishing New Boards

The Advisory Board, by authority of the specialty boards and other member organizations, and the Council on Medical Education and Hospitals, through authority delegated by the House of Delegates of the American Medical Association, receive and take action on applications for the establishment of acceptable new (primary, subsidiary, affiliate) boards.

1. New Boards

A. *Preliminary Application*—The preliminary application for the establishment of a new primary board should be directed to the secretary-treasurer of the Advisory Board who will promptly refer it to the Liaison Committee for Specialty Boards, (hereafter termed "the Liaison Committee") and notify all member organizations of the Advisory Board for their comment. This committee consists of four representatives from the Advisory Board, and the same number from the Council. The preliminary application should include the name of the proposed board, its intended functions and objectives, the proposed officers, and the names of its proposed sponsoring organizations. Members for the proposed new group should not be solicited or accepted in anticipation of approval by the Advisory Board and the American Medical Association.

The Liaison Committee shall give its opinion within six

months as to whether the proposed board is likely to promote the interest of the public and medicine. If the opinion is in the affirmative, a final application form will be sent to the petitioning group. If the opinion is in the negative, the petitioning group may request reconsideration at a hearing before the Liaison Committee.

B. *Final Application*—Final application forms for establishing new primary boards are available from the secretary-treasurer of the Advisory Board. To receive consideration, the application with the information listed below should be completed and returned within six months. If the final application is not received within the stated time, no further consideration will be given the matter until after one calendar year, and then only if a new preliminary application is submitted.

The completed final application form should include the following data:

1. Name of proposed board.
2. Statement of method of organization, list of proposed officers, names and addresses of proposed founding members, including the organizations which each represents, and sponsoring organizations.
3. A copy of the proposed constitution and by-laws.
4. A copy of the proposed articles of incorporation.
5. An outline of the proposed requirements for qualification of applicants.
6. Approximate number of institutions which offer residency or other acceptable training in the proposed specialty concerned, and the total number of such positions available.
7. Approximate number of physicians engaged in the proposed specialty.
8. An outline of proposed methods of examination of candidates.
9. A copy of the proposed application form for candidates for certification.
10. General information and statements of importance:
 - a. Explanation of circumstances that justify creation of a new board, including its purpose.
 - b. Enumeration of educational standards that will determine eligibility for certification in the proposed specialty.
11. When properly signed this application signifies an agreement that,
 - a. The proposed board will not solicit or accept candidates for examination and certification prior to its approval and,
 - b. Pertinent data concerning the application may be published in official news media.

Upon receipt of the final application, it will be placed on the agenda of the Liaison Committee at its next meeting and in no event beyond one year after its receipt. The Liaison Committee after careful study will refer the matter with its comments to the Committee on Standards of the Advisory Board. In this instance a liaison representative of the Council will be appointed to augment the committee upon nomination of the Chairman of the Council. At the same time a copy of all material pertaining thereto will be sent by the secretary-treasurer to the member organizations of the Advisory Board and the Council. The Committee on Standards will consider the proposal in the manner indicated in the Constitution and Bylaws of the Advisory Board and will report with appropriate recommendations to the Advisory Board and the Council. The Board and the Council will present their decisions with pertinent data to the Liaison Committee for final action. The applicant will be notified of the Committee's action without delay. In the event of an adverse decision, the petitioning group may request a hearing

before the Liaison Committee.

2. Subsidiary and Affiliate Boards

All applications for establishment of subsidiary and affiliate boards, as well as proposals for issuance of new types of certification or modification of existing certificates including changes in name of an approved board, should be sent to the secretary-treasurer of the Advisory Board. Copies will be sent to the member organizations of the Advisory Board and to the Council. After having been considered by the Committee on Standards, in which instance a liaison representative of the Council will be appointed to augment the committee upon nomination of the chairman of the Council, a report will be made to the Advisory Board and the Council.

Prior to the next annual meeting of the Advisory Board, the application will be placed again on the agenda of the Committee on Standards. Copies of such applications and proposals in their final form should be sent by the secretary-treasurer to all member organizations of the Advisory Board and to the Council within two months following the Annual Meeting at which they were first presented. The matter will be placed on the agenda again at the next annual meeting of the Committee on Standards. The Committee will report with appropriate recommendations to the Advisory Board and the Council. The Advisory Board and the Council will present their decisions to the Liaison Committee for final action. The applicant will be notified of the Committee's action. In the event of an adverse decision the petitioning group may request a hearing before the Committee on Standards.

V. Existing Boards Seeking Approval

With respect to a board already established and in existence, the procedures set forth in Section IV, 1, A and B, shall apply wherever applicable provided that the Advisory Board and the Council can review the qualifications, experience, and eligibility of all persons certified by the board prior to the time approval is granted. In this connection, the Advisory Board or the Council, or both, in cooperation with representatives of the petitioning board and other qualified physicians in the field of practice in which the board is intended to function, shall participate in the review and evaluation of physicians certified by the petitioning board prior to the date upon which the approval shall become effective.

Board certification of any member not meeting qualifications must be withdrawn by the petitioning board before any approval shall become effective. Prior to approval of the board, new certificates shall be issued to all those certified by the petitioning board who fulfill the necessary requirements and qualifications.

VI. Official Recognition of Specialty Boards

Official recognition of a specialty board by the Advisory Board is indicated by listing diplomates in the *Directory of Medical Specialists*, and by affixing the official seal of the Advisory Board to certificates issued by the specialty boards.

Official recognition and continued approval of an examining board by the American Medical Association is indicated by listing in the *Essentials for Approval of Examining Boards in Medical Specialties*, in the annual *Directory of Approved Internships and Residencies*, and by designating diplomates of approved boards by an appropriate symbol in the *American Medical Directory*.

Initial recognition or subsequent withdrawal of recognition of a specialty board shall be by joint action of the Advisory Board and the Council.

VII. Standards of Administration of Specialty Boards

Each applicant for admission to examination should be required to present evidence that he has met the following standards:

- A. Qualification of candidates
 1. Satisfactory moral, ethical, and professional standing in the profession.
 2. Graduation from a medical school of the United States or Canada approved by the Council. The qualifications of candidates who submit credentials from institutions outside the United States and Canada should be evaluated through screening by either the National Board of Medical Examiners or the Educational Council for Foreign Medical Graduates, or the candidates should provide other evidence of satisfactory medical education.
 3. Completion of an internship approved by the Council, or the equivalent thereof acceptable to the specialty board.
- B. Special training
 1. The specialized training requirements for the individual medical specialties are described in the *Essentials of Approved Residencies* published by the Council and in the requirements for certification published by the individual specialty boards.
 2. Possession of a certificate of a specialty or subspecialty board in one field of medicine does not disqualify a candidate for certification by another board, provided he otherwise possesses proper qualifications and satisfies requirements of all boards concerned.

Membership in medical organizations and special societies is desirable and is an indication of the candidate's interest in the progress of his profession and his specialty. Candidates should be eligible for membership in such organizations, but lack of membership should not be considered a basis for the determination of a candidate's acceptance for examination; nor should certification be withdrawn from a diplomate solely because he has discontinued his membership or has been dropped from membership in a medical organization or special society.

VIII. Approved Specialty Boards

	Year of Incorporation
AB05* American Board of Anesthesiology	1937
AB10 American Board of Colon and Rectal Surgery	1934
AB15 American Board of Dermatology	1932
AB20 American Board of Internal Medicine|| . . . . .	1936
AB25 American Board of Neurological Surgery	1940
AB30 American Board of Obstetrics and Gynecology|| . . . . .	1930
AB35 American Board of Ophthalmology	1917
AB40 American Board of Orthopaedic Surgery	1934
AB45 American Board of Otolaryngology**	1924
AB50 American Board of Pathology#	1936
AB55 American Board of Pediatrics†	1933
AB60 American Board of Physical Medicine and Rehabilitation	1947
AB65 American Board of Plastic Surgery	1937
AB70 American Board of Preventive Medicine††	1948
AB75 American Board of Psychiatry and Neurology‡	1934
AB80 American Board of Radiology§	1934
AB85 American Board of Surgery	1937
AB90 Board of Thoracic Surgery (affiliate of American Board of Surgery)	1948
AB95 American Board of Urology	1935

*Symbol employed in designating diplomates of approved primary boards in the *American Medical Directory*, 22d edition, 1963.

||Certifies specialists in internal medicine, allergy, cardiovascular disease, gastroenterology, and pulmonary disease.

||Certifies specialists in obstetrics, gynecology, and obstetrics and gynecology.

**Certifies specialists in otolaryngology or limited branches of the specialty.

(Footnotes follow on next page)

#Certifies specialists in anatomic pathology, anatomic pathology and clinical microbiology, anatomic pathology and clinical pathology, anatomic pathology and neuropathology, clinical chemistry, clinical microbiology, clinical microbiology and clinical chemistry, clinical pathology, forensic pathology, hematology, and neuropathology.

†Certifies specialists in pediatrics, allergy, and pediatric cardiology.

††Certifies specialists in general preventive medicine, aviation medicine, occupational medicine, and public health.

‡Certifies specialists in psychiatry, neurology, psychiatry and neurology, and child psychiatry.

§Certifies specialists in diagnostic roentgenology, medical nuclear physics, radiological physics, radiology, radium therapy, roentgen ray and radium physics, roentgenology, therapeutic radiology, and therapeutic roentgenology.

II. SPECIALTY CHANGES AND ANNOUNCEMENTS

A. Eligibility of Former Osteopaths for Specialty Board Examination

Except for those announcements carried in the Education Number of THE JOURNAL for November 16, 1964, relating to the policies of the American Board of Surgery and the American Board of Anesthesiology, the Council has received no additional information on changes of policies for any of the other specialty boards in this area.

B. Internal Medicine

As of July 1, 1965, the Residency Review Committee in Internal Medicine will no longer consider residency programs for approval on a basis of less than three years of training. Programs unable to qualify for a full three years of approval in general internal medicine, or programs offered in specialty hospitals or in general hospitals in the areas of the subspecialties of medicine, will not be approved independently. If they wish to offer their resources for residency training, they must become incorporated into a fully approved three-year program in internal medicine by arrangement with the director of such a program. The Residency Review Committee in Internal Medicine must be advised of such arrangements, but no change in the listing of such a program can be made in the Directory of Approved Internships and Residencies without the approval of the Residency Review Committee. During the past year, the Committee developed a new statistical form to be used for new applications and re-evaluations of currently approved programs, and these forms have been distributed to the program directors of all currently approved programs.

C. "Guides" to Residencies in Specialties

From time to time, Residency Review Committees in various specialties develop guide books for the use of program directors in supplementing the standards contained in the Essentials of Approved Residencies and in the requirements for certification of the various specialty boards. After approval of the content of these guides by the parent bodies of the Review Committees, the guides are published and sent to the directors of all approved programs currently listed in the Directory of Approved Internships and Residencies. Additional copies may be obtained without charge on request of the Council on Medical Education. In addition to a revision of the Guide Book for Residencies in Pediatrics, guide books are being prepared in the fields of otolaryngology, orthopedic surgery and plastic surgery. Each of these four guides will be available within the next few months and will be distributed promptly.

D. Revision of Essentials of Approved Residencies

1. Child Psychiatry

At the June, 1965, meeting of the House of Delegates, the statement of the requirements in child psychiatry was amended by including the areas of mental retardation and responsibility for adolescents as necessary components of the clinical services from which the patient reservoir is derived for the teaching program.

2. Radiology

The revised Essentials in this Directory contains a totally new Section 19, "Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology." The statement which was presented to the AMA House of Delegates in June, 1965, which introduced the actual text of the revised Essentials is as follows:

"Residencies in Radiology.—The American Board of Radiology, the Residency Review Committee for Radiology, and the AMA Council on Medical Education have been urged to approve separate programs in diagnostic radiology and in therapeutic radiology. As a result of more than four years of study, both the Board and the Council are convinced that some divided training programs are desirable. However, the great need in this country is still for the physician trained in all aspects of the specialty—i.e., radiology.

"Little change has been made in the requirements for approval in radiology. At the request of many program directors, the requirements have been made more permissive. For example, it is felt that by omitting specific time requirements for several subspecialty fields covered by radiology, the program directors will be enabled to better suit the training to the requirements and abilities of the individual resident, which should result in a consequent upgrading of the program.

"Requirements for diagnostic radiology and therapeutic radiology are more specific. These programs should be distinctly superior. Approval will not be considered unless the department making application has an approved program in radiology.

"The new 'Essentials' are offered with the full realization that minor revisions may be needed in the future. There should be no further delay, however. Demands for a change have been too pressing and several training programs in diagnostic radiology, and therapeutic radiology have been instituted in departments already approved for training in radiology. These programs deserve the right of review and approval if merited.

"The revision involves the substitution of two new paragraphs for the third paragraph of Section 19 of the present 'Essentials' plus the two totally new portions on diagnostic radiology and therapeutic radiology."

As soon as appropriate information forms have been revised and printed, arrangements will be made to survey programs in diagnostic radiology or in therapeutic radiology, as well as in the general field of radiology.

E. Revisions of the Essentials of an Approved Internship

1. Utilization of Ambulatory Patients

At the 1964 Clinical Session of the AMA House of Delegates, approval was granted to a revision of the Essentials relating to Section X, where an entire new portion was added as "8. Special Requirements for Teaching with Ambulatory Patients." This revision describes the utilization of the emergency department and perceptorships, as well as the outpatient department; and the entire revision as presented to the House of Delegates was mailed to all hospitals with approved internships and residencies on December 30, 1964. The full intent of this revision was to permit greater flexibility of programming for that portion of the internship which involves the care of ambulatory patients.

2. Instruction in Anesthesiology

Section X contains a revised statement relating to the use of resources of the Department of Anesthesiology in the instruction of interns in the fundamentals of emergency resuscitation and the treatment of respiratory and circulatory depression. Both this revision and the following revision were

approved by the House of Delegates at the June, 1965, Annual Convention.

3. Part-time Internships

Section XI, Nature of the Intern's Duties, was revised to describe the conditions under which part-time internships could be served, especially by women for whom full-time duties would not be possible because of family obligations.

F. Utilization of Short Forms for Clinical Records in Teaching Hospitals

According to the Joint Commission on Accreditation of Hospitals,

"A short form medical record is acceptable in certain treatment of diagnostic cases of a minor nature, which require less than 48 hours' hospitalization."

The Council has never prohibited the utilization of the short form or restriction of teaching cases to patients requiring more than 48 hours' hospitalization. Since interns and residents should be familiar with utilization of short forms as well as the regular forms, it would be expected that their assigned teaching cases would contain selected patients in sufficient numbers to orient them to the limits of use of the short form. The Council fully supports the policy of the Joint Commission with reference to the types of clinical records utilized on non-teaching cases.

G. Changes in Specialty Listing

1. Anesthesiology

In this edition of the Directory, a column has been inserted in the listing of residencies in anesthesiology to indicate whether the programs have been approved for two years or three years of training.

In a number of cases, hospitals are listed for two years of training, although they may have initiated the procedure for obtaining approval of additional training. Footnote Reference 58 is used to identify those hospitals which do offer additional training, but in which the specific steps to obtain approval of such training have not yet been completed. Such hospitals offer programs affording 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.

2. Pediatric Cardiology

The Residency Review Committee for Pediatrics, representing the American Academy of Pediatrics, the American Board of Pediatrics, and the Council on Medical Education, has inaugurated approval of residency programs in pediatric cardiology, and authorized the listing of such programs in this edition of the Directory. Residencies in pediatric cardiology are generally approved for two years of training for candidates who have completed the necessary training in pediatrics.

H. Identification of Hospital Affiliations with Medical Schools

The Consolidated List of Hospitals in the Directory of Approved Internships and Residencies identifies the medical school affiliations of each hospital according to a code for the list of medical schools which immediately follows the Consolidated List. The Council requests an annual list from each medical school dean of those hospitals affiliated with a medical school either for purposes of undergraduate medical education, or for internship and/or residency training without the participation of undergraduate medical students. The designations of "M" or "L" are used if the hospital concerned is issued a major or a limited degree in the education of undergraduate medical students as clinical clerks. In such hospitals, internships and residency programs are usually also offered. For the first time in 1962, the Council added to the Consolidated List a third type of affiliation

designated by "G" for those hospitals with which the medical school was affiliated for purposes of internship or residency training, and to which undergraduate medical students were not assigned.

Because the conditions under which a hospital and medical school might affiliate for purposes of graduate training were ill-defined, the Council, at the June, 1965, meeting, drew up a set of requirements based on a questionnaire survey of all medical school deans having such affiliations in 1964-1965. Henceforth, the annual inquiry of deans for hospital affiliations will state that the "G" designation should be used only for hospitals not designated as "M" or "L" and where one or more of the following arrangements is in effect:

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

The "G" designation is inappropriate if the hospital is used for undergraduate clerkship teaching, if faculty participation is as tenuous as an occasional lecture or consultation visit, or if the hospital's interns or residents are permitted to attend medical school teaching conferences only as visitors.

III. PUBLICATIONS OF INTEREST TO STUDENTS, INTERNS, AND RESIDENTS

A. Director of Medical Education

THE JOURNAL for June 21, 1965, carried a special communication entitled, "The Director of Medical Education in the Teaching Hospital," representing a revision of the earlier guide to the function of a DME, as prepared by the Association of Hospital Directors of Medical Education in 1961.

B. Matters Relating to Medical Practice

1. "Business Side of Medical Practice"

The "Business Side of Medical Practice" is the title of a pamphlet issued in April, 1964, by the Department of Community Health and Health Education of the Division of Socio-Economic Activity of the American Medical Association. Interns, residents, or other trainees may obtain a copy without charge upon request of the above department.

2. "Distribution of Physicians in the United States"

The "Distribution of Physicians in the United States" is the title of a manual, prepared by the Department of Economics of the Division of Socio-Economic Activities of the American Medical Association, and giving the 1965, distribution of physicians by state, region, district, and county. This manual should be valuable to those physicians interested in considering the many factors relating to choice of a location for practice, since it contains additional information about hospitals, hospital beds, population estimates, per capita and per household income estimates, and the numbers of physicians in the major specialties. Single complimentary copies may be obtained upon request to the above department.

C. Financial Assistance for Graduate Training

A booklet entitled, "Financial Assistance for Graduate Study in Medicine" is available at a cost of \$4, from the

Association of American Medical Colleges, 2530 Ridge Avenue, Evanston, Illinois. The seventh revision of this booklet was prepared in 1963, but it nevertheless lists the names of essentially all the agencies and organizations which make grants in the various special fields of graduate study. Although certain details such as the dates and perhaps level of support may vary slightly, the booklet should still be extremely useful.

D. Professional Liability Insurance

THE JOURNAL for July 5, 1965, carries a special report on "Professional Liability Insurance for the Intern and Resident." This report was prepared by the Division of Socio-Economic Activities, and distributed by the Council on Medical Education to all hospitals and county medical societies. Sufficient copies will be available for distribution to each house officer, and the Council encourages the hospital staff and representatives of the county societies to discuss this important matter annually with the hospital house officers.

E. Practice of Medicine

1. Department of State Policy

On February 14, 1964, the Department of State forwarded a special notice to hospitals containing the following paragraph:

"The Department has noted that some hospitals in the past have offered foreign doctors appointments as 'clinical clerks,' 'surgical assistants, etc., to enable them to enter the United States as Exchange-Visitors for the purpose of studying for the examination given by the Educational Council for Foreign Medical Graduates, with a view to assigning the doctors to approved internship or residency positions when they have passed the examination. This practice is not permissible under the Exchange-Visitor Program and will constitute grounds for canceling a hospital's program."

2. Legal Aspects of Externships

On June 19, 1964, the Director of the American Hospital Association mailed to all member hospitals a memorandum on the above subject, prepared by the Association of American Medical Colleges' Legal Counsel. The hospital administrator should make this memorandum available for a discussion with the staff and members of the county society.

3. Clinical Externship

On July 15, 1964, the Executive Director of the Association of American Medical Colleges mailed to all United States medical school deans, not only the legal opinion described in 2. above, but also a statement on the legal aspects of clinical externships for medical students, provided by the AMA Law Department, and additional supporting material extracted from the report of the AMA-AHA-AAMC ad hoc Committee on Clinical Externships.

4. Moonlighting

On March 15, 1965, the Chairman of the Pennsylvania State Board of Medical Education and Licensure advised medical deans, administrators, and medical directors of all hospitals in Pennsylvania as follows:

"Ample documented evidence is at hand indicating that the unlawful practice of medicine known as 'moonlighting' is again rampant.

"It has been more than two years since this board circulated widely a policy regarding moonlighting based entirely upon provision within the Medical Practice Act, and the Regulations Covering Practice of Medicine in Pennsylvania.

"Attention of all parties concerned is again invited to extracts from that communication:

"The Board of Medical Education and Licensure confronted with a widespread growth of moonlighting by resident physicians, feels called upon to express its opin-

ion upon the practice.

"Permission is granted by this Board to resident physicians to practice medicine to the degree implied in the approved residency program in which they participate. These programs are individually surveyed and approved by the AMA and by this Board for each specialty in each approved hospital. *This permission, tantamount to a limited license, does not authorize the trainee to practice medicine outside of the approved institution, nor does it permit any participation in private practice for monetary or other valuable compensation.* Unless a resident physician is both licensed and registered in this Commonwealth, such acts of 'Moonlighting' constitute illegal practice of medicine, and are subject to legal prosecution.

"Furthermore unlicensed or unregistered physicians are not ordinarily covered by the malpractice insurance which most practicing physicians carry, therefore, a doctor utilizing the service of an unregistered trainee may be inviting catastrophic law suits."

"In a recent memorandum to his entire staff, the Medical Director of a quite large medical complex included the following paragraph which is quoted with his permission:

"I am informed that certain members of our medical staff have encouraged and, in fact, recruited members of the House Staff to serve other institutions. While I fully recognize the need of some other institution to engage physicians to perform service at their institution, I cannot condone this practice under the existing policies.

"It is requested, therefore, that as a member of the active medical staff you do not participate in the practice of obtaining outside positions for members of our house staff which is contrary to the above State and Federal Government regulations."

"While this board is reluctant to see the career of any student or physician blemished by the result of punitive action by this board, the board is none the less, the custodian of the Medical Practice Act and as such is responsible for maintaining respect for its provisions. The established punishment for illegal practice is fine or imprisonment or both.

"It is requested that all administrators, directors, deans and/or others in proper authority will disseminate the text and intent of this memorandum widely to all students and house staff members who come under their jurisdiction." (Reproduced with the permission of the Pennsylvania State Board of Medical Education and Licensure)

F. Family Practice and General Practice Programs

The Education Number of THE JOURNAL for November 17, 1962, carried a full description of the Final Report on Family Practice Programs, as approved by the AMA House of Delegates in June of 1959. The ad hoc Committee on Education for Family Practice made a progress report at the June, 1965, meeting, and the final report of this Committee may determine whether the Council will establish any additional programs in family and general practice.

G. Licensure Data

THE JOURNAL for June 7, 1965, is the State Board Number from which the final pages of this Directory were extracted.

H. Handbook for Foreign Medical Graduates

This handbook was distributed in June by the Educational Council for Foreign Medical Graduates to all hospitals with approved programs, to all foreign medical schools, and to all offices of the United States State Department abroad. A copy should be placed in each hospital library for the study of both American and foreign physicians. Additional copies may be obtained at a cost of \$1, from the ECFMG at 1633 Central Street, Evanston, Illinois 60201.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to June 1, 1965

Hospitals, 1,386

Internship Programs, 1,328

Residency Programs, 5,524

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

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

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

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

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

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

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

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

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

Footnote¹—Appointments are restricted to men only.

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

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

Footnote⁴—Dental internships are available.

Footnote⁵—Dental residencies are available.

Footnote⁷—Two-year family practice program.

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

Footnote⁹—Two-year pilot general practice program.

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

The number of graduates of foreign medical schools serving in each hospital for 1964-1965 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, 1964. 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, 1964, 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.

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

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

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

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

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	House Staff on Duty			Approved Programs
								Autopsies on Stillborn	Foreign	Non-Foreign		Positions Offered
ALABAMA											
Birmingham											
Birmingham Baptist Hospitals 708 Tuscaloosa Ave., 35211		Church	...	350	9	17	15	5	2	3	4 Res: Path., Rad.
Carraway Methodist Hospital 1615, 25th St., N., 35234	G-10	Church	3	311	7	46	29	0	0	5	8 Int: Rotating; 26 Res: GP, Med., ObG., Path., Surg., Urol.
Children's Hospital 1601, 6th Ave., S., 35233	M-10#	NPCorp	4-5	128	5	74	0	0	...	4	Res: Ped.
St. Vincent Hospital 2701 9th Court South, 35205		Church	...	194	8	38	15	7	...	...	8 Int: Rotating
"365" Crippled Children's Hospital 620 S. 19th St., 35233	L-10	NPCorp	5	100	27	50	0	0	...	...	Res: Neur., Ortho.
University Hospital and Hillman Clinic 619 S. 19th St., 35233	M-10X	State	2-3-4-5	566	8	53	66	7	0	33	70 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 208 Res: Anes., Derm., Med., Neur., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 700 S. 19th St., 35233	M-10#	VA	2-5	479	26	56	0	0	...	5	131 Res: Med., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Surg., Thor., Urol.
Fairfield											
Lloyd Noland Hospital P. O. Box 538, 35064		NPCorp	...	325	8	45	15	0	0	12	14 Int: Rotating; 30 Res: Anes., Derm., Med., ObG, Ortho., Path., Ped., Surg.
Mobile											
Mobile General Hospital 850 St. Anthony St., 36603	G-10	CyCo	...	247	8	62	49	9	0	18	20 Int: Rotating; 24 Res: Med., ObG, Ortho., Path., Ped., Surg.
Veterans Administration Hospital, 36084.		VA	4-5	1,789	171	49	0	0	0	4	27 Res: Med., Oph., PMR, Surg.
TUSKEGEE											
ARIZONA											
Phoenix											
Barrow Neurological Institute St. Joseph's Hospital, 85013		Church	...	...	...	...	...	...	0	4	8 Res: Neurosurg., Neur.
Crippled Children's Hospital 1825 East Garfield St., 85006		State	2-3	100	18	100	...	...	0	3	3 Res: Ortho., Plast.
Good Samaritan Hospital 1033 E. McDowell Rd., 85006		Church	...	465	7	44	51	12	0	20	20 Int: Rotating; 20 Res: GP, ObG, Path., Ped., Surg.
Maricopa County General Hospital 3435 W. Durango St., 85009		County	...	447	10	45	...	...	2	17	24 Int: Rotating; 39 Res: Med., ObG, Path., Ped., Surg.
Memorial Hospital 1200 S. 5th Ave., 85003		NPCorp	...	174	...	46	0	0	5	1	10 Int: Rotating
St. Joseph's Hospital 350 W. Thomas Rd., 85013		Church	...	420	6	61	42	22	4	4	18 Int: Rotating, Mixed; 18 Res: Med., ObG, Path., Ped., Surg.
U.S. Public Health Service Hospital		USPHS	...	132	...	...	...	...	...	...	Res: Ped.
Tucson											
Pima County General Hospital 2900 S. 6th Ave., 85713		County	...	160	14	48	0	0	...	...	Int: Rotating; Res: GP, Med., Surg.
St. Mary's Hospital St. Mary's Rd., 85703		Church	...	280	6	47	13	2	...	...	Int: Rotating; Res: GP, Med., Surg.
Tucson Hospitals Medical Education Program St. Mary's Hospital, 85703			...	...	...	...	...	...	15	5	24 Int: Rotating; 36 Res: GP, Med., Surg.
Tucson Medical Center Grant Rd. and Beverly Blvd., 85716		NPCorp	...	400	6	56	29	12	...	...	Int: Rotating; Res: Med., Surg.
Veterans Administration Hospital 3601 S. 6th Ave., 85713		VA	...	361	39	58	...	...	...	...	Res: Med.
ARKANSAS											
Little Rock											
Arkansas Baptist Hospital 1700 W. 13th St., 72202		Church	...	430	7	37	23	3	0	5	13 Int: Rotating; 5 Res: Oph., Path., Surg.
Arkansas Children's Hospital 804 Wolfe St., 72201	G-11	NPCorp	...	70	15	50	...	...	0	2	2 Res: Ortho.
Arkansas State Hospital 4313 W. Markham, 72201	L-11	State	...	3,607	16	...	0	0	0	15	6 Res: Psych.
St. Vincent Infirmary Markham St. and University Ave., 72201		Church	...	365	6	48	17	4	0	0	14 Int: Rotating; 4 Res: Anes.
University Hospital 4301 W. Markham St., 72201	M-11X	State	...	329	10	54	54	51	0	20	35 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., St. ObG; 3
Veterans Administration Hospital 300 E. Roosevelt Rd., 72206	M-11#	VA	2	471	25	65	...	...	...	104	146 Res: Anes., Derm., GP, Med., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Urol. Res: Derm., Med., Oph., Ortho., Path., Surg.
North Little Rock											
Veterans Administration Hospital, 72114.		VA	2	2,062	313	70	...	...	0	8	13 Res: Path., Psych.
CALIFORNIA											
Bakersfield											
Kern County General Hospital 1830 Flower St., 93305		County	...	629	11	65	33	18	0	9	12 Int: Rotating; 41 Res: GP, Med., ObG, Path., Forensic Path., Ped., Surg., Urol.
Berkeley											
East Bay State Mental Hygiene Clinic 2045 Dwight Way, 94704	G-16	State	...	...	...	...	...	...	0	2	3 Res: Child Psych.
Herrick Memorial Hospital 2001 Dwight Way, 94704		NPCorp	...	205	8	52	12	11	0	1	10 Int: Rotating; 21 Res: GP, Path., Psych., Surg.
State of California Dept. of Public Health 2151 Berkeley Way, 94704			...	...	...	...	...	...	0	9	11 Res: Public Health
University of California School of Public Health, 94720.		State	...	...	...	...	...	...	0	5	10 Res: Gen. Prev. Med.
Burbank											
St. Joseph Hospital 501 S. Buena Vista St., 91503		Church	...	327	6	44	17	8	0	1	8 Res: Path.
Camarillo											
Camarillo State Hospital Box A, 93010		State	2	6,089	448	59	0	0	1	16	21 Res: Psych.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Stillbirths	Autopsies on Stillborn	House Staff on Duty		Positions Offered	Approved Programs
									Foreign	Non-Foreign		
CALIFORNIA—Continued												
Camp Pendleton												
U.S. Naval Hospital, 92055		Navy	2-4	550	17	61	17	10	0	10	10	Int: Rotating
Downey												
Rancho Los Amigos Hospital, 7601 E. Imperial Hwy., 90242	M-14, G-37	County	...	1,820	491	68	0	0	...	...	...	Res: Neurosurg., Ortho., Urol.
Duarte												
City of Hope Medical Center, 1500 E. Duarte Rd., 91010	L-13, L-95	NPCorp	...	171	21	80	0	0	0	4	11	Res: Path., Surg., Thor.
Eldridge												
Sonoma State Hospital, Arnold Dr., 95431	G-16	State	2	3,510	3,525	90	0	0	3	7	10	Res: Ortho., Psych.
Fairfield												
U.S. Air Force Hospital, Travis AFB, 94535		USAF	1-2-3	385	15	84	24	10	0	12	12	Int: Rotating
Fontana												
Kaiser Steel Corporation, 92335		...	...	...	...	...	...	...	0	0	1	Res: Occup. Med.
Fort Ord												
U.S. Army Hospital, 93941		Army	2	665	7	88	23	20	3	0	4	Res: Surg.
U.S. Army, 6th Army Hdqts. Preventive Medicine Division, 93941		Army	...	...	...	...	...	...	...	...	1	Res: Public Health
Fresno												
Fresno County General Hospital, 445 S. Cedar Ave., 93702		County	5	619	13	62	36	17	0	21	21	Int: Rotating; 37 Res: Med., ObG., Oph., Ped., Surg.
Glendale												
Glendale Sanitarium and Hospital, 1509 E. Wilson Ave., 91206		Church	...	380	8	46	25	13	0	12	12	Int: Rotating; 13 Res: Med., ObG., Path., Surg.
Imola												
Napa State Hospital, Box A, 94558		State	...	5,200	390	52	0	0	...	...	...	Res: Ortho., Psych.
La Jolla												
Scripps Memorial Hospital, 3770 Miramar Rd., 92038		NPCorp	...	240	6	48	11	3	0	0	1	Res: Path.
Loma Linda												
Loma Linda University Hospital, 11055 Anderson St., 92354	L-12X	Church	...	186	8	53	6	1	0	6	14	Int: Rotating, St. Path., St. Surg.; 20 Res: Anes., Med., ObG., Path., Surg.
Long Beach												
Memorial Hospital of Long Beach, 2801 Atlantic Ave., 90806	L-95	NPCorp	...	444	7	52	38	17	0	16	16	Int: Rotating; 16 Res: GP, Med., ObG., Path., Ped., Rad., Surg.
St. Mary's Long Beach Hospital, 509 E. 10th St., 90813	L-95	Church	...	349	6	55	64	30	0	3	12	Int: Rotating; 5 Res: Path., Rad.
Veterans Administration Hospital, 5901 E. Seventh St., 90804	L-95	VA	2-4-5	1,581	41	65	0	0	14	88	125	Res: Derm., Med., Neurosurg., Oph, Ortho., Path., PMR, Psych., Rad., Surg., Urol.
Los Angeles												
California Babies' and Children's Medical Center, 1415 S. Grand Ave., 90015		NPCorp	...	24	4	0	14	5	1	2	3	Res: Ped.
California Hospital, 1414 S. Hope St., 90015		Church	...	304	7	48	14	5	1	4	8	Int: Rotating; 19 Res: ObG. Path., Surg.
Cedars-Sinai Medical Center (includes Cedars of Lebanon Hospital Division, 4833 Fountain Ave.; Mount Sinai Hospital Division, 8720 Beverly Boulevard), 4833 Fountain Avenue, 90029	L-13	...	...	...	...	...	...	...	...	...	...	...
Cedars of Lebanon Hospital Division, 4833 Fountain Ave., 90029	L-13	NPCorp	...	491	8	53	41	14	3	17	22	Int: Rotating, Mixed; 62 Res: Med., ObG., Path., Ped., Psych., Rad., Surg.
Childrens Hospital of Los Angeles, 4614 Sunset Blvd., 90027	M-14	NPCorp	...	227	7	92	0	0	0	2	6	Int: St. Ped.; 42 Res: Ortho., Path., Ped., Ped. Card.
Hollywood Presbyterian Hospital—Olmsted Memorial, 1322 N. Vermont Ave., 90027		Church	...	245	6	30	23	12	1	9	11	Res: ObG., Oph., Otol.
Hospital of the Good Samaritan Medical Center, 1212 Shatto St., 90017		Church	...	403	9	52	19	9	0	8	10	Int: Rotating; 18 Res: Med., ObG., Path., Surg.
Kaiser Foundation Hospital, 4867 Sunset Blvd., 90027		NPCorp	...	352	6	48	57	25	2	4	22	Res: ObG., Path., Urol.
Los Angeles County General Hospital, Unit I, 1200 N. State St., 90033	M-12/-14	County	5	2,632	7	35	270	68	0	176	179	Int: Rotating, St. Med., St. Ped.; 296 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-95#	County	3	520	8	38	63	...	0	16	48	Int: Rotating; St. Med.; 42 Res: Anes., Med., ObG., Oph., Ortho., Ped., Surg., Urol.
Mount Sinai Hospital Division , 8720 Beverly Blvd., 90048	L-13	NPCorp	...	224	...	58	0	0	0	7	7	Int: St. Med.; 25 Res: Med., Path., Psych., Child Psych.
Orthopaedic Hospital , 2400 S. Flower St., 90007	G-14	NPCorp	...	162	9	46	...	...	0	15	15	Res: Ortho.
Queen of Angels Hospital , 2301 Bellevue Ave., 90026	L-95	Church	...	408	7	52	41	22	0	11	12	Int: Rotating; 33 Res: Colon-Rectal Med., ObG., Path., Ped., Rad., Surg.
Reiss-Davis Clinic for Child Guidance , 9760 W. Pico Blvd., 90035	L-95	NPCorp	...	...	...	...	...	...	0	3	8	Res: Child Psych.
Santa Fe Coast Lines Hospital , 610 S. St. Louis St., 90023	L-14	NPCorp	...	193	10	46	...	...	1	5	9	Int: Rotating; 4 Res: Surg.
Shriners Hospital for Crippled Children , 3160 Geneva St., 90005		NPCorp	...	60	82	0	0	0	0	3	3	Res: Ortho.
University of California Hospital , The Medical Center, 90024	M-13X	NPCorp	...	305	8	84	35	31	1	31	36	Int: St. Med., St. Surg., St. Ped., St. Path.; 224 Res: Anes., Derm., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.

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		
CALIFORNIA, Los Angeles—Continued											
University of California School of Medicine, Division of Occupational Health, Dept. of Preventive Medicine and Public Health, 90024.....	...	State	...	...	...	...	...	0	3	16 Res: Occup. Med.	
Veterans Administration Center, General Medical and Surgical Hospital (Wadsworth).....	M-13	VA	1-4-5	1,468	37	78	0	0	0	30	30 Int: Rotating St. Med.;
Wilshire and Sawtelle Blvds., 90025								6	167	189 Res: Anes., Derm., Mcd., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Thor., Urol.	
Veterans Administration Center, Brentwood Neuropsychiatric Hospital, Wilshire and Sawtelle Blvds., 90025	G-13	VA	...	1,981	...	77	...	3	19	36 Res: Psych.	
Veterans Administration Hospital (Sepulveda).....	L-95	VA	2	956	91	66	0	0	2	10	16 Res: Psych., Surg.
16111 Plummer St., 91343											
White Memorial Medical Center.....	M-12X, L-95	Church	...	267	8	66	31	31	1	9	16 Int: Rotating;
1720 Brooklyn Ave., 90033								7	68	89 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Urol.	
Martinez											
Contra Costa County Hospital.....	...	County	2-2	404	8	60	0	0	0	10	10 Res: GP
2500 Alhambra Ave., 94553											
Veterans Administration Hospital.....	...	VA	2-4	498	33	72	0	0	3	20	37 Res: Med., Neur., Path., Surg., Urol.
150 Muir Rd., 94553											
Modesto											
Stanislaus County Hospital.....	...	County	...	297	13	49	15	6	1	3	12 Res: GP
830 Scenic Dr., 95350											
Mountain View											
El Camino Hospital.....	...	District	2-3	319	5	63	23	3	0	2	4 Res: Path.
2500 Grant Rd., 94040											
Norwalk											
Metropolitan State Hospital.....	L-95	State	...	4,037	393	37	0	0	1	26	27 Res: Psych.
11400 S. Norwalk Blvd., 90650											
Oakland											
Children's Hospital of the East Bay.....	G-16	NPCorp	4-5	142	5	88	0	0	0	1	4 Int: St. Ped.
51st and Grove Sts., 94609										9	14 Res: Ortho., Path., Ped., Ped. Card., Thor.
Highland Alameda County Hospital.....	G-16	County	2-4-5	442	7	57	51	15	0	34	39 Int: Rotating;
2701 14th Ave., 94606										56	68 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped. Rad., Surg., Thor., Urol.
Kaiser Aluminum and Chemical Corp.....	...	Corp	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
300 Lakeside Dr., 94612											
Kaiser Foundation Hospital.....	...	NPCorp	...	282	7	58	30	27	2	25	35 Res: Med., ObG., Path., Ped., Surg.
280 W. MacArthur Blvd., 94611											
Samuel Merritt Hospital.....	G-16	NPCorp	...	250	8	54	10	6	...	...	4 Res: Ortho., Path.
Hawthorne and Webster, 94609											
U. S. Naval Hospital.....	...	Navy	2-4-5	750	16	87	22	19	0	17	17 Int: Rotating;
8750 Mountain Blvd., 94627									0	67	64 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Western Laboratories.....	...	...	...	...	...	...	...	...	0	0	1 Res: Forensic Path.
353, 30th St., 94609											
Olive View											
Olive View Hospital, 91330.....	G-12	NPCorp	...	800	136	50	0	0	1	3	4 Res: Thor.
Orange											
Orange County General Hospital.....	...	County	...	...	8	72	23	18	0	32	36 Int: Rotating;
101 Manchester Ave., 92666									1	29	50 Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg., Urol.
Palo Alto											
Palo Alto-Stanford Hospital Center.....	M-15	NPCorp	...	483	8	66	33	28	0	22	32 Int: St. Med., St. Surg., St. Ped.;
300 Pasteur Dr., 94304									6	210	247 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Rad., Surg., Urol.
Veterans Administration Hospital.....	L-15	VA	2-4	2,123	181	84	0	0	...	...	...
3801 Junipero Serra Blvd., 94304											...
Pasadena											
Huntington Memorial Hospital.....	...	NPCorp	...	351	8	46	16	16	1	11	12 Int: Rotating;
100 Congress St., 91102									0	5	17 Res: Med., Neurosurg., Path., Plast., Surg.
Pasadena Child Guidance Clinic.....	...	NPCorp	...	...	...	...	...	...	0	2	4 Res: Child Psych.
56 Waverly Dr., 91105											
Patton											
Patton State Hospital.....	L-12	State	...	4,635	426	35	0	0	0	17	22 Res: Psych.
26802 Highland Ave., 92369											
Pomona											
Pacific State Hospital.....	...	State	...	2,900	2,156	78	0	0	0	7	8 Res: Psych.
3530 Pomona Blvd. 91766											
Redwood City											
Sequoia Hospital.....	...	District	...	348	5	51	20	6	0	0	2 Res: Path.
Whipple and Alameda, 94062											
Riverside											
Riverside County General Hospital.....	M-12#	County	...	447	13	52	19	9	0	12	14 Int: Rotating;
9851 Magnolia Ave., 92503									1	8	24 Res: Anes., GP, Med., ObG, Path., Surg., Urol.
Sacramento											
Mercy Hospital.....	...	Church	...	311	6	25	37	24	0	2	4 Res: Path.
4001 J St., 95819											
Sacramento County Hospital.....	G-16	County	...	691	29	41	39	30	1	17	26 Int: Rotating;
2315 Stockton Blvd., 95817									0	12	16 Res: GP, Path.
Sutter Community Hospitals.....	...	NPCorp	...	541	7	31	43	20	1	1	7 Res: Path., Rad.
2820 L Street, 95816											
Salinas											
Monterey County Hospital.....	...	County	...	363	18	62	16	6	0	2	8 Res: GP
1330 Natividad Rd., P. O. Box 1611, 93903											
San Bernardino											
San Bernardino County Charity Hospital.....	L-12	County	1-2	470	12	58	40	11	0	14	22 Int: Rotating;
780 E. Gilbert St., 92404									0	13	20 Res: Anes., 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
CALIFORNIA—Continued											
San Diego											
Children's Hospital 8001 Frost St., 92123		NPCorp	3	90	4	82	0	0	0	1	... Res: Ortho.
Donald N. Sharp Memorial Community Hospital 7901 Frost St., 92123		Church	...	280	6	53	35	31	0	0	3 Res: Ortho., Path.
Mercy Hospital 4099 Hillcrest Dr., 92103		Church	...	308	6	52	19	10	2	4	12 Int: Rotating; 12 Res: Anes., Med., ObG, Ortho., Path., Surg.
San Diego County General Hospital 225 W. Dickinson St., 92103		County	...	791	12	46	25	14	0	15	32 Int: Rotating; 27 Res: Anes., Med., ObG, Ortho., Path., Ped., Surg., Urol.
U. S. Naval Hospital Park Blvd., 92134		Navy	2-4-5	2,050	19	70	58	33	0	24	24 Int: Rotating; 87 Res: Anes., Derm., Med., ObG, Oph., Otol., Path., Ped., Rad., Surg., Thor., Urol.
San Francisco											
Childrens Hospital and Adult Medical Center of San Francisco 3700 California St., 94149	G-16	NPCorp	...	278	6	58	20	19	2	0	14 Int: Rotating, St. Ped.; 18 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: Neurosurg., Ortho., Plast.
French Hospital 4131 Geary Blvd., 94118		NPCorp	...	214	8	50	4	2	6	0	8 Int: Rotating, Mixed; 8 Res: Path., Surg.
Headquarters, 6th Army Presidio		Army	...	...	...	...	...	...	...	...	Res: Public Health
Kaiser Foundation Hospital 2425 Geary Blvd., 94115		NPCorp	...	233	6	59	34	33	1	18	18 Int: Rotating; 36 Res: Med., ObG, Path., Ped., Surg.
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave., 94122	M-16#	State	...	105	84	100	0	0	0	48	47 Res: Psych., Child Psych.
Letterman General Hospital Presidio, 94129		Army	2-4-5	887	21	80	10	9	0	28	28 Int: Rotating; 93 Res: 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	...	157	7	44	15	8	1	0	6 Int: Rotating; 2 Res: ObG, Ortho., Surg.
Mount Zion Hospital and Medical Center 1600 Divisadero St., 94115		NPCorp	4	372	9	61	14	11	1	17	20 Int: Rotating, Mixed; 30 Res: Med., Path., Psych., Child Psych., Rad., Surg.
Presbyterian Medical Center Clay and Webster Sts., 94115	G-16	NPCorp	...	242	8	87	17	10	2	10	12 Int: Rotating; 71 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Surg., Urol.
St. Francis Memorial Hospital 900 Hyde St., 94109		NPCorp	...	332	9	39	12	2	0	7	12 Res: Anes., ObG, Path., Plast., Psych.
St. Joseph's Hospital Buena Vista Ave., 94117		Church	...	215	8	46	10	4	0	0	6 Int: Rotating; 6 Res: Anes., Ortho., Path., Surg.
St. Luke's Hospital 1580 Valencia St., 94110		Church	...	247	7	48	13	9	1	12	12 Int: Rotating; 20 Res: Med., ObG, Path., Ped.
St. Mary's Hospital 2200 Hayes St., 94117		Church	...	428	8	59	24	17	0	13	15 Int: Rotating; 48 Res: Med., ObG, Ortho., Path., Ped., Psych., Child Psych., Rad., Surg.
San Francisco General Hospital 1001 Potrero Ave., 94110	M-16#	CyCo	2-4-5	935	13	61	33	22	0	60	60 Int: Rotating, Mixed; 68 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	76	100	0	0	0	2	... Res: Ortho.
Southern Pacific Memorial Hospital 1400 Fell St., 94117	G-16	NPCorp	...	450	17	67	...	...	0	25	24 Int: Mixed; 24 Res: Med., Path., Surg., Urol.
U. S. Public Health Service Hospital 15th Ave. and Lake St., 94148	G-16	USPHS	2-4	388	18	76	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	567	9	82	22	16	1	47	37 Int: St. Med., St. Surg., St. Ped., St. Path.; 299 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	34	80	0	0	5	58	66 Res: Derm., Med., Neurosurg., Neur., Oph., Ortho.; Otol., Path., Rad., Surg., Urol.
San Jose											
Agnews State Hospital, 95114		State	...	4,049	120	24	0	0	1	19	24 Res: Psych.
O'Connor Hospital Forest and Di Salvo, 95108		Church	...	275	5	57	45	24	0	1	1 Int: St. Path. 4 Res: Path.
Santa Clara County Hospital South Bascom Ave., 95128	G-15-16	County	2	539	13	84	19	8	0	30	32 Int: Rotating; 55 Res: Anes., Med., ObG, Otol., Path., Ped., Rad., Surg., Urol.
San Luis Obispo											
San Luis Obispo County General Hospital		County	...	...	...	...	...	...	...	...	5 Res: GP
San Mateo											
San Mateo County General Hospital 222 - 39th Ave., 94403	G-15	County	...	237	9	71	10	5	2	25	33 Res: Anes., Med., ObG, Oph., Ped., Psych., Surg., Urol.
San Pablo											
Brookside Hospital 2000 Vale Rd., 94806		District	...	246	6	70	11	6	0	0	3 Res: Path.
Santa Barbara											
Santa Barbara Cottage Hospital 320 W. Pueblo St., 93105		NPCorp	...	400	7	53	12	8	...	...	... Int: Rotating, Mixed; ... Res: GP, Med., Path., Surg.
Santa Barbara County General Hospital San Antonio Rd., 93105		County	...	310	7	55	12	8	...	...	... Int: Rotating, Mixed; ... Res: GP, Med., Surg.
Santa Cruz											
Santa Cruz County Hospital 1080 Emeline St., 95062		County	...	173	11	71	2	...	0	3	6 Res: GP
Santa Monica											
St. John's Hospital 1328 22nd St., 90404		Church	3	265	7	46	33	19	0	0	3 Res: Path., Surg.
Santa Monica Hospital 1250 16th St., 90404		Church	...	232	6	49	20	10	0	9	12 Int: Rotating; ... Res: ObG

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			Approved Programs
								Autopsies on Stillborn	Foreign	Non-Foreign		Positions Offered
CALIFORNIA—Continued											
Santa Rosa											
Sonoma County Hospital.....		County	3	346	18	42	11	6	0	11	11 Res: GP
3325 Chanate Rd., 95404											
Stockton											
San Joaquin General Hospital.....		County	...	350	9	82	...	...	0	15	18 Int: Rotating;
Box 1020, 95201											
Stockton State Hospital.....		State	...	3,550	512	49	0	0	1	7	21 Res: Med., ObG, Path., Ped., Surg.
510 Magnolia, 95202											
Talmage											
Mendocino State Hospital.....		State	...	2,261	109	77	0	0	0	13	15 Res: Psych.
Box X, 95481											
Torrance											
Los Angeles County Harbor General Hospital.....	M-13#	County	2-4	747	11	48	61	35	0	43	47 Int: Rotating, St. Med., St. Surg., St. Path.;
1000 W. Carson St., 90509											
Vallejo											
Kaiser Foundation Hospital and Rehabilitation Center.....	G-16	NPCorp	...	74	45	60	4	4	0	0	3 Res: PMR
2600 Alameda St., 94590											
Ventura											
General Hospital Ventura County.....		County	...	320	16	25	16	1	0	5	10 Res: GP
3291 Loma Vista Rd., 93001											
CANAL ZONE											
Balboa Heights											
Gorgas Hospital.....		Other Fed	2	397	13	74	16	16	0	14	16 Int: Rotating;
P. O. Box 0, 00101											
COLORADO											
Colorado Springs											
Penrose Hospital.....		Church	...	342	7	70	18	14	1	0	6 Int: Rotating;
2215 N. Cascade Ave., 80907											
St. Francis Hospital.....		Church	...	160	7	61	6	6	1	0	19 Res: GP, Path., Rad.
800 E. Pikes Peak Ave., 80903											
Denver											
Children's Hospital.....	L-17	NPCorp	...	235	5	87	...	...	0	0	4 Int: St. Ped.;
1058 E. 19th Ave., 80218											
Colorado General Hospital (see University of Colorado Medical Center).....											21 Res: Ortho., Path., Ped., Surg.
Colorado Psychiatric Hospital (see University of Colorado Medical Center).....											
Denver General Hospital.....	G-17	CyCo	4	344	11	88	33	19	0	30	36 Int: Rotating, Community Rotating;
W. 6th Ave. and Cherokee St., 80204											
Fitzsimons General Hospital.....	L-17	Army	2-3	949	22	91	14	13	0	24	61 Res: GP, Med., ObG, Oph., Ortho., Path., Forensic
Peoria and Colfax, 80240											
General Rose Memorial Hospital.....	G-17	NPCorp	...	416	9	58	33	25	5	2	10 Int: Rotating;
1050 Clermont St., 80220											
Mercy Hospital.....		Church	...	310	7	59	11	7	7	0	10 Res: ObG, Path., Rad.
1619 Milwaukee St., 80206											
National Jewish Hospital.....	G-17	NPCorp	...	285	129	86	...	...	0	2	11 Int: Rotating;
3800 E. Colfax Ave., 80206											
Porter Hospital.....		Church	...	210	6	63	17	14	1	9	15 Res: GP, Med., Path., Surg.
2525 S. Downing, 80210											
Presbyterian Hospital.....		Church	...	290	8	59	17	7	0	17	12 Int: Rotating;
E. 19th Ave. and Gilpin St., 80218											
St. Anthony Hospital.....		Church	...	445	6	48	37	12	0	4	17 Int: Rotating, Mixed;
W. 16th Ave. and Raleigh St., 80204											
St. Joseph Hospital.....		Church	7	397	7	59	43	10	0	6	20 Res: Med., ObG, Path., Rad., Surg.
1835 Franklin St., 80218											
St. Luke's Hospital.....		Church	...	449	8	47	30	4	0	6	12 Int: Rotating;
601 E. 19th Ave., 80203											
University of Colorado Medical Center.....	M-17X	State	...	294	9	87	22	13	0	31	18 Int: Rotating;
4200 E. Ninth Ave., 80220											
Veterans Administration Hospital.....	M-17#	VA	2-3	528	23	87	...	...	...	...	17 Res: Path., Rad., Surg.
1055 Clermont, 80220											
Fort Logan											
Fort Logan Mental Health Center.....											Res: Psych.
Greeley											
Weld County General Hospital.....		County	3	320	7	53	16	4	0	6	6 Int: Rotating
16th St. at 17th Ave., 80631											
Pueblo											
Colorado State Hospital.....	G-17	State	...	4,062	818	56	0	0	12	0	38 Res: Path., Psych., Surg.
Thirteenth and Francisco, 81003											
St. Mary-Corwin Hospital.....		Church	...	443	...	...	...	...	...	...	Res: Path.
1008 Minnequa, 81004											
CONNECTICUT											
Bridgeport											
Bridgeport Hospital.....		NPCorp	...	429	8	48	42	8	14	0	14 Int: Rotating;
267 Grant St., 06602											
St. Vincent's Hospital.....		Church	...	358	7	52	32	8	4	3	32 Res: GP, Med., ObG, Path., Rad., Surg.
2820 Main St., 06606											
Bristol											
Bristol Hospital.....		NPCorp	...	189	6	44	12	3	7	0	12 Int: Rotating, St. Surg.
Newell Rd., 06012											
Danbury											
Danbury Hospital.....		NPCorp	...	287	8	37	31	6	6	0	22 Res: Med., ObG, Path., Rad., Surg.
95 Locust Ave., 06813											

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								Autopsies on Stillborn	Foreign Non-Foreign		
CONNECTICUT—Continued											
Derby											
Griffin Hospital Seymour Ave. and Division St., 06418		NPCorp		186	8	50	13	8	8	0	9 Int: Rotating; 1 Res: Path.
Greenwich											
Greenwich Hospital Perryridge Rd., 06830		NPCorp		266	9	69	7	4	0	10	12 Int: Rotating, Mixed; 7 Res: Med., Path., Surg.
Hartford											
Hartford Hospital 80 Seymour St., 06115		NPCorp	4	800	7	61	77	18	0	11	18 Int: Rotating; 90 Res: Anes., Med., Neurosurg., ObG, Ortho., Path. Ped., Rad., Surg., Urol.
Institute of Living 400 Washington St., 06102		NPCorp		402	237	50	0	0	6	28	41 Res: Psych.
Institute of Living—Children's Clinic 17 Essex St., 06102		NPCorp							2	0	2 Res: Child Psych.
J. J. McCook Memorial Hospital 2 Holcomb St., 06112		City		144	8	44	5		0	0	1 Res: Surg.
Mount Sinai Hospital 500 Blue Hills Ave., 06112		NPCorp		189	8	40	19	2	8	0	10 Int: Rotating
St. Francis Hospital 114 Woodland St., 06105		Church	4-5	654	9	40	44	4	2	8	12 Int: Rotating; 40 Res: Anes., Med., ObG, Path., Ped., Surg.
Manchester											
Manchester Memorial Hospital 71 Haynes St., 06040		NPCorp		267	7	51	18	5	6	0	6 Int: Rotating; 2 Res: Path.
Meriden											
Meriden Hospital 181 Cook Ave., 06453		NPCorp		255	8	43	31	28	8	0	8 Int: Rotating; 1 Res: Path.
Middletown											
Connecticut Valley Hospital Silver St., 06458		State		3,029	90	46	1	1	8	8	20 Res: Psych.
Middlesex Memorial Hospital 28 Crescent St., 06457		NPCorp		254	7	44	27	22	6	0	7 Int: Rotating; 2 Res: Path.
New Britain											
New Britain General Hospital 100 Grand St., 06050		NPCorp		352	7	57	25	10	6	0	9 Int: Rotating; 19 Res: Med., ObG, Path., Surg.
New Haven											
Hospital of St. Raphael 1450 Chapel St., 06011		Church	5	494	7	36	45	15	9	1	18 Int: Rotating; St. Med., Mixed; 53 Res: Anes., Med., ObG, Ortho., Path., Ped., Rad., Surg., Thor.
Yale-New Haven Hospital 789 Howard Ave., 06504	M-18#	NPCorp	4-5	727	9	64	68	57	0	47	50 Int: St. Med., St. Surg., St. Ped., St. Path.; 193 Res: Anes., DERM., Med., Neurosurg., Neur., ObG, 4 Res: Child Psych.
Yale University Child Study Center 333 Cedar St., 06510		NPCorp	2						1	3	Oph., Ortho., Otol., Path., Ped., Ped. Card. PMR, Psych., Rad., Surg., Thor., Urol.
Newington											
Newington Hospital for Crippled Children 181 E. Cedar St., 06111		NPCorp		168	60	71	0		1	0	1 Res: Ortho.
Veterans Administration Hospital 555 Willard Ave., 06111		VA	2	250	31	71			2	7	17 Res: Med., Path., Surg.
New London											
Lawrence and Memorial Hospitals 365 Montauk Ave., 06320		NPCorp		327	7	5	28	12	1	0	6 Int: Rotating; 5 Res: ObG, Surg.
Newtown											
Fairfield Hills Hospital Box W, 06470		State	3	3,050	409	32			18	3	27 Res: Psych.
Norwalk											
Norwalk Hospital 24 Stevens St., 06852		NPCorp		307	7	47	34	24	17	0	12 Int: Rotating; 16 Res: Anes., Path., Ped., Surg.
Norwich											
Norwich Hospital Box 508, U. S. Route 12, 06361		State		3,089	60	39	0	0	11	2	18 Res: Psych.
Shelton											
Laurel Heights Hospital, 06484		State		134	132	71	0	0			Res: Med.
Stamford											
Stamford Hospital 190 W. Broad St., 06902		NPCorp		315	9	56	9	7	9	0	14 Int: Rotating; 10 Res: ObG, Path., Surg.
Waterbury											
St. Mary's Hospital 56 Franklin St., 06702		Church	4	371	9	45	21	7	8	0	12 Int: Rotating; 24 Res: Anes., Med., Path., Rad., Surg.
Waterbury Hospital 64 Robbins St., 06720		NPCorp	4	385	8	48	24	10	1	0	7 Int: Rotating; 19 Res: Anes., Med., Path., Ped., Surg., Urol.
West Haven											
Veterans Administration Hospital West Spring St., 06515	M-18#	VA	4	823	45	72			1	64	73 Res: Med., Neur., Ortho., Path., Psych., Rad., Surg., Urol.
DELAWARE											
Dover											
Delaware State Board of Health Federal St., 19901		State							1	1	2 Res: Public Health
Wilmington											
Alfred I. du Pont Institute of the Nemours Foundation Rockland Rd., 19899		NPCorp		65	42		0	0	0	3	1 Res: Ortho.
Delaware Hospital 501 W. 14th St., 19899	M-73	NPCorp	4-5	481	9	61	29	20	3	9	16 Int: Rotating, Mixed, St. Med.; 30 Res: Med., ObG, Path., Ped., Rad., Surg., Urol. 1 Res: Occup. Med.
E. I. du Pont de Nemours and Co., Inc. Zone 98		Corp							0	1	
Memorial Hospital 1501 N. Van Buren St., 19899		NPCorp	4	360	7	51	31	12	8	0	8 Int: Rotating; 15 Res: Med., Path., Surg.
Veterans Administration Hospital, 19805		VA		300	35	71	0	0	1	0	9 Res: Med., Ortho.
Wilmington General Hospital Chestnut at Broom St., 19899		NPCorp	4	317	8	57	29	5	0	0	21 Res: GP, ObG, Path., Ped.

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								Autopsies on Stillborn	Foreign		
DISTRICT OF COLUMBIA											
Washington											
Armed Forces Institute of Pathology, 20305		Fed	2-5					0	0	20	Res: Path., Forensic Path.
Army Medical Center (See Walter Reed General Hospital)											
Catholic University of America											Res: Child Psych.
Children's Hospital, 2125 13th St. N.W., 20009	M-19#-20#	NPCorp	4-5	216	5	91	0	0	16	31	44 Res: Neurosurg., Neur., 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	74	76	64	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	14	50	145	35	11 45	42 68	57 Int: Mixed, St. Med., St. Surg., St. Ped.; 145 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Surg., Thor., Urol.
Doctors Hospital, 1815 Eye St. N.W., 20006		Corp		307	10	57			7	4	11 Res: Med., Path., Rad.
Eastern Dispensary and Casualty Hospital, 708 Massachusetts Ave. N.E., 20002		NPCorp		250	10	37			5	0	10 Res: GP, Surg.
Freedmen's Hospital, 6th and Bryant Sts. N.W., 20001	M-21#	H.E.W.	4	439	10	45	41	25	6 9	14 48	32 Int: Rotating; 86 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	397	8	77	42	14	0 26	28 101	29 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 167 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	9	62	49	35	2 21	16 54	31 Int: St. Med., St. Surg.; 102 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	5	57	49	11	17	7	22 Int: Rotating, St. Surg.; 28 Res: Anes., Med., ObG, Path., Ped., Surg.
St. Elizabeths Hospital, 2800 Nichols Ave., S.E., 20032	M-20	H.E.W.	4	6,961		46	0	0	1 8	1 8	12 Int: Rotating; 19 Res: Path., Psych., Surg.
Sibley Memorial Hospital, 5255 Loughboro Rd. N.W., 20016	G-19	Church		335	7	62	17	13	2 0	0 1	8 Int: Rotating; 7 Res: Oph., Path.; Surg.
U. S. Air Force Hospital, Andrews A.F.B., Camp Springs, 20331		Air Force	1-2-3-4	250	13	88	25	16	0 0	6 3	12 Int: Rotating; 4 Res: GP, Surg.
U. S. Public Health Service, Division of Occupational Health, Bureau of State Services, 20003		USPHS	4-5						0 4	0 44	2 Res: Occup. Med. 58 Res: Med., Neurosurg., Neur., Oph., Path., Rad., Surg., Urol.
Veterans Administration Hospital, 2650 Wisconsin Ave. N.W., 20007	M-19# -20# L-21	VA	4-5	335	20	75					3 Res: Gen. Prev. Med.
Walter Reed Army Institute of Research, Walter Reed Army Medical Center, 20012		Army									30 Int: Rotating;
Walter Reed General Hospital, 6825 16th St. N.W., 20012	L-19-20	Army	2-4-5	1,465	29	79	18	16	0 6	31 152	179 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Washington Hospital Center, 110 Irving St., N.W., 20010	M-20	NPCorp	4-5	808	8	62	66	60	28 39	14 37	36 Int: Rotating, St. Med., St. Surg., Mixed; 96 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Rad., Surg., Urol.
FLORIDA											
Bartow											
Polk County Hospital, 2010 E. Georgia St., 33830		County	3	210	9	27	11	0			Int: Rotating; Res: Surg.
Bay Pines											
Veterans Administration Hospital, 33504		VA	2								Res: Urol.
Coral Gables											
Veterans Administration Hospital, 1200 Anastasia Ave., 33134	L-23	VA	2	450	24	64	0	0	9	36	55 Res: Med., Path., PMR, Surg.
Daytona Beach											
Halifax District Hospital, P. O. Box 1990, 32014		District		365	8	29	27	7	0	4	10 Int: Rotating; Res: CP.
Fort Lauderdale											
Broward General Hospital, 1600 S. Andrews Ave., 33316		District		459	8	42	38	12	2	0	6 Res: Path., Surg.
Gainesville											
University of Florida Teaching Hospital and Clinics, 32603	M-22X	State		381	10	76	19	18	0 6	20 94	31 Int: St. Med., St. Surg., St. Ped., St. Path.; 164 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Fed. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Hollywood											
Memorial Hospital, 3501 Johnson St., 33021		District	3	350	7	37	43	10	0	1	2 Res: Path.
Jacksonville											
Baptist Memorial Hospital, 600 Miami Rd., 32207		Church		332	7	58	26	10	12 4	0 6	12 Int: Rotating; 16 Res: Med., ObG, Ortho., Path., Ped., Surg.
Duval Medical Center, 2000 Jefferson St., 32206		County		256	8	50	60	9	0 13	22 18	24 Int: Rotating, St. Med.; 34 Res: GP, Med., ObG, Ortho., Path., Ped., Plast., Rad., Surg., Urol.
Florida State Board of Health, P. O. Box 210, 32202		State							0	0	5 Res: Public Health
Hope Haven Children's Hospital, 5720 Atlantic Blvd., 32207		NPCorp		60	9	88	0	0			Res: Ortho.
St. Luke's Hospital, 1900 Boulevard, 32206		NPCorp		239	7	33	28	7	1	5	9 Res: Med., ObG, Ped., Surg.
St. Vincent's Hospital, Barrs and St. Johns Ave., 32203		Church		362	7	5	28	5	11 15	0 7	14 Int: Rotating, Mixed; 29 Res: Med., ObG, Path., Ped., Plast., Surg., Urol.
U. S. Naval Hospital, U. S. Naval Air Station, 32214		Navy	2	450	14	76	24	7	0 0	8 4	9 Int: Rotating; 4 Res: GP
Lake City											
Veterans Administration Hospital, 32055		VA		468	29	74					Res: Ortho., 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		
FLORIDA—Continued											
Lakeland											
Lakeland General Hospital		NPCorp	2	450	8	39	28	1	0	12	16 Int: Rotating; Res: Surg.
Lakeland Hills Blvd., 33802											
Miami											
Jackson Memorial Hospital	M-23#	County	4-5	1,251	12	46	104	26	5	44	78 Int: Rotating, Mixed, St. Med., St. Ped.; 257 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
1700 N.W. 10th Ave., 33136									49	167	
Office of the Medical Examiner, Dade County		County							0	1	1 Res: Forensic Path.
Jackson Memorial Hospital, 33136											
Variety Children's Hospital	L-23	NPCorp		116	7	77			7	4	26 Res: Ortho., Ped.
6125 S.W. 31st St., 33155											
Miami Beach											
Mount Sinai Hospital of Greater Miami		NPCorp		421	9	33	23	15	15	3	18 Int: Rotating; 25 Res: Med., ObG, Ortho., Path., Surg., Urol.
4300 Alton Rd., 33140									23	5	
St. Francis Hospital		Church		250	9	30	10	2	8	0	8 Int: Rotating; 2 Res: Surg.
250 W. 63rd St., 33141									2	0	
Orlando											
Orange Memorial Hospital		NPCorp		560	7	55	64	21	5	0	18 Int: Rotating; 44 Res: Med., ObG, Ortho., Path., Ped., Plast., Surg., Urol.
1416 S. Orange Ave., 32806									13	22	
Pensacola											
Baptist Hospital		Church		319	6	52	26	9			Int: Rotating; Res: GP, ObG, Path.
1000 W. Moreno St., 32501											
Escambia General Hospital		County		143	6	45	29	1			Int: Rotating; Res: GP, ObG
1200 W. Leonard St., 32501											
Pensacola Educational Program		NPCorp							0	11	16 Int: Rotating; 9 Res: GP, ObG
1000 W. Moreno St., 32501									0	2	
Sacred Heart Hospital		Church		135	6	45	0	0			Int: Rotating; Res: GP, ObG
1010 N. 12th Ave., 32501											
U. S. Naval Hospital, 32512		Navy	2	250	11	66	14	7	0	6	6 Int: Rotating; Res: GP, ObG
U. S. Navy School of Aviation Medicine		Navy								11	14 Res: Aerospace Med.
Naval Aviation Medical Center, 32508											
St. Petersburg											
American Legion Hospital for Crippled Children	G-27	NPCorp		50	21	100	0	0	0	1	1 Res: Ortho.
2350 Lakeview Ave. S., 33712											
Mound Park Hospital		City		570	9	30	21	8	0	9	18 Int: Rotating; 12 Res: GP, ObG, Path., Surg.
701 Sixth St. S., 33701									0	5	
Tampa											
Tampa General Hospital		City		615	7	49	65	17	1	9	18 Int: Rotating; 46 Res: Anes., Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.
Davis Islands, 33606									10	30	
Tarpon Springs											
Anclote Manor		NPCorp		73	190	100					Res: Psych.
P. O. Box 1224, 33589											
West Palm Beach											
Good Samaritan Hospital		NPCorp	2	277	7	26	17	5	0	0	6 Int: Rotating
1300 N. Dixie Hwy., 33402											
St. Mary's Hospital		Church	3	254	7	39	14	6	5	1	8 Int: Rotating
900 49th St., 33407											
GEORGIA											
Albany											
Phoebe Putney Memorial Hospital		CyCo		284	6	28	38	2	0	3	8 Int: Rotating; Res: GP
417 Third Ave., 31702											
Athens											
Athens General Hospital		County									Int: Rotating
797 Cobb St., 30601											
Athens Medical Education Program (Athens General Hospital, St. Mary's Hospital)		Misc.		261	6	37	25	5	3	1	8 Int: Rotating
360 N. Milledge Ave., 30601		Church									4 Int: Rotating
Atlanta											
Crawford W. Long Memorial Hospital	G-23X	Church		450	7	38	31	27	11	0	12 Int: Rotating, Mixed; 33 Res: Med., ObG, Path., Surg.
35 Linden Ave. N.E., 30308									9	5	
Emory University Hospital	M-25X	NPCorp		341	9	63	7	5	2	22	26 Int: St. Med., St. Surg., St. Path.; 117 Res: Anes., Med., Neurosurg., Ortho., Otol., Path., PMR, Psych., Child Psych., Rad., Surg., Thor.
1364 Clifton Rd. N.E., 30322									18	59	
Georgia Baptist Hospital		Church		475	6	44	42	4	0	10	16 Int: Rotating, St. Med., St. Surg., St. Ped., St. ObG; 27 Res: Med., ObG, Ortho., Ped., Surg.
300 Boulevard N.E., 30312									3	16	
Grady Memorial Hospital	M-25#	County	5	715	11	53	147	7	0	64	72 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 160 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped. Card., Psych., Rad., Surg., Thor., Urol.
80 Butler St. S.E., 30303									4	118	
Henrietta Eggleston Hospital for Children	L-25#	NPCorp		80	5	85			0	11	25 Res: Neurosurg., Otol., Ped.
1405 Clifton Rd. N.E., 30333											
Piedmont Hospital		NPCorp		275	7	51	30	7	0	5	10 Int: Rotating, Mixed; 14 Res: Med., ObG, Path., Ped., Surg.
1968 Peachtree Rd. N.W., 30309									4	5	
St. Joseph's Infirmary		Church		287	7	54	21	12	3	0	10 Int: St. Med., St. Surg., St. Path., Mixed; 23 Res: Med., ObG, Path., Ped., Surg., Urol.
265 Ivy St. N.E., 30303									14	3	
State of Georgia Dept. of Public Health		State									Res: Public Health
47 Trinity Ave., 30334											
Veterans Administration Hospital	L-25#	VA	2-5	300	20	60					Int: St. Med.; 34 Res: Med., Path., Rad., Surg., Urol.
4158 Peachtree Rd. N.E., 30319									0	33	
Augusta											
Eugene Talmadge Memorial Hospital	M-24X	State							0	6	21 Int: Mixed, St. Med., St. Ped., St. Path.; 130 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Thor., Urol.
1120 15th St., 30902									3	115	
University Hospital	L-24	County	5	454	7	27	45	0	0	13	18 Int: Rotating; 24 Res: Med., Neurosurg., ObG., Ortho., Path., Ped., Surg.
University Place, 30902									1	9	

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign		
GEORGIA, Augusta—Continued											
Veterans Administration Hospital, Wrightsboro Rd., 30904	M-24 [#]	VA	2	1,744	117	58	0	0	1	18	34 Res: Med., Neurosurg., Psych., Surg.
Columbus											
Medical Center, 710 Center, 31902		City		289	7	32	56	3	0	8	10 Int: Rotating; 8 Res: GP
Decatur											
Scottish Rite Hospital for Crippled Children, 321 W. Hill St., 30030		NPCorp	1-2-3	60	86	0	0	0	0	1	1 Res: Ortho.
Fort Benning											
Martin Army Hospital, 31905		Army	2-3-4-5	500	11	75	25	10	0	5	5 Res: Surg.
Macon											
Macon Hospital, 777 Hemlock St., 31201		CyCo	2-3-9	484	6	34	80	6	0	22	24 Int: Rotating, General Practice Program 15 Res: ObG, Surg.
Milledgeville											
Milledgeville State Hospital, 31061		State		12,000	81	21	0	0	23	2	35 Res: Psych.
Rome											
Batley State Hospital, 30161		State		651	188	58	0	0	0	1	1 Res: Thor.
Floyd Hospital, Turner McCall Blvd., 30162		County		248	5	31	30	21	0	7	9 Int: Rotating; 2 Res: GP
Savannah											
Memorial Hospital of Chatham County, Waters Ave. and 63rd St., 31405		District		260	7	35	37	26	3	2	15 Int: Rotating; 14 Res: Med., ObG, Path., Surg., Urol.
Warm Springs											
Georgia Warm Springs Foundation, 31830		NPCorp		120	48	0			0	2	12 Res: PMR
HAWAII											
Honolulu											
Kaiser Foundation Hospitals, 1697 Ala Moana Blvd., 96815		NPCorp		184	6	84	14	14			Res: Path.
Kapiolani Maternity and Gynecological Hospital, 1611 Bingham St., 96814		NPCorp		110	4	63	40	10			Res: ObG
Kauaikealani Children's Hospital, 226 N. Kuakini St., 96817		NPCorp		101	4	86			1	4	7 Res: Ped.
Kuakini Hospital and Home, 347 N. Kuakini St., 96817		NPCorp		177	7	60	3	2	7	4	12 Int: Mixed; 1 Res: Path., Surg.
Queen's Hospital, 1301 Punchbowl, 96813		NPCorp	4	431	7	64	15	11	2	10	15 Int: Mixed; 26 Res: Med., ObG, Path., Psych., Rad., Surg.
St. Francis Hospital, 2260 Liliha St., 96817		Church		260	7	41	10	7	1	11	12 Int: Rotating; 7 Res: Med., ObG, Path., Surg.
Shriners Hospital for Crippled Children, 1310 Punahou St., 96814	G-16	NPCorp	2-3	32	94	0	0	0	0	2	2 Res: Ortho.
Tripler General Hospital, Moanalua Gardens, 96438		Army	1-2-4	1,000	13	90	36	34	0	27	36 Int: Rotating; 66 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg., Urol.
Kaneohe											
Hawaii State Hospital		State		1,020							Res: Psych.
ILLINOIS											
Bellefonte											
U. S. Air Force Hospital, Scott AFB, 62226		USAF	2-3-4	300	19	73	12	5	0	6	12 Int: Rotating
Berwyn											
MacNeal Memorial Hospital, 3249 S. Oak Park Ave., 60403		NPCorp		343	7	52	34	8	15	1	16 Int: Rotating; 21 Res: GP, ObG, Path., Surg.
Chicago											
American Hospital, 850 W. Irving Park Rd., 60613		NPCorp		168	8	42	8	8	4	0	6 Res: Path., Surg.
Augustana Hospital, 411 W. Dickens Ave., 60614		Church		350	10	43	17	17	10	2	12 Int: Rotating; 3 Res: Path.
Charles H. and Rachel M. Schwab Rehabilitation Hospital, 1401 S. California Ave., 60608		NPCorp		88	49	0	0	0	3	0	8 Res: PMR
Chicago Maternity Center, 1336 S. Newberry Ave., 60608	L-26-27	NPCorp					39	11	0	2	2 Res: ObG
Chicago State Hospital, 6500 W. Irving Park Rd., 60634		State		4,879		24	0	0			Res: Psych.
Chicago State Tuberculosis Sanitarium, 1919 W. Taylor St., 60612		State		345	181	40	0	0	1	0	1 Res: Thor.
Chicago Wesley Memorial Hospital, 250 E. Superior St., 60611	M-27 [#]	Church		655	11	65	38	35	1	33	33 Int: Rotating, Mixed, St. Med., St. Path.; 65 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital, 707 W. Fullerton Ave., 60614	M-27 [#]	NPCorp	5	231	8	81			0	4	4 Int: St. Ped.; 31 Res: Neurosurg., Ortho., Path., Ped., Ped. Card., Rad., Surg., Urol.
City of Chicago Municipal Tuberculosis Sanitarium											
5601 N. Pulaski Rd., 60646	L-28	City		1,209	192	43	0	0	0	3	4 Res: Thor.
Columbus Hospital, 2520 N. Lakeview Ave., 60614		Church		413	8	39	25	22	16	0	16 Int: Rotating; 10 Res: Path., Rad.
Cook County Hospital, 1825 W. Harrison St., 60612	M-26-27 28-30	County	9	2,747	9	44	443	406	35	86	147 Int: Rotating, St. Path.; 276 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Rad., Surg., Thor., Urol.
Edgewater Hospital, 5700 N. Ashland Ave., 60626		NPCorp		344	8	41	29	24	16	0	20 Int: Rotating; 7 Res: Path., Ped.
Englewood Hospital, 6001 S. Green St., 60621		NPCorp		159	7	40	10	7	0	0	2 Res: Path.
Evangelical Hospital, 5421 S. Morgan St., 60609		Church		167	9	35	12	4	7	0	7 Int: Rotating
Grant Hospital, 551 W. Grant Pl., 60614		NPCorp		327	9	37	20	12	12	0	12 Int: Rotating; 11 Res: GP, Path., Ped., Surg.
Hospital of St. Anthony de Padua, 2875 W. 19th St., 60623		Church		208	9	29	16	8	4	0	8 Int: Rotating; 2 Res: Surg.

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								Autopsies on Stillborn	Foreign		
ILLINOIS, Chicago—Continued											
Illinois Central Hospital 5800 Stony Island Ave., 60637	L-30	NPCorp	...	299	11	48	3	3	2	6	13 Int: Rotating; 5 Res: Path., Surg.
Illinois Eye and Ear Infirmary 904 W. Adams St., 60607	...	State	...	122	9	54	...	...	1	31	32 Res: Oph., Otol.
Illinois Masonic Hospital 836 Wellington Ave., 60657	...	NPCorp	...	500	10	56	43	37	10	19	30 Int: Rotating; 40 Res: Med., ObG, Path., Ped., Rad., Surg.
Illinois State Psychiatric Institute 1601 W. Taylor St., 60612	I-27, M-28, L-30	State	...	360	110	10	0	0	30	30	64 Res: Psych.
Institute for Juvenile Research 907 S. Wolcott Ave., 60612	L-30	State	...	...	...	...	...	...	...	...	Res: Child Psych.
Jackson Park Hospital 7531 Stony Island Ave., 60649	...	Corp	...	184	9	49	10	8	0	0	10 Res: GP, Path.
Loretto Hospital 645 S. Central Ave., 60644	L-28	Church	2-3	165	8	45	10	10	0	0	1 Res: Psych.
Louis A. Weiss Memorial Hospital 4046 Marine Dr., 60640	...	NPCorp	...	...	...	...	...	...	4	1	12 Int: Rotating; 17 Res: GP, Path.
Mercy Hospital 2537 S. Prairie Ave., 60616	G-28	Church	...	355	11	52	23	17	4	4	13 Int: Rotating, Mixed, St. Path.; 51 Res: Med., ObG, Path., Ped., Psych., Rad., Surg., Urol.
Michael Reese Hospital and Medical Center 2839 S. Ellis Ave., 60616	M-26- G-27	NPCorp	4-5	1,023	13	61	62	28	11	37	52 Int: Mixed, St. Med., St. Surg., St. Ped.; 161 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., All., PMR, Psych., Child Psych., Rad., Surg., Urol.
Mount Sinai Hospital 2750 W. 15th Pl., 60608	M-26	NPCorp	...	391	9	62	56	46	12	6	20 Int: Rotating, St. Med., St. Surg., St. Path.; 90 Res: Anes., Med., ObG, Path., PMR, Ped., Psych., Surg., Urol.
Northwestern University Medical Center 303 E. Chicago Ave., 60611	...	NPCorp	...	...	...	...	...	...	...	...	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., All., PMR, Psych., Rad., Surg., Urol.
Norwegian-American Hospital 1044 N. Francisco Ave., 60622	...	NPCorp	...	219	8	33	11	7	12	0	12 Int: Rotating; 17 Res: GP, Surg.
Passavant Memorial Hospital 303 E. Superior St., 60611	M-27#	NPCorp	...	348	11	67	14	10	2	18	22 Int: Mixed, St. Med.; 42 Res: Anes., Med., ObG, Oph., Ortho., Path., Psych., Rad., Surg., Urol.
Presbyterian-St. Luke's Hospital 1753 W. Congress Pkwy., 60612	M-30#	NPCorp	...	856	11	71	35	30	1	31	40 Int: St. Med., St. Surg., St. Ped., St. Path.; 157 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., All., Plast., Psych., Child Psych., Rad., Surg., Thor., Surg., Urol.
Ravenswood Hospital 1931 W. Wilson Ave., 60640	...	NPCorp	...	280	8	48	17	5	8	0	8 Int: Rotating; 10 Res: GP, Path., Surg.
Resurrection Hospital 7455 W. Talcott Ave., 60631	...	Church	1	260	8	47	23	17	8	4	12 Int: Rotating
St. Anne's Hospital 4950 W. Thomas St., 60651	G-27	Church	...	359	8	29	27	17	11	0	12 Int: Rotating; 10 Res: Ortho., Path., Surg.
St. Joseph Hospital 2960 Lake Shore Dr., 60657	G-28	Church	...	446	9	50	28	18	9	1	16 Int: Rotating; 23 Res: Med., ObG, Path., Surg.
St. Mary of Nazareth Hospital 1120 N. Leavitt St., 60622	...	Church	...	280	10	42	21	10	1	0	2 Res: Path.
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave., 60635	...	NPCorp	2	68	68	0	0	0	0	3	3 Res: Ortho.
South Chicago Community Hospital 2320 E. 93rd St., 60617	...	NPCorp	...	300	...	31	...	...	...	...	12 Int: Rotating
Swedish Covenant Hospital 5145 N. California Ave., 60625	...	Church	...	236	10	38	9	7	9	0	9 Int: Rotating; 2 Res: Path.
University of Chicago Hospitals and Clinics 950 E. 59th St., 60637	M-29X	NPCorp	4	708	11	75	34	34	1	41	45 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 166 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	605	14	80	69	53	1	39	40 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 136 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., All., Ped. Card., PMR, Plast., Psych., Rad., Surg., Urol.
Veterans Administration Research Hospital 333 E. Huron St., 60611	M-27	VA	4	516	23	80	0	0	9	53	83 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital (West Side) 820 S. Damen Ave., 60612	M-26-30	VA	2	505	26	75	0	0	5	48	67 Res: Med., Path., PMR, Psych., Surg.
Decatur											
Decatur and Macon County Hospital 2300 N. Edward St., 62526	...	NPCorp	2-3	363	8	49	17	6	0	6	9 Int: Rotating; 6 Res: Path.
Des Plaines											
Forest Hospital 555 Wilson Lane	...	Corp	...	...	...	...	...	...	2	0	4 Res: Psych.
Holy Family Hospital 100 N. River Rd., 60016	...	Church	...	175	...	...	...	...	...	...	Res: Path.
Downey											
Veterans Administration Hospital, 60065	L-27	VA	2	2,487	644	58	...	...	4	9	19 Res: Psych.
Evanston											
Evanston Hospital 2650 Ridge Ave., 60201	M-27#	NPCorp	4	445	9	77	20	18	5	15	27 Int: Rotating, St. Med., St. Path.; 43 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg.
St. Francis Hospital 355 Ridge Ave., 60202	G-27	Church	2	328	9	65	26	12	0	8	16 Int: Rotating, Mixed; 22 Res: Med., ObG, Ortho., Path., Ped., Surg.
Evergreen Park											
Little Company of Mary Hospital 2800 W. 95th St., 60642	L-28	Church	...	560	9	51	56	15	7	3	24 Int: Rotating; 26 Res: ObG, Ped., Rad., Surg.
Galesburg											
Galesburg State Research Hospital North Seminary St., 61401	...	State	...	1,813	231	34	0	0	3	0	8 Res: Psych.

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								Autopsies on Stillborn	Foreign		
ILLINOIS—Continued											
Great Lakes U. S. Naval Hospital, 60088		Navy	2-4	1,159	19	88	15	12	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	2,079	44	56	0	0	25	94	160 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Hinsdale Hinsdale Sanitarium and Hospital 120 N. Oak St., 60521		Church		314	9	52	14	10	1	9	14 Int: Rotating
Suburban Cook County Tuberculosis Hospital-Sanitarium 55th and County Line Rd., 60521		District		209	158	73	0		1	0	1 Res: Thor.
Joliet St. Joseph Hospital 333 N. Madison St., 60435		Church		387	8	19	24	10	2	4	6 Res: Anes.
Oak Park West Suburban Hospital 518 N. Austin Blvd., 60302		NPCorp		389	8	43	26	7	16	0	20 Int: Rotating; 23 Res: GP, ObG, Ortho., Path., Rad.
Park Ridge Lutheran General Hospital 1775 Dempster St., 60068		NPCorp		316	8	65	28	16	0	1	4 Res: Ortho., Path.
Peoria Caterpillar Tractor Company 600 W. Washington St., 61611		Corp							0	0	1 Res: Occup. Med.
Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave., 61603		NPCorp		142	36				0	0	2 Res: PMR
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave., 61603		Church		457	10	48	27	12	13	0	12 Int: Rotating; 15 Res: GP, Path., Surg.
St. Francis Hospital 530 N. E. Glen Oak Ave., 61603		Church		634	10	48	33	17	0	14	18 Int: Rotating; 37 Res: GP, Med., ObG, Ortho., Path., Ped., Rad., Surg.
Rockford Rockford Memorial Hospital 2400 N. Rockton Ave., 61101		NPCorp		264	7	58	28	21	0	11	11 Int: Rotating, St. Path.;
St. Anthony Hospital 6666 E. State St., 61108		Church		186	6	63	18	9	0	0	1 Res: Path. 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	7	67	8	3	0	0	1 Res: Path.
INDIANA											
Elkhart Elkhart General Hospital 600 East Blvd., 46518		NPCorp		211	7	27	18	1			Res: Path.
Evansville St. Mary's Hospital 3700 Washington Ave., 47715		Church		372	8	37	14	5	0	2	6 Int: Rotating; 7 Res: GP, ObG, Path.
Fort Wayne Lutheran Hospital of Fort Wayne 3024 Fairfield, 46807		Church	2-3	459	9	37	29	16	0	4	6 Int: Rotating; Res: Ortho., Surg.
St. Joseph's Hospital of Fort Wayne 700 Broadway, 46802		Church		244	8	32	20	5	1	0	4 Res: Path.
Gary Methodist Hospital 1600 W. Sixth Ave., 46402		Church	2	370	7	41	77	11	0	0	8 Int: Rotating; 4 Res: Path.
St. Mary Mercy Hospital 540 Tyler St., 46402		Church	2-3	297	7	30	51	4	0	0	8 Int: Rotating
Indianapolis Indiana University Hospitals 1100 W. Michigan St., 46207	M-31X	State	4-6	521	10	64	44	30	1	33	46 Int: St. Med., St. Surg., St. Ped., St. Path.;
Larue D. Carter Memorial Hospital 1315 W. 10th St., 46207	L-31#	State	2	235	143	0	0	0	1	21	240 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Urol.
Marion County General Hospital 960 Locke St., 46207	M-31#	CyCo	4-6	611	10	51	50	27	0	30	35 Int: Rotating; 156 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	10	49	59	11	0	20	26 Int: Rotating, St. Med., St. Surg., St. Path.;
St. Vincent's Hospital 120 W. Fall Creek Pkwy., 46207		Church		330	8	55	24	14	0	9	59 Res: GP, Med., ObG, Ortho., Otol., Path., Ped., Rad., Surg., Urol.
Veterans Administration Hospital 1481 W. Tenth St., 46207	M-31#	VA	2-4	727	30	72	0	0	0	11	11 Int: Rotating, St. Path.;
Lafayette St. Elizabeth Hospital 1501 Hartford St., 47901		Church	2-3	386	8	41	15	3	1	0	18 Res: Med., ObG, Ortho., Path., Rad., Surg. Res: Anes., Med., Neurosurg., Neur., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.
Mishawaka St. Joseph Hospital 215 W. 4th St., 46544		Church		101	6	19	6	1			38 Res: Psych., Child Psych.
Muncie Ball Memorial Hospital 2401 University Ave., 47303		NPCorp	2	448	8	43	29	8	0	8	Res: Path.
South Bend Memorial Hospital of South Bend 615 N. Michigan St., 46601		NPCorp	3	374	8	34	28	8	0	4	8 Int: Rotating; 5 Res: Path., Surg.
St. Joseph's Hospital 811 E. Madison St., 46622		Church	2-3	335	8	27	13	3	0	7	9 Int: Rotating; Res: Path.
South Bend Medical Foundation Hospitals 531 N. Main St., 46601		NPCorp							0	4	8 Res: Path.

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		
IOWA											
Cedar Rapids											
Mercy Hospital 835, 6th Ave., S. E., 52403		Church		316	7	56	20	11			Int: Rotating
St. Luke's Methodist Hospital 1026 A Ave., N. E., 52402		Church		400	7	52	17	10	0	1	Int: Rotating; 4 Res: Path.
Cherokee											
Mental Health Institute 1200 W. Cedar, 51012		State		858		61	0	0	0	12	12 Res: Psych.
Des Moines											
Broadlawn Polk County Hospital 18th and Hickman Rd., 50314	L-32	County		199	8	50	10	8	0	16	12 Int: Rotating, General Practice Program; 4 Res: GP, Surg.
Des Moines Child Guidance Center 1206 Pleasant St., 50309		NPCorp		16	110	0					2 Res: Child Psych.
Iowa Lutheran Hospital 719 Parnell Ave., 50316		Church		249	8	38	6	5	9	1	14 Int: Rotating
Iowa Methodist Hospital 1200 Pleasant St., 50314		Church							0	3	10 Int: Rotating; 22 Res: Path., Ped., Rad., Surg.
Mercy Hospital 5th and Ascension Sts., 50314		Church		300	7	46	26	22	8	3	16 Int: Rotating, St. Path.; 4 Res: Path.
Veterans Administration Hospital 30th St. and Euclid Ave., 50308		VA		386	20	52	0	0	4	11	18 Res: Path., Rad., Surg., Urol.
Independence											
Mental Health Institute Box 111, 50644		State	2	900	224	68			2	8	18 Res: Psych.
Iowa City											
Mercy Hospital 214 N. Van Buren St., 52240		Church		225	7	27	12	10	0	0	4 Res: Path.
State Psychopathic Hospital 500 Newton Rd., 52241	M-32X	State	3	85	49	0	0	0	2	19	Res: Psych., Child Psych.
University Hospitals Newton Rd., 52241	M-32X	State	5	916	11	67	46	35	0	20	26 Int: Rotating, St. Med., St. Path.; 246 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	20	79	0	0	5	93	117 Res: Anes., Med., Neurosurg., Neur., Otol., Path., Rad., Surg.
KANSAS											
Halstead											
Halstead Hospital 328 Poplar St., 67056		Church		193					0	0	1 Res: Path.
Kansas City											
Bethany Hospital 51 N. 12th St., 66102		Church	3	205	8	30	7	4	3	3	8 Int: Rotating
University of Kansas Medical Center 39th and Rainbow Blvd., 66103	M-33X	State	7	522	10	73	45	45	0	21	29 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., Family Practice; 184 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Topeka											
C. F. Menninger Memorial Hospital 3617 W. Sixth St., 66601		NPCorp		130	231	100			12	16	36 Res: Psych., Child Psych.
Topeka State Hospital 2700 W. Sixth St., 66606	L-33	State		1,193		76	0	0	17	27	54 Res: Psych.
Veterans Administration Hospital 2200 Gage Blvd., 66622		VA	2	1,011	145	80	0	0	3	32	60 Res: Psych.
Wadsworth											
Veterans Administration Hospital, 66089	G-33#	VA	2-4-5	804	98	68	0	0	0	6	8 Res: Surg., Urol.
Wichita											
St. Francis Hospital 929 N. St. Francis Ave., 67214		Church		728	8	51	36	12	0	18	22 Int: Rotating; 12 Res: Anes., GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
St. Joseph Hospital and Rehabilitation Center 3400 Grand Ave., 67218		Church		320	7	33	22	0	0	1	10 Int: Rotating; 8 Res: GP, Path.
Sedgwick County Hospital and Clinic 1001 N. Minneapolis St., 67214		County		145	11	21	1	0			Res: ObG, Urol.
Veterans Administration Center 5500 E. Kellogg, 67218		VA		252	32	56			2	5	19 Res: Med., Ortho., Path., Surg., Urol.
Wesley Medical Center 550 N. Hillside Ave., 67214		Church		539	7	42	24	20	0	18	18 Int: Rotating; 11 Res: GP, Med., Ortho., Path., Surg.
KENTUCKY											
Anchorage											
Central Hospital, 40001		State		1,701	780	57					Res: Psych.
Covington											
St. Elizabeth Hospital 21st St. and Eastern Ave., 41014		Church		374	7	26	35	3	1	0	2 Res: Path.
Fort Campbell											
U. S. Army Hospital, 42223		Army	2	300	9	70	23	8	0	2	3 Res: Surg.
Fort Knox											
Ireland Army Hospital, 40121		Army	1-2-3-4	403	11	72	24	9	0	4	4 Res: Surg.
Harlan											
Harlan Appalachian Regional Hospital Martins Fork Rd., 40831		NPCorp		179	10	29	15	4	13	1	17 Res: Med., Path., Surg.
Lexington											
Good Samaritan Hospital 310 E. Limestone St., 40508		Church		241	7	28	8	0	1	0	7 Int: Rotating; 6 Res: Ortho., Urol.
St. Joseph Hospital 1400 Harrodsburg Rd., 40504		Church		285	6	56	16		2	2	Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 10 Res: Ortho., Path., Ped., Urol.
Shriners Hospital for Crippled Children 1900 Richmond Rd., 40505	G-27	NPCorp		50	58	0			1	1	2 Res: Ortho.
U. S. Public Health Service Hospital Leestown Pike, 40501		USPHS	2	1,042	151	100	0	0	0	1	Res: Psych.

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								Autopsies on Stillborn	Foreign			Non-Foreign
KENTUCKY, Lexington—Continued												
University Hospital 800 W. Rose St., 40506	M-34X	State	...	500	11	60	11	6	3	29	56 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 95 Res: Anes., Med., ObG, Path., Ped., Ped. All., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital Leestown Pike, 40507	L-34#	VA	...	1,156	214	64	...	...	...	...	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	...	140	6	55	0	0	3	1	22 Res: Neurosurg., Path., Ped., Surg.	
Jewish Hospital 217 E. Chestnut St., 40202	L-35	NPCorp	...	260	7	32	18	8	3	0	3 Res: Med.	
John N. Norton Memorial Infirmary 231 W. Oak St., 40203	L-35	NPCorp	...	310	8	36	9	5	5	0	6 Int: Rotating; 15 Res: Neurosurg., Psych., Surg.	
Kosair Crippled Children Hospital 982 Eastern Pkwy., 40217	...	NPCorp	5	100	39	0	...	...	...	...	Res: Ortho.
Louisville Child Guidance Clinic 206 E. Chestnut St., 40202	...	NPCorp	2-3	0	2	4 Res: Child Psych.
Louisville General Hospital 323 E. Chestnut St., 40202	M-35#	CyCo	4-5	421	9	65	40	12	0	29	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 177 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	39	33	3	1	17	18 Int: Rotating; 25 Res: Med., ObG, Ped., Rad., Surg.	
Veterans Administration Hospital Mellwood and Zorn Aves., 40202	L-35#	VA	...	496	27	62	0	0	7	25	46 Res: Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.	
LOUISIANA												
Alexandria												
Veterans Administration Hospital, 71301	G-37	VA	2	498	43	55	...	...	...	...	Res: Urol.
Independence												
Lallie Kemp Charity Hospital Hwy. 51, Box 7, 70443	L-37	State	...	132	...	...	...	...	...	...	Res: Surg.
Jackson												
East Louisiana State Hospital, 70748	G-37	State	2	3,938	837	...	...	...	0	0	4 Res: Psych.
Lafayette												
Lafayette Charity Hospital 311 W. St. Mary Blvd., 70501	G-36X	State	...	358	9	34	122	13	...	...	Int: General Practice Program; 20 Res: General Practice, Surg.
Lake Charles												
Lake Charles Charity Hospital 900 Walters St.	G-36	State	...	120	...	...	...	...	...	...	Int: General Practice Program
Mandeville												
Southeast Louisiana Hospital, 70448	G-37	State	...	498	60	100	...	...	0	0	8 Res: Psych.
Monroe												
E. A. Conway Memorial Hospital 4801 South Grand St., 71203	G-36X	State	...	215	7	13	68	0	4	7	17 Res: GP, Ortho., Surg., Thor.	
New Orleans												
Charity Hospital of Louisiana 1532 Tulane Ave., 70140	M-36X, -37, G-65	State	4-5	2,640	11	67	277	201	3	83	126 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., St. ObG, Gen. Prac. Prog.; 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	3	50	0	0	0	16	16 Res: Oph., Otol.	
Ochsner Foundation Hospital 1516 Jefferson Hwy., 70121	L-37	NPCorp	4-5	337	9	73	9	6	0	3	10 Int: St. Med., Mixed; 79 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	46	37	8	1	14	24 Int: Rotating, Mixed; 26 Res: Med., ObG, Path., Surg.	
Touro Infirmary 3516 Prytania St., 70115	L-37	NPCorp	...	420	8	43	21	9	1	2	25 Int: Rotating, Mixed, St. Med., St. Surg.; 36 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg., Urol.	
Tulane University School of Medicine 1430 Tulane Ave., 70112	...	Misc.	...	24	17	0	0	0	0	3	18 Res: Child Psych., Gen. Prev. Med.	
U. S. Public Health Service Hospital 210 State St., 70118	...	USPHS	2-4	403	20	83	9	9	0	11	14 Int: Rotating; 27 Res: Med., ObG, Oph., Path., Rad., Surg.	
Veterans Administration Hospital 1601 Perdido St., 70140	L-36-37	VA	2-4	512	29	74	...	...	3	43	70 Res: Anes., Med., Neurosurg., Oph., Ortho., Path., Psych., Surg., Urol.
Pineville												
Huey P. Long Charity Hospital Hospital Blvd., 71360	L-37	State	2	288	7	25	57	5	0	0	12 Int: General Practice Program; 1 Res: Ortho.	
Shreveport												
Confederate Memorial Medical Center 1541 Kinghighway, 71102	G-37	State	2-3-4-5	830	8	44	88	...	0	36	40 Int: Rotating; 75 Res: Med., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Thor., Urol.	
Shriners Hospital for Crippled Children Kinghighway and Samford Ave., 71103	G-37	NPCorp	2-3	60	85	...	...	...	0	2	2 Res: Ortho., Surg.
MAINE												
Bangor												
Eastern Maine General Hospital 489 State St., 04401	...	NPCorp	...	308	9	40	26	8	1	1	6 Int: Rotating; 3 Res: Path., Urol.	
Lewiston												
Central Maine General Hospital 300 Main St., 04240	...	NPCorp	...	217	8	57	17	10	0	0	6 Int: Rotating; 3 Res: Path., Ped., Surg.	
Portland												
Maine Medical Center 22 Bramhall St., 04102	M-42	NPCorp	...	400	8	59	14	6	0	12	12 Int: Rotating; 35 Res: Anes., GP, Med., Path., Ped., Rad., Surg.	
MARYLAND												
Army Chemical Center												
U. S. Army Environmental Hygiene Agency (Edgewood), 21010	...	Army	0	2	1 Res: Occup. Med.	

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								Autopsies on Stillborn	Foreign		
MARYLAND—Continued											
Perry Point											
Veterans Administration Hospital, 21902		VA	2	1,475	...	83	0	0	2	5	11 Res: Psych., Surg.
Rockville											
Chestnut Lodge	L-20	Corp	...	90	177	...	...	...	0	2	4 Res: Psych.
500 W. Montgomery Ave., 20850											
Sykesville											
Springfield State Hospital, 21784		State	...	3,150	...	36	0	0	3	7	15 Res: Psych.
Takoma Park											
Washington Sanitarium and Hospital		Church	...	282	8	54	24	9	0	16	16 Int: Rotating
7600 Carroll Ave., 20012											
Towson											
Sheppard and Enoch Pratt Hospital		NPCorp	...	265	244	75	0	0	2	11	15 Res: Psych.
York Road, 21204											
MASSACHUSETTS											
Bedford											
Veterans Administration Hospital	M-42	VA	2	1,498	3,659	67	...	...	0	0	3 Res: Psych.
200 Springs Rd., 01730											
Belmont											
Beaverbrook Guidance Center		State	...	...	...	...	...	...	2	1	9 Res: Child Psych.
1075 Pleasant Street, 02179											
McLean Hospital	M-41	NPCorp	...	278	223	69	...	...	1	30	23 Res: Psych.
1075 Pleasant St., 02178											
Beverly											
Beverly Hospital		NPCorp	...	243	9	59	22	2	1	4	8 Int: Rotating;
Heather and Herrick Sts., 01915									0	4	7 Res: Path., Surg.
Boston											
Beth Israel Hospital	M-41-42	NPCorp	4	372	9	65	31	11	0	18	17 Int: St. Med., St. Surg., St. Path.;
330 Brookline Ave., 02115									50	11	74 Res: Anes., Med., ObG, Path., Psych., Child Psych., Rad., Surg.
Boston City Hospital	M-40-41-42#	City	4-5	1,243	11	62	85	22	0	78	78 Int: St. Med., St. Surg., St. Ped., St. Path.;
818 Harrison Ave., 02118									56	208	281 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
Boston Dispensary and Rehabilitation Institute	M-42#	NPCorp	...	35	25	100	...	...	2	0	2 Res: Derm.
25 Bennet St., 02111											
Boston Floating Hospital	M-42#	NPCorp	4	80	9	91	0	0	0	6	6 Int: St. Ped.;
20 Ash St., 02111										8	14 Res: Ped., Child Psych.
Boston Lying-in Hospital	M-41	NPCorp	...	174	6	100	80	76	1	10	11 Res: ObG, Path.
221 Longwood Ave., 02115											
Boston Sanatorium	M-42	City	...	...	...	...	...	...	...	...	...
249 River St., Mattapan 02126											...
Boston State Hospital	L-40, M-42	State	4	2,351	...	39	0	0	3	30	53 Res: Psych.
591 Morton St., 02124											
Boston University-Boston City Hospital Guidance Center	M-40	City	...	...	...	...	...	...	3	3	7 Res: Child Psych.
80 E. Concord St., 02118											
Carney Hospital	M-42	Church	...	318	9	53	0	0	10	0	12 Int: Rotating;
2100 Dorchester Ave., 02124									17	26	45 Res: Med., ObG, Ortho., Path., Surg.
Children's Hospital Medical Center	M-41	NPCorp	4	343	9	87	...	...	0	5	7 Int: St. Ped., St. Path.;
300 Longwood Ave., 02115									21	61	95 Res: Neurosurg., Neur., Ortho., Path., Ped., Ped. All., Ped. Card., Child Psych., Rad., Surg.
Commonwealth of Massachusetts—											
Department of Public Health		State	...	...	...	...	...	...	...	...	...
State House, 02133											...
Douglas A. Thom Clinic for Children	L-40	NPCorp	...	30	...	...	...	...	0	3	4 Res: Child Psych.
315 Dartmouth St., 02116											
Faulkner Hospital	L-40	NPCorp	...	152	9	52	12	8	0	1	1 Res: Med., Path.
1153 Center St., Jamaica Plain 02130											
Harvard Medical School Dept. of Legal Medicine		NPCorp	...	...	...	...	...	...	0	2	2 Res: Forensic Path.
25 Shattuck St., 02115											
Harvard University School of Public Health		NPCorp	...	...	...	...	...	...	0	11	13 Res: Occup. Med., Gen. Prev. Med.
665 Huntington Ave., 02115											
James Jackson Putnam Children's Center		NPCorp	...	...	...	...	...	...	...	...	...
244 Townsend St., 02121											...
Joseph P. Kennedy Jr. Memorial Hospital		Church	...	125	69	100	0	0	0	2	3 Res: Ortho.
30 Warren St. (Brighton), 02135											
Judge Baker Guidance Center		NPCorp	...	26	730	0	0	0	1	3	6 Res: Child Psych.
295 Longwood Ave., 02115											
Lahey Clinic		NPCorp	...	...	...	...	...	...	42	30	78 Res: Anes., Colon-Rectal, Med., Ortho., Rad., Surg., Urol.
605 Commonwealth Ave., 02215											
Lemuel Shattuck Hospital	M-42, L-40-41	State	...	437	63	57	...	...	10	12	24 Res: Med., Path., Rad.
170 Morton St., 02130											
Long Island Hospital	L-41	City	...	660	190	50	...	...	7	1	12 Res: Med.
Long Island, 02109											
Massachusetts Eye and Ear Infirmary	M-41, L-42	NPCorp	...	178	5	36	0	0	0	31	35 Res: Oph., Otol.
243 Charles St., 02114											
Massachusetts General Hospital	M-41	NPCorp	4-5	1,016	12	66	...	...	0	24	32 Int: St. Med., St. Surg., St. Ped., St. Path.;
Fruit St., 02114									18	133	193 Res: Anes., Dcrm., Med., Neurosurg., Neur., Ortho., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals (see University Hospital)											
Massachusetts Mental Health Center	M-41	State	2	...	...	...	...	...	1	60	61 Res: Psych., Child Psych.
74 Fenwood Rd., 02115											
New England Center Hospital	L-40, -41 M-42#	NPCorp	5	233	11	69	0	0	0	21	18 Int: St. Med., St. Surg., St. Path.;
171 Harrison Ave., 02111									16	51	79 Res: Anes., Med., Neurosurg., Neur., ObG, Path., Psych., Rad., Surg., Urol.
New England Deaconess Hospital	L-41	NPCorp	...	370	11	69	0	0	16	21	43 Res: Anes., Med., Path., Rad., Thor., Urol.
185 Pilgrim Rd., 02115											
Peter Bent Brigham Hospital	M-41	NPCorp	4	311	12	77	1	1	0	20	20 Int: St. Med., St. Surg.;
721 Huntington Ave., 02115									10	87	102 Res: Anes., Med., Neurosurg., Neur., Ortho., Path., Psych., Rad., Surg., Urol.

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								Foreign	Non-Foreign	Foreign	Non-Foreign		
MASSACHUSETTS, Boston—Continued													
St. Elizabeth's Hospital 736 Cambridge St. (Brighton), 02135	M-42#	Church	...	422	9	55	37	7	1	14	16	Int: Rotating;	ObG, Path., Ped., Surg.
St. Margaret's Hospital 90 Cushing Ave., 02125	M-42#	Church	1	122	5	47	71	21	4	30	37	Res: Anes., Med.,	ObG, Path., Ped., Surg.
Tufts-New England Medical Center (Includes Boston Floating Hospital and New England Center Hospital) 20 Ash St., 02111		NPCorp	...	80	9	91	0	0	0	0	2	Res: Child Psych.	
U. S. Public Health Service Hospital 77 Warren St. (Brighton), 02135		USPHS	2-4	235	16	81	0	0	0	9	10	Int: Rotating;	
University Hospital 750 Harrison Ave., 02118	M-40	NPCorp	4	245	10	55	15	5	1	16	17	Int: St. Med., St. Surg., St. Path.;	
Veterans Administration Hospital (Jamaica Plain) 150 S. Huntington Ave., 02130	M-40-42	VA	2-4	920	28	64	...	...	4	67	113	Res: Anes., Med., Neurosurg., Neur., Oph., Ortho.,	Otol., Path., PMR, Psych., Rad., Surg., Urol.
Veterans Administration Hospital (West Roxbury) 1400 Veterans of Foreign Wars Pkwy., 02132	L-41	VA	2	300	34	76	...	...	2	16	19	Res: Med., Ortho., Path., Urol.	
Brockton													
Brockton Hospital 680 Centre St., 02402		NPCorp	...	251	8	38	28	5	3	0	6	Int: Rotating;	
Veterans Administration Hospital Belmont St., 02401		VA	2-4	988	305	67	0	0	0	1	6	Res: Path.	
Brookline													
Free Hospital for Women 245 Pond Ave., 02146	M-41	NPCorp	...	90	7	77	0	0	2	4	14	Res: ObG, Path.	
Cambridge													
Cambridge City Hospital 1493 Cambridge St., 02139		City	...	238	9	41	14	4	12	0	12	Int: Rotating;	
Harvard University Health Center, Division of Environmental Health 75 Mount Auburn St., 02138			...	...	...	...	...	...	...	...	...	Res: Occup. Med.	
Mount Auburn Hospital 330 Mount Auburn St., 02138	L-41	NPCorp	...	281	9	75	8	2	0	7	9	Int: Mixed, St. Path.;	
Canton													
Massachusetts Hospital School Randolph St., 02021		State	...	177	...	0	0	0	0	2	2	Res: Ortho.	
Chelsea													
Lawrence F. Quigley Memorial Hospital (Soldiers Home) 100 Summit Ave., 02150		State	4	300	...	52	...	...	0	0	5	Res: Med., Surg., Urol.	
U. S. Naval Hospital, 02150	L-40	Navy	2-4-5	597	15	88	12	10	0	11	12	Int: Rotating;	
Fall River													
St. Anne's Hospital 795 Middle St., 02722		Church	...	156	8	40	21	4	5	0	6	Res: GP	
Truesdale Hospital 1820 Highland Ave., 02720		NPCorp	...	174	9	39	4	1	3	1	5	Res: Path., Surg.	
Union Hospital Highland Ave. at New Boston Rd., 02720		NPCorp	...	300	9	40	11	1	7	0	9	Int: Rotating	
Fitchburg													
Burbank Hospital Nichols Rd., 01420		City	2	239	8	43	16	10	0	3	6	Res: Path., Surg.	
Framingham													
Framingham Union Hospital Evergreen St., 01701	G-40	NPCorp	...	232	6	67	27	3	1	3	7	Int: Rotating, St. Path.;	
Harding													
Medfield State Hospital Hospital Road, 02042		State	...	1,081	...	41	0	0	6	3	18	Res: Psych.	
Holyoke													
Holyoke Hospital 575 Beech St., 01041		NPCorp	4	216	9	...	...	...	0	0	...	Int: Rotating;	
Providence Hospital 1233 Main St., 01041		Church	...	222	8	28	20	5	...	...	...	Int: Rotating	
Lakeville													
Lakeville Hospital, 02346		State	...	180	167	58	0	0	0	2	2	Res: Ortho.	
Lawrence													
Lawrence General Hospital 1 Garden St., 01842		NPCorp	...	220	8	51	9	2	7	0	6	Int: Rotating;	
Lowell													
Lowell General Hospital 295 Varnum Ave., 01854		NPCorp	...	252	...	...	...	...	...	...	...	Res: GP	
Lynn													
Lynn Hospital 212 Boston St., 01904		NPCorp	...	303	9	38	25	6	2	0	6	Int: Rotating;	
Malden													
Malden Hospital Hospital Rd., 02148		NPCorp	...	277	8	49	27	7	6	0	6	Int: Rotating;	
New Bedford													
St. Luke's Hospital 101 Page St., 02740		NPCorp	...	348	7	26	38	7	4	0	10	Int: Rotating;	
Newton Lower Falls													
Newton-Wellesley Hospital 2014 Washington St., 02162		NPCorp	...	250	8	48	10	6	4	1	8	Int: Rotating;	
Norfolk													
Pondville Hospital Box 111, 02081	L-40-41	State	...	115	24	49	0	0	4	5	6	Res: Path., Surg.	
Pittsfield													
Pittsfield Affiliated Hospitals Medical Education Program 379 East St., 01202		NPCorp	...	412	8	53	31	21	7	3	14	Int: Rotating, Mixed;	
Pittsfield General Hospital 741 North St., 01201			...	...	...	...	...	...	14	4	25	Res: Anes., Med., ObG, Path., Surg.	(See Pittsfield Affiliated Hospitals Medical Program.)

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		
MASSACHUSETTS, Pittsfield—Continued											
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	39	18	0	7	0	12 Int: Rotating; 12 Res: ObG, Path., Surg.
Salem Salem Hospital 81 Highland Ave., 01970		NPCorp		257	9	41	18	7	2	0	8 Int: Rotating; 4 Res: Path.
Springfield Shriners Hospital for Crippled Children 516 Carew St., 01104		NPCorp		60	72	100	0	0	1	1	2 Res: Ortho.
Springfield Hospital 759 Chestnut St., 01107		NPCorp		424	10	43			8	3	12 Int: Rotating; 39 Res: Anes., Med., ObG, Path., Ped., Surg.
Wesson Maternity Hospital 735 Chestnut St., 01107		NPCorp	1	90	5		48	34			Res: ObG
Stockbridge Austen Riggs Center Main St., 01262		NPCorp	2	42	359	0	0	0	1	5	7 Res: Psych.
Taunton Taunton State Hospital Hodges Ave. Extension, 02781		State	5	1,726		43			6	0	6 Res: Psych.
Waltham Metropolitan State Hospital 475 Trapelo Rd., 20154	M-42	State		1,912	60	35	0	0	5	11	19 Res: Psych., Child Psych.
Middlesex County Sanatorium 775 Trapelo Rd.	L-41	County		220	130	25	0	0	1	0	1 Res: Med.
Walter E. Fernald State School 200 Trapelo Rd., 02179		State	2-3	2,546	366	33	0	0	0	0	1 Res: Psych.
Waltham Hospital Hope Ave., 02154		NPCorp		208	7	46	11	3	6	0	7 Int: Rotating
Westfield Western Massachusetts Hospital, 01085		State	4	70	21	53	0	0	2	1	3 Res: Surg.
West Roxbury Veterans Administration Hospital—See Boston											
Worcester Memorial Hospital 119 Belmont St., 01605		NPCorp	4	334	8	54	11	2	11	0	12 Int: Rotating; 18 Res: Med., Ortho., Path., Plast., Surg.
St. Vincent Hospital 25 Winthrop St., 01604	G-19	Church		521	11	52	27	13	3	9	16 Int: Mixed St. Med., St. Surg.; 39 Res: Anes., Med., Ortho., Path., Ped., Surg.
Worcester City Hospital 26 Queen St., 01610		City	4	448	10	42	25	6	12	1	16 Int: Rotating, St. Surg.; 35 Res: GP, Med., Ortho., Path., Ped., Surg.
Worcester State Hospital 305 Belmont St., 01604	M-42	State	4	1,422		20	2	0	9	4	17 Res: Psych.
Worcester Youth Guidance Center 275 Belmont St., 01604		NPCorp							4	3	8 Res: Child Psych.
MICHIGAN											
Ann Arbor St. Joseph Mercy Hospital 326 N. Ingalls St., 48104	M-43	Church		522	8	59	24	16	1	13	18 Int: Rotating; 38 Res: Med., ObG, Ortho., Path., Plast., Surg.
University Hospital 1405 E. Ann St., 48104	M-43X	State	5	931	11	73	11	8	1	44	41 Int: St. Med., St. Surg., St. Ped., St. Path.; 352 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
University of Michigan, Institute of Industrial Health, Medical Center Veterans Administration Hospital 2215 Fuller Rd., 48105	M-43#	State VA	2-4	486	27	86			0	3	8 Res: Occup. Med. Res: Anes., Derm., Med., Neur., Neurosurg., Oph., Path., Plast., Psych., Surg., Urol.
Dearborn Ford Motor Co. Medical Dept., 48127		Corp							0	1	2 Res: Occup. Med.
Oakwood Hospital 18101 Oakwood Blvd., 48123		NPCorp		336	7	52	49	20	5	4	18 Int: Rotating; 21 Res: GP, ObG, Path., Surg.
Veterans Administration Hospital Southfield Rd. and Outer Dr., 48121	L-44#	VA	4-5	890	41	67			1	34	63 Res: Anes., Derm., Med., Neur., Oph., Ortho., Path., Plast., Rad., Surg., Thor., Urol.
Detroit Alexander Blain Hospital 2201 Jefferson Ave. E., 48207		NPCorp		110	10	26			7	0	1 Res: Surg.
Children's Center of Wayne County 5475 Woodward Ave., 48202									0	0	4 Res: Child Psych.
Children's Hospital 5224 St. Antoine St., 48202	M-44#	NPCorp		215	8	62	0	0	0	1	6 Int: St. Ped.; 45 Res: Ortho., Otol., Path., Ped., Ped. All., Surg.
Crittenton General Hospital 1550 Tuxedo Ave., 48206		NPCorp		179	7	26	36	5	4	2	6 Res: ObG
Detroit Memorial Hospital 1420 St. Antoine St., 48226		NPCorp		335	9	51	35	12	9	0	12 Int: Rotating; 18 Res: Derm., Med., Neur., Neurosurg., ObG, Path., Rad., Surg.
Evangelical Deaconess Hospital 3245 E. Jefferson Ave., 48207		Church		198	8	44	28	15	6	0	8 Int: Rotating; 10 Res: GP, Surg.
General Motors Corporation 3044 W. Grand Blvd., 48202		Corp							0	1	6 Res: Occup. Med.
Grace Hospital 4160 John R. St., 48201	L-44#	NPCorp		798	9	51	50	14	8	9	30 Int: Rotating; 73 Res: Med., Neurosurg., ObG, Oph., Ortho., Path., Plast., Rad., Surg., Urol.
Harper Hospital 3825 Brush St., 48201	L-44#	NPCorp		721	10	51	49	7	0	7	26 Int: Rotating; 87 Res: Med., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Rad., Surg., Urol.
Henry Ford Hospital 2799 W. Grand Blvd., 48202		NPCorp	5	1,050	11	68	11		0	26	26 Int: Rotating; 285 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.
Herman Kiefer Hospital 1151 Taylor St., 48202		City		820	147	51	0	0	5	2	9 Res: Path., Rad., Thor.

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			
MICHIGAN, Detroit—Continued												
Lafayette Clinic 951 E. Lafayette, 48207	M-44#	State	...	142	64	...	...	7	24	44 Res: Neur., Psych., Child Psych.	
Metropolitan Hospital 1800 Tuxedo Ave., 48206	...	NPCorp	...	154	7	46	22	3	1	9 Res: Med., Surg.		
Mount Carmel Mercy Hospital 6071 W. Outer Dr., 48235	...	Church	4-5	559	8	41	54	17	9	24 Int: Rotating; 36 Res: Med., ObG, Path., Surg.		
Receiving Hospital 1326 St. Antoine St., 48226	M-44#	City	3	697	11	54	0	0	0	50 Int: Rotating, St. Med., St. Surg.; 220 Res: Anes., Derm., Med., Neur., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Surg., Thor., Urol.		
Rehabilitation Institute 261 Mack Blvd., 48201	L-44#	NPCorp	3	84	45	27	0	0	0	6 Res: PMR		
St. John Hospital 22101 Moros Rd., 48236	...	NPCorp	...	292	6	44	60	32	12	12 Int: Rotating; 21 Res: Med., ObG, Surg.		
St. Joseph Mercy Hospital 2200 E. Grand Blvd., 48211	...	Church	...	275	4	32	14	4	0	9 Int: Rotating		
Sinai Hospital of Detroit 6787 W. Outer Dr., 48235	M-44#	NPCorp	4-5	390	9	55	22	17	0	16 Int: Rotating, Mixed; 52 Res: Anes., Med., ObG, Oph., Path., Psych., Rad., Surg.		
Straith Memorial Hospital 2805 W. Grand Blvd., 48208	...	NPCorp	...	30	3	0	0	0	4	4 Res: Plast.		
U. S. Public Health Service Hospital 14700 Riverside Dr., 48215	...	USPHS	2	183	15	62	0	0	0	6 Res: GP		
Wayne County Medical Examiner's Office 400 E. Lafayette Ave., 48226	...	County	...	...	...	...	...	...	...	Res: Forensic Path.	
Woman's Hospital 432 E. Hancock Ave., 48201	M-44#	NPCorp	...	342	8	40	75	16	5	18 Int: Rotating, St. ObG; 24 Res: Med., ObG, Path., Surg.		
Eloise												
Wayne County General Hospital and Infirmary, 48132	G-44, M-43#	County	4	511	13	49	39	30	7	29	36 Int: Rotating; 32 Res: Med., Neurosurg., ObG, Ortho., Path., Psych. Surg., Urol.	
Flint												
Hurley Hospital 6th Ave. and Begole Sts., 48502	...	City	...	716	9	45	46	8	1	6	25 Int: Rotating; 13	
McLaren General Hospital 401 Ballenger Hwy., 48502	...	NPCorp	...	318	8	45	38	18	2	8	41 Res: GP, Med., ObG, Path., Ped., Rad., Surg.	
St. Joseph Hospital 302 Kensington Ave., 48502	...	Church	...	408	8	46	39	7	7	0	12 Int: Rotating; 23 Res: GP, Med., Path., Rad., Surg.	
Grand Rapids												
Blodgett Memorial Hospital 1840 Wealthy St. S.E., 49506	...	NPCorp	...	420	7	70	24	19	0	16	16 Int: Rotating; 15	
Butterworth Hospital 100 Michigan St. N.E., 49503	...	NPCorp	...	467	8	58	35	21	1	19	31 Res: Med., ObG, Ortho., Path., Rad., Surg.	
Ferguson-Droste-Ferguson Hospital 72 Sheldon Ave. S.E., 49502	...	NPCorp	...	92	9	63	0	0	1	1	20 Int: Rotating, St. Surg.; 30 Res: Med., ObG, Path., Ped., Plast., Rad., Surg.	
St. Mary's Hospital 201 Lafayette Ave. S.E., 49503	...	Church	...	370	7	48	46	5	0	4	2 Res: Colon-Rectal	
Grosse Pointe												
Bon Secours Hospital 468 Cadieux Rd., 48236	...	Church	3	160	7	59	24	8	2	6	14 Int: Rotating; 6 Res: Surg.	
Cottage Hospital 159 Kercheval Ave., 48236	...	NPCorp	...	107	7	39	10	2	5	0	6 Res: GP	
Highland Park												
Highland Park General Hospital 369 Glendale Ave., 48203	...	City	...	283	9	41	21	2	8	1	10 Int: Rotating; 17 Res: Med., ObG, Surg.	
Kalamazoo												
Borgess Hospital 1521 Gull Rd., 49001	...	NPCorp	...	338	7	45	17	3	0	9	10 Int: Rotating; 6	
Bronson Methodist Hospital 252 E. Lovell St., 49006	...	Church	...	315	8	51	23	0	0	10	14 Res: GP, ObG, Path., Ped., Surg.	
Lansing												
Edward W. Sparrow Hospital 1215 E. Michigan Av., 48912	...	NPCorp	...	362	7	45	16	10	0	4	12 Int: Rotating; 5 Res: Path., Surg.	
Ingham Medical Hospital 401 W. Greenlawn Ave., 48910	...	County	...	161	9	38	7	2	2	0	2 Res: Tbor.	
Michigan Dept. of Health Hwy. M-174, 48914	...	State	Res: Public Health	
St. Lawrence Hospital 1210 W. Saginaw St., 48914	...	Church	...	320	1	1	4 Res: Path.	
Midland												
Midland Hospital 4005 Orchard Dr., 48640	...	NPCorp	...	224	7	70	17	11	0	3	6 Int: Rotating	
Muskegon												
Hackley Hospital 1700 Clinton St., 49443	...	NPCorp	...	251	8	47	21	3	0	1	10 Int: Rotating	
Northville												
Hawthorn Center 18471 Haggerty Rd., 48167	...	State	...	64	277	2	6	10 Res: Psych., Child Psych.	
Northville State Hospital 41001 Seven Mile Rd., 48167	...	State	...	2,254	...	39	0	0	9	8	18 Res: Psych.	
Pontiac												
Pontiac General Hospital Seminole at West Huron St., 48053	...	City	...	391	7	43	32	11	5	11	19 Int: Rotating; 9	
Pontiac State Hospital 140 Elizabeth Lake Rd., 48053	...	State	...	2,925	532	47	0	0	10	3	25 Res: Med., ObG, Path., Ped., Surg. 18 Res: Psych.	
St. Joseph Mercy Hospital 900 Woodward Ave., 48053	...	Church	...	330	7	58	33	9	0	10	12 Int: Rotating; 7	
River Rouge												
Sidney A. Sumbly Memorial Hospital 234 Visger Rd., 48218	...	NPCorp	28 Res: Med., ObG, Path., Ped., Rad., Surg.	
Royal Oak												
William Beaumont Hospital 3601 W. 13 Mile Rd., 48072	...	NPCorp	...	263	7	57	40	29	0	3	12 Int: Rotating; 11	

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			Approved Programs
								Autopsies on Stillborn	Foreign	Non-Foreign		Positions Offered
MICHIGAN—Continued											
Saginaw											
Saginaw General Hospital 1447 N. Harrison St., 48605		NPCorp	...	300	7	50	24	10	0	3	6 Int: Rotating; 13 Res: Med., ObG, Path., Ped., Surg.
Saginaw Valley Child Guidance Clinic 3253 Congress St., 48602		Misc.	2	...	...	...	...	...	0	0	1 Res: Child Psych.
St. Luke's Hospital 705 Cooper St., 48605		Church	...	239	8	40	9	4	1	6	10 Int: Rotating
St. Mary's Hospital 830 S. Jefferson Ave., 48601		Church	...	242	7	36	17	2	2	0	6 Int: Rotating
Southfield											
Providence Hospital 16001 Nine Mile Rd., 48076		Church	...	356	9	50	30	11	0	7	12 Int: Rotating; 25 Res: Anes., Med., ObG, Path., Surg.
Traverse City											
James Decker Munson Hospital 6th and Madison Sts., 49684		NPCorp	2-3	249	8	40	10	1	0	6	8 Int: Rotating
Traverse City State Hospital Elmwood and 11th, 49684		State	...	2,950	...	34	0	0	6	7	18 Res: Psych.
Ypsilanti											
Ypsilanti State Hospital 3501 Willis Rd., Box A, 48197		State	...	3,790	145	40	0	0	7	12	24 Res: Psych.
MINNESOTA											
Duluth											
St. Luke's Hospital 915 E. First St., 55805		NPCorp	...	446	9	69	12	11	0	7	15 Int: Rotating; 4 Res: Path.
St. Mary's Hospital 407 E. Third St., 55805		Church	3	425	10	72	19	19	0	13	12 Int: Rotating; 4 Res: Path.
Minneapolis											
Fairview Hospital 2312 South 6th St., 55406		Church	...	535	8	42	23	8	5	0	8 Res: GP
Hennepin County General Hospital 619 S. 5th St., 55415	M-45	County	5	404	10	61	17	2	0	42	42 Int: Rotating; 63 Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho. Otol., Path., Ped., Psych., Surg., Urol.
Kenny Rehabilitation Institute 1800 Chicago Ave., 55404		NPCorp	...	80	42	75	0	0	0	0	3 Res: PMR
Lutheran Deaconess Home and Hospital 2315 - 14th Ave., S., 55404		Church	...	262	8	32	8	7	5	0	8 Res: GP
Mount Sinai Hospital 737 E. 22nd St., 55404	L-45	NPCorp	...	305	8	56	5	3	1	1	14 Int: Rotating; 18 Res: Med., Path., Surg.
Northwestern Hospital 810 E. 27th St., 55407		NPCorp	...	344	8	64	14	11	5	0	12 Int: Rotating; 9 Res: Path., Surg.
St. Barnabas Hospital 714 9th Ave. S., 55415		Church	...	306	6	71	16	6	...	...	Int: Rotating; 6 Res: Path., Surg.
St. Mary's Hospital 2414 S. 7th St., 55406		Church	...	494	7	64	51	32	0	1	14 Int: Rotating; 8 Res: ObG, Path.
Shriners Hospital for Crippled Children 2025 E. River Rd., 55414		NPCorp	...	60	70	100	0	0	0	2	6 Res: Ortho.
State of Minnesota Dept. of Health University Campus, 55455		State	...	...	...	...	...	...	0	0	2 Res: Public Health
Swedish Hospital 914 S. 8th St., 55404		Church	...	480	7	49	28	25	...	...	Int: Rotating; 8 Res: Path., Surg.
University of Minnesota Hospitals 412 S. E. Union St., 55455	M-45X	State	...	753	14	83	13	13	1	36	41 Int: St. Med., St. Ped., St. Surg.; 350 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Psych., Child Psych., Rad., Surg., Urol.
Veterans Administration Hospital 48th Ave. and 54th St. S., 55417	M-45/	VA	2-4-5	1,014	26	78	...	...	16	83	124 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Rochester											
Mayo Graduate School of Medicine 200 First St. S.W., 55902		...	...	...	...	...	...	...	90	511	648 Res: Anes., Colon-Rectal, Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Rochester Methodist Hospital 1 First Ave. N. W., 55901		Church	...	473	8	69	0	0	...	...	(See Mayo Graduate School of Medicine)
St. Mary's Hospital 1216 Second St. S.W., 55901		Church	...	900	11	75	18	11	...	...	(See Mayo Graduate School of Medicine)
St. Paul											
Amherst H. Wilder Child Guidance Clinic 670 Marshall Ave., 55104		Misc.	...	...	...	...	...	...	0	2	4 Res: Child Psych.
Ancker Hospital 495 Jefferson Ave., 55102	M-45	CyCo	...	653	16	69	16	15	0	33	36 Int: Rotating; 22 Res: Anes., Derm., Med., ObG, Oph., Otol., Path., Ped., Surg., Urol.
Bethesda Lutheran Hospital 559 Capitol Blvd., 55101		Church	...	283	8	51	15	7	1	10	11 Int: Rotating
Charles T. Miller Hospital 125 W. College Ave. West, 55102	G-45	NPCorp	...	398	9	56	9	6	0	4	12 Int: Rotating; 18 Res: Med., ObG, Oph., Path., Rad., Surg., Urol.
Children's Hospital 311 Pleasant Ave., 55102		NPCorp	...	99	...	...	...	...	...	...	Res: Ped.
Gillette State Hospital for Crippled Children 1003 E. Ivy Ave., 55106	G-45	State	...	162	44	75	0	0	...	...	Res: Anes., Ortho.
St. Joseph's Hospital 69 W. Exchange St., 55102	G-45	Church	3	407	8	46	26	6	0	1	14 Int: Rotating; 3 Res: ObG, Path., Surg.
St. Luke's Hospital 300 Pleasant Ave., 55102		NPCorp	...	360	10	44	10	5	9	1	12 Int: Rotating; 8 Res: GP
MISSISSIPPI											
Biloxi											
U. S. Air Force Hospital Keesler Air Force Base, 39534	L-37	USAF	1-2-4	325	13	74	21	14	0	8	12 Int: Rotating
Veterans Administration Hospital Gulfport Division, 39502		VA	2	904	897	59	0	0	0	0	9 Res: Psych.

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								Autopsies on Stillborn	Foreign		
MISSISSIPPI—Continued											
Jackson											
Mental Health Services—Mississippi State Board of Health, 39205		State									Res: Psych.
Mississippi Baptist Hospital, 1190 N. State St., 39201	G-46	Church	1	359	7	31	34	5	0	0	12 Int: Rotating; 8 Res: GP, Ortho.
State of Mississippi Dept. of Health, 39216		State									2 Res: Public Health
University Hospital, 2500 N. State St., 39211	M-46X	State		337	8	64	66	43	0	17	29 Int: Rotating, St. Path., Mixed, St. Med., St. Ped., St. Surg.; 131 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital, 1500 E. Woodrow Wilson Dr., 39216	M-46	VA	2	498	33	67			1	14	32 Res: Anes., Med., Neurosurg., Oph., Ortho., Otol., Plast., Psych., Rad., Surg., Thor., Urol.
Sanatorium											
Mississippi State Sanatorium, 39112	G-46	State		434	183	31	0	0			Res: Thor.
Whitfield											
Mississippi State Hospital, 39193	L-46	State		5,074		39	0	0	0	4	6 Res: Psych.
MISSOURI											
Clayton											
St. Louis County Hospital, 601 S. Brentwood Blvd., 63141		County		315	12	52	16	2	0	5	10 Int: Rotating; 17 Res: Med., ObG, Surg.
Columbia											
Ellis Fischel State Cancer Hospital, Highway 40 and Garth Ave., 65201	L-47, G-48	State		104	17	56			0	4	5 Res: Surg.
University of Missouri Medical Center, 807 Stadium Rd., 65202	M-47X	State		441	13	63	19	10	0	7	19 Int: St. Med., St. Surg., St. Ped., St. Path, Mixed; 141 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#, L-47	NPCorp	4-5	100	9	83			0	0	6 Int: St. Ped.; 12 Res: Anes., Ortho., Ped., Rad.
Greater Kansas City Mental Health Foundation, 2200 McCoy St., 64108		Misc.									Res: Psych., Child Psych.
Kansas City General Hospital and Medical Center, 24th and Cherry Sts., 64108	L-33, M-47#	City	5	538	9	40	50	15	0	30	30 Int: Rotating; 82 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Plast., Psych., Rad., Surg., Urol.
Menorah Medical Center, 4949 Rockhill Rd., 64110	G-33	NPCorp		341	10	53	8	6	5	2	16 Int: Rotating, Mixed, St. Path.; 24 Res: GP, Med., Path., Rad., Surg.
Research Hospital and Medical Center, Meyer Blvd. at Prospect Ave., 64132		NPCorp		344	10	65	9	3	1	2	7 Res: Path., Rad.
St. Joseph Hospital, 2510 E. Linwood Blvd., 64128		Church									Res: Path.
St. Luke's Hospital, 4400 J. C. Nichols Pkwy., 64111		Church		420	8	55	23	23	0	14	20 Int: Rotating, Mixed; 29 Res: Med., ObG, Ortho., Path., Rad., Surg., Urol.
St. Mary's Hospital, 101 Memorial Dr., 64108		Church		385	8	53	20	8	0	1	2 Res: Path.
Trinity Lutheran Hospital, 3001 Wyandotte St., 64108		Church		207	8	51	16	13	5	0	8 Int: Rotating; 4 Res: GP
Veterans Administration Hospital, 4801 Linwood Blvd., 64128	M-33#	VA	4-5	501	24	71			5	32	48 Res: Med., Neurosurg., Neur., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Urol.
Kirkwood											
St. Joseph Hospital, 525 Couch Ave., 63122		Church		218	7	40	22	3	2	0	4 Res: GP
Mount Vernon											
Missouri State Sanatorium, 65712		State		548	132	48	0	0	2	0	2 Res: Thor.
St. Louis											
Barnes Hospital, 600 S. Kingshighway Blvd., 63110	M-49#	NPCorp		945	10	66	26	15	1	54	58 Int: Rotating, St. Med., St. Surg., St. Path., St. ObG; 210 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	47	12	3	11	1	14 Int: Rotating; 13 Res: Med., Surg.
DePaul Hospital, 2415 N. Kingshighway Blvd., 63113		Church		369	8	38	19	6	4	0	12 Res: Path.
Homer G. Phillips Hospital, 2601 N. Whittier St., 63113	L-49#	City	4	511	9	25	92	0	0	1	20 Int: Rotating; 75 Res: Med., ObG, Oph., Otol., Path., Ped., Psych., Surg., Urol.
Jewish Hospital of St. Louis, 216 S. Kingshighway Blvd., 63110	L-49	NPCorp	4	522	11	49	36	20	0	13	18 Int: St. Med., St. Surg.; 54 Res: Anes., Med., ObG, Path., PMR, Psych., Rad., Surg.
Lutheran Hospital, 2639 Miami St., 63118		Church		390	9	40	14	4	10	0	12 Int: Rotating; 6 Res: GP
Malcolm Bliss Mental Health Center, 1420 Grattan St., 63104	L-49	State									Res: Psych.
Missouri Baptist Hospital, 919 N. Taylor Ave., 63108		Church		390	10	40	11	2	4	0	9 Int: Rotating; 14 Res: Path., Surg.
St. John's Mercy Hospital, 615 S. New Ballas Rd., 63141	L-48	Church	2	410	9	53	34	9	0	12	18 Int: Rotating; 32 Res: Anes., Med., ObG, Path., Surg.
St. Louis Children's Hospital, 500 S. Kingshighway Blvd., 63110	M-49#	NPCorp		163	8	79			0	2	3 Int: St. Ped., 32 Res: Ped., Ped. Card.
St. Louis City Hospital, 1515 Lafayette Ave., 63104	M-48-49#	City		679	13	63	57	6	3	17	46 Int: Rotating, St. Med., St. Surg., St. Ped.; 92 Res: Anes., Med., ObG, Oph., Ortho., Path., Rad., Surg., Urol.
St. Louis-Little Rock Hospitals, 1755 S. Grand Blvd., 63104		NPCorp	1	375	12	42	0	0	12	0	18 Res: Med., Surg.
St. Louis State Hospital, 5400 Arsenal St., 63139	M-48	State		3,067	2,006	51			14	4	22 Res: Psych.
St. Louis University Group of Hospitals, 1402 S. Grand Blvd., 63104	M-48#	Church		921	10	68	69	27	0	24	40 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 125 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		352	9	55	27	5	0	16	16 Int: Rotating, Mixed; 20 Res: Med., Neurosurg., ObG, Path., Surg.
St. Mary's Hospital, 6420 Clayton Rd., 63117	M-48	Church		500	9	45	54	16	0	0	8 Int: Rotating, St. Med.; 18 Res: Med.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Autopsy Percentage	Total Skillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Autopsies on Stillborn	Foreign		
MISSOURI, St. Louis—Continued											
Shriners Hospital for Crippled Children... 2001 S. Lindbergh Blvd., 63131		NPCorp	2-3	100	37			0	4	4 Res: Ortho.	
Veterans Administration Hospital... 915 N. Grand Blvd., 63106	G-47, M-48, L-49#	VA	2	513	31	65	0			Res: Med., Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Urol.	
William Greenleaf Eliot Division of Child Psychiatry-Washington University... 369 N. Taylor Ave., 63108	M-49	NPCorp		70	35			0	3	6 Res: Child Psych.	
Springfield											
St. John's Hospital... 1235 E. Cherokee, 65804		Church	1	400				1	1	4 Res: Anes.	
NEBRASKA											
Lincoln											
Bryan Memorial Hospital of the Methodist Church... 4848 Sumner St., 68506		Church		248	7	44	10	7	0	7	8 Int: Rotating
Lincoln General Hospital... 2315 S. 17th St., 68502		NPCorp		164	7	58	11	7	0	0	6 Int: Rotating; 1 Res: Path.
Nebraska Orthopedic Hospital... 1047 South St., 68502		State	2-3-6	85	31	33			0	1	2 Res: Ortho.
St. Elizabeth Hospital... 1145 South St., 68502		Church		257	7	31	14	8	0	5	8 Int: Rotating; 2 Res: Surg.
Veterans Administration Hospital... 600 S. 70th St., 68501	M-50#	VA	2	250	28	76	0	0	0	4	10 Res: Ortho., Surg.
Omaha											
Bishop Clarkson Memorial Hospital... Dewey Ave. at 44th St., 68105	M-51	Church	2	285	7	63	25	19	0	12	12 Int: Rotating; 4 Res: Med., Path.
Childrens Memorial Hospital... 44th and Dewey Ave., 68105	M-50-51	NPCorp		128	5	75			0	0	1 Int: St. Ped.; 8 Res: Ped.
Creighton Memorial-St. Joseph's Hospital... 2305 S. 10th St., 68108	M-50#	Church		588	9	39	35	30	0	25	35 Int: Rotating, Mixed, St. Path.; 47 Res: Med., ObG, Path., Ped., Rad., Surg.
Douglas County Hospital... 4201 Woolworth Ave., 68105	M-50#-51#	County		246						14	14 Res: Med., Oph., Surg.
Immanuel Hospital... 36th and Meredith Ave., 68111	M-51	Church		174	6	37	11	4	0	0	10 Int: Rotating; 1 Res: Path.
Nebraska Methodist Hospital... 3612 Cumming St., 68131	M-51	Church	2-3	250	7	64	17	12	0	5	14 Int: Rotating, St. Path.; 9 Res: Path., Rad.
Nebraska Psychiatric Institute... 602 S. 44th Ave., 68105	M-51	State		95	52		0	0	0	18	24 Res: Psych., Child Psych.
University of Nebraska Hospital... 42nd and Dewey Ave., 68105	M-51#	State	9	145	10	76	15	14	0	9	18 Int: Rotating, Mixed, General Practice Program; 48 Res: Anes., Med., ObG, Oph., Path., Ped., Rad., Surg.
Veterans Administration Hospital... 4101 Woolworth Ave., 68105	M-50#-51#	VA	2-4	486	36	67	0	0	0	4	23 Res: Med., Oph., Path., Psych., Rad., Surg.
NEW HAMPSHIRE											
Hanover											
Mary Hitchcock Memorial Hospital... 2 Maynard St., 03755	M-52#	NPCorp		263	10	86	17	16	1	15	16 Int: Rotating, St. Med., St. Surg.; 69 Res: Anes., Derm., Med., Neurosurg., Ortho., Path., Ped., Rad., Surg., Urol.
NEW JERSEY											
Atlantic City											
Atlantic City Hospital... 1925 Pacific Ave., 08401		NPCorp		297	9	46	36	12	10	2	12 Int: Rotating; 9 Res: Med., Path., Surg.
Bayonne											
Bayonne Hospital and Dispensary... 29 E. 29th St., 07002		NPCorp		270	10	36	15	1	1	0	3 Res: Urol.
Camden											
Cooper Hospital... Sixth and Stevens Sts., 08103	M-73	NPCorp	2	605	9	45	63	35	0	15	18 Int: Rotating, Mixed; 15 Res: Med., ObG, Surg.
Our Lady of Lourdes Hospital... 1600 Haddon Ave., 08103		Church		302	10	37	41	4	2	2	10 Int: Rotating; 4 Res: Path., Rad.
West Jersey Hospital... Mt. Ephraim and Atlantic Aves., 08104		NPCorp	4	360	9	43	37	3	2	0	12 Int: Rotating; 9 Res: Anes., Path., Surg.
Cedar Grove											
Essex County Overbrook Hospital... 125 Fairview Ave., 07009	L-53	County		3,860		32	0	0	5	3	15 Res: Psych.
East Orange											
East Orange General Hospital... 300 Central Ave., 07019		NPCorp		174	6	36	28	10	6	0	6 Int: Rotating; 1 Res: Path.
Veterans Administration Hospital... Tremont Ave. and S. Center St., 07019	L-53	VA	2-4	950	46	63	0	0	14	17	63 Res: Med., Neur., Ortho., Path., PMR, Plast., Surg., Urol.
Eatontown											
Children's Psychiatric Center... 59 Broad St.		Misc.							0	1	4 Res: Child Psych.
Elizabeth											
Elizabeth General Hospital and Dispensary... 925 E. Jersey St., 07201		NPCorp		313	9	34	29	2	13	0	14 Int: Rotating; 2 Res: Path.
St. Elizabeth Hospital... 225 Williamson St., 07207	L-53	Church		310	8	39	30	3	19	1	20 Int: Rotating, St. Med.; 4 Res: Med., Path.
Englewood											
Englewood Hospital... 350 Engle St., 07631		NPCorp	4	288	8	46	29	9	3	1	8 Int: Rotating; 19 Res: Med., Path., Surg.
Flemington											
Hunterdon Medical Center... Route 69, 08822	L-73-75	NPCorp	7	121	8	68	11	3	0	2	4 Int: Family Practice; 6 Res: GP, Path.
Fort Dix											
First Army Headquarters, Fort Dix Health Center, 08640		Army							0	1	2 Res: Public Health
Walson Army Hospital, 08640		Army	1-2-4	475	9	71	18	12	0	6	12 Res: GP, Surg.
Greystone Park											
New Jersey State Hospital, 07951		State		5,100	873	26	0	0	5	1	12 Res: 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			Non-Foreign
NEW JERSEY—Continued											
Hackensack											
Hackensack Hospital 22 Hospital Pl., 07601		NPCorp	4	343	7	40	25	5	11	5	14 Int: Rotating; 17 Res: Anes., Med., Path., Surg.
Hammononton											
New Jersey State Hospital at Ancora, 08037		State	4	2,444	...	41	0	0	4	4	15 Res: Psych.
Hoboken											
St. Mary Hospital 4th and Willow Ave., 07030		Church	...	369	10	36	12	6	14	0	15 Int: Rotating; 2 Res: Path.
Jersey City											
B. S. Pollak Hospital for Chest Diseases, 100 Clifton Pl., 07304		County	4	608	58	28	0	0	0	2	2 Res: Thor.
Christ Hospital, 176 Palisade Ave., 07306		Church	...	347	10	27	23	0	12	0	12 Int: Rotating; 2 Res: Path.
Jersey City Medical Center, 50 Baldwin Ave., 07304	M-53	City	4-5	974	18	34	...	...	2	19	48 Int: Mixed, St. Med., St. Surg., St. Ped.; 122 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., Plast., Psych., Surg., Urol.
Margaret Hague Maternity Hospital, 88 Clifton Pl., 07304		County	...	271	5	60	116	22	10	9	14 Res: ObG
St. Francis Hospital, 25 E. Hamilton Pl., 07302		Church	...	249	9	27	...	...	11	0	11 Int: Rotating
Livingston											
St. Barnabas Medical Center (Formerly at Newark)		NPCorp	...	650	9	41	4	4	7	0	24 Int: Rotating; 10 Res: Path., Surg.
Long Branch											
Monmouth Medical Center, 3rd and Pavilion Aves., 07740		NPCorp	4	354	8	52	28	15	5	7	13 Int: Rotating, St. Surg.; 13 Res: Med., Ortho., Path., Surg.
Lyons											
Veterans Administration Hospital, 07939	L-59	VA	2	2,009	721	68	0	0	8	3	12 Res: Psych.
Marlboro											
New Jersey State Hospital, 07746		State	...	2,392	189	34	0	0	0	3	9 Res: Psych.
Montclair											
Mountainside Hospital, Bay and Highland Aves., 07042		NPCorp	4	372	9	51	23	17	2	2	15 Int: Rotating, Mixed; 18 Res: GP, Med., Path., Surg.
Morristown											
Morristown Memorial Hospital, 100 Madison Ave., 07960		NPCorp	...	305	8	55	21	17	1	0	8 Int: Rotating; 9 Res: GP, Path., Surg.
Mount Holly											
Burlington County Memorial Hospital, 175 Madison Ave., 08000		County	...	216	9	54	23	10	0	0	8 Int: Rotating; 8 Res: ObG, Path., Surg.
Neptune											
Fitkin Memorial Hospital, Corlies Ave., 07753		NPCorp	...	317	7	53	28	24	4	10	12 Int: Rotating; 11 Res: Med., ObG, Path., Ped., Surg.
Newark											
Babies' Hospital, 15 Roseville Ave., 07107		NPCorp	...	84	7	79	0	0	7	0	8 Res: Ped., Surg.
Eye and Ear Infirmary, 77 Central Ave., 07102		NPCorp	...	65	4	32	0	0	5	4	9 Res: Oph., Otol.
Hospital for Crippled Children, 89 Park Ave., 07104		NPCorp	...	112	13	43	0	0	2	3	5 Res: Ortho.
Newark Beth Israel Hospital, 201 Lyons Ave., 07112		NPCorp	4	416	8	41	69	56	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	43	128	43	15	15	36 Int: Rotating, Mixed, St. Med., St. Surg., St. ObG; 79 Res: Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.
Presbyterian Hospital, 27 S. Ninth St., 07107		NPCorp	...	289	10	36	21	13	10	0	10 Int: Rotating; 6 Res: Path., Surg.
St. Barnabas Medical Center (See Livingston, N. J.)		...	...	...	...	...	...	...	...	...	...
St. Michael Hospital, 306 High St., 07102		Church	7	402	9	48	32	17	11	2	22 Int: Rotating, St. Med., Family Practice; 35 Res: Med., ObG, Path., Ped., Surg.
United Hospitals of Newark— See: Babies Hospital; Eye and Ear In- firmary; Hospital for Crippled Children; Presbyterian Hospital.		...	...	...	...	...	...	...	...	...	...
New Brunswick											
Middlesex General Hospital, 180 Somerset St., 08901		NPCorp	...	278	8	47	19	4	8	0	9 Int: Rotating; 17 Res: Med., Path., Surg.
St. Peter's General Hospital, 260 Easton Ave., 08903		Church	...	352	7	68	354	20	14	1	16 Int: Rotating; 18 Res: Med., Path., Surg.
Orange											
Hospital Center at Orange (includes: New Jersey Orthopaedic Hospital and Orange Memorial Hospital)		NPCorp	...	67	15	33	0	0	1	3	...
New Jersey Orthopaedic Hospital, 289 Central Ave., 07051		NPCorp	3	320	10	40	22	8	8	0	8 Int: Rotating; 12 Res: Med., Ortho., Path., Surg.
Orange Memorial Hospital, 188 S. Essex Ave., 07051		NPCorp	...	...	...	...	...	...	...	...	...
Paramus											
Bergen Pines County Hospital, E. Ridgewood Ave., 07652		County	...	769	32	46	0	0	13	1	16 Int: Mixed; 18 Res: Med., Path.
Passaic											
Passaic General Hospital, 350 Boulevard, 07055		NPCorp	...	260	8	37	30	14	8	0	8 Int: Rotating; 2 Res: Path.
St. Mary's Hospital, 211 Pennington Ave., 07055		Church	...	228	8	38	25	12	8	0	8 Int: Rotating; 2 Res: Path.
Paterson											
Barnert Memorial Hospital, 680 Broadway, 07514		NPCorp	...	150	7	41	35	29	0	0	1 Res: Path.
Paterson General Hospital, 528 Market St., 07501		NPCorp	...	347	8	29	41	23	10	0	12 Int: Rotating; 2 Res: Path.
St. Joseph's Hospital, 703 Main St., 07503	G-59	Church	9	449	9	44	29	13	8	0	16 Int: Rotating, General Practice Program; 19 Res: Anes., Med., Ortho., Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign		
NEW JERSEY—Continued											
Perth Amboy											
Perth Amboy General Hospital..... 530 New Brunswick Ave., 08861		NPCorp	...	471	8	41	44	9	19	0	18 Int: Rotating; 8 Res: GP, Path.
Phillipsburg											
Warren Hospital..... 185 Roseberry St., 08865		NPCorp	...	219	8	27	13	2	2	0	6 Res: GP
Plainfield											
Muhlenberg Hospital..... Park Ave. and Randolph Rd., 07061		NPCorp	...	401	8	42	52	20	14	2	16 Int: Rotating; 9 Res: Path., Ped.
Union County Psychiatric Clinic..... 111 East Front St., 07060		County	...	...	...	...	...	...	4	2	5 Res: Child Psych.
Princeton											
New Jersey Neuro-Psychiatric Institute... Box 1000, 08540		State	...	1,029	549	87	0	0	4	2	12 Res: Psych.
Princeton Hospital..... 253 Witherspoon St., 08450		NPCorp	...	188	7	71	13	8	6	0	8 Res: GP
Somers Point											
Shore Memorial Hospital..... New York and Sunny Aves., 08244		NPCorp	...	155	7	30	12	1	7	0	7 Res: GP
Somerville											
Somerset Hospital..... Rehill Ave., 08876		NPCorp	...	264	6	38	21	8	12	0	12 Int: Rotating; 4 Res: GP
Summit											
Overlook Hospital..... 193 Morris Ave., 07901		NPCorp	...	342	8	44	34	18	16	0	14 Int: Rotating; 8 Res: GP, Path.
Trenton											
Child Guidance Clinic of Mercer County... 532 West State St., 08618		County	...	...	...	...	...	...	...	...	Res: Child Psych.
Helene Fuld Hospital..... 750 Brunswick Ave., 08638		NPCorp	...	258	9	35	18	5	4	3	9 Int: Rotating
Mercer Hospital..... 446 Bellevue Ave., 08607		NPCorp	...	325	8	31	35	6	11	1	12 Int: Rotating; 2 Res: Path.
New Jersey State Hospital..... Station A, 08625	L-53-75	State	...	3,620	440	25	...	...	5	3	9 Res: Psych.
St. Francis Hospital..... 601 Hamilton Ave., 08629		Church	...	361	8	33	46	13	7	1	12 Int: Rotating; 20 Res: ObG, Path., Ped., Surg.
Vineland											
Newcomb Hospital..... 66 S. State St., 08360		NPCorp	...	160	8	38	20	7	0	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	...	110	7	35	7	1	...	...	Res: Path.
NEW MEXICO											
Albuquerque											
Bataan Memorial Methodist Hospital.... 5400 Gibson Blvd., S. E., 87108		Church	...	216	8	50	10	3	3	9	22 Res: Med., Path., Rad., Surg.
Bernalillo County-Indian Hospital..... 2211 Lomas Blvd. N. E., 87106		County	...	204	9	57	29	0	2	14	18 Int: Rotating, St. Med.; 50 Res: Med., ObG, Path., Ped., Surg.
Veterans Administration Hospital..... 2100 Ridgcrest Dr. S. E., 87101		VA	...	500	35	84	0	0	1	0	11 Res: Med., Path., Surg.
Gallup											
U. S. Public Health Service Indian Hospital..... Box 1337, 87301		USPHS	...	...	...	...	...	...	...	...	Res: GP
Los Alamos											
Los Alamos Medical Center..... 3917 West Rd., 87544		NPCorp	...	102	5	94	5	5	0	0	2 Res: GP
Truth or Consequences											
Carrie Tingley Crippled Children's Hospital..... 1400 S. Broadway, 87901	G-17	State	...	100	67	...	...	...	1	3	4 Res: Ortho.
NEW YORK											
Albany											
Albany Child Guidance Center..... 213 Ontario St., 12203		Misc	...	...	...	...	...	...	...	...	Res: Child Psych.
Albany Medical Center Hospital..... New Scotland Ave., 12208	M-54#	NPCorp	...	635	11	62	40	23	4	34	47 Int: Rotating, Mixed, St. Med., St. Surg.; 144 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	M-54#	Church	...	61	5	0	...	...	...	...	Res: ObG, Path.
Bender Laboratory Hospitals..... 136 S. Lake Ave., 12208		...	...	...	...	...	...	...	3	0	6 Res: Path.
Child's Hospital..... 25 Hackett Blvd., 12208		Church	...	69	6	30	0	0	...	...	Res: Oph.
Memorial Hospital..... Northern Blvd., 12204		NPCorp	...	233	10	37	12	7	10	0	12 Int: Rotating; 3 Res: Path., Surg.
St. Peter's Hospital..... 632 New Scotland Ave., 12208		Church	...	304	10	43	0	0	14	0	16 Int: Rotating; 10 Res: Path., Ped., Plast., Surg.
State of New York Dept. of Health..... 84 Holland Ave., 12208		State	...	...	...	...	...	...	1	14	36 Res: Gen. Prev. Med., Public Health
Veterans Administration Hospital..... 113 Holland Ave., 12208	M-54#	VA	...	1,005	37	74	0	0	1	32	59 Res: Med., Neur., Oph., Path., PMR, Plast., Psych. Rad., Surg., Urol.
Binghamton											
Binghamton General Hospital..... 25 Park Ave., 13903		City	...	362	9	43	26	8	0	0	4 Res: Path.
Binghamton State Hospital..... 425 Robinson St., 13901		State	...	2,704	...	13	...	...	3	1	9 Res: Psych.
Bronxville											
Lawrence Hospital..... 55 Palmer Ave., 10708		NPCorp	...	264	9	42	15	3	12	0	12 Int: Rotating; 1 Res: Path.

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								Autopsies on Stillborn	Foreign		
NEW YORK—Continued											
Brooklyn—See New York City											
Buffalo											
Buffalo Eye and Ear Hospital and Wettlaufer Clinic, Division of Deaconess Hospital.....		NPCorp		14	5	0	0	1	1	3	Res: Oph.
52 Maple St., 14204											
Buffalo General Hospital.....	M-55#	NPCorp	4-5	657	11	59	39	31	12	16	32 Int: Mixed, St. Med., St. Surg.; 104 Res: Anes., Colon-Rectal, Med., Neurosurg., ObG, Oph., Ortho., Path., Rad., Surg., Urol.
100 High St., 14203									33	52	
Buffalo State Hospital.....		State	4	2,870	250	18	0	0	11	5	15 Res: Psych.
408 Forest Ave., 14213											
Children's Hospital of Buffalo.....	M-55#	NPCorp		318	5	91	48	39	1	1	12 Int: St. Ped.; 28 Res: Neurosurg., ObG, Ortho., Path., Ped., Ped. All., Ped. Card., Surg., Urol.
219 Bryant St., 14222									14	8	
Deaconess Hospital of Buffalo.....		NPCorp		386	10	25	38	29	13	0	16 Int: Rotating; 13 Res: Oph., Path., Rad., Surg.
1001 Humboldt Pkwy., 14208									5	1	
Edward J. Meyer Memorial Hospital.....	M-55#	County	4	890	19	47	21	17	0	22	28 Int: Mixed, St. Med., St. Surg., St. Ped.; 111 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Psych., Rad., Surg., Urol.
462 Grider St., 14215									27	59	
Emergency Hospital of the Diocese of Buffalo.....		Church		157	13	23					Res: Surg.
108 Pine St., 14204											
Mercy Hospital.....	G-19	Church		350	9	46	43	20	13	5	21 Int: Rotating; 21 Res: GP, Med., Path., Surg.
565 Abbott Rd., 14220									0	5	
Millard Fillmore Hospital.....	L-55#	NPCorp	4-5	541	10	42	63	41	5	6	15 Int: Rotating, Mixed; 46 Res: Anes., Colon-Rectal, GP, Med., ObG, Path., Rad., Surg., Urol.
3 Gates Circle, 14209									9	23	
Roswell Park Memorial Institute.....	L-55	State		298	20	100	0	0	19	11	47 Res: Derm., ObG, Path., Plast., Rad., Surg., Urol.
666 Elm St., 14203											
Sisters of Charity Hospital.....		Church		444	9	52	51	15	11	1	18 Int: Rotating; 18 Res: ObG, Path., Surg., Urol.
2157 Main St., 14214									15	3	
Veterans Administration Hospital.....	L-55#	VA	2-4-5	951	48	58			12	20	50 Res: Med., Ortho., Path., PMR, Surg., Thor., Urol.
3495 Bailey Ave., 14215											
Central Islip											
Central Islip State Hospital.....		State		10,026		30	0	0	15	12	40 Res: Psych.
Carleton Ave., 11722											
Clifton Springs											
Clifton Springs Hospital and Clinic.....		NPCorp		165	10	32	3	0	0	0	2 Res: Surg.
Main St., 14432											
Cooperstown											
Mary Imogene Bassett Hospital.....	M-57, L-54	NPCorp		96	10	65	5	5	0	10	10 Int: Rotating, St. Med., St. Surg.; 16 Res: Anes., Med., ObG, Path., Ped., Psych., Surg.
Atwell Rd., 13326									0	11	
East Meadow											
Meadowbrook Hospital.....		County	5	597	10	50	43	35	23	13	50 Int: Rotating, Mixed, St. Med., St. Surg.; 93 Res: Anes., Med., ObG, Ortho., Path., Ped., Plast., Psych., Rad., Surg., Urol.
Carman Ave. and Bethpage Turnpike, 11554									42	35	
Elmhurst—See New York City											
Endicott											
International Business Machines Co.....		Corp							0	0	1 Res: Occup. Med.
1701 North St., 13760											
Far Rockaway—See New York City											
Flushing—See New York City											
Glen Cove											
Community Hospital at Glen Cove.....		NPCorp		226	7	49	18	6	8	0	8 Int: Rotating; 7 Res: GP, ObG, Path.
St. Andrews Lane, 11542									0	0	
Glen Oaks—See New York City											
Glens Falls											
Glens Falls Hospital.....		NPCorp		345	7	41	37	6	7	0	8 Int: Rotating; 1 Res: Path.
100 Park St., 12803									0	0	
Governors Island—See New York City											
Harrison											
St. Vincent's Hospital and Medical Center of New York, Westchester Branch.....		Church		200	51	5	0	0	0	0	8 Res: Psych.
240 North St., 10528											
Helmuth											
Gowanda State Hospital, 14079.....		State		3,048		25			3	0	11 Res: Psych.
Jamaica—See New York City											
Johnson City											
Charles S. Wilson Memorial Hospital.....		NPCorp		436	9	43	17	6	10	2	12 Int: Rotating; 23 Res: Med., ObG, Path., Rad., Surg.
33-57 Harrison St., 13790									11	1	
Kenmore											
Kenmore Mercy Hospital.....	G-19	Church		267	9	43	22	6	11	0	12 Int: Rotating
2950 Elmwood Ave., 14217											
Kings Park											
Kings Park State Hospital, 11754.....	L-59	State		8,935		15	0	0	19	6	30 Res: Psych.
Kingston											
Benedictine Hospital, 12401.....		Church		183	7	28	18	4			Res: Path.
Kingston Hospital, 12401.....		NPCorp		153	7	35	9	3			Res: Path.
Kingston Laboratory Hospitals.....		NPCorp									Res: Path.
400 Broadway, 12401											
Lewiston											
Mount St. Mary's Hospital.....		Church		205	9		3	0	5	0	6 Int: Rotating; 1 Res: Path.
5300 Military Rd., 14092									0	0	
Manhasset											
North Shore Hospital.....		NPCorp		259	7	68	15	14	5	7	19 Res: ObG, Path., Ped., Surg.
Valley Rd., 11030											
Marcy											
Marcy State Hospital, 13403.....		State		3,186		29	0	0	7	2	15 Res: 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			Non-Foreign
NEW YORK—Continued											
Middletown											
Middletown State Hospital Monhagen Ave., Box 1453, 10941		State		3,514		32		12	2	15 Res: Psych.	
Mineola											
Nassau Hospital First St., 11501	G-59	NPCorp		316	7	40	35	15	6	0	16 Int: Rotating; 21 Res: ObG, Ortho., Path., Rad., Surg.
Montrose											
Veterans Administration Hospital, 10548		VA	2-4	1,900	725	74			0	1	15 Res: PMR, Psych.
Mount Kisco											
Northern Westchester Hospital E. Main St., 10549		NPCorp		212	7	51	20	10	2	1	6 Int: Rotating; 4 Res: Path.
Mount Vernon											
Mount Vernon Hospital 12 N. Seventh Ave., 10550		NPCorp		309	10	36	32	5	8	0	12 Int: Rotating; 8 Res: ObG, Path., Surg.
Newburgh											
St. Luke's Hospital 70 Dubois St., 12553		NPCorp	4	243	7	48	18	11	7	0	8 Int: Rotating; 5 Res: Path., Surg.
New Hyde Park											
Long Island Jewish Hospital 270-05 76th Ave., 11043	M-61#	NPCorp	4	268	8	64	26	25	0	16	16 Int: Rotating; 30 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
New Rochelle											
New Rochelle Hospital 16 Guion Pl., 10802		NPCorp	4	340	9	37	21	10	6	7	15 Int: Rotating; 8 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	47			7	0	8 Int: Mixed, St. Med., St. Surg.; 15 Res: Med., Path., Surg.
Bellevue Hospital Center First Ave. and 27th St., 10016	M-57#, 58#-60#	City	4-5-8	2,620	17	48	83	22	14	0	Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Division I—Columbia University											
	M-57#								0	18	18 Int: Mixed;
Division II—Cornell University											
	M-58#								1	33	35 Res: Med., Surg., Thor.
Division III—New York University											
	M-60#								4	30	34 Int: Mixed, St. Med., St. Surg.;
									47	56	56 Res: Med., Neur., Surg., Urol.
									3	50	56 Int: St. Med., St. Surg., St. Ped., St. Path.;
									24	78	108 Res: Anes., Med., Neurosurg., Neur., ObG, Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Urol.
Division IV—New York University Post-Graduate Medical School											
											Int: St. Med., St. Surg.;
											Res: Anes., Derm., Med., Neurosurg., Oph., Ortho., Otol., Plast., Surg. Urol.
Beth Israel Hospital 10 Nathan D. Perlman Pl., 10003		NPCorp	4	391	11	50	21	17	2	23	24 Int: Rotating;
Booth Memorial Hospital 56-45 Main St., Flushing, 11355	L-17-76#	Church		210	7	49	26	20	6	0	60 Res: Anes., Med., ObG, Path., Ped., Plast., Surg., Urol.
Bronx Eye and Ear Infirmary 321 E. Tremont Ave., 10457		NPCorp		54	5	100	0	0	1	5	6 Int: Rotating; 20 Res: Med., ObG, Path., Surg.
Bronx-Lebanon Hospital Center (Concourse Division and Fulton Division)											
		NPCorp	4	568	10	39	90	52	13	11	27 Int: Rotating, Mixed, St. Med., St. Ped., St. Surg.;
Bronx Municipal Hospital Center											
	M-56	City	4-5-8	1,282	18	55	104	56	1	53	60 Res: Med., ObG, Path., Ped., Rad., Surg.
									60	228	66 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.;
											320 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Brookdale Hospital Center											
	G-57	NPCorp		340	9	51	41	6	8	18	26 Int: Rotating, Mixed, St. Med.;
									14	16	40 Res: Med., ObG, Ortho., Path., Ped., Surg.
Brooklyn Eye and Ear Hospital											
		NPCorp		142	3	29			8	5	14 Res: Oph., Otol.
Brooklyn Hospital											
	M-61#	NPCorp		373	10	39	39	9			Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.;
											Res: Med., ObG, Path., Ped., Surg., Urol.
Brooklyn Psychiatric Centers											
		NPCorp	2						1	3	4 Res: Child Psych.
Brooklyn State Hospital											
		State		2,875	1,222	15	0	0	12	6	18 Res: Psych.
Brooklyn Womens Hospital											
		NPCorp		71	5	70	30	9	6	0	6 Res: ObG
City Hospital Center at Elmhurst											
		City	4-5-8	941	18	62	51	0	16	7	36 Int: Rotating, St. Med., St. Surg., St. ObG;
									76	15	94 Res: Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Columbus Hospital											
		Church		290	13	39	12	4	9	0	14 Int: Rotating;
									10	0	14 Res: Med., Ortho., Surg.
Coney Island Hospital											
		City	4-8	594	11	38	51	9	22	0	28 Int: Rotating, St. Med., St. Surg., Mixed;
									43	2	92 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											
Creedmoor State Hospital 80-45 Winchester Blvd., Queens Village, 11427		State		7,326		30	0	0	7	3	14 Res: Psych.
Cumberland Hospital 39 Auburn Pl., Brooklyn, 11205	L-61#	City	4-5-8	231	9	49	189	19			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	48	19	11	1	0	1 Res: Path.
Flushing Hospital and Dispensary 44-14 Parsons Blvd., Flushing, 11355	G-59	NPCorp	4	330	8	47	52	12	12	0	16 Int: Rotating; 16 Res: Med., ObG, Path., Ped., Surg.
Fordham Hospital Southern Blvd. and Crotona Ave., 10458		City	4-8	414	11	48	341	8	18	0	19 Int: Rotating; 53 Res: Anes., Med., ObG, Path., Ped., Surg.
Francis Delafeld Hospital 99 Ft. Washington Ave., 10032	M-57#	City	8	275	30	45			12	13	29 Res: Med., Path., Surg., Urol.
French Hospital 330 W. 30th St., 10001	G-59	NPCorp		240	10	50	16	6	11	1	12 Int: Rotating, St. Surg., Mixed; 11 Res: Med., ObG, Surg.
Goldwater Memorial Hospital Welfare Island, 10017	M-57#, G-60	City	4-8	1,338	302	29			9	2	5 Res: PMR
Greenpoint Hospital 300 Skillman Ave., Brooklyn, 11211		City	4-5-8	205	10	45	64	32	0	0	8 Int: Rotating; 30 Res: Anes., Med., ObG, Path., Ped., Surg.
Harlem Eye and Ear Hospital 2099 Lexington Ave., 10035		NPCorp		45	2				21	1	6 Res: Oph., Otol.
Harlem Hospital Center 532 Lenox Ave., 10037		City	4-5-8	920	13	28	383	36	7	2	50 Int: Rotating, St. Med., St. Surg.; 136 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	229	0			2	23	37 Res: Psych.
Hospital for Joint Diseases 1919 Madison Ave., 10035		NPCorp	4	310	15	51	0	0	0	6	12 Int: Mixed; 32 Res: Anes., Med., Ortho., Path., Surg.
Hospital for Special Surgery 535 E. 70th St., 10021	L-58#	NPCorp	2-3	204	20	61	0	0	0	12	20 Res: Ortho.
House of St. Giles the Cripple 1346 President St., Brooklyn, 11213		NPCorp		44	60	0	0	0	2	1	1 Res: Ortho.
Huntington Hospital 270 Park Ave., 11743		NPCorp		295	6	36	34	11	0	0	2 Res: Path.
Jamaica Hospital 89th Ave. and Van Wyck Expsy., Jamaica, 11418	G-59	NPCorp		277	8	58	49	15	9	2	18 Res: Path., Surg.
Jewish Chronic Disease Hospital 86 E. 49th St., Brooklyn, 11203		NPCorp	4-8	777	56	35	0	0	25	3	31 Res: Med., Ortho., Path., PMR, Surg.
Jewish Hospital of Brooklyn 555 Prospect Pl., Brooklyn, 11238	M-61	NPCorp	4	597	10	40	74	16	7	28	34 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	9	53	36	20	8	0	8 Int: Rotating; 15 Res: Med., ObG, Path., Ped., Surg.
Kings County Hospital Center 451 Clarksons Ave., Brooklyn, 11203	M-61#	City	4-5-8	2,800	16	41	834	12	9	102	131 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 418 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	15	68	0	0	10	0	13 Int: Rotating, Mixed, St. Med., St. Surg.; 22 Res: Med., ObG, Path., Surg.
Lenox Hill Hospital 100 E. 77th St., 10021		NPCorp	4	562	11	40	29	18	2	22	34 Int: Rotating; 53 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Lincoln Hospital 320 Conoord Ave., 10454	G-56	City	4-8	345	9	38	96	1	10	1	14 Int: Rotating, St. Med., St. Surg., St. Ped.; 119 Res: Med., ObG, Otol., Path., Ped., Surg., Urol.
Long Island College Hospital 340 Henry St., Brooklyn, 11201	M-61#	NPCorp	4	561	11	34	28	11	9	25	34 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 46 Res: Med., Neurosurg., ObG, Otol., Path., Ped., Rad., Surg., Urol.
Lutheran Medical Center 4520 Fourth Ave., Brooklyn, 11220		Church		252	9	43	112	9	11	0	11 Int: Rotating; 29 Res: Med., ObG, Path., Ped., Surg.
Madeleine Berg Child Guidance Institute 120 W. 57th St., 10019		NPCorp							1	7	8 Res: Child Psych.
Maimonides Hospital of Brooklyn 4802 10th Ave., Brooklyn, 11219	M-61#	NPCorp		495	11	40	49	15	4	4	40 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 85 Res: Anes., Med., ObG, Path., Ped., Rad., Surg., Thor., Urol.
Manhattan Eye, Ear and Throat Hospital 210 E. 64th St., 10021		NPCorp		169	5	67	0	0	5	27	30 Res: Oph., Otol., Plast.
Manhattan State Hospital Ward's Island, 10035		State		3,856		33			12	9	21 Res: Psych.
Mary Immaculate Hospital 152-11 89th Ave., Jamaica, 11432		Church	4	288	9	37	47	4	11	0	12 Int: Rotating; 14 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	57			41	67	113 Res: Med., Path., Rad., Surg.
Methodist Hospital of Brooklyn 506 Sixth St., Brooklyn, 11215	L-61#	Church		452	10	38	37	6	15	3	18 Int: Rotating, St. Med., St. Surg.; 48 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.
Metropolitan Hospital 1901 First Ave., 10029	M-59#	City	4-5-8	2,846		39	220	13			Res: Anes., Derm., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Thor., Urol.
Misericordia Hospital 600 E. 233rd St., 10466		Church	4	326	11	46	26	6	11	0	12 Int: Rotating; 24 Res: Anes., Med., Ped., Surg.
Montefiore Hospital and Medical Center 111 E. 210th St., 10467	M-56	NPCorp	4-8	655	18	51	0	0	2	52	56 Int: Mixed, St. Ped.; 211 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Morrisania City Hospital 168th St. and Gerard Ave., 10452		City	4-8	402	11	33	714	1			Int: Mixed, St. Ped.; Res: Anes., Med., ObG, Ortho., Path., Ped., PMR, Plast., Rad., Surg., Urol.
Mount Sinai Hospital 11 E. 100th St., 10029	M-57	NPCorp	4-8	1,147	13	52	68	68	0	36	33 Int: Mixed, St. Med., St. Surg.; 253 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.

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								Autopsies on Stillborn	Foreign Non-Foreign		
NEW YORK, New York City—Continued											
New York City Dept. of Health 125 Worth St., 10013		State						0	7	6	Res: Public Health
New York Eye and Ear Infirmary 218 Second Ave., 10003		NPCorp		175	6	0	0	0	2	23	30 Res: Oph., Otol.
New York Hospital 525 E. 68th St., 10021	M-58#	NPCorp	4-5	1,121	12	73	47	43	0	39	49 Int: St. Med., St. Surg., St. Ped., St. Path.; 189 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Urol.
New York Infirmary Stuyvesant Square E. and 15 St., 10003		NPCorp	4	235	9	44	10	10	11	0	15 Int: Rotating; 21 Res: Med., ObG, Ped., Surg.
New York Medical College-Flower and Fifth Ave. Hospitals 1 E. 105th St., 10029	M-59X	NPCorp		399	9	35	32	30	124	102	238 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	49	25	23	13	1	16 Int: Rotating, St. Med., St. ObG; 43 Res: Anes., Med., ObG, Oph., Ortho., Otol., Path., Ped., Surg., Urol.
New York State Psychiatric Institute 722 W. 168th St., 10032	M-57#	State		174	210	0	0	0	0	45	42 Res: Psych., Child Psych.
New York University Medical Center- University Hospital 560 First Ave., 10016	M-60X	NPCorp	5	622	13	41	5	5	7	11	19 Res: Anes., Derm., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Urol.
Office of the Chief Medical Examiner 520 First Avenue, 10016		City								0	4 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								Res: Child Psych.
Presbyterian Hospital 622 W. 168th St., 10032	M-57#	NPCorp	4	1,515	12	63	615	72	0	27	27 Int: St. Med., St. Surg., St. Path.; 299 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Queens Hospital Center 82-68 164th St., Jamaica, 11432		City	4-5-8	1,363	21	32	233	34	23	1	34 Int: Rotating; 91 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Thor., Urol.
Roosevelt Hospital 428 W. 59th St., 10019	M-57	NPCorp	4	503	13	40	0	0	0	18	16 Int: Mixed; 66 Res: Derm., Med., ObG, Path., Ped., Ped. All., Psych., Rad., Surg., Urol.
St. Charles Hospital 277 Hicks St., Brooklyn, 11201		Church		45	26				0	3	4 Res: Ortho.
St. Clare's Hospital 415 W. 51st St., 10019		Church		402	13	44	27	26			16 Int: Rotating, St. Med., St. Surg.; 30 Res: Anes., Med., ObG, Path., Surg.
St. Francis Hospital 525 E. 142nd St., 10454		Church		380	11	47	34	13	9	0	12 Int: Rotating; 10 Res: ObG, Path., Ped.
St. John's Episcopal Hospital 480 Herkimer St., Brooklyn, 11213		Church		282	10	44	33	13	13	0	14 Int: Rotating, St. ObG; 27 Res: Med., ObG, Path., Ped., Surg.
St. John's Queens Hospital 90-02 Queens Blvd., Elmhurst, 11373		Church		233	9	38	14	7	0	0	1 Res: Path.
St. Luke's Hospital 421 W. 113th St., 10025	M-57	NPCorp	4-5	599	14	53			0	22	22 Int: St. Med., St. Surg., St. Ped.; 95 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	9	35	24	3	8	0	8 Int: Rotating; 6 Res: ObG, Path.
St. Vincent's Hospital and Medical Center of New York 153 W. 11th St., 10011	L-53, L-60	Church		835	14	54	37	8	0	40	40 Int: Rotating, St. Med., St. Surg.; 115 Res: Anes., Med., Neurosurg., ObG, Oph., Path., Ped., Ped. All., PMR, Psych., Rad., Surg.
St. Vincent's Hospital of the Borough of Richmond 355 Bard Ave., Staten Island, 10310	G-59	Church		310	9	43	30	10	12	2	12 Int: Rotating; 26 Res: Med., Ortho., Path., Ped., Child Psych., Surg.
State University Hospital Brooklyn	M-61	State									Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.
Staten Island Hospital 101 Castleton Ave., Staten Island, 10301		NPCorp		274	8	50	40	8	10	0	12 Int: Rotating; 2 Res: Path.
Staten Island Mental Health Center 657 Castleton Ave., 10301									0	8	8 Res: Child Psych.
Sydenham Hospital 565 Manhattan Ave., 10027		City	4-8	218	10	45	79	0	1	0	9 Int: Rotating; 7 Res: ObG, Surg.
U. S. Naval Hospital (See St. Albans, N. Y.)											
U. S. Public Health Service Hospital Bay and Vanderbilt Sts., Staten Island, 10304	G-21	USPHS	2-4-5	796	23	66	4	4	2	23	32 Int: Rotating, St. Med., St. Surg.; 51 Res: Anes., Derm., Med., Oph., Ortho., Path., Rad., Surg., Urol.
Unity Hospital 1545 St. Johns Pl., Brooklyn, 11213		NPCorp		215	8	41	22	16	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	41	55	0	0	37	94	152 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital (Brooklyn) 800 Poly Place, Brooklyn, 11209	L-61#	VA	2-4	1,000	48	43			0	32	16 Int: St. Med.; 90 Res: Anes., Med., Neur., Oph., Ortho., Path., PMR, Surg., Thor., Urol.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Antopy Percentage	Total Stillbirths	House Staff on Duty		Positions Offered	Approved Programs
								Antopsies on Stillborn	Foreign Non-Foreign		
NEW YORK, New York City—Continued											
Veterans Administration Hospital (Manhattan), 1st Ave. at E. 24th St., 10010	L-60	VA	2-4-5	1,218	45	53	0	0	29	59	125 Res: Anes., Derm., Med., Neurosurg., Neur., 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	75	21	21	7	8	20 Res: ObG
Wyckoff Heights Hospital, 374 Stockholm St., Brooklyn, 11237	G-59	NPCorp		391	10	48	25	10	9	37	12 Int: Rotating; 42 Res: Med., ObG, Path., Ped., Surg.
Niagara Falls											
Mount St. Mary's Hospital (See Lewiston, N. Y.)											
Niagara Falls Memorial Hospital, 621 Tenth St., 14302		NPCorp		358	8	43	21	15	10	0	13 Int: Rotating
Northport											
Veterans Administration Hospital, 11768		VA	2	2,272	1,417	34			0	0	6 Res: Psych.
Oceanside											
South Nassau Communities Hospital, 2445 Oceanside Road, 11572		NPCorp		230	8	29	18		0	0	1 Res: Path.
Ogdensburg											
St. Lawrence State Hospital, Station A, 13609		State		1,750	747	28	0	0	0	0	8 Res: Psych.
Orangeburg											
Rockland State Hospital, 10962		State	5	6,837		27	0	0	23	7	30 Res: Psych.
Port Chester											
High Point Hospital, Upper King St., 10574		Corp		45	153	0	0	0	6	0	6 Res: Psych.
United Hospital, 406 Boston Post Rd., 10574		NPCorp		272	8	32	11	2	6	2	8 Int: Rotating; 3 Res: Path., Surg.
Port Jefferson											
St. Charles Hospital, 11777		Church		70	11				0	3	3 Res: Ortho.
Poughkeepsie											
Hudson River State Hospital, Station B, 12601		State	5	4,831		20	1	1	21	1	22 Res: Psych.
St. Francis Hospital, North Rd., 12601		Church	3	255	8	30	7	2	8	0	10 Int: Rotating; 1 Res: Path.
Vassar Brothers Hospital, Reade Place, 12601		NPCorp		255	7	39	17	7	9	0	12 Int: Rotating; 16 Res: Path.
Queens Village—See New York City											
Rhinebeck											
Astor Home for Children, 36 Mill St., 12572		Church							2	0	4 Res: Child Psych.
Rochester											
Eastman Kodak Company, 343 State St., 14608		Corp							0	2	2 Res: Occup. Med.
Genesee Hospital, 224 Alexander St., 14607	L-82	NPCorp	4	288	7	68	30	29	0	18	19 Int: Roating, Mixed, St. Med., St. Surg.; 35 Res: Anes., Med., ObG, Path., Ped., Surg.
Highland Hospital of Rochester, South Ave. at Bellevue Dr., 14620	L-62	NPCorp		247	7	52	36	11	1	10	12 Int: Rotating, Mixed, St. Med.; 23 Res: Med., ObG, Path., Surg.
Rochester Child Guidance Clinic, 31 Gibbs St., 14604		NPCorp							0	0	6 Res: Child Psych.
Rochester General Hospital, 1425 Portland Ave., 14621	L-62	NPCorp	4	419	7	54	42	27	15	5	22 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 40 Res: Med., ObG, Ortho., Path., Ped., Rad., Surg.
Rochester St. Mary Hospital of the Sisters of Charity, 89 Genesee St., 14611	G-19	Church		294	8	46	21	8	1	5	15 Int: Rotating, Mixed; 24 Res: Anes., GP, Med., ObG, Oph., Surg.
Rochester State Hospital, 1600 South Ave., 14620		State	5	3,538		26			9	0	13 Res: Psych.
Strong Memorial Hospital of the University of Rochester, 260 Crittenden Blvd., 14620	M-62X	NPCorp	4-5	705	9	71	35		0	50	51 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., St. ObG; 181 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Surg., Urol.
University of Rochester School of Medicine and Dentistry, Dept. of Preventive Medicine and Community Health, 14620		NPCorp							0	3	8 Res: Occup. Med.
Rockville Centre											
Mercy Hospital, 1000 N. Village Ave., 11570		Church	1-2	250	7	44	23	9			Res: ObG
Roslyn											
St. Francis Hospital, Port Washington Blvd., 11576		Church		152	14	68			1	1	4 Res: Thor.
St. Albans—See also New York City											
U. S. Naval Hospital, 179th St. and Linden Blvd., 11425		Navy	2-4-5	825	24	65	19	15	0	17	16 Int: Rotating; 42 Res: Anes., Med., ObG, Path., Rad., Surg., Thor., Urol.
Schenectady											
Ellis Hospital, 1101 Nott St., 12308	L-54	NPCorp		420	9	52	15	8	16	0	20 Int: Rotating; 19 Res: ObG, Ortho., Path., Surg.
St. Clare's Hospital, 600 McClellan St., 12304		Church		235	9	33	7	3	13	0	15 Int: Rotating
Schenectady County Child Guidance Center, 821 Union St., 12308		NPCorp							0	0	2 Res: Child Psych.
Sunnyview Rehabilitation Center, 1270 Belmont Ave., 12308		NPCorp									Res: Ortho.
Staten Island—See New York City											
Sunmount											
Veterans Administration Hospital		VA	2	433							Res: Thor.
Syracuse											
St. Joseph's Hospital, 301 Prospect Ave., 13203	M-63	Church		329	7	45	32	12	1	12	16 Int: Rotating, Family Practice Program; 20 Res: Anes., 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		
NEW YORK, Syracuse—Continued											
State University of New York Upstate Medical Center 766 Irving Ave., 13210	M-63#	NPCorp	4	1,627	8	45	92	30	6	42	54 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., Family Practice Program; 191 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Surg., Urol.
Syracuse Psychiatric Hospital 708 Irving Ave., 13210		State	...	80	52	...	0	...	0	4	4 Res: Psych.
Veterans Administration Hospital Irving Ave. and University Pl., 13210	M-63#	VA	2	488	29	67	...	...	0	1	4 Res: Anes., Med., Neurosurg., Neur., Oph., Otol., Ortho., Path., Plast., Psych., Rad., Surg., Urol.
Thiells Letchworth Village, 10984		State	...	4,457	...	66	0	0	0	1	1 Res: Psych.
Troy Samaritan Hospital Peoples and Burdett Aves., 12180		NPCorp	...	227	8	34	20	13	12	0	14 Int: Rotating; 1 Res: Path.
Tupper Lake Veterans Administration Hospital, 12986		VA	...	433	83	77	0	0	0	0	1 Res: Thor.
Utica Children's Hospital Home of Utica 1675 Bennett St., 13502		NPCorp	2	54	16	50	...	...	0	1	2 Res: Ortho.
Utica State Hospital 1213 Court St., 13502		State	...	2,106	...	32	0	0	7	0	13 Res: Path., Psych.
Valhalla Grasslands Hospital, 10595		County	4-5	503	23	56	10	8	8	4	18 Int: Rotating, St. Med., St. Surg.; 78 Res: Anes., Med., Oph., Path., Ped., PMR, Psych., Surg.
West Brentwood Pilgrim State Hospital, 11717		State	6	13,799	120	27	3	0	29	3	32 Res: Psych.
West Haverstraw New York State Rehabilitation Hospital Route 9W, 10993	G-60	State	...	204	112	...	0	0	2	3	5 Res: Ortho.
West Islip Good Samaritan Hospital 1000 Montauk Hwy., 11795		Church	...	186	5	20	44	1	0	0	12 Int: Rotating
White Plains New York Hospital-Westchester Division 21 Bloomingdale Rd., 10605		NPCorp	...	350	120	59	...	...	2	11	16 Res: Psych.
White Plains Hospital 41 E. Post Rd., 10601		NPCorp	...	...	...	...	...	...	...	...	6 Int: Rotating; ... Res: Surg.
Willard Willard State Hospital, 14588		State	...	3,354	...	35	0	0	9	0	9 Res: Psych.
Wingdale Harlem Valley State Hospital, 12594		State	...	4,705	...	11	0	0	9	0	12 Res: Psych.
Yonkers St. John's Riverside Hospital Andrus Pavilion, 967 N. Broadway, 10701		NPCorp	...	...	...	...	...	...	13	0	14 Int: Rotating; 1 Res: Path.
St. Joseph's Hospital 127 S. Broadway, 10701		Church	...	165	9	32	11	3	8	0	8 Int: Rotating
Yonkers General Hospital 127 Ashburton Ave., 10701		NPCorp	...	144	7	41	16	7	6	0	8 Int: Rotating; 2 Res: GP
NORTH CAROLINA											
Asheville Memorial Mission Hospital 509 Biltmore Ave., 28801		NPCorp	2	319	7	33	28	0	0	6	8 Int: Rotating
Butner John Umstead Hospital, 27509		State	...	2,201	...	...	...	...	...	...	... Res: Psych.
Chapel Hill North Carolina Memorial Hospital Pittsboro Rd., 27515	M-64	State	...	409	11	68	14	6	0	33	36 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 176 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Charlotte Charlotte Memorial Hospital 1000 Blythe Ave., 28203		NPCorp	4	600	9	47	42	17	0	12	12 Int: Rotating; 32 Res: GP, ObG, Ortho., Path., Ped., Surg., Thor., Urol.
Presbyterian Hospital 200 Hawthorne Lane, 28204		Church	...	437	8	41	31	4	0	0	2 Res: Path.
Durham Duke Hospital, 27706	M-65X	NPCorp	4-5	653	10	63	34	13	3	58	63 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 245 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped. All., Ped., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.
Durham Child Guidance Clinic Duke University Medical Center, 27705		NPCorp	...	...	...	...	...	...	0	5	8 Res: Child Psych.
McPherson Hospital 1110 W. Main St., 27701	G-64	Indiv	...	42	5	0	0	0	0	3	3 Res: Oph.
Veterans Administration Hospital Fulton St. and Erwin Rd., 27705	M-65#	VA	2-5	489	26	69	...	...	...	...	... Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Surg., Urol.
Watts Hospital Broad St. and Club Blvd., 27701	L-65	NPCorp	...	301	8	44	15	11	10	2	22 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 14 Res: Med., Path., Ped., Surg.
Fort Bragg U. S. Army, 3rd Army Hdqts., Preventive Medicine Division, 28307		Army	...	...	...	...	...	...	0	2	2 Res: Public Health
Womack Army Hospital, 28307		Army	2-4	450	10	63	35	15	0	4	4 Res: Surg.
Gastonia North Carolina Orthopedic Hospital New Hope Rd., 28052		State	1-2-3	140	197	...	...	...	0	2	2 Res: Ortho.
Greensboro Moses H. Cone Memorial Hospital 1200 N. Elm St., 27402		NPCorp	...	349	8	68	21	5	0	0	12 Int: Rotating; 4 Res: Path.
Oteen Veterans Administration Hospital, 28805		VA	2	850	47	62	0	0	0	4	4 Res: Thor.

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								Autopsies on Stillborn	Foreign		
NORTH CAROLINA—Continued											
Raleigh											
Dorothea Dix Hospital, Station B, Box 7507, 27602	L-64	State	...	2,744	...	53	0	0	0	24	27 Res: Psych.
Memorial Hospital of Wake County, 3000 New Bern Ave., 27603	L-64	County	...	380	7	34	26	14	0	3	5 Res: ObG, Ped.
North Carolina State Board of Health, 27603		State	...	...	...	...	...	...	0	1	3 Res: Public Health
Wilmington											
Babies' Hospital, 7225 Wrightsville Ave., 28403		NPCorp	...	65	4	27	...	...	2	0	3 Res: Ped.
James Walker Memorial Hospital, N. 10th St., 28401		NPCorp	...	272	7	23	17	1	6	3	8 Int: Rotating; Res: Path.
Winston-Salem											
Forsyth Memorial Hospital, 3333 Silas Creek Pkwy., 27103	G-66	City	...	416	7	38	7	2	0	0	6 Int: Family Practice Program; 10 Res: Surg.
Kate Bitting Reynolds Memorial Hospital, 1101 E. Seventh St., 27101		City	*	174	8	24	41	2	0	5	8 Int: Rotating; 6 Res: Surg.
North Carolina Baptist Hospitals, 300 S. Hawthorne Rd., 27103	M-66#	Church	*-*	531	9	64	24	17	1	18	24 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 116 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	...	192	...	32	21	2	6	3	9 Res: Rad., Surg.
St. Alexius Hospital, 9th and Thayer Sts., 58502		Church	...	240	7	46	10	2	0	3	3 Res: Rad.
Fargo											
St. Luke's Hospital, 5th St. North at Mills Ave., 58102	G-45	NPCorp	...	322	7	44	16	3	3	0	12 Int: Rotating; 5 Res: ObG, Surg.
Grand Forks											
Grand Forks Deaconess Hospital, 212 S. 4th St., 58201		Church	...	150	8	51	8	2	...	...	Res: Path.
St. Michael's Hospital, 501 Columbia Rd., 58201		Church	...	150	6	58	8	1	2	2	4 Res: Path.
OHIO											
Akron											
Akron City Hospital, 525 E. Market St., 44309		NPCorp	*-*	520	10	41	36	11	1	24	23 Int: Rotating, St. Med., St. Surg., General Practice Program; 13 53 Res: Anes., GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
Akron General Hospital, 400 Wabash Ave., 44307		NPCorp	*	452	11	53	37	8	0	16	21 Int: Rotating; 29 52 Res: GP, Med., ObG, Ortho., Path., Rad., Surg., Urol.
Children's Hospital of Akron, Buchtel Ave. at Bowery St., 44308		NPCorp	...	253	5	68	0	0	0	0	2 Int: St. Ped.; 23 Res: Ortho., Path., Ped.
St. Thomas Hospital, 444 N. Main St., 44310		Church	*	266	9	58	24	7	10	1	22 Int: Rotating, General Practice Program; 18 31 Res: GP, Med., ObG, Path., Surg.
Barberton											
Barberton Citizens Hospital, Tuscora Park, 44203		NPCorp	...	313	8	43	25	6	12	0	12 Int: Rotating; 1 6 Res: GP, Path., Surg.
Canton											
Aultman Hospital, 625 Clarendon Ave., S.W., 44710		NPCorp	...	525	8	41	25	10	2	1	8 Int: Rotating; 32 Res: Med., Path., Surg.
Mercy Hospital, 723 Market Ave., N., 44702		Church	...	437	8	40	31	15	5	0	7 Int: Rotating; 11 18 Res: ObG, Surg.
Cincinnati											
Bethesda Hospital, Oak St. and Reading Rd., 45206		Church	...	352	8	28	6	2	0	6	12 Int: Rotating; 2 14 Res: Anes., ObG, Path.
Central (Mental Hygiene) Clinic, Cincinnati General Hospital, 45229		City	...	...	...	...	...	...	...	...	Res: Child Psych.
Child Guidance Home of the Jewish Hospital, 3140 Harvey Ave., 45229		Church	...	16	730	0	0	0	2	9	12 Res: Child Psych.
Children's Hospital, Elland and Bethesda Aves., 45229	M-67#	Church	*-*	215	6	81	...	...	...	...	Res: Anes., Neurosurg., Ortho., Path., Ped., Ped. All., Ped. Card., Rad., Surg.
Christ Hospital, 2139 Auburn Ave., 45219		NPCorp	...	600	10	33	29	13	0	8	21 Int: Rotating, St. Surg.; 3 4 23 Res: Anes., GP, Neurosurg., Plast., Surg.
Cincinnati General Hospital, 3231 Burnet Ave., 45229	M-67X	City	*-*	766	9	65	94	57	0	45	52 Int: Rotating, St. Med., St. Surg., St. Ped.; 12 183 222 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., 45219		NPCorp	...	100	61	...	0	...	...	...	Res: Ped. All.
Daniel Drake Memorial Hospital, Galbraith and Vine St., 45216	G-67#	County	...	1,009	504	50	...	...	5	1	15 Res: Med.
Good Samaritan Hospital, 3217 Clifton Ave., 45220		Church	...	706	8	44	81	24	16	2	27 Int: Rotating, Mixed, St. Surg.; 8 46 Res: GP, Med., Neurosurg., ObG, Ortho., Path., Ped., Surg., Urol.
Jewish Hospital, 3208 Burnet Ave., 45229		NPCorp	...	502	9	43	44	29	1	5	17 Int: Rotating, Mixed, St. Med.; 23 35 Res: Med., Ortho., Path., Ped., Rad., Surg.
Longview State Hospital, 6600 Paddock Rd., 45216		State	...	3,200	135	23	1	1	...	...	Res: Surg.
National Lead Company of Ohio, P. O. Box 39158, Mt. Healthy Station, 45239		Corp	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Rollman Psychiatric Institute, 3009 Burnet Ave., 45219		State	...	150	46	33	0	0	7	5	24 Res: Psych.
St. Mary Hospital, 830 Lincoln Park Dr., 45214		Church	...	150	10	28	0	0	3	0	3 Res: Surg.
University of Cincinnati, Institute of Industrial Health, School of Arts and Sciences, 45219		NPCorp	...	...	...	...	...	...	0	3	12 Res: Occup. Med.
Veterans Administration Hospital, 3200 Vine St., 45220	M-67#	VA	*	717	77	61	0	0	Res: Anes., Med., Neurosurg., Neur., Ortho., Path., Psych., Surg., Urol.

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								Autopsies on Stillborn	Foreign		
OHIO—Continued											
Cleveland											
Cleveland Clinic Hospital 2020 E. 93rd St., 44106		NPCorp	...	485	10	63	7	1	2	16	28 Int: Rotating, Mixed, St. Med., St. Path.; 163 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	3	...	...	...	...	...	0	1	1 Res: Child Psych.
Cleveland Metropolitan General Hospital 3395 Scranton Rd., 44109	M-68#	County	4-5	539	13	69	75	48	0	30	32 Int: St. Med., St. Surg., St. Ped., St. Path.; 127 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	62	25	...	...	4	7	24 Res: Psych.
Cuyahoga County Coroner's Office 2121 Adelbert Rd., 44106		...	...	...	...	...	...	...	1	0	2 Res: Forensic Path.
Evangelical Deaconess Hospital 4229 Pearl Rd., 44109		Church	...	232	7	40	16	7	6	0	6 Int: Rotating; 10 Res: Path., Surg.
Fairhill Psychiatric Hospital 12200 Fairhill Rd., 44120		State	...	161	58	14	...	...	2	3	12 Res: Psych.
Fairview Park Hospital 18101 Lorain Ave., 44111		NPCorp	...	326	8	43	20	2	6	0	15 Int: Rotating; 26 Res: Anes., GP Med., ObG, Path., Surg.
Highland View Hospital 3901 Ireland Dr., 44122	L-68#	County	4	401	59	55	0	0	1	1	29 Res: Neur., PMR
Huron Road Hospital 13951 Terrace Rd., 44112		NPCorp	...	378	10	47	12	5	12	0	12 Int: Rotating; 26 Res: Anes., Med., ObG, Path., Rad., Surg., Urol.
Lutheran Hospital 2609 Franklin Blvd., 44113		Church	...	324	8	55	18	4	10	1	12 Int: Rotating; 30 Res: Med., Path., Surg.
Marymount Hospital 12300 McCracken Rd., 44125		Church	...	230	9	78	18	3	12	0	12 Int: Rotating; 10 Res: Anes., Path.
Mount Sinai Hospital of Cleveland University Circle, 44106		NPCorp	5	532	10	52	48	38	4	19	24 Int: Mixed, St. Med.; 54 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Polyclinic Hospital 6606 Carnegie Ave., 44103		NPCorp	...	144	9	40	6	1	4	0	7 Res: GP
St. Alexis Hospital 5163 Broadway, 44127		Church	...	335	10	47	23	16	8	0	8 Int: Rotating; 15 Res: Anes., Path., Surg.
St. Ann Hospital 2475 E. Boulevard, 44120		Church	...	67	5	19	21	7	...	...	Res: ObG
St. John's Hospital 7911 Detroit Ave., 44102		Church	...	266	8	39	22	5	5	0	6 Int: Rotating; 18 Res: GP, ObG
St. Luke's Hospital 11311 Shaker Blvd., 44104		Church	4	467	9	59	30	22	1	8	20 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	45	0	0	4	3	12 Int: Rotating, Mixed; 43 Res: Anes., Med., Ortho., Path., Surg., Thor.
Sunny Acres Cuyahoga County Tuberculosis Hospital 4310 Richmond Rd., 44122	L-68#	County	...	401	264	41	0	...	2	1	8 Res: Med., Thor.
University Hospitals of Cleveland 2065 Adelbert Rd., 44106	M-68#	NPCorp	4	943	11	65	58	32	0	42	45 Int: St. Med., St. Surg., St. Ped., St. Path.; 250 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped. Card., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Veterans Administration Hospital 10701 East Blvd., 44106	M-68#	VA	4	800	45	64	0	0	6	19	31 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	30	3	0	7	0	8 Int: Rotating; 8 Res: GP
Columbus											
Children's Hospital 17th St. at Livingston Park, 43205	M-69	NPCorp	4	304	6	76	...	...	9	17	37 Res: Neurosurg., Ortho., Otol., Path., Ped., Plast., Surg.
Columbus State Hospital 1960 W. Broad St., 43223		State	...	2,368	102	29	...	...	8	9	24 Res: Psych.
Grant Hospital 309 E. State St., 43215	L-69	NPCorp	...	410	8	45	50	18	4	8	16 Int: Rotating; 4 Res: Path.
Mount Carmel Hospital 793 W. State St., 43222	L-69	Church	...	419	9	62	43	23	0	0	18 Int: Rotating, Mixed; 20 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	...	...	...	...	...	...	6	10	22 Res: Aerospace Med., Occup. Med.
Ohio Tuberculosis Hospital 466 W. Tenth Ave., 43210	L-69	State	4	200	171	73	0	0	0	2	2 Res: Thor.
Riverside Methodist Hospital 3535 Olentangy River Rd., 43214	L-69	Church	...	500	9	55	43	28	0	20	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	27	46	10	...	...	Res: ObG
University Hospitals 610 W. Tenth Ave., 43210	M-69X	State	4-5	776	10	80	49	30	1	27	36 Int: St. Med., St. Surg., St. Ped., St. Path.; 225 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., 45419		Misc	...	84	108	...	0	0	3	2	4 Res: Child Psych.
Good Samaritan Hospital 1425 W. Fairview Ave., 45406		Church	...	454	8	48	111	34	0	13	13 Int: Rotating; 16 Res: GP, Med., ObG, Surg.
Miami Valley Hospital 1 Wyoming St., 45409		NPCorp	4-7	683	9	44	61	13	0	5	16 Int: Rotating, Family Practice Program; 30 Res: GP, Med., ObG, Path., Rad., Surg.
St. Elizabeth Hospital 49 Hopeland St., 45408		Church	...	477	8	36	34	9	0	10	12 Int: Rotating

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								Autopsies on Stillborn	Foreign Non-Foreign		
OHIO, Dayton—Continued											
U. S. Air Force Headquarters, Air Force Logistics Command, 45433		USAF	0	3	2 Res: Occup. Med.	
Wright-Patterson Air Force Base		USAF	1-2-4	350	15	84	12	0	10	12 Int: Rotating	
U. S. Air Force Hospital, Wright-Patterson Air Force Base, 45433		USAF	...	...	...	...	...	0	10	12 Int: Rotating	
Veterans Administration Hospital, 4100 W. Third St., 45428		VA	...	779	48	78	0	0	13	12	45 Res: Med., Path., PMR, Rad., Surg.
Elyria											
Elyria Memorial Hospital, 630 E. River St., 44036		NPCorp	...	360	7	40	29	2	11	0	12 Int: Rotating; 20 Res: GP, Ortho., Path., Rad., Surg.
Euclid											
Euclid-Glenville Hospital, E. 185th St. and Lake Erie, 44119		NPCorp	...	274	9	61	14	2	10	0	12 Int: Rotating; 12 Res: GP
Hamilton											
Mercy Hospital, 116 Dayton St., 45011		Church	...	350	8	24	23	1	12	0	16 Int: Rotating; 9 Res: Path., Surg.
Lakewood											
Lakewood Hospital, 14519 Detroit Ave., 44107		City	...	301	9	45	30	11	8	0	10 Int: Rotating, Mixed; 18 Res: Med., Surg.
Lima											
St. Rita's Hospital, 801 W. High St., 45801		Church	...	284	7	39	36	2	1	1	12 Int: Rotating; 4 Res: Path.
Lorain											
St. Joseph Hospital, 205 W. 20th St., 44052		Church	...	264	7	37	30	5	6	0	6 Int: Rotating; 13 Res: GP, Path., Rad.
Mansfield											
Mansfield General Hospital, 335 Glessner Ave., 44903		NPCorp	...	364	8	28	32	5	5	0	6 Res: Surg.
Ravenna											
Robinson Memorial Portage County Hospital, 449 S. Meridian St., 44286		County	...	233	6	35	21	7	10	0	10 Res: GP
Springfield											
Mercy Hospital, 1343 N. Fountain Blvd., 45504		Church	...	350	8	47	19	4	0	6	10 Int: Rotating
Springfield City Hospital, 2615 E. High St., 45501		City	2-3	275	8	44	19	13	0	5	10 Int: Rotating; 2 Res: Path.
Steubenville											
Ohio Valley Hospital, 380 Summit Ave., 43952		NPCorp	...	248	8	27	20	1	9	0	10 Int: Rotating
Toledo											
Flower Hospital, 3350 Collingwood Blvd., 43610		Church	...	190	8	31	16	7	9	0	9 Int: Rotating; 1 Res: Surg.
Maumee Valley Hospital, 2025 Arlington Ave., 43909		County	...	234	11	62	19	18	0	0	6 Int: Rotating; 26 Res: Med., ObG, Ortho., Path., Surg., Urol.
Mercy Hospital, 2221 Madison Ave., 43624		Church	...	350	8	38	22	10	10	0	14 Int: Rotating; 6 Res: Path., Ped.
Riverside Hospital, 1609 Summit St., 43604		NPCorp	...	186	8	25	9	2	6	0	9 Int: Rotating
St. Charles Hospital, 2600 Navarre Ave., 43616		Church	...	235	9	31	10	7	6	0	9 Int: Rotating; 4 Res: GP
St. Vincent Hospital, 2213 Cherry St., 43608		Church	...	449	9	47	31	16	9	6	15 Int: Rotating; 22 Res: ObG, Ortho., Path., Surg., Urol.
Toledo Hospital, 2142 N. Cove Blvd., 43606		NPCorp	...	444	8	58	51	44	0	5	16 Int: Rotating; 13 Res: Anes., Med., ObG, Path.
Warren											
St. Joseph's Riverside Hospital, 1400 Tod Ave., N.W., 44485		Church	...	156	7	31	17	0	6	0	6 Res: GP
Trumbull Memorial Hospital, 1350 E. Market St., 44482		NPCorp	...	323	7	37	28	4	8	0	12 Int: Rotating; 26 Res: Med., ObG, Path., Ped., Surg.
Worthington											
Harding Hospital, 445 E. Granville Rd., 43085		Corp	...	125	49	0	0	...	0	3	9 Res: Psych.
Youngstown											
St. Elizabeth Hospital, 1044 Belmont Ave., 44505		Church	4	537	8	58	25	2	11	10	21 Int: Rotating; 40 Res: Anes., GP, Med., ObG, Path., Rad., Surg.
Youngstown Hospital, South Unit, Oak Hill and Francis St., 44501		NPCorp	4	814	10	39	35	7	18	10	30 Int: Rotating, St. Med., St. Surg.; 53 Res: Anes., Med., Ortho., Path., Rad., Surg.
OKLAHOMA											
Fort Sill											
U. S. Army Hospital, 73504		Army	1-2	200	7	60	31	8	0	0	2 Res: Surg.
Norman											
Central State Griffin Memorial Hospital, Reed and Main Sts., P. O. Box 151, 73089	G-70#	State	...	2,541	49	15	...	...	6	5	16 Res: Psych.
Oklahoma City											
Baptist Memorial Hospital, 5800 N.W. Grand Blvd., 73112	L-70#	Church	2-3	194	7	34	21	6	0	0	7 Int: Rotating; 1 Res: Path.
Bone and Joint Hospital, 605 N.W. 10th St., 73103	G-70#	Corp	1-2-3	84	10	0	...	...	0	4	4 Res: Ortho.
Mercy Hospital Oklahoma City General, 501 N.W. 12th St., 73103	L-70#	Church	2	225	8	48	15	5	0	8	8 Int: Rotating; 1 Res: Path.
Presbyterian Hospital, 300 N.W. 12th St., 73103	L-70#	Part	2-3	207	7	37	10	1	0	5	8 Int: Rotating; 4 Res: Rad., Surg.
St. Anthony Hospital, 601 N.W. 9th St., 73103	L-70#	Church	4	516	8	44	67	5	0	9	14 Int: Rotating; 23 Res: Med., Neurosurg., ObG, Ortho., Path., Ped., 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	Foreign		
OKLAHOMA, Oklahoma City—Continued											
State of Oklahoma Dept. of Health 800 N.E. 13th St., 73104		State	...	...	...	...	...	0	1	6 Res: Public Health	
University Hospitals 800 N.E. 13th St., 73104	M-70X	State	4-5	458	11	61	15	2	0	7	42 Int: Rotating, St. Med., St. Surg.; 198 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	...	...	...	...	...	1	3	14 Res: Child Psych., Gen. Prev. Med., Occup. Med., Public Health	
Veterans Administration Hospital 921 N.E. 13th St., 73104	M-70#	VA	2-5	488	23	70	...	...	...	...	Int: St. Med., St. Surg., Rotating; Res: Anes., Derm., Med., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Surg., Thor., Urol.
Tulsa											
Children's Medical Center 4818 South Lewis, 74105		NPCorp	...	40	73	0	0	0	1	3	4 Res: Child Psych.
Hillcrest Medical Center 1120 S. Utica St., 74120		NPCorp	...	542	7	35	28	14	0	11	12 Int: Rotating; 19 Res: ObG, Path., Ped., Surg.
St. John's Hospital 1923 S. Utica St., 74104		Church	...	600	9	38	15	...	0	12	12 Int: Rotating; 15 Res: Med., ObG, Path., Ped., Surg.
OREGON											
Portland											
Emanuel Hospital 2801 N. Gantenbein Ave., 97227	G-71	Church	...	484	7	49	43	31	0	14	14 Int: Rotating; 20 Res: Med., ObG, Ortho., Path., Surg.
Good Samaritan Hospital 1015 N.W. 22nd Ave., 97210		Church	...	470	7	68	33	14	0	13	16 Int: Rotating, St. Med., St. Surg., St. Path.; 27 Res: Med., Neurosurg., Neur., Oph., Path., Surg.
Portland Sanitarium and Hospital 6040 S.E. Belmont St., 97215		Church	...	259	7	41	21	15	1	3	10 Int: Rotating
Providence Hospital 700 N.E. 47th Ave., 97213		Church	...	317	7	54	0	0	1	3	12 Int: Rotating; 14 Res: Path., Surg.
St. Vincent Hospital 2447 N.W. Westover Rd., 97210	G-71	Church	...	362	7	46	11	7	1	0	10 Int: Rotating; 26 Res: GP, Path., Surg.
Shriners Hospital for Crippled Children N.E. 82nd and Sandy Blvd., 97220	G-71	NPCorp	3	80	77	0	0	0	2	9	Res: Ortho.
State of Oregon Dept. of Health 1400 S.W. 5th Ave., 97201		State	...	...	...	...	...	...	0	2	8 Res: Public Health
University of Oregon Medical School Hospitals and Clinics 3181 S.W. Sam Jackson Park Rd., 97201	M-71X	State	...	700	15	79	53	25	0	33	36 Int: Rotating 150 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	555	28	80	0	0	0	25	30 Res: Med., Neurosurg., Ortho., Otol., Path., PMR, Surg., Urol.
Salem											
Oregon State Hospital Center St., N.E., 97310		State	...	2,539	299	24	0	0	2	12	14 Res: Psych.
PENNSYLVANIA											
Abington											
Abington Memorial Hospital 1200 York Rd., 19001		NPCorp	4-5	379	9	56	56	6	0	13	15 Int: Rotating; 24 Res: Med., ObG, Path., Rad., Surg.
Allentown											
Allentown Hospital 17th and Chew Sts., 18102		NPCorp	...	550	9	58	29	...	1	5	16 Int: Rotating, Mixed; 14 Res: Colon-Rectal, ObG, Path., Plast., Surg.
Allentown State Hospital Hanover Ave. and Quebec St., 18103		State	...	1,933	1,494	44	0	0	0	2	8 Res: Psych.
Sacred Heart Hospital 4th and Chew Sts., 18102		Church	...	447	9	43	19	6	0	4	10 Int: Rotating; 9 Res: ObG, Path., Rad., Surg.
Altoona											
Altoona Hospital 700 Howard Ave., 16603		NPCorp	...	329	9	31	30	15	8	3	12 Int: Rotating; 13 Res: GP, ObG, Path., Surg.
Bethlehem											
St. Luke's Hospital 801 Ostrum St., 18015		NPCorp	...	453	11	45	24	8	2	4	14 Int: Rotating, Mixed; 17 Res: Med., ObG, Path., Surg.
Bradford											
Bradford Hospital 116 Interstate Pkwy., 16701		NPCorp	3	189	9	20	9	1	0	0	8 Res: Surg.
Bristol											
Lower Bucks County Hospital Bath Rd. and Orchard Ave., 19007		NPCorp	...	222	6	35	44	4	0	1	8 Int: Rotating; 4 Res: GP
Bryn Mawr											
Bryn Mawr Hospital Bryn Mawr Ave., 19010		NPCorp	...	358	9	43	22	5	0	12	12 Int: Rotating; 26 Res: Med., Path., Rad., Surg.
Chester											
Crozer-Chester Medical Center 15th St. and Upland Ave., 19013		NPCorp	...	479	8	37	49	11	0	0	8 Int: Rotating 10 Res: GP, Path.
Coatesville											
Veterans Administration Hospital, 19320	L-75	VA	2	1,602	676	78	...	...	3	7	13 Res: Neur., Psych.
Danville											
Danville State Hospital, 17821		State	...	2,472	84	25	0	0	1	3	10 Res: Psych.
Geisinger Medical Center, 17821		NPCorp	4-5	375	8	58	14	7	0	11	15 Int: Rotating, Mixed; 59 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	46	45	4	3	8	12 Int: Rotating; 13 Res: Med., ObG, Path., Rad.
Drexel Hill											
Delaware County Memorial Hospital 501 N. Lansdowne Ave., 19026		NPCorp	...	244	9	33	16	3	7	0	7 Int: Rotating
Easton											
Easton Hospital 21st and Lehigh Sts., 18043		NPCorp	...	287	9	44	9	2	7	1	10 Int: Rotating; 6 Res: Med., Surg.
Elizabethtown											
State Hospital for Crippled Children, 17022		State	...	194	269	...	0	0	0	3	3 Res: Ortho.

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign		
PENNSYLVANIA—Continued											
Erie											
Hamot Hospital 4 E. 2nd St., 16512		NPCorp		416	7	37	30	22	1	1	12 Int: Rotating;
St. Vincent Hospital 232 W. 25th St., 16512		NPCorp		438	7	46	69	5	9	6	20 Res: ObG, Ortho., Path., Surg., Urol.
Greensburg											
Westmoreland Hospital 532 W. Pittsburgh St., 15601		NPCorp		266	8	31	34	2	6	2	10 Int: Rotating;
Harrisburg											
Harrisburg Hospital Front and Mulberry Sts., 17101	M-72	NPCorp	4-5	635	10	59	51	2	1	17	17 Res: ObG, Path., Ped., Surg.
Harrisburg Polyclinic Hospital Third and Radnor Sts., 17105		NPCorp		520	10	41	30	6	0	20	22 Int: Rotating;
Harrisburg State Hospital Cameron and Maclay Sts., 17105		State		2,430	90	36	0	0	1	8	19 Res: Med., Path., Ped., Surg.
Pennsylvania Dept. of Health P. O. Box 90, 17108		State							3	0	6 Res: Psych.
Hazleton											
Hazleton State General Hospital E. Broad St., 18201		State		173	10	19	6	1	2	1	4 Res: Surg.
St. Joseph Hospital 687 N. Church Street, 18201		Church		200	8	36	17	6	0	1	4 Res: Surg.
Johnstown											
Conemaugh Valley Memorial Hospital 1086 Franklin St., 15905		NPCorp		443	9	40	25	8	1	6	12 Int: Rotating;
Mercy Hospital of Johnstown 1020 Franklin St., 15905		Church		240	8	28	16	3	0	1	10 Res: Anes., Path., Surg.
Lancaster											
Lancaster General Hospital 525 N. Duke St., 17602		NPCorp		493	8	40	36	15	0	7	12 Int: Rotating;
Lebanon											
Good Samaritan Hospital 4th and Walnut Sts., 17042		NPCorp		215	9	41	23	0	2	0	6 Res: GP, Path.
Mayview											
Mayview State Hospital, 15058		State		3,446	125	0	0	0	1	5	2 Res: GP
McKeesport											
McKeesport Hospital 1500 Fifth Ave., 15132		NPCorp		520	10	30	61	4	9	1	12 Int: Rotating;
Norristown											
Montgomery County Mental Health Clinics 1115 Powell St., 19401											4 Res: Surg.
Montgomery Hospital Powell and Farnace Sts., 19401		NPCorp		247	7	33	31	9	1	1	12 Int: Rotating;
Norristown State Hospital Stanbridge and Sterigere Sts., 19401	L-75	State		4,630		33			2	0	10 Res: GP, Path.
Sacred Heart Hospital 1430 DeKalb St., 19401		Church		208	7	36	16	6	4	0	39 Res: Psych., Surg.
Philadelphia											
Albert Einstein Medical Center York and Tabor Rds., 19141	M-74	NPCorp	4	902	11	42	96	20	7	32	46 Int: Rotating, Mixed, St. Med., St. Surg.;
Northern Division York and Tabor Rds., 19141	M-74								34	24	107 Res: Anes., Med., ObG, Ortho., Path., Ped., PMR, Psych., Child Psych., Rad. Surg., Urol.
Southern Division Fifth and Reed Sts., 19141											
Chestnut Hill Hospital 8835 Germantown Ave., 19118	M-73	NPCorp	2-3	225	8	61	18	2	0	6	9 Int: Rotating, St. Path.;
Child Study Center of Philadelphia 110 North 48th St., 19139		Misc	2						0	2	4 Res: Path., Surg.
Children's Hospital of Philadelphia 1740 Bainbridge St., 19146	M-75#	NPCorp	4	164	7	84	0	0	0	3	8 Res: Child Psych.
Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbottsford Rd., 19129	L-72, -75, M-73-76#	State		233	162	0	0	0	4	9	6 Int: St. Ped.;
Episcopal Hospital Front St. and Lehigh Ave., 19125	M-74, L-76#	NPCorp	4-5	379	11	42	35	2	9	1	25 Res: Anes., Neurosurg., Neur., Oph., Ortho., Path., Ped., Ped. All., Ped. Card., Surg.
Frankford Hospital 4940 Frankford Ave., 19124		NPCorp		204	8	31	41	22	5	0	21 Res: Psych., Child Psych.
Germantown Dispensary and Hospital E. Penn and E. Wister Sts., 19144	L-74-76	NPCorp		313	11	44	31	8	2	10	16 Int: Rotating, St. Med., St. Surg.;
Graduate Hospital of the University of Pennsylvania 19th and Lombard Sts., 19146	M-75X	NPCorp		351	12	60			4	8	20 Res: Med., Neurosurg., ObG, Path., Rad., Urol.
Hahnemann Medical College and Hospital 230 N. Broad St., 19102	M-72X	NPCorp	4	557	11	43	44	20	0	12	9 Int: Rotating;
Hospital of the University of Pennsylvania 3400 Spruce St., 19104	M-75X	NPCorp	4-5	916	12	66	44	7	0	39	8 Res: Path., Surg.
Hospital of the Woman's Medical College of Pennsylvania 3300 Henry Ave., 19129	M-76X	NPCorp	2	206	8	67	37	35	0	3	12 Int: Rotating;
Institute of the Pennsylvania Hospital 111 N. 49th St., 19139	L-75	NPCorp		259	32	0			13	13	84 Res: Anes., Derm., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Surg., Urol.
Irving Schwartz Institute for Children and Youth (Philadelphia Psychiatric Center) Ford Ave. and Monument Ave., 19131	L-75								0	2	21 Int: St. Med., St. Surg., St. Path., St. Ped., Mixed;

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								Autopsies on Stillborn	Foreign		
PENNSYLVANIA, Philadelphia—Continued											
Jeanes Hospital Hartel and Hasbrook Aves., 19111		Church	...	129	9	47	0	0	1	1	5 Res: Surg.
Jefferson Medical College Hospital 11th and Walnut Sts., 19107	M-73X	NPCorp	4-5	783	12	52	67	31	0	22	28 Int: Rotating, St. Med., St. Surg.; 173 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	...	400	9	52	20	6	0	12	13 Int: Rotating; 21 Res: Med., ObG, Ortho., Path., Surg.
Magee Memorial Hospital for Convalescents—Rehabilitation Center 1513 Race St., 19102	G-73	NPCorp	2	66	42	0	0	0	0	0	3 Res: PMR
Memorial Hospital 5800 Ridge Ave., 19128		NPCorp	...	182	9	30	22	5	5	0	6 Int: Rotating
Mercy-Douglass Hospital 5000 Woodland Ave., 19143	L-75	NPCorp	...	286	9	47	7	0	5	1	8 Int: Rotating; 37 Res: Med., Psych., Surg.
Methodist Hospital 2301 South Broad Street, 19148	M-73	Church	...	255	9	27	16	1	0	7	8 Int: Rotating; 3 Res: ObG, Surg.
Misericordia Hospital 54th St. and Cedar Ave., 19143	L-72, -75, M-73	Church	4	400	10	48	33	3	1	14	15 Int: Rotating, St. Med., St. Surg.; 23 Res: Med., ObG, Path., Rad., Surg.
Moss Rehabilitation Hospital 12th St. and Tabor Rd., 19141	L-74	NPCorp	...	124	39	34	...	...	...	...	Res: PMR
Nazareth Hospital 2601 Holme Ave., 19152		Church	...	314	7	43	34	7	2	4	18 Int: Rotating; 14 Res: Med., Path., Surg.
Northeastern Hospital of Philadelphia 2301 East Allegheny Ave., 19134		NPCorp	2	160	9	31	8	1	5	1	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-73-75	NPCorp	5	424	9	42	76	30	0	18	18 Int: Rotating; 5 32 46 Res: Anes., Med., Neur., ObG, Ortho., Path., Rad., Surg., Urol.
Philadelphia Child Guidance Clinic 1700 Bainbridge St., 19146		Misc	...						0	3	6 Res: Child Psych.
Philadelphia General Hospital 34th and Curie Ave., 19104	M-73#, M-73#, M-74#, M-75#, M-76#	City	4-5	1,695	16	52	150	6	0	90	90 Int: Rotating; 43 78 155 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Psych., Child Psych., Rad., Surg., Urol.
Philadelphia Psychiatric Center Ford Rd. and Monument Ave., 19131	L-75	NPCorp	...	152	36	50	...	...	0	15	26 Res: Psych., Child Psych.
Philadelphia State Hospital Roosevelt Blvd., 19114		State	...	6,775	...	15	...	...	6	2	30 Res: Psych.
Presbyterian Hospital in Philadelphia 51 N. 39th St., 19104	M-75#	Church	4	325	10	58	15	...	5	7	16 Int: Rotating, St. Med., St. Surg.; 26 Res: Anes., Med., ObG, Path., Surg., Thor.
St. Agnes Hospital 1900 S. Broad St., 19145		Church	1-2	266	9	33	15	6	0	0	10 Int: Rotating; 4 Res: GP
St. Christopher's Hospital for Children 2600 N. Lawrence St., 19133	M-74#	NPCorp	4-5	150	8	89	...	...	...	...	Res: Neur., Path., Ped., Ped. All., Child Psych., Surg., Tbor.
St. Joseph's Hospital 16th St. and Girard Ave., 19130		Church	...	200	10	28	16	4	3	0	6 Int: Rotating; 3 Res: Surg.
St. Luke's and Children's Medical Center Girard Ave. and 8th St., 19122		NPCorp	...	278	9	31	19	7	6	0	8 Int: Rotating
St. Mary's Franciscan Hospital 1567 E. Palmer St., 19125		Church	...	225	9	33	13	3	8	0	8 Int: Rotating; 2 Res: GP, Surg.
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd., 19152	G-74	NPCorp	...	100	116	0	0	0	0	4	4 Res: Ortho.
Skin and Cancer Hospital of Philadelphia 804 Pine St., 19107	L-74#	NPCorp	...	26	13	100	0	0	2	8	12 Res: Derm.
Temple University Hospital 3401 N. Broad St., 19140	M-74X	NPCorp	...	798	11	57	90	86	0	12	12 Int: St. Med.; 24 114 139 Res: Anes., Colon-Rectal, Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Thor., Urol.
U. S. Naval Hospital 17th and Pattison Ave., 19145	M-73	Navy	2-4-5	1,025	25	63	36	18	0	18	18 Int: Rotating; 0 71 84 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-72-74#-75	VA	4	488	26	64	0	0	3	51	63 Res: Med., Oph., Ortho., Path., PMR, Rad., Surg., Urol.
Wills Eye Hospital 1601 Spring Garden St., 19130	M-73, L-76	City	...	242	9	0	0	0	0	21	21 Res: Oph.
Pittsburgh											
Allegheny General Hospital 320 E. North Ave., 15212		NPCorp	5	621	11	40	51	4	1	8	16 Int: Mixed; 54 Res: Anes., Med., ObG, Ortho., Path., Rad., Surg., Thor., Urol.
Children's Hospital of Pittsburgh 125 De Soto St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77	NPCorp	4-5	253	9	90	...	...	...	...	Int: St. Ped.; Res: Anes., Neurosurg., Ortho., Path., Ped., Ped. All. Ped. Card., Plast., Rad., Surg., Thor.
Eye and Ear Hospital of Pittsburgh 230 Lothrop St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77	NPCorp	...	142	5	71	0	0	...	...	Res: Anes., Oph., Otol.
Health Center Hospitals of the University of Pittsburgh, School of Medicine 3550 Terrace St., 15213 (includes: Children's Hospital of Pittsburgh, Magee-Women's Hospital, Presbyterian-University Hospital, Veterans Administration Hospital)	M-77		4-5						1	24	41 Int: St. Med., St. Surg., St. Ped., St. Path.; 50 114 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Rad., Surg., Thor., Urol.
Jones and Laughlin Steel Corporation (Pittsburgh Works Division) 3 Gateway Center, 15230		Corp	...						0	0	1 Res: Occup. Med.

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								Autopsies on Stillborn	Foreign Non-Foreign		
PENNSYLVANIA, Pittsburgh—Continued											
Magee-Womens Hospital Forbes Ave. and Halket St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77	NPCorp	5	410	8	55	111	107	...	...	Res: Anes., Med., ObG, Rad.
Mercy Hospital 1400-30 Locust St., 15210	L-77	Church	...	591	11	45	31	5	9 25	8 19	20 Int: Rotating, Mixed; 52 Res: Anes., Med., Neurosurg., ObG, Otol., Path., Rad., Surg., Urol.
Montefiore Hospital 3459 Fifth Ave., 15213	...	NPCorp	4-5	321	10	46	1	1	0	16	19 Int: Rotating, St. Med.;
Pittsburgh Hospital 6655 Frankstown Ave., 15206	...	NPCorp	...	240	11	25	18	4	6	0	21 Res: Anes., Med., Oph., Path., Rad., Surg.
Presbyterian-University Hospital 230 Lothrop St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77	NPCorp	...	...	...	...	...	...	...	...	6 Int: Rotating; 3 Res: ObG Int: St. Med., St. Surg., St. Path.;
St. Francis General Hospital 408 45th St., 15201	L-77	NPCorp	5	782	14	42	35	5	21 24	0 8	22 Int: Rotating, Mixed; 48 Res: Anes., Med., Neurosurg., ObG, Ortho., Path., PMR, Rad., Surg.
St. John's General Hospital 3339 McClure Ave., 15212	...	NPCorp	...	246	10	23	26	...	0	0	4 Res: GP
St. Joseph's Hospital and Dispensary 2117 Carson St., 15203	...	Church	...	170	8	21	11	1	6	0	6 Int: Rotating
St. Margaret Memorial Hospital 265 46th St., 15201	...	Church	...	180	11	45	9	0	4	0	6 Int: Rotating; 2 Res: Path., Surg.
Shadyside Hospital 5230 Centre Ave., 15232	...	NPCorp	5	373	11	43	30	4	0	3	10 Int: Rotating; Res: Path.
South Side Hospital S. 20th and Jane Sts., 15203	...	NPCorp	5	335	10	30	40	4	3	5	9 Int: Rotating; 7 Res: ObG, Path.
University of Pittsburgh Graduate School of Public Health Dept. of Occupational Health, 15213	...	NPCorp	...	...	...	...	...	...	...	...	Res: Occup. Med.
Veterans Administration Hospital University Dr., 15240 (See Health Center Hospitals of the University of Pittsburgh)	M-77	VA	2-4-5	1,140	45	67	0	0	...	...	Res: Anes., Derm., Med., Neurosurg., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Surg., Urol.
Western Pennsylvania Hospital 4800 Friendship Ave., 15224	...	NPCorp	5	615	10	43	58	49	12	0	24 Int: Rotating, St. Med., St. Surg., St. Path.;
Western Psychiatric Institute and Clinic 3811 O'Hara St., 15213 (See Health Center Hospitals of the University of Pittsburgh)	M-77	NPCorp	...	159	75	...	...	...	18	16	43 Res: Med., ObG, Path., Rad., Surg., Thor., Urol. Res: Psych., Child Psych.
Westinghouse Bettis Atomic Power Division P. O. Box 1468, 15230	...	Corp	...	...	...	...	...	...	0	0	1 Res: Occup. Med.
Pottsville											
A. C. Milliken Hospital E. Norwegian and Tremont Sts., 17901	...	Church	...	222	10	30	22	1	5	0	5 Res: GP
Pottsville Hospital Mauch Chunk and Jackson Sts., 17901	...	NPCorp	...	255	10	31	13	0	5 2	1 0	6 Int: Rotating; 4 Res: GP
Reading											
Community General Hospital 145 N. 6th St., 19601	...	NPCorp	...	183	9	27	16	7	6	0	8 Res: GP
Reading Hospital, 19602	...	NPCorp	...	562	11	54	27	25	0	12	12 Int: Rotating, St. Surg.;
St. Joseph's Hospital 215 N. 12th St., 19603	...	Church	4	303	10	40	18	7	3 2	1 0	32 Res: Med., ObG, Ortho., Path., Rad., Surg. 6 Int: Rotating; 10 Res: GP, Path., Surg.
Sayre											
Robert Packer Hospital 200 S. Wilbur Ave., 18840	...	NPCorp	...	301	8	54	13	5	0 4	7 6	12 Int: Rotating, Mixed; 30 Res: Anes., Med., Ortho., Path., Ped., Rad., Surg.
Sewickley											
Sewickley Valley Hospital Blackburn Rd., 15143	...	NPCorp	...	239	8	30	33	4	3	0	6 Int: Rotating
Sharon											
Sharon General Hospital 740 E. State St., 16147	...	NPCorp	...	298	7	16	17	2	3	1	4 Res: GP
Uniontown											
Uniontown Hospital 500 W. Berkeley St., 15401	...	NPCorp	...	278	9	33	40	...	5 0	0 0	7 Int: Rotating; 2 Res: Surg.
Warren											
Warren State Hospital Box 240, 16365	...	State	...	2,538	120	21	0	0	2	10	27 Res: Psych.
Washington											
Washington Hospital 155 Wilson Ave., 15301	...	NPCorp	...	312	9	32	33	5	4	5	12 Int: Rotating
West Chester											
Chester County Hospital 500 E. Marshall St., 19380	...	NPCorp	3-4	186	7	40	19	2	1	0	6 Int: Rotating
West Reading											
Reading Hospital (See Reading, Pa.)
Wilkes-Barre											
Childrens Service Center of Wyoming Valley 335 South Franklin St., 18702	...	Misc	...	20	365	0	0	0	1	1	4 Res: Child Psych.
Mercy Hospital 196 Hanover St., 18703	...	NPCorp	...	274	9	28	13	3	6	0	6 Int: Rotating
Veterans Administration Hospital East End Blvd., 18703	...	VA	...	500	48	60	0	0	0	0	4 Res: Surg.
Wilkes-Barre General Hospital N. River and Auburn Sts., 18702	...	NPCorp	...	345	10	37	29	10	4 1	2 2	10 Int: Rotating; 9 Res: Path., Surg., Urol.
Wilkesburg											
Columbia Hospital 312 Penn Ave., 15221	...	NPCorp	...	275	9	26	26	12	4 4	0 1	6 Int: Rotating; 5 Res: ObG, 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											
Williamsport											
Williamsport Hospital.....		NPCorp	...	311	8	29	13	5	0	0	8 Int: Rotating; 3 Res: Surg.
777 Rural Ave., 17704								2	0		
York											
York Hospital.....		NPCorp	...	530	8	64	47	5	0	16	16 Int: Rotating; 28 Res: Med., ObG, Path., Surg.
1001 S. George St., 17403								1	15		
PUERTO RICO											
Aguadilla											
Aguadilla District Hospital.....		State	...								Res: Path.
Carr.											
Arecibo											
Arecibo District Hospital.....		State	2-4-5	280	9	41	122		1	0	3 Res: GP, Path.
Lares Rd., 00613											
Bayamon											
Puerto Rico Institute of Psychiatry.....		NPCorp	2	275	113	0	0	0	5	2	4 Res: Psych.
P. O. Box 127, 00620											
Fajardo											
Fajardo District Hospital.....		NPCorp	...	281	11	42	84		1	0	5 Res: Ped.
General Valero Ave., 00648											
Hato Rey											
Hospital Auxilio Mutuo.....		NPCorp	...	150	7	36	12	1	5	0	6 Int: General Practice Program
Ave. Ponce de Leon, 00918											
Ponce											
Hospital de Damas.....		Church	...	153	6	40	8		1	0	6 Int: Rotating; 6 Res: Anes., Surg.
Concordia St., 00732									4	0	
Ponce District General Hospital.....		State	...	412	11	75	169	1	3	0	20 Int: Rotating; 41 Res: Med., ObG, Path., Ped., Surg.
Bo Machuelo, 00732									22	1	
Rio Piedras											
I. González Martínez Oncologic Hospital.....		NPCorp	...	109	17	56	0	0	4	1	10 Res: Path., Rad., Surg.
Box 1811, 00935											
Institute of Legal Medicine, University of Puerto Rico.....									0	0	1 Res: Forensic Path.
Caparra Heights Branch, 00935											
Psychiatric Center for Training and Research.....	M-78#	State	...	1,584	154	36			8	2	9 Res: Psych.
Monacillo Rd.											
Rio Piedras Municipal Hospital.....		City	...	183	5	40	65	1	6	0	9 Int: Rotating; 12 Res: ObG, Ped.
Piñero St., 00928									10	0	
University District Hospital, 00935.....	M-78#	State	...	317	11	76	125	42	0	21	36 Int: Rotating, St. Med., St. Surg.; 97 Res: Anes., Med., Neur., ObG, Oph., Path., Ped., Rad., Surg., Urol.
									22	54	
San Juan											
Presbyterian Hospital.....		NPCorp	...	201	6	24	37	5	5	0	8 Int: Rotating; 2 Res: Ped., Surg.
1451 Ashford Ave., 00907									0	0	
San Juan City Hospital.....	L-78	City	...	347	10	53	78		14	0	24 Int: Rotating; 69 Res: Med., ObG, Oph., Otol., Path., Ped., Surg., Urol.
Dc Diego Ave., Stop 22, 00908									24	13	
Veterans Administration Hospital.....	M-78#	VA	2-4	200	17	87			8	8	31 Res: Med., Oph., Path., PMR, Rad., Surg.
520 Ponce de Leon Ave., 00901											
RHODE ISLAND											
Howard											
State of Rhode Island Medical Center— Institute of Mental Health.....		State	...	3,400		39			6	1	11 Res: Psych.
Box 5, 02834											
Newport											
Newport Hospital.....		NPCorp	...	226	9	33	11	4	6	0	8 Int: Rotating; 1 Res: Path.
Friendship St., 02842									1	0	
U. S. Naval Hospital.....		Navy	2	479	13	78	5	4	0	6	6 Int: Rotating
3rd and Cypress Sts., 02840											
North Providence											
Our Lady of Fatima, 02904.....		Church	2	240	11	30					Res: Path.
Pawtucket											
Memorial Hospital.....		NPCorp	...	215	8	37	29	3	7	0	8 Int: Rotating; 10 Res: GP, Med., Path.
Prospect St., 02800									2	0	
Providence											
Charles V. Chapin Hospital.....		City	...	214	13	46	0		4	0	4 Res: Ped.
153 Eaton St., 02908											
Miriam Hospital.....		NPCorp	...	160	10	46			8	0	8 Int: Rotating; 1 Res: Med.
164 Summit Ave., 02906									0	0	
Providence Child Guidance Clinic.....		NPCorp	2						1	0	2 Res: Child Psych.
333 Grotto St., 02906											
Providence Lying-in Hospital.....	M-42	NPCorp	...	212	5	47	106	42	0	3	2 Res: ObG
50 Maude St., 02908											
Rhode Island Hospital.....		NPCorp	4	678	10	44	0	0	2	18	28 Int: Rotating, St. Med.; 77 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Rad., Surg., Urol.
593 Eddy St., 02903									21	41	
Roger Williams General Hospital.....		NPCorp	...	258	9	37	15	5	8	0	8 Int: Rotating; 2 Res: Ped.
825 Chalkstone Ave., 02908									2	0	
St. Joseph's Hospital.....		Church	...	290	10	37	15	4	12	0	12 Int: Rotating; 4 Res: Path.
21 Peace St., 02907									1	0	
Veterans Administration Hospital.....	L-40	VA	...	393	34	46			6	8	22 Res: Med., Surg.
Davis Park, 02908											
Riverside											
Emma Pendleton Bradley Hospital.....		NPCorp	...	56	930				1	0	5 Res: Psych., Child Psych.
1011 Veterans Memorial Pkwy., 02915											
SOUTH CAROLINA											
Charleston											
Medical Center Hospitals (Medical College Hospital and Roper Hospital).....	M-79X	State	...	463	9	57	67	20	0	16	38 Int: Mixed, St. Med., St. Surg., St. Ped.; 121 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Surg., Urol.
55 Doughty St., 29401									2	50	

CONSOLIDATED LIST OF HOSPITALS

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								Autopsies on Stillborn	Foreign Non-Foreign		
SOUTH CAROLINA, Charleston—Continued											
U. S. Naval Hospital Naval Base, 29408		Navy	2	575	15	85	22	8	0	8	8 Int: Rotating
Columbia											
Columbia Hospital of Richland County 2020 Hapton St., 29204		County	...	584	9	31	78	2	1	8	15 Int: Rotating; 11 Res: ObG, Ortho., Ped., Surg.
Florence											
McLeod Infirmary 121 W. Cheves St., 29501		NPCorp	1-2-3	230	7	24	45	2	0	6	6 Int: Rotating
Greenville											
Greenville General Hospital 100 Mallard St., 29601		NPCorp	...	621	8	36	53	5	0	12	18 Int: Rotating; 20 Res: GP, ObG, Ortho., Path., Ped., Surg.
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr., 29609	G-65	NPCorp	...	60	55	0	0	0	0	3	3 Res: Ortho.
Spartanburg											
Spartanburg General Hospital 865 N. Church St., 29303		County	2-3	493	8	26	48	6	0	6	15 Int: Rotating; 10 Res: Path., Surg.
SOUTH DAKOTA											
Sioux Falls											
McKenna Hospital 800 E. 21st St., 57101	M-80	Church	2-3	279	7	34	14	6	0	4	6 Int: Rotating
Sioux Valley Hospital 1123 S. Euclid Ave., 57105	M-80	NPCorp	...	270	7	52	15	5	0	7	8 Int: Rotating; 4 Res: Path.
Yankton											
Sacred Heart Hospital West 4th St., 57078	M-80	Church	...	189	6	37	8	1	0	2	3 Res: Surg.
TENNESSEE											
Chattanooga											
Baroness Erlanger Hospital 261 Wiehl St., 37403		CyCo	5	750	7	34	61	32	1	6	14 Int: Rotating; 64 Res: Anes., Med., ObG, Oph., Ortho., Path., Rad., Surg.
Newell Hospital 707 Walnut St., 37402		Corp	1	56	6	...	0	0	1	0	3 Res: Surg.
T. C. Thompson Children's Hospital 1001 Glenwood Dr., 37403		CyCo	...	100	6	48	...	...	4	0	7 Res: Ped.
Tennessee Valley Authority Division of Health and Safety 715 Edney Building		...	...	...	...	...	...	...	0	1	1 Res: Occup. Med.
Kingsport											
Holston Valley Community Hospital W. Ravine St., 37660		NPCorp	3	362	7	41	27	0	0	2	8 Int: Rotating
Knoxville											
East Tennessee Baptist Hospital 137 Blount Ave., 37920		Church	...	267	...	...	...	...	...	...	Res: Ortho.
East Tennessee Children's Hospital 1912 Laurel Ave., 37916		NPCorp	2-3	60	6	39	0	0	0	4	2 Res: Ortho., Ped.
St. Mary's Memorial Hospital Oakhill Ave., 37917		Church	1	350	8	23	20	1	0	1	3 Res: Ortho., Surg.
University of Tennessee Memorial Research Center and Hospital Alcoa Highway, 37920		State	3-4-5	313	9	44	19	7	0	13	16 Int: Rotating; 43 Res: Anes., GP, Med., ObG, Ortho., Path., Ped., Rad., Surg., Thor.
Memphis											
Baptist Memorial Hospital 899 Madison Ave., 38103	M-81	Church	...	1,023	8	42	29	11	0	30	30 Int: Rotating, Mixed, St. Med.; 28 Res: Med., Neurosurg., ObG, Path., Ped., Rad., Surg.
Campbell Clinic and Hospital 869 Madison Ave., 38104		Corp	1	80	10	14	0	0	0	14	14 Res: Ortho.
City of Memphis Hospitals 860 Madison Ave., 38103	M-81#	City	4-5	732	8	53	260	168	1	37	58 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 156 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Rad., Surg., Thor., Urol.
Le Bonheur Children's Hospital 848 Adams Ave., 38103	L-81	NPCorp	...	...	...	...	...	...	...	...	Res: Ped., Ped. Card.
Memphis and Shelby County Mental Health Center 3628 Summer Ave., 38122		Misc	...	...	...	...	...	...	0	0	2 Res: Child Psych.
Memphis Eye, Ear, Nose and Throat Hospital 1060 Madison Ave., 38104		Church	...	60	5	...	0	0	0	10	14 Res: Oph.
Methodist Hospital 1265 Union Ave., 38104	L-81	Church	1-2-3	501	7	40	37	9	0	12	16 Int: Rotating; 29 Res: Med., Neurosurg., ObG, Path., Rad., Surg.
St. Joseph Hospital 220 Overton Ave., 38101	L-81	Church	2-3	400	7	46	12	4	0	6	16 Int: Rotating; 12 Res: ObG, Path., Ped., Surg.
Tennessee Psychiatric Hospital and Research Institute 865 Poplar, 38105	L-81	State	...	165	67	0	0	0	1	11	18 Res: Psych.
University of Tennessee Institute of Pathology 858 Madison Ave., 38102		State	...	...	...	...	...	...	...	...	2 Res: Forensic Path.
Veterans Administration Hospital Park Ave. and Getwell St., 38115	M-81	VA	2-4-5	1,256	40	78	...	...	0	52	73 Res: Med., Neurosurg., Neur., Oph., Otol., Path., Rad., Surg., Thor., Urol.
West Tennessee Tuberculosis Hospital 842 Jefferson Ave., 38103	L-81	State	...	320	146	46	0	0	2	2	7 Res: Med., Thor.
Nashville											
Baptist Hospital 2000 Church St., 37203		Church	...	365	7	47	35	7	0	7	16 Int: Rotating; 31 Res: Med., ObG, Path., Ped., Surg.
George W. Hubbard Hospital of the Meharry Medical College 1005 18th Ave., N., 37208	M-82X	Church	3-4	210	10	52	35	35	0	14	17 Int: Rotating, St. Med., St. Ped., St. Surg.; 38 Res: Med., ObG, Path., Ped., Surg., Urol.
Nashville Metropolitan General Hospital 72 Hermitage Ave., 37210	G-83#	City	...	240	8	45	11	8	...	...	Int: St. Med., St. Surg., St. Ped., St. ObG, St. Path.; Res: Med., Neurosurg., ObG, Path., Ped., Surg., Urol.
St. Thomas Hospital 2000 Hayes St., 37203		Church	...	329	7	45	36	1	3	6	17 Int: Rotating, Mixed; 24 Res: Med., ObG, Path., Surg.

CONSOLIDATED LIST OF HOSPITALS

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								Foreign	Non-Foreign		
TENNESSEE, Nashville—Continued											
State of Tennessee Dept. of Health Cordell Hull Bldg., 37219		State	0	0	1 Res: Public Health	
Vanderbilt University Hospital 1161 21st Ave. S., 37203	M-83X	NPCorp	...	...	...	...	...	0	53	55 Int: St. Med., St. Surg., St. Ped., St. ObG, St. Path.; 8 128 157 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 1310 24th Ave. S., 37203	L-83#	VA	*	498	31	64	0	0	...	...	Res: Med., Neurosurg., Path., Rad., Surg., Urol.
Oak Ridge											
Oak Ridge Institute of Nuclear Studies Medical Division Vance Rd., P. O. Box 117, 37831		NPCorp	...	34	8	91	0	0	0	0	1 Res: Path.
TEXAS											
Austin											
Austin State Hospital 4110 Guadalupe, 78751		State	...	3,527	261	64	...	7	21	26 Res: Psych.	
Brackenridge Hospital 16th and East Ave., 78701	L-85	City	...	255	8	40	32	11	1	5	14 Int: Rotating; 7 Res: Path., Surg.
State of Texas Dept. of Health, 78701		State	...	...	...	...	...	...	...	...	Res: Public Health
Brooks Air Force Base											
U.S.A.F. School of Aerospace Medicine, 78235		USAF	...	...	...	...	...	0	59	62 Res: Aerospace Med.	
Corpus Christi											
Driscoll Foundation Children's Hospital 3533 S. Alameda, P. O. Box 6038, 78411		NPCorp	4-5	121	26	90	0	0	7	1	9 Res: Ped.
Memorial Medical Center 2606 Hospital Blvd., 78405		CyCo	*	258	7	29	50	2	0	7	8 Int: Rotating
Dallas											
Baylor University Medical Center 3500 Gaston Ave., 75246	L-84	Church	4-5	794	7	43	61	11	1	11	23 Int: Rotating, St. Med., St. Path.; 8 42 42 Res: Colon-Rectal, Med., ObG, Ortho., Path., PMR, Plast., Rad., Surg., Thor.
Children's Medical Center 2306 Welborn St., 75219	M-84	NPCorp	4-5	182	10	73	113	8	1	3	6 Int: St. Ped.; 0 17 21 Res: Neurosurg., Ped., Ped. All., Ped. Card., Plast.
Dallas Child Guidance Clinic 2101 Welborn St., 75219		NPCorp	...	...	...	...	...	0	0	0	2 Res: Child Psych.
Gaston Episcopal Hospital 3505 Gaston Ave., 75246		NPCorp	1	106	7	44	0	0	0	1	1 Res: Surg.
Methodist Hospital of Dallas 301 W. Colorado Blvd., 75222	L-84	Church	...	405	6	38	37	5	0	18	19 Int: Rotating, St. Path.; 2 19 31 Res: Med., ObG, Path., Ped., Rad., Surg.
Parkland Memorial Hospital 5201 Hines Blvd., 75235	M-84#	District	4-5	830	10	50	113	8	0	47	54 Int: Rotating, St. Med., St. Surg., St. Path.; 12 137 174 Res: Anes., Med., Neurosurg., ObG, Oph., Ortho., Otol., Path., Plast., Psych., Rad., Surg., Thor., Urol.
St. Paul Hospital 5909 Harry Hines Blvd., 75235	L-84	Church	...	478	7	69	36	19	0	14	14 Int: Rotating; 3 11 23 Res: Med., Neurosurg., ObG, Path., Plast., Rad., Surg.
Texas Scottish Rite Hospital for Crippled Children 2201 Welborn, 75219	L-84	NPCorp	...	70	42	0	0	0	0	3	3 Res: Ortho.
Timberlawn Sanitarium 4800 Samuell Blvd., 75221	G-84	Corp	*	140	52	50	0	0	0	3	5 Res: Psych.
University of Texas Southwestern Medical School 5323 Harry Hines Blvd., 75235		State	...	...	...	...	...	0	2	4 Res: Child Psych.	
Veterans Administration Hospital 4500 S. Lancaster Rd., 75216	L-84	VA	*	778	31	63	0	0	0	8	12 Int: St. Med.; 0 56 73 Res: Med., Oph., Ortho., Otol., Path., Psych., Rad., Surg., Thor., Urol.
El Paso											
Hotel Dieu, Sisters' Hospital 1014 N. Stanton St., 79902		Church	...	...	...	...	...	4	3	6 Res: Ortho.	
R. E. Thomason General Hospital 4815 Alameda Ave., 79905		CyCo	*	335	9	47	32	3	2	4	9 Int: General Practice Program
William Beaumont General Hospital Hayes St., 79920		Army	3-4-5	525	7	86	28	27	0	19	24 Int: Rotating; 2 37 48 Res: Med., ObG, Ortho., Path., Ped., Surg.
Fort Hood											
U. S. Army Hospital, 76544		Army	3-5	250	7	79	27	12	0	4	4 Res: Surg.
Fort Worth											
Fort Worth Children's Hospital- Fort Worth Medical Center 1400 Cooper St., 76104		NPCorp	...	34	5	73	...	1	0	0	1 Res: Ortho.
Harris Hospital-Fort Worth Medical Center 1300 W. Cannon St., 76104		Church	...	446	7	42	46	9	0	3	9 Int: Mixed, St. Path.; 2 1 17 Res: Anes., Med., ObG, Path., Surg.
John Peter Smith Hospital 1500 S. Main St., 76104	G-84	District	3-3-4-5	208	7	41	33	14	0	18	18 Int: Rotating, General Practice Program
St. Joseph Hospital 1401 S. Main St., 76104		Church	*	304	7	34	33	4	1	9	12 Int: Rotating; 0 1 4 Res: Path.
U. S. Air Force Hospital Carswell AFB, 76127		USAF	4	225	11	63	6	2	0	6	8 Int: Rotating
U. S. Public Health Service Hospital Box 100, 76119	G-84	USPHS	...	...	...	...	...	0	0	0	3 Res: Psych.
Galveston											
U. S. Public Health Service Hospital 45th Street and Avenue N, 77552	L-85	USPHS	*	160	18	65	0	0	0	1	8 Res: GP
University of Texas Medical Branch Hospitals 8th and Mechanic Sts., 77551	M-85X	State	*	977	18	52	44	15	1	35	42 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 13 135 188 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Plast., Psych., Child Psych., Rad., Surg., Thor., Urol.
Houston											
Baylor University Affiliated Hospitals, 77025			...	...	...	...	...	...	...	...	Res: Derm.
Ben Taub General Hospital 1502 Taub Loop, 77025	M-86#	CyCo	4-5	506	9	42	138	5	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.

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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			Approved Programs
								Autopsies on Stillborn	Foreign	Non-Foreign		Positions Offered
TEXAS, Houston—Continued											
Hermann Hospital 1203 Ross Sterling Ave., 77025	L-86#	NPCorp	3-6	...	...	...	...	1	17	18 Int: Rotating;	...
Houston State Psychiatric Institute 1300 Moursund Ave., 77025	L-86#	State	...	43	52	0	0	4	7	50 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Rad., Surg., Urol.	...
Jefferson Davis Hospital 1801 Allen Pkwy., 77003	...	CyCo	...	190	...	...	...	...	...	16 Res: Psych., Child Psych.	...
Memorial Baptist Hospital 602 Lamar Ave., 77002	...	Church	...	705	6	32	154	4	1	...	...
Methodist Hospital 6516 Bertner Ave., 77025	M-86#	Church	...	728	9	72	12	7	...	12 Int: Rotating;	...
St. Joseph's Hospital 1919 La Branch, 77002	G-85	Church	...	379	6	43	36	12	0	...	...
St. Luke's Episcopal Hospital 6720 Bertner Ave., 77025	M-86#	Church	...	295	7	55	24	5	1	8 Int: Rotating;	...
Southern Pacific Hospital 2015 Thomas St., 77009	...	NPCorp	1	125	12	45	...	0	1	24 Res: Anes., Med., ObG, Path., Ped., Rad., Surg.	...
Texas Children's Hospital 6621 Fannin St., 77025	M-86#	NPCorp	...	100	5	85	0	0	...	4 Res: Path., Surg., Urol.	...
Texas Institute for Rehabilitation & Research 1333 Moursund Ave., 77025	M-86#	NPCorp	...	55	31	...	...	...	...	1 Res: Surg.	...
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave., 77025	L-85 L-86#	State	5	278	13	79	...	9	15	...	...
Veterans Administration Hospital 2002 Holcombe Blvd., 77031	M-86#	VA	3-4-5	1,242	36	69	...	1	8	40 Res: Anes., Path., Rad., Surg.	...
Lubbock											
Methodist Hospital 3615 19th St., 79410	...	Church	3	310	6	40	20	2	0	...	...
McKinney											
Veterans Administration Hospital, 75069	L-84	VA	2	271	31	66	0	0	1	1	8 Res: Med., Path.
Midland											
Midland Memorial Hospital 2200 W. Illinois Ave., 79704	...	NPCorp	1	151	6	60	16	10	0	0	2 Res: GP
San Antonio											
Baptist Memorial Hospital 111 Dallas St., 78205	...	Church	...	450	6	34	63	33	7	0	10 Int: Rotating;
Brooke General Hospital Fort Sam Houston, 78234	...	Army	3-4-5	900	18	88	18	17	0	28	9 Res: Path., Rad.
Robert B. Green Memorial Hospital 527 North Leona St., 78207	L-85	District	4-5	288	7	52	75	27	17	4	32 Int: Rotating;
Santa Rosa Medical Center 745 W. Houston St., 78207	...	Church	...	830	7	40	44	7	0	0	121 Res: Anes., Derm., Med., ObG, Oph., Ortho., Otol. Path., Ped., Rad., Surg., Thor., Urol.
U. S. Air Force Hospital (Wilford Hall) Lackland Air Force Base, 78236	...	USAF	1-2-4-5	1,000	16	86	16	14	1	34	24 Int: Rotating;
Temple											
Scott and White Memorial Hospital 2401 S. 31st St., 76501	...	NPCorp	...	379	8	43	7	0	3	0	61 Res: Anes., Med., ObG, Oph., Path., Ped., Plast., Rad., Surg.
Veterans Administration Hospital South First Street, 76501	...	VA	...	800	62	49	...	...	...	...	15 Int: Rotating;
Terrell											
Terrell State Hospital Box 70, 75160	...	State	...	...	...	...	...	...	...	...	27 Res: Ortho., Path., Ped., Plast., Rad.
UTAH											
Ogden											
St. Benedict's Hospital 3000 Polk Ave., 84403	...	Church	...	188	6	53	21	15	0	10	36 Int: Rotating;
Thomas D. Dee Memorial Hospital 2440 Harrison Blvd., 84403	L-87	Church	...	275	5	48	19	8	1	9	125 Res: Anes., Med., ObG, Oph., Ortho., Path., Ped., Ped. All., Psych., Rad., Surg., Thor., Urol.
Provo											
Utah State Hospital E. Center St., Box 270, 84601	L-87	State	3	850	160	12	...	...	...	...	8 Int: Rotating;
Salt Lake City											
Holy Cross Hospital 1045 E. First South St., 84102	L-87	Church	...	300	7	52	25	5	0	1	11 Res: Anes., ObG, Path., Rad., Surg.
Latter-day Saints Hospital 325 8th Ave., 84103	L-87	Church	...	444	7	49	43	8	0	20	20 Int: Rotating;
Primary Children's Hospital 320 Twelfth Ave., 84103	L-87	Church	2-3	94	5	79	...	0	2	...	39 Res: GP, Med., ObG, Ortho., Path., Plast., Rad., Surg., Thor.
St. Mark's Hospital 803 N. Second St., W., 84103	L-87	Church	...	260	7	57	16	3	0	2	2 Res: Anes., Ortho., Ped.
Salt Lake County General Hospital (See University Hospital) 2033 S. State St., 84115	M-87#	County	...	...	...	...	...	...	...	...	8 Int: Rotating, Mixed;
Shriners Hospital for Crippled Children Fairfax Ave. at Virginia St., 84103	L-87	NPCorp	2-3	60	58	0	0	0	0	2	1 Res: Anes., Ortho., Rad., Surg.
University Hospital Medical Center Drive, 84112	M-87	State	...	300	14	87	6	4	0	23	...
Veterans Administration Hospital 500 Foothill Dr., 84113	M-87#	VA	2	628	57	80	0	0	...	...	Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.

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		
VERMONT											
Bennington											
Henry W. Putnam Memorial Hospital... Dewey St., 05201	L-88	NPCorp	...	110	7	36	4	3	0	0	4 Res: GP
Burlington											
DeGoesbriand Memorial Hospital..... S. Prospect St., 05401	M-88#	Church	4	300	9	56	13	10	8	5	12 Int: Mixed, St. Path.; Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Mary Fletcher Hospital..... Colchester Ave., 05401	M-88#	NPCorp	4	309	8	72	13	11	0	17	17 Int: Rotating, St. Path.; Res: Anes., Med., Neurosurg., Neur., ObG, Ortho., Otol., Path., Ped., Psych., Rad., Surg., Urol.
White River Junction											
Veterans Administration Hospital..... N. Hartland Rd., 05001	M-52#	VA	2	188	21	93	...	...	...	...	Res: Med., Neurosurg., Ortho., Surg., Urol.
VIRGINIA											
Alexandria											
Alexandria Hospital..... 4320 Seminary Rd., 22314	L-20	NPCorp	...	304	6	37	64	15	5	1	10 Res: ObG, Ped., Surg.
Arlington											
National Orthopaedic and Rehabilitation Hospital..... 2455 Army-Navy Dr., 22203	...	NPCorp	...	110	14	50	0	0	0	4	4 Res: Ortho.
Charlottesville											
University of Virginia Hospital..... Jefferson Park Avenue, 22903	M-89X	State	...	561	10	58	26	9	0	35	37 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 148 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Surg., Thor., Urol.
Clifton Forge											
Chesapeake and Ohio Railway Employees' Hospital..... Ridgeway St., 24422	G-89	NPCorp	...	205	8	37	10	4	4	2	10 Res: Surg.
Danville											
Memorial Hospital..... 142 S. Main St., 24541	...	NPCorp	...	325	7	37	...	...	4	1	8 Res: Anes., Path., Urol.
Falls Church											
Fairfax Hospital..... 1601 Gallows Rd., 22046	M-20	NPCorp	...	282	7	43	38	11	0	0	12 Int: Rotating; Res: ObG
Fort Belvoir											
DeWitt Army Hospital..... Building 808, 22060	...	Army	2	221	7	76	27	13	0	3	4 Res: Surg.
Lynchburg											
Lynchburg General Hospital..... Tate Springs Rd., 24504	...	NPCorp	...	252	6	29	33	3	...	...	Res: Path., Surg.
Newport News											
Riverside Hospital..... J. Clyde Morris Blvd., 23606	...	NPCorp	...	323	7	42	37	14	8	2	12 Int: Rotating; 9 Res: GP, ObG, Surg.
Norfolk											
DePaul Hospital..... Kingsley Lane and Granby St., 23505	...	Church	...	300	7	56	35	34	3	1	12 Int: Rotating; 24 Res: GP, Med., ObG, Path., Rad., Surg.
King's Daughters Children's Hospital..... 609 Colley Ave., 23507	...	Church	...	100	5	86	...	...	1	2	4 Res: Ped.
Norfolk General Hospital..... 600 Gresham Dr., 23507	...	NPCorp	4	497	8	2	68	20	0	9	16 Int: Rotating; 34 Res: GP, Med., ObG, Path., Rad., Surg., Urol.
U. S. Public Health Service Hospital..... 6500 Hampton Blvd., 23508	...	USPHS	2-4	210	16	65	0	0	0	6	8 Int: Rotating; 6 Res: GP
Petersburg											
Central State Hospital..... Box 271, 23804	...	State	...	5,000	1,144	10	0	0	15	0	17 Res: Psych.
Petersburg General Hospital..... Mount Erin and Adams Sts., 23804	...	NPCorp	...	308	8	60	26	4	5	2	12 Int: Rotating; 6 Res: GP, Path.
Portsmouth											
Maryview Hospital..... 3636 High St.	...	Church	...	210	8	34	24	...	0	0	1 Res: Path.
Portsmouth General Hospital..... 900 Leckie St. at Fort Lane, 23704	...	NPCorp	...	234	8	31	29	3	6	0	6 Res: GP
U. S. Naval Hospital, 23708.....	...	Navy	2-4-5	1,250	16	73	57	48	0	21	20 Int: Rotating; 42 Res: Med., ObG, Ortho., Ped., Surg.
Richmond											
Crippled Children's Hospital..... 2924 Brook Rd., 23220	...	NPCorp	...	100	64	...	0	0	0	2	2 Res: Ortho.
Johnston-Willis Hospital..... 2908 Kensington Ave., 23221	...	Corp	...	265	10	41	28	4	13	4	12 Int: Rotating; 3 Res: Surg.
Medical College of Virginia— Hospital Division..... 1200 E. Broad St., 23219	M-90X	State	4-5	1,173	10	52	148	12	1	49	72 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 255 Res: Anes., Derm., Med., Neurosurg., Neur., ObG, Oph., Ortho., Otol., Path., Ped., Ped. Card., PMR, Psych., Rad., Surg., Urol.
Office of the Chief Medical Examiner..... 404-06 N. 12th St., 23219	...	...	...	...	...	...	...	...	0	2	2 Res: Forensic Path.
Richmond Memorial Hospital..... 1300 Westwood Ave., 23227	...	NPCorp	...	380	9	44	53	5	0	0	12 Int: Rotating; 8 Res: Path., Surg.
St. Elizabeth's Hospital..... 617 W. Grace St., 23220	...	Corp	...	70	12	49	...	...	0	0	2 Res: Surg.
State of Virginia Dept. of Public Health, 23219.....	...	State	...	...	...	...	...	...	0	0	1 Res: Public Health
Veterans Administration Hospital..... 1201 Broad Rock Rd., 23225	M-90	VA	4	945	37	64	...	...	1	11	26 Res: Anes., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Rad., Surg., Thor., Urol.
Virginia Treatment Center for Children..... 515 N. 10th St.,	L-90	...	...	...	...	...	...	...	...	...	Res: 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		
WEST VIRGINIA—Continued											
Huntington											
Cabell Huntington Hospital 1340 16th St., 25701		NPCorp	3-4	283	7	45	21	5	0	7	8 Int: Rotating; 4 Res: Path., Surg.
Chesapeake and Ohio Hospital 1801 Sixth Ave., 25703		NPCorp		177	11	30	2	0			Res: Surg.
St. Mary's Hospital 2900 First Ave., 25702		Church		385	7	29	21	9	10	0	14 Int: Rotating; 7 Res: Path., Surg.
Martinsburg											
Veterans Administration Center, 25401	L-20	VA	2	840	59	58	0	0	0	1	2 Res: Path.
Morgantown											
West Virginia University Medical Center Medical Center, 26506	M-92X	State	4-5	360	12	64	12	12	2	12	20 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 73 Res: Anes., Med., Neurosurg., Neur., ObG, Oph., Ortho., Path., Ped., Rad., Surg.
Phillippi											
Broadus Hospital College Hill, 26417		NPCorp		102	8	44	4	0	1	2	3 Res: Surg.
Wheeling											
Ohio Valley General Hospital 2000 Eoff St., 26003		NPCorp	5	425	9	28	26	0	0	0	12 Int: Rotating; 26 Res: Anes., Med., ObG, Path., Rad., Surg.
Wheeling Hospital 109 Main St., 26003		Church	5	222	9	35	12	3	6	0	10 Int: Rotating; 4 Res: GP
WISCONSIN											
Eau Claire											
Luther Hospital 310 Chestnut St., 54701		NPCorp		336	8	45	11	8	0	1	3 Res: Path.
Fond Du Lac											
St. Agnes Hospital 430 E. Division St., 54935		Church		350	8	41	20	15	0	0	4 Res: Path.
Janesville											
Mercy Hospital 566 N. Washington St., 53545		Church		225	6	38	11	0	0	3	3 Res: Surg.
La Crosse											
La Crosse Lutheran Hospital 1910 South Ave., 54601		Church		210	7	50	3	1	1	7	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		421	8	56	08	21	0	3	6 Int: Rotating, Mixed; 10 Res: Med., ObG, Ortho., Otol., Path., Ped., Surg., Urol.
Mendota State Hospital 301 Troy Dr., 53704	L-93	State		783	6	38	0	0			Res: Psych.
St. Mary's Hospital 720 S. Brooks St., 53715	M-93	Church		289	7	46	24	7			Res: ObG, Ortho., Ped.
State of Wisconsin Board of Health, 53702		State									Res: Public Health
University Hospitals 1300 University Ave., 53706	M-93X	State		748	13	76	10	10		24	37 Int: Mixed, St. Ped., St. Path.; 217 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	27	81	0	0	4	18	32 Res: Anes., Derm., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Surg., Urol.
Wisconsin Diagnostic Center 1552 University Ave., 53705	L-93	NPCorp		58	42						Res: Child Psych.
Marshfield											
Marshfield Clinic 650 S. Central Ave., 54449		NPCorp									Res: Derm.
St. Joseph's Hospital 611 St. Joseph's Ave., 54449		Church		310	8	48	14	1	0	6	8 Int: Rotating; 6 Res: Path., Surg.
Milwaukee											
Columbia Hospital 3321 N. Maryland Ave., 53211	L-94	NPCorp		265	10	68	7	7	1	0	12 Int: Rotating, Mixed; 17 Res: Med., Ortho., Path., Rad., Surg.
Evangelical Deaconess Hospital 620 N. 19th St., 53233		Church		281	8	41	15	9	12	0	18 Int: Rotating; 19 Res: GP, Path., Rad., Surg.
Milwaukee Children's Hospital 1700 W. Wisconsin Ave., 53233	M-94	NPCorp	4	200	6	91	0	0	0	1	5 Int: St. Ped.; 17 Res: Ortho., Path., Ped., Ped. Card., Psych., Child Psych., Thor.
Milwaukee County General Hospital 8700 W. Wisconsin Ave., 53226	M-94	County	4	847	8	39	45	12	1	32	42 Int: Rotating, St. Med., St. Path.; 148 Res: Anes., Med., Neur., ObG, Oph., Ortho., Path., Ped., PMR, Rad., Surg., Thor., Urol.
Milwaukee County Mental Health Center—North Division 8855 Watertown Plank Rd., 53226	L-94	County		848	12				1	3	19 Res: Psych.
Milwaukee Hospital 2200 W. Kilbourn Ave., 53233	L-94	Church	2	349	9	49	19	7	0	3	12 Int: Rotating; 26 Res: Med., ObG, Path., Rad., Surg.
Mount Sinai Hospital 948 N. 12th St., 53233		NPCorp		325	8	40	25	19	3	10	15 Int: Rotating, Mixed; 13 Res: ObG, Path., Surg.
St. Francis Hospital 3237 S. 16th St., 53215		Church	1	287	8	32	13	9	0	0	4 Res: Path.
St. Joseph's Hospital 5000 W. Chambers St., 53210	L-94	Church		370	7	58	41	10	2	10	12 Int: Rotating; 21 Res: ObG, Path., Rad., Surg.
St. Luke's Hospital 2900 W. Oklahoma Ave., 53215		NPCorp		263	8	46	25	22	10	0	12 Int: Rotating; 12 Res: GP, Path., Rad., Surg.
St. Mary's Hospital 2320 N. Lake Dr., 53211		Church		310	8	50	17	9	5	0	10 Int: Rotating; 7 Res: ObG, Path.
St. Michael Hospital 2400 W. Villard Ave., 53209		Church		307	8	55	20	6	12	0	12 Int: Rotating; 12 Res: GP
Veterans Administration Hospital S. 54th and National Ave., (Wood), 53193	M-94	VA	4-5	1,108	41	77	0	0	3	75	104 Res: Anes., Derm., Med., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Surg., Thor., Urol.
Wauwatosa											
Wauwatosa Sanitarium Foundation 1220 Dewey Ave., 53213		NPCorp		156		100	0		5	8	20 Res: Psych.
West Allis											
Allis-Chalmers Mfg. Co., 53214		Corp							0	0	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
Gen. Prev. Med.	General Preventive Medicine
Med.	Internal Medicine
Neurosurg.	Neurological Surgery
Neur.	Neurology
ObG	Obstetrics-Gynecology
Occup. Med.	Occupational Medicine
Oph.	Ophthalmology
Ortho.	Orthopedic Surgery
Otol.	Otolaryngology
Path.	Pathology
Ped. All.	Pediatric Allergy
Ped.	Pediatrics
Ped. Card.	Pediatric Cardiology
PMR	Physical Medicine and Rehabilitation
Plast.	Plastic Surgery
Prev. Med.	Preventive Medicine
Psych.	Psychiatry
Rad.	Radiology
Surg.	Surgery
Thor.	Thoracic Surgery
Urol.	Urology

Medical School Affiliations

Footnotes 10 to 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.

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|---|---|
| 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 |

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 hospital in which he thinks his chances of acceptance are poor, his chances at his second choice hospital are just as good as if he had rated it first. Similarly, if a hospital rates as its first choice a man it believes it has little chance of securing, and does not secure him, this hospital will have just as good a chance to get its second-choice man as if it had rated him first.

WHAT THE PARTICIPATING STUDENT DOES

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

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

2. He corresponds with, visits, and learns about the hospitals in which he is interested. Students participating in the matching program may apply to any NIMP member hospital listed in this directory. The hospitals listed here have agreed not to offer internship appointments to anyone not in the plan until March 14, 1966.

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, 1965.

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. 24, 1966. 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. 12, 1966, 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. 17, 1966, when the matching process takes place.

7. The student will receive on Mar. 14, 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 24.

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.

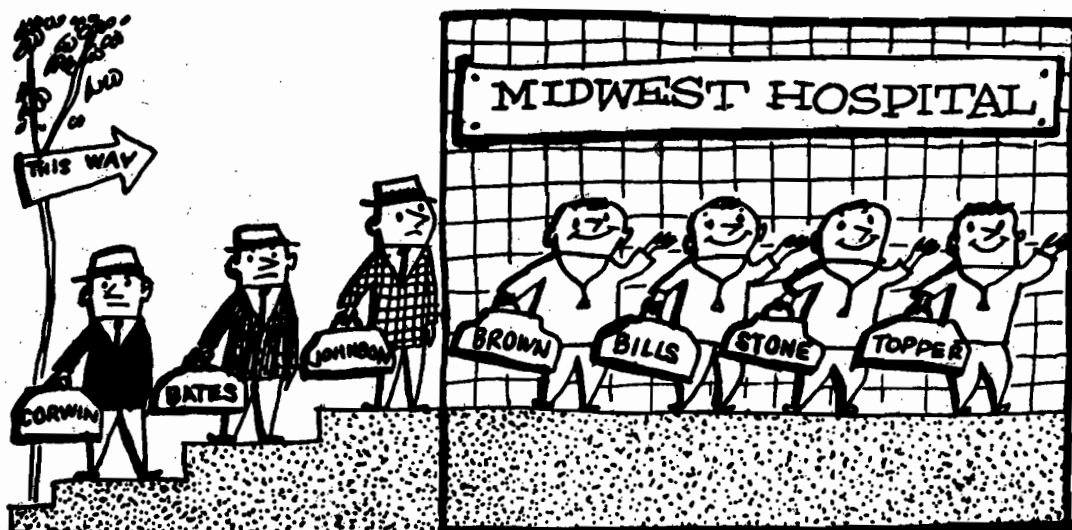
Defined simply, the principles of matching from your standpoint are these:

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

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

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

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

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

Student Lists

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

Hospital Lists

<i>Mt. Sinai (2)</i>	** <i>Internia (1)</i>	<i>St. Joseph (1)</i>
1. Jones (Not chosen)	1. Smith (Not chosen)	1. Jones (Not chosen)
*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 14, 1965

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, 1966. 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, 1965.

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 25, 1966.

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

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

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

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

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 15, 1965.

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 14, 1965.

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 1966-67
(Starting between April 1, and December 31, 1966)

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 1966-1967 (starting service from April 1 through December 31, 1966).

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

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

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

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

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

5. Abide by the official schedule including accepting no applications from participants in the matching plan after January 22, 1966; rating applicants and returning rating form by January 24, 1966; offering formal appointment promptly to individuals matched by the plan with this hospital, and not later than March 31, 1966.

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

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

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

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

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

Signed _____

Official Position _____

Date

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

NATIONAL INTERN MATCHING PROGRAM

SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR INTERNSHIP APPOINTMENTS

FOR FIRST YEAR INTERNSHIPS FOR 1966-67

1. SEPTEMBER, 1965. Hospital directory published, containing the number of internships offered, and the description, at each participating hospital.
2. OCTOBER, 1965. Student directory published containing name and medical school of each participating student.
3. OCTOBER 1, 1965-JANUARY 10, 1966. 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, 1965. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1965.
4. OCTOBER 1, 1965-DECEMBER 10, 1965. The deans may send letters of recommendation to the hospitals at any time after October 1, 1965, but in so far as possible letters should be sent by December 10, 1965, so that the hospitals may have this information when the students are interviewed.
5. JANUARY 24, 1966. 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 11, 1966. Confidential student list is confirmed to student. Confidential hospital list is confirmed to hospital.
7. FEBRUARY 17, 1966. Closing date for accepting (in Evanston) corrections to student or hospital confidential rank order lists.
8. FEBRUARY 21, 1966. Matching operation begins.
9. MARCH 10, 1966. Results of the matching plan are mailed from Evanston to students and to hospitals.
10. MARCH 14, 1966. Results are given to students by Deans. Hospitals receive results.
11. MARCH 14-31, 1966. Hospitals send contracts to matched students and students sign and return the contracts.

April, 1965

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, 1965

Hospitals 787*

Internships 13,538

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 1966-1967, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1964.

*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, 1964.

APPROVED INTERNSHIPS

		FEDERAL										Total Sought Through NIMP	NIMP Code
Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services Beginning Salary (Year)	Authorized Complement	Type			
UNITED STATES ARMY—Hospitals, 7; Internships, 198													
CALIFORNIA													
San Francisco													
Letterman General		538	10,683	296	35,918	34,101	...	...	28	Rot.	..	
COLORADO													
Denver													
Fitzsimons General		726	10,925	170	...	...	...	...	24	Rot.	..	198 Rotating 00411
DISTRICT OF COLUMBIA													
Washington													
Walter Reed General		1,100	15,731	409	291,154	42,743	...	...	30	Rot.	..	Office of the Surgeon General Department of the Army, Washington 20315, D.C. Attn: Director, Personnel and Training.
HAWAII													
Honolulu													
Tripler General		617	18,468	229	227,712	14,375	0	...	36	Rot.	..		
TEXAS													
El Paso													
William Beaumont General		436	13,455	123	335,085	39,729	...	...	24	Rot.	..	
San Antonio													
Brooke General		702	14,474	430	...	...	...	...	32	Rot.	..	
WASHINGTON													
Tacoma													
Madigan General		342	12,521	142	205,108	53,086	45,620	...	24	Rot.	..		
UNITED STATES AIR FORCE—Hospitals, 7; Internships, 104													
CALIFORNIA													
Fairfield													
U. S. Air Force, Travis AFB		323	7,870	84	233,265	28,003	...	...	12	Rot.	..	
DISTRICT OF COLUMBIA													
Washington													
U. S. Air Force, Andrews AFB		230	7,412	40	255,489	70,819	...	...	12	Rot.	..	
ILLINOIS													
Belleville													
U. S. Air Force, Scott AFB		258	5,111	44	171,449	17,430	...	132	12	Rot.	..	104 Rotating 00311	
MISSISSIPPI													
Biloxi													
U. S. Air Force Hospital, Keesler AFB		292	8,915	61	305,731	...	...	...	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		306	8,392	80	257,303	32,276	122,319	...	12	Rot.	..		
TEXAS													
Fort Worth													
U. S. Air Force, Carswell AFB		178	5,942	57	139,257	24,272	...	...	8	Rot.	..	
San Antonio													
U. S. Air Force, Lackland AFB		829	19,097	257	...	...	...	...	36	Rot.	..	
UNITED STATES NAVY—Hospitals, 13; Internships, 176													
CALIFORNIA													
Camp Pendleton													
U. S. Naval		447	11,883	75	316,198	35,620	51,041	...	10	Rot.	..		
Oakland													
U. S. Naval		636	14,982	177	230,434	10,655	...	...	17	Rot.	..	
San Diego													
U. S. Naval		1,537	28,344	676	...	...	...	...	24	Rot.	..	
FLORIDA													
Jacksonville													
U. S. Naval		378	9,070	135	168,095	20,676	76,116	...	9	Rot.	..		
Pensacola													
U. S. Naval		214	6,669	88	141,097	8,844	...	...	6	Rot.	..	
ILLINOIS													
Great Lakes													
U. S. Naval		601	12,028	104	118,468	14,001	...	...	12	Rot.	..	176 Rotating 00211
MARYLAND													
Bethesda													
U. S. Naval		595	11,389	233	176,440	12,996	...	...	18	Rot.	..	Bureau of Medicine and Surgery Navy Department Washington 25, D.C.
MASSACHUSETTS													
Chelsea													
U. S. Naval		343	7,015	113	106,734	7,261	...	...	12	Rot.	..	
NEW YORK													
St. Albans													
U. S. Naval		695	10,175	157	...	...	...	...	16	Rot.	..	
PENNSYLVANIA													
Philadelphia													
U. S. Naval		866	12,144	431	159,134	36,591	...	...	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		230	6,505	58	92,697	17,578				6	Rot.		
SOUTH CAROLINA													
Charleston													
U. S. Naval		352	8,095	124	162,725	28,191				8	Rot.		
VIRGINIA													
Portsmouth													
U. S. Naval		1,042	21,700	200	257,910					20	Rot.		
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 108													
CALIFORNIA													
San Francisco													
U. S. Public Health Service		259	5,372	104	100,799	0	0	115		4	St. Med.		
										2	St. Surg.		
										8	Mixed ^{1,2}		
LOUISIANA													
New Orleans													
U. S. Public Health Service		315	5,773	143	99,480	0	0	148		14	Rot.	86 Rotating	00111
												8 St. Medicine	
												00132	
MARYLAND													
Baltimore													
U. S. Public Health Service		240	4,778	112	72,032	0	0	150		12	Rot.	6 St. Surgery	00133
												8 Mixed ^{1,2}	00120
MASSACHUSETTS													
Boston													
U. S. Public Health Service		143	3,184	109	55,228			159		10	Rot.	Public Health Service, Dept. of Health, Education, and Welfare, Washington 25, D.C. Attn: Chairman, Committee on Medical Residencies and Internships	
NEW YORK													
New York City (Staten Island)													
U. S. Public Health Service		582	9,432	172	127,148			205		24	Rot.		
										4	St. Med.		
										4	St. Surg.		
VIRGINIA													
Norfolk													
U. S. Public Health Service		170	3,951	65	68,030	111		245		8	Rot.		
WASHINGTON													
Seattle													
U. S. Public Health Service		235	5,060	104	89,353	0	0			18	Rot.		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 44													
DISTRICT OF COLUMBIA													
Washington													
Freedmen's	C. S. Ireland	414	12,387	519	55,116	47,398	0		4600 P	32	Rot.	32	79811
St. Elizabeths	W. H. Whitmore	6,412	1,692	444	11,448	0		124	4600 O	12	Rot.	12	80411
OTHER FEDERAL—Hospitals, 1; Internships, 16													
CANAL ZONE													
Balboa Heights													
Gorgas	H. D. Offutt, Jr.	264	8,573	164	134,455	13,538		7311		16	Rot.	16	80611
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA—Hospitals, 5; Internships, 104													
Birmingham													
Caraway Methodist	C. M. Tyndal	242	12,435	235	138,689	12,360			3600 P	8	Rot.	8	00611
St. Vincent	E. B. Glenn	172	8,087	207	3,851	2,597	227	100	4200 F	8	Rot.	8	85111
University Hospital and Hillman Clinic		542	19,347	748	48,886	31,518		101	2220 F	8	Rot.	8	00711
										12	St. Med.	12	00732
										4	St. Surg.	4	00733
										6	St. Ped.	6	00734
										4	St. Path.	4	00736
										4	Mixed ¹	4	00712
										8	Mixed ²	8	00713
										4	Mixed ⁴	4	00714
										4	Mixed ³	4	00715
Fairfield													
Lloyd Noland	R. W. Grady	218	9,679	309	116,175	34,964			3600 FP*	14	Rot.	14	00811
Mobile													
Mobile General	C. W. Daniels	221	10,366	470	51,883	32,589			4020 FP	20	Rot.	20	85211
ARIZONA—Hospitals, 7; Internships, 96													
Phoenix													
Good Samaritan	L. B. Smith	419	23,302	510	5,573	24,715	16,831	102	4200 P	20	Rot.	20	01111
Mariopa County General	J. A. Udall	349	10,815	752	106,344	41,536			4200 P	24	Rot.	24	89811
Memorial	J. Lenzner	93	4,511	140	18,304	14,171	5,192	105	4200 FP*	10	Rot.	10	01311
St. Joseph's	R. E. T. Stark	407	19,063	457	17,482	18,159	25,174		3600 FP	12	Rot.	12	01211
										6	Mixed ¹	6	01212
Tucson													
Tucson Hospitals Medical Education Program													
Pima County General	E. G. Ramsay	131	3,447	242	18,012	18,374	22,817		5100 P*	24	Rot.	24	01411
St. Mary's	W. J. Liccione	183	10,377	209	9,209	9,091	2,332						
Tucson Medical Center	D. McDowell	333	19,503	437	9,209	5,393	12,915						

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
DELAWARE—Hospitals, 2; Internships, 24													
Wilmington													
Delaware	R. O. Y. Warren	330	14,074	497	35,142	32,616	58,433	4800 P	12	Rot.	12	09811	
Memorial	G. C. Ginter	239	11,727	340	14,195	17,154	40,667	4800 P	2	St. Med.	2	09832	
									2	Mixed ²	2	09813	
									8	Rot.	8	09911	
DISTRICT OF COLUMBIA—Hospitals, 6; Internships, 166													
Washington, D. C.													
District of Columbia General		1,112	22,950	1,601	148,184	62,716		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	Mixed ¹	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	
Georgetown University	L. H. Kyle	342	12,623	451	97,019	12,139		2878 P	12	St. Med.	12	80132	
	A. Golden								3	St. Path.	3	80136	
	P. L. Calcagno								1	St. Ped.	1	80134	
	L. H. Kyle								2	Mixed ^{1,4}	2	80148	
	R. H. Coffey								10	St. Surg.	10	81733	
Georgetown University—D.C. General		342	12,623	451	97,019	12,139		2878 P					
D.C. General		1,112	22,950	1,601	148,184	62,716		3500 P*					
George Washington University	J. M. Evans	376	16,357	436	32,913	19,739		3600 P	12	St. Med.	12	80232	
George Washington University—D.C. Gen.	B. B. Blades								12	St. Surg.	12	81833	
George Washington University		376	16,357	436	32,913	19,739		3600 P*					
D.C. General		1,112	22,950	1,601	148,184	62,716		3500 P*					
Providence	G. D. Gartland	330	18,098	429	29,556	21,279	17,628	3000 F*	18	Rot.	18	80311	
Sibley Memorial	L. French	272	11,742	306	5,514			3120 F	8	Rot.	8	80511	
Washington Hospital Center	J. A. Curtin	716	31,305	795	69,371	44,873	28,423	126 3900 P	6	Rot.	6	80011	
									12	St. Med.	12	80032	
									6	St. Surg.	6	80033	
									6	Mixed ¹	6	80012	
									4	Mixed ²	4	80013	
									2	Mixed ³	2	80015	
FLORIDA—Hospitals, 18; Internships, 293													
Bartow													
Polk County—See Lakeland General Hospital—Polk County, Lakeland, Fla.													
Daytona Beach													
Halifax District	G. DeLaughter	14,422	534	5,671	21,780			3900 P	8	Rot.	8	62911	
Gainesville													
University of Florida Teaching Hospital and Clinics		258	9,205	326	69,343	9,636	69,343	3200 O	15	St. Med.	15	82432	
									9	St. Surg.	9	82433	
									5	St. Ped.	5	82434	
									2	St. Path.	2	82436	
Jacksonville													
Baptist Memorial	R. H. Oppenheimer	290	15,414	259	5,546	16,580	442	5100 O	12	Rot.	12	97011	
Duval Medical Center	A. T. Fachtel	215	10,032	492	139,412	71,784	0	5100 O	20	Rot.	20	10111	
St. Vincent's	S. M. Day, Jr.	322	17,705	338	8,491	17,330	64,375	5100 O	4	St. Med.	4	10132	
									12	Rot.	12	10311	
									2	Mixed ¹	2	10312	
Lakeland													
Lakeland General Hospital—Polk County	J. F. Dominick							4800 P	16	Rot.	16	83311	
Lakeland General		353	18,244	393	15,701	19,677	825						
Polk County (Bartow, Fla.)		190	4,110	250	30,000	1,000	3,000						
Miami													
Jackson Memorial	F. L. Wergeland	1,081	30,187	1,939	255,166	120,470		127 2760 P*	18	Rot.	18	10411	
									32	St. Med.	32	10432	
									7	St. Ped.	7	10434	
									15	Mixed ²	15	10413	
									6	Mixed ⁴	6	10476	
Miami Beach													
Mount Sinai Hospital of Greater Miami	D. Brezin	362	14,334	577	27,897	21,167	11,800	4000 P*	18	Rot.	18	10511	
St. Francis	D. G. Stannus	171	7,233	253	4,823	7,014	22,950	128 3600 P	8	Rot.	8	10611	
Orlando													
Orange Memorial	F. H. Cary	511	23,442	695	14,126	19,803		4800 P	18	Rot.	18	10711	
Pensacola													
Pensacola Educational Program								4800 P	16	Rot.	16	82611	
Baptist		254	15,403	248		17,555	20,040						
Escambia General		113	6,010	212	17,263	11,010							
Sacred Heart		105	5,817	139		8,534	18,832						
St. Petersburg													
Mound Park	K. E. McIntyre	490	20,182	1,332	17,349	21,717	10,003		18	Rot.	18	91111	
Tampa													
Tampa General	H. J. L. Marriott	521	26,107	759	37,627	32,798	1,206	3000 FP*	18	Rot.	18	10911	
West Palm Beach													
Good Samaritan	C. M. Harris	217	11,770	441	2,146	11,697		3600 F	6	Rot.	6	98411	
St. Mary's	M. Spivey	179	9,035	353	2,512	12,804	8,800	4200 F	8	Rot.	8	91411	
GEORGIA—Hospitals, 16; Internships, 265													
Albany													
Phoebe Putney Memorial	M. S. Buckner	229	12,753	326	12,583	13,606		4800 P	8	Rot.	8	83411	
Athens													
Athens Medical Education Program	J. F. Stegeman	201	12,940	292	16,681	18,216		5700	8	Rot.	8	11011	
Athens General													
St. Mary's													

Numerical and other references are listed on pages 112 through 118.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
ILLINOIS, Chicago—Continued													
Presbyterian-St. Luke's		720	23,810	819	86,393	13,044			3600 P	20 St. Med.		18	14732
										16 St. Surg.		12	14733
										2 St. Ped.		2	14734
										2 St. Path.		2	14736
Ravenswood	H. L. Browns	226	9,941	336	2,336	6,524	5,425		3900 F	8 Rot.		8	14911
Resurrection	W. R. O'Connor	220	9,846	222	0	8,998	41,004		6000 F	12 Rot.		12	93711
St. Anne's	A. Francona	309	12,712	490	5,694	9,716	24,381		6000 O	12 Rot.		12	15211
St. Joseph	R. W. Zalar	260	7,920	240	6,220	3,307	8,557		3600 F*	16 Rot.		16	15511
South Chicago Community	A. Temple	274	11,834	308		11,700			4800 F	12 Rot.		12	15811
Swedish Covenant	A. R. Peterson	185	7,093	10	584	10,750	25,360	136	3900 F	9 Rot.		9	15911
University of Chicago Hospitals and Clinics	W. Adams	494	16,224	542	169,558	25,152			3000 P	19 St. Med.		19	16032
										13 St. Surg.		13	16033
										5 St. Ped.		5	16034
										2 St. Path.		2	16036
										6 Mixed ¹		6	16012
University of Illinois Research and Educational Hospitals	D. J. Caseley	73	11,900	374	188,385	27,282			1620 F*	14 St. Med.		14	15032
										14 St. Surg.		14	15033
										8 St. Ped.		8	15034
										2 St. Path.		2	15036
										2 Mixed ²		2	15015
Decatur													
Decatur and Macon County	P. S. Reeder	302	14,727	395	5,029	16,634	37,597	137	4800 P	9 Rot.		9	85711
Evanston													
Evanston—See Northwestern University Medical Center, Chicago													
St. Francis	W. H. Harridge	324	13,688	448	27,422	15,308	35,682		4200*	12 Rot.		12	16811
										2 Mixed ¹		2	16812
										2 Mixed ²		2	16813
Evergreen Park													
Little Company of Mary	D. M. Posner	496	21,215	638	5,357	22,354	75,875		4800 P*	24 Rot.		24	16911
Hinsdale													
Hinsdale Sanitarium and Hospital	C. L. Dale	235	10,258	275	1,103	9,442	37,622		3600 P	14 Rot.		14	99311
Oak Park													
West Suburban		328	14,327	501	1,639	15,562	41,969		4800 P	20 Rot.		20	17311
Peoria													
Methodist Hospital of Central Illinois	H. I. Brown	404	17,397	441		14,494	35,298		4800 F	12 Rot.		12	17411
St. Francis	N. K. Furlong	531	20,265	588	13,757	18,769	26,687		4000 F*	18 Rot.		18	17511
Rockford													
Rockford Memorial		249	12,302	306	2,961	21,062	40,717		3600 P	10 Rot.		10	17711
										1 St. Path.		1	17736
INDIANA—Hospitals, 11; Internships, 172													
Evansville													
St. Mary's	D. M. Hare	332	13,585	338	963	11,500	9,175	139	4200 P	6 Rot.		6	94111
Fort Wayne													
Lutheran Hospital of Fort Wayne	W. Griest	365	14,086	425	1,016	13,191	32,513		3900 P	6 Rot.		6	18311
Gary													
Methodist Hospital of Gary	H. L. Cohen	310	15,778	575	1,239	10,467			3600 F	8 Rot.		8	18511
St. Mary Mercy										8 Rot. ²			
Indianapolis													
Indiana University Hospitals	W. D. Close	420	13,603	556	84,023			140	3100 P	20 St. Med.		20	18732
										16 St. Surg.		16	18733
										6 St. Ped.		6	18734
										4 St. Path.		4	18736
Marion County General	J. W. Hickman	509	13,211	811	125,687	44,793	2,089		3550 P	35 Rot. ¹		35	18611
Methodist Hospital of Indiana	J. H. Hall	799	28,642	922	15,197	27,121	28,221		4800 P	20 Rot.		20	18811
										2 St. Med.		2	18832
										2 St. Surg.		2	18833
										2 St. Path.		2	18836
St. Vincent's		302	12,913	349	4,180	10,277	96,454		5220 P	10 Rot.		10	18911
										1 St. Path.		1	18936
Muncie													
Ball Memorial	J. L. Cullison	384	16,802	576	1,088	14,419	42,155		4800 FP	8 Rot.		8	19211
South Bend													
Memorial Hospital of South Bend	D. T. Olson	314	14,464	478	681	19,594	20,783		4800 F	9 Rot.		9	19311
St. Joseph's	A. J. Backs	296	11,874	390	1,343	17,185			4800 F	9 Rot.		9	19411
IOWA—Hospitals, 7; Internships, 98													
Cedar Rapids													
Cedar Rapids Internship	F. R. Peterson								4200 F	20 Rot. ⁷		20	19611
Mercy		220	11,652	256	2,082	17,746	18,142						
St. Luke's Methodist		341	17,074	344	1,210	17,297	27,695						
Des Moines													
Broadlawn Polk County	J. F. Lawlor	137	6,473	363	29,445	32,607			3900 F	8 Rot.		8	19911
Iowa Lutheran		225	10,316	254	2,700	7,178	3,726		4800 F*	4 Gen. Prac. Pro. ¹¹		4	19917
Iowa Methodist	L. F. Staples	523	17,982	216		27,002		141	4200 F	14 Rot.		14	20011
Mercy	H. G. Ellis	290	14,842	316	7,053	8,399	6,533		3300 F	14 Rot.		14	20211
										2 St. Path.		2	20236
Iowa City													
University Hospitals	C. P. Goplerud	775	26,046	783	170,303		29,520		3100 P	18 Rot.		18	20311
										6 St. Med.		6	20332
										2 St. Path.		2	20336
KANSAS—Hospitals, 5; Internships, 87													
Kansas City													
Bethany	L. E. Rook	190	8,951	278	11,858	9,139			5400 P	8 Rot.		8	20511
University of Kansas Medical Center	J. D. Walker	414	16,502	458	167,644	18,273	20,764	142	2400 P	9 St. Med.		9	20832
										4 St. Surg.		4	20833
										1 St. Ped.		1	20834
										2 St. Path.		2	20836
										12 Mixed ^{1,4,6}		12	20820
										1 Family Prac. Pro. ⁸		1	20818
Wichita													
St. Francis	V. D. Schwartz	585	25,733	545	1,397	22,916	9,570		5100 F	22 Rot.		22	20911

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
KANSAS—Continued													
St. Joseph Hospital and Rehabilitation Center	L. W. Purinton	273	13,982	218	1,249	20,714	...	...	5100 P	10	Rot.	10	21111
Wesley Medical Center	W. C. Goodpasture	460	23,054	407	9,268	24,550	28,174	143	5100 F	18	Rot.	18	21011
KENTUCKY—Hospitals, 7; Internships, 127													
Lexington													
Good Samaritan	J. B. Floyd, Jr.	177	64,708	286	1,050	18,552	16,281	...	4200 F	7	Rot.	7	21411
University of Kentucky Medical Center	W. R. Willard	...	...	...	...	...	...	144	3360 P	10	St. Med.	10	84832
										16	St. Surg.	16	84833
										4	St. Ped.	4	84834
										2	St. Path.	2	84836
										24	Mixed ^{1,2,4}	24	84820
University		159	5,132	245	25,798	9,727	8,477	...	...	...	...	...	...
St. Joseph		241	13,633	281	27,353	13,251	...	...	...	...	...	...	...
Veterans Admin.		1,046	2,316	123	11,348	...	...	...	...	...	...	...	...
Louisville													
John N. Norton Memorial Infirmary	W. T. Ramage, Jr.	269	12,134	234	2,994	6,984	19,536	145	4800 F*	6	Rot.	6	21811
Louisville General	S. H. Cheng	294	11,879	621	100,481	81,171	0	151	2400 FP	14	Rot.	14	21711
										8	St. Med.	8	21732
										8	St. Surg.	8	21733
										8	St. Ped.	8	21734
										2	St. Path.	2	21736
St. Joseph Infirmary	R. D. Wolfe	384	20,236	430	8,730	19,628	8,176	...	4620 P	18	Rot.	18	22011
LOUISIANA—Hospitals, 8; Internships, 231													
Lafayette													
Charity Hospitals of Louisiana General Practice Program													
Lafayette Charity Hospital (Louisiana State Univ. Unit)—See New Orleans, La.									152				
Lake Charles													
Charity Hospitals of Louisiana General Practice Program													
Lake Charles Charity Hospital (Louisiana State Univ. Unit)—See New Orleans, La.									152				
New Orleans													
Charity Hospital of Louisiana	L. Burroughs												
Louisiana State University Division	N. S. Gilbert	1,940	43,719	3,016	518,298	68,827	219,012	...	2100 F	36	Rot.	36	22441
Charity Hospitals of Louisiana General Practice Programs at Lafayette Charity Hospital and Lake Charles Charity Hospital, are 2-year general practice programs with 22 first-year positions included in rotating internships under NIMP Code 22411.									152				
Charity Hospital of Louisiana	L. Burroughs												
Tulane University Division	R. D. Sparks	1,940	43,719	3,016	518,298	68,827	219,012	...	2100 F	29	Rot.	29	22411
										4	St. Med.	4	22432
										6	St. Surg.	6	22433
										2	St. Ped.	2	22434
										2	St. Ob.G.	2	22435
										8	Mixed ¹	8	22412
										6	Mixed ²	6	22413
										4	Mixed ⁴	4	22414
										2	Mixed ⁴	2	22486
Ochsner Foundation		305	11,972	267	282,093	16,060	...	...	2280 P	4	St. Med.	4	96632
										6	Mixed ¹	6	96612
Southern Baptist	J. H. Collins	414	20,402	582	5,336	17,184	11,728	146	3900 P	22	Rot.	22	22811
										2	Mixed ¹	2	22812
Touro Infirmary	A. D. Meyer	374	16,754	470	32,134	20,127	30,200	147	3900 F	15	Rot.	15	22911
										2	St. Med.	2	22932
										2	St. Surg.	2	22933
										2	Mixed ¹	2	22912
										2	Mixed ²	2	22913
										2	Mixed ³	2	22915
Pineville													
Charity Hospitals of Louisiana General Practice Program: Huey P. Long Charity Hospital (Tulane Univ. Unit)	R. D. Sparks	138	6,641	235	82,345	1,873	...	...	4200 P*	6	Gen. Pract. Pro. ¹¹	6	22317
Shreveport													
Confederate Memorial Medical Center		563	23,744	802	144,544	9,594	...	...	2100 F	40	Rot.	40	23211
MAINE—Hospitals, 3; Internships, 24													
Bangor													
Eastern Maine General		230	9,659	339	5,339	7,965	52,127	...	3600 F	6	Rot.	6	23311
Lewiston													
Central Maine General	G. Clapperton	176	8,010	263	3,764	7,306	21,362	...	3600 F	6	Rot.	6	23411
Portland													
Maine Medical Center	M. S. Bacastow	323	14,472	533	33,197	31,440	38,302	...	2880 F	12	Rot.	12	23611
MARYLAND—Hospitals, 19; Internships, 345													
Baltimore													
Baltimore City Hospitals		1,203	14,068	1,030	103,617	30,911	...	149	4000 P	13	St. Med.	13	23732
										6	St. Surg.	6	23733
										3	St. Ped.	3	23734
										1	St. Path.	1	23736
										2	Mixed ¹	2	23753
										3	Mixed ²	3	23724
										2	Mixed ⁴	2	23754
										2	Family Prac. Pro. ^{8,2}	2	23718

Numerical and other references are listed on pages 112 through 118.

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Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MARYLAND, Baltimore—Continued													
Bon Secours	J. F. Hartman	227	9,599	228	13,472	12,819	5,477	4200 F*	12	Rot.	12	23811	
Church Home and Hospital	M. B. Kress	230	8,506	253	13,696	11,991	111	150 5000 O	12	Rot.	12	23911	
Franklin Square		135	5,767	182	11,905	9,489	339	4900 P	4	St. Med.	4	23932	
Greater Baltimore Medical Center	T. E. Prout							6000 P	8	Mixed ¹	8	24012	
Hospital for Women of Maryland		145	8,316	115	14,495	1,306			12	Rot.	12	24111	
Johns Hopkins	P. A. Tumulty	778	26,354	992	316,275	75,344		3000 P*	4	St. Med.	4	24132	
	A. M. Harvey								11	Pvt. Med.	11	24238	
	G. D. Zuidema								16	St. Med.	16	24232	
	R. E. Cooke								13	St. Surg.	13	24233	
	I. L. Bennett								9	St. Ped.	9	24234	
	A. C. Barnes								2	St. Path.	2	24236	
									4	St. ObG	4	24235	
Johns Hopkins Community Pediatric Program (includes Baltimore City Hospitals, Hospital for Women of Maryland, Johns Hopkins Hospital, Sinai Hospital of Baltimore, Union Memorial Hospital)	A. J. Schaffer							3000 P*	8	St. Ped.	8	22734	
Lutheran Hospital of Maryland		171	8,383	241	13,843	22,596		5400 P	10	Rot.	10	24311	
Maryland General	E. F. Cotter	317	11,669	408	5,346	6,741	16,444	150 6000 P	14	Rot.	14	24411	
Mercy	J. A. Mead, Jr.	283	12,623	358	26,067	19,906	55,927	6000 P	18	Rot.	18	24511	
Provident	O. N. Coker	110	5,627	266	10,911	21,448		150 4800 F	6	Rot.	6	24611	
St. Agnes	J. H. Tuohy	340	14,545	435	9,372	33,675	34,418	6000 P	12	Rot.	12	24711	
St. Joseph	W. J. Supik	193	7,891	365	16,974	19,316	2,687	6000 P	8	Rot.	8	24811	
Sinai Hospital of Baltimore	E. Kaplan	390	16,969	532	59,153	43,955	3,031	4400 P	3	Rot.	3	24911	
									7	St. Med.	7	24932	
									1	St. Surg.	1	24933	
									2	St. Ped.	2	24934	
									8	Mixed ¹	8	24912	
									1	Mixed ²	1	24913	
									2	Mixed ⁴	2	24914	
South Baltimore General	S. L. Fox	151	5,405	255	14,086	19,984	1,239	150 5400 F	12	Rot.	12	25011	
Union Memorial	W. W. Wurzbacher	337	12,467	580	29,411	37,224	10,832	6000 P	9	Rot.	9	25111	
									8	St. Med.	8	25132	
									5	St. Surg.	5	25133	
University of Maryland	J. G. Wiswell	560	15,718	838	149,286	37,977	6,829	2800 P	2	Rot.	2	25211	
									10	St. Med.	10	25232	
									2	St. Surg.	2	25233	
									3	St. Ped.	3	25234	
									1	St. Path.	1	25236	
									12	Mixed ^{1,2,3,4}	12	25220	
Bethesda									6	Rot.	6	25311	
Suburban	W. O. Teichmann	214	12,746	342	3,053	19,014	16,280	3120 F	6	Rot.	6	25311	
Cheverly									18	Rot.	18	90511	
Prince George's General	E. J. Jensen	344	17,792	580	16,051	38,239	33,208	3600 F	18	Rot.	18	90511	
Takoma Park									16	Rot.	16	25411	
Washington Sanitarium and Hospital		243	10,902	246	3,145	18,656	34,565	3360 P	16	Rot.	16	25411	
MASSACHUSETTS—Hospitals, 32; Internships, 419													
Beverly									8	Rot.	8	25511	
Beverly		176	7,608	222	9,598	3,686	5,537	3300 F	8	Rot.	8	25511	
Boston									12	St. Med.	12	25632	
Beth Israel		293	11,935	400	61,857	17,114		3000 P	4	St. Surg.	4	25633	
									1	St. Path.	1	25636	
Boston City	Committee on Examinations	842	29,383	1,509	326,518	130,913	153	3000 P					
					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			4	St. Path.	4	25736	
Boston Floating	M. B. Kreidberg	71	3,076	106	5,885		213	154 3000 F	6	St. Ped.	6	98734	
Carney	R. M. Dart	293	11,229	397	14,933	27,956	44,526	155 2400 F	12	Rot.	12	25811	
Children's Hospital Medical Center	T. E. Cone	281	11,107	352	90,315	38,868		1200 F	5	St. Ped.	5	25934	
Massachusetts General	S. Farber	920	28,237	1,420	205,991	53,172		156 3000 O	2	St. Path.	2	25936	
	R. H. Ebert								14	St. Med.	14	26132	
	P. S. Russell								12	St. Surg.	12	26133	
	N. B. Talbot								5	St. Ped.	5	26134	
	B. Castleman								1	St. Path.	1	26136	
New England Center	J. Rogers	195	6,686	201	2,599	968	188	158 3000 O	10	St. Med.	10	26332	
	R. A. Deterling, Jr.								6	St. Surg.	6	26333	
									2	St. Path.	2	26336	
Peter Bent Brigham		267	8,054	445	54,074	15,153		2566 P	13	St. Med.	13	26532	
									7	St. Surg.	7	26533	
St. Elizabeth's	J. P. Rattigan	373	12,828	370	22,708	15,522		3000 F	16	Rot.	16	26611	
University Hospital	R. W. Wilkins	190	7,184	181	50,314		7,536	157 3000 O	10	St. Med.	10	26232	
	R. H. Egdahl								6	St. Surg.	6	26233	
	I. Gore								1	St. Path.	1	26236	
Brockton									6	Rot.	6	26711	
Brockton	D. Rosen	213	10,350	283	12,500	28,157	24,309	3410 F	6	Rot.	6	26711	
Cambridge									12	Rot.	12	26811	
Cambridge City	E. Deutsch	153	6,098	215	33,215	17,500		160 3500 P	1	St. Path.	1	26936	
Mount Auburn	D. Hurwitz	227	9,001	312	7,707	15,752	13,337	3000 P	8	Mixed ¹	8	26912	
Fall River									9	Rot.	9	86411	
Union	J. C. Corrigan	208	8,429	313	4,165	8,572		3600 F*	9	Rot.	9	86411	

APPROVED INTERNSHIPS

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MASSACHUSETTS—Continued													
Framingham													
Framingham Union	C. G. Tedeschi	170	10,539	243	924	15,545	31,298	6 1	Rot. St. Path.	6 1	81211 81236
Holyoke													
Holyoke Affiliated Hospitals	R. J. Maher	359	15,063	382	7,466	15,065	18,550	...	3000	12	Rot.	12	27311
Holyoke		...	...	...	...	...	...	...	...	...	...	...	...
Providence		...	...	...	...	...	...	...	...	...	...	...	...
Lawrence													
Lawrence General	J. H. Nicholson	210	8,603	275	13,982	17,927	9,594	...	3600 F*	6	Rot.	6	27411
Lynn													
Lynn	B. Appel	260	11,190	487	11,751	21,419	2,648	...	3420	6	Rot.	6	27811
Malden													
Malden	N. S. Stearns	218	10,013	248	1,828	12,150	7,877	...	3600 F	6	Rot.	6	82711
New Bedford													
St. Luke's	C. N. Levin	315	13,314	577	14,393	14,989	...	...	2400 F	10	Rot.	10	27911
Newton													
Newton-Wellesley		188	8,842	326	5,996	13,463	24,606	...	3600 P*	8	Rot.	8	28011
Pittsfield													
Pittsfield Affiliated Hospitals	G. L. Haidak	320	13,661	359	14,501	14,781	48,405	...	3000 F*	10 2 2	Rot. Mixed ¹ Mixed ²	10 2 2	28111 28112 28113
Pittsfield General		...	...	...	...	...	...	...	...	...	...	...	...
St. Luke's		...	...	...	...	...	...	...	...	...	...	...	...
Quincy													
Quincy	J. Goldman	306	12,982	410	9,786	21,895	22,559	...	3410 F	12	Rot.	12	28311
Salem													
Salem	D. Dove	214	8,808	344	6,800	15,691	13,513	...	3600 F	8	Rot.	8	28411
Springfield													
Springfield	R. A. Grugan	353	12,940	491	11,057	19,276	37,871	161	3600 F	12	Rot.	12	28611
Waltham													
Waltham	N. S. Stearns	159	7,884	242	2,453	15,186	22,164	...	4020 P	7	Rot.	7	28811
Worcester													
Memorial	J. G. Freymann	269	12,002	330	8,974	15,479	19,977	...	3600 P	12	Rot.	12	28911
St. Vincent	J. F. Stapleton	466	16,234	490	3,921	11,353	33,754	...	3600 P	3 3 10	St. Med. St. Surg. Mixed ^{1,2}	3 3 10	29032 29033 29020
Worcester City	V. P. DeDomenico	399	13,484	645	39,187	31,320	6,214	...	2776*	12 4	Rot. St. Surg.	12 4	29111 29133
MICHIGAN—Hospitals, 37; Internships, 608													
Ann Arbor													
St. Joseph Mercy		422	18,647	325	7,348	23,417	75,364	...	5100 O	18	Rot.	18	29211
University	R. B. Nelson	752	20,234	669	239,224	19,580	...	162	2940 O	16 16 7 2	St. Med. St. Surg. St. Ped. St. Path.	16 16 7 2	29332 29333 29334 29336
Dearborn													
Oakwood	E. W. Durham	270	14,256	342	611	20,814	15,985	163	4200 F	18	Rot.	18	94611
Detroit													
Children's	P. V. Woolley	186	9,091	297	64,221	24,141	...	164	4680 F	6	St. Ped.	6	84334
Detroit Memorial	C. J. France	277	11,283	305	13,317	2,918	31,999	...	5400 O	12	Rot.	12	29611
Evangelical Deaconess	E. J. Neill	165	747	273	2,147	7,687	...	165	5424 P*	8	Rot.	8	29711
Grace	J. L. Posch, G. S. Wilson	653	25,182	799	27,301	8,686	12,277	166	3960 F*	30	Rot.	30	29811
Harper	K. L. Krabbenhoft	595	22,599	649	48,861	13,233	25,701	166	3600 F*	26	Rot.	26	29911
Henry Ford	R. E. Birk	947	30,415	1,108	735,345	43,592	...	...	4620 P	26	Rot.	26	30011
Mount Carmel Mercy	B. Juliar	504	21,375	570	2,821	24,279	12,056	...	4800 P	24	Rot.	24	30211
Receiving	T. A. Bruce	648	21,185	1,116	295,358	129,190	4,483	...	4097 P	32 12 6	Rot. St. Med. St. Surg.	32 12 6	29511 29532 29533
St. John	E. F. Dittmer	280	15,606	338	11,819	23,879	20,332	167	4800 P*	12	Rot.	12	91511
St. Joseph Mercy		207	8,205	222	4,177	10,723	...	...	5460 P	9	Rot.	9	30411
Sinai Hospital of Detroit	H. A. Ravin	356	13,990	345	49,213	15,594	48,200	166	3600 F*	12	Rot.	12	92611
Woman's	R. E. Mack	293	13,445	368	6,975	5,559	...	167	5400 O	16 2	Rot. St. ObG	16 2	30511 30535
Eloise													
Wayne County General Hospital and Infirmary	B. A. Bercu	401	10,371	985	41,669	24,893	...	168	4304 F	36	Rot.	36	30611
Flint													
Hurley		72	24,002	725	9,841	22,262	17,821	...	...	25	Rot.	25	30711
McLaren General	J. D. Wheeler	296	13,783	273	4,203	21,035	8,989	...	5100 P	12	Rot.	12	86611
St. Joseph		366	16,298	397	1,720	27,674	...	...	8000 P	14	Rot.	14	30811
Grand Rapids													
Blodgett Memorial	C. E. Booher	330	16,251	490	5,258	15,094	68,751	...	3300 F	16	Rot.	16	30911
Butterworth		376	17,571	489	6,438	21,512	55,192	...	3900 F	18 2	Rot. St. Surg.	18 2	31011 31033
St. Mary's	J. C. Peirce	291	14,426	400	7,331	21,378	11,318	169	3900 F	14	Rot.	14	31111
Grosse Pointe													
Bon Secours	R. C. Connelly	149	8,026	192	4,792	9,559	1,711	167	4500 F	10	Rot.	10	90611
Highland Park													
Highland Park General	H. L. Green	251	10,387	313	7,243	19,740	24,921	167	5158 P*	14	Rot.	14	31211
Kalamazoo													
Borgess	I. J. Martens	244	12,448	372	7,453	9,684	...	...	5400 F	10	Rot.	10	31311
Bronson Methodist	H. E. DePre	233	10,753	353	5,584	11,788	18,049	...	5400 F	12	Rot.	12	31411
Lansing													
Edward W. Sparrow	H. J. Schmidt	302	14,872	370	3,343	18,820	...	...	6000 P	10	Rot.	10	31511
Midland													
Midland	R. H. Howell	159	8,726	123	1,474	7,767	19,004	170	4200 F	6	Rot.	6	96111
Muskegon													
Hackley	H. Sanden, P. H. Frandsen	243	10,400	304	...	14,791	...	...	...	10	Rot.	10	81511

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Affiliated Services	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
NEW YORK, Rochester—Continued													
Strong Memorial Hospital of the University of Rochester		578	19,450	770	104,894	6,521	23,246	...	3000 O	16	St. Med.	16	51132
										11	St. Surg.	11	51133
										10	St. Ped.	10	51134
										4	St. Path.	4	51136
										4	St. ObG.	4	51135
										2	Mixed ²	2	51113
										2	Mixed ³	2	51115
										2	Mixed ⁴	2	51114
Schenectady													
Ellis	G. D. Vlahides	3,629	16,339	508	5,952	18,133	...	...	3600 F*	20	Rot.	20	51211
St. Clare's	J. C. Sherman	202	8,631	307	4,523	10,471	16,438	207	3600 F*	15	Rot.	15	51311
Syracuse													
St. Joseph's	F. S. Caliva	279	13,561	372	21,043	16,895	14,950	...	3700 F	12	Rot.	12	51811
St. Joseph's Hospital-State University of New York Upstate Medical Center	F. S. Caliva, W. A. Harris	...	...	...	...	...	...	...	3700 F	4	Fam. Pract. ⁵	4	51718
St. Joseph's Hospital		...	...	...	...	...	...	...	...	...	...	...	...
State University of New York Upstate Medical Center		...	...	...	...	...	...	...	...	...	...	...	...
State University of New York Upstate Medical Center	W. A. Harris	1,386	42,406	1,587	110,403	28,609	30,081	...	3700 O	15	St. Med.	15	51632
										8	St. Surg.	8	51633
										5	St. Ped.	5	51634
										2	St. Path.	2	51636
										10	Mixed ¹	10	51612
										4	Mixed ⁴	4	51653
										6	Mixed ⁶	6	51676
Troy													
Samaritan		199	8,440	291	2,618	9,374	22,245	...	5400 F*	14	Rot.	14	52011
Valhalla													
Grasslands	W. R. Dalziel	403	6,489	488	62,767	16,063	157	...	4500 FP	12	Rot.	12	52111
										3	St. Med.	3	52132
										3	St. Surg.	3	52133
West Islip													
Good Samaritan	W. J. Clarkson, Jr.	164	10,924	295	...	15,998	3,330	...	3600 F*	12	Rot.	12	49311
White Plains													
White Plains	A. B. Lowenfels	...	...	...	...	...	...	...	3100 F	6	Rot. ⁷	6	52311
Yonkers													
St. John's Riverside Hosp.	A. Nowicki	221	9,038	268	8,107	6,545	10,325	...	3600 F*	14	Rot.	14	52411
St. Joseph's	B. P. Lustgarten	140	5,089	173	6,437	9,221	15,789	...	4800 P	8	Rot.	8	52511
Yonkers General	M. J. Eisen	132	5,366	232	12,457	8,193	16,401	...	3900 F*	8	Rot.	8	52611
NORTH CAROLINA—Hospitals, 10; Internships, 201													
Asheville													
Memorial Mission	M. F. Keleher	286	14,448	413	12,453	20,796	18,767	...	3780 FP*	8	Rot.	8	94911
Chapel Hill													
North Carolina Memorial	Departmental Chairmen	332	11,703	424	95,367	11,093	...	...	2300 O	12	St. Med.	12	90032
										8	St. Surg.	8	90033
										5	St. Ped.	5	90034
										4	St. Path.	4	90036
										9	Mixed ¹	9	90012
Charlotte													
Charlotte Memorial	B. L. Galusha	527	18,732	424	43,849	31,476	8,375	...	4140 P*	12	Rot.	12	52711
Durham													
Duke	Chiefs of Services	549	19,766	642	121,248	13,557	...	211	2880 P	27	St. Med.	27	52932
										16	St. Surg.	16	52933
										12	St. Ped.	12	52934
										6	St. Path.	6	52936
										2	Mixed ^{3,4}	2	52920
										10	Rot.	10	87711
										4	St. Med.	4	87732
										2	St. Surg.	2	87733
										1	St. Ped.	1	87734
										3	Mixed ¹	3	87712
										2	Mixed ²	2	87713
Greensboro													
Moses H. Cone Memorial	J. B. Stevens	261	12,677	398	24,178	14,253	...	...	4200 P	12	Rot. ⁷	12	94311
Wilmington													
James Walker Memorial (included in New Hanover Memorial)	L. B. Mason	240	12,023	292	3,339	17,934	14,996	...	3600 FP*	8	Rot. ⁷	8	53411
Winston-Salem													
Forsyth Memorial	W. A. Lambeth, Jr.	327	4,729	133	2,164	6,033	3,833	...	4800 P	6	Family Practice ⁸	6	53518
Kate Bitting Reynolds Memorial	R. L. Smith	175	7,050	394	9,374	20,202	8,867	...	4800 F	8	Rot.	8	53611
North Carolina Baptist Hospitals		411	17,398	509	74,098	18,493	...	...	2700	7	St. Med.	7	53732
										6	St. Surg.	6	53733
										3	St. Ped.	3	53734
										4	St. Path.	4	53736
										4	Mixed ^{1,4}	4	53720
NORTH DAKOTA—Hospitals, 1; Internships, 12													
Fargo													
St. Luke's	J. S. Gillam	192	9,072	203	75,000	8,790	...	...	3600 F	12	Rot.	12	53911
OHIO—Hospitals, 53; Internships, 850													
Akron													
Akron City	C. W. Loughry, T. R. Kelly	502	17,691	1,016	17,072	20,328	52,692	212	3600 FP*	19	Rot.	19	54111
										2	St. Med.	2	54132
										2	St. Surg.	2	54133
										...	Gen. Prac. Pro. ¹¹	...	...
										21	Rot. ¹²	21	54211
Akron General	R. T. Allison	425	14,366	610	21,052	16,999	36,285	212	3600 F*	2	St. Ped.	2	89534
Children's Hospital of Akron	J. D. Kramer	208	14,536	111	12,032	31,936	3,514	213	3600 FP	20	Rot.	20	54311
St. Thomas	J. P. Sauvageot	270	10,821	284	6,974	15,103	4,402	212	3600 FP	2	Gen. Prac. Pro. ¹¹	2	54317
Barberton													
Barberton Citizens	R. Littlejohn	260	12,063	307	4,625	20,314	25,169	...	3600 FP	12	Rot.	12	96411

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
PUERTO RICO—Continued													
Ponce													
Hospital de Damas		128	7,252	86	5,541	4,742			2400 F	6	Rot. ⁹		
Ponce District General		360	11,892	625	62,719	26,262			2700 F	20	Rot.	20	81011
Rio Piedras													
Rio Piedras Municipal	P. J. Rullan	110	7,939	229	36,595	55,946			2400 F	9	Rot. ⁹		
University District		36	9,890	722	74,215	26,406			2700 P	24	Rot. ⁹		
										6	St. Med. ⁹		
										6	St. Surg. ⁹		
San Juan													
Presbyterian	A. Salazar	179	10,528	170	6,417	16,424			4200 F	8	Rot. ⁹		
San Juan City		311	11,721	381	72,426	8,914				24	Rot. ⁹		
RHODE ISLAND—Hospitals, 6; Internships, 72													
Newport													
Newport	M. A. Chernow	113	6,781	255	3,030	8,505	11,388		3600 F*	8	Rot.	8	67511
Pawtucket													
Memorial	G. P. Paparo	185	8,622	404	13,383	27,328			3600 F*	8	Rot.	8	67611
Providence													
Miriam	A. M. Burgess	180	6,765	184	5,778	9,262	6,000	234	3900 F*	8	Rot.	8	95311
Rhode Island		573	2,962	988	53,576	42,444	40,518	234	2400 F*	24	Rot. ⁷	24	67711
										4	St. Med.	4	67732
Roger Williams General	H. E. Darrah	204	8,615	310	4,986	16,650	13,797		3600 F	8	Rot.	8	67811
St. Joseph's	J. A. Dailey	178	6,661	281	10,053	14,425			3600 FP*	12	Rot.	12	67911
SOUTH CAROLINA—Hospitals, 6; Internships, 92													
Charleston													
Medical Center Hospitals (Medical College Hospital and Roper Hospitals)	P. C. Gazes	354	14,112	536	113,598				3600 O	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	431	18,316	581	32,866	30,869	44,251		4800 P	15	Rot. ⁷	15	68111
Florence													
McLeod Infirmary	W. Hart	196	10,793	330	7,253	3,671	8,329		3600 P	6	Rot.	6	68211
Greenville													
Greenville General		552	24,098	679	32,213	34,987	51,777		4200 P	18	Rot.	18	68311
Spartanburg													
Spartanburg	R. Hodges	408	19,442	532	21,522	22,596	42,069		4800 FP	15	Rot. ⁷	15	68511
SOUTH DAKOTA—Hospitals, 2; Internships, 14													
Sioux Falls													
McKenna	R. R. Donahoe	221	10,882	214	294	5,832	8,637	235	0000 F	6	Rot.	6	68611
Sioux Valley	R. E. Nelson	206	11,004	300	5,207	10,877			3600 F	8	Rot.	8	68711
TENNESSEE—Hospitals, 12; Internships, 263													
Chattanooga													
Baroness Erlanger	W. H. Marsh	517	25,000	788	44,074	34,516		236	4500 F	14	Rot.	14	68911
Kingsport													
Holston Valley Community	R. H. Jernigan	285	13,999	378	9,475	26,688	69,374		5520	8	Rot. ⁹		
Knoxville													
University of Tennessee Medical Research Center and Hospital	W. J. Acuff	219	0,504	352	40,123	19,781			4128 F	16	Rot.	16	83911
Memphis													
Baptist Memorial	J. D. Upshaw, Jr.	895	39,963	914	10,925	17,823	121,816		3600 F	18	Rot.	18	69411
										4	St. Med.	4	69432
										8	Mixed ^{1,2}	8	69420
City of Memphis Hospitals	S. P. Patterson	613	25,255	1,210	174,175	63,142			3600 F	32	Rot.	32	84411
										8	St. Med.	8	84432
										4	St. Surg.	4	84433
										6	St. Ped.	6	84434
										8	Mixed ¹	8	84412
Methodist	B. H. Ginn	493	23,168	495	8,135	20,828	36,554		3600 F	16	Rot. ⁹		
St. Joseph	E. J. Spiotta	318	16,817	386	7,403	11,480	16,646		3600 F	16	Rot.	8	69711
Nashville													
Baptist	B. T. Shorney	321	18,006	362	8,455	16,681			3600 FP	16	Rot.	16	69911
George W. Hubbard Hospital of the Meharry Medical College	L. O. Perry	161	5,907	341	37,914	17,153	2		2400 F*	14	Rot. ⁹		
										1	St. Med. ⁹		
										1	St. Surg. ⁹		
										1	St. Ped. ⁹		
St. Thomas	R. M. Roy	280	14,174	378	0,052	7,198	191	238	3600 F*	11	Rot.	11	70111
										6	Mixed ^{1,2,3,4}	6	70120
Vanderbilt University Affiliated Hospitals	J. L. Shapiro												
Nashville Metropolitan General		151	6,690	340	54,974	24,080				22	St. Med.	22	70232
Vanderbilt University	J. L. Shapiro	390	15,138	439	74,821	29,500			2400 P	18	St. Surg.	18	70233
										10	St. Ped.	10	70234
										3	St. Path.	3	70236
										2	St. ObG	2	70235
TEXAS—Hospitals, 24; Internships, 396													
Austin													
Brackenridge	R. W. Pape	237	11,448	443	24,403	23,365			4800 FP	14	Rot.	14	70411
Corpus Christi													
Memorial Medical Center	Chairman Intern Committee	189	10,527	381	35,827	14,384		239	3300 F*	8	Rot.	8	70511
Dallas													
Baylor University Medical Center	R. Tompsett	691	35,058	824	13,918	22,174	50,111	240	4800 O	18	Rot. ⁷	18	70611
										3	St. Med.	3	70632
										2	St. Path.	2	70636

HOSPITALS APPROVED FOR JUNIOR ROTATING INTERNSHIPS IN CANADA

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

This list, revised to June 1, 1965, 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)		Montreal General Hospital	Montreal
St. Paul's Hospital	Vancouver	Hotel-Dieu Hospital	Kingston	Queen Elizabeth Hospital	Montreal
Vancouver General Hospital	Vancouver	Kingston General Hospital	Kingston	Royal Victoria Hospital	Montreal
Royal Jubilee Hospital	Victoria	Kitchener-Waterloo Hospital	Kitchener	Reddy Memorial Hospital (Westmount)	Montreal
St. Joseph's Hospital	Victoria	St. Joseph's Hospital	London	St. Mary's Hospital	Montreal
Alberta					
Calgary General Hospital	Calgary	Victoria Hospital	London	Hopital de l'Enfant-Jesus	Quebec
Holy Cross Hospital	Calgary	National Defence Medical Center	Ottawa	Hopital du Saint-Sacrement	Quebec
Edmonton General Hospital	Edmonton	Ottawa Civic Hospital	Ottawa	Hopital St-Francois-d'Assise	Quebec
Misericordia Hospital	Edmonton	Ottawa General Hospital	Ottawa	Hotel-Dieu de Quebec	Quebec
Royal Alexandra Hospital	Edmonton	St. Catharines General Hospital	St. Catharines	Jeffrey Hale's Hospital	Quebec
University of Alberta Hospital	Edmonton	Scarborough General Hospital	Scarborough	Hopital General St-Vincent-de Paul	Sherbrooke
Saskatchewan					
Regina General Hospital	Regina	New Mount Sinai Hospital	Toronto	Hotel-Dieu de Sherbrooke	Sherbrooke
Regina Grey Nuns' Hospital	Regina	St. Joseph's Hospital	Toronto	Sherbrooke Hospital	Sherbrooke
St. Paul's Hospital	Saskatoon	St. Michael's Hospital	Toronto	Hopital St-Joseph	Trois-Rivieres
Saskatoon City Hospital	Saskatoon	Toronto East General and	Toronto	Hopital General de Verdun	Verdun
University Hospital	Saskatoon	Orthopaedic Hospital	Toronto	New Brunswick	
Manitoba					
St. Boniface General Hospital	St. Boniface	Toronto General Hospital	Toronto	Victoria Public Hospital	Fredericton
Misericordia Hospital	Winnipeg	Toronto Western Hospital	Toronto	The Moncton Hospital	Moncton
Winnipeg General Hospital	Winnipeg	Toronto Wellesley Hospital	Toronto	Saint John General Hospital	Saint John
Ontario					
Hamilton General Hospital	Hamilton	Women's College Hospital	Toronto	Nova Scotia	
St. Joseph's Hospital	Hamilton	Metropolitan General Hospital	Windsor	Halifax Infirmary	Halifax
Quebec					
		Hotel-Dieu St.-Vallier	Chicoutimi	Victoria General Hospital	Halifax
		Hopital du Sacre-Coeur	Hull	Newfoundland	
		Hopital Ste-Jeanne d'Arc	Montreal	St. John's General Hospital	St. John's
		Hopital du Sacre-Coeur	Montreal		
		Hopital Notre-Dame	Montreal		
		Hopital Saint-Luc	Montreal		
		Hotel-Dieu de Montreal	Montreal		
		Jewish General Hospital	Montreal		
		Maisonneuve Hospital	Montreal		

ABBREVIATIONS AND NOTES

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

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

100. Children's 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. St. Joseph Hospital, Phoenix, Ariz.
106. Children's Hospital of the East Bay, Oakland, Calif.
107. Los Angeles County Harbor General Hospital, Torrance, Calif.
108. Santa Monica Hospital, Santa Monica, Calif.
109. Los Angeles County General Hospital, Los Angeles, Calif.
110. Children's Hospital, Los Angeles County General Hospital, Los Angeles, Calif.
111. University of California Medical Center, Los Angeles, Calif.
112. Children's Hospital, San Francisco, Calif.
113. St. Mary's Hospital, San Francisco, Calif.
114. Mary's Help Hospital, San Francisco, Calif.
115. Highland-Alameda County Hospital, Oakland, Calif.
116. California Hospital, Los Angeles, Calif.
117. General Rose Memorial Hospital, Mercy Hospital, Porter Memorial Hospital, Presbyterian Hospital, St. Anthony Hospital, St. Joseph Hospital, St. Luke's Hospital, Denver, Colo.
118. Children's Hospital, Denver, Colo.
119. Denver General Hospital, Denver, Colo.
120. Children's Hospital, Denver General Hospital, Denver, Colo.
121. Children's Hospital of Orange County, Orange, Calif.
122. J. J. McCook Memorial Hospital, Hartford, Conn.
123. Arlington Memorial Hospital, Arlington, Va.; D. C. General Hospital, Washington, D. C.
124. District of Columbia General Hospital, Washington, D. C.
125. DeWitt Army Hospital, Fort Belvoir, Va.
126. Children's Hospital, Washington, D. C.
127. Variety Children's Hospital, Veterans Administration Hospital, Miami, Fla.
128. Variety Children's Hospital, Miami, Fla.
129. Henrietta Eggleston Hospital for Children, Atlanta, Ga.
130. Queen's Hospital, Honolulu, Hawaii
131. Kauikoolani Children's Hospital, Honolulu, Hawaii
132. St. Louis City Hospital, St. Louis, Mo.
133. Frank Cuneo Memorial Hospital, Chicago, Ill.
134. Cook County Hospital, Chicago, Ill.; Little Company of Mary Hospital, Evergreen Park, Ill.
135. Children's Memorial Hospital, Chicago, Ill.
136. Lutheran General Hospital, Park Ridge, Ill.
137. Macon County Tuberculosis Sanatorium, Deatur, Ill.
138. Children's Memorial Hospital, Veterans Administration Research Hospital, Chicago, Ill.
139. Evansville State Hospital, Evansville, Ind.
140. Veterans Administration Hospital, Indianapolis, Ind.
141. Broadlawns Polk County Hospital, Des Moines, Iowa
142. Veterans Administration Hospital, Kansas City, Mo.
143. Sedgwick County Hospital, Wichita, Kan.; Halstead Hospital, Halstead, Kan.
144. St. Claire Medical Center, Morehead, Ky.; Veterans Administration Hospital, St. Joseph's Hospital, Lexington, Ky.
145. Children's Hospital, Louisville, Ky.
146. Lallie Kemp Charity Hospital, Independence, La.
147. Washington-St. Tammany Charity Hospital, Bogalusa, La.
148. Charity Hospital of New Orleans, New Orleans, La.

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

149. Johns Hopkins Hospital, Baltimore, Md.
150. University of Maryland Hospital, Baltimore, Md.
151. Children's Hospital, Jewish Hospital, Louisville, Ky.
152. Charity Hospital of New Orleans, New Orleans; Confederate Memorial Hospital, Shreveport, La.
153. New England Center Hospital, Boston, Massachusetts, for I Surgical Tufts.
154. Lynn Hospital, Lynn, Massachusetts
155. St. Margaret's Hospital, Boston, Mass.
156. Boston Lying-In Hospital, Boston, Mass.
157. Veterans Administration Hospital, Providence, R. I.
158. Boston City Hospital, Boston Floating Hospital, Boston, Mass.; Central Maine General Hospital, Lewiston, Me.; Maine Medical Center, Portland, Me.
159. Boston City Hospital, St. Margaret's Hospital, Boston, Mass.
160. Boston City Hospital, Boston, Mass.
161. Wesson Maternity Hospital, Springfield, Mass.
162. Midland General Hospital, Midland, Mich.; Saginaw General Hospital, Saginaw, Mich.
163. Henry Ford Hospital, Detroit, Mich.
164. Woman's Hospital, Detroit, Mich.
165. Harper Hospital, Detroit, Mich.
166. Receiving Hospital, Children's Hospital, Detroit, Mich.
167. Children's Hospital, Detroit, Mich.
168. Crittenton General Hospital, Detroit, Mich.
169. Ferguson-Droste-Ferguson Hospital, Grand Rapids, Mich.
170. University Hospital, Ann Arbor, Mich.
171. Miller Memorial Hospital, Duluth, Minn.
172. Children's Hospital, St. Paul, Minn.
173. Northwestern Hospital, Minneapolis, Minn.; Anoka State Hospital, Anoka, Minn.
174. Children's Hospital; Gillette State Hospital for Crippled Children, St. Paul, Minn.
175. Ancker Hospital, St. Paul, Minn.; Children's Hospital, Minneapolis, Minn.
176. Veterans Administration Hospital, Minneapolis, Minn.
177. Children's Mercy Hospital, Kansas City, Mo.
178. Children's Mercy Hospital, Kansas City General Hospital, Kansas City, Mo.
179. St. Louis City Hospital, St. Louis Children Hospital, Veterans Administration Hospital, St. Louis, Mo.
180. Homer G. Phillips Hospital, St. Louis, Mo.
181. Malcolm Bliss Mental Health Center, St. Louis, Mo.
182. St. Louis Children's Hospital, St. Louis, Mo.
183. Cardinal Glennon Memorial Hospital for Children, St. Louis, Mo.
184. Firmin Desloge Hospital, Cardinal Glennon Memorial Hospital, Wohl Memorial Mental Health Institute, St. Mary's Hospital, St. Louis, Mo.
185. St. Louis County Hospital, Clayton, Mo.
186. Children's Mercy Hospital, Jackson County Hospital, Kansas City, Mo.
187. Douglas County Hospital, Children's Memorial Hospital, Omaha, Neb.
188. Bishop Clarkson Memorial Hospital, Omaha, Nebr.
189. Children's Memorial Hospital, Douglas County Hospital, Veterans Administration Hospital, Omaha, Nebr.
190. Children's Memorial Hospital, Omaha, Nebr.
191. Douglas County Hospital, Omaha, Nebr.
192. Babies Hospital, Newark, N. J.
193. Margaret Hague Maternity Hospital, Jersey City, N. J.
194. Newark City Hospital, Newark, N. J.
195. Hackensack Hospital, Hackensack, N. J.; Passaic General Hospital, Passaic, N. J.; Barnert Memorial Hospital, Paterson, N. J.
196. Children's Hospital of Buffalo, Buffalo, N. Y.
197. Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
198. Georgetown University Hospital, Washington, D. C.; Edward J. Meyer Memorial Hospital, Buffalo, N. Y.
199. Morrisania Hospital, New York City, N. Y.
200. Mount Sinai Hospital, New York City, N. Y.
201. Bellevue Hospital, New York City, N. Y.
202. Memorial Hospital, Hospital for Special Surgery, New York City, N. Y.
203. Roosevelt Hospital, New York City, N. Y.
204. Long Island Jewish Hospital, New Hyde Park, N. Y.
205. New York Medical College Metropolitan Hospital Center, New York City, N. Y.; Jersey City Medical Center, Jersey City, N. J.
206. Strong Memorial Hospital, Rochester, N. Y.
207. Ellis Hospital, Schenectady, N. Y.
208. Rochester General Hospital, Genesee Hospital, Rochester, N. Y.
209. Memorial Hospital for Cancer and Allied Diseases, New York City, N. Y.
210. University Hospital, New York City, N. Y.
211. Veterans Administration Hospital, Durham, N. C.
212. Children's Hospital, Akron, Ohio
213. Akron City Hospital, Akron, Ohio
214. Cincinnati Children's Hospital, Cincinnati, Ohio
215. Booth Memorial Hospital, Cleveland, Ohio
216. Cleveland Metropolitan General Hospital, Cleveland, Ohio
217. Children's Hospital, Columbus, Ohio
218. St. Ann's Hospital, St. Luke's Hospital, Cleveland, Ohio
219. St. Ann's Hospital, Cleveland, Ohio
220. Veterans Administration Hospital, Cleveland, Ohio
221. Ingleside Hospital, Polyclinic Hospital, Cleveland, Ohio
222. Children's Hospital, Columbus, Ohio
223. Children's Memorial Hospital, Oklahoma City, Oklahoma
224. Veterans Administration Hospital, Oklahoma City, Okla.
225. University Hospital, Oklahoma City, Okla.
226. Good Samaritan Hospital, Portland, Ore.
227. Providence Hospital, Portland, Ore.
228. Children's Hospital, Pennsylvania Hospital, Philadelphia, Pennsylvania
229. Children's Hospital, Philadelphia, Pennsylvania
230. St. Christopher Hospital, Philadelphia, Pennsylvania
231. Children's Hospital, Hospital of the University of Pennsylvania, Philadelphia, Pa.
232. Hahnemann Medical College Hospital, Philadelphia, Pa.
233. Children's Hospital, Pittsburgh, Pa.
234. Providence Lying-In Hospital, Providence, R. I.
235. Veterans Administration Hospital, Sioux Falls, S. D.
236. T. C. Thompson Children's Hospital, Chattanooga, Tenn.
237. University of Tennessee Memorial Research Center and Hospital, Knoxville, Tenn.
238. Nashville Metropolitan General Hospital, Nashville, Tenn.
239. Driscoll Foundation Children's Hospital, Corpus Christi, Tex.
240. Children's Medical Center, Dallas, Tex.
241. Parkland Memorial Hospital, Dallas, Tex.
242. Parkland Memorial Hospital, Children's Medical Center, Dallas, Tex.
243. Primary Children's Hospital, Salt Lake City, Utah
244. Kings Daughter Hospital, Norfolk, Va.
245. U. S. Naval Hospital, Portsmouth, Va.
246. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
247. Mary Bridge Children's Hospital, Spokane, Wash.
248. Highland Hospital, Charleston, W. Va.
249. Madison General Hospital, St. Mary's Hospital, Veterans Administration Hospital, Madison, Wis.
250. Milwaukee Children's Hospital, Milwaukee, Wis.
251. Milwaukee County General Hospital, Milwaukee, Wis.
252. Milwaukee County General Hospital, Milwaukee Children's Hospital Milwaukee, Wis.
253. Clinical and laboratory services, and educational program supervised by Mount Sinai Hospital, New York City, N. Y.

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.
St. Joseph's	Phoenix, Ariz.
University	Little Rock, Ark.
Cedars-Sinai Medical Center	Los Angeles
Cedars Hospital Division	
Franklin	San Francisco
French	San Francisco
Mount Zion Hospital and Medical Center	San Francisco
San Francisco General	San Francisco
Southern Pacific Memorial	San Francisco
U. S. Public Health Service	San Francisco
Santa Barbara County General-Cottage Hospitals	Santa Barbara, Calif.
Presbyterian	Denver
University of Colorado Medical Center	Denver
Greenwich	Greenwich, Conn.
Hospital of St. Raphael	New Haven, Conn.
Delaware	Wilmington, Del.
District of Columbia General	Washington, D. C.
Program II—Georgetown University	
Program V—George Washington University	
Program VIII—Howard University	
Program X—Howard University	
Georgetown University	Washington, D. C.
Washington Hospital Center	Washington, D. C.
St. Vincent's	Jacksonville, Fla.
Jackson Memorial	Miami, Fla.
Crawford W. Long Memorial Hospital	Atlanta, Ga.
Grady Memorial	Atlanta, Ga.
Piedmont	Atlanta, Ga.
Eugene Talmadge Memorial	Augusta, Ga.
St. Joseph's Infirmary	Atlanta, Ga.
Kuakini Hospital and Home	Honolulu, Hawaii
Queen's	Honolulu, Hawaii
Mercy	Chicago
Michael Reese Hospital and Medical Center	Chicago
Northwestern University Medical Center	Chicago
Chicago Wesley Memorial	
Passavant Memorial	
University of Chicago Hospitals and Clinics	Chicago
University of Illinois Research and Educational Hospitals	Chicago
St. Francis	Evanston, Ill.
University of Kansas Medical Center	Kansas City, Kan.
University of Kentucky Medical Center	Lexington, Ky.
Charity Hospital of Louisiana	New Orleans
Louisiana State University Division	
Tulane University Division	
Ochsner Foundation	New Orleans
Southern Baptist Hospital	New Orleans
Touro Infirmary	New Orleans
Baltimore City Hospitals	Baltimore
Franklin Square	Baltimore
Sinai Hospital of Baltimore	Baltimore
University of Maryland	Baltimore
Mount Auburn	Cambridge, Mass.
Pittsfield Affiliated Hospitals	Pittsfield, Mass.
St. Vincent Hospital	Worcester, Mass.
Sinai Hospital of Detroit	Detroit
University	Jackson, Miss.
University of Missouri Medical Center	Columbia, Mo.
Menorah Medical Center	Kansas City, Mo.
St. Luke's	Kansas City, Mo.
St. Luke's	St. Louis
Creighton Memorial St. Joseph's	Omaha
University of Nebraska	Omaha
Cooper	Camden, N. J.
Jersey City Medical Center	Jersey City, N. J.
Mountainside	Montclair, N. J.
Newark City	Newark, N. J.
Bergen Pines County	Paramus, N. J.
Albany Medical Center	Albany, N. Y.
Buffalo General	Buffalo, N. Y.
Edward J. Meyer Memorial	Buffalo, N. Y.
Millard Fillmore	Buffalo, N. Y.
Meadowbrook	East Meadow, N. Y.
Beebman Downtown	New York City
Bellevue Hospital Center	New York City
First Medical Division—Columbia University	
First Surgical Division—Columbia University	
Second Medical Division—Cornell University	
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
French	New York City
Hospital for Joint Diseases	New York City
Jewish Hospital of Brooklyn	New York City
Knickerbocker	New York City
Long Island College	New York City
Maimonides Hospital Training Program	New York City
Maimonides Hospital of Brooklyn	
Coney Island Hospital	

Montefiore Hospital Training Program	New York City
Montefiore Hospital and Medical Center	
Morrisania City	
Mount Sinai	New York City
Roosevelt	New York City
State University-Kings County Medical Center	New York City
Genesee	Rochester, N. Y.
Highland	Rochester, N. Y.
Rochester General	Rochester, N. Y.
St. Mary's	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	Winston-Salem, N. C.
Good Samaritan	Cincinnati
Jewish	Cincinnati
Cleveland Clinic	Cleveland
Mount Sinai Hospital of Cleveland	Cleveland
St. Vincent Charity	Cleveland
Mount Carmel	Columbus
Riverside Methodist	Columbus, Ohio
Lakewood	Lakewood, O.
Allentown	Allentown, Pa.
St. Luke's	Bethlehem, Pa.
Geisinger Medical Center	Danville, Pa.
Albert Einstein Medical Center	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Allegheny General	Pittsburgh
St. Francis General	Pittsburgh
Robert Packer	Sayre, Pa.
Medical Center Hospitals	Charleston, S. C.
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, Utah
University	
DeGoesbriand Memorial	Burlington, Vt.
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.
Cedars-Sinai Medical Center	Los Angeles
Mount Sinai Hospital Division	
Los Angeles County General Hospital, Unit I	Los Angeles
Los Angeles County General, Unit II	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)	
Stanford University Affiliated Hospitals	Palo Alto, Calif.
Palo Alto-Stanford Hospital Center	
Veterans Administration	
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.
Yale-New Haven	
Delaware	Wilmington, Del.
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
 Touro Infirmary..... New Orleans
 Baltimore City Hospitals..... Baltimore
 Church Home and Hospital..... Baltimore
 Greater Baltimore Medical Center..... 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
 New England Center..... Boston
 Peter Bent Brigham..... Boston
 University..... Boston
 St. Vincent..... Worcester, Mass.
 University of Michigan..... Ann Arbor, Mich.
 Receiving..... Detroit
 University of Minnesota..... Minneapolis
 University..... Jackson, Miss.
 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.
 St. Elizabeth..... Elizabeth, N. J.
 Jersey City Medical Center..... Jersey City, N. J.
 Newark City..... Newark, N. J.
 St. Michael..... Newark, N. J.
 University of New Mexico Affiliated Hospitals..... Albuquerque, N. M.
 Bernalillo County-Indian
 Albany Medical Center..... Albany, N. Y.
 Buffalo General..... Buffalo
 Edward J. Meyer Memorial..... Buffalo
 Mary Imogene Bassett..... Cooperstown, N. Y.
 Meadowbrook Hospital..... East Meadow, 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
 Mount Sinai Service
 Harlem Hospital Center..... New York City
 Jewish Hospital of Brooklyn..... New York City
 Knickerbocker..... New York City
 Lincoln..... New York City
 Long Island College..... New York City
 Maimonides Hospital Training Program..... New York City
 Maimonides Hospital of Brooklyn
 Coney Island
 Methodist Hospital of Brooklyn..... New York City
 Mount Sinai..... New York City
 New York..... New York City
 New York Polyclinic 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
 State University-Kings County Medical Center..... New York City
 U. S. Public Health Service (Staten Island)..... New York City
 Veterans Administration Hospital (Brooklyn)..... 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 Clinic..... Cleveland
 Cleveland Metropolitan General..... Cleveland
 Mount Sinai Hospital of Cleveland..... Cleveland
 St. Luke's..... Cleveland
 University Hospitals of Cleveland..... Cleveland
 University..... Columbus, Ohio
 Youngstown..... Youngstown, Ohio

University of Oklahoma Medical Center..... Oklahoma City, Okla.
 University
 Veterans Administration
 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
 Presbyterian..... Philadelphia
 Temple University..... Philadelphia
 Health Center Hospitals of the University of Pittsburgh
 School of Medicine..... Pittsburgh
 Presbyterian-University
 Montefiore..... Pittsburgh
 Western Pennsylvania..... Pittsburgh
 University District..... Rio Piedras, P. R.
 Rhode Island..... Providence, R. I.
 Medical Center Hospitals..... Charleston, S. C.
 Baptist Memorial..... Memphis, Tenn.
 City of Memphis Hospitals..... Memphis, Tenn.
 George W. Hubbard Hospital of the Meharry Medical College..... Nashville, Tenn.
 Vanderbilt University Affiliated Hospitals..... Nashville, Tenn.
 Nashville Metropolitan General
 Vanderbilt University
 Baylor University Medical Center..... Dallas, Texas
 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, Utah
 University
 Veterans Administration
 University of Virginia..... Charlottesville, Va.
 Medical College of Virginia-Hospital Division..... Richmond, Va.
 King County..... Seattle
 University of Washington..... Seattle, Wash.
 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.
 Loma Linda University..... Loma Linda, Calif.
 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
 Los Angeles County Harbor General..... Torrance, Calif.
 University of Colorado Medical Center..... Denver
 St. Vincent's..... Bridgeport, Conn.
 Yale-New Haven Medical Center..... New Haven, Conn.
 Yale-New Haven
 District of Columbia General..... Washington, D. C.
 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
 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 Hospital of Indiana..... 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
 Touro Infirmary..... 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—Surgical Tufts
 III—Surgical Boston Univ.
 V—Surgical Harvard
 Massachusetts General..... Boston
 New England Center..... Boston
 Peter Bent Brigham..... Boston
 University Hospital..... Boston
 St. Vincent..... Worcester, Mass.
 Worcester City..... Worcester, Mass.
 University of Michigan..... Ann Arbor, Mich.

Receiving.....	Detroit
Butterworth.....	Grand Rapids, Mich.
University of Minnesota.....	Minneapolis
University.....	Jackson Miss.
University of Missouri Medical Center.....	Columbia, Mo.
Barnes.....	St. Louis
Jewish Hospital of St. Louis.....	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
Mary Imogene Bassett.....	Cooperstown, N. Y.
Meadowbrook.....	East Meadow, N. Y.
Beekman-Downtown.....	New York City
Bellevue Hospital Center.....	New York City
II Surgical Division Cornell.....	
III and IV Surgical Division—NYU.....	
Bronx-Lebanon Hospital Center.....	New York City
Bronx Municipal Hospital Center.....	New York City
Brooklyn-Cumberland Medical Center.....	New York City
City Hospital Center at Elmhurst.....	New York City
Mount Sinai Service.....	
French.....	New York City
Harlem Hospital Center.....	New York City
Jewish Hospital of Brooklyn.....	New York City
Knickerbocker.....	New York City
Lincoln.....	New York City
Long Island College.....	New York City
Maimonides Hospital Training Program.....	New York City
Maimonides Hospital of Brooklyn.....	
Coney Island.....	
Methodist Hospital of Brooklyn.....	New York City
Mount Sinai.....	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
State University-Kings County Medical Center.....	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
University of Oklahoma Medical Center.....	Oklahoma City, Oklahoma
University.....	
Veterans Administration.....	
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
Presbyterian.....	Philadelphia
Health Center Hospitals of the University of Pittsburgh.....	
School of Medicine.....	Pittsburgh
Presbyterian-University.....	
Western Pennsylvania.....	Pittsburgh
Reading.....	Reading, Pa.
University District Hospital.....	Rio Piedras, P. R.
Medical Center Hospitals (Medical College Hospitals.....	
and Roper Hospital).....	Charleston, S. C.
City of Memphis Hospitals.....	Memphis, Tenn.
George W. Hubbard Hospital of the Meharry Medical College.....	Nashville, Tenn.
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.
Nashville Metropolitan General.....	
Vanderbilt University.....	
Parkland Memorial.....	Dallas, Texas
University of Texas Medical Branch Hospitals.....	Galveston, Texas
Baylor University Affiliated Hospitals.....	Houston, Texas
Ben Taub General Hospital-Methodist.....	
Ben Taub General Hospital-Veterans Administration.....	
University of Utah Affiliated Hospitals.....	Salt Lake City, Utah
University.....	
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.

Charity Hospital of Louisiana.....	New Orleans
Tulane University Division.....	
Johns Hopkins.....	Baltimore
Woman's.....	Detroit
Barnes.....	St. Louis
Newark City.....	Newark, N. J.
New York Polyclinic Medical School and Hospital.....	New York City
St. John's Episcopal.....	New York City
Strong Memorial.....	Rochester, N. Y.
Vanderbilt University Affiliated Hospitals.....	Nashville, Tenn.
Nashville Metropolitan General.....	
Vanderbilt University.....	

STRAIGHT INTERNSHIPS IN PEDIATRICS

University Hospital and Hillman Clinic.....	Birmingham, Ala.
University.....	Little Rock, Ark.
Childrens Hospital of Los Angeles.....	Los Angeles
Los Angeles County General, Unit I.....	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 and Adult Medical Center.....	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.
Yale-New Haven.....	
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
Johns Hopkins Community Pediatric Program.....	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.....	Jackson, Miss.
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 Hospital of Buffalo.....	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
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
State University-Kings County Medical Center.....	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 Hospital of Akron.....	Akron, Ohio
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
Children's Hospital of Philadelphia.....	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
Children's Hospital of Pittsburgh.....	
Medical Center Hospitals (Medical College Hospital.....	
and Roper Hospital).....	Charleston, S. C.
City of Memphis Hospitals.....	Memphis, Tenn.
George W. Hubbard Hospital of the Meharry Medical College.....	Nashville, Tenn.

STRAIGHT INTERNSHIPS IN OBSTETRICS-GYNECOLOGY

University.....	Little Rock, Ark.
Georgia Baptist.....	Atlanta, Ga.

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—Texas Children's	
University of Utah Affiliated Hospitals	Salt Lake City, Utah
University of Virginia	Charlottesville, Va.
Medical College of Virginia-Hospital Division	Richmond, Va.
Children's Medical Center-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
O'Connor	San Jose, Calif.
Los Angeles County Harbor General	Torrance, Calif.
University of Colorado Medical Center	Denver
Yale-New Haven Medical Center	New Haven, Conn.
Yale-New Haven	
Georgetown 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.
Cook County	Chicago
Mercy	Chicago
Mount Sinai	Chicago
Northwestern University Medical Center	Chicago
Chicago Wesley Memorial	
Evanston (Evanston, Illinois)	Chicago
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
New England Center	Boston
University	Boston
Mount Auburn	Cambridge, Mass.
Framingham Union	Framingham
University	Ann Arbor, Mich.
University of Missouri Medical Center	Jackson, Miss.
Menorah Medical Center	Columbia, Mo.
Barnes	Kansas City, Mo.
St. Louis University Group of Hospitals	St. Louis
Creighton Memorial St. Joseph's	Omaha
Nebraska Methodist	Omaha
Bellevue Hospital Center	New York City
3d Division—Dept. of Pathology, NYU	
Bronx Municipal Hospital Center	New York City
New York	New York City
Presbyterian	New York City
State University-Kings County Medical Center	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 Clinic	Cleveland
Cleveland Metropolitan General	Cleveland
University Hospitals of Cleveland	Cleveland
University	Columbus, Ohio
Good Samaritan	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	Pittsburgh
School of Medicine	Pittsburgh
Presbyterian-University	Pittsburgh
Western Pennsylvania	Pittsburgh
Vanderbilt University Affiliated Hospitals	Nashville, Tenn.
Vanderbilt University	
Baylor University Medical Center	Dallas, Texas
Methodist Hospital of Dallas	Dallas, Texas
Parkland Memorial	Dallas, Texas
Harris Hospital-Fort Worth Medical Center	Fort Worth, 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, Utah
University	
DeGoesbriand Memorial	Burlington, Vt.
Mary Fletcher	Burlington, Vt.
University of Virginia	Charlottesville, Va.
Medical College of Virginia-Hospital Division	Richmond, Va.
University of Washington	Seattle
West Virginia University	Morgantown, W. Va.
University Hospitals	Madison, Wis.
Milwaukee County General	Milwaukee

INTERNSHIPS OFFERED WHICH MAY BE LONGER THAN TWELVE MONTHS

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

PILOT FAMILY PRACTICE PROGRAMS

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

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. Candidates who have had an internship may be eligible to appointment for the second year.

Macon	Macon, Ga.
Broadlawn Polk County	Des Moines, Iowa
Charity Hospitals of Louisiana General	
Practice Program (L.S.U. Unit)	New Orleans
Charity Hospitals of Louisiana General Practice Program (Tulane Unit)	
Huey P. Long Hospital	Pineville
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 special-

ty 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 at least the service offering six months' experience, no more

* 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.

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 certificate from ECFMG.

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

IV. HOSPITALS ELIGIBLE FOR APPROVAL

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

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

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

In applying a ratio of 15 to 25 beds per intern, it is evident that in order to carry out a successful training program, a hospital of 150 beds requires an intern staff of from 6 to 10 interns. It is difficult if not impossible to conduct a satisfactory intern program with less than this minimum number, while an appreciably greater number of interns

assigned in a hospital of this size will often result in a work load insufficient to stimulate and hold the intern's interest.

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

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

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

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

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

V. THE HOSPITAL STAFF

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

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

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

VI. CLINICAL RECORDS

1. *Adequate Records Must Be Maintained.*—(See Section XI, Nature of Intern's Duties.) The attending physician or

surgeon is directly responsible for the accuracy and completeness of clinical records concerning all patients under his care, including the record of the work done by the intern.

2. *Endorsement of Records.*—All case records must show by signature the names of the persons who have written them in whole or part. 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 considered 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 director of intern education, junior staff members, and residents. Intern assignments which have no educational value should be avoided.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

gram when it is deemed appropriate in terms of the program objectives.

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

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

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

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

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

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

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

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

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

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

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

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

tients and the participation of the house officer follows the pattern of a well-organized and supervised outpatient department.

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

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

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

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

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

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

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

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

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

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

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

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

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

XII. MISCELLANEOUS

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

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

withdrawal from training, the hospital may properly issue a certificate to include the period of training completed.

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

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

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

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

7. *Hospital-Intern Agreement.*—A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and 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 pro-

posed 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 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, 1965

Hospitals, 1,317

Residencies, 40,451

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, 1964.

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

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

Outpatient visits may include emergency room visits as well.

The tabulation of residencies offered in successive years includes all positions planned for each of five years. The pyramidal or vertical nature of each program is thus suggested. In some instances, the total of residencies offered may be greater than the sum of those shown for each of the five years, thus indicating that appointments might be made for periods longer than five years. The numbers do *not* indicate vacancies in the various years of the program; they do indicate the maximum number of appointments made for each year of the residency. The absence of numbers does not indicate that positions are not planned for that year but simply indicates that specific numbers were not available at the time of publication or could not be meaningfully interpreted for each column. In some instances the caption heading of a specialty list will describe special identification of those hospitals offering training beyond the period for which approved.

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

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

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

‡indicates discharges instead of admissions.

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APPROVED RESIDENCIES

1. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO or for THREE years of training by the Council on Medical Education and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology Programs, 213; Residencies, 1,818

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Yrs.	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 ⁶¹⁸	A. J. DiGiovanni	7,896	175	3A	4	4	4	0	0	12†	...	...
UNITED STATES ARMY												
U. S. Army Co-ordinated Program				3A							...	...
Letterman General, San Francisco	R. W. Cranston	5,740	56		0	0	2	0	0	2	...	...
Fittsimons General, Denver	R. A. Rink	4,865	45		0	0	2	0	0	2	...	...
Walter Reed General, Washington, D. C.	J. A. Jenicek	8,786	290		4	4	2	0	0	10	...	...
Brooke General, San Antonio	H. R. Hansen	6,015	154		4	4	2	0	0	10	...	...
UNITED STATES NAVY												
CALIFORNIA												
U. S. Naval, Oakland ⁵⁸	D. R. Buechel	4,553	82	2	2	2	2	0	0	6	...	...
U. S. Naval, San Diego ⁵⁸	P. R. Knox	8,780	100	2	3	3	2	0	0	8	...	...
MARYLAND												
U. S. Naval, Bethesda	R. Van Houten	10,221	137	3ABC	2	2	2	0	0	6	...	...
MASSACHUSETTS												
U. S. Naval, Chelsea ⁵⁸⁻²⁸¹	R. E. Tobey	2,842	101	2	2	2	2	0	0	6	...	...
NEW YORK												
U. S. Naval, St. Albans ⁵⁸	T. G. Doneker	2,783	20	2	2	2	2	0	0	6	...	...
PENNSYLVANIA												
U. S. Naval, Philadelphia ⁵⁸⁻⁴⁰⁰	G. D. Mitchell	3,532	30	2	2	2	2	0	0	6	...	...
UNITED STATES PUBLIC HEALTH SERVICE												
NEW YORK												
U. S. Public Health Service (Staten Island), New York City ⁵⁸¹	K. F. Urbach	2,973	86	2	2	2	0	0	0	4	...	...
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
University of Alabama Medical Center												
University Hospital and Hillman Clinic	C. W. White	7,726		2	3	3	0	0	0	6	2400-2700	F
Fairfield												
Lloyd Noland	R. W. Grady	4,661	408	2	2	1	0	0	0	3	4200-4800	FP
ARKANSAS												
Little Rock												
St. Vincent Infirmary	A. A. Gentling	7,942	93	2	2	2	0	0	0	4	4200-8000	F
University	F. E. Greifenstein	5,270	42	2	3	3	0	0	0	6	3400-3700	O
CALIFORNIA												
Loma Linda												
Loma Linda University	B. D. Briggs	7,288	63	2	4	4	0	0	0	8	4992-5450	O
Riverside County General (Riverside)	B. D. Briggs	1,836	18								5424-6540	O
San Bernardino County Charity (San Bernardino)		3,300	10									
Los Angeles												
Los Angeles County General, Unit I ⁵⁸	J. S. Denson	14,076	957	2	14	14	3	0	0	31	5028-6218	P
University of California	J. B. Dillon	6,522	300	2						14†	3580-4130	O
Veterans Admin. Center-Wadsworth ⁵⁸	P. F. Shroff	5,241	42	2	5	5	2	0	0	12	4325-6035	P
White Memorial Medical Center	F. E. Leffingwell	5,048	219	2	7	6	0	0	0	13	4260-4860	P
Oakland												
Highland Alameda County	C. H. Gallup	6,540	89	2	4	4	0	0	0	8	4092-4392	FP
Orange												
Orange County General	C. C. Leydic, Jr.	2,499	156	2	2	2	0	0	0	4	4500-5004	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals ⁵⁸				2	5	5	4	0	0	14		
Palo Alto-Stanford Hospital Center	J. Bunker	10,355	442								3900-5100	O
Veterans Admin.	J. Kats	1,014	104									
San Mateo County General (San Mateo)	R. Pardee	1,743	39								4500-4500	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. L. Glazener	7,832		2	1	0	0	0	0	1	4200-5700	F
San Diego County General	G. E. Kinyon	3,272	5	2	1	1	0	0	0	2	4979-6240	O
San Francisco												
Children's Hospital and Adult Medical Center	B. Holman	6,296	11	2						2	3900-4800	FP
Presbyterian Medical Center	P. J. Bailey	4,000	100	2	2	2	0	0	0	4	3900-4200	P
St. Francis Memorial	C. Wycoff	5,671	43	2	1	1	0	0	0	2	4800-5400	P
St. Joseph's	R. A. Simpson	3,413	14	2	1	1	0	0	0	2	3600-5400	F
University of California Hospitals	S. Cullen	13,884	550	3ABC	12	7	3	0	0	22	3300-4660	O
San Francisco General	E. P. Guy	3,722	550		4	2	0	0	0	6	3540-4092	O
San Jose												
Santa Clara County ⁵⁸	P. A. Olsen	3,077	360	2	3	2	1	0	0	6	4536-5244	F
San Mateo												
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto												
Torrance												
Los Angeles County Harbor General ⁵⁸	P. H. Lorhan	5,333	255	2	5	5	5	0	0	15	5028-6228	F

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	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO												
Denver												
University of Colorado Affiliated Hospitals.....	R. W. Virtue.....	4,887	591	3AB	11	5	1	0	0	17	3500-4500	P
University of Colorado Medical Center.....		3,228									4325-12495	
Veterans Admin.....												
CONNECTICUT												
Hartford												
Hartford ⁵⁸	C. B. Hiekoex.....	24,872	97	2	6	6	2	0	0	14	4200-4800	P
St. Francis.....	S. J. Martin.....	18,249	852	2	5	5	0	0	0	10	3900-5400	FP
New Haven												
Hospital of St. Raphael.....	M. Garafola.....	10,474	523	2	2	2	0	0	0	4	4200-4200	F
Yale-New Haven Medical Center.....												
Grace-New Haven Community ⁵⁸	N. Greene.....	15,583	129	2	5	5	2	0	0	12	4000-5000	P
Norwalk												
Norwalk.....	A. Marinucci.....	11,288	27	2	1	1	0	0	0	2	3420-4680	F
Waterbury												
St. Mary's.....	W. Dewald.....	7,232	35	2	2	2	0	0	0	4	3900-4200	FP
Waterbury ⁵⁸	J. E. Keet.....	8,340		2	1	1	1	0	0	3†	4200-5400	F
DISTRICT OF COLUMBIA												
Washington												
District of Columbia General ⁵⁸	M. Benzinger.....	5,886	393	2	3	3	1	0	0	7	3800-5000	P
Georgetown University.....	T. E. Macnamara.....	7,639	90	2	4	2	0	0	0	6	3600-4200	P
George Washington University ⁵⁸	C. S. Coakley.....	13,443	860	2	5	5	2	0	0	12	4500-5000	P
Providence.....	W. H. Devlin.....	13,498	730	2	5	1	0	0	0	6	5100-5400	P
Washington Hospital Center ⁵⁸	W. E. Bageant.....	19,836	389	2	6	6	4	0	0	16	4500-7200	O
FLORIDA												
Gainesville												
University of Florida Teaching Hospital and Clinics ⁵⁸	J. S. Gravenstein.....	3,641	149	2	3	3	3	0	0	9	3800-4400	O
Miami												
Jackson Memorial.....	F. Moya.....	10,270	195	3ABC	6	6	3	0	0	15	3000-6060	P
Tampa												
Tampa General.....	R. Hodcs.....	14,640	775	2	2	2	0	0	0	4	3600-6000	FP
GEORGIA												
Atlanta												
Emory University Hospital-Grady Memorial.....	J. E. Steinhau.....			2	6	3	0	0	0	9		
Emory University.....		6,708									3300	P
Grady Memorial.....		8,138	275								3600-3600	P
Augusta												
Medical College of Georgia Hospitals.....												
Eugene Talmadge Memorial ⁵⁸	P. P. Volpitto.....	3,014	5	2	5	5	2	0	0	12	3900-5100	O
ILLINOIS												
Chicago												
Cook County ⁵⁸	V. J. Collins.....	15,988	1,572	2	5	5	2	0	0	12†	3420-5100	FP
Michael Reese Hospital and Medical Center.....	J. Holgla.....	11,213	300	2	4	4	0	0	0	8	3900-5700	P
Mount Sinai.....	R. Weyl.....	5,975	205	2	3	3	0	0	0	6	4600-6500	P
Northwestern University Medical Center.....				2								
Chicago Wesley Memorial.....	M. Karp.....	12,730	300		3	3	0	0	0	5	3300-3600	P
Passavant Memorial.....	J. Kukral.....	4,851	1,932		1	1	0	0	0	2	3300-3600	P
Veterans Admin. Research.....	J. A. Valiunas.....	1,531	0		1	1	0	0	0	2	4325-7715	O
Presbyterian-St. Luke's.....	P. W. Searles.....	12,867	1,440	2	5	4	0	0	0	9	5800-6100	P
University of Chicago Hospitals and Clinics ⁵⁸	D. A. Holaday.....	7,572	327	2	4	4	2	0	0	10	4500-5460	O
University of Illinois Research and Educational Hospitals.....	M. S. Sadove.....	9,898		2	6	5	0	0	0	11	3300-3900	P
Evanston												
Evanston.....	C. A. Baldwin.....	7,123	117	2	1	1	0	0	0	2	3300-3900	P
Hines												
Veterans Admin. ²⁰⁶	M. S. Sadove.....	3,461	50	2	5	5	0	0	0	10	4325-5125	O
Joliet												
St. Joseph ²¹⁰	W. A. DeWitt.....	7,799	150	2	3	3	0	0	0	6	6000-....	O
INDIANA												
Indianapolis												
Indiana University Medical Center.....	V. K. Stoelting.....			3ABC	8	8	0	0	0	16		
Indiana University Hospitals.....		11,375	285								3575-3900	P
Veterans Admin.....		1,781	39								4325-6035	O
Marion County General.....	G. E. Dryden.....	3,856	130	2	3	3	0	0	0	6	3863-4176	P
IOWA												
Iowa City												
State University of Iowa Affiliated Hospitals.....				3ABC	7	9	2	0	0	18		
University Hospitals.....	W. K. Hamilton.....	14,845	540								3500-4600	P
Veterans Admin.....	F. D. Staab.....	1,645	40								4325-7715	P
KANSAS												
Kansas City												
University of Kansas Medical Center ⁵⁸	E. Frederickson.....	6,913	21	2	3	3	1	0	0	7	3600-4200	P
Wichita												
St. Francis ⁵⁸⁻²¹⁷	R. T. Parnley.....	12,050	230	2	4	4	2	0	0	10	5400-6000	F
KENTUCKY												
Lexington												
University ⁵⁸	P. P. Bosomworth.....	4,105	145	2	3	3	2	0	0	8	3960-5160	P
Louisville												
University of Louisville Affiliated Hospitals.....												
Louisville General.....	E. H. Conner.....	3,527	40	2	3	3	0	0	0	6	4000-4250	FP

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	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary Per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA												
New Orleans												
Charity Hospital of Louisiana	J. Adriani	21,347	2,000	3ABC	..	..	..	..	..	20	3600-4200	F
Veterans Admin.	J. Adriani	3,521	120	..	1	1	0	0	0	2	4325-5125	O
Ochsner Foundation	F. X. LeTard	16,615	266	2	3	3	0	0	0	6	3300-3600	P
MAINE												
Portland												
Maine Medical Center	J. R. Lincoln	8,169	95	3AB	2	2	1	0	0	5	3080-4440	FP
MARYLAND												
Baltimore												
Baltimore City Hospitals	J. Redding	3,503	1,338	3ABC	2	3	3	1	0	9†	4500-6000	O
Johns Hopkins	D. Benson	16,575	310	3ABC	5	5	2	0	0	12	3200-..	P
Sinai Hospital of Baltimore	S. Rochberg	17,065	452	2	2	1	0	0	0	3	4700-5500	P
University of Maryland ⁵⁵	M. Helrich	10,000	250	2	5	5	3	0	0	13	4000-5600	P
MASSACHUSETTS												
Boston												
Beth Israel	S. Gilman	8,305	222	2	1	1	0	0	0	2	3600-6000	P
Boston City	P. Marcus	13,587	314	2	8	6	0	0	0	14	4800-5400	O
Lahey Clinic ²⁹⁰	J. P. Crehan	5,792	486	2	4	4	0	0	0	8	3600-4800	O
Massachusetts General ²⁵²	H. K. Beecher	14,908	352	2	9	9	0	0	0	18	3600-6000	O
New England Center ⁵⁸	B. Etsten	3,498	217	2	4	4	2	0	0	10	4000-8000	O
New England Deaconess ⁵⁸	L. Hand, F. Audin	5,546	250	2	3	3	1	0	0	7	4200-6000	P
Peter Bent Brigham ⁵⁸⁻²⁵³	L. D. Vandam	3,161	200	2	3	3	2	0	0	8	5000-5500	P
St. Elizabeth's	L. P. Zentgraf	13,932	1,574	2	2	2	0	0	0	4	3600-4200	F
University ²⁹⁴	E. Sneddon	3,287	150	2	3	3	0	0	0	6	3600-4200	O
Veterans Admin. (Jamaica Plain) ²⁷³	D. L. Mahler	2,444	300	2	1	1	0	0	0	2	4325-5125	O
Cambridge												
Mount Auburn	J. Buskirk	5,566	..	2	..	..	..	..	..	4	4800-7200	P
Pittsfield												
Pittsfield Affiliated Hospitals	J. E. Bruce	11,562	312	2	2	2	0	0	0	4	3900-5400	F
Pittsfield General	..	..	..	..	..	..	..	..	..	..	..	..
St. Luke's	..	..	..	..	..	..	..	..	..	..	..	..
Springfield												
Springfield	H. L. Strachan	11,484	89	2	2	2	0	0	0	4	3900-4200	FP
Worcester												
St. Vincent ⁵⁸	J. G. Murphy	12,173	170	2	3	3	1	0	0	7	4100-4400	P
MICHIGAN												
Ann Arbor												
University of Michigan Medical Center ⁵⁸	..	..	..	2	6	6	2	0	0	14	..	..
University	R. B. Sweet	8,114	..	..	..	..	..	..	..	..	3240-3840	O
Veterans Admin.	R. W. Sundling	2,400	30	..	..	..	..	..	..	..	4325-7715	O
Dearborn												
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit	..	..	..	..	..	..	..	..	..	..	..	..
Detroit												
Henry Ford ⁵⁸	P. R. Dumke	17,450	418	2	7	7	4	0	0	18	4800-5400	P
Sinai Hospital of Detroit	E. M. Brown	9,074	267	2	2	2	0	0	0	4	4200-4500	FP
Wayne State University Affiliated Hospitals ⁵⁸⁻²⁸⁸	..	..	..	2	..	..	..	..	..	..	..	..
Veterans Admin. (Dearborn)	G. DalSanto	3,280	57	..	..	..	..	..	..	4	4325-5125	O
Receiving	G. DalSanto	9,548	60	..	4	2	2	0	0	8	3420-6300	P
Southfield												
Providence ⁵⁸	N. M. Bittrich	6,469	720	2	2	2	2	0	0	4	5700-6000	O
MINNESOTA												
Minneapolis												
University of Minnesota Affiliated Hospitals	F. H. Van Bergen	..	..	3ABC	16	16	2	2	0	36	..	..
Hennepin County General	V. S. Lawrence	3,749	114	..	..	..	..	..	..	..	4500-6500	P
University of Minnesota Hospitals	F. H. Van Bergen	7,349	511	..	..	..	..	..	..	..	3150-5125	O
Veterans Admin.	N. Moss	5,004	41	..	..	..	..	..	..	..	4325-7715	O
Ancker (St. Paul)	C. F. Galway	2,764	521	..	..	..	..	..	..	..	..	..
Gillette State Hospital for Crippled Children (St. Paul)	F. H. Van Bergen	697	8	..	..	..	..	..	..	..	3594-3594	P
Rochester												
Mayo Graduate School of Medicine	A. Faulconer, Jr.	30,400	590	3ABC	5	5	5	0	0	15	3600-4800	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	..	..	..	2	5	4	2	0	0	11	..	..
University	L. W. Fabian	5,200	50	..	..	..	..	..	..	..	3600-3900	O
Veterans Admin.	H. L. Gee	1,157	25	..	..	..	..	..	..	..	4325-5125	O
MISSOURI												
Columbia												
University of Missouri Medical Center	K. K. Keown	3,825	180	2	3	3	0	0	0	6	4800-5400	P
Kansas City												
Kansas City General	J. O. Elam	6,427	..	2	3	3	0	0	0	6	..	..
Children's Mercy	..	591	..	..	..	..	..	..	..	..	..	..
St. Louis												
Barnes ⁵⁸	R. B. Dodd	16,797	100	2	4	4	4	0	0	12†	3300-7500	O
Jewish Hospital of St. Louis ⁵⁸	P. L. Friedman	7,799	103	2	1	1	1	0	0	3	3700-4900	P
St. John's Mercy	S. Brown	9,177	85	2	2	2	0	0	0	4	3600-4800	FP
St. Louis City ²¹⁸	A. Kozlowski	4,949	103	2	2	2	0	0	0	4	4583-5305	P
Springfield												
St. John's	O. B. Crawford	8,431	96	2	2	2	0	0	0	4	6000-6000	O
NEBRASKA												
Omaha												
University of Nebraska	J. Jones	2,109	116	2	1	1	0	0	0	2	3900-4200	P

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

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

Chief of Service or Program Director	Total Anesthetists	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1966-1967						Total All Years	Salary per Year Min.-Max.	Maintenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW HAMPSHIRE												
Hanover												
Mary Hitchcock Memorial	R. H. Barrett	6,157	11,853	2	3	3	0	0	0	6	3400-3800	O
NEW JERSEY												
Camden												
West Jersey	G. E. Covintree	7,984	182	2	1	1	0	0	0	2	3900-5400	FP
Hackensack												
Hackensack	A. Wollack	9,507	175	2	1	2	0	0	0	3	3000-3300	F
Jersey City												
Jersey City Medical Center	F. M. Tiers	3,884	...	2	...	...	...	...	...	...	...	...
Newark												
Newark Beth Israel ⁵⁸	A. Dear	9,070	47	2	1	1	1	0	0	3	3000-3600	F
Paterson												
St. Joseph's	E. T. Lawless	8,073	259	2	3	1	0	0	0	4	3900-4200	FP
NEW YORK												
Albany												
Albany Medical Center	C. Landmesser	10,639	20	2	5	5	0	0	0	10	3200-5800	P
Buffalo												
Buffalo General ⁵⁸	R. Terry	16,168	144	2	4	4	1	0	0	9	5500-6500	O
Millard Fillmore	E. D. Babbage	12,410	115	2	1	1	0	0	0	2	4440-4560	P
State University of New York at Buffalo Affiliated Hospitals												
Edward J. Meyer Memorial	B. D. King	3,121	116	3AC	2	3	2	0	0	7	4895-6410	P
Cooperstown												
Mary Imogene Bassett	W. F. Karl	1,209	30	2	1	0	0	0	0	1	3960-5160	P
East Meadow												
Meadowbrook	I. G. Weinberg	3,614	236	2	2	2	0	0	0	4	4730-7370	F
New Hyde Park												
Long Island Jewish Hospital Training Program				2	...	...	...	...	...	...	...	...
Long Island Jewish	S. N. Surks	7,143	223	...	2	2	0	0	0	4	4500-6250	O
Queens Hospital Center (New York City)	E. Lear	3,547	...	...	1	1	0	0	0	2	...	...
New York City												
Beth Israel ⁵⁸	S. Joffe	6,197	149	2	3	3	3	0	0	9	4500-7200	P
Bronx Municipal Hospital Center ³⁷⁷	L. R. Orkin	13,629	730	3ABC	9	9	3	2	0	23†	4200-5220	FP
Harlem Hospital Center ⁵⁸	H. Cave	7,241	336	2	3	3	1	0	0	7	4200-5220	P
Hospital for Joint Diseases	A. M. Betcher	3,688	149	2	2	2	0	0	0	4	5000-5500	P
Jewish Hospital of Brooklyn	I. Pallin	11,289	118	2	6	5	0	0	0	11	4500-5000	O
Greenpoint	M. Goldman	3,731	...	...	...	...	...	...	...	...	...	...
Kings County Hospital Center ⁵⁸	M. H. Harmel	11,140	350	2	7	6	3	1	0	17†	4200-5220	P
Lenox Hill	G. W. Rich	8,787	210	2	1	1	0	0	0	2	4300-4700	P
Maimonides Hospital of Brooklyn ⁵⁸	L. Holzmann	9,816	251	2	0	2	1	0	0	3	5000-6250	P
Methodist Hospital of Brooklyn	G. Wallace	7,719	174	3B	3	3	1	0	0	7	4600-5600	P
Montefiore Hospital Training Program	F. Folder	...	...	...	7	7	1	0	1	16	4500-6250	P
Montefiore Hospital and Medical Center		5,363	549	...	...	...	...	...	...	...	4500-6250	P
Morrisania City		3,293	65	...	...	...	...	...	...	...	...	...
Mount Sinai	L. Rendell-Baker	12,848	75	2	8	8	0	0	0	16	4500-5500	P
New York ⁵⁸	J. Artusio	20,000	500	2	7	7	3	0	0	17	4000-5300	P
New York Medical College Metropolitan Hospital Center ⁵⁸	F. E. Fierro	20,000	...	2	8	8	2	0	0	28	4200-5200	F
Unit 1—Flower and Fifth Avenue Hospitals		6,644	260	...	...	...	...	...	...	...	...	...
Unit 2—Metropolitan		6,704	850	...	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital ⁵⁸	J. Milowsky	6,325	275	2	2	1	1	0	0	4	3700-4300	F
New York University Medical Center and Bellevue Hospital Center ⁵⁸	V. D. B. Mazzia	...	2	...	...	...	...	...	...	...	...	...
Bellevue Hospital Center, Division III and IV	V. D. B. Mazzia	10,838	250	...	6	10	3	1	0	20†	4200-5200	P
University		3,870	12	...	2	2	1	0	0	5	4325-6035	O
Veterans Admin. (Manhattan)	E. M. Papper	23,640	741	3ABC	16	10	1	0	0	27†	4500-5600	O
Presbyterian		6,587	122	2	1	1	0	0	0	2	5400-6000	F
Queens Hospital Center—See Long Island Jewish Hospital	J. Lawrence	...	...	...	3	3	2	0	0	8	4020-4620	O
St. Clare's ⁵⁸	L. S. Blancato	9,435	25	2	3	3	1	0	0	7†	5440-6140	P
St. Luke's ⁵⁸	R. G. Hicks	8,669	269	2	3	3	0	0	0	6	4325-12495	O
St. Vincent's Hospital and Medical Center of New York ⁵⁸	B. J. Ciliberti	3,654	185	2	3	3	0	0	0	6	4325-5125	O
Veterans Admin. (Bronx)	D. Perry	3,725	87	2	1	1	0	0	0	2	4325-5125	O
Veterans Admin. (Brooklyn)		...	...	...	...	...	...	...	...	...	...	...
Rochester												
Genesee	T. W. Morgan	10,174	18	2	1	1	0	0	0	2	4500-5000	O
Rochester St. Mary's Hospital of the Sisters of Charity ⁵⁸	V. J. Tofany	8,770	179	2	1	1	1	0	0	3	3300-3900	F
Strong Memorial Hospital of the University of Rochester	A. J. Gillies	9,158	...	2	4	4	0	0	0	8	3300-5050	O
Syracuse												
St. Joseph's	C. Geiger	8,244	290	2	3	2	0	0	0	5	4036-4940	F
State University of New York Upstate Medical Center ⁵⁸	A. Dobkin	13,524	166	2	6	6	6	0	0	18	4036-4940	O
Veterans Admin.	A. B. Dobkin	1,677	10	...	...	...	...	...	...	...	4325-5125	O
Valhalla												
Grasslands ⁵⁸	H. F. Bishop	2,065	150	2	2	2	1	0	0	5†	5100-5900	FP
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial ⁵⁸	K. Sugioka	6,664	200	2	3	1	1	0	0	5	2800-5000	O
Durham												
Duke	C. R. Stephen	13,152	370	3ABC	7	7	4	0	0	18	3900-4800	P
Veterans Admin.	E. A. C. Lloyd	3,630	164	...	...	...	...	...	...	...	4325-7715	O
Winston-Salem												
North Carolina Baptist Hospitals	L. Crandell	8,441	871	2	2	2	0	0	0	4	3000-4000	P
OHIO												
Akron												
Akron City	R. Hunter	12,340	...	2	1	1	0	0	0	2	4200-5720	FP
Cincinnati												
Bethesda	C. W. Hoyt	7,075	55	2	2	2	0	0	0	4	6300-6900	P
Christ	E. Hartenian	12,918	...	2	2	2	0	0	0	4	4600-4800	F

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	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO, Akron—Continued												
University of Cincinnati Hospital Group ⁵⁸	A. E. Ogden			2	3	3	3	0	0	9		
Children's		6,000	275									
Cincinnati General		13,499	791								3600-7200	F
Veterans Admin.		1,631	248								4325-7715	O
Cleveland												
Cleveland Clinic	D. E. Hale	9,635	766	2	3	3	0	0	0	6	5400-6600	P
Cleveland Metropolitan General ⁵⁸	H. E. Kretschmer	10,591	52	2	2	0	0	0	0	4	3700-5160	FP
Fairview Park ⁵⁸	B. J. O'Sullivan	12,091	213	2	2	1	0	0	0	5	5400-6000	FP
Huron Road	J. K. Potter	7,902	151	2	2	0	0	0	0	7	3900-4200	F
Marymount ⁵⁸⁻⁶²	N. G. DePiero	5,793	345	2	2	2	0	0	0	8	6300-6900	F
Mount Sinai Hospital of Cleveland	S. Katz	10,346	166	2	2	0	0	0	0	4	5195-5604	F
St. Alexis	L. E. Campbell	5,643	45	2	1	0	0	0	0	2	6000-6600	F
St. Luke's	B. B. Sankey	12,062	122	2	3	0	0	0	0	6	4800-5220	F
St. Vincent Charity	D. Mendelsohn	4,084	500	2	3	0	0	0	0	6	3720-3900	FP
University Hospitals of Cleveland	R. A. Hingson	16,656	425	3AB	6	6	4	0	0	16	3600-5400	P
Columbus												
Ohio State University Hospitals												
University ⁵⁸⁻⁶²	W. Hamelberg	21,184	300	2	5	5	5	0	0	15	3600-5000	P
Toledo												
Toledo	D. M. Katchka	8,564	135	2	1	2	0	0	0	3	4200-4800	F
Youngstown												
St. Elizabeth	A. Bayuk	12,096	508	2	3	3	0	0	0	6	4800-5100	PO
Youngstown ⁵⁸	D. W. Metcalf	15,124	210	2	4	4	2	0	0	10	3900-4500	F
OKLAHOMA												
Oklahoma City												
University of Oklahoma Medical Center ⁵⁸				2	4	4	2	0	0	10		
University Hospitals	J. M. White	4,206	1,410								3720-6035	P
Veterans Admin.	C. A. Carmack	2,231	10									
OREGON												
Portland												
University of Oregon Medical School Hospitals and Clinics ⁶²	F. Haugen	10,785	536	2	4	4	0	0	0	8	2700-3300	F
PENNSYLVANIA												
Johnstown												
Conemaugh Valley Memorial ⁶²	P. C. Lund	9,114	1,146	2	2	2	0	0	0	4	4800-5400	F
Philadelphia												
Albert Einstein Medical Center	B. Goldstein	16,031	67	2	7	7	0	0	0	14	3000-3600	FP
Graduate Hospital of the University of Pennsylvania ⁵⁸	H. Stone	3,419	326	2	3	3	2	0	0	8	2910-3510	P
Hahnemann Medical College and Hospital	A. Catenacci	8,516	125	2	4	4	0	0	0	8	3000-3600	P
Hospital of the University of Pennsylvania	R. Dripps	11,040		3ABC	12	12	10	6	0	40	3400-6000	F
Children's Hospital of Philadelphia	L. Bachman	3,462	490								1500-1800	F
Jefferson Medical College ⁵⁸	L. J. Hampton	10,624	176	2	3	3	1	0	0	7	3000-3800	O
Pennsylvania	M. V. Troncelliti	12,479	76	2	1	1	0	0	0	2	3600-4200	O
Philadelphia General ⁵⁸	M. V. N. Deming	6,999	163	2	5	3	1	0	0	9	5207-8412	F
Presbyterian Hospital in Philadelphia	S. Schotz	4,586	86	2	2	2	0	0	0	4	3840-4140	P
Temple University	L. W. Krumperman	8,688	47	3ABC						12	3300-3900	P
Pittsburgh												
Allegheny General ⁵⁸	R. L. Patterson	10,939	575	2	3	3	3	0	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh	P. Safar	34,573	1,000	3ABC	6	6	6	0	0	18	3900-7035	P
Children's Hospital of Pittsburgh												
Eye and Ear Hospital of Pittsburgh												
Magee-Womens												
Presbyterian-University												
Veterans Admin.												
Mercy ⁵⁸	E. S. Siker	11,207	701	2	4	4	2	0	0	10	5400-5700	P
Montefiore ⁶²	S. Finestone	5,383	80	2	1	1	0	0	0	2	4200-4500	O
St. Francis General	A. L. Pantalone	9,550	730	2	3	3	0	0	0	6	2700-6600	FP
Sayre												
Robert Packer ⁵⁸	E. A. Talmage	7,749	88	2	1	1	1	0	0	3	3000-5400	FP
PUERTO RICO												
Ponce												
Hospital de Damas	E. Colon Yordan	2,994	300	2	2	1	0	0	0	3	3600-4200	F
Rio Piedras												
University District				2	1	1	0	0	0	2	3300-3900	F
RHODE ISLAND												
Providence												
Rhode Island ⁵⁸	E. Saklad	14,678	163	2	3	3	3	0	0	9	2700-4080	FP
SOUTH CAROLINA												
Charleston												
Medical Center Hospitals												
Medical College	J. E. Maffey	2,903	2,865	3ABC	4	4	2	0	0	10	2910-4500	FP
TENNESSEE												
Chattanooga												
Baroness Erlanger	G. W. Farris	11,776	163	2	5	5	0	0	0	10	4800-5100	F
Knoxville												
University of Tennessee Memorial Research Center and Hospital ⁵⁸	W. F. Powell	3,915	43	2	1	1	1	0	0	3	5400-8000	F
Memphis												
City of Memphis Hospitals	W. L. Dornette	4,944		2	5	5	0	0	0	10	3480-4800	F
Nashville												
Vanderbilt University ⁵⁸	C. B. Pittinger	7,228	150	2	3	3	1	0	0	7	4000-5000	P

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS												
Dallas												
Parkland Memorial ⁵⁰³	M. T. Jenkins	8,324	106	3ABC	6	6	4	0	0	16	3300-5100	P
Fort Worth												
Harris Hospital-Fort Worth Medical Center	A. N. Heinrichs	11,194	97	2	2	2	0	0	0	4	4800-5400	F
Galveston												
University of Texas Medical Branch Hospitals ⁵⁸	C. Allen	8,755	418	2	6	6	3	0	0	15†	5400-7200	P
Houston												
Baylor University Affiliated Hospitals ⁶⁸	A. S. Keats	35,583	...	2	5	5	3	0	0	13	3082-3867	FP
Ben Taub General	...	...	...	...	...	...	...	...	...	...	...	...
Methodist	P. H. Chalmers	17,313	3,196	...	...	...	...	...	...	...	...	...
Veterans Admin.	W. H. Mannheimer	5,668	27	...	...	...	...	...	...	...	4325-12075	P
Hermann	L. F. Schuhmacher	18,169	2,878	2	2	2	0	0	0	4	4200-5700	P
St. Joseph	E. A. Hoefflich	10,087	45	2	1	1	0	0	0	2	4440-4740	P
University of Texas M. D. Anderson Hospital and Tumor Institute ⁵⁹	W. S. Derrick	4,853	43	2	...	...	...	...	...	6†	3300-6600	O
San Antonio												
Robert B. Green Memorial	D. C. Grosskreutz	6,567	482	2	3	3	0	0	0	6	4500-5700	FP
Temple												
Scott and White Memorial	C. H. Gillespie	5,374	4,195	2	1	1	0	0	0	2	4200-4500	P
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals ⁶⁸	C. M. Ballinger	...	...	2	7	7	2	0	0	16	...	...
University	C. M. Ballinger	2,480	111	...	...	...	...	...	...	...	3600-6035	P
Holy Cross	P. A. Clayton	8,870	83	...	...	...	...	...	...	...	3600-4800	P
Primary Children's	W. Jordan, R. Elwyn	4,018	161	...	...	...	...	...	...	...	4200	O
St. Mark's	R. F. Cahoon	5,735	77	...	...	...	...	...	...	...	3600-4800	P
Shriners Hospital for Crippled Children	A. A. O'Neil	280	3	...	...	...	...	...	...	...	3600-4800	P
Veterans Admin.	N. A. Bergman	1,799	95	...	...	...	...	...	...	...	4325-13445	P
VERMONT												
Burlington												
University of Vermont Affiliated Hospitals	J. Abajian	...	...	2	3	3	0	0	0	6	...	...
DeGoesbriand Memorial	...	3,508	115	...	...	...	...	...	...	...	3600-5100	P
Mary Fletcher	...	6,032	125	...	...	...	...	...	...	...	3600-5100	P
VIRGINIA												
Charlottesville												
University of Virginia	D. Eastwood	9,295	312	3ABC	3	4	2	0	0	9	6060-6960	F
Danville												
Memorial	K. O. Leonhardt	7,024	...	2	1	1	0	0	0	2	...	P
Richmond												
Medical College of Virginia—Hospital Division	W. E. Pemberton	15,924	200	2	5	5	0	0	0	10	4500-4800	F
Veterans Admin.	C. G. Lynch	2,564	156	2	2	2	0	0	0	4	4325-12075	P
WASHINGTON												
Seattle												
Providence ⁶⁸	L. E. Morris	7,122	121	2	1	1	1	0	0	3	3900-4800	FP
Swedish	L. H. Mousel	12,511	...	2	2	2	0	0	0	4	4500-4800	...
University of Washington Affiliated Hospitals ⁵⁸	J. J. Bonica	...	...	2	12	12	6	0	0	30	...	...
Children's Orthopedic Hospital and Medical Center	K. F. Eather	3,472	212	...	...	...	...	...	...	...	3640-5820	O
King County	J. Hansen	3,467	38	...	...	...	...	...	...	...	2700-5400	F
University	J. J. Bonica	2,870	484	...	...	...	...	...	...	...	3600-6036	P
Veterans Admin.	J. J. Bonica	1,450	150	...	...	...	...	...	...	...	4325-7715	O
Tacoma General (Tacoma)	P. H. Backup	5,634	166	...	...	...	...	...	...	...	3600-8400	F
Virginia Mason ⁵⁰	D. C. Moore	6,411	147	2	3	3	0	0	0	6	3300-4500	FP
Tacoma												
Tacoma General—See University of Washington Affiliated Hospitals, Seattle	...	...	...	...	...	...	...	...	...	...	...	...
WEST VIRGINIA												
Morgantown												
West Virginia University Medical Center ⁵⁸	N. W. B. Craythorne	2,692	190	2	4	4	1	0	0	9	3320-3920	P
Wheeling												
Ohio Valley General	D. E. Greenelch	9,648	291	2	2	2	0	0	0	4	7200-7800	P
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals ⁵⁸	K. Siebecker	...	...	2	6	6	3	0	0	15	...	...
University Hospitals	...	6,753	277	...	...	...	...	...	...	...	3400-4600	P
Veterans Admin.	D. C. Bohlman	1,590	36	...	...	...	...	...	...	...	4325-6035	P
Milwaukee												
Milwaukee County General ⁵⁸	J. J. Jacoby	4,765	180	2	3	3	3	0	0	9	4275-6035	P
Veterans Admin. (Wood) ⁵⁸	E. O. Henschel	3,147	249	2	4	4	2	0	0	10	4325-6035	P

2. AEROSPACE MEDICINE

The programs in Aerospace 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, 11; Residencies, 28

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION																
CALIFORNIA																
Los Angeles	Queen of Angels	G. Hugo	11	368	13	31	352	1	1	0	0	0	2	5100-5400	F	
LOUISIANA																
New Orleans	Ochsner Foundation	P. H. Hanley	12	406	4	50	9,667	1	1	0	0	0	2	4200...	P	
MASSACHUSETTS																
Boston	Lahey Clinic	N. W. Swinton	40	800	10	50	5,000	1	1	0	0	0	2	4800-5400	O	
MICHIGAN																
Grand Rapids	Ferguson-Droste-Ferguson	J. A. Ferguson	75	2,909	40	63	12,051	2	2	0	0	0	2	3900-4500	F	
MINNESOTA																
Minneapolis	University of Minnesota Affiliated Hospitals	W. C. Bernstein														
	University of Minnesota Hospitals			Inc. in Surg.			1,291						2	3150-3150	O	
	Veterans Admin.			12	262		2,019						1	4325-7715	O	
Rochester	Mayo Graduate School of Medicine	R. J. Jackman	48	1,740	24	83	26,618	2	2	0	0	0	4	3600-3900	P	
	Rochester Methodist															
	St. Mary's															
NEW YORK																
Buffalo	Buffalo General	J. E. Alford	12	469	5	60	333	1	1	0	0	0	2	5000-5300	O	
	Millard Fillmore	W. H. Bernhoft	6	280†				1	1	0	0	0	2	4440-4660	P	
PENNSYLVANIA																
Allentown	Allentown	G. Kratzer	24	915†	20	50	99	1	1	0	0	0	2	3300-3600	FP	
Philadelphia	Temple University	H. E. Bacon	50	718	9	33	796	3	3	0	0	0	6	3300-3600	P	
TEXAS																
Dallas	Baylor University Medical Center	A. Baldwin	21	891	3	33	164	1	1	0	0	0	1	...-8000	O	

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty. Those hospitals showing TWO years of approval and marked with an asterisk (*) offer an assured THIRD year of training at another hospital approved for such training. Programs, 76; Residencies, 451

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY																	
CALIFORNIA																	
		Letterman General, San Francisco	L. R. Mordecai	3	49	0	0	14,007	3	1	1	1	0	0	3	...	
DISTRICT OF COLUMBIA																	
		Walter Reed General, Washington	L. Harman	8	142	0	0	14,932	3	4	4	4	0	0	12	...	
TEXAS																	
		Brooke General, San Antonio	D. E. Vander Ploeg	1	93	0	0	19,001	3*	2	2	2	0	0	6	...	
UNITED STATES NAVY																	
CALIFORNIA																	
		U. S. Naval, San Diego ⁷⁸	C. E. Kee	18	337	1	100	20,132	2*	2	2	0	0	0	4	...	
PENNSYLVANIA																	
		U. S. Naval, Philadelphia	S. L. Moschella	15	285	1	100	10,000	2*	2	2	2	0	0	6	...	
UNITED STATES PUBLIC HEALTH SERVICE																	
MARYLAND																	
		National Institutes of Health-Clinical Center, Bethesda							1								
NEW YORK																	
		U. S. Public Health Service (Staten Island), New York City ⁸⁰	J. P. Fields	22	340	0	0	6,745	2*	1	1	1	0	0	3	...	

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Autopsy Per cent				1st Year	2nd Year	3rd Year	4th Year	5th Year			
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	J. A. Kenney	1	15	0	0	3,038	2						3	5300-6800	P
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center															
University Hospital and Hillman Clinic	R. O. Noojin	5	1,283	1	100	22,898	3	2	2	2	0	0	6	3200-5518	F
Fairfield															
Lloyd Noland ⁸¹	P. G. Reque	2	65	0	0	6,034	1	1	1	0	0	0	2	4200-4800	FP
ARKANSAS															
Little Rock															
University of Arkansas Medical Center	C. J. Dillaha														
University		1	29	0	0	2,295	3	2	2	2	0	0	6	4200-5575	O
Veterans Admin.		20	313	0	0	1,920								4325-6035	P
CALIFORNIA															
Long Beach															
Veterans Admin.	J. W. Wilson	15	757	0	0	11,255	3							4325-7715	O
Los Angeles															
Los Angeles County General, Unit I	M. Bauer	15	724	1	0	13,775	3	2	2	2	0	0	6	5028-6218	P
University of California	T. H. Sternberg	1	1	0	0	6,179	3	2	2	2	0	0	6	3580-4660	O
Veterans Admin. Center-Wadsworth ¹¹⁶	E. T. Wright	47	1,685	1	100	18,406	3	3	3	2	0	0	8	4325-6035	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals ⁷⁸	E. Farber						3	3	4	3	0	0	10†		
Palo Alto-Stanford Hospital Center	E. Farber	6	168†	2	60	6,658								3900-5100	O
Veterans Admin.	W. M. Gould	17	147	1	100	1,796									
San Francisco															
University of California Affiliated Hospitals	R. B. Rees	5	124	0	0	10,810	3	0	1	3	0	0	4	3580-4660	O
Veterans Admin.	D. Tuffanelli					314								4325-7715	
COLORADO															
Denver															
University of Colorado Hospitals							3	1	1	1	0	0	3		
University of Colorado Medical Center	H. M. Lewis	1	45	0	0	3,001								3500-4500	P
Veterans Admin.	O. Philpott		53			1,162								4325-7715	
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center							3	1	1	1	0	0	3	3300-3900	P
Grace-New Haven Community	A. B. Lerner					7,446									
FLORIDA															
Miami															
Jackson Memorial	H. Blank	9	140	5	80	8,050	3	3	3	3	0	0	9	3000-4080	P
GEORGIA															
Atlanta															
Grady Memorial	S. Olansky					3,323	3	1	1	1	0	0	3	2700-3900	P
ILLINOIS															
Chicago															
Cook County	T. Cornbleet	18	208	1	0	19,229	3	2	2	1	0	0	5	3420-3960	F
Northwestern University Medical Center	S. Bluefarb					4,260	3	2	2	2	0	0	6	3000-4000	O
Veterans Admin. Research	S. Bluefarb	13	150	0	0	552								4325-6035	O
University of Chicago Hospitals and Clinics	A. L. Lorincz	7	171	3	33	5,862	3	3	3	3	0	0	9	3900-4860	O
University of Illinois Research and Educational Hospitals	A. Rostenberg, Jr.	4	62	1	100	10,683	3	2	2	2	0	0	6	3000-3900	P
Veterans Admin. (Hines)	A. Rostenberg, Jr.	7	211	1	0	1,278								4325-6035	O
Hines Veterans Admin.—See University of Illinois Research and Educational Hospitals, Chicago															
INDIANA															
Indianapolis															
Marion County General	V. C. Hackney	4	22	1	100	6,507	3	1	1	1	0	0	3	3863-4489	P
IOWA															
Iowa City															
University Hospitals	R. G. Carney	14	459	1	100	14,641	3	2	2	2	0	0	6	3500-4600	P
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals							1	1	0	0	0	0	1	2500-2500	FP
Louisville General	A. B. Loveman					1,911									
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	V. J. Derbes, C. B. Kennedy	8	243	3	66	19,769	3						10	2400-3000	F
MARYLAND															
Baltimore															
Johns Hopkins ⁹	R. Crouse	6	376			3,542	3	2	2	2	0	0	6	3200-	P
University of Maryland	H. M. Robinson	4	77	1	100	9,893	3	1	1	1	0	0	3	3000-4400	P
MASSACHUSETTS															
Boston															
Massachusetts General	T. B. Fitzpatrick	8	195	3	33	7,439	3	4	2	2	0	0	8	4200-7000	O

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

APPROVED RESIDENCIES

5. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS, Boston—Continued															
Tufts University Affiliated Hospitals	W. F. Lever						3								
Boston City		8	172	1	0	16,109		1	2	1	0	0	4	3600-4800	O
Boston Dispensary and Rehabilitation Institute		8	172	1	0	16,109		0	1	1	0	0	2	4200-4800	O
University	H. Mescon		Inc. in Int. Med.			4,593	3	3	3	3	0	0	9	3600-4800	O
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals							3	4	4	4	0	0	12		
University	A. C. Curtis	17	520	1	100	6,873								3240-3840	O
Veterans Admin.	R. C. Bishop		Inc. in Int. Med.											4325-7715	O
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Henry Ford	C. L. Livingood	291	666	0	0	48,722	3	5	5	5	0	0	15	4800-5400	P
Wayne State University Affiliated Hospitals	H. Pinkus						3								
Veterans Admin., (Dearborn)		52	423	13	77	2,166							6	4325-8035	O
Detroit Memorial		1	32	0	0	242									
Receiving		0	25	0	0	8,869		4	4	4	0	0	12	4200-5500	P
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals							3								
Hennepin County General	C. W. Laymon	4	108			4,804		1	1	0	0	0	2	4500-6500	P
University of Minnesota Hospitals	F. W. Lynch	6	113	0	0	3,727		1	1	1	1	1	5	3150-5750	O
Veterans Admin.	I. Fisher	13	416			2,019		2	2	1	0	0	5	4325-7715	O
Ancker (St. Paul)	H. Ravits	3	207	0	0	4,435		1	1	1	0	0	2	4500-6000	P
Rochester															
Mayo Graduate School of Medicine	R. R. Kierland	33	816	10	90	27,398	3	6	6	6	0	0	18	3600-5500	P
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis															
MISSOURI															
Columbia															
University of Missouri Medical Center	N. D. Asel	4	82†	2	50	3,898	2	2	2	2	0	0	6	3600-4200	P
St. Louis															
Barnes	D. J. Demis		Inc. in Int. Med.			5,001	3	2	2	2	0	0	6	3300-6400	O
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial	O. F. Jillson	9	227	0	0	10,247	3	1	1	1	0	0	3	3400-4200	O
NEW YORK															
Buffalo															
Edward J. Meyer Memorial	J. W. Jordan	3	54	2	50	4,515	3	1	1	1	0	0	3	4895-6410	P
Roswell Park Memorial Institute	H. Traenkle	3	32	0	0	4,973	1	0	0	1	0	0	1	4650-5754	O
New York City															
Kings County Hospital Center	L. Frank	14	267	7	29	16,332	3	3	1	1	0	0	5	4200-5220	P
Mount Sinai	S. M. Peck	1	12	0	0	8,759	3	1	1	1	0	0	3	4500-5500	P
New York	F. Daniels		Inc. in Int. Med.			10,245	3	1	1	0	0	0	2	4000-4400	P
New York Medical College-Metropolitan Hospital Center	J. Morse	3	67			15,022	2	1	1	0	0	0	2	4200-5200	F
Unit 1-Flower and Fifth Avenue Hospitals															
Unit 2-Metropolitan															
New York University Medical Center and Bellevue Hospital Center	R. L. Baer						3						18†		
Bellevue Hospital Center, Div. IV	R. L. Baer	29	237	6	17	23,348								4200-6200	P
University		14	324	8	75	37,572									
Veterans Admin. (Manhattan)	P. Michaelides	37	376	2	50									4325-6035	O
Presbyterian	C. T. Nelson	7	152	1	0	26,997	3	2	1	1	0	0	4	4500-5600	O
Roosevelt	R. M. Montgomery		3	0	0	2,605	1	1	0	0	0	0	1	3900-5000	O
St. Luke's	L. P. Barker	1	13	0	0	6,577	2*	1	1	0	0	0	2	4020-4620	O
Veterans Admin. (Bronx)	H. Shatin	40	354	0	0	1,895	2	2	2	0	0	0	4	4325-5125	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. E. Wheeler	1	34†	0	0	4,510	3	2	2	1	0	0	5	2800-6000	O
Durham															
Duke	I. L. Callaway	4	182	2	0	3,610	3	4	2	2	0	0	8	3900-4800	P
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Cincinnati General	L. Goldman	17	262	0	0	5,839	3	4	0	0	0	0	4	3600-5300	F
Cleveland															
Cleveland Clinic	J. R. Haserick	12	459	7	85	13,594	3	2	2	2	0	0	6	3900-4500	P
Western Reserve University Affiliated Hospitals							3								
Cleveland Metropolitan General	J. Pomeranz	1	36	1	100	4,978		1	1	1	0	0	3	3700-5180	FP
University Hospitals of Cleveland	R. B. Stoughton	4	127†	0	0	5,749		2	2	2	0	0	6	3600-5400	P
Veterans Admin.		24	98†	2	50	30								4325-6035	P
Columbus															
Ohio State University Hospitals															
University	E. Heisel	4	112	3	0	9,441	3	1	0	0	0	0	3	3324-3624	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	M. A. Everett						3	3*	2	2	0	0	7†		
University Hospitals		5	179	1	100	5,434								3200-4500	P
Veterans Admin.		4	85	0	0	672									

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

5. DERMATOLOGY — Continued

State	City	Institution	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year (Min.-Max.)	Maintenance
						Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON	Portland	University of Oregon Medical School Hospitals and Clinics ⁴²	W. C. Lobitz, Jr.	14	237	2	100	10,712	3	3	3	2	0	0	8	2700-3300	F
PENNSYLVANIA	Danville	Geisinger Medical Center	R. F. Dickey	2	55	1	100	17,950	3	2	2	2	0	0	6	3300-5100	P
	Philadelphia	Graduate Hospital of the University of Pennsylvania ⁴⁶⁷	H. Beerman	3	77	0	0	5,013	3	1	1	1	0	0	3	2000-2000	P
		Hahnemann Medical College and Hospital	R. Fleischmajer	Inc. in Int. Med.	1,677				2	2	2	0	0	0	4	3000-3300	P
		Hospital of the University of Pennsylvania ⁴⁶⁹	D. Pillsbury	14	293	1	100	3,990	3	4	4	4	0	0	12	2500-5000	O
		Jefferson Medical College	H. A. Luscombe	1	20			2,802	2	1	1	0	0	0	2	3000-3400	O
		Philadelphia General ⁴⁶¹	C. Burgoon, D. M. Pillsbury	12	205	1	100	5,443	2						4	3090-3871	F
		Temple University Medical Center															
		Skin and Cancer Hospital of Philadelphia	C. F. Burgoon, Jr.	20	555	1	100	22,853	3	4	4	4	0	0	12†	2600-3300	O
	Pittsburgh	Veterans Admin.	R. W. Goldblum						3								
TEXAS	Galveston	University of Texas Medical Branch Hospitals	J. F. Mulling	9	139	1	100	6,309	3	2	2	2	0	0	6	4200-4200	P
	Houston	Baylor University Affiliated Hospitals ⁴³	J. M. Knox	18	536	1	0	10,265	3	3	3	3	0	0	9	3062-4217	FP
VIRGINIA	Charlottesville	University of Virginia	E. P. Cawley	4	144†			7,407	3	2	2	2	0	0	6	2400-3300	F
	Richmond	Medical College of Virginia-Hospital Division	A. Pepple	2	59	2	0	7,350	3	1	1	1	0	0	3	3000-3000	F
WASHINGTON	Seattle	University	W. Baker	33					3	1	1	1	0	0	3	3240-5100	P
WISCONSIN	Madison	University of Wisconsin Affiliated Hospitals							3	2	1	1	0	0	4		
		University Hospitals	S. A. M. Johnson	6	138	1	100	4,966								3400-4800	P
		Veterans Admin.	S. A. M. Johnson	5	142	0	0	267								6035-6035	P
		Marshfield Clinic (Marshfield)	S. Epstein	7	255†	0	0	8,000								6000-6000	O
	Marshfield	Marshfield Clinic—See University of Wisconsin Affiliated Hospitals, Madison															
	Milwaukee	Veterans Admin. (Wood) ⁵⁴¹	D. W. Kersting	8	139	0	0	11,880	3	3	3	3	0	0	9	4325-6035	P

6. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been approved by the Council and the American Board of Pathology are listed following the programs in Pathology, and begin on page 206

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, 180; Residencies, 840

State	City	Institution	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year (Min.-Max.)	Maintenance
						Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE																	
DISTRICT OF COLUMBIA																	
		U. S. Air Force, Washington	M. W. Steel, Jr.	230	7,284	40	88	326,308	2	2	2	0	0	0	4		
UNITED STATES ARMY																	
NEW JERSEY																	
		Walton Army, Fort Dix	R. W. Green	404	18,033	103	71	397,772	2	4	4	0	0	0	8		
UNITED STATES NAVY																	
FLORIDA																	
		U. S. Naval, Jacksonville	D. Schufeldt	378	10,674	102	76	168,095	2	2	2	0	0	0	4		
UNITED STATES PUBLIC HEALTH SERVICE																	
MICHIGAN																	
		U. S. Public Health Service, Detroit	E. B. Cross, J. J. Noya	109	2,585	29	62	33,618	2	3	3	0	0	0	6		

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			Length of Approved Program (Years)	Residencies Offered 1966-1967						Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
NEW MEXICO															
U. S. Public Health Service Indian, Gallup	R. L. Brutsche	...	...	...	...	...	2	4	4	2	0	0	10	...	...
TEXAS															
U. S. Public Health Service, Galveston	P. J. Hennelly, Jr.	139	2,785	48	65	37,232	2	4	4	0	0	0	8	...	...
VIRGINIA															
U. S. Public Health Service, Norfolk	D. W. McNaughton	170	3,951	65	65	68,141	2	3	3	0	0	0	6	...	...
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham Carraway Methodist	C. Neville	229	12,490	213	40	138,689	2	1	1	0	0	0	2	3900-4200	F
ARIZONA															
Phoenix Good Samaritan	N. Smith	160	8,328	97	42	5,573	2	1	1	0	0	0	2	5400-5700	P
Tucson Tucson Hospitals Medical Education Program	A. Dudley	...	...	...	...	...	2	2	2	0	0	0	4	6000-6300	...
Pima County General	...	93	2,671	231	50	40,829	...	...	...	...	...	...	...	...	...
St. Mary's	...	109	11,045	209	47	4,276	...	...	...	...	...	...	...	...	...
ARKANSAS															
Little Rock University of Arkansas Medical Center*	J. T. Riggins	51	1,448	148	59	16,693	2	9	9	0	0	0	18	3100-3400	O
CALIFORNIA															
Bakersfield Kern County General	M. S. Curtis	253	8,722	512	68	98,378	2	2	2	0	0	0	4	5400-5700	P
Berkeley Herrick Memorial	W. Marsh	16	1,745	...	...	2,030	2	3	2	0	0	0	5	10500-10800	P
Long Beach Memorial Hospital of Long Beach	E. F. Kesling	362	20,846	529	43	15	2	1	0	0	0	0	1	5400-6000	P
Martinez Contra Costa County	G. Degnan	342	14,867	501	60	54,188	2	...	...	...	...	...	10	8940-8940	P
Modesto Stanislaus County	W. A. Todd, Jr.	166	4,543	324	49	52,869	2	6	6	0	0	0	12	6600-6600	P
Riverside Riverside County General	H. A. Roth, Jr.	310	9,837	388	46	17,380	2	4	2	0	0	0	6	5424-6540	P
Sacramento Sacramento County	B. G. Wagner	614	13,751	1,139	49	68,313	2	6	6	0	0	0	12	6205-7300	F
Salinas Monterey County	C. J. Leonard	227	4,548	292	62	40,874	2	4	4	0	0	0	8	7800-9000	F
San Luis Obispo San Luis Obispo County General	W. D. Preston	...	...	...	...	...	2	3	2	0	0	0	5	9600-...	...
Santa Barbara Santa Barbara County General-Cottage Hospitals	D. M. Caldwell	18	...	...	...	...	2	3	3	0	0	0	8	4750-5700	FP
Santa Barbara County General	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Santa Barbara Cottage	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Santa Cruz Santa Cruz County	J. T. Anzalone	143	2,673	164	71	11,929	2	3	3	0	0	0	6	7200-7200	FP
Santa Rosa Sonoma County	F. Norman	243	4,239	364	42	37,005	2	5	5	0	0	0	10	5400-5700	P
Ventura General Hospital Ventura County	J. A. Daly	236	5,326	346	25	50,536	2	5	5	0	0	0	10	6000-7200	F
COLORADO															
Colorado Springs Penrose	B. A. Pattee	258	13,098	292	70	...	2	1	1	0	0	0	2	4800-5100	P
St. Francis	R. W. Ulrich	127	6,722	125	55	6,107	2	1	1	0	0	0	2	6600-6600	F
Denver Denver General	B. E. Pollock	299	11,470	451	62	166,996	2	1	1	0	0	0	2	3516-3840	P
Mercy	D. B. Hylton	128	11,346	205	57	13,083	2	2	1	0	0	0	3	4620-5220	P
St. Joseph	N. Joseph	349	17,715	326	59	16,323	2	1	1	0	0	0	2	4320-4620	P
University of Colorado Medical Center	C. W. Eisele	242	14,128	472	84	163,094	2	4	4	0	0	0	8	3500-4500	P
CONNECTICUT															
Bridgeport Bridgeport	F. P. A. Williams	393	20,330	633	48	12,966	2	2	2	0	0	0	4	3900-5100	FP
Danbury Danbury	J. L. Belsky	191	11,114	357	37	5,123	2	3	3	0	0	0	6	4200-4800	F
DELAWARE															
Wilmington Wilmington General	F. S. Skura	256	12,984	352	57	37,880	2	6	6	0	0	0	12	4200-4800	FP
DISTRICT OF COLUMBIA															
Washington Eastern Dispensary and Casualty	R. E. Stone	89	3,323	40	16	18,967	2	3	2	0	0	0	5	5000-5600	F
FLORIDA															
Daytona Beach Halifax District	G. DeLaughter	50	5	25	10	5,621	2	5	5	0	0	0	10	6600-6600	P
Jacksonville Duval Medical Center	C. H. Burke	215	10,032	546	50	175,278	2	1	1	0	0	0	2	5400-5700	P
St. Vincent's	C. H. Burke	324	17,679	298	48	8,495	2	1	1	0	0	0	2	5400-5700	P
Pensacola Pensacola Educational Program	...	...	...	...	...	...	2	3	3	0	0	0	6	5100-5400	P
Baptist	...	254	15,403	248	52	0	...	...	...	...	...	...	...	...	...
Escambia General	...	113	6,010	212	45	17,263	...	...	...	...	...	...	...	...	...
Sacred Heart	...	105	5,817	139	45	27,366	...	...	...	...	...	...	...	...	...

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			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA—Continued															
St. Petersburg Mound Park	O. T. Ayer	184	6,627	942	26	14,391	2	2	2	0	0	0	4	4940-5252	P
GEORGIA															
Albany Phoebe Putney Memorial	M. S. Buckner	260	12,753	470	20	12,583	2	2	2	0	0	0	4	6000-....	P
Columbus Medical Center	W. P. Jordan	253	12,824	475	32	29,058	2	4	4	0	0	0	8	4200-4800	P
Rome Floyd	T. Moss, Jr.	225	15,473	301	31	44,887	2	1	1	0	0	0	2	4500-4500	F
ILLINOIS															
Berwyn MacNeal Memorial	N. Pracyk	300	15,728	526	52	6,126	2	4	4	0	0	0	8	5400-6000	FP
Chicago															
Grant	K. S. Gustin	163	5,982	218	37	5,927	2	1	1	0	0	0	2	5400-5700	P
Jackson Park	M. I. Shapiro	153	5,845	179	49	12,625	2	4	4	0	0	0	8	5400-....	F
Louis A. Weiss Memorial	H. E. Bessinger	253	8,280	229	41	4,001	2	8	7	0	0	0	15	6600-6900	P
Norwegian-American	R. R. Robins						2								
Ravenswood	H. L. Browns	123	9,941	246	49	2,164	2	4	4	0	0	0	8	4800-5400	F
Oak Park West Suburban	R. H. Neal	359	16,581	501	43	695	2	3	3	0	0	0	6	4800-5100	P
Peoria															
Methodist Hospital of Central Illinois	J. Aronoff	193	3,951	295	42	1,307	2	4	4	0	0	0	8	5400-....	F
St. Francis	J. C. O'Brian						2	1	1	0	0	0	2	5100-5400	F
INDIANA															
Evansville St. Mary's	D. M. Hare	295	13,099	339	34	11,565	2	1	1	0	0	0	2	4800-5400	P
Indianapolis Methodist Hospital of Indiana	L. H. Martin	387	14,743	672	48	27,121	2	2	2	2	0	0	4	5400-5700	P
IOWA															
Des Moines Broadlawn Polk County	C. O. Johnson	150	7,410	363	50	62,052	2	2	2	0	0	0	4	4200-4500	F
KANSAS															
Wichita															
St. Francis	A. J. Wray	206	10,284	368	52	17	2	3	3	0	0	0	6	5400-5700	F
St. Joseph Hospital and Rehabilitation Center	L. W. Purinton	273	13,982	218	33	21,963	2	2	2	0	0	0	4	5400-6120	P
Wesley Medical Center	J. Tiller	438	21,673	369	42	23,484	2	2	2	0	0	0	4	5400-5700	F
LOUISIANA															
Lafayette Lafayette Charity	N. Gilbert	181	8,911	247	34	81,712	1	20	0	0	0	0	20	5400-5400	P
Monroe E. A. Conway Memorial	M. Coon	68	3,936	181	35	34,088	2	6	6	0	0	0	12	7200-7200	P
MAINE															
Portland Maine Medical Center	R. H. Pawle						2	1	1	0	0	0	2	3060-4440	FP
MARYLAND															
Bethesda Suburban	W. S. Murphy	136	9,660	237	40	2,110	2	2	2	0	0	0	4	3720-4020	FP
MASSACHUSETTS															
Fall River St. Anne's	F. M. Dwyer	137	6,291	137	40	25,329	2	4	2	0	0	0	6	4800-6000	FP
Worcester Worcester City	J. DeMarco	221	8,542	499	32	16,613	2	2	2	0	0	0	4	3528-4140	FP
MICHIGAN															
Dearborn Oakwood	N. H. Schwocho	270	14,256	342	52	...	2	3	3	0	0	0	6	4800-5100	F
Detroit Evangelical Deaconess	W. F. Blair	165	7,465	262	38	9,834	2	4	4	0	0	0	8	5622-6240	P
Flint															
Hurley	C. Kimbrough	639	25,976	725	45	9,841	2	2	2	0	0	0	4	4500-4800	F
McLaren General	J. W. MacKenzie	296	14,085	239	45	4,203	2	3	3	0	0	0	6	5700-6000	P
St. Joseph	J. D. McAlindon	366	16,298	397	46	1,720	2	8	7	0	0	0	15	9000-10800	P
Grosse Pointe Cottage	W. F. Kujawski	96	5,085	137	39	5,254	2	4	2	0	0	0	6	7200-7200	P
Kalamazoo Borgess	J. Breneman	262	14,149	412	46	9,684	2	1	1	0	0	0	2	5700-6000	F
River Rouge Sidney A. Sumbly Memorial							2								
MINNESOTA															
Minneapolis Fairview	R. M. Silas	305	14,855	331	42	1,217	2	4	4	0	0	0	8	4800-5520	F
Lutheran Deaconess Home and Hospital	F. Trost	221	11,015	275	35	1,910	2	4	4	0	0	0	8	4200-4800	F
St. Paul St. Luke's	C. E. Turbak	270	9,692	204	44	36,874	2	4	4	0	0	0	8	4200-4800	FP
MISSISSIPPI															
Jackson Mississippi Baptist	C. Brannan	346	18,539	374	31	22,168	2	1	1	0	0	0	2	4200-4200	P
MISSOURI															
Columbia University of Missouri Medical Center	A. S. Baker						2	1	1	0	0	0	2	3600-3900	P

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 1966-1967						Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
MISSOURI—Continued																
Kansas City	Menorah Medical Center	W. Mundy														
	Trinity Lutheran	J. Hill	164	7,172	244	51	6,172	2	1	1	0	0	0	2	5700-6300	P
Kirkwood	St. Joseph	J. R. Nelson	164	9,095	186	40		2	2	2	0	0	0	4	6000-7200	F
St. Louis	Lutheran	G. A. Koehler	314	13,136	456	40	26,867	2	3	3	0	0	0	6	4980-5280	F
NEW JERSEY																
Flemington	Hunterdon Medical Center	R. R. Henderson	106	5,009	181	68	33,908	2	2	2	0	0	0	4	3600-3900	F
Montclair	Mountainside ³¹	J. T. Mason	270	9,928†	407	51	12,908	2	2	2	0	0	0	4	3900-4200	F
Morristown	Morristown Memorial	R. Rushmore	262	14,160	368	55	12,432	2	2	2	0	0	0	4	6000-6250	F
Perth Amboy	Perth Amboy General	E. O. Hirsch	43,908	19,054	502	41	9,503	2	2	2	0	0	0	4	4920-5640	F
Phillipsburg	Warren	J. F. Burke	167	8,960	316	27	29,471	2	3	3	0	0	0	6	4800-4800	F
Princeton	Princeton	H. Rothberg	154	7,756	188	74	2,747	3	4	3	1	0	0	8	4200-5330	F
Somers Point	Shore Memorial	G. C. Godfrey	145	7,500	275	30	3,161	2	4	3	0	0	0	7	6600-7200	FP
Somerville	Somerset	L. D. Troum	219	11,073	299	38	4,103	2	2	2	0	0	0	4	4200-4500	F
Summit	Overlook	M. Lane	348	16,380	475	50	1,389	2	2	2	0	0	0	4	3600-4200	F
NEW MEXICO																
Los Alamos	Los Alamos Medical Center	D. Drake						2	1	1	0	0	0	2	7200-7200	P
NEW YORK																
Buffalo	Mercy	C. Banas	336	13,638	456	46	4,858	2	3	3	0	0	0	6	5200-5600	FP
	Millard Fillmore	M. Cheplove					290	2	1	1	0	0	0	2	4440-4560	P
Glen Cove	Community Hospital at Glen Cove	F. X. Moore	162	7,762	245	49	13,617	2	1	1	0	0	0	2	4940-5240	P
Rochester	Rochester St. Mary's Hospital of the Sisters of Charity	G. Eckert	90	2,357†	283	45	2,937	2	1	1	0	0	0	2	3300-3600	F
Yonkers	Yonkers General	M. J. Eisen	132	6,073	179	45	12,493	2	2	0	0	0	0	2	5100-6300	FP
NORTH CAROLINA																
Charlotte	Charlotte Memorial	B. L. Galusha						2	2	2	0	0	0	4	4380-4620	P
OHIO																
Akron	Akron City	P. E. Cheek	88	2,320	258	39	7,552	2	1	1	0	0	0	2	4200-5720	FP
	Akron General	D. W. McCoy						3	3	3	0	0	0	6	4200-4500	FP
	St. Thomas	R. R. Zeno	270	10,821	365	58	6,974	2	2	2	0	0	0	4	4200-4500	FP
Barberton	Barberton Citizens	F. R. Hanzel	118	5,991	246	42	3,752	2	3	3	0	0	0	6	4200-4800	F
Cincinnati	Christ	C. F. Warner						2	4	4	0	0	0	8	4500-4800	F
	Good Samaritan	D. C. Fischer						2	2	2	0	0	0	4	5400-7200	P
Cleveland	Fairview Park	M. J. MacKay	341	16,506†	383	49	16,435	2	2	2	0	0	0	4	5400-6000	FP
	Polycinic	R. V. Bachman	124	4,865	121	40		3						7	4500-5700	FP
	St. John's	J. R. Johnson	241	9,396	342	39	17,309	2	6	6	0	0	0	12	4800-5100	F
Cleveland Heights	Doctors	D. Bruce Sodee	177	7,315	159	30	0	2	4	4	0	0	0	8	4800-5400	F
Columbus	Mount Carmel	J. L. Henry	372	14,820†	365	62	14,615	2	3	0	0	0	0	3	3900-4200	FP
	Riverside Methodist	W. G. Hutchison	34	1,672†	69	54		2	1	1	0	0	0	2	5160-5340	P
Dayton	Good Samaritan	W. M. McLin	435	20,459	569	48	4,043	2	2	2	0	0	0	4	3900-4500	F
	Miami Valley	J. Worthman	631	24,498	760	44	12,412	2	2	2	0	0	0	4	6300-7500	P
Elyria	Elyria Memorial	R. J. Schork	100	3,675	171	34	1,825	2	3	3	0	0	0	6	4800-5400	F
Euclid	Euclid-Glenville	J. L. Whitaker	265	9,355	310	61	1,536	3	4	4	4	0	0	12	4800-5400	F
Lorain	St. Joseph	B. Myers	246	12,366	412	35	22,938	2	4	4	0	0	0	8	4800-5100	F
Ravenna	Robinson Memorial Portage County	R. Glasgow	160	8,642	219	35	13,721	2	5	5	0	0	0	10	4800-5400	F
Toledo	Mercy							2								
	St. Charles	J. F. Brunner	225	9,026†	249	29	15,097	2	2	2	0	0	0	4	5700-5700	F
Warren	St. Joseph's Riverside	F. P. Vargo	150	7,577	176	33	0	2	3	3	0	0	0	6	6600-7200	F
Youngstown	St. Elizabeth	L. Gasser	486	20,236	610	58	11,364	2	1	1	0	0	0	2	4800-5100	FP
OKLAHOMA																
Oklahoma City	University of Oklahoma Medical Center							2	4	4	0	0	0	8	3200-4800	P
	University Hospitals ⁴²	I. H. Brown														
OREGON																
Portland	St. Vincent ⁴³	R. O'Shea	281	15,427†	416	46	10,857	2	2	2	0	0	0	4†	4800-5160	P

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA																
Altoona	Altoona	J. B. English	279	11,438	443	31	18,408	2	3	3	0	0	0	6	6420-6840	F
Bristol	Lower Bucks County	W. Sabol	212	12,091	224	35	5,819	2	2	2	0	0	0	4	9000-9000	FP
Chester	Crozer-Chester Medical Center	A. H. Silvers	377	14,873	477	37	60,562	2	4	4	0	0	0	8	5100-5100	F
Danville	Geisinger Medical Center	J. A. Collins	307	12,728	434	58	131,628	2	2	2	0	0	0	4	3300-4800	P
Lancaster	Lancaster General	R. H. Mann	146	4,415	362	37	6,897	2	2	2	0	0	0	4	4200-4800	F
Lebanon	Good Samaritan	J. P. Bering	186	6,955	294	41	33,908	2	1	1	0	0	0	2	7200-7200	F
Norristown	Montgomery	R. E. Carlson	195	10,629	303	33	73,882	2	4	4	0	0	0	8	4800-7200	FP
	Sacred Heart	B. R. Marger	110	5,252	181	37	5,171	2	4	2	0	0	0	6	5400-6000	FP
Philadelphia	St. Agnes	J. H. Loucks	181	7,664	256	33	39,744	2	2	2	0	0	0	4	7200-7200	F
	St. Mary's Franciscan	B. B. Axelrod	122	5,006	212	29	18,714	2	2	0	0	0	0	2	4200-4800	F
Pittsburgh	St. John's General	A. C. Yellenik	190	6,704	225	23	28,207	2	4	0	0	0	0	4	3600-4200	F
Pottsville	A. C. Milliken	N. M. Wall	197	8,439	314	30	23,277	2						5	7200-7200	FP
	Pottsville	E. W. Cubler	228	7,132	314	31	9,441	2	2	2	0	0	0	4	7200-8400	F
Reading	Community General	C. Kring	157	6,247	278	30	12,221	2						8	6000-6300	F
	St. Joseph's	J. B. Pearah	265	9,696	357	40	1,784	2	1	1	0	0	0	2	6000-6000	F
Sharon	Sharon General	R. Sass	226	10,770	349	16	3,829	2	2	2	0	0	0	4	6000-6000	F
PUERTO RICO																
Arecibo	Arecibo District	M. Gonzalez	56	1,693	128	27	17,475	2	1	1	0	0	0	2	4200-4800	F
RHODE ISLAND																
Pawtucket	Memorial	E. Butler	Inc.	In. Int. Med.				2	2	2	0	0	0	4	4800-5400	F
SOUTH CAROLINA																
Greenville	Greenville General	H. C. Batson	530	24,098†	679	36	32,213	2	3	1	0	0	0	4	4500-4800	P
TENNESSEE																
Knoxville	University of Tennessee Memorial Research Center and Hospital	J. Saffold					17,648	2	1	1	0	0	0	2	4392-4512	F
TEXAS																
Houston	Memorial Baptist	J. G. Heard	485	28,252	480	32		2	3	3	0	0	0	6	4800-5100	P
Midland	Midland Memorial	R. G. Greenlee	112	7,859	154	59	22,137	2	1	1	0	0	0	2		F
UTAH																
Ogden	Thomas D. Dee Memorial	D. C. Hunter	218	14,564	281	48	3,347	2	2	2	0	0	0	4	3900-4800	P
Salt Lake City	Latter-day Saints	F. W. Taylor	384	19,930	546	47	1,164	2	1	1	0	0	0	2	3600-4200	P
VERMONT																
Bennington	Henry W. Putnam Memorial	A. Faris	82	4,049	151	54	10,685	2	2	2	0	0	0	4	6000-6300	O
VIRGINIA																
Newport News	Riverside	C. Evans	100	5,884	180	45	2,532	2	2	2	0	0	0	4	6000-7200	FP
Norfolk	DePaul	A. B. Frazier	262	17,450	369	56	19,197	2	1	1	0	0	0	2	6000-6300	F
	Norfolk General	J. Gross	108	3,950†	438	40	4,526	2	4	4	0	0	0	8	2400-5100	FP
Petersburg	Petersburg General	E. W. Kirby	258	11,778	220	60	15,275	2	2	2	0	0	0	4	7000-7000	P
Portsmouth	Portsmouth General	E. M. Hanbury, Jr.	115	9,736	320	32	10,795	2	3	3	0	0	0	6	6000-6000	P
Suffolk	Louise Obici Memorial	L. D. Soper	136	6,613	274	36	11,438	2	4	1	0	0	0	5	6000-7200	F
WASHINGTON																
Seattle	Providence	V. L. Callero	207	12,622†	297	70		2	1	1	0	0	0	2	3900-4450	FP
Spokane	Sacred Heart	T. Jones	369	23,206	531	46	6,928	2	2	2	0	0	0	4	4200-4500	FP
	St. Luke's	D. McClellan	100	7,213	67	40	9,954	2	1	1	0	0	0	2	3600-4200	F
WEST VIRGINIA																
Charleston	Charleston General	W. Pushkin						2	2	2	0	0	0	2	3900-4800	F
Wheeling	Wheeling	W. E. McNamara	53		72	35		2	2	2	0	0	0	4	5100-5400	F
WISCONSIN																
Milwaukee	Evangelical Deaconess	T. Garland	114	5,450†	199	39	13,868	3	2	2	2	0	0	6	5400-6000	F
	St. Francis							2								
	St. Luke's	G. F. Bergmann	138	6,630	192	45	5,255	2	2	0	0	0	0	2	5400-5700	P
	St. Michael	N. Bauch	296	13,135	231	55	27,429	2	6	6	0	0	0	12	5100-5400	F

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

APPROVED RESIDENCIES

8. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering THREE years of training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine. Programs, 445; Residencies, 6,659

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio.....	R. B. Stonehill.....	248	4,984	84	89	65,844	6	6	6	0	0	18	.....	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	T. W. Inmon.....	148	2,248	156	85	83,955	5	5	5	0	0	15	.....	...
COLORADO															
Fitzsimons General, Denver.....	E. L. Overholt.....	351	4,268	88	95	104,832	5	5	5	3	0	18	.....	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	R. I. Crone.....	371	4,628	216	83	79,787	8	8	8	0	0	24	.....	...
HAWAII															
Tripler General, Honolulu.....	J. A. Orbison.....	165	4,044	98	81	28,270	..	..	..	..	..	15	.....	...
TEXAS															
William Beaumont General, El Paso.....	H. F. Hurd.....	111	3,031	85	85	83,588	4	4	4	0	0	12	.....	...
Brooke General, San Antonio.....	R. H. Forrester.....	188	3,238	240	86	54,704	9	7	7	0	0	23	.....	...
WASHINGTON															
Madigan General, Tacoma.....	R. Miller.....	118	2,728	51	92	30,360	4	4	4	0	0	12	.....	...
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland ²⁵	A. J. Draper.....	129	2,916	78	81	70,118	2	2	2	0	0	6	.....	...
U. S. Naval, San Diego.....	G. H. Tarr, Jr.....	610	8,142	359	64	76,654	3	3	3	1	0	10	.....	...
ILLINOIS															
U. S. Naval, Great Lakes.....	W. J. Jacoby.....	209	4,026	41	90	29,946	1	1	1	0	0	3	.....	...
MARYLAND															
U. S. Naval, Bethesda.....	F. G. Soule.....	144	2,558	104	84	39,304	3	3	3	1	0	10	.....	...
MASSACHUSETTS															
U. S. Naval, Chelsea.....	H. A. Schlang.....	79	1,646	41	76	14,940	2	2	2	0	0	6	.....	...
NEW YORK															
U. S. Naval, St. Albans.....	A. R. Errion.....	120	3,206	90	79	48,441	2	2	2	1	0	7†	.....	...
PENNSYLVANIA															
U. S. Naval, Philadelphia ⁴⁵³	H. L. Jones.....	200	3,206	206	58	24,192	4	4	4	1	0	13	.....	...
VIRGINIA															
U. S. Naval, Portsmouth.....	R. J. Pearson.....	219	4,077	90	72	67,839	3	3	3	0	0	9	.....	...
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco.....	W. M. Smith.....	125	2,019	68	83	10,185	2	2	2	0	0	6	.....	...
LOUISIANA															
U. S. Public Health Service, New Orleans ²³³	S. J. Herbert.....	150	2,278	72	86	12,523	2	2	2	0	0	6	8532-10132	O	
MARYLAND															
U. S. Public Health Service, Baltimore ²⁴⁰	N. P. Sinaly.....	100	2,280	31	84	6,307	2	2	2	0	0	6	.....	...
MASSACHUSETTS															
U. S. Public Health Service, Boston.....	D. Crosby.....	52	1,591	76	86	8,113	1	1	1	0	0	3	.....	...
NEW YORK															
U. S. Public Health Service (Staten Island), New York City.....	N. J. Galluzzi.....	181	2,860	104	64	17,846	3	3	3	0	0	9	.....	...
WASHINGTON															
U. S. Public Health Service, Seattle.....	M. R. Davis.....	82	1,878	68	82	6,883	2	2	2	0	0	6	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington.....	W. L. Henry.....	142	1,842	228	37	18,420	..	..	..	..	..	19	5300-6800	P	
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights.....	T. L. Robbins.....	89	..	84	69	16,570	2	2	1	0	0	5	8465-10004	O	
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist.....	W. Kessler.....	84	4,002†	170	40	36,645	2	2	2	0	0	6	3900-4500	F	
University of Alabama Medical Center.....		298	6,235	495	52	17,844	9	9	6	2	0	26	.....	...
University Hospital and Hillman Clinic.....	W. B. Frommeyer.....	..	..	..	..	..	..	..	..	..	..	..	3782-5552	F	
Veterans Admin.....	B. R. Boshell.....	..	..	..	..	..	..	..	..	..	..	..	4325-7715	O	

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			Residencies Offered 1966-1967					Salary Per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
COLORADO														
Denver														
Denver General	B. E. Pollock	123	2,851	283	56	68,744	5	3	2	0	0	10	3516-4200	P
Mercy	R. B. Cone	81	4,096	119	53	3,422	2	1	0	0	0	3	4620-5220	P
Presbyterian	H. A. Bradford	91	3,623	244	59	3,765	2	2	2	0	0	6	4200-4800	P
St. Joseph	R. Phillips	134	5,739	219	58	6,511	2	2	2	0	0	6	4320-5220	P
University of Colorado Affiliated Hospitals							12	10	8	2	0	32		
University of Colorado Medical Center	G. Meiklejohn	52	2,276	164	82	31,942							3500-4500	P
Veterans Admin.	T. A. Witten	159	2,793	213	87	21,516							4325-7715	
CONNECTICUT														
Bridgeport														
Bridgeport	M. Kaufman	128	4,488	424	45	6,115	3	3	2	0	0	8	3900-5400	FP
St. Vincent's	V. A. Lynch	110	3,994	362	48	2,085	1	1	1	0	0	3	5100-5700	P
Greenwich														
Greenwich	F. C. Weber, Jr.	77	2,775	128	66	5,337	1	1	1	0	0	3	3300-6000	F
Hartford														
Hartford	R. F. Reinfrank	209	5,650	704	55	7,392	14	8	4	0	0	26	4200-5400	P
Veterans Admin. (Newington)	P. Lipton	105	1,431	136	73	799							4325-6035	P
St. Francis	J. E. Franco	173	5,016	308	40	5,044	2	2	2	0	0	6	3900-5700	FP
New Britain														
New Britain General	G. P. Perakos	112	4,389	291	52	4,732	2	2	1	0	0	5	5100-5700	F
New Haven														
Hospital of St. Raphael	D. Dock	101	3,343	413	29	5,933	7	5	1	0	0	13	3900-4800	F
Laurel Heights (Shelton)	K. S. Howlett, Jr.	131	307	14	71	1,535							6000-7900	P
Yale-New Haven Medical Center							11	12	1	0	0	24		
Yale-New Haven	P. B. Beeson	158	4,899	541	57	19,587							3300-6000	P
Veterans Admin. (West Haven)	T. Amatruda	68	2,250	144	74	3,834							4375-7715	
Newington														
Veterans Admin.—See Hartford Hospital, Hartford														
Shelton														
Laurel Heights—See Hospital of St. Raphael, New Haven														
Waterbury														
St. Mary's	W. Finkelstein	109	4,117	314	40	11,715	2	2	2	0	0	6	3900-4500	FP
Waterbury	O. J. Bizzozero	113	3,379	327	44	9,710	2	1	1	0	0	4	4200-5400	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Delaware	R. B. Flinn	105	2,809	304	56	11,178	2	2	2	0	0	6	5400-7200	P
Memorial	L. P. Lang	79	2,251	238	48	4,229	2	1	1	0	0	4	5400-6600	P
Veterans Admin. ¹⁵⁸	K. Sachs	130	1,524	155	68	6,748	4	2	2	0	0	8	4275-6035	O
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General						31,671								
Georgetown University Service	I. B. Brick	79	1,767	364	51	...	8	6	1	0	0	15	3800-5000	P
George Washington University Service	M. J. Romansky	89	1,759	462	48	...	11	3	1	0	0	15	3800-5000	P
Howard University Service	W. L. Henry, Jr.	43	895	221	48	...	4	2	2	0	0	8	3800-5000	P
Doctors	C. W. Jones	110	3,202	206	52	207	2	2	1	0	0	5	7200-8400	P
Georgetown University	L. H. Kyle	98	2,687	202	87	11,541	12	6	0	0	1	19	3120-4030	P
George Washington University ¹⁶⁹	J. M. Evans	122	4,001	266	60	23,673	8	4	4	1	0	17	3000-6000	P
Providence	T. Curtin	100	3,491	279	42	5,745	3	2	1	0	0	6	4200-4800	P
Veterans Admin.	S. Katz	157	2,971†	347	75	5,833	8	10	8	10	2	38	4325-7715	O
Washington Hospital Center	T. W. Mattingly	188	6,086	453	62	19,549	4	4	4	0	0	12	4080-4400	P
FLORIDA														
Coral Gables														
Veterans Admin.	M. H. Kaiser	255	3,556	438	65	11,776	9	10	7	3	1	30†	4325-7715	O
Gainesville														
University of Florida Teaching Hospital and Clinics	R. P. Schmidt	14	1,836	88	76	5,741	8	6	6	0	0	20	3600-6600	O
Jacksonville														
Jacksonville Hospitals Educational Program														
Baptist Memorial	N. Jones	86	3,241	144	56	1,045	1	0	1	0	0	2	5400-6000	O
Duval Medical Center	J. J. Lowenthal	49	1,473	273	48	62,389	0	3	3	0	0	6	5700-6000	P
St. Luke's	J. L. Borland	61	2,355	178	33	0	2	0	0	0	0	2	5100-5100	O
St. Vincent's	D. Moomaw	96	3,865†	158	45	1,681	2	0	1	0	0	3	5400-6000	P
Miami														
Jackson Memorial ¹⁷⁵	W. J. Harrington	88	6,919	274	36	23,283	16	16	10	2	0	44	3000-4680	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	S. R. Kaplan	191	6,449	439	31	7,996	4	4	1	0	0	9	4500-6000	P
Orlando														
Orange Memorial	F. C. Bone	121	5,090	347	45	5,406	3	2	1	0	0	6	5100-5700	P
Tampa														
Tampa General	L. Kahana	193	5,123	391	37	7,973	2	2	2	0	0	6	3600-6600	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	H. S. Ramos	86	4,508†	273	36	2,854	4	3	2	0	0	9	4500-5400	P
Emory University Affiliated Hospitals	J. W. Hurst	114	4,536†	185	63	0	12*	6	2	0	0	20†		
Emory University	J. W. Hurst	131	2,396	219	68	17,657							3000-3600	P
Veterans Admin.	J. C. Crutcher	91	3,718	188	45	1,892	2	2	2	0	0	6	4325-7715	O
Georgia Baptist	L. B. Peacock	119	3,892	702	55	144,459	12	12	1	0	0	25	4500-4910	P
Grady Memorial ⁵⁹	J. W. Hurst	76	2,692	138	47	516	1	1	1	0	0	3	2700-3900	P
Piedmont	C. Smith	66	2,481	153	52	2,036	1	1	1	0	0	3	5040-5520	P
St. Joseph's Infirmary	H. N. Hill												5180-5760	P
Augusta														
Medical College of Georgia Hospitals							6	6	6	1	0	19		
Eugene Talmadge Memorial	T. Findley	93	1,744	102	73	3,831							3900-6000	O
University	J. D. Gray	74	2,732†	288	36	11,838	1	1	1	0	0	3	3900-5100	O
Veterans Admin.	B. M. Domm	257	1,617	153	63	1,284	4	2	1	0	0	7	4325-7715	

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			Residencies Offered 1966-1967					Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MINNESOTA														
Minneapolis														
Hennepin County General	F. W. Hoffbauer	79	2,412	334	55	22,863	4	4	4	0	0	12	4500-6500	P
Mount Sinai ¹⁰²	A. L. Schultz	81	3,038	160	53	6,024	3	3	3	1	0	10	5880-7500	P
University of Minnesota Affiliated Hospitals														
University of Minnesota Hospitals	C. J. Watson	117	2,617	283	86	15,449	10	6	6	0	0	22	3594-7500	O
Veterans Admin. ²⁹⁵	W. Hall	399	4,776	384	78	22,553	15	15	15	0	0	45	4325-7715	O
Ancker (St. Paul)	J. F. Hammarsten	144	2,618	415	63	15,508	5	4	3	1	0	13	4500-8000	P
Rochester														
Mayo Graduate School of Medicine	R. D. Miller	345	25,540	469	68	405,856	60	50	50	25	5	190	3600-4800	P
Rochester Methodist														
St. Mary's														
St. Paul														
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis														
Charles T. Miller	F. B. Tiffany	80	3,180	139	50	13,815	1	1	1	0	0	3	4200-5400	FP
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center							8	6	4	0	0	18	3963-5268	O
University	H. K. Hellems, B. B. Johnson	86	2,090	232	61	12,797								
Veterans Admin.	J. F. Busey	230	2,253	214	60	1,447								
MISSOURI														
Clayton														
St. Louis County	R. O. Muether	49	1,818	282	51	25,146	2	2	2	0	0	6	3900-5100	F
Columbia														
University of Missouri Medical Center	C. T. Ray	82	1,958†	166	53	11,064	8	7	5	0	0	20	3600-4200	P
Kansas City														
Kansas City General Hospital and Medical Center	J. Arnold	110	2,413	491	44	45,209	5	5	5	0	0	15	4500-5700	P
Menorah Medical Center ⁷⁴	M. Statland	146	4,452	143	50	2,142	3	3	3	0	0	9	5700-6900	P
St. Luke's	A. W. Robinson	174	5,861	371	49	8,657	3	0	2	0	0	5	5100-8300	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.														
St. Louis														
Barnes	C. V. Moore	181	6,554	341	71	27,242	18	10	2	0	0	30	3300-3900	O
Deaconess	J. H. Woodbridge	177	5,137	249	56	46,132	3	3	1	0	0	7	5400-6600	F
Homer G. Phillips	M. Rosecan	115	3,639	625	26	52,790	8	5	4	0	0	17	4584-5571	P
Jewish Hospital of St. Louis	S. Wessler	152	5,344	249	55	8,106	8	5	1	0	0	14	3700-4900	P
St. John's Mercy	W. T. Donovan	111	3,548	249	50	3,652	4	4	2	0	0	10	3600-4800	FP
St. Louis City ³¹⁷	G. T. Perkoff	153	4,429	690	69	34,559	5	3	1	1	0	10†	4583-5848	F
St. Louis-Little Rock Hospitals	L. B. Harrison	148	4,592	240	40	55,630	4	2	2	0	0	8	4200-8000	F
St. Louis University Group of Hospitals	T. Frawley	147	2,671	152	68	5,839	8	6	1	0	0	15	2400-3240	FP
St. Luke's	R. Paine	123	4,318	263	54	12,407	3	2	1	0	0	6	3600-4800	F
St. Mary's	W. Knight, Jr.	136	4,552	244	41		8	6	4	0	0	18	4200-5400	FP
Veterans Admin.														
St. Louis University Service	N. I. Gallagher	74	866	141	72	1,082	2	2	2	0	0	6	4325-6035	O
Washington University Service	H. M. Perry	70	810	134	72	1,078	3	1	0	0	0	4	4325-6035	O
NEBRASKA														
Omaha														
Creighton University Affiliated Hospitals							6	4	4	0	0	14		
Creighton Memorial St. Joseph's	J. Sullivan	300	6,252	367	35	4,248							3900-4500	P
Douglas County														
Veterans Admin.	O. J. Parrillo	225	2,034	184	65	1,493							4325-5125	O
University of Nebraska Affiliated Hospitals ⁵⁰							3	3	3	0	0	9		
University of Nebraska	R. Grissom	27	564	39	74	15,284							3900-4500	P
Bishop Clarkson Memorial		25	864	75	64	0								
Douglas County		36	675	38	66	0								
Veterans Admin.		77	955	62	40	746								
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals							10	6	2	0	0	18		
Mary Hitchcock Memorial	W. A. Tisdale	79	3,087	130	83	13,445							3400-4200	O
Veterans Admin. (White River Junction, Vt.)	J. L. Grant	86	1,422	66	94	3,018							4000-5865	O
NEW JERSEY														
Atlantic City														
Atlantic City	C. Hyman	117	3,872	414	38	6,081	1	1	1	0	0	3	3900-4500	F
Camden														
Cooper	E. N. Murray	143	4,207	504	40	7,352	2	1	1	0	0	4	4200-4800	F
East Orange														
Veterans Admin. ³⁷⁰	H. A. Weiner	200	2,225	337	68	2,044	8	8	3	1	0	20	4325-7715	O
Elizabeth														
St. Elizabeth ⁵⁵⁸	C. R. Ream	89	2,951	231	40	12,564	5	3	2	0	0	10	5500-6500	P
Englewood														
Englewood	G. B. Barlow	70	2,052	216	45	4,870	3	3	3	0	0	9	3960-4560	F
Hackensack														
Hackensack	G. Knowles	81	2,651	245	40	9,819	3	1	1	0	0	5	3000-3900	F
Jersey City														
Jersey City Medical Center	H. Jeghers	256	5,077	958	35	23,483	16	16	16	4	0	52	3400-7500	F
Long Branch														
Monmouth Medical Center	J. Feldman	117	3,954	400	37	9,442	3	1	1	0	0	5	3900-4500	F
Montclair														
Mountainside	A. D. Teaze	118	3,489†	364	47	5,925	3	2	2	0	0	7	3900-4500	F
Neptune														
Pitkin Memorial	L. F. Albright	68	2,284	367	39	4,665	1	1	1	0	0	3	4200-5400	F
Newark														
Newark Beth Israel	L. Cheskin	107	2,745	332	38	10,735	2	1	1	0	0	4	3000-3600	F
Newark City	L. H. Warbasse	244	7,384	864	33	4,539	7	7	7	2	0	23	4200-7500	F
St. Michael	N. Antonius, L. G. Smith	129	3,273	268	45	6,461	6	6	2	0	0	14	3900-6880	F

APPROVED RESIDENCIES

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8. INTERNAL MEDICINE — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary Per Year Min.-Max.	Main-tenance P O	
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued														
New York Polyclinic Medical School and Hospital														
Presbyterian	63	1,551	109	49	11,865	4	2	2	0	0	8	3700-4300	F	
Queens Hospital Center—See Long Island Jewish Hospital Training Program, New Hyde Park	229	6,345	227	60	59,099	12	6	2	1	0	21	4500-7500	O	
Roosevelt	132	3,541	346	34	7,946	8	4	2	0	0	14	3900-5000	O	
St. Clare's	101	2,209	204	44	9,976	2	2	2	0	0	6	5400-6600	F	
St. John's Episcopal	72	1,629	109	39	9,153	2	2	1	0	0	5	4080-5100	FP	
St. Luke's	180	3,858	294	53	31,359	8	6	6	0	0	20	4020-4620	O	
St. Vincent's Hospital and Medical Center of New York														
St. Vincent's Hospital of the Borough of Richmond	192	4,224	492	46	26,312	8	5	4	0	0	17	4500-5500	P	
Unity	81	2,450†	318	37	6,355	2	2	2	0	0	6	5700-6600	P	
Veterans Admin. (Bronx) ³⁹⁹	74	2,190	153	42	5,331	1	1	1	0	0	3	4800-5400	F	
Veterans Admin. (Brooklyn)	475	4,587	526	55	4,051	16	16	8	2	0	42	4325-7715	O	
Veterans Admin. (Manhattan)	395	4,149	471	46	4,820	16	15	10	4	0	45	4325-6665	O	
Wyckoff Heights	398	2,536	374	47	18	12	6	2	1	39†	4325-7715	O		
	115	3,152	361	44	1,554	3	3	3	0	0	9	4080-5100	F	
Rochester														
Genesee	87	2,720	325	63	6,006	5	4	1	0	0	10	4500-6000	O	
Highland Hospital of Rochester	66	2,064	226	51	806	4	3	1	0	0	8	5700-7200	O	
Rochester General ⁴⁰⁵	110	3,040	369	53	4,364	4	4	2	0	0	10	3620-4620	FP	
Rochester St. Mary's Hospital of the Sisters of Charity	90	2,357†	283	45	2,937	2	2	1	0	0	5	3300-3900	F	
Strong Memorial Hospital of the University of Rochester ³⁶³	148	4,059†	451	73	26,845	15	8	2	0	0	25	3300-5050	O	
Syracuse														
State University of New York Upstate Medical Center	317	8,055	653	47	24,547	13*	13	8	0	0	34	4036-4940	O	
Veterans Admin.	162	2,679	217	68	1,793	..	..	..	..	..	..	4325-6035	O
Valhalla														
Grasslands	160	1,789	345	57	18,344	6	6	6	4	0	22†	5100-5900	FP	
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	145	2,521†	190	66	14,400	9	8	2	0	0	19	2800-6500	O	
Durham														
Duke University Affiliated Hospitals														
Duke	148	4,707	243	60	34,130	19	12	2	0	0	33	3900-4800	P	
Veterans Admin.	175	2,509†	249	70	..	..	..	..	..	..	..	4325-7715	O
Watts	90	3,671	216	40	3,798	2	2	1	0	0	5	3900-4800	F	
Winston-Salem														
North Carolina Baptist Hospitals	160	6,230	270	59	10,155	7	6	2	0	0	15	3000-4000	P	
OHIO														
Akron														
Akron City	93	2,525	275	43	2,968	3	3	3	0	0	9	4200-6000	FP	
Akron General	128	3,509	415	51	9,339	4	4	3	0	0	11	4200-4800	FP	
St. Thomas	111	3,655	257	55	5,211	3	3	1	0	0	7	4200-4800	FP	
Canton														
Aultman	215	7,551	390	39	3,568	4	3	1	0	0	8	4200-6000	FP	
Cincinnati														
Daniel Drake Memorial	928	644	366	50	11,926	9	4	2	0	0	15	4800-6000	F	
Good Samaritan	168	3,812	421	42	1,620	2	2	2	0	0	6	5400-7200	P	
Jewish	151	3,457†	413	40	6,559	8*	4	1	0	0	13	4500-5100	FP	
University of Cincinnati Hospital Group						14	12	12	2	0	40†	..	..
Cincinnati General	121	2,612	321	63	39,645	..	..	..	..	..	..	3200-7500	F
Veterans Admin.	94	1,408	228	70	..	..	..	..	..	..	..	4325-7715	O
Cleveland														
Cleveland Clinic	105	5,411	237	55	77,208	24	18	18	0	0	60	3900-4500	P	
Cleveland Metropolitan General	156	2,618	400	65	52,640	12	8	4	0	0	24†	3700-5600	FP	
Cleveland Metropolitan General Hospital-Lutheran														
C. H. Rammelkamp, Jr.						8	6	4	0	0	18	3900-5100	F	
M. D. Bobey						..	..	..	..	..	..	..	..
C. H. Rammelkamp, Jr.	156	2,618	400	65	52,640	..	..	..	..	..	..	..	..
Lutheran	117	3,409	221	57	..	..	..	..	..	..	..	..	..
Fairview Park	62	2,236†	116	49	3,685	2	2	2	0	0	6	5400-6600	FP	
Huron Road	129	4,092	291	46	5,297	2	2	2	0	0	6	3900-4800	F	
Mount Sinai Hospital of Cleveland	129	4,723	384	50	16,505	8	4	1	0	0	13	3996-4800	P	
St. Luke's	214	3,224	293	59	16,749	3	3	3	0	0	9	4800-5820	P	
St. Vincent Charity	150	3,761	284	44	18,667	6	2	2	0	0	10	3720-4020	FP	
University Hospitals of Cleveland	142	4,108†	489	57	51,279	12	15	15	1	0	43†	3600-4800	P	
Sunny Acres Cuyahoga County Tuberculosis	295	395	53	41	93,886	..	..	..	..	..	..	7500-7500	FP
Veterans Admin. ⁴²⁸	328	2,123†	307	64	1,509	8	8	8	0	0	24	4325-6035	P	
Columbus														
Mount Carmel	92	2,853†	146	66	5,726	2	2	2	0	0	6	3900-4500	FP	
Ohio State University Hospitals														
University	215	6,912	507	73	39,089	14	14	5	2	0	35	3324-3624	P	
Riverside Methodist	199	4,775†	263	56	6,331	3	2	2	0	0	7	5160-5520	P	
Dayton														
Good Samaritan	173	4,774	434	46	2,520	2	2	2	0	0	6	3900-4500	F	
Miami Valley ⁴³⁴	271	7,644	551	41	5,451	2	2	2	0	0	6	6300-7500	P	
Veterans Admin. ⁴³³	215	2,330	297	78	3,283	6	6	5	0	0	17	4325-6035	O	
Lakewood														
Lakewood	114	3,049†	249	41	2,518	4	4	1	0	0	9	3900-4500	FP	
Toledo														
Maumee Valley	77	2,310	247	62	11,951	3	3	3	0	0	9	4020-4500	FP	
Toledo	90	4,042	243	47	4,247	1	1	1	0	0	3	4200-4800	F	
Warren														
Trumbull Memorial	102	3,806	217	35	637	3	3	1	0	0	7	4200-5400	F	
Youngstown														
St. Elizabeth	193	5,865	429	43	5,670	3	3	2	0	0	8	4800-5400	FP	
Youngstown	307	9,361	618	39	6,650	6	3	2	0	0	11	3900-4500	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			Residencies Offered 1966-1967					Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
OKLAHOMA													
Oklahoma City													
St. Anthony	R. E. Carpenter	85	2,845	273	41	4,498	1	1	0	0	3	5400-6000	O
University of Oklahoma Medical Center ⁴³⁵							10*	6	0	2	24†	4004-6035	P
University Hospitals	S. Wolf	65	1,681	177	61	26,550							
Veterans Admin.	W. O. Smith	143	2,515	199	68	18,876							
Tulsa													
St. John's	W. O'Meilis	165	5,098	378	37	5,651	1	1	1	0	3	3600-5400	FP
OREGON													
Portland													
Emanuel	G. M. Robins	138	7,996†	279	47	6,957	1	1	1	0	3	4800-5040	P
Good Samaritan	O. Page	127	6,282	301	52	3,163	2	2	2	0	6	4800-5280	P
University of Oregon Medical School Hospitals and Clinics ⁴⁴²	H. Lewis	127	3,875	422	72	30,734	5	4	4	0	13	2700-3300	F
Veterans Admin. ⁴⁴¹	J. R. Walsh	242	3,485	325	74	4,416	7	7	6	0	20	4325-6035	P
PENNSYLVANIA													
Abington													
Abington Memorial	J. R. Kitchell	115	3,604	277	59	7,000	2	2	2	0	6	3300-3900	F
Bethlehem													
St. Luke's Hospital of Bethlehem	R. K. Shields	181	3,816	416	44	3,941	2	1	1	0	4	3720-4320	FP
Bryn Mawr													
Bryn Mawr	J. A. Wagner	113	3,119†	250	36	5,306	2	2	2	0	6	3900-4500	F
Danville													
Geisinger Medical Center	J. A. Collins	92	2,899	239	57	15,582	4	2	2	0	8	3300-5100	P
Darby													
Thomas M. Fitzgerald Mercy	D. J. Hilferty	100	2,485	212	43	4,372	1	1	1	0	3	3600-4800	F
Easton													
Easton	D. Feinberg	114	2,836	315	42	5,502	1	1	1	0	3	4200-4500	FP
Harrisburg													
Harrisburg	C. W. Smith	235	4,946	460	62	13,855	3	3	3	0	9	3300-3900	F
Harrisburg Polyclinic	A. W. Cowley	164	3,964	415	37	6,077	3	2	0	0	5	5400-5700	FP
Philadelphia													
Albert Einstein Medical Center	N. Berk, T. Mendell	315	8,594†	831	40	22,274	9	8	4	0	21	2700-3300	FP
Episcopal	S. R. Vogel	113	2,312	259	37	8,251	2	2	2	0	6	4200-4680	O
Germantown Dispensary and Hospital	R. W. Mays	120	3,244	381	43	17,240	2	1	1	0	4	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	H. J. Tumen	130	3,844	229	58	12,796	5	4	6	0	15	2610-4110	P
Hahnemann Medical College and Hospital	J. H. Moyer	176	5,190	387	47	33,645	10	10	4	0	24	3000-3600	P
Hospital of the University of Pennsylvania	F. C. Wood	232	6,114	356	63	5,196	8	6	5	4	23		FP
Hospital of the Woman's Medical College of Pennsylvania	H. W. Harris	51	1,270	68	52	10,625	3	2	1	0	6	4400-5000	O
Jefferson Medical College	R. I. Wise	202	4,486	303	54	28,179	8	7	2	1	18	3000-4200	O
Lankenau ⁴⁵²	M. W. Miller, D. B. Pierson	129	3,436	243	51	5,031	2	2	2	0	6	3300-5160	P
Mercy-Douglass	E. E. Holloway	75	2,477	98	56	4,798	3	2	1	0	6	4800-5400	F
Misericordia	G. N. French	116	3,005	305	45	1,624	3	2	1	0	6	3600-4800	F
Nazareth	S. J. Skromak	82	2,509	214	43	2,941	2	1	1	0	4	4500-6000	F
Pennsylvania	G. G. Duncan	122	3,218	319	54	17,850	4	4	4	0	12	3600-4800	O
Philadelphia General	D. A. Cooper												
Presbyterian Hospital in Philadelphia	C. M. Thompson	276	5,330	957	46	41,013	10	10	10	0	30	3090-4539	F
Temple University	F. Fetter	108	2,903†	258	57	9,488	2	2	2	0	6	3840-4440	P
Veterans Admin. ⁴⁵⁷	T. M. Durant	250	5,504	406	52	22,570	6	6	6	0	18	3300-3900	P
	H. P. Close	230	3,576	384	66	2,658	7	7	7	2	23	4325-6035	O
Pittsburgh													
Allegheny General	A. G. Bickelmann	131	3,483	337	38	11,556	3	3	3	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh	J. D. Myers						12	12	4	1	29	3900-6500	O
Magee-Womens	D. H. Mintz	114	2,168	155	50	0							
Presbyterian-University		154	4,024	275	75	9,299							
Veterans Admin.		270	3,023	334	69	4,500							
Mercy	R. F. Kleinschmidt	179	4,816	408	46	14,044	4	3	2	0	9	5400-6000	P
Montefiore	P. Troen	210	4,514	363	45	13,317	6	4	2	0	12	4200-5700	O
St. Francis General	F. C. Duffy	153	4,075	323	37	10,899	4	2	2	0	8†	2700-6900	FP
Western Pennsylvania	F. R. Franke	209	3,902†	309	36	7,087	2	2	2	0	6	3900-4800	FP
Reading													
Reading	R. C. Hoyt	179	3,033	440	49	2,098	2	2	2	0	6	3300-4200	FP
Sayre													
Robert Packer	J. B. Cady	69	4,078	174	46	25,411	2	2	2	0	6	3000-6000	FP
York													
York ⁴⁶²	J. L. Atkins	149	4,151	536	61	8,029	2	2	2	0	6	4800-5700	P
PUERTO RICO													
Ponce													
Ponce District General	H. Rodriguez	90	2,330	281	55	23,066	4	4	4	0	12	3900-5700	F
Rio Piedras													
University District	M. R. Garcia	67	1,356	215	81	27,133	8	8	8	0	24	3300-4500	F
San Juan													
San Juan City	E. J. Marchand	50	970	145	57	15,621	4	4	4	0	12	3600-4800	F
Veterans Admin. ⁴⁶¹	E. A. Ramirez	90	1,503	78	88	28,548	6	5	4	0	15	4865-5765	
RHODE ISLAND													
Pawtucket													
Rhode Island Affiliated Hospitals													
Memorial	A. Burgess	51	1,855	289	32	3,152	1	1	0	0	2	4800-5400	F
Miriam (Providence)	A. M. Burgess	74	1,692†	141	42	1,845	0	0	1	0	1	4200-4200	FP
Providence													
Miriam—See Rhode Island Affiliated Hospitals, Pawtucket													
Rhode Island	M. W. Hamolsky	163	4,515	617	38	15,362	6	2	2	0	10	2700-4080	FP
Veterans Admin.	J. D. Eyre	188	1,794	218	44	3,289	4	4	2	0	10	4325-7715	P
SOUTH CAROLINA													
Charleston													
Medical Center Hospitals	J. A. Boone, V. Moseley						9	5	1	0	15	2910-4500	FP
Medical College		67	2,526	201	53	22,328							
Roper		64	2,838	126	38								

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions Include Transfers	Deaths			Residencies Offered 1966-1967						Salary Per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
TENNESSEE														
Chattanooga														
Baroness Erlanger	C. A. Hartung	137	6,671	507	29	18,499	2	2	2	0	0	7	4800-5400	F
Knoxville														
University of Tennessee Memorial Research Center and Hospital	R. B. Wood	61	2,349	211	42	3,109	2	2	2	0	0	6	4392-4632	F
Memphis														
Baptist Memorial	P. Milnor, Jr.	302	10,668	433	44	2,969	3	3	3	0	0	9	3900-4800	F
Methodist	J. P. Conway	127	6,418†	281	34	3,019	1	1	1	0	0	3	4500-5400	F
University of Tennessee Affiliated Hospitals	L. W. Diggs	75	2,275	508	45	45,370	6	6	4	1	0	17	3480-5000	F
City of Memphis Hospitals	F. S. Dietrich	324	4,686	314	77	2,854	2	1	0	0	0	21†	4325-7715	F
Veterans Admin. ²⁶⁷	E. P. Bowerman	201	870	66	45	1,525	2	1	0	0	0	3	3720-3960	O
West Tennessee Tuberculosis														
Nashville														
Baptist	F. D. Ownby	67	2,966	168	51	1,187	4	2	1	0	0	7	3900-4500	FP
George W. Hubbard Hospital of the Meharry Medical College	R. S. Anderson	57	1,478	199	45	11,652	3	2	2	0	0	7	2700-3900	F
St. Thomas	R. Roy	80	3,068	232	53	1,690	3	3	1	0	0	7	3600-3600	FP
Vanderbilt University Affiliated Hospitals	T. F. Paine	36	1,274	173	43	19,798	13	12	4	0	0	29		
Nashville Metropolitan General	D. E. Rogers	107	3,757	195	69	24,768							3000-3600	P
Vanderbilt University	R. M. DesPrez	186	2,454	152	62								4325-8035	O
Veterans Admin.														
TEXAS														
Dallas														
Baylor University Medical Center	R. Tompsett	161	6,823	500	45	4,242	3	2	1	0	0	6	5100-5700	O
Methodist Hospital of Dallas	J. C. Ogle	69	3,223	200	31	4,569	2	2	2	0	0	6	4500-5100	FP
Parkland Memorial	D. W. Seldin	194	3,552	552	66	79,355	12	13	1	0	0	28†	2700-3300	P
St. Paul	F. W. Veninga	113	5,124†	180	78	4,195	2	1	1	0	0	4	4500-5100	P
Veterans Admin. ⁵⁰⁶	B. Friedman	300	4,083	368	65	825	6	6	5	1	0	18	4325-8035	P
Fort Worth														
Harris Hospital-Fort Worth Medical Center	J. M. Church	139	6,042†	299	42	1,756	1	1	1	0	0	3	4800-5400	F
Galveston														
University of Texas Medical Branch Hospitals	R. Gregory	208	4,224	343	50	25,337	11	7	5	0	0	23	4200-6000	P
St. Joseph's (Houston)	S. Schnur	102	2,097	184	63	503	2	0	0	0	0	2		
Houston														
Baylor University Affiliated Hospitals	R. Pruitt	436	12,540	1,002	58	37,573	16	12	10	4	0	42†	3082-4217	FP
Ben Taub General														
Methodist														
Veterans Admin.														
Hermann	E. A. Wilkerson	171	5,871	323	41	24,464	2	2	3	0	0	7	3900-4800	P
St. Joseph's—See University of Texas Medical Branch Hospitals, Galveston														
McKinney														
Veterans Admin.	G. W. Winkelman	169	2,417	111	65	6,000	2	2	2	0	0	6	4325-8035	O
San Antonio														
Robert B. Green Memorial	L. B. Reppert	42	1,142	309	52	37,139	3	3	3	0	0	9	4500-6300	FP
Temple														
Scott and White Memorial	J. G. Rodarte	98	4,899	186	44							12	4200-4800	P
UTAH														
Salt Lake City														
Latter-day Saints	R. J. Nelson	91	4,282	379	44	8,050	2	2	2	0	0	6	3600-4500	P
University of Utah Affiliated Hospitals	M. M. Wintrobe	105	1,216	162	67	25,676	9	4	4	0	0	17	3600-4800	P
Veterans Admin.		65	1,064	125	71	0							4325-6665	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	K. J. Thomson	66	2,078†	115	50	4,395	3	2	1	0	0	6	4000-6200	O
DeGoesbriand Memorial	E. L. Amidon	74	2,829†	131	70	4,845	3	3	1	0	0	7	3000-4200	O
Mary Fletcher														
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA														
Charlottesville														
University of Virginia	W. Parson	117	3,807†	222	57	10,764	6	6	2	0	0	14	2400-3300	F
Norfolk														
DePaul	J. D. Lea	74	3,526	219	54	9,090	2	2	2	0	0	6	6000-6600	F
Norfolk General	Robert Gahagan	108	3,950†	438	40	6,926	1	1	2	0	0	4	2400-5700	FP
Richmond														
Medical College of Virginia Affiliated Hospitals	W. T. Thompson, Jr.	192	4,993	620	48	18,609	16	12	0	0	0	28	2400-6900	F
Medical College of Virginia-Hospital Division	J. J. Kelly	334	4,165	228	64	9,371	0	0	10	0	0	10	4325-7715	P
Veterans Admin.														
Roanoke														
Lewis-Gale	C. D. Nofsinger	73	2,940	150	59	37,014	3	2	1	0	0	6	6300-6600	FP
Roanoke Memorial Hospitals	R. E. Glendy	195	6,005	227	37	6,915	3	3	3	0	0	9	5400-6000	F
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ²²²							21	18	3	0	0	42		
King County	J. T. Dowling	74	2,545†	486	60	19,685							2700-6600	F
University	R. G. Petersdorf	26	1,938†	67	89	10,221							3400-6900	P
Veterans Admin.	R. S. Evans	112	1,891	243	91	3,217							4325-7715	O
Virginia Mason	R. L. King	61	3,460	127	72	67,095	4	2	1	0	0	7	3300-5100	FP
Spokane														
Sacred Heart	A. Logan	126	7,802	401	43	621	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional	A. D. Kistin	68	2,015	141	50	23,104	2	2	2	0	0	6	6400-8000	P
Charleston														
Charleston General	W. Pushkin	89	3,512	141	34	1,627	2	2	1	0	0	5	3900-4800	F
Memorial ⁶²⁴	A. B. C. Ellison	76	3,076	149	46	1,773	1	1	1	0	0	3	4500-5100	FP

APPROVED RESIDENCIES

8. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967						Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
WEST VIRGINIA—Continued														
Morgantown														
West Virginia University Medical Center	E. B. Flink	69	2,106	101	57	12,068	6	4	2	1	0	13	3320-4520	P
Wheeling														
Ohio Valley General	R. U. Drinkard	148	4,092	329	25	3,926	2	2	2	0	0	6	7200-8400	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	R. F. Schilling	...	...	...	...	...	11	11	10	0	0	32	...	...
University Hospitals		147	5,203	170	69	12,972	...	...	...	...	...	...	3400-4600	P
Madison General		72	2,578	196	48	...	...	...	...	...	...	...	3400-4600	P
Veterans Admin.		218	3,576	164	84	10,547	...	...	...	...	...	...	4325-6035	P
Milwaukee														
Columbia ⁷³	H. W. Pohle	97	3,131	171	77	10,493	2	2	2	0	0	6	4800-5400	P
Marquette University Affiliated Hospitals	W. W. Engstrom	...	...	...	...	...	15	15	15	2	0	47†	...	...
Milwaukee County General	W. W. Engstrom	168	5,285	1,035	35	65,410	...	...	...	...	...	...	4275-6665	P
Veterans Admin. (Wood) ²⁸	J. J. Levin	269	3,159	330	80	4,399	...	...	...	...	...	...	4325-6035	P
Milwaukee ⁸²⁵	J. K. Olinger	93	3,483	173	46	5,312	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, 82; Residencies, 480

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967						Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
UNITED STATES ARMY														
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	G. J. Hayes	140	1,174	56	88	1,115	0	1	1	1	1	4	...	...
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center		...	...	...	...	...	...	...	...	...	...	...	...	...
University Hospital and Hillman Clinic	J. G. Galbraith	53	1,876	97	54	1,399	1	1	1	1	0	4	2400-4880	F
ARIZONA														
Phoenix														
Barrow Neurological Institute of St. Joseph's Hospital	J. R. Green	42	1,317	51	55	700	1	1	1	1	1	5	4500-5700	FP
CALIFORNIA														
Downey														
Rancho Los Amigos—See White Memorial Medical Center, Los Angeles		...	...	...	...	...	...	...	...	...	...	...	...	...
Long Beach														
Veterans Admin. ¹⁰⁸	J. D. French	39	503	22	77	1,677	1	1	1	1	0	4	4325-7715	O
Los Angeles														
Los Angeles County General, Unit I	T. Kurze	61	3,974	192	22	2,564	2	2	2	2	2	10	5028-7500	P
University of California Medical Center ¹⁴³	W. E. Stern	...	...	...	...	...	1	1	1	1	1	6	...	...
University of California	W. E. Stern	22	309	17	94	1,674	...	...	...	...	...	...	3580-7188	O
Veterans Admin. Center-Wadsworth	G. F. Hoessly	27	686	27	87	432	...	...	...	...	...	...	6035-7715	P
White Memorial Medical Center	K. H. Abbott	41	1,130	5	74	880	1	1	1	1	1	5	4260-6660	P
Rancho Los Amigos (Downey)	P. J. Vogel	20	560	4	100	236	...	...	...	...	...	...	4800-5760	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals		...	...	...	...	...	1	2	1	2	1	7†	...	...
Palo Alto-Stanford Hospital Center	J. Hanbery	45	950†	31	65	1,640	...	...	...	...	...	...	3900-6300	O
Veterans Admin.	L. G. Crowley	1	197	18	94	76	...	...	...	...	...	...	...	...
Pasadena														
Huntington Memorial	C. H. Sheldon	22	726	36	63	611	1	1	1	1	0	4	4200-6000	FP
San Francisco														
University of California Hospitals		...	...	...	...	...	2	2	2	2	0	8	...	...
Franklin	O. W. Jones, Jr.	28	1,000	15	33	...	...	...	...	...	...	...	3576-4656	P
San Francisco General	E. B. Boldrey	10	304	67	8	0	...	...	...	...	...	...	6300-6300	O
University of California Hospitals	J. E. Adams	27	800	30	83	1,267	...	...	...	...	...	...	4500-6900	F
Veterans Admin.	B. L. Wise	19	229	15	87	596	...	...	...	...	...	...	4325-7715	...
COLORADO														
Denver														
University of Colorado Affiliated Hospitals	K. Welch	...	...	...	...	...	1	1	1	1	0	4	...	...
University of Colorado Medical Center		13	716	21	78	764	...	...	...	...	...	...	3500-4600	P
Veterans Admin.		...	...	...	...	...	...	...	...	...	...	...	4325-7715	...

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			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
CONNECTICUT															
Hartford															
Hartford—See Yale-New Haven Medical Center and Hartford Hospital, New Haven															
New Haven															
Yale-New Haven Medical Center and Hartford Hospital															
	Hartford (Hartford)	W. B. Scoville	34	1,198	71	79	334	2	2	1	1	0	6	4200-6000	P
	Yale-New Haven	W. German	26	801	38	76	1,856	0	2	0	1	0	3	3600-4200	P
DISTRICT OF COLUMBIA															
Washington															
Georgetown University Affiliated Hospitals ¹⁴¹															
	Children's	A. J. Luessenhop	6	182†	10	60	2	1	1	1	0	4			
	District of Columbia General	O. H. Fulcher	24	460	30	30	2,292							3420-3420	P
	Georgetown University	A. J. Luessenhop	13	338	28	79	115							3800-5000	P
	Veterans Admin.	A. J. Luessenhop	17	228	10	70	231							3120-4030	P
	George Washington University Affiliated Hospitals ¹⁶¹	J. W. Watts												4325-7715	O
	Children's	J. W. Watts	6	182†	10	60	2	1	1	1	1	0	4		
	District of Columbia General	J. W. Watts	24	460	30	30	2,292							3420-3420	P
	George Washington University	J. W. Watts	12	378	12	67	595							3800-5000	P
	Veterans Admin.	J. W. Watts	17	228	10	70	231							3900-4800	P
														4325-7715	O
FLORIDA															
Gainesville															
	University of Florida Teaching Hospital and Clinics	H. L. Roberts	15	465	42	66	1,148	1	1	1	1	0	4	3600-6000	O
Miami															
	Jackson Memorial ¹⁷⁵	D. Reynolds	28	841	81	22	685	1	1	1	1	1	5	3720-5520	P
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals															
	Emory University	E. F. Fincher	17	650†	25	88	0	1	1	1	1	0	4	3000-3600	P
	Grady Memorial		4	260	5		1,246							2700-3900	P
	Henrietta Eggleston Hospital for Children		4	149†	3	100	0							2870-3180	P
Augusta															
Medical College of Georgia Hospitals															
	Eugene Talmadge Memorial	M. B. Allen, Jr.	25	524	34	65	2,082	1	1	1	1	0	4	4500-7000	O
	University	L. O. J. Manganiello	29	1,222†	45	35	207							3900-6000	O
	Veterans Admin.	W. D. Jennings, Jr.	21	274	11	10	526							4325-7715	O
ILLINOIS															
Chicago															
Northwestern University Medical Center															
	Chicago Wesley Memorial	P. C. Bucy	23	918	22	68		1	1	1	1	1	5	3300-4500	P
	Children's Memorial	L. Amador	11	280†	10	50	315							3300-4200	P
	Veterans Admin. Research	P. C. Bucy	26	252	5	80	225	0	1	1	0	0	2	4325-7715	O
	Evanston (Evanston)	J. F. Tarkington	9	226	23	60	134	1	0	0	0	0	1	3300-3900	P
	University of Chicago Hospitals and Clinics	J. P. Evans	21	615	31	67	1,908	2	1	1	1	0	5	3900-5500	O
	Cook County	A. J. Raimondi	39	1,125	203	37	1,972							3780-5100	F
	University of Illinois Affiliated Hospitals	E. Oldberg						2	3	3	2	0	10		
	Presbyterian-St. Luke's	E. Oldberg	17	390	30	21	19							4300-4600	P
	University of Illinois Research and Educational Hospitals	E. Oldberg	33	633	48	80	10,548							3000-4500	P
	Veterans Admin. (Hines)	E. Oldberg, H. C. Voris	33	510	61	69	1,006							4325-7715	O
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
Hines															
Veterans Admin.—See University of Illinois Affiliated Hospitals, Chicago															
INDIANA															
Indianapolis															
	Indiana University Medical Center	R. F. Heimburger						1	1	2	2	0	6		
	Indiana University Hospitals		42	780	55	81	1,047							3575-4700	P
	Veterans Admin.		19	504	21	80	222							4325-7715	O
IOWA															
Iowa City															
	State University of Iowa Affiliated Hospitals							1	1	2	1	0	5		
	University Hospitals	G. E. Perret	44	817	47	81	2,890							3500-5000	P
	Veterans Admin.														
KANSAS															
Kansas City															
	University of Kansas Medical Center	C. Brackett	11	630	27	78	1,714	1	1	1	1	0	4	3600-5575	P
	Veterans Admin. (Kansas City, Mo.)	C. Brackett	15	201	15	80	173							4325-7715	
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals															
	Children's	E. G. Grantham						1	1	1	1	0	4		
	John N. Norton Memorial Infirmary		8	288	20	30	0							2500-3000	P
	Louisville General		55	1,170	94	60	1,459							3160-7035	FP
	Veterans Admin.		24	233	22	55	320							4325-6665	O
LOUISIANA															
New Orleans															
Tulane University Affiliated Hospitals															
	Charity Hospital of Louisiana	R. C. Llewellyn	20	418	59	42	1,283	2	1	1	1	1	6	3300-3300	F
	Ochsner Foundation	H. D. Kirgis	24	853	30	77	4,376							3300	P
	Veterans Admin.	R. C. Llewellyn	17	266	23	61	234							6035-7715	O

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND														
Baltimore														
Johns Hopkins	A. E. Walker	28	872†	49	49	973	1	1	1	1	1	7†	3200-5500	P
Baltimore City Hospitals	A. E. Walker	Inc. in Surgery				705								O
University of Maryland	J. G. Arnold, Jr.	40	1,004	37	60	545	0	2	2	2	2	8	3200-4400	P
MASSACHUSETTS														
Boston														
Boston City ²⁷⁷	V. Mark	22	347	19	53	885	1	1	1	1	1	5	3600-5400	O
Children's Hospital Medical Center-Peter Bent Brigham	D. D. Matson						1	1	1	1	0	4		F
Children's Hospital Medical Center		23	625	25	84	1,335							3000-5200	F
Peter Bent Brigham		Inc. in Surgery											4068-4066	P
Massachusetts General	W. H. Sweet	53	1,208	81	50	172	2	2	2	2	0	8	3600-6000	O
Veterans Admin. (Jamaica Plain)	J. H. Drew	26	527	35	83	914							4325-6665	O
New England Center	B. Selverstone	21	389	13	77	808	1	1	1	1	0	4	3600-6000	O
Rhode Island (Providence, R. I.)	J. Stoll, Jr.	37	1,082	69	46	529							3480-4680	FP
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals							2	2	2	2	0	8		
University	E. A. Kahn	29	826	62	79	2,714							3540-4740	O
Veterans Admin.	J. A. Taren	10	Inc. in Surg.	6	100	551							4325-7715	O
Wayne County General Hospital and Infirmary (Eloise)	J. Taren	Inc. in Surgery												
Detroit														
Henry Ford	R. S. Knighton	37	782	37	70	4,101	2	2	2	2	0	8	4800-6000	P
Wayne State University Affiliated Hospitals	E. S. Gurdjian											6		
Detroit Memorial		7	308	4	25	12							4200-4200	O
Grace		25	440	27	56	95							4280-5180	FP
Receiving		14	602	66	68	855							3900-4800	P
Eloise														
Wayne County General Hospital and Infirmary	—See University of Michigan Affiliated Hospitals, Ann Arbor													
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals	L. A. French						2	1	2	1	1	7		
University of Minnesota Hospitals		23	679	23	83	872							3150-3600	O
Veterans Admin.		30	807	22	83	339							4325-7715	O
Rochester														
Mayo Graduate School of Medicine ³⁰³	C. S. MacCarty	85	2,790	77	79	10,409	5	7	7	7	3	29†	3600-5400	P
Rochester Mchodist														
St. Mary's														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center							1	1	1	1	1	5		
University	O. J. Andy	20	801	38	50	922							3600-5100	O
Veterans Admin.	M. B. Allen	31	336	17	59	1,348							4325-6665	O
MISSOURI														
Columbia														
University of Missouri Medical Center	S. P. W. Black	11	347†	24	79	1,634	1	1	1	1	0	4	3600-5400	P
St. Luke's (St. Louis)	C. Lischer	23	778	44	41									
Kansas City														
Veterans Admin.	—See University of Kansas Medical Center, Kansas City, Kan.													
St. Louis														
Barnes	H. G. Schwartz	34	830	46	71	1,044	1	1	1	1	1	5†	3300-4500	O
St. Luke's	—See University of Missouri Medical Center, Columbia													
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals	R. G. Fisher						1	1	1	1	0	4		
Mary Hitchcock Memorial		21	729	30	97	1,928							3800-5000	O
Veterans Admin. (White River Jct., Vt.)		8	161	6	83	139							4000-6440	O
NEW YORK														
Albany														
Albany Medical Center	R. A. Lende	37	1,078†	66	74	192	1	1	1	1	0	4	3200-7715	P
Buffalo														
State University of New York at Buffalo Affiliated Hospitals	L. Bakay						1	1	1	1	0	4		
Buffalo General		14	495	16	55	86							1400-5300	O
Children's Hospital of Buffalo		7	195	5	60	180							4100-5300	P
Edward J. Meyer Memorial		9	139	22	50	127							4895-6410	P
New York City														
Albert Einstein College of Medicine Affiliated Hospitals							0	3	3	3	3	12†		
Bronx Municipal Hospital Center	L. M. Davidoff	19	793	56	89	508							4200-5220	FP
Montefiore Hospital and Medical Center	E. Feiring	28	592	48	47	222							5000-6250	P
Kings County Hospital Center	A. W. Cook	80	881	161	22	1,366	2	2	0	2	0	6	4200-5220	P
Long Island College		Inc. in Surgery												
Mount Sinai	S. W. Gross	36	512	20	40	556	0	2	3	2	0	7	5500-6500	F
City Hospital Center at Elmhurst	S. W. Gross	18	634	60	89	722							4200-5000	P
New York	B. Ray	17	348	22	65	2,642	1	0	1	2	0	4	4000-7000	P
New York University Affiliated Hospitals	J. Ransohoff						2	1	1	1	1	6		
Bellevue Hospital Center—Div. III and IV	J. Ransohoff	65	677	73	83	818							4200-5200	P
University														
Veterans Admin. (Manhattan)	J. Ransohoff	12	19	6	83								4325-7715	O
Presbyterian (Neurological Institute)	J. L. Pool	62	1,765	55	56	16,454	2	2	3	3	0	10	4800-5600	O
St. Vincent's Hospital and Medical Center of New York	C. G. deGutierrez Mahoney	39	854	111	51	1,794	1	1	1	1	0	4	4500-6000	P
Veterans Admin. (Bronx) ²⁹⁰	J. Scarff	34	417	27	70	100	1	1	1	1	0	4	5125-7715	O

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued														
Rochester														
Strong Memorial Hospital of the University of Rochester	F. P. Smith	20	687†	37	51	192	1	1	1	1	0	4	3300-5050	O
Syracuse														
State University of New York Upstate Medical Center	R. King	44	970	87	65	407	0	1	1	1	1	4	4488-5730	O
Veterans Admin.	R. B. King	9	154	10	80	191	..	..	..	..	..	..	4325-6665	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	G. S. Dugger	16	403†	45	78	1,034	1	1	1	1	0	4	2800-5000	O
Durham														
Duke University Affiliated Hospitals		41	1,753	83	51	1,479	3	1	1	1	1	7	3900-4800	P
Duke	G. L. Odom	32	508†	38	63	..	..	..	..	..	..	..	4325-7715	O
Veterans Admin.	G. T. Tindall	..	..	..	..	..	..	..	..	..	..	..	..	..
Winston-Salem														
North Carolina Baptist Hospitals	E. Alexander, Jr.	26	733	67	72	1,188	1	1	1	1	0	4	3000-4000	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group		..	..	..	..	..	2	2	1	1	0	6	..	..
Children's	R. McLaurin	..	249	5	60	119	..	..	..	..	..	..	..	..
Christ	F. H. Mayfield	35	..	47	55	539	..	..	..	..	..	..	..	..
Cincinnati General	R. L. McLaurin	11	288	21	51	920	..	..	..	..	..	..	2400-5400	F
Good Samaritan	F. Mayfield	60	709	19	68	360	..	..	..	..	..	..	5400-6900	P
Veterans Admin.	R. L. McLaurin	11	135	9	89	..	..	..	..	..	..	..	4325-7715	O
Cleveland														
Cleveland Clinic	W. B. Hamby	41	1,321	51	82	5,005	2	1	2	1	0	6	4200-6000	P
Western Reserve University Affiliated Hospitals		..	..	..	..	..	2	1	2	1	0	6	..	..
Cleveland Metropolitan General	R. J. White	12	228	30	96	885	..	..	..	..	..	..	4200-6160	FP
University Hospitals of Cleveland	F. E. Nulsen	17	520†	18	72	579	..	..	..	..	..	..	4200-6000	P
Veterans Admin.	F. E. Nulsen	20	148†	13	85	160	..	..	..	..	..	..	4325-6035	P
Columbus														
Ohio State University Hospitals		..	..	..	..	..	0	2	2	2	2	8	..	..
Children's	M. P. Sayers	25	774	35	71	527	..	..	..	..	..	..	..	..
Riverside Methodist	R. J. Secrest	44	1,135†	43	51	..	..	..	..	..	..	..	5340-5340	P
University	W. E. Hunt	25	650	50	69	1,100	..	..	..	..	..	..	3624-5724	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center		..	..	..	..	..	1	1	1	1	0	4	..	..
St. Anthony	A. Rix	25	939	60	33	56	..	..	..	..	..	..	5400-6300	O
University Hospitals	J. D. Herrmann	10	246	22	91	712	..	..	..	..	..	..	3200-6665	P
OREGON														
Portland														
Good Samaritan	J. Raaf	35	796	28	79	1,180	1	1	1	1	1	5	4800-5280	P
University of Oregon Affiliated Hospitals	G. Austin	..	..	..	..	..	1	1	1	1	0	4	..	..
University of Oregon Medical School Hospitals and Clinics		19	380	21	86	900	..	..	..	..	..	..	2700-3300	F
Veterans Admin.		15	250	25	88	184	..	..	..	..	..	..	..	..
PENNSYLVANIA														
Philadelphia														
Episcopal	H. A. Shenkin	23	684	42	55	491	1	1	1	1	0	4	4200-4920	O
Hospital of the University of Pennsylvania	R. Groff	28	520	40	65	371	2	0	0	0	0	2	..	..
Children's Hospital of Philadelphia	K. Shulman	13	338	7	71	387	..	..	..	..	..	..	1200-1800	F
Graduate Hospital of the University of Pennsylvania	R. Groff	8	187	9	78	333	1	1	1	1	0	4	1800-1800	P
Philadelphia General		15	296	14	71	247	1	1	1	1	0	4	3000-4200	O
Jefferson Medical College	R. L. Rovit	..	..	..	..	..	..	..	..	..	..	..	..	..
Temple University	M. Scott	55	1,027	64	50	944	..	..	..	..	..	6	3300-4200	P
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh	S. Goldring	..	..	..	..	..	1	2	2	1	0	6	..	..
Children's Hospital of Pittsburgh		..	451	26	81	1,360	..	..	..	..	..	..	..	..
Presbyterian-University		26	592	40	65	129	..	..	..	..	..	..	..	..
St. Francis General		24	441	38	57	51	..	..	..	..	..	..	2700-6900	FP
Veterans Admin.		20	309	31	74	540	..	..	..	..	..	..	4325-7715	O
Mercy	F. H. Bragdon	29	774	52	56	435	1	1	2	1	0	5	5400-6300	P
RHODE ISLAND														
Providence														
Rhode Island—See New England Center, Boston		..	..	..	..	..	..	..	..	..	..	..	..	..
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	J. R. Youmans	17	333	32	34	..	0	1	1	1	0	3	3084-4500	FP
Medical College		..	..	..	..	..	..	..	..	..	..	..	..	..
Roper		..	..	..	..	..	..	..	..	..	..	..	..	..
TENNESSEE														
Memphis														
Methodist	C. D. Hawkes	41	1,090†	39	35	206	1	1	1	1	0	4	4800-..	F
Veterans Admin.	C. D. Hawkes	19	227	18	72	928	..	..	..	..	..	..	4325-7715	O
University of Tennessee Medical Center Hospitals	F. Murphey	..	..	..	..	..	2	2	2	2	0	8	..	..
Baptist Memorial		109	3,692	95	42	516	..	..	..	..	..	..	3900-4800	F
City of Memphis Hospitals		17	504	45	66	639	..	..	..	..	..	..	3480-3480	F

APPROVED RESIDENCIES

9. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE—Continued														
Nashville														
Vanderbilt University Affiliated Hospitals	W. F. Meacham	...	...	...	...	...	1	1	1	1	0	4	...	...
Nashville Metropolitan General	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Vanderbilt University	W. F. Meacham	28	981	57	46	450	...	...	...	...	...	...	3000-3600	P
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	K. Clark	...	...	...	...	...	1	1	1	1	1	5	...	...
Children's Medical Center	...	...	34	10	60	41	...	...	...	...	...	...	...	O
Parkland Memorial	...	19	471	31	45	1,331	...	...	...	...	...	...	2700-3900	P
St. Paul	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Galveston														
University of Texas Medical Branch Hospitals	S. R. Snodgrass	22	445	42	76	1,212	1	1	1	1	0	4	4200-4200	P
Houston														
Baylor University Affiliated Hospitals	G. Ehni	107	2,605	155	68	2,810	2	2	2	2	0	8	2850-5357	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	...	4	95†	5	80	93	...	...	...	...	...	...	4000-5800	O
Mary Fletcher ²⁶⁷	...	25	427	21	80	2,756	...	...	...	...	...	...	4000-5800	O
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA														
Charlottesville														
University of Virginia	W. G. Crutchfield	23	753†	29	55	4,408	1	2	1	1	0	5	2400-3300	F
Richmond														
Medical College of Virginia Affiliated Hospitals	...	...	...	...	...	...	1	2	1	2	0	6	...	...
Medical College of Virginia—Hospital Division	W. E. Collins, Jr.	38	914	78	50	1,257	...	...	...	...	...	...	2400-3000	F
Veterans Admin.	J. L. Ulmer	19	314	10	100	507	...	...	...	...	...	...	4325-7715	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	A. A. Ward, Jr.	...	...	...	...	...	2	2	2	2	2	10	...	...
King County	...	15	393†	61	72	655	...	...	...	...	...	...	2700-6600	F
University	...	15	480†	17	82	883	...	...	...	...	...	...	3000-6600	P
Veterans Admin.	...	19	232	19	89	418	...	...	...	...	...	...	4325-7715	O
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	B. M. Bloor	29	759	66	64	2,267	1	1	1	1	1	5	3320-5120	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	M. Javid	...	...	...	...	...	1	1	1	1	1	5	...	...
University Hospitals	...	25	549	52	81	988	...	...	...	...	...	...	3400-5800	P
Veterans Admin.	...	2	37	9	71	18	...	...	...	...	...	...	6035-6665	P

10. NEUROLOGY

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

Programs, 75; Residencies, 642

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco ¹³⁸	H. H. Schwamb	20	264	14	64	2,769	1	1	1	0	0	3	...	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	A. J. Levens	78	725	17	65	5,800	3	3	3	0	0	9	...	...
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Los Angeles														
Los Angeles County General, Unit I	H. Barrows	84	4,040	580	28	10,107	2	2	2	0	0	6	5028-6218	P
University of Southern California	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Loma Linda University	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of California	A. Rose	19	491	6	67	7,189	3	3	2	0	0	8	3580-4660	O
Veterans Admin. Center-Wadsworth ¹¹⁰	R. N. Baker	28	837	16	69	2,950	2	2	2	0	0	6	4325-6035	P
White Memorial Medical Center	E. D. Fisher	10	295	5	20	3,825	2	1	1	0	0	4	4260-5460	P

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
CALIFORNIA—Continued														
Palo Alto														
Stanford Medical Center and Affiliated Hospitals														
Palo Alto-Stanford Hospital Center	F. Morrell	20	717†	11	82	1,739	3	3	3	0	0	9†	5000-8000	O
Veterans Admin.	W. W. Hofmann	82	507	22	77	513								
San Francisco														
University of California Hospitals	R. B. Aird	19	814	6	83	3,152	2	2	2	0	0	6	4000-6000	O
Veterans Admin.	H. D. Siedler	19	280	6	100	542							4325-7715	
COLORADO														
Denver														
University of Colorado Affiliated Hospitals							2	2	2	1	0	7		
University of Colorado Medical Center	J. W. Stephens	8	370	26	86	2,849							3500-4500	P
Veterans Admin.	E. Lewin	67	655	28	86	684							4325-7715	
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center							2	2	2	0	0	6		
Yale-New Haven	G. H. Glaser	10	366			1,742							4000-8000	P
Veterans Admin. (West Haven)	L. Levy	37	404	23	52	420							4375-7715	
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DISTRICT OF COLUMBIA														
Washington														
Georgetown University	D. O'Doherty	6	201	1	100	1,657	2	2	2	0	0	6	4000-5600	P
Veterans Admin.	J. F. Kurtzke	14	247†	3	100	45							4325-7715	O
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	R. P. Schmidt	17	630	23	74	1,920	4	4	4	0	0	12	5000-8000	O
Miami														
Jackson Memorial	P. Scheinberg	39	1,074	120	38	2,990	4	4	3	1	0	12	3500-6500	P
GEORGIA														
Atlanta														
Grady Memorial	H. Karp						2	1	1	0	0	4	2700-3900	P
													Inc. in Int. Med.	
ILLINOIS														
Chicago														
Northwestern University Medical Center	B. Boshes					2,931	7	7	7	3	0	24		
Chicago Wesley Memorial	B. Boshes	63	1,529	13	69								3300-3900	P
Veterans Admin. Research	H. Koenig	24	200	8	100	363							4325-7715	O
Veterans Admin. (Hines)	K. D. Barron	260	1,056	127	60	1,076							4325-6035	O
University of Chicago Hospitals and Clinics	R. B. Richter	6	230	7	85	3,364	1	1	1	0	0	3	3900-7000	O
University of Illinois Affiliated Hospitals	M. M. Cohen						3	3	0	0	0	6		
Presbyterian-St. Luke's	M. M. Cohen	15	208	2	50	416							5500-7000	P
University of Illinois Research and Educational Hospitals	M. M. Cohen												3000-3900	P
													Inc. in Neuro. Surg.	
Hines														
Veterans Admin.—See Northwestern University Medical Center, Chicago														
INDIANA														
Indianapolis														
Indiana University Medical Center	A. T. Ross						3	3	3	0	0	9		
Indiana University Hospitals		8	185	2	100	3,145							3575-4375	P
Marion County General		16	288	103	40	1,268							3863-4489	P
Veterans Admin.		24	444	19	63	153							4325-6035	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals*	A. L. Sals						4	3	3	0	0	10		
University Hospitals	A. L. Sals	37	1,194	28	68	6,227							3500-4600	P
Veterans Admin.	E. W. Sybil	33	479	17	71	76							4325-7715	O
KANSAS														
Kansas City														
University of Kansas Medical Center	A. T. Steegmann	10	361	12	67	1,144	4	4	2	0	0	10	4200-6000	P
Veterans Admin. (Kansas City, Mo.)	A. T. Steegmann	19	176	19	84	162							4325-6035	
KENTUCKY														
Louisville														
University of Louisville Affiliated Hospitals	E. Roseman						2	2	2	0	0	6		
Louisville General	E. Roseman	86	1,206	218	60	2,755							2500-6665	FP
Veterans Admin.	I. O. Dein	43	352	43	58	148							4325-6665	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	R. Paddison	30	564	42	57	5,628						3	2400-3000	F
Tulane University Division	R. G. Heath	28	687	34	76	4,335						3	2400-3000	F
MARYLAND														
Baltimore														
Johns Hopkins Hospital-Baltimore City	J. W. Magladery						2	1	0	0	0	3	4500-5000	O
Baltimore City Hospitals		375	1,030	224	35	581	0	2	1	0	1	4	3200-	P
Johns Hopkins						3,764								
University of Maryland	E. Nelson	13	230	41	58	1,208	2	2	2	0	0	6	3000-4400	P
													Inc. in Int. Med.	
MASSACHUSETTS														
Boston														
Boston City	D. Denny-Brown	19	302	17	65	3,504	5	5	4	1	0	15	3600-5400	O

APPROVED RESIDENCIES

10. NEUROLOGY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS, Boston—Continued															
	Children's Hospital Medical Center—Peter Bent Brigham														
	Children's Hospital Medical Center ⁶⁰	C. Barlow	9	389	2	100	1,092								
	Peter Bent Brigham	H. R. Tyler	Inc. in Int. Med.	36	1,175	79	52	6,571	6	5	4	0	0	15	4200-7000
	Massachusetts General	R. D. Adams	10	518	5	80	1,945	4	3	1	0	0	8	3600-6000	O
	New England Center	J. F. Sullivan	134	794	69	59	600	4	4	4	1	0	13	4325-12075	O
	Veterans Admin. (Jamaica Plain)	N. Geschwind													
MICHIGAN															
Ann Arbor															
	University of Michigan Affiliated Hospitals	R. N. DeJong	30	750	23	78	7,922	4	4	4	2	0	14	3240-3840	O
	University														
	Veterans Admin.														
Dearborn															
	Veterans Admin.—See Wayne State University	Affiliated Hospitals, Detroit													
Detroit															
	Henry Ford	L. D. Proctor	13	344	14	64	7,626	1	0	0	0	0	1	4800-5400	P
	Wayne State University Affiliated Hospitals	J. S. Meyer						4	4	4	2	2	16		
	Veterans Admin. (Dearborn)		31	414	22	73	474							4325-6035	O
	Detroit Memorial		9	366	5	60								5496-5496	O
	Harper		15	220	22	62	622							5000-6000	O
	Lafayette Clinic	E. A. Rodin	15	146	0	0	1,380							12553-12653	O
	Receiving		17	351	178	43	3,666							5000-7000	P
MINNESOTA															
Minneapolis															
	University of Minnesota Affiliated Hospitals														
	Hennepin County General	M. G. Ettinger	22	669	92	59	2,737	1	1	1	0	0	3	4500-6500	P
	University of Minnesota Hospitals	A. B. Baker	23	714	35	71	2,712	7	8	6	0	0	21	4500-7000	P
	Veterans Admin. ³⁶¹	R. C. Gray	83	652	16	75	1,052	2	2	2	0	0	6	4325-7715	O
Rochester															
	Mayo Graduate School of Medicine	J. R. Brown	45	4,970	39	74	20,351	6	6	6	0	0	18	3600-5500	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	32	1,037	27	76	3,394	4	4	4	0	0	12	4000-6000	O
NEW JERSEY															
East Orange															
	Veterans Admin. ⁸⁹	J. Sobin	209	1,061	170	57	221	6	6	6	0	0	18	4325-7715	O
NEW YORK															
Albany															
	Albany Medical School Affiliated Hospitals														
	Albany Medical Center	F. Hesser	16	620†	15	87	689	2	1	1	0	0	4	3200-4400	P
	Veterans Admin.	B. L. Truscott	92	341	10	50	305							4325-6035	O
Buffalo															
	Edward J. Meyer Memorial	B. H. Smith	21	604	45	49	2,486	2	2	2	0	0	6	4895-6410	P
New York City															
	Bellevue Hospital Center														
	Div. II—Cornell University ³⁷⁹	F. McDowell	50	405	24	67	2,000	3	3	2	0	0	8	4200-5200	P
	Bronx Municipal Hospital Center	L. C. Scheinberg	65	771	149	54	4,800	5	4	3	2	0	14†	4200-5220	FP
	Kings County Hospital Center ⁴⁰⁰	E. Vastola	61	818	352	20	2,321	2	2	1	1	0	6	4200-5220	P
	Veterans Admin. (Brooklyn)	M. Margulies	116	428	73	45	226	1	0	0	0	0	1	4325-4325	O
	Montefiore Hospital and Medical Center	T. Lawyer, Jr.	40	542	50	48	1,254	2	2	1	0	2	7	4500-6250	P
	Mount Sinai	M. B. Bender	95	2,026	108	33	2,775	5	4	3	0	0	12†	4500-6500	P
	New York	F. Plum	25	563			2,642	1	0	0	1	0	2	4000-7000	P
	New York Medical College—Metropolitan Hospital Center	R. Strobbs	26					2	2	0	0	0	4	4200-5200	F
	Unit 1—Flower and Fifth Avenue Hospitals			22	2	50									
	Unit 2—Metropolitan			363	25	35									
	New York University Medical Center and Bellevue Hospital Center							9	4	4	0	0	17		
	Bellevue Hospital Center—Div. III	C. T. Randt	190	1,582	156	57	2,503							4200-5200	P
	University	C. T. Randt													
	Veterans Admin. (Manhattan)	C. T. Randt	97	430	46	48	0							6000-7715	O
	Presbyterian (Neurological Institute)	H. H. Merritt	134	3,042	114	48	16,454	6	5	4	0	0	15†	4500-7500	O
	Veterans Admin. (Bronx) ³⁸⁸	C. Booth	55	349	26	38	129	2	2	2	0	0	6	4325-12495	O
Rochester															
	Strong Memorial Hospital of the University of Rochester	F. H. Norris, Jr.	9	294†	12	92	2,074	2	2	2	0	0	6	3300-5050	O
Syracuse															
	State University of New York Upstate Medical Center	G. Ross	40	761	23	65	1,500	2	2	2	0	0	6	4036-6000	O
	Veterans Admin.	J. M. Watson	28	426	11	73	774							4325-6665	O
NORTH CAROLINA															
Chapel Hill															
	North Carolina Memorial	T. W. Farmer	12	456†	33	48	1,522	2	2	2	0	0	6	2800-6000	O
Durham															
	Duke University Affiliated Hospitals							4	3	1	0	0	8		
	Duke	A. Heyman	16	530	21	71	1,301							3900-4800	P
	Veterans Admin.	G. W. Paulson	Inc. in Int. Med.											4325-7715	O
Winston-Salem															
	North Carolina Baptist Hospitals	J. Toole	17	622	21	67	1,356	2	1	1	0	0	4	5000-7000	P
OHIO															
Cincinnati															
	University of Cincinnati Hospital Group	C. D. Aring						2	2	2	0	0	6		
	Cincinnati General		20	491	79	61	3,556							3000-4200	F
	Veterans Admin.		19	229	20	70								4325-7715	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 1966-1967					Total All Years	Salary Per Year Min.-Max.	Main-tenance P F O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued														
Cleveland														
Cleveland Clinic	G. H. Williams	18	449	5	100	6,166	2	1	2	0	0	5	4200-6000	P
Cleveland Metropolitan General	M. Victor	16	340	25	60	2,137	3	3	3	0	0	9†	5000-7500	FP
University Hospitals of Cleveland	J. M. Foley	14	420†	8	62	2,229	4	4	4	0	0	12	4500-5500	P
Highland View	S. Horenstein	38	287	34	83	32							4500-5500	O
Veterans Admin.		24	141†	10	30	86							4325-6035	P
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics ⁴²	R. L. Swank	33	501	29	65	2,064	1	1	0	0	0	2	2700-3300	F
PENNSYLVANIA														
Philadelphia														
Hospital of the University of Pennsylvania ⁴²	G. M. Shy	25	632	18	78	2,852	3	3	3	0	0	9	4500-6500	O
Jefferson Medical College ⁴⁹	B. J. Alpers	26	596	32	53	2,445	4	3	3	0	0	10	4500-5500	O
Pennsylvania	F. A. Elliott	10	357	30	53	1,426	2	2	2	0	0	6	5000-6500	O
Temple University Affiliated Hospitals	G. R. Haase											6		
Philadelphia General, Division B														
St. Christopher's Hospital for Children														
Temple University		7				843							3300-3900	P
PUERTO RICO														
Rio Piedras														
University District	L. P. Sanchez Longo	12	209	24	79	1,640	2	2	2	0	0	6	3300-4500	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	O. R. Talbert	13	464	24	50		2	2	1	0	0	5	5000-6000	O
Medical College														
Roper														
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals							3	3	2	0	0	8		
City of Memphis Hospitals	R. A. Utterback	15	365	55	58	2,877							3480-3480	F
Veterans Admin.	J. W. Neilson	27	245	10	70	78							4325-12075	O
TEXAS														
Houston														
Baylor University Affiliated Hospitals	W. S. Fields	79	1,136	106	54	8,905	3	3	3	0	0	9	3120-6500	FP
Ben Taub General														
Methodist														
Veterans Admin.														
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	L. W. Jarcho						3	3	3	0	0	9		
University		29	482	26	64	1,962							3600-6035	P
Veterans Admin.		31	205	11	91	416							4325-6665	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	G. A. Schumacher						2	1	1	0	0	4		
DeGoesbriand Memorial		9	280†	15	40	405							4500	O
Mary Fletcher		9	290	9	56	752							4500-5500	O
VIRGINIA														
Charlottesville														
University of Virginia	T. R. Johns	26	788†	40	78	1,880	4	4	4	0	0	12	3600-7000	F
Richmond														
Medical College of Virginia Affiliated Hospitals	C. G. Suter													
Medical College of Virginia—Hospital		25	743	90	38	1,840	3	3	3	3	0	12†	3000-7500	F
Division														
Veterans Admin.		51	328	8	88	715	1	1	1	0	0	3	4325-12075	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ⁵²							2	2	2	0	0	6		
King County	A. G. Swanson	12	424†	44	66	1,644							2700-6600	F
University	A. G. Swanson	5	247†			999							3950-6500	P
Veterans Admin.	H. Leffman	20	307	13	100	119							4325-7715	O
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	H. G. Thompson, Jr.						2	2	2	0	0	6		
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals							5	5	4	0	0	14		
University Hospitals	F. M. Forster	28	718	4	75	4,560							3400-5500	P
Veterans Admin.	B. Messert	39	398	20	80	243							4325-6035	P

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, 15; Residencies, 59

UNITED STATES PUBLIC HEALTH SERVICE

MARYLAND														
National Institutes of Health—Clinical Center, Bethesda														
	W. K. Engel	20	327	10	100		3	3	3	0	0	9		

APPROVED RESIDENCIES

10. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	S. C. Little	11	260	3	67	1,616	3	2	1	0	0	6
"365" Crippled Children's Clinic and Hospital	S. C. Little	1	3	0	0	843
University Hospital and Hillman Clinic	S. C. Little	3500-6000	F
Veterans Admin.	I. Lewis	4325-7715	O
ARIZONA														
Phoenix														
Barrow Neurological Institute of St. Joseph's Hospital	D. D. Daly	Inc. in Neurological Surgery	2	1	0	0	0	3	4500-4800	FP
ARKANSAS														
Little Rock														
University	D. D. Lucy	9	119	9	89	1,544	1	1	0	0	0	2	3400-3700	O
CALIFORNIA														
Martinez														
Veterans Admin.—See Presbyterian Medical Center and Affiliated Hospitals, San Francisco														
San Francisco														
Presbyterian Medical Center and Affiliated Hospitals	K. Finley	2	2	0	0	0	4
Children's Hospital and Adult Medical Center	K. Finley	5	197	2	100	408	3900-4200	P
Presbyterian Medical Center	J. K. Smith	36	352	36	83	279	4325-12075	O
Veterans Admin. (Martinez)														
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	C. E. Edwards	27	354	30	30	2,292	2	2	1	0	0	5	3800-5000	P
MISSISSIPPI														
Jackson														
University	R. D. Currier	2	102	2	50	860	1	1	0	0	0	2	3962-5268	O
MISSOURI														
Kansas City														
Kansas City General Hospital and Medical Center	C. Poser	8	148	12	32	918	2	2	2	0	0	6	4500-5700	P
St. Louis														
St. Louis University Group of Hospitals	L. Tureen	10	277	6	50	862	1	1	0	0	0	2	3600-4200	FP
NEW JERSEY														
Jersey City														
Jersey City Medical Center	R. Chambers	15	256	16	25	1,175	2	1	0	0	0	3	3400-3800	F
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	S. W. Thompson	2
University Hospitals		6	249	0	0	4004-6035	P
Veterans Admin.		18	438	29	66	1,176
OREGON														
Portland														
Good Samaritan	R. Dow	19	1,137	26	69	555	2	2	2	0	0	6	4800-6000	P
PENNSYLVANIA														
Coatesville														
Veterans Admin.	R. A. Farmer	77	497	25	56	182	5	4325-12075	O
TEXAS														
Galveston														
University of Texas Medical Branch Hospitals	J. L. Otto	28	343	15	47	1,992	1	1	0	0	0	2	5200-6000	P
WISCONSIN														
Milwaukee														
Milwaukee County General		18	374	44	54	1,440	1	1	0	0	0	2	4275-5100	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, 4; Residencies, 3

NONFEDERAL AND VETERANS ADMINISTRATION

DISTRICT OF COLUMBIA														
Washington														
Children's	R. Paine	4	188†	2	50	1,225	1	0	0	0	0	1	6000-6000	O
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center	C. Barlow	9	389	2	100	1,092	3600-5500	O
University	C. Kane	6	250	4	50	750	0	0	1	0	0	1	4800-4800	O
PENNSYLVANIA														
Philadelphia														
Children's Hospital of Philadelphia	C. Kennedy	3	98	3	100	364	0	1	0	0	0	1	5000-7500	O

APPROVED RESIDENCIES

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, 377; Residencies, 2,881

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	C. E. Gibbs	50	3,363	3	100	36,938	4	2	2	2	2	0	8		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	W. A. Boyson	36	2,338	2	100	33,015	3	0	2	2	2	0	6		
COLORADO															
Fitzsimons General, Denver ¹⁴⁸	D. J. Summerson	33	2,318	2	50	21,401	3	0	2	2	2	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	E. A. Zimmermann	75	2,475	19	68	26,495	4	0	3	3	3	0	9		
HAWAII															
Tripler General, Honolulu	J. S. Zelenik	64	5,579	5	60	44,093	3						9		
TEXAS															
William Beaumont General, El Paso	S. N. Schanzer	56	4,311	0	0	48,140	3	3	3	3	3	0	12		
Brooke General, San Antonio	J. P. Ferrine	41	2,767	7	87	36,919	3	0	2	2	2	0	6		
WASHINGTON															
Madigan General, Tacoma	W. Pickhardt	40	4,045	6	83	50,577	3	0	3	3	3	0	9		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	J. P. Semmens	36	3,008	6	83	37,531	3	2	2	2	0	0	6		
U. S. Naval, San Diego	T. B. Leberz	66	5,978	15	87	61,957	3	3	3	3	0	0	9		
ILLINOIS															
U. S. Naval, Great Lakes	G. J. Taylor	30	2,258	2	50	24,042	3	1	1	1	0	0	3		
MARYLAND															
U. S. Naval, Bethesda	D. A. Callagan	37	2,554	6	100	24,584	3	2	2	2	0	0	6		
MASSACHUSETTS															
U. S. Naval, Chelsea	R. K. Barton	23	1,620	4	75	16,829	3	1	1	1	0	0	3		
NEW YORK															
U. S. Naval, St. Albans	G. M. Garland	34	2,039	3	67	15,790	3	1	1	1	0	0	3		
PENNSYLVANIA															
U. S. Naval, Philadelphia	J. H. Lee	46	2,326	1	100	23,578	3	2	1	2	0	0	5		
VIRGINIA															
U. S. Naval, Portsmouth	J. W. Huston	78	6,816	7	86	51,694	3	3	3	3	0	0	9		
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U. S. Public Health Service, New Orleans ²²¹	R. B. Dorsen	17	1,203	0	0	10,794	3	1	1	1	0	0	3	8532-10132	O
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's	J. F. Clark	69	5,889	27	26	6,129	4	3	4	4	3	0	14	5300-6800	P
District of Columbia General (Howard University Service)	J. F. Clark	89	8,048	4	50	11,698								3800-5000	P
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	I. J. Strumpf	42		3	67	15,321	3	1	1	1	0	0	3	8465-10004	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	T. M. Boulware	38	2,544†	3	33	17,176	3	1	1	1	0	0	3	3900-4500	F
University of Alabama Medical Center	W. N. Jones	70	5,848	7	43	8,697	3	3	3	3	0	0	9	2400-3600	F
University Hospital and Hillman Clinic															
Fairfield															
Lloyd Noland	J. P. Hardy	22	1,536	8	39	18,363	3	1	1	1	0	0	3	4200-5400	FP
Mobile															
Mobile General	O. M. Otts, Jr.	35	3,493	3	67	12,815	3	0	1	1	0	0	2	4200-6000	FP
ARIZONA															
Phoenix															
Good Samaritan	E. Sattenspiel	133	6,937	9	44	4,863	3	2	2	2	0	0	6	5400-6600	P
Maricopa County General	W. Crisp	32	3,466	5	40	4,323	3	2	2	2	0	0	6	5408-6718	P
St. Joseph's ²²	R. J. Jennett	71	6,039	2	100	3,288	3	2	2	2	0	0	6	4500-5100	FP
ARKANSAS															
Little Rock															
University	W. E. Brown	51	3,393	18	39	13,203	3	4	4	4	4	0	16	3400-5000	O
CALIFORNIA															
Bakersfield															
Kern County General	R. L. Wilkening	40	2,952†	15	73	17,086	3	2	2	2	0	0	6	5400-6300	P

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 1966-1967					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA															
Washington															
Columbia Hospital for Women and Lying-In Asylum	A. I. Robins	111	9,124	12	74	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	4,047	3	100	7,470	3	3	3	3	0	0	9	3120-4030	P
Georgetown University ¹⁸⁷	R. H. Barter	94	6,521	17	60	2,125	3	4	4	4	0	0	12	3900-4500	P
George Washington University ¹⁶⁷	J. Paquin	74	6,603	4	75	3,744	3	1	1	1	1	0	4	4200-5100	P
Fairfax (Falls Church, Va.)	C. K. Fraser	93	7,073	6	100	8,744	4	2	2	2	2	0	8	4080-4620	P
Providence															
Washington Hospital Center															
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	H. Prystowsky	35	2,300	4	100	11,500	4	2	2	2	2	0	8	3210-5778	O
Jacksonville															
Jacksonville Hospitals Educational Program							3								
Baptist Memorial	R. M. Mein	50	4,182	6	33	2,602		1	1	1	0	0	3	5400-6000	O
Duval Medical Center	R. W. McDowell	30	3,595	6	83	24,310		0	2	2	0	0	4	5700-6000	P
St. Luke's	R. W. McDowell	33	2,739	6	50	7,500		2	1	1	0	0	4	5100-5700	P
St. Vincent's	J. Coudon	49	3,795†	4	75	2,488		2	1	1	0	0	4	5400-6000	O
Miami															
Jackson Memorial	J. H. Ferguson	90	5,618	24	67	13,760	4	6	5	5	5	0	21	3000-4680	P
Miami Beach															
Mount Sinai Hospital of Greater Miami	H. Kraff	32	2,735	10	70	5,106	3	1	1	1	0	0	3	4500-6000	P
Orlando															
Orange Memorial	J. E. Startzman, J. P. Michaels	81	6,828	8	50	1,676	3	2	2	2	0	0	6	5100-5700	P
Pensacola															
Pensacola Educational Program	J. W. Douglas						3	1	1	1	0	0	3	5100-5700	P
Baptist		52	3,745	2	50	0									
Escambia General		16	1,636	3	66	3,600									
Sacred Heart															
St. Petersburg															
Mound Park	J. W. Pilkington	59	4,620	10	33	5,619	3	1	1	1	0	0	3	4940-5564	P
Tampa															
Tampa General	J. Ingram	80	7,407	9	55	10,517	3	2	2	2	0	0	6	3600-6600	FP
GEORGIA															
Atlanta															
Crawford W. Long Memorial	R. K. Hancock	82†	4,293†	3	67	3,589	3	2	2	2	0	0	6	4500-5400	P
Georgia Baptist	E. A. Colvin	92	7,388	8	63	4,839	3	2	2	2	0	0	6	4500-4910	P
Grady Memorial	J. D. Thompson	115	9,379	19	95	30,779	3	10	7	7	0	0	24	2700-3900	O
Piedmont	C. B. Upshaw, Sr.	50	4,004	0	0	2,855	3	1	1	1	0	0	3	5040-5520	P
St. Joseph's Infirmary	V. Skiles	32	2,379	0	0	5,009	3	1	1	1	0	0	3	5160-5760	P
Augusta															
Medical College of Georgia Hospitals							4								
Eugene Talmadge Memorial	F. Zuppan	53	2,216	5	40	8,373		4	4	4	4	0	16	3900-6000	O
University	W. G. Watson	52	4,300†	4	25	2,618		1	1	1	0	0	3	3900-5100	O
Macon (Macon)	G. W. Jackson	77	6,349	12	33	13,397		2	2	2	0	0	6	5400-6600	F
Macon—See Medical College of Georgia Hospitals, Augusta															
Savannah															
Memorial Hospital of Chatham County	L. R. Lanier	29	2,672†	4	65	5,727	3	1	1	1	0	0	3	4500-5400	F
HAWAII															
Honolulu															
Kapiolani Maternity and Gynecological Hospital—Queen's-St. Francis	J. A. Krieger	64	6,593	2	50	3,020	3	3	3	3	0	0	9	6600-7800	O
Kapiolani Maternity and Gynecological	J. A. Krieger	36	3,402	4	50	3,679								6600-7800	
Queen's	S. Saiki	19	1,996	1	100	1,751									
St. Francis															
ILLINOIS															
Berwyn															
MacNeal Memorial	F. J. Fara	52	3,927	9	56	918	3	2	2	2	0	0	6	5400-6600	FP
Chicago															
Cook County ¹⁷	A. Webster, J. Fitzgerald	277	30,644	61	40	27,316	3	8	8	8	0	0	24	3420-5100	F
Illinois Masonic	R. Bower	60	3,669	2	100	2,264	4	1	1	1	1	0	4	6000-7200	FP
Mercy	J. E. Towne	47	2,930	18	67	2,237	3	1	2	2	0	0	5	3600-4500	F
Michael Reese Hospital and Medical Center	E. Friedman	91	5,419	12	58	15,771	4	4	4	4	4	0	16	3600-6000	P
Mount Sinai	S. Turner	48	3,494	9	55	6,064	3	2	2	2	0	0	6	4600-5700	P
Northwestern University Medical Center						4,498									
Chicago Wesley Memorial	D. N. Danforth	63	4,058	7	57		4	2	2	2	2	0	8	3300-4200	P
Chicago Maternity Center	B. E. Tucker	6				13,729		0	2	0	0	0	2	3900-3900	F
Passavant Memorial	J. I. Brewer	44	2,294†	1	100	1,102	3	2	2	2	0	0	6	3300-3900	P
Evanston (Evanston)	D. N. Danforth	51	3,283	6	68	4,317	3	1	1	1	1	0	4	3300-3900	P
Presbyterian St. Luke's	H. Boysen	94	4,952	71	98	16,965	3	3	3	3	0	0	9	4000-4600	P
St. Joseph	C. J. Geiger	36	2,655	0	0	2,457	3	2	2	2	0	0	6	4200-5700	P
University of Chicago Hospitals and Clinics	M. E. Davis	78	4,194	8	100	36,182	3	6	6	4	2	0	18	3600-6700	P
Billings															
Chicago Lying-In															
University of Illinois Research and Educational Hospitals	W. F. Mengert	61	3,925	11	100	24,772	3	3	3	3	0	0	9	3000-3900	P
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
St. Francis	J. H. Isaacs	48	3,403	7	71	2,599	3	1	1	1	0	0	3	4380-4860	FP
Evergreen Park															
Little Company of Mary	M. J. Bulfin	77	6,694	2	100	814	3	3	3	3	0	0	9	6000-7800	P
Oak Park															
West Suburban ¹⁸⁸	C. O. Smith	54	3,564†	8	12	588	4	2	2	2	2	0	8	4800-5400	P
Peoria															
St. Francis	C. J. Heiberger	57	4,266	6	17	1,302	3	1	1	1	0	0	3	5100-5700	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA—Continued															
Tulsa															
Hillcrest Medical Center	D. Burns	44	3,250†	4	50	6,785	3	2	1	1	0	0	4	3000-4200	F
St. John's	W. F. Thomas	65	4,374	4	100	6,545	3	1	1	1	0	0	3	3600-5400	FP
OREGON															
Portland															
Emanuel	C. L. Fearl	128	10,195†	69	55	4,042	3	2	2	2	0	0	6	4800-5040	P
University of Oregon Medical School Hospitals and Clinics ⁸⁷	R. Benson	43	4,318	0	0	11,099	4	3	3	3	3	0	12	2700-3300	F
PENNSYLVANIA															
Abington															
Abington Memorial	A. Brenner, C. M. Turman	66	5,016	3	33	2,724	3	1	1	1	0	0	3	3300-3900	F
Allentown															
Allentown	F. Schaeffer	98	4,227†	19	37	5,505	3	2	2	2	0	0	6	3300-3900	FP
Sacred Heart	J. Fitz Gerald	54	3,175	4	50	1,179	3	1	1	1	0	0	3	3600-4200	FP
Altoona															
Altoona	J. S. Taylor, Jr.	43	2,854	6	33	2,775	3	1	0	0	0	0	1	6420-7200	F
Bethlehem															
St. Luke's	F. S. Flor	43	2,528	5	40	1,067	3	1	1	1	0	0	3	3720-4320	FP
Danville															
Geisinger Medical Center	C. T. Beecham	24	1,298	4	100	12,730	3	1	1	1	0	0	3	3300-5100	P
Darby															
Thomas M. Fitzgerald Mercy	L. McGowan	70	5,197	1	0	3,381	3	1	1	1	0	0	3	3600-4800	F
Erie															
Hamot Hospital-St. Vincent							4	1	1	1	1	0	4		
Hamot	G. P. Bohlender	37	2,955	6	33	3,246								3900-4800	FP
St. Vincent	W. Scarpitti	50	3,919†	6	83	2,391								3600-4800	FP
Harrisburg															
Harrisburg	C. K. Fetterhoff	110	4,886	62	54	10,789	3	2	2	2	0	0	6	3300-3900	F
Philadelphia															
Albert Einstein Medical Center	A. First, G. Weinstein	113	7,319†	8	25	10,316	3	4	4	3	0	0	11	2700-3300	FP
Episcopal	J. H. Dugger	34	2,474	2	50	5,035	3	1	1	1	0	0	3	4200-4680	O
Germantown Dispensary and Hospital	W. M. Heyl	27	1,997	6	33	5,190	3	1	1	0	0	0	2	3600-5100	FP
Graduate Hospital of the University of Pennsylvania-Pennsylvania Hospital	S. L. Israel						3	4	4	4	0	0	12		
Graduate Hospital of the University of Pennsylvania		11	427	3	33	1,193									
Pennsylvania		87	5,494	2	50	23,058								3600-4800	O
Hahnemann Medical College and Hospital ⁴⁶	G. Lewis	34	3,043	12	58	8,699	3	4	4	4	0	0	12	3000-3600	P
Hospital of the University of Pennsylvania	L. Mastroianni	78	4,471	12	50	14,019	3	4	4	0	0	0	4	3200-4700	O
Hospital of the Woman's Medical College of Pennsylvania	M. D. Pettit	44	2,546	5	80	6,266	4	2	2	2	2	0	8	4400-5300	O
Jefferson Medical College	J. B. Montgomery	95	5,465	9	23	20,184	4	2	2	2	2	2	10	3000-4200	O
Lankenau	J. D. Corbit, Jr.	48	2,885	4	50	2,593	3	1	1	1	0	0	3	3300-5140	P
Methodist	W. T. Branen	35	2,224	0	0	3,466	3	1	1	1	0	0	3	-5400	P
Misericordia	J. E. Lynch	39	2,813	2	100	4,431	4	1	1	1	1	0	4	3600-5100	F
Philadelphia General	P. A. Bowers, J. P. Emich	112	7,975	15	43	25,427	3	6	6	6	0	0	18	3090-4539	F
Presbyterian Hospital in Philadelphia	W. D. Chamblin	31	1,985†	4	75	4,883	3	1	1	1	0	0	3	3840-4440	P
Temple University	R. R. deAlvarez	100	4,832	8	63	18,852	3	5	5	5	0	0	15†	3300-3900	P
Pittsburgh															
Allegheny General	J. Gilmore	70	3,653	6	33	2,070	3	1	1	1	0	0	3	3900-4800	F
Health Center Hospitals of the University of Pittsburgh															
Magee-Womens	D. L. Hutchinson	182	11,201	17	41	15,615	3	4	4	4	0	0	12	3900-4500	O
Mercy	G. J. Carlin	60	3,017	9	33	2,423	3	1	1	1	0	0	3	5400-6000	P
Pittsburgh	R. N. McGarvey	35	2,102	4	25	1,798	3	1	1	1	0	0	3	5700-6300	F
Columbia (Wilkesburg)	W. E. Gibson	30	1,935			1,695								2280-2400	F
St. Francis General	M. A. Guthrie	49	3,104	4	50	2,499	3	2	2	2	0	0	6	2700-6900	FP
South Side	J. A. New, H. Thomas	42	2,477	2	50	1,886	3	1	1	1	0	0	3	6000-6000	F
Western Pennsylvania	H. W. Erving	72	4,172†	10	50	2,716	3	2	2	2	0	0	6	3900-4800	FP
Reading															
Reading	F. B. Nugent	59	3,465	11	80	2,226	3	1	1	1	0	0	3	3300-4200	FP
Wilkesburg															
Columbia—See Pittsburgh Hospital, Pittsburgh															
YORK															
York	J. S. Monk	43	3,982	12	75	3,816	3	2	2	2	0	0	6	4800-5700	P
PUERTO RICO															
Ponce															
Ponce District General	A. Tamm	55	3,750	9	100	6,566	3	3	3	3	0	0	9	3900-5700	F
Rio Piedras															
Rio Piedras Municipal	J. A. Roure	30	4,799	1	0	5,247	3	2	2	2	0	0	6	3600-4800	F
University District	I. Pelegrina	80	4,372	11	80	6,892	3	4	4	4	0	0	12	3300-4500	F
San Juan															
San Juan City	R. A. Gil	87	5,738	4	100	13,439	3	6	3	3	0	0	12	3600-4800	F
RHODE ISLAND															
Providence															
Providence Lying-in Hospital-Rhode Island ²³							3								
Providence Lying-in	F. W. Ripley, Jr.	128	10,159	2	50	11,312		0	1	1	0	0	2	4080-4080	F
Rhode Island	H. C. McDuff, Jr.	20	959	7	43	3,334		2	2	0	0	0	4	2700-4680	FP
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	L. L. Hester						4	3	3	3	3	0	12	2910-4500	FP
Medical College		36	3,810	7	57	17,532									
Roper		20	1,717	1											
Columbia															
Columbia Hospital of Richland County	J. D. Bunch, Jr.	72	4,753	12	33	4,878	3	1	1	1	0	0	3	5040-5520	P
Greenville															
Greenville General	S. King	79	5,516†	9	44	5,139	3	2	1	1	0	0	4	4500-5200	P

APPROVED RESIDENCIES

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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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE															
Chattanooga															
Baroness Erlanger	C. Suggs, Jr.	90	5,960	19	21	9,762	3	2	2	2	0	0	6	4800-5400	F
Knoxville															
University of Tennessee Memorial Research Center and Hospital	A. W. Diddle	31	2,249	6	50	6,013	3	1	1	1	0	0	3	4392-4632	F
Memphis															
Baptist Memorial ⁵⁴	H. Turner	92	6,938	9	33	2,606	4	1	1	1	0	0	3	3900-4500	F
City of Memphis Hospitals	P. C. Schreier	108	9,299	24	33	24,188	3	4	4	4	0	0	12	3480-5000	F
Methodist	H. James	81	5,654†	3	33	1,405	4	1	1	1	1	0	4	4500-5400	F
St. Joseph ⁴⁸⁷	W. F. Mackey	35	3,786	11	40	2,459	3	1	0	1	0	0	2	4200-4800	F
Nashville															
Baptist	H. Gayden	61	4,931	4	50	2,923	3	2	2	2	0	0	6	3900-4500	FP
George W. Hubbard Hospital of the Meharry Medical College ⁹²	W. F. B. James	33	2,340	11	36	6,030	3	2	2	2	0	0	6	2700-3900	F
St. Thomas ⁵³	R. Chalfant	48	3,801	3	33	3,374	3	1	1	1	0	0	3	3600-3600	FP
Vanderbilt University Affiliated Hospitals							3								
Vanderbilt University	R. W. Noyes	37	2,627	5	40	12,739		3	3	3	0	0	9	3000-3600	P
Nashville Metropolitan General	F. E. Whitacre	27	1,961	5	40	9,440		1	2	1	0	0	4	3780-4500	F
TEXAS															
Dallas															
Baylor University Medical Center	W. K. Strother	142	12,285	7	43	2,953	3	3	3	3	0	0	9	5100-5700	O
Methodist Hospital of Dallas ⁹⁶	J. E. Wilke	60	5,567	6	17	2,939	3	2	2	2	0	0	6	4500-5100	FP
Parkland Memorial	J. A. Pritchard	116	8,734	15	20	40,163	3	5	7	4	0	0	16	2700-3300	P
St. Paul	H. I. Kantor	68	5,859†	7	86	7,048	3	2	1	1	0	0	4	4500-5100	P
Fort Worth															
Harris Hospital-Fort Worth Medical Center	C. Braselton	87	5,885†	3	33	988	4	1	1	1	1	0	4	4800-5400	F
Galveston															
University of Texas Medical Branch Hospitals ^{54,57}	W. J. McGanity	63	3,433	16	62	13,330	4	3	3	3	3	0	12	4200-6000	P
Houston															
Baylor University Affiliated Hospitals	S. H. Wills	168	15,683	11	64	30,073	3	6	6	6	1	0	19	2480-...	FP
Ben Taub General															
Jefferson Davis															
Methodist															
St. Luke's Episcopal															
Hermann	T. G. Gready, Jr., A. M. Faris	104	8,265	6	50	19,558	3	2	2	2	0	0	6	3900-4800	P
University of Texas Post-Graduate Medical School Affiliated Hospitals ²⁴							3	2	2	2	0	0	6		
St. Joseph	J. A. Lucci, Jr.	66	5,115	0	0	5,032								4440-5040	P
University of Texas Medical Branch Hospitals (Galveston) ⁵⁷	W. J. McGanity	63	3,433	16	62	13,300								4200-6000	P
San Antonio															
Robert B. Green Memorial	G. G. Passmore	54	5,381	10	50	12,722	3	3	3	3	0	0	9	4500-6300	FP
Temple															
Scott and White Memorial	W. F. Baden	21	1,622	2	...	...	3	1	1	1	0	0	3	4200-4800	P
UTAH															
Ogden															
Thomas D. Dee Memorial	T. M. Feeny	32	3,299	2	50	572	3	3	3	3*	0	0	9	3900-4800	P
Salt Lake City															
Holy Cross ⁵¹⁸	H. A. Theurer	42	3,366	1	0	655	3	1	1	1	0	0	3	3600-4500	P
Latter-day Saints ⁵¹⁸	H. C. Sharp	73	6,272	7	71	1,171	3	2	2	2	0	0	6	3600-4500	P
University of Utah Affiliated Hospitals															
University	I. H. Kaiser	27	968	3	33	6,752	3	3	1	1	0	0	5	3600-4800	P
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals	J. V. S. Maeck						4	1	1	1	1	0	4		
DeGoesbriand Memorial		19	1,523†	0	0	1,241								3500-5300	O
Mary Fletcher		28	2,232†	9	89	2,544								3500-5300	O
VIRGINIA															
Alexandria															
Alexandria	H. G. Thompson	57	5,493†	0	0	3,201	3	1	1	1	1	0	4	3600-5400	P
Charlottesville															
University of Virginia	W. N. Thornton	46	3,327†	12	17	11,109	4	2	2	2	2	0	8	2400-3300	F
Falls Church															
Fairfax—See George Washington University Hospital, Washington, D. C.															
Newport News															
Riverside	K. Baldwin	54	3,955	0	0	1,464	3	1	1	1	0	0	3	6000-7200	FP
Norfolk															
De Paul	J. R. Knight	54	4,106	2	100	4,503	3	1	1	1	0	0	3	6000-6600	F
Norfolk General	M. Andrews	75	5,705†	10	60	11,094	3	2	1	2	0	0	5	2400-5700	FP
Richmond															
Medical College of Virginia-Hospital Division	H. H. Ware, Jr.	117	8,590	17	35	10,991	3	5	5	5	2	0	17†	2400-3000	F
WASHINGTON															
Seattle															
Swedish	R. P. Smith	39	3,939†	1	0	3,129	3	1	1	1	0	0	3	4500-6000	...
University of Washington Affiliated Hospitals ⁷⁰	C. A. Hunter, Jr.						3	3	3	3	3	0	12		
King County	D. C. Figue	22	1,771†	6	83	7,286								2700-6600	F
University	C. A. Hunter, Jr.	17	1,500†	3	100	10,782								3240-8840	P
Virginia Mason	A. Walker	26	2,259	1	...	6,191	3	1	1	1	0	0	3	3300-5100	FP
Spokane															
Sacred Heart	W. H. Frazier	50	4,727	9	56	3,745	3	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA															
Charleston															
Memorial	J. Chambers	31	2,763	8	75	2,729	3	1	1	1	0	0	3	4500-5100	FP
Salvation Army Maternity	J. Chambers	6	550	...	...	1,480									

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
WEST VIRGINIA—Continued															
Morgantown															
West Virginia University	N. W. Fugo	22	917	4	25	5,025	4	1	1	1	1	0	4	3320-5120	P
Wheeling															
Ohio Valley General	P. H. Cope	35	2,615	4	25	1,660	3	1	1	1	0	0	3	7200-8400	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	B. M. Peckham	...	...	...	...	...	3	3	3	3	3	0	12†	3400-5200	P
Madison General		48	3,216	4	25	...	...	...	...	...	...	...	...	...	...
St. Mary's		49	3,816	2	0	0	...	...	...	...	...	...	...	...	...
University Hospitals		30	1,324	7	71	9,180	...	...	...	...	...	...	...	...	...
Milwaukee															
Milwaukee County General ^{51,524}	R. F. Mattingly	57	4,148	19	90	23,668	3	3	3	3	1	0	10†	4275-6665	P
Milwaukee ⁵²⁷	F. J. Hofmeister	53	3,332	7	57	2,382	3	2	2	2	0	0	6	4800-5100	P
Mount Sinai	J. A. Larkey	55	3,931	4	50	2,434	3	1	1	1	0	0	3	4200-4800	FP
St. Joseph's	J. A. Klieger	89	6,788	6	83	1,449	3	2	2	2	0	0	6	4800-6000	P
St. Mary's	M. A. Krembs	42	2,918	2	0	2,918	3	1	1	1	0	0	3	5100-5700	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, 162; Residencies, 1,123.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio ⁵¹⁴	J. L. Curtis	26	701	...	...	14,610	2	2	2	0	0	6	...	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	F. C. Williams	16	356	0	0	16,552	1	1	1	0	0	3	...	...
COLORADO															
Fitzsimons General, Denver	R. A. Skeehean	17	277	1	100	22,060	1	1	1	0	0	3	...	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	J. W. Passmore	50	578	0	0	33,104	3	3	3	0	0	9	...	...
TEXAS															
Brooke General, San Antonio ⁵¹²	C. O. Rixey	16	428	1	100	21,326	2	2	2	0	0	6	...	...
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	R. P. Nadbath	18	420	0	0	16,561	2	2	2	0	0	6	...	...
U. S. Naval, San Diego	J. I. Thorn	38	788	0	0	33,167	3	3	3	0	0	9	...	...
MARYLAND															
U. S. Naval, Bethesda	R. Stevenson	16	641	...	...	9,516	1	1	1	0	0	3	...	...
PENNSYLVANIA															
U. S. Naval, Philadelphia ⁴⁷³	W. L. Erdbrink	24	306	0	0	15,484	2	2	2	0	0	6	...	...
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco	W. W. Richard	7	166	0	0	5,541	1	1	1	0	0	3	...	...
LOUISIANA															
U. S. Public Health Service, New Orleans	C. A. Monroe	8	180	1	100	4,768	1	1	1	0	0	3	8532-10132	O	
MARYLAND															
U. S. Public Health Service, Baltimore	W. E. Newby	19	293	0	0	6,429	1	1	1	0	0	3	8232-...	O	
NEW YORK															
U. S. Public Health Service (Staten Island) New York City	R. H. Aronstam	27	283	0	0	7,431	2	2	1	0	0	5	...	...

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary Per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington ¹⁶⁷	C. L. Cowan	4	104	...	...	4,290	..	..	..	..	..	..	5300-6800	P
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	A. L. Burden	5	...	0	0	9,947	1	1	1	0	0	2	8465-10004	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	C. P. Grant, S. J. Kelly	23	921	1	0	5,280	2	2	2	0	0	6	2400-3000	F
University Hospital and Hillman Clinic		...	...	...	...	...	...	...	...	...	...	...	4325-7715	O
Veterans Admin.		...	...	...	...	...	...	...	...	...	...	...	...	...
Tuskegee														
Veterans Admin. ¹⁶⁶	C. A. Green	5	92	0	0	...	1	1	1	0	0	3	4275-6035	O
ARKANSAS														
Little Rock														
University of Arkansas Medical Center		...	...	...	...	...	2	2	2	0	0	6	...	...
Arkansas Baptist	J. Smith	11	701	1	0	...	...	...	...	...	...	...	...	...
University	S. T. Jones	4	125	0	0	2,079	...	...	...	...	...	...	3400-4000	O
Veterans Admin.	S. T. Jones	10	120	0	0	420	...	...	...	...	...	...	4325-6035	P
CALIFORNIA														
Fresno														
Fresno County General	R. Whitten	5	216	...	...	7,211	1	1	1	0	0	3	4560-5820	P
Long Beach														
Veterans Admin.	R. E. Christensen	16	299	0	0	4,642	...	...	...	...	...	4	4325-7715	O
Los Angeles														
Hollywood Presbyterian Hospital-Olmsted Memorial	S. Rome	10	414	1	0	4,294	1	1	1	0	0	3	4800-5400	P
Los Angeles County General, Unit I ¹⁶⁵	R. Shearer	33	1,370	1	0	25,871	3	3	3	0	0	9	5028-6218	P
Los Angeles County General, Unit II	S. Ludmerer	3	118†	...	...	6,195	1	1	1	0	0	3	5028-6900	P
University of California	B. R. Straatsma	14	969	...	...	15,326	3	3	3	2	0	11	3580-7188	O
Veterans Admin. Center-Wadsworth ¹¹⁰	R. E. Bartlett	22	910	1	100	15,886	1	1	2	0	0	4	4325-6035	P
White Memorial Medical Center ⁹⁴	G. K. Kambara	5	398	1	100	11,122	1	2	2	0	0	5	4260-5460	P
Oakland														
Highland Alameda County ¹³⁶	E. Brugge	6	303	0	0	8,729	1	1	1	0	0	3	4092-4980	P
Orange														
Orange County General	J. G. Tirico	3	143†	0	0	2,942	...	...	...	...	...	2	4500-5868	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals		...	...	...	...	...	2	2	2	0	0	6	...	...
Palo Alto-Stanford Hospital Center ¹⁴²	F. Winter	9	479†	1	0	4,790	...	...	...	...	...	...	3900-5100	O
Veterans Admin.	F. C. Winter	7	166	0	0	2,566	...	...	...	...	...	...	...	...
San Mateo County General (San Mateo)	R. O. Sherwood	3	104	0	0	2,455	...	...	...	...	...	...	4500-4500	F
San Francisco														
Presbyterian Medical Center ¹²¹	J. Bettman	8	590	0	0	4,311	2	2	2	0	0	6	3900-4800	P
University of California Hospitals ¹³⁰	M. Hogan	15	799	0	0	12,594	6	6	8	3	0	23	3580-4660	O
Veterans Admin. ¹³⁸	D. O. Jesberg	11	347	0	0	2,543	1	1	1	0	0	3	4325-7715	...
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto		...	...	...	...	...	...	...	...	...	...	...	...	...
Torrance														
Los Angeles County Harbor General	I. Pilger	5	282	2	50	8,484	2	1	1	0	0	4	5028-6228	F
COLORADO														
Denver														
Denver General	P. Kimball	4	154	0	0	9,343	1	1	1	0	0	3	3516-4200	P
University of Colorado Affiliated Hospitals		...	...	...	...	...	3	3	3	0	0	9	...	...
University of Colorado Medical Center ¹⁴⁴	P. Ellis	4	232	0	0	12,307	...	...	...	...	...	...	3500-4500	P
Veterans Admin.	C. W. Whistler	...	154	...	...	1,404	...	...	...	...	...	...	4325-7715	...
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center		...	...	...	...	...	2	2	2	0	0	6	3600-4200	P
Yale-New Haven ¹⁵⁶	M. Sears	13	746	0	0	8,495	...	...	...	...	...	...	...	...
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Medical Center	J. J. O'Rourke	...	...	...	...	...	4	4	4	0	0	12	...	...
District of Columbia General	J. J. O'Rourke, R. Kling	14	255	...	...	9,005	...	...	...	...	...	...	3800-5000	P
Georgetown University	J. J. O'Rourke	8	120	0	0	4,200	...	...	...	...	...	...	4175-6000	P
Sibley Memorial	A. M. Reynolds	5	179	1	0	840	...	...	...	...	...	...	4400-5200	O
Veterans Admin.	J. J. O'Rourke	9	165	0	0	1,307	...	...	...	...	...	...	4325-7715	O
Washington Hospital Center	L. C. Moss	39	1,835	4	100	17,014	3	3	3	0	0	9	4080-4400	P
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	H. E. Kaufman	11	510	0	0	6,870	2	2	2	0	0	6	3600-5400	O
Miami														
Jackson Memorial	E. Norton	39	1,840	3	67	18,712	5	5	5	0	0	15	3000-4080	P
GEORGIA														
Atlanta														
Grady Memorial ¹⁸²	F. P. Calhoun, Jr.	16	578	5	...	19,916	3	3	3	0	0	9	2700-3900	P
Augusta														
Medical College of Georgia Hospitals		...	...	...	...	...	1	1	1	0	0	3	4500-6000	O
Eugene Talmadge Memorial	J. Fair	12	322	1	100	2,032	...	...	...	...	...	...	...	...

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			Residencies Offered 1966-1967					Salary per Year Min.-Max.	Main-tenance P O		
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years	
ILLINOIS															
Chicago															
Cook County	T. Zekman	26	678	4	25	25,932	3	3	3	0	0	9	3420-3960	F	
Michael Reese Hospital and Medical Center	M. Stillerman	22	907	1	100	5,193	2	2	2	0	0	6	3600-5700	P	
Northwestern University Medical Center						5,788									
Chicago Wesley Memorial	W. Mann	14	937	1	100		1	1	1	0	0	3	3300-3900	P	
Passavant Memorial	D. Vail	10	425†	1		509	1	1	1	0	0	3	3300-3900	P	
Veterans Admin. Research	D. T. Vail	18	261	0	0	1,008	0	1	1	0	0	2	4325-7715	O	
Presbyterian-St. Luke's	W. F. Hughes	15	93	0	0	4,760	2	1	1	0	0	4	4000-4600	P	
University of Chicago Hospitals and Clinics	F. W. Newell	11	582	0	0	9,334	1	1	1	0	0	3	3900-4680	O	
University of Illinois Affiliated Hospitals	P. C. Kronfeld														
Illinois Eye and Ear Infirmary		56	1,784	2	50	57,106	6	6	6	0	0	18	3000-3900	P	
University of Illinois Research and Educational Hospitals		7	380	0	0	6,410	1	1	1	0	0	3	3000-3900	P	
Evanston															
Evanston	C. V. Barrett	8	428	0	0	2,021	1	1	1	0	0	3	3300-3900	P	
Hines															
Veterans Admin.	W. A. Mann	24	505	1	0	5,636	2	2	2	0	0	6	4325-6035	O	
INDIANA															
Indianapolis															
Indiana University Medical Center							6	6	6	0	0	18			
Indiana University Hospitals	F. M. Wilson	12	537	2	50	11,152							3575-4375	P	
Marion County General	M. Mann	12	212	0	0	8,787							3863-4489	P	
IOWA															
Iowa City															
University Hospitals	A. E. Braley	36	2,087	3	67	24,708	5	5	5	5	0	20†	3500-4600	P	
KANSAS															
Kansas City															
University of Kansas Medical Center ²¹⁶	A. Lemoine	10	686			6,321	2	2	2	0	0	6	3400-4735	P	
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals	R. Macdonald														
Louisville General		7	323	0	0	6,523	3	3	2	1	0	9	3352-4732	FP	
Veterans Admin.		8	297	0	0	1,322	1	1	1	0	0	3	4325-6665	O	
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	G. M. Haik	15	733	1	100	21,596							2400-3000	F	
Tulane University Division	J. H. Allen	15	593	1	100	16,963							2400-3000	F	
Eye, Ear, Nose and Throat	J. Allen	9	1,901	3	50	19,936	0	5	5	0	0	10	2700-3300	F	
Ochsner Foundation ²²⁸	R. A. Schimek	6	259	0	0	7,443	1	1	1	0	0	3	3300-3900	P	
Veterans Admin.	J. H. Allen	11	200	1	100	1,296	1	1	1	0	0	3	4325-6035	O	
Shreveport															
Confederate Memorial Medical Center	K. B. Jones	16	680			7,512	2	2	2	0	0	6	2400-3000	F	
MARYLAND															
Baltimore															
Baltimore Eye, Ear and Throat	A. Patz	11	1,142	0	0	11,898	1	1	1	0	0	3	4200-5400	F	
Greater Baltimore Medical Center															
Presbyterian Eye, Ear and Throat Charity	R. E. Hoover	8	497	0	0	11,745	1	1	1	0	0	3	2700-4200	FP	
Johns Hopkins ²²⁶	A. E. Maumenee	60	2,768†	1	100	22,864	4	4	4	2	1	15	3200	P	
Sinai Hospital of Baltimore	H. K. Goldberg	5	240	0	0	2,406	1	0	1	0	0	2	5000-6000	P	
University of Maryland	R. D. Richards	7	352	1	0	9,632	2	2	2	0	0	6	3000-4400	P	
MASSACHUSETTS															
Boston															
Boston City	D. R. Alpert	20	544	1		16,898	3	3	3	0	0	9†	3600-4800	O	
Massachusetts Eye and Ear Infirmary	C. C. Johnson	91	5,257	1	100	49,407	7	6	7	0	0	20	3600-4800	P	
University	T. Gundersen	5	655			4,524	2	2	2	0	0	6	3600-4800	O	
Veterans Admin. (Jamaica Plain)	T. Gundersen	16	392			1,758							4325-6035	O	
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals ²⁹⁴							6	6	6	0	0	18			
University	F. B. Fralick	19	1,020	0	0	15,154							3240-3940	O	
Veterans Admin.	J. R. Wolter	5	Inc. in Surg.	0	0	1,054							4325-7715	O	
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Grace	L. J. Croll	20	821			2,623							4	4260-4860	FP
Harper	W. S. Davies	18	1,122	1	100	5,203	2	2	2	0	0	6	3900-5400	FP	
Henry Ford	J. S. Guyton	21	813	0	0	22,431	4	4	4	4	0	16	4800-6000	P	
Sinai Hospital of Detroit	S. Sugar	13	738	0	0	4,284	1	1	1	0	0	3	4200-4800	FP	
Detroit															
Wayne State University Affiliated Hospitals															
Veterans Admin. (Dearborn)	A. D. Ruedemann	9	312	0	0	1,775							1	4035	O
Receiving	A. D. Ruedemann	16	544	4		29,455	8	8	8	0	0	24	1200-5328	P	
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals							4	4	4	4	0	16			
Hennepin County General	K. E. Sandt	4	189			5,773							4500-6500	P	
University of Minnesota Hospitals	J. E. Harris	8	372	0	0	9,630							3150-7500	O	
Veterans Admin.	J. Harris	16	425			1,798							4325-7715	P	
Ancker (St. Paul)	R. H. Honohan	41	167	0	0	8,137							4500-6000	O	
Charles T. Miller (St. Paul)	R. H. Monahan	11	641	1	100	3,174	0	1	1	0	0	2	4200-5400	FP	

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967						Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
MINNESOTA—Continued														
Rochester														
Mayo Graduate School of Medicine	J. W. Henderson	17	968	1	0	67,207	8	8	8	0	0	24	3600-4200	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														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center ³⁰⁶							0	1	1	0	0	2		
University	S. B. Johnson	2	149	0	0	1,552							3900-4200	O
Veterans Admin.	S. B. Johnson	4	137	0	0	2,737							4325-6035	O
MISSOURI														
Columbia														
University of Missouri Medical Center ³¹⁵	J. Buesseler	6	270	0	0	5,486	4	4	4	0	0	12	3600-4200	P
Kansas City														
Kansas City General Hospital and Medical Center	J. Buesseler	4	183	1	100	4,450								
St. Louis														
Barnes	B. Becker	67	2,989	1	0	24,625	5	5	5	1	1	17	3300-3900	O
Homer G. Phillips ³¹⁹	H. P. Venable	11	328	0	0	8,518	3	2	2	0	0	7	4584-5571	P
St. Louis City ³¹⁷	D. Bisno	8	337	0	0	6,317	2	2	2	0	0	6	4583-5570	P
St. Louis University Group of Hospitals	R. Mattis	15	800			7,744	4	4	4	4	0	16	2400-3240	FP
Veterans Admin.	H. Rosenbaum	10	335	0	0	921	1	1	1	0	0	3	4325-6035	O
NEBRASKA														
Omaha														
University of Nebraska Affiliated Hospitals							2	1	1	0	0	4		
Douglas County		2	77	0	0	0								
University of Nebraska	H. Gifford	4	125	1	100	3,827							3900-4500	P
Veterans Admin.	G. T. Alliband	4	91	0	0	0							5125-6665	O
NEW JERSEY														
Jersey City														
Jersey City Medical Center	A. Cinotti	17	543	2	0	3,149	2	1	1	0	0	4	3400-4600	F
Newark														
United Hospitals of Newark-Eye and Ear Infirmary	W. H. Hahn	21	1,394	3	0	11,342	0	3	0	0	0	3	3600-3900	F
NEW YORK														
Albany														
Albany Medical School Affiliated Hospitals							3	3	3	0	0	9		
Albany Medical Center	J. E. Miller	3	148	0	0	2,541							3200-5200	P
Child's	J. E. Miller	11	445	0	0	0								
Veterans Admin.	R. H. Ward	10	261	0	0	1,460							4325-6035	O
Buffalo														
Buffalo General ³⁴³	M. Riwchun	33	1,243	3	66	5,819	2	1	2	0	0	5	4100-4700	O
Deaconess Hospital of Buffalo														
Buffalo Eye and Ear Hospital and Wettlauffer Clinic	E. P. Olmsted	9	662	1	0	21,052	1	1	1	0	0	3	3900-4200	FP
Edward J. Meyer Memorial	W. Y. Jones	8	199	1	100	13,338	2	1	2	0	0	5	4895-6410	P
New York City														
Bronx Eye and Ear Infirmary	S. S. Epstein	18	1,139	0	0	21,942	3	2	2	0	0	7	1800-3000	F
Bronx Municipal Hospital Center	M. Chamlin	15	400	0	0	19,000	2	2	2	0	0	6	4200-5220	FP
Brooklyn Eye and Ear	M. A. Lasky	39	3,015	2	50	46,258	3	3	2	0	0	8	1800-2400	F
City Hospital Center at Elmhurst ⁴	M. Welt	6	120	2	100	8,628	1	1	1	0	0	3	4200-5000	F
Harlem Eye and Ear	P. Muller	9	872	1	0	14,240	1	1	1	0	0	3	3000-4200	F
Jewish Hospital of Brooklyn	M. Lasky	7	277	1	0	4,339	1	1	1	0	0	3	4500-5500	O
Kings County Hospital Center ³⁵⁴	R. Troutman	33	764	5	0	17,431	6	6	6	0	0	18	4200-5220	P
Veterans Admin. (Brooklyn)	R. Binkhorst	9	236	0	0	1,648							4325-6035	O
Lenox Hill	J. Sauer	19	687	0	0	5,868	1	1	1	0	0	3	4300-5100	P
Manhattan Eye, Ear and Throat	F. H. Constantine	80	4,114	2	100	50,006	6	6	6	0	0	18	3600-4200	P
Montefiore Hospital and Medical Center	S. Gartner	Inc. in Surg.	465			5,253	1	1	1	0	0	3	4500-6250	P
Mount Sinai	I. G. Leopold	15	387	0	0	12,134	3	3	3	0	0	9	4500-6000	P
New York Eye and Ear Infirmary	H. H. Romaino	98	4,643	1	0	58,847	6	6	6	0	0	18	1800-2400	F
New York	J. McLean	26	1,107	1	100	15,548	2	2	1	1	0	6	4000-7000	P
New York Medical College-Metropolitan Hospital Center	B. Friedman	6	193			21,789	0	2	0	1	0	3	4200-5200	F
Unit 1—Flower and Fifth Avenue Hospitals														
Unit 2—Metropolitan														
New York Polyclinic Medical School and Hospital	S. Schutz	6	253	0	0	4,101	1	1	1	0	0	3	3700-4300	F
New York University Medical Center and Bellevue Hospital Center							5	5	5	0	0	15		
Bellevue Hospital Center, Div. IV	G. M. Breinin	29	563			25,751							4200-5200	P
University														
Veterans Admin. (Manhattan)	H. B. Taterka	14	316	0	0								4325-6035	O
Presbyterian (Institute of Ophthalmology)	A. G. DeVoe	73	3,822	3	67	28,438	3	3	3	0	0	9	4500-5600	O
Queens Hospital Center	P. Ballen	4	221	1	0	1,825	1	1	1	0	0	3	4200-5220	F
St. Luke's	H. Eggers	13	590	3	0	8,201	1	1	1	0	0	3	4020-4620	O
St. Vincent's Hospital and Medical Center of New York	R. Castroviejo	13	355	1	0	6,517	1	1	1	0	0	3	4500-5500	P
Veterans Admin. (Bronx) ³⁵⁷	A. Haft	14	231	0	0	3,771	1	1	1	0	0	3	4325-6035	O
Rochester														
Rochester St. Mary's Hospital of the Sisters of Charity	S. Ianacone	10	384	0	0	2,371	1	1	1	0	0	3	3300-3900	F
Strong Memorial Hospital of the University of Rochester	A. C. Snell	11	555	0	0	6,005	1	1	1	1	0	4	3300-5050	O
Syracuse														
State University of New York Upstate Medical Center	J. L. McGraw	10	409	0	0	7,223	2	2	2	0	0	6	4036-4940	O
Veterans Admin.	J. L. McGraw	5	139	0	0	725							4325-6665	O
Vaihalla														
Grasslands	A. W. Forrest	3	98	0	0	5,419	1	1	1	0	0	3	5100-5900	FP

APPROVED RESIDENCIES

13. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967						Salary per Year Min.-Max.	Maintenance P O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial Hospital-McPherson	S. D. McPherson	7	345†	0	0	6,504	1	1	1	0	0	3	2800-5000	O
North Carolina Memorial McPherson (Durham)		17	892	1	0	26,909	1	1	1	0	0	3	3000-4200	P
Durham														
Duke University Affiliated Hospitals	W. B. Anderson	14	712	0	0	12,054	3	3	3	1	0	10	3900-4800	P
Duke Veterans Admin.		10	243†	1	100								4325-7715	O
McPherson Hospital-North Carolina Memorial McPherson	S. D. McPherson	17	892	1	0	26,909	1	1	1	0	0	3	3000-4200	P
North Carolina Memorial (Chapel Hill)		7	345†	0	0	6,504	1	1	1	0	0	3	2800-5000	O
Winston-Salem														
North Carolina Baptist Hospitals	W. Roberts	10	509	2	50	6,020	1	1	1	0	0	3	3000-4000	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group ⁴¹⁹	D. J. Lyle	6	266	0	0	8,790	2	2	2	0	0	6	1800-3600	F
Cleveland														
Cleveland Clinic ⁴²⁶	R. J. Kennedy	9	438	1	100	18,242	3	2	2	0	0	7	3900-4500	P
Cleveland Metropolitan General	R. J. Nicholl	7	200	0	0	12,911	2	2	2	0	0	6	3700-5160	FP
St. Luke's	G. T. Schwarz	12	495	2	0	5,295							5220-5220	P
Mount Sinai Hospital of Cleveland	J. Gans	10	496	0	0	2,421	1	1	1	0	0	3	3996-4800	P
University Hospitals of Cleveland	C. I. Thomas	17	799†	1	0	10,167	3	3	3	0	0	9	3600-5400	P
Veterans Admin.		18	361†			1,400							4325-6035	P
Columbus														
Ohio State University Hospitals	T. A. Makley	12	863	0	0	10,000	5	5	5	0	0	15	2424-3624	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center							3	3	3	0	0	9		
University Hospitals	T. O. Coston	8	381	1	0	6,175							3600-4000	P
Veterans Admin.	D. W. Bishop	8	256	0	0	2,604								
OREGON														
Portland														
Good Samaritan	M. Reeh	23	1,184	1	100	6,478	1	1	1	0	0	3	4800-5040	P
University of Oregon Medical School Hospitals and Clinics	K. Swan	36	868	1	100	12,874	2	2	2	0	0	6	2700-3300	F
PENNSYLVANIA														
Danville														
Geisinger Medical Center	A. W. Mahood	7	325	0	0	12,400	2	2	2	0	0	4	3300-5100	P
Philadelphia														
Graduate Hospital of the University of Pennsylvania ⁴²⁵	R. H. Trueman	14	506	2	50	2,926	2	2	2	0	0	6	2250-2610	P
Hospital of the University of Pennsylvania	H. G. Scheie	29	1,160	0	0	6,062	4	4	4	0	0	12		FP
Children's Hospital of Philadelphia	H. G. Scheie	1	72	0	0	1,145							3000-4500	O
Philadelphia General													3090-4539	F
Veterans Admin.	H. G. Scheie	8	295	0	0	1,595							4325-6665	O
Jefferson Medical College	T. D. Duane	6	267			4,751	2	2	2	0	0	6	3000-3800	O
Philadelphia General		7	188	2	50	8,785	2	2	2	0	0	6	3090-4539	F
Temple University Service	G. Gibson													
University of Pennsylvania Service	H. Scheie													
Temple University ⁴⁷¹	G. G. Gibson	25	398	0	0	5,195	4	4	4	0	0	12	3300-3900	P
Philadelphia General													3090-4539	F
Wills Eye	W. E. Fry	174	6,683	8	12	80,901	7	7	7	0	0	21	900-2400	FP
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh	M. F. McCaslin	60	2,946	1	100	16,153						6	5100-5700	O
Eye and Ear Hospital of Pittsburgh		20	664			3,958	1	1	1	0	0	3	4200-5100	O
Montefiore	H. Thorpe	18	333	1	100	1,548	2	2	2	0	0	6	4325-7715	O
Veterans Admin. ⁴⁷⁸	R. N. Lehman													
PUERTO RICO														
Rio Piedras														
University of Puerto Rico Affiliated Hospitals	G. Pico						3	3	3	0	0	9	4800-7200	F
University District		8	294	0	0	9,103								
San Juan City (San Juan)		16	483			10,822								
Veterans Admin. (San Juan)		4	203			1,476								
San Juan														
San Juan City—See University of Puerto Rico Affiliated Hospitals, Rio Piedras														
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras														
RHODE ISLAND														
Providence														
Rhode Island	H. F. Stephens	13	1,020	1	0	3,872	1	1	1	0	0	3	2700-4080	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	W. W. Vailotton	10	392	2	50	5,039	2	2	1	0	0	5	2910-4500	FP
Medical College														
Roper														
TENNESSEE														
Chattanooga														
Baroness Erlanger	I. M. Long	15	703	0	0	3,824	1	1	1	0	0	3	4800-5400	F
Memphis														
City of Memphis Hospitals—Memphis Eye, Ear, Nose and Throat	P. M. Lewis						2	2	2	0	0	6	3480-3480	F
City of Memphis Hospitals			306	0	0	11,782								
Memphis Eye, Ear, Nose and Throat		32	1,941	0	0	6,616							3480-3480	F
Veterans Admin.	A. C. Krause	15	128	0	0	3,500	1	1	1	0	0	3	4325-7715	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE—Continued														
Nashville														
Vanderbilt University ⁴⁸⁴	G. W. Bounds	16	922	0	0	3,466	2	3	2	0	0	7	3000-3600	P
TEXAS														
Dallas														
Parkland Memorial ⁵⁰⁷	J. R. Lynn	7	303	0	0	9,492	4	4	1	0	0	9	2700-3300	P
Veterans Admin.	S. B. Gostin	18	430	1	100	4,044	1	1	1	0	0	3	4325-6035	P
Galveston														
University of Texas Medical Branch Hospitals	E. Ferguson	14	420	2	...	5,216	1	3	1	0	0	5	4200-5400	P
Houston														
Baylor University Affiliated Hospitals	L. J. Girard	51	2,043	2	50	10,920	5	5	5	0	0	15	2800-4217	FP
Ben Taub General														
Veterans Admin.														
Hermann	T. L. Royce	23	1,356	2	50	4,149	1	1	1	0	0	3	2100-4800	P
San Antonio														
Robert B. Green Memorial	D. Russell	5	243	0	0	6,548	1	1	1	0	0	3	4500-6300	FP
Temple														
Scott and White Memorial	E. R. Veirs	6	344	0	0	...	1	1	1	0	0	3	4200-4800	P
VIRGINIA														
Charlottesville														
University of Virginia	E. W. Burton	9	429†	...	...	4,647	1	1	2	0	0	4	2400-3300	F
Richmond														
Medical College of Virginia-Hospital Division	D. Guerry, III	13	594	1	0	14,021	3	3	3	0	0	9	2400-3000	F
Veterans Admin.	E. W. Perkins	11	246	2	50	2,024	1	1	1	0	0	3	4325-7715	P
Roanoke														
Gill Memorial Eye, Ear and Throat	E. G. Gill	13	1,921	1	100	28,989	2	0	0	0	0	2	4200-8400	P
WASHINGTON														
Seattle														
King County	R. B. Brugman	3	154	0	0	3,393	1	1	1	0	0	3	2700-5400	F
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	R. R. Trotter	...	124	...	...	3,970	1	1	1	0	0	3	3320-4520	O
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	P. Duehr	...	...	...	...	...	3	3	3	0	0	9	...	...
University Hospitals		19	672	1	0	3,990	...	...	...	...	...	...	3400-4600	P
Veterans Admin.		4	127	1	0	480	...	...	...	...	...	...	8035-6035	P
Milwaukee														
Milwaukee County General	R. O. Schultz	15	334	0	0	21,181	2	2	2	0	0	6	4275-6035	P
Veterans Admin. (Wood) ⁵²⁸	R. H. Lehman	16	275	1	100	9,388	2	2	2	0	0	6	4325-6035	P

14. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Orthopaedic Surgery, through the Residency Review Committee for Orthopaedic 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 186 and 187. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopaedic surgery. Programs, 279; Residencies, 1,665

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE																
TEXAS																
U. S. Air Force, San Antonio	G. H. Chambers	ACF	120	140	2,666	4	50	17,676	3	3	3	3	0	12	...	
UNITED STATES ARMY																
CALIFORNIA																
Letterman General, San Francisco	H. S. McBurney	AF	40	112	1,150	4	50	10,620	0	3	3	3	0	9	...	
COLORADO																
Fitzsimons General, Denver	R. D. Anderson	AF	65,100	94	1,136	1	100	16,697	0	2	2	2	0	6	...	
DISTRICT OF COLUMBIA																
Walter Reed General, Washington	C. W. Metz, Jr.	ACF	...	248	1,524	15	100	17,890	0	3	3	3	0	9	...	
HAWAII																
Tripler General, Honolulu	J. D. Ashby	ACF	86	130	1,761	2	100	29,488	...	...	...	...	9	...	
TEXAS																
William Beaumont General, El Paso ³⁵⁸	R. S. Lockwood	AF	96	100	1,499	1	100	23,724	0	2	2	2*	0	6	...	
Brooke General, San Antonio	E. Dehne	ACF	117	121	1,677	5	60	11,812	0	3	3	3	0	9	...	

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 1966-1967					Total All Years	Salary Per Year Min.-Max.	Main-tenance O
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES NAVY																
CALIFORNIA																
U. S. Naval, Oakland	D. D. Goldthwaite	AF	20	149	1,586	0	0	17,271	2	2	2	0	0	6		
MARYLAND																
U. S. Naval, Bethesda	R. Gresham	AF	20	103	1,004	5	100	11,628	2	2	2	0	0	6		
MASSACHUSETTS																
U. S. Naval, Chelsea	H. Eiseberg	AF	20	89	1,004	3	67	9,324	1	1	1	0	0	3		
PENNSYLVANIA																
U. S. Naval, Philadelphia	M. C. Wilbur	AF	20	150	1,231	5	90	9,198	2	2	2	0	0	6		
VIRGINIA																
U. S. Naval, Portsmouth	A. W. Dunn	AF	20	260	2,295	4	75	29,492	2	2	2	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE																
CALIFORNIA																
U. S. Public Health Service, San Francisco	R. E. Burky	AF	110	43	1,033	1	0	7,214	1	1	1	1	0	4		
NEW YORK																
U. S. Public Health Service (Staten Island), New York City ²⁸³	A. A. Michele	AF	116	82	1,267	2	100	13,553	1	1	1	1	0	4		0
WASHINGTON																
U. S. Public Health Service—See University of Washington Affiliated Hospitals, Seattle																
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																
DISTRICT OF COLUMBIA																
Freedmen's, Washington	C. H. Epps	AF	115	18	418	8	2	3,172							5300-6800	P
OTHER FEDERAL																
CANAL ZONE																
Gorgas, Balboa Heights	K. A. Walker	ACF		36		6	33	8,207	1	1	1	0	0	3	8465-10966	O
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
University of Alabama Medical Center	C. L. Yelton		44	145	2,473	28	39	10,340	3	3	3	3	0	12		
"365" Crippled Children's Clinic and Hospital	J. D. Sherrill, Sr.	C	44, 68, 75	62	776	2	50	4,922							3600-3900	P
University Hospital and Hillman Clinic	C. L. Yelton	ACF	44												2400-3600	F
Veterans Admin.	J. Higginbotham	AF	44												4325-7715	O
Fairfield																
Lloyd Noland	C. H. Wilson, W. T. Tarpley	AF	68	24	965	7	43	17,070	1	1	1	1	0	4	4200-5400	FP
Mobile																
Mobile General	R. T. King	ACF		26	850	10	30	3,795	1	1	1	1	1	4	4200-6900	FP
ARIZONA																
Phoenix																
Crippled Children's	W. Colton, Jr.	C	40, 96	25	520	9	100	6,413	0	0	0	3	0	3	4800-4800	P
ARKANSAS																
Little Rock																
University of Arkansas Medical Center			94						3	3	3	2	0	11		
Arkansas Children's	W. Selakovich	C	94	23	501	0	0	3,000	0	0	0	2	0	2	4998-4998	P
University	B. W. Drompp	AF	94	19	547	5	20	3,654							3400-5000	O
Veterans Admin.	B. W. Drompp	AF	94	42	621	5	40	960							4325-6665	P
CALIFORNIA																
Downey																
Rancho Los Amigos	V. L. Nickel	AC	111	232	1,038	8	100	5,158							4800-5760	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	543	9	100	2,636	2	2	2	2	0	8	4325-7715	O
Los Angeles																
Childrens Hospital of Los Angeles	J. Wilson, Jr.	C	64	16	537†	0	0	5,411	0	0	3	0	0	3	3300-6900	O
Los Angeles County General, Unit I	P. Harvey	ACF	111	233	6,027	215	4	71,697	6	6	6	6	0	24	5028-6900	P
Los Angeles County General, Unit II	R. Rosenfeld	ACF		18	587†	25	8	7,532	1	1	1	1	0	4	5028-6900	P
Orthopaedic	J. V. Luck	ACF	20, 119	136	5,273	13	46	56,666	3	3	9	0	0	15	3900-5400	P
Shriners Hospital for Crippled Children	G. W. Westin	C	1, 3, 40, 90	62	270	0	0	2,604	0	0	0	3	0	3		F
University of California	C. O. Bechtol	AF	90, 118	17	701			7,076	2	2	1	0	0	5	3580-4660	O
Veterans Admin. Center-Wadsworth	R. Mazet, Jr.	AF	119	68	1,250	22	55	5,046	3	3	0	0	0	6	5125-6035	P
White Memorial Medical Center	A. J. Neufeld	ACF	111	57	1,970	19	89	6,075	2	2	2	2	0	8	4260-6060	P
Oakland																
Children's Hospital of the East Bay—See University of California Medical Center, San Francisco																
Highland Alameda County	D. D. Dickson	AF	1, 2, 3	32	1,556	51	14	9,780	2	3	0	0	0	5	4092-4392	P
Samuel Merritt—See University of California Medical Center, San Francisco																
Palo Alto																
Palo Alto-Stanford Hospital Center ¹²⁸	C. H. Hatcher	ACF		38	1,530†	3	67	3,872	2	2	2	2	0	8	3900-5700	O

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

APPROVED RESIDENCIES

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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 1966-1967						Salary per Year Min.-Max.	Main- tenance P O	
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
CALIFORNIA—Continued																
San Diego																
San Diego Orthopaedic Residency Training Program			109													
San Diego County General	F. B. Kimball	AF	109	57	843†	44	38	4,193	2	2	2	2	0	8	4979-6240	O
Childrens	C. K. Barta	C	109	13	556			1,664							5352-5352	P
Donald N. Sharp Memorial Community Mercy	P. H. Dickinson	AF	109													
	H. E. Wiggins	AF	109	29	1,320	10	0	380	0	1	0	0	0	1	5600-5600	O
San Francisco																
Presbyterian Medical Center	D. E. King	AF	1	23	1,254	4	25	1,103	1	1	1	0	0	3	3900-4800	P
San Francisco Combined Program for Orthopedic Residency Training ¹⁰⁰	L. W. Taylor		108						3	3	3	3	0	12		
Mary's Help	M. Mensor	ACF	108													
St. Joseph's	R. Soto-Hall	ACF	108	31	1,069	7	100	4,208								
St. Mary's		AF	108	156	4,728	32	75	16,557							4200-5400	F
Napa State (Imola)		AF	108													
University of California Medical Center			2						4	9	8	8	0	29		
University of California Hospitals	D. B. Lucas	ACF	2	39	1,000	2	0	5,759							3580-6300	O
Children's Hospital and Adult Medical Center ¹⁰	L. J. Larsen	C	2	35	1,013	1	0	1,741								
Franklin	E. R. Schottstaedt	A	2	44	1,211	3		1,872								P
San Francisco General	E. G. Bovill	AF	2	88	1,334	57	7	5,284	0	2	1	0	0	3	4092-6300	O
Shriners Hospital for Crippled Children	E. R. Schottstaedt	C	2, 40	54	279	0	0	3,019								P
Veterans Admin.	F. H. Jergesen	AF	2, 3	39	352	3	100	1,107							4325-7715	F
Sonoma State (Eldridge)	R. L. Samilson	C	2	52	221	1	100	3,807	0	0	0	2	0	2	3600-3600	O
Children's Hospital of the East Bay (Oakland)	J. A. Blosser	C	2	8	390	0	0	1,186							3300-4200	FP
Highland Alameda County (Oakland)— See Highland Alameda County, Oakland	D. D. Dickson	AF	1, 2, 3													
Samuel Merritt (Oakland)	D. F. Bellamy	AF	2	52	2,094	10	50									
Shriners Hospital for Crippled Children (Honolulu)	I. J. Larsen	C	2, 86	32	124	0	0	3,871	0	0	2	0	0	2		
Torrance																
Los Angeles County Harbor General	D. M. Street	AF	90, 119	55	1,046	78	45	16,484	2	2	2	2	0	8	5028-6900	F
COLORADO																
Denver																
Children's	W. F. Stanek	C	4, 65, 100	16	958†			4,999	1	1	1	0	0	3	3600-4200	P
Denver General ¹⁴⁷	F. Matchett	AF	100	32	747	37	73	9,381	3	3	2	0	0	8	3516-4596	P
University of Colorado Affiliated Hospitals ⁵⁰									2	2	2	2	0	8		
University of Colorado Medical Center	J. S. Miles	AF	4	19	613	3	100	6,097							3500-4500	P
Veterans Admin.	M. E. Gibbens	AF	4		683	6	83	3,186							4325-7715	
CONNECTICUT																
Hartford																
Hartford—See Yale-New Haven Medical Center, New Haven																
New Haven																
Hospital of St. Raphael	W. S. Perham	AF	79	20	801	17	29	5,960	1	1	1	1	0	4	3900-4800	F
Yale-New Haven Medical Center			5													
Yale-New Haven	W. Southwick	AF	5	49	1,413	24	50	5,018	3	0	3	0	0	6	3600-4200	P
Hartford (Hartford)	B. Curtis	AF	5	48	1,490	19	53	43	2	2	2	0	0	6	4200-5400	P
Newington Hospital for Crippled Children (Newington)	B. H. Curtis	C	5, 82	118	737	7	71	8,617	0	0	1	0	0	1	4100-4500	O
Veterans Admin. (West Haven)	W. Southwick	AF	5	22	342	1	100	750	0	0	2	0	0	2	4375-7715	
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	46	405			5,859	0	1	0	0	0	1	3600-3600	F
Veterans Admin. ²⁰	D. MacEwen	A	77	33	420	4	50	521	0	0	1	0	0	1	4325-7715	O
DISTRICT OF COLUMBIA																
Washington																
Children's	W. Tobin	C	54	11	377†	0	0	1,785	0	2	0	0	0	2		P
District of Columbia General	G. W. Hyatt															
	C. H. Epps	ACF	14, 115	53	568	23	17	6,541	0	3	0	5	0	8	3800-5000	P
Georgetown University	G. W. Hyatt	AF	14	22	531	6	67	6,014	2	2	2	2	0	8	3120-4030	P
George Washington University ¹⁷²	J. P. Adams	AF	14	24	921	4	75	666	0	2	2	2	0	6	4200-4800	P
Washington Hospital Center	J. S. Neviasser	AF	54	52	1,194	12	41	2,476	2	2	2	0	0	6	4080-4620	P
FLORIDA																
Gainesville																
University of Florida Teaching Hospital and Clinics	W. F. Enneking	ACF	123	25	530	2	50	4,312	2	2	2	2	0	8	3200-5800	O
Veterans Admin. (Lake City)	W. F. Enneking	AF	123	33	525	6									4325-7715	
Jacksonville																
Jacksonville Hospitals Educational Program			62													
Baptist Memorial	G. Raybin	AF	62	24	850	9	55	137	2	0	0	0	0	2	5700-5700	O
Duval Medical Center	J. Q. U. Thompson	AF	62	15	532	9	29	7,791	0	1	1	0	0	2	5700-6000	P
Hope Haven Children's	C. Mead	C	62	14	269	1	100	2,981							5700-6300	O
Lake City																
Veterans Admin.—See University of Florida Teaching Hospital and Clinics, Gainesville																
Miami																
Jackson Memorial	W. Miller	AF	76	110	2,135	52	31	6,385	1	4	4	4	0	13	3480-4800	P
Variety Children's	R. Keiser	C	43, 76	18	583	2	0	6,257	0	0	4	0	0	4	4088-4088	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI—Continued																
St. Louis																
Barnes	F. Reynolds	ACF	60	46	1,464	10	33	4,157	3	3	3	3	0	12	3300-4200	O
St. Louis City	H. Morgan	F	46, 60	43	913	49	80	5,932								
St. Louis University Group of Hospitals	R. O'Brien	ACF	46	46	1,537	12	41	3,849	3	2	1	0	0	6	2400-3240	FP
Shriners Hospital for Crippled Children	G. E. Scheer	C	60	94	813	0	0	6,861	0	0	1	3	0	4		
Veterans Admin.	O. Hampton	A	61	32	367	13	62	702	0	1	1	2	0	4	5125-7715	O
NEBRASKA																
Lincoln																
Nebraska Orthopedic	F. Teal	C	33, 100	63	771	3	33	3,906	0	0	2	0	0	2	3564-4008	F
Veterans Admin.	W. T. Ferguson, Jr.	AF	33	27	505	4	75	2,612	1	1	1	1	0	4	4275-6665	O
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals	O. S. Staples															
Mary Hitchcock Memorial		AF	82	34	866	8	75	5,395		1	1	1	0	3	3800-4600	O
Veterans Admin. (White River Junction; Vt.)		AF	82	14	152	0	0	146							4000-5865	O
NEW JERSEY																
East Orange																
Veterans Admin.	J. J. Amster	A	122	39	313	9	100	764	0	0	0	1	0	1	6665-6665	O
Jersey City																
Jersey City Medical Center	V. Scudese	ACF		68	767	51	27	4,478	2	2	1	0	0	5	3400-4600	F
Long Branch																
Monmouth Medical Center	B. Halbstein	ACF		36	981	13	46	1,435	1	1	1	0	0	3	3900-4500	F
Newark																
Newark City	A. D'Agostini	F	97	45	567	32	13	3,849	0	1	1	0	0	2	6000-7200	F
United Hospitals of Newark—Hospital for Crippled Children	P. Willner	AC	69, 97, 116	79	2,151	7	43	4,944						5	4200-4800	P
Orange																
Hospital Center at Orange	C. I. Nadel	ACF	122	77	1,788	22	27	27,856	2	2	2	0	0	6	4800-5400	FP
Paterson																
St. Joseph's	R. R. Goldenberg	ACF		47	1,377	22	27	1,748	2	1	1	0	0	4	3900-4500	FP
NEW MEXICO																
Truth or Consequences																
Carrie Tingley Crippled Children's	D. W. McKay	C	4, 95	81	440	0	0	3,876	0	0	4	0	0	4	3600-3600	P
NEW YORK																
Albany																
Albany Medical Center ²⁵	C. Campbell	ACF		50	1,245 $\frac{1}{2}$	14	64	1,205	1	1	1	1	0	4	3200-5200	P
Buffalo																
Buffalo General	B. J. Obletz	AF	24	43	947	18	28	1,045	2	2	2	2	0	8	4000-5000	O
Children's Hospital of Buffalo	J. D. Godfrey	C	24, 107	15	540			2,674	0	0	3	0	0	3	4100-5300	P
Edward J. Meyer Memorial	E. R. Mindell	AF	83, 107	23	241	10	40	1,628	1	1	1	1	0	4	4895-6410	P
Veterans Admin.	R. B. Erickson	AF	24, 107	68	642	12	58	2,928	0	0	0	2	0	2	6665-7715	O
East Meadow																
Meadowbrook	O. C. Hudson	F	38	56	1,161	9	67	2,668						5	4730-7370	F
Mineola																
Nassau	C. F. Freese	AF	38	33	1,219	16	6	8,236	1	1	1	0	0	3	4800-5400	P
New York City																
Bronx Municipal Hospital Center ²⁷⁷	A. J. Helfet	ACF		68	837	28	39	12,308	0	4	4	4	0	12	4800-5220	FP
Brookdale Hospital Center	A. Kenin	F	84	17	541	1	100	3,103	1	0	0	0	0	1	4500-4500	P
Columbus	M. E. Stella	F	51	50	978	16	38	1,012								
Hospital for Joint Diseases	J. E. Milgram	ACF	125	170	3,386	15	33	29,269	6	6	6	0	0	18	5000-6000	P
Hospital for Special Surgery ³⁸⁹	R. L. Patterson, Jr.	ACF	22	171	3,140	23	61	51,939	6	6	4	4	0	20	5000-6000	P
House of St. Giles the Cripple	D. M. Bosworth	C	26, 41	25	135	0	0	7,211	0	0	1	0	0	1	2400-2400	F
Jewish Chronic Disease	M. Schneider	C	84	27	222	4	0	1,779	0	1	2	0	0	3	4500-5700	F
Jewish Hospital of Brooklyn	L. Koven	AF	84	25	562	11	0	3,227	2	2	2	0	0	6	4500-5500	O
Kings County Hospital Center ³⁴³	R. F. Warren	ACF		67	761	40	15	10,704	2	2	2	2	0	8	4200-5220	P
Lenox Hill	S. S. Gaynor	AF	103	39	1,111	7	14	2,472	1	1	1	0	0	3	4700-5500	P
Montefiore Hospital Training Program	B. B. Greenberg													9		
Montefiore Hospital and Medical Center		AF	125		1,020			1,400								
Morrisania City		AF	125		2,629			6,500								
Mount Sinai	R. S. Siffert	ACF		52	537	9	33	10,988						9	4500-6500	P
City Hospital Center at Elmhurst	A. J. Schein	AF		55	337	16	7	3,384							4800-5004	F
New York Medical College—Metropolitan Hospital Center																
Unit 1—Flower and Fifth Avenue Hospitals	A. A. Michele		67		591	21	40		3	5	3	0	0	11	4200-5200	F
Unit 2—Metropolitan ³⁴⁴		ACF	67	24				283								
			67	46				14,700								
New York Polyclinic Medical School and Hospital																
	J. W. Fielding	AF	26	20	397	6	17	1,228	1	1	0	0	0	2	3700-4300	F
New York University Medical Center and Bellevue Hospital Center³⁹⁵																
Bellevue Hospital Center Div. IV	W. A. L. Thompson		51						7	7	7	0	0	21		
Veterans Admin. (Manhattan) ³⁴⁶	W. A. L. Thompson	ACF	51	46	431	2		7,428							4200-5200	P
New York State Rehabilitation (West Haverstraw)	G. Truchly	AF	51	34	664	7	43								5125-6665	O
Presbyterian (New York Orthopaedic Hospital)	J. C. McCauley	C	51	92	278	0	0	2,887							4479-5438	P
Queens Hospital Center ⁴⁰¹	F. E. Stinchfield	ACF		137	3,496	23	43	35,451	6	6	10	2	0	24 $\frac{1}{2}$	4800-7500	O
St. Charles	J. B. Manly	AF	69	28	397	21	10	5,067	2	2	2	0	0	6	4200-5220	F
St. Luke's	D. J. Magilligan	C	20, 52, 103	30	358	0	0	8,147	4	0	0	0	0	4	3480-4200	P
St. Vincent's Hospital of the Borough of Richmond	F. B. Thompson	ACF	41	59	1,200	8	50	6,429	2	2	2	0	0	6	4320-4920	O
Veterans Admin. (Bronx)	E. M. Winant	AF	26	36	722 $\frac{1}{2}$	13	50	862	2	0	0	0	0	2	5700-6600	P
Veterans Admin. (Brooklyn) ³⁷⁴	B. Jacobs	AF	22	45	718	8	63	294	2	0	2	0	0	4	5125-7715	O
	A. Smith	AF	52	78	460	8	25	3,258	2	2	2	0	0	6	5125-6665	O

APPROVED RESIDENCIES

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14. ORTHOPEDIC SURGERY — Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967						Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK—Continued																	
Port Jefferson																	
St. Charles	J. C. Felicetti	C	38	17	455	3	33	6,205	0	0	3	0	0	3	3600-....	P	
Rochester																	
Rochester General	L. Callin	A	31	25	836	8	38	529	..	..	..	..	..	..	4620-4620	FP
Strong Memorial Hospital of the University of Rochester ¹⁰²	R. B. Duthie	ACF	31	54	1,133†	17	59	8,643	2	2	2	2	0	8	3300-5050	O	
Schenectady																	
Ellis Hospital-Sunnyview Rehabilitation Center	..	ACF	104	..	..	..	..	..	1	1	1	0	0	3	..	..
Ellis Sunnyview Rehabilitation Center	W. Dunham	..	104	55	1,919	12	58	4,520	..	..	..	..	..	..	3900-4800	FP
Syracuse																	
State University of New York Upstate Medical Center	J. Wray	ACF	48	86	2,101	24	42	3,855	0	2	2	2	0	6	4488-5391	O	
Good Shepherd	..	..	48	..	..	..	..	..	..	..	..	..	..	..	..	..
Syracuse Memorial	..	..	48	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.	R. O. Becker	..	48	30	506	2	50	976	..	..	..	..	..	..	4325-6665	O
Utica																	
Children's Hospital Home of Utica	J. B. Wray	C	48	43	957	2	50	3,960	0	2	0	0	0	2	4940-4940	..	
West Haverstraw																	
New York State Rehabilitation—See New York University Medical Center and Bellevue Hospital Center, New York City																	
NORTH CAROLINA																	
Chapel Hill																	
North Carolina Memorial	R. B. Raney	ACF	81	22	542†	4	100	6,572	2	2	2	0	0	6	2800-5000	O	
Charlotte																	
Charlotte Memorial	F. W. Lee	ACF	..	81	2,294†	15	33	7,056	1	1	2	1	0	5	4380-5100	P	
Durham																	
Duke University Affiliated Hospitals	..	..	..	..	..	..	..	..	6	5	4	4	2	21	..	..
Duke ¹¹⁰	L. D. Baker	ACF	19, 20	29	1,455	4	75	7,588	..	..	..	..	..	..	3900-4800	P
Veterans Admin.	D. E. McCollum	AF	19	34	467†	5	60	..	..	..	..	..	..	..	4325-7715	O
Gastonia																	
North Carolina Orthopedic	W. M. Roberts	C	19, 81	137	268	0	0	6,993	0	0	2	0	0	2	3800-3800	P	
Winston-Salem																	
North Carolina Baptist Hospitals	F. Forsyth	AF	77	29	928	7	14	6,368	4	4	4	0	0	12	3000-4000	P	
OHIO																	
Akron																	
Akron City	W. A. Hoyt	AF	15	67	1,635	19	26	900	2	2	2	0	0	6	4520-6600	FP	
Akron General	H. W. O'Dell	AF	58	56	1,202	17	53	624	0	2	2	2	0	6	4500-5400	FP	
Children's Hospital of Akron	W. A. Hoyt, Jr.	C	15, 58	35	1,339	1	100	3,006	0	2	2	0	0	4	4500-4800	FP	
Cincinnati																	
Good Samaritan	N. Giannestras	C	118	12	340	0	0	896	2	0	0	0	0	2	5400-6600	P	
Jewish	R. Perlman	AF	17	46	1,039†	14	29	878	..	..	..	..	..	1	4500-4800	FP
University of Cincinnati Hospital Group	J. A. Freiberg	..	17	..	..	..	..	..	2	2	2	2	0	8	..	..
Children's	..	C	17	10	308	..	..	1,006	..	..	..	..	..	..	..	..
Cincinnati General	..	AF	17	10	183	0	0	5,189	..	..	..	..	..	..	2400-6000	F
Veterans Admin.	..	AF	17	19	209	6	83	..	..	..	..	..	..	..	4325-7715	..
Cleveland																	
Cleveland Clinic	J. I. Kendrick	ACF	42	35	875	2	100	9,314	2	2	2	0	0	6	4200-5400	P	
Cleveland Metropolitan General	F. W. Rhinelander	CF	105	20	365	9	100	6,938	0	1	1	0	0	2	4200-5160	FP	
Mount Sinai Hospital of Cleveland	A. Tramer	AF	101	46	1,285	9	22	2,825	1	1	1	0	0	3	4404-5196	P	
St. Luke's	J. E. Brown	ACF	..	48	1,190	7	50	2,552	1	1	1	1	0	4	4800-6600	P	
St. Vincent Charity	K. S. Alfred	F	42	17	416	6	33	1,628	1	1	0	0	0	2	4200-5400	P	
University Hospitals of Cleveland	C. H. Herndon	ACF	27	63	1,186†	3	33	6,571	3	3	3	0	0	9†	4200-5400	P	
Veterans Admin.	..	A	27, 105	49	503†	18	44	1,085	..	..	..	..	..	..	4325-6035	P
Columbus																	
Children's	P. H. Curtiss, Jr.	C	25, 98, 99	17	731	0	0	3,554	0	0	3	0	0	3	2400-3600	P	
Mount Carmel	H. V. Lacey	AF	25	52	1,201†	13	69	692	1	1	0	0	0	2	3900-4200	FP	
Ohio State University Hospitals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
University	P. H. Curtiss, Jr.	AF	99	22	623	6	83	2,729	0	2	2	3	0	7	3624-5724	P	
Riverside Methodist ¹¹²	J. T. Leach	AF	98	72	1,476†	3	0	1,498	1	1	0	0	0	2	5340-5520	P	
Elyria																	
Elyria Memorial	J. M. Strong	ACF	..	14	499	0	0	7,184	1	1	1	0	0	3	4800-5700	F	
Toledo																	
Maumee Valley	J. Gosman	AF	102	17	423	9	56	1,684	0	0	0	1	0	1	..-4800	FP	
St. Vincent	J. W. Millis	ACF	102	30	1,225	10	30	2,144	1	1	1	1	0	4	3900-4800	F	
Youngstown																	
Youngstown	G. W. Cook	AF	71	55	1,508	39	49	4,678	1	1	1	1	0	4	3900-4500	F	
OKLAHOMA																	
Oklahoma City																	
University of Oklahoma Medical Center	D. H. O'Donoghue	..	..	..	..	..	..	..	..	..	..	..	..	18	..	..
Bone and Joint	J. P. Bell	AF	53	61	2,308	17	0	27,154	..	..	..	..	..	..	4800-5700	P
St. Anthony	D. H. O'Donoghue	AF	53	55	2,441	24	33	1,481	..	..	..	..	..	..	5400-6300	O
University Hospitals ¹²⁶	H. O'Donoghue	ACF	53	48	1,053	2	50	8,236	..	..	..	..	..	..	3600-5200	P
Veterans Admin.	G. R. Frank	AF	53	29	590	1	100	3,060	..	..	..	..	..	..	..	..
OREGON																	
Portland																	
Emanuel	H. E. Davis	AF	28	96	2,861†	15	40	4,071	0	2	1	0	0	3	4800-4800	P	
Shriners Hospital for Crippled Children	E. G. Chuinard	C	28	79	358	0	0	3,181	..	..	..	..	..	..	..	..
University of Oregon Medical School Hospitals and Clinics	W. E. Snell	AF	28	44	..	16	75	3,592	3	3	3	2	0	11	2700-3300	F	
Veterans Admin.	R. C. Merrifield	AF	91	53	608	11	90	2,020	1	1	1	1	0	4	4325-6035	P	
PENNSYLVANIA																	
Danville																	
Geisinger Medical Center	L. F. Bush	ACF	..	19	841	9	78	17,317	1	1	1	1	0	4	3300-5400	P	
Elizabethtown																	
State Hospital for Crippled Children	T. Outland	C	21, 92	158	223	0	0	4,159	0	0	3	0	0	3	5268-5268	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
VERMONT																
Burlington																
University of Vermont Affiliated Hospitals	J. F. Bell		124						1	1	1	1	0	4		
DeGoesbriand Memorial		AF	124	14	591	2	50									
Mary Fletcher		ACF	124	27	577	1	100									
White River Junction																
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.																
VIRGINIA																
Arlington																
National Orthopaedic and Rehabilitation	F. W. Rook	ACF		87	2,302	12	50	29,256	1	1	1	1	0	4	3600-5400	F
Charlottesville																
University of Virginia	J. H. Allan	ACF		29	916†	9	44	3,976	2	3	2	0	0	7	2400-3300	F
Richmond																
Crippled Children's	J. T. Tucker, M. J. Hoover	C	35	85	553	1	0	1,260						2	3300-3300	P
Medical College of Virginia-Hospital																
Division	M. J. Hoover, Jr.	AF	35	57	1,547	28	18	6,132	0	4	4	4	0	12	2400-3300	F
Veterans Admin.	R. D. Butterworth	A	35	29	474	2	50	1,176							4325-7715	P
WASHINGTON																
Seattle																
University of Washington Affiliated Hospitals	D. K. Clawson								4	4	4	4	0	10		
Children's Orthopedic Hospital and Medical Center	J. I. Tuell	C	36	18	827	1	100	3,976							3640-6460	O
King County	L. Gordon	AF	36	28	947†	38	63	5,519							5400-6600	F
Swedish	J. E. Stewart	AF	36	74	2,918†	16	25								4800-4800	F
U. S. Public Health Service	D. K. Clawson	AF	36	46	879	1	100	4,396								O
University	D. K. Clawson	AF	36	17	517†	0	0	4,853							2400-7500	P
Veterans Admin.	D. K. Clawson	A	36	19	241	3	100	887							4325-7715	O
Shriners Hospital for Crippled Children (Spokane)	N. R. Brown	C	36, 91	40	262	0	0	2,294								
Spokane																
Shriners Hospital for Crippled Children—See University of Washington Affiliated Hospitals, Seattle																
WEST VIRGINIA																
Morgantown																
West Virginia University	J. C. Pickett	ACF		14	421	3		2,743	2	2	2	2	0	8	3320-5120	P
WISCONSIN																
Madison																
University of Wisconsin Affiliated Hospitals	H. W. Wirka	ACF							2	4	2	2	0	10		
University Hospitals				55	1,187	19	68	7,575							3400-5200	P
Madison General				42	1,344	14	50								3400-5200	P
St. Mary's				19	664	10	50								3400-5200	P
Veterans Admin.				37	394	0	0	1,142							6035-6665	P
Milwaukee																
Columbia	A. C. Schmidt	AF	37	27	604	4	75	3,288	0	1	0	1	0	2	4800-5700	P
Milwaukee Children's	B. Brewer	C	37	17	587	1	100	3,759								
Milwaukee County General	W. P. Blount	AF	37	34	688	31	52	9,240	0	1	1	2	0	4	5100-6665	P
Veterans Admin. (Wood)	P. L. Carnesale	AF	37	47	695	9	78	4,014	1	1	1	1	0	4	4325-6665	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.		Lankenau Hospital	Philadelphia
	Children's Hospital and Adult Medical Center	San Francisco		Pennsylvania Hospital	Philadelphia
	Franklin Hospital	San Francisco	24.	Buffalo General Hospital	Buffalo
	San Francisco General Hospital	San Francisco		Children's Hospital of Buffalo	Buffalo
	Shriners Hospital for Crippled Children	San Francisco		Veterans Admin. Hospital	Buffalo
	University of California Hospitals	San Francisco	25.	Children's Hospital	Columbus, Ohio
	Veterans Admin. Hospital	San Francisco		Mount Carmel Hospital	Columbus, Ohio
	Shriners Hospital for Crippled Children	Honolulu, Hawaii	26.	House of St. Giles the Cripple (Brooklyn)	New York City
3.	Shriners Hospital for Crippled Children	Los Angeles		New York Polyclinic Medical School and Hospital	New York City
	Highland Alameda County Hospital	Oakland, Calif.		St. Vincent's Hospital of the Borough of Richmond	(Staten Island)
	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
	Yale-New Haven 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 of the University of Rochester	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.		Shriners Hospital for Crippled Children	Salt Lake City
8.	James Whitcomb Riley Hospital	Indianapolis		University Hospital	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	Louisville, Ky.		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
	Peter Bent Brigham Hospital	Boston	38.	Meadowbrook Hospital	East Meadow, N. Y.
	Veterans Admin. Hospital (West Roxbury)	Boston		Nassau Hospital	Mincola, N. Y.
12.	Veterans Admin. Hospital	Dearborn, Mich.		St. Charles Hospital	Port Jefferson, N. Y.
	Children's Hospital	Detroit	39.	Emory University Hospital	Atlanta, Ga.
	Grace Hospital	Detroit		Grady Memorial Hospital	Atlanta, Ga.
	Harper Hospital	Detroit	40.	Crippled Children's Hospital	Phoenix, Ariz.
	Receiving Hospital	Detroit		Shriners Hospital for Crippled Children	Los Angeles
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	Lakeville, 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.
15.	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.
16.	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	Lakeville, 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.		Lutheran General Hospital	Park Ridge, Ill.
	U.S. Naval Hospital	Chelsea, Mass.	51.	Bellevue Hospital Center, Division IV-New York University	New York City
	Blodgett Memorial Hospital	Grand Rapids, Mich.		Columbus Hospital	New York City
	St. Charles Hospital (Brooklyn)	New York City		Veterans Admin. Hospital (Manhattan)	New York City
	Duke Hospital	Durham, N. C.		New York State Rehabilitation Hospital	West Haverstraw, N. Y.
	U.S. Naval Hospital	Philadelphia			
	U.S. Naval Hospital	Portsmouth, Va.			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
52.	St. Charles Hospital (Brooklyn)	New York City	89.	Hennepin County General Hospital	Minneapolis
	Veterans Admin. Hospital (Brooklyn)	New York City		University of Minnesota Hospitals	Minneapolis
53.	Bone and Joint Hospital	Oklahoma City		Gillette State Hospital for Crippled Children	St. Paul, Minn.
	St. Anthony Hospital	Oklahoma City	90.	Shriners Hospital for Crippled Children	Los Angeles
	University Hospitals	Oklahoma City		University of California Hospital	Los Angeles
	Veterans Admin. Hospital	Oklahoma City		Los Angeles County Harbor General Hospital	Torrance
54.	Children's Hospital	Washington, D.C.	91.	Veterans Admin. Hospital	Portland, Ore.
	Washington Hospital Center	Washington, D.C.		Shriners Hospital for Crippled Children	Spokane, Wash.
55.	University Hospitals	Iowa City, Iowa	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
56.	E. A. Conway Memorial Hospital	Monroe, La.		Hahnemann Medical College and Hospital	Philadelphia
	Ochsner Foundation Hospital	New Orleans	94.	Arkansas Children's Hospital	Little Rock, Ark.
	Touro Infirmary	New Orleans		University Hospital	Little Rock, Ark.
57.	Baltimore City Hospitals	Baltimore		Veterans Admin. Hospital	Little Rock, Ark.
	Children's Hospital	Baltimore	95.	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.
	Johns Hopkins Hospital	Baltimore		Hotel Dieu Sisters' Hospital	El Paso, Texas
58.	Akron General Hospital	Akron, Ohio		Crippled Children's Hospital	Phoenix, Ariz.
	Children's Hospital of Akron	Akron, Ohio	96.	William Beaumont General Hospital	El Paso, Texas
59.	Good Samaritan Hospital	Lexington, Ky.		Newark City Hospital	Newark, N. J.
	St. Joseph Hospital	Lexington, Ky.	97.	United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.
	Shriners Hospital for Crippled Children	Lexington, Ky.		Children's Hospital	Columbus, Ohio
60.	Barnes Hospital	St. Louis	98.	Riverside Methodist Hospital	Columbus, Ohio
	St. Louis City Hospital	St. Louis		Children's Hospital	Columbus, Ohio
61.	Shriners Hospital for Crippled Children	St. Louis	99.	University Hospital	Columbus, Ohio
	University of Missouri Medical Center	Columbia, Mo.		Children's Hospital	Denver
	Veterans Admin. Hospital	St. Louis	100.	Denver General Hospital	Denver
62.	Baptist Memorial Hospital	Jacksonville, Fla.		Fitzsimons General Hospital	Denver
	Duval Medical Center	Jacksonville, Fla.		Nebraska Orthopedic Hospital	Lincoln, Neb.
	Hope Haven Children's Hospital	Jacksonville, Fla.	101.	James Whitcomb Riley Hospital	Indianapolis
63.	Latter-day Saints Hospital	Salt Lake City		Robert W. Long Hospital	Indianapolis
	Primary Children's Hospital	Salt Lake City		Mount Sinai Hospital of Cleveland	Cleveland
64.	Veterans Admin. Hospital	Long Beach, Calif.		Maumee Valley Hospital	Toledo, Ohio
	Children's Hospital of Los Angeles	Los Angeles	102.	St. Vincent Hospital	Toledo, Ohio
65.	Children's Hospital	Denver	103.	Lenox Hill Hospital	New York City
	Fitzsimons General Hospital	Denver		St. Charles Hospital (Brooklyn)	New York City
66.	Boston City Hospital	Boston	104.	Ellis Hospital	Schenectady, N. Y.
	Lahey Clinic	Boston		Sunnyview Rehabilitation Center	Schenectady, N. Y.
	Massachusetts Hospital School	Canton, Mass.	105.	Cleveland Metropolitan General Hospital	Cleveland
	Lakeville Hospital	Lakeville, Mass.		Veterans Admin. Hospital	Cleveland
	Shriners Hospital for Crippled Children	Springfield, Mass.		Shriners Hospital for Crippled Children	Philadelphia
67.	New York Medical College—Metropolitan Hospital Center	New York City	106.	St. Francis Hospital	Wichita, Kans.
	Unit 1—Flower and Fifth Avenue Hospitals	New York City		Veterans Admin. Hospital	Wichita, Kans.
	Unit 2—Metropolitan Hospital	New York City		Wesley Medical Center	Wichita, Kans.
68.	"365" Crippled Children's Clinic and Hospital	Birmingham, Ala.	107.	Children's Hospital of Buffalo	Buffalo
	Lloyd Noland Hospital	Fairfield, Ala.		Edward J. Meyer Memorial Hospital	Buffalo
69.	United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.		Veterans Admin. Hospital	Buffalo
	Queens Hospital Center	New York City	108.	Napa State Hospital	Imola, Calif.
70.	Confederate Memorial Medical Center	Shreveport, La.		Mary's Help Hospital	San Francisco
	Shriners Hospital for Crippled Children	Shreveport, La.		St. Joseph's Hospital	San Francisco
71.	Youngstown Hospital	Youngstown, Ohio		St. Mary's Hospital	San Francisco
	Allegheny General Hospital	Pittsburgh	109.	Children's Hospital	San Diego, Calif.
72.	Children's Hospital of Philadelphia	Philadelphia		Donald N. Sharp Memorial Community Hospital	San Diego, Calif.
	Reading Hospital	Reading, Pa.		Mercy Hospital	San Diego, Calif.
73.	Fort Worth Children's Hospital-Fort Worth Medical Center	Fort Worth, Texas	110.	San Diego County General Hospital	San Diego, Calif.
74.	St. Joseph Mercy Hospital	Ann Arbor, Mich.		U.S. Public Health Service Hospital	San Francisco
	University Hospital	Ann Arbor, Mich.		Charity Hospital of Louisiana	New Orleans
	Wayne County General Hospital and Infirmary	Eloise, Mich.	111.	Tulane University Division	New Orleans
75.	"365" Crippled Children's Clinic and Hospital	Birmingham, Ala.		Rancho Los Amigos Hospital	Downey, Calif.
	Veterans Admin. Hospital	Dallas, Texas		Los Angeles County General Hospital	Los Angeles
76.	Jackson Memorial Hospital	Miami, Fla.		White Memorial Medical Center	Los Angeles
	Variety Children's Hospital	Miami, Fla.	112.	Tampa General Hospital	Tampa, Fla.
77.	Veterans Admin. Hospital	Wilmington, Del.	113.	Scottish Baptist Hospital	Atlanta, Ga.
	North Carolina Baptist Hospitals	Winston-Salem, N. C.		Georgia Rite Hospital for Crippled Children	Decatur, Ga.
	Shriners Hospital for Crippled Children	Greenville, S. C.	114.	Eugene Talmadge Memorial Hospital	Augusta, Ga.
	Greenville General Hospital	Greenville, S. C.		University Hospital	Augusta, Ga.
78.	Joseph P. Kennedy Jr. Memorial Hospital	Boston	115.	District of Columbia General Hospital	Washington, D.C.
	Memorial Hospital	Worcester, Mass.		Freedmen's Hospital	Washington, D.C.
	St. Vincent Hospital	Worcester, Mass.	116.	United Hospitals of Newark-Hospital for Crippled Children	Newark, N. J.
	Worcester City Hospital	Worcester, Mass.		U.S. Public Health Service Hospital (Staten Island)	New York City
79.	Worcester Hospital of St. Raphael	New Haven, Conn.	117.	Brooke General Hospital	San Antonio, Texas
	Joseph P. Kennedy Jr. Memorial Hospital	Boston		Santa Rosa Medical Center	San Antonio, Texas
80.	Veterans Admin. Hospital (Manhattan)	New York City		University of California Hospital	Los Angeles
	New York State Rehabilitation Hospital	West Haverstraw, N. Y.	118.	Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
81.	North Carolina Memorial Hospital	Chapel Hill, N. C.		Good Samaritan Hospital	Cincinnati
	North Carolina Orthopedic Hospital	Gastonia, N. C.	119.	Orthopaedic Hospital	Los Angeles
82.	Newington Hospital for Crippled Children	Newington, Conn.		Veterans Admin. Center—Wadsworth Hospital	Los Angeles
	Mary Hitchcock Memorial Hospital	Hanover, N. H.		Los Angeles County Harbor General Hospital	Torrance, Calif.
	Veterans Admin. Hospital	White River Jct., Vt.	120.	Santa Rosa Medical Center	San Antonio, Texas
83.	Edward J. Meyer Memorial Hospital	Buffalo		U.S. Air Force Hospital	San Antonio, Texas
	Allegheny General Hospital	Pittsburgh	121.	Children's Memorial Hospital	Chicago
84.	Brookdale Hospital Center (Brooklyn)	New York City		Mayo Graduate School of Medicine	Rochester, Minn.
	Jewish Chronic Disease Hospital (Brooklyn)	New York City		Rochester Methodist Hospital	Rochester, Minn.
	Jewish Hospital of Brooklyn	New York City		St. Mary's Hospital	Rochester, Minn.
85.	East Tennessee Baptist Hospital	Knoxville, Tenn.	122.	Veterans Admin. Hospital	East Orange, N. J.
	East Tennessee Children's Hospital	Knoxville, Tenn.		Hospital Center at Orange	Orange, N. J.
	St. Mary's Memorial Hospital	Knoxville, Tenn.	123.	University of Florida Teaching Hospital and Clinics	Gainesville, Fla.
	University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.		Veterans Admin. Hospital	Lake City, Fla.
86.	Shriners Hospital for Crippled Children	Honolulu, Hawaii	124.	DeGoesbriand Memorial Hospital	Burlington, Vt.
	Tripler General Hospital	Honolulu, Hawaii		Mary Fletcher Hospital	Burlington, Vt.
87.	Children's Hospital of Philadelphia	Philadelphia	125.	Hospital for Joint Diseases	New York City
	Pennsylvania Hospital	Philadelphia		Montefiore Hospital and Medical Center	New York City
	Veterans Admin. Hospital	Philadelphia		Morrisania City Hospital	New York City
88.	James Lawrence Kernan Hospital for Crippled Children	Baltimore			
	University of Maryland Hospital	Baltimore			

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, 103; Residencies, 784.

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Residencies Offered 1966-1967					Total All Years	Salary Per Year Min.-Max.	Maintenance	
						Number	Autopsy Per cent	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES ARMY																
COLORADO	Fitzsimons General, Denver	D. J. Joseph	14	734	0	0	11,223	0	1	1	1	0	3			
DISTRICT OF COLUMBIA	Walter Reed General, Washington	H. W. McCurdy	50	1,331	0	0	14,195	0	3	3	3	0	9			
TEXAS	Brooke General, San Antonio ²¹⁵	A. K. Brown	22	758	13	92	10,589	0	2	2	2	0	6			
UNITED STATES NAVY																
CALIFORNIA	U. S. Naval, Oakland	F. J. Sweeney	28	300	3	100	9,415	1	1	1	1	0	4			
	U. S. Naval, San Diego	L. E. Wible	36	1,050	3	87	15,065	2	2	2	2	0	8			
MARYLAND	U. S. Naval, Bethesda	G. Taylor	33	1,086	7	71	9,913	1	1	1	1	0	4			
PENNSYLVANIA	U. S. Naval, Philadelphia ⁴⁴⁸	G. R. Hart	32	889	5	60	9,461	2	2	2	0	0	8			
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA	Birmingham	University of Alabama Medical Center	J. J. Hicks	20	1,037	0	0	3,335	2	2	2	2	0	8		
		University Hospital and Hillman Clinic												2400-3600	F	
		Veterans Admin.												4325-7715	O	
CALIFORNIA	Los Angeles	Hollywood Presbyterian Hospital-Olmsted Memorial ¹⁰⁴	A. H. Miller	7	910	2	0	2,734	1	0	1	0	0	2	4800-5400	P
		Los Angeles County General, Unit I ¹⁰⁸	C. Whitaker	22	1,807	16	31	22,421	4	4	4	4	0	16	5028-6900	P
		University of California	J. J. Pressman	10	858	8	88	9,896	2	2	2	2	0	8	3580-6300	O
		Veterans Admin. Center-Wadsworth ¹²⁴	M. J. Acquarelli	37	1,323	11	91	9,792	2	2	2	0	0	6	4325-6035	P
		White Memorial Medical Center ¹¹⁵	L. R. House	11	962	9	100	4,761	1	1	2	1	0	5	4260-6060	P
	Palo Alto	Stanford Medical Center and Affiliated Hospitals							2	2	2	0	0	6		
		Palo Alto-Stanford Hospital Center	F. B. Simmons	18	861†	5	80	12,014							3900-6300	O
		Veterans Admin.	W. F. Baxter	7	175	1	0	2,567								
		Santa Clara County (San Jose)	R. MacLean	4	195	2	100	5,402							4536-6888	F
	San Francisco	University of California Hospitals ¹³⁴	F. Sooy	12	1,060	0	0	7,827	3	3	3	0	0	9	3580-4660	P
		San Francisco General	S. Hopp	13	275	11	100								4092-4092	O
		Veterans Admin.	J. A. T. Ross	18	394	7	71	1,422	1	1	1	0	0	3	4325-7715	
	San Jose	Santa Clara County—See Stanford Medical Center and Affiliated Hospitals, Palo Alto														
COLORADO	Denver	University of Colorado Affiliated Hospitals							2	2	2	2	0	8		
		University of Colorado Medical Center	W. G. Hemenway	6	569	1	100	5,473							3500-4500	P
		Veterans Admin.	C. W. Whistler		115			1,950							4325-7715	
CONNECTICUT	New Haven	Yale-New Haven Medical Center	J. Kirchner	13	1,146	1	100	8,727	2	2	2	0	0	6	3600-4200	P
DISTRICT OF COLUMBIA	Washington	Georgetown University Affiliated Hospitals	A. G. DiBiasio	7	205	1	100	2,129	3	3	3	0	0	10†	3800-5000	P
		District of Columbia General														
		Georgetown University														
		Washington Hospital Center ¹⁷²	I. Hantman	31	4,866	14	57	8,140	3	3	3	0	0	9	4080-4620	P
FLORIDA	Gainesville	University of Florida Teaching Hospital and Clinics	G. T. Singleton	4	362	1	0	3,984	2	2	2	1	0	7	3600-8000	O
	Miami	Jackson Memorial	J. R. Chandler	12	930	5	60	5,409	1	2	2	2	0	7	2400-4200	P
	Tampa	Tampa General	R. Farrior	17	1,526	6	33	4,720	1	1	1	0	0	3	4200-7200	FP
GEORGIA	Atlanta	Emory University Affiliated Hospitals	J. S. Turner						3	3	3	0	0	9		
		Grady Memorial		6	426	1		4,945							3000-3900	P
		Emory University														
		Henrietta Eggleston Hospital for Children		6	1,126	0	0	0							2600-3900	P

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

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS															
Chicago															
Northwestern University Medical Center						2,737									
Chicago Wesley Memorial	G. Allen	23	2,827	1	100										
Cook County	J. A. Weiss	29	1,286	44	16	21,231	1	1	1	1	0	2	3300-4200	P	
Michael Reese Hospital and Medical Center	N. Leshin	11	1,361	6	50	1,835	0	1	0	0	0	2	3780-4500	P	
Veterans Admin. Research	G. W. Allen	14	291	1	100	408	1	0	1	0	0	1	3900-5100	P	
University of Chicago Hospitals and Clinics ¹⁹⁹	J. R. Lindsay	13	899	5	80	13,806	3	1	2	2	0	8	4325-7715	O	
University of Illinois Affiliated Hospitals	F. L. Lederer												3900-5500	O	
Illinois Eye and Ear Infirmary		21	1,250	11	55	33,483	0	0	4	4	0	14	3300-4500	P	
Presbyterian-St. Luke's	S. A. Friedberg	20	1,112	8	75	3,198	0	0	2	0	0	2	4000-4600	P	
University of Illinois Research and Educational Hospitals		11	672	11	45	8,711	0	1	3	1	0	5	3300-4500	P	
Hines															
Veterans Admin. ²⁰⁰	B. J. Soboroff	25	908	13	46	5,029	2	0	2	2	0	6	4325-6665	O	
INDIANA															
Indianapolis															
Indiana University Medical Center							3	3	2	0	0	8			
Indiana University Hospitals	D. E. Brown	11	709	2	50	6,183							3575-4700	P	
Marion County General	R. Lingeman	14	439	7	14	4,923							3863-4854	P	
Methodist Hospital of Indiana	D. E. Brown	16	2,795	4	25								6000-8000	P	
Veterans Admin.	D. E. Brown	8	117	10	30	618							4325-6665	O	
IOWA															
Iowa City															
State University of Iowa Affiliated Hospitals							5	5	5	5	5	25			
University Hospitals	B. F. McCabe	55	3,072	21	57	23,433							3500-5000	P	
Veterans Admin.		12	810	0	0	1,420							4325-7715	P	
KANSAS															
Kansas City															
University of Kansas Medical Center	G. O. Proud	11	870	6	67	13,810	2	2	1	1	0	6	3000-3600	P	
Veterans Admin. (Kansas City, Mo.)	H. A. Knauff	12	428	15	80	824							4325-6035		
KENTUCKY															
Louisville															
University of Louisville Affiliated Hospitals	G. I. Uhde														
Louisville General	G. I. Uhde	5	338	0	0	3,181	3	3	2	1	0	9	3160-6440	FP	
Veterans Admin.	H. Oppenheim	6	194	2	100	320	1	1	0	0	0	2	4325-6665	O	
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	V. H. Fuchs	6	659	14	36	10,102							2400-3300	F	
Tulane University Division	H. G. Tabb	17	1,047	6	16	8,782							2400-3300	F	
Eye, Ear, Nose and Throat ²²¹	H. Tabb	7	3,589	2	50	8,900	0	2	2	2	0	6	2400-4200	F	
Shreveport															
Confederate Memorial Medical Center	J. W. Pou	13	853	4	25	3,488	1	1	1	1	0	4	2400-4200	F	
MARYLAND															
Baltimore															
Johns Hopkins	J. E. Bordley	26	1,825	5	20	22,197	3	3	3	3	3	15	3200	P	
University of Maryland Affiliated Hospitals							0	3	3	3	0	9			
Baltimore Eye, Ear and Throat	C. Blanchard	25	2,518	1	0	7,575							4200-5400	F	
University of Maryland	C. L. Blanchard	13	770	5	60	6,744							3200-4400	P	
MASSACHUSETTS															
Boston															
Boston City	A. Gorney	26	1,324	10	30	18,755	0	2	2	2	0	6	4200-5400	O	
Boston University Medical Center															
University	M. S. Strong	5	401			1,199	0	2	0	0	0	2	3600-4800	O	
Veterans Admin. (Jamaica Plain)	P. Mysel	10	257	6	83	1,225	1	1	1	0	0	3	5125-6665	O	
Massachusetts Eye and Ear Infirmary	H. F. Schuknecht	55	4,967	23	35	21,054	5	5	5	0	0	15	3600-4800	P	
MICHIGAN															
Ann Arbor															
University ²²⁴	W. P. Work	18	959	5	60	9,629	4	4	4	4	0	16	3540-4740	O	
Detroit															
Henry Ford	J. L. Dill	16	1,789	3	33	33,412	2	2	2	2	0	8	4800-6000	P	
Wayne State University Affiliated Hospitals															
Children's	L. Waggoner	4	718			1,445	0	0	1	0	0	1	4800-6000	O	
Harper	L. G. Waggoner	31	2,917	7	57	1,113	1	1	1	1	0	4	4200-5700	FP	
Receiving	G. J. Beekhuis	8	470	13		10,289	4	3	3	0	0	10	4405-5328	P	
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals ²⁰⁵	L. R. Boies						4	4	4	4	0	16			
Hennepin County General	J. H. Glaeser	4	298	2	50	2,654							4500-6500	P	
University of Minnesota Hospitals	L. R. Boies	8	463	1	100	6,074							3150-8000	O	
Veterans Admin.	H. Williams	16	491	8	62	1,129							4325-7715	O	
Ancker (St. Paul)	J. Hilger	6	837	1	100	3,983							4500-6000	P	
Rochester															
Mayo Graduate School of Medicine ²²⁵	K. M. Simonton	21	2,370	2	100	52,114	4	4	4	4	0	16	3600-4800	P	
Rochester Methodist															
St. Mary's															
St. Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis															

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

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSISSIPPI															
Jackson															
	University of Mississippi Medical Center		2	170	0	0	825	1	1	1	0	0	3	3900-4500	O
	University	G. E. Arnold													
	Veterans Admin.	O. Green	6	101	1	100	2,048							4325-6035	O
MISSOURI															
Kansas City															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.															
St. Louis															
	Homer G. Phillips	J. West	9	369	13	18	4,051	1	1	1	1	0	4†	4584-5849	P
	St. Louis University Group of Hospitals	W. Harkins	21	2,460	2	100	2,239	1	1	1	0	0	3	2400-3240	FP
	Washington University Hospitals							6	6	6	6	0	24		
	Barnes	T. E. Walsh	38	3,401	13	41	8,653							3300-3300	O
	McMillan														
	Veterans Admin.	E. H. Lyman	10	243	10	42	1,068							4325-4325	O
NEW JERSEY															
Newark															
	United Hospitals of Newark, Eye and Ear														
	Infirmiry-Newark City														
	United Hospitals of Newark, Eye and Ear														
	Infirmiry	E. P. Cardwell	15	1,290	4	75	4,252	4	2	0	0	0	6	3600-4200	F
	Newark City	F. W. Keim	12	392	16	19	2,927	2	2	2	0	0	6	3900-5700	F
NEW YORK															
Albany															
	Albany Medical Center ²⁴⁰	J. Kouyoumgian	7	479†	3	33	1,481	1	1	1	0	0	3	3200-5000	P
New York City															
	Albert Einstein College of Medicine														
	Affiliated Hospitals	S. L. Lane						2	2	2	0	0	6		
	Bronx Municipal Hospital Center		10	360	1	100	4,500							4800-5220	FP
	Lincoln													4200-5220	P
	Brooklyn Eye and Ear	C. R. Weeth	47	6,724	5	20	28,124	2	2	2	0	0	6	1800-2400	F
	City Hospital Center at Elmhurst ⁴	H. Rosenwasser	5	451	6	33	5,364	1	1	1	1	0	4	4200-5220	F
	Harlem Eye and Ear	E. Grabscheid	14	2,405	0	0	19,855	1	1	1	0	0	3	3000-4200	F
	Kings County Hospital Center ³⁶⁴	L. Mazzarella	29	1,089	8	20	17,924	2	2	2	3	0	9	4200-5220	P
	Long Island College	I. A. Polisar	4	631	1	0	1,285	1	1	1	0	0	3	4500-6250	P
	Manhattan Eye, Ear and Throat	R. J. Bellucci	42	4,771	4	50	32,365	4	4	4	0	0	12	3600-4200	P
	Mount Sinai	J. L. Goldman	32	1,882	4	50	8,767	2	2	2	2	0	8	5000-6500	P
	New York Eye and Ear Infirmiry	J. S. Hanley	26	2,693	0	0	26,516	4	4	4	0	0	12	1800-2400	F
	New York	J. Moore	18	1,651	2	50	8,609	1	1	1	2	0	5	4000-7000	P
	New York Polyclinic Medical School and Hospital	J. W. Bell	12	1,707	1	100	2,617	1	1	1	1	0	3	3700-4900	F
	New York University Affiliated Hospitals	J. F. Daly						4	4	4	0	0	12†		
	Bellevue Hospital Center, Div. IV	J. F. Daly	26	1,080	13	46	21,467							4200-5200	P
	University		13	640	3	67									
	Veterans Admin. (Manhattan)	F. Kwok	17	369	10	60								4325-6035	O
	Presbyterian	D. C. Baker	27	2,094	5	20	17,701	3	3	2	0	0	8	4800-5600	O
	St. Luke's	S. Whitfield	14	1,045	8	25	9,762	1	1	1	0	0	3	4320-4920	O
	Veterans Admin. (Bronx) ³⁶³	H. Kolson	23	401	12	58	2,594	1*	1	1	1	0	4	4325-7715	O
Rochester															
	Strong Memorial Hospital of the University of Rochester ³⁴⁷	J. P. Frazer	10	1,072†	2	50	5,687	0	1	1	1	0	3	3300-5050	O
Syracuse															
	State University of New York Upstate Medical Center	A. Doust	16	1,017	20	65	3,451	0	2	2	2	0	6	4488-5391	O
	Veterans Admin.	D. L. Foushter	7	209	10	60	664							4325-6665	O
NORTH CAROLINA															
Chapel Hill															
	North Carolina Memorial	N. D. Fischer	8	544†	4	75	5,220	1	1	1	0	0	3	2800-5000	O
Durham															
	Duke University Affiliated Hospitals ⁴¹¹	W. R. Hudson						2	2	2	2	0	8		
	Duke		12	932	1	0	6,003							3900-4800	P
	Veterans Admin.		16	303†	6	83								4325-7715	O
Winston-Salem															
	North Carolina Baptist Hospitals	J. Harrill	10	806	0	0	7,850	1	1	1	0	0	3	3000-4000	P
OHIO															
Cincinnati															
	University of Cincinnati Hospital Group														
	Cincinnati General	V. Fischbach	17	746	4	50	5,482	3	3	3	0	0	9	2400-4800	F
Cleveland															
	Cleveland Clinic ⁴²¹	H. E. Harris	12	833	1		12,957	2	1	1	2	0	6	3900-5400	P
	Cleveland Metropolitan General ⁴²⁰	S. C. Missal	4	217	7	57	3,954	0	1	1	1	0	3†	4200-5660	FP
	St. Luke's	F. W. Alexander	16	2,304	7	71	2,252	1	1	1	1	0	4	4800-6600	P
	University Hospitals of Cleveland	W. H. Maloney	10	1,238†	2	50	3,822	2	2	2	0	0	6	4200-5400	P
	Veterans Admin.		9	198†	12	42	520							4325-6035	P
Columbus															
	Ohio State University Hospitals							3	3	3	3	0	12		
	Children's	T. Smith	21	3,861	1	100	1,257								
	University	W. H. Saunders	8	500	0	0	8,000							4200-6300	P
OKLAHOMA															
Oklahoma City															
	University of Oklahoma Medical Center	J. B. Snow						2	2	2	2	0	8		
	University Hospitals		11	534	2	0	5,310							3600-6500	P
	Veterans Admin.		11	281	10	70	2,628								

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

APPROVED RESIDENCIES

15. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	D. DeWeese	14	882	3	67	7,829	3	3	2	2	0	10	2700-3300	F
Veterans Admin.	T. G. TenEyck	7	241	2	50	1,360								
PENNSYLVANIA														
Danville														
Geisinger Medical Center	J. M. Cole	18	1,748	8	25	16,562	2	2	2	2	0	8	3300-5400	P
Philadelphia														
Graduate Hospital of the University of Pennsylvania ⁴⁵⁴	W. Schlosser	8	660	1	100	1,673	2	2	2	0	0	6	2454-3200	P
Hospital of the University of Pennsylvania ⁴⁵⁹	P. Marden	27	1,575	11	82	4,503	2	2	2	2	0	8	1200-3000	P
Jefferson Medical College ⁴⁶⁸	F. Harbert	19	1,198	12	25	2,924	3	3	4	1	0	11	3000-4200	O
Temple University ⁴⁷⁰	B. J. Ronis	20	1,808	5	100	5,059	2	2	2	0	0	6†	3300-3900	P
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh												12		
Eye and Ear Hospital of Pittsburgh	R. E. Jordan	50	5,840	6	66	9,738							5100-5700	O
Veterans Admin.	C. S. Dimling	17	343	12	92	780							4325-7715	O
Mercy	J. T. Dickinson	32	2,454	16	63	2,174	1	1	1	1	0	4	5400-6300	P
PUERTO RICO														
San Juan														
San Juan City	J. Pico		626			4,893	1	1	1	0	0	3	4200-5400	F
RHODE ISLAND														
Providence														
Rhode Island	R. W. Pearson	21	3,325	13	23	2,815	1	1	1	1	0	4	2700-4680	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	R. W. Hanckel	6	432	4	50	2,556	0	1	1	1	0	3	3084-4500	FP
Medical College														
Roper														
TENNESSEE														
Memphis														
City of Memphis Hospitals ⁶⁷	S. H. Sanders	10	511	2	50	7,529	2	2	2	0	0	6	3480-3480	F
Veterans Admin.	T. A. Maguda	22	464	7	86	4,641	1	1	1	0	0	3	4325-7715	O
Nashville														
Vanderbilt University	P. H. Ward	4	193	1	100	1,382	1	1	1	0	0	3	3000-3600	P
TEXAS														
Dallas														
Parkland Memorial	C. D. Winborn	5	351	1	100	4,343	0	1	1	2	0	4	3000-3600	P
Veterans Admin.	D. A. Corgill	27	608	15	73	5,501	2	3	2	3	0	10	4325-6665	P
Galveston														
University of Texas Medical Branch Hospitals	G. McReynolds	7	504	2	100	3,200	1	1	1	0	0	3	4200-4200	P
Houston														
Baylor University Affiliated Hospitals ⁶⁹	H. H. Harris	52	4,652	11	64	11,302	0	4	4	4	0	12	3612-4682	FP
Ben Taub General														
Methodist														
Veterans Admin.														
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	D. A. Dolowitz						1	1	1	1	0	4		
University		10	391	0	0	4,228							3600-6000	P
Veterans Admin.		10	162	0	0	225							4325-6665	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	R. C. Morrow, Jr.						1	1	1	1	0	4		
DeGoesbriand Memorial		2	152†	0	0	1,145							4000-6800	O
Mary Fletcher		6	646†	2	100	1,264							4000-6800	O
VIRGINIA														
Charlottesville														
University of Virginia	G. S. Fitz-Hugh	17	1,147†	9	67	9,780	0	2	2	2	0	6	2400-3300	F
Richmond														
Medical College of Virginia Affiliated Hospitals	P. N. Pastore													
Medical College of Virginia—Hospital Division		18	1,720	8	50	8,312	4	4	4	4	2	18†	2400-3300	F
Veterans Admin.		7	228	0	0	1,405							4325-7715	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	M. Bennett						2	2	2	0	0	6		
University Hospitals		12	597	3	67	4,603							3400-5200	P
Madison General		8	852	0	0								3400-5200	P
Veterans Admin.		3	103	2	50	308							6035-6035	P
Milwaukee														
Veterans Admin. (Wood) ⁶³³	R. H. Lehman	20	287	19	89	7,560	3	3	3	3	0	12	4325-6665	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, 703; Residencies, 3,509

	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio	R. W. Morrissey	280	1,347,851	17,452	16,847	4P	2	2	1	1	0	6		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	M. R. Beck	263	592,216	5,226	5,216	4P	2	2	2	2	0	8		
COLORADO														
Fitzsimons General, Denver ¹⁴⁸	A. Steer	189	423,352	4,531	4,531	4P	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Armed Forces Institute of Pathology, Washington	E. B. Helwig	24,236		31,136	31,136	1A	0	0	10	10	0	20		
Walter Reed General, Washington	N. S. Irey	361	1,499,780	8,097	8,097	4P	2	2	2	2	0	8		
HAWAII														
Tripler General, Honolulu	S. M. Dozier	270	595,541	8,054	8,052	4P						8		
TEXAS														
William Beaumont General, El Paso	G. D. Lundberg	225	1,194,000	5,568	5,430	4P	1	1	1	1	0	4		
Brooke General, San Antonio	H. B. Hoefler	475	1,036,593	6,068	6,068	4P	2	2	2	2	0	8		
WASHINGTON														
Madigan General, Tacoma	H. F. Sproat	211	1,302,395	5,763	5,125	4P	1	1	1	1	0	4		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	D. B. Rulon	171	382,214	6,511	6,200	4P	1	1	1	1	0	4		
U. S. Naval, San Diego	R. M. Dimmette	509	1,267,075	13,190	11,435	4P	2	2	2	2	0	8		
MARYLAND														
U. S. Naval, Bethesda	J. Humes	273	780,506	7,185	7,185	4P	2	2	2	2	0	8		
NEW YORK														
U. S. Naval, St. Albans	J. E. Szakacs	148	492,659	5,851	5,851	4P	2	2	2	2	0	8		
PENNSYLVANIA														
U. S. Naval, Philadelphia ¹⁵⁸	J. E. Wilson	270	425,356	5,132	4,644	4P	1	1	1	1	0	4		
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service, New Orleans	A. L. Steplock	217	308,026	11,259	11,259	4P	1	1	1	1	0	4	8532-10132	O
MARYLAND														
U. S. Public Health Service, Baltimore	R. Y. Katase	85	237,551	2,660	2,657	4P	1	1	1	1	0	4	8232-...	O
National Institutes of Health-Clinical Center, Bethesda	G. Williams, H. Stewart	232	520,911	3,881	3,881	4P						14		
NEW YORK														
U. S. Public Health Service (Staten Island), New York City	B. S. Eggertsen	120	524,942	4,396	4,166	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	233	330,161	5,075	5,075	4P							5800-6700	P
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	J. F. Lopez	259	396,149	3,643	3,350	4P	1	1	1	1	0	4	8465-10966	O
DISTRICT OF COLUMBIA														
St. Elizabeths, Washington	P. A. Athanasiadou	190	296,112	1,037	1,037	1A	2	0	0	0	0	2	5800-5800	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist Hospitals	A. E. Casey	195	718,193	11,225	11,225	4P	3	0	0	0	0	3	4500-6300	P
Carraway Methodist	B. Bishop, A. J. Cunningham	178	127,293	3,329	3,329	4P	2	0	1	1	0	4	3900-4800	F
University of Alabama Medical Center		591	1,315,504	8,878	8,878	4P	6	6	5	5	2	24		
University Hospital and Hillman Clinic	C. H. Lupton, Jr.												2400-3900	F
Veterans Admin.	B. Hathaway												4325-7715	O
Fairfield														
Lloyd Noland	H. G. Davis	145	149,926	3,512	3,312	1A	1	0	0	0	0	1	4200-4200	FP
Mobile														
Mobile General	E. L. Brown	307	255,962	5,594	4,025	2A	1	1	0	0	0	2	4200-5100	FP

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 1966-1967					Total All Years	Salary per Year Min.-Max.	O' or W'	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
ARIZONA															
Phoenix															
Good Samaritan	J. Likos	236	292,414	10,694	8,553	4P	2	2	1	1	0	6	5400-6300	P	
Maricopa County General	R. Fargotstein	389	328,643	3,386	3,215	4P	2	2	2	2	0	8	5408-7550	P	
St. Joseph's	L. A. Stapley	338	284,789	6,396	5,595	4P	1	1	1	1	0	4	4500-5400	FP	
ARKANSAS															
Little Rock															
Arkansas Baptist	R. A. Burger	160	226,834	6,126	4,703	4P	1	1	1	0	0	3	6000-6000	F	
University	T. D. Norman	563	212,546	5,523	5,523	4P	2	2	2	2	1	9	3400-10000	O	
Veterans Admin. Hospitals ⁹⁸	H. L. Richardson, C. F. Shukers	327	481,884	3,320	3,317	4P						4	4325-12495	P	
Veterans Admin.															
Veterans Admin. (North Little Rock)															
North Little Rock															
Veterans Admin.—See Veterans Admin. Hospitals, Little Rock															
CALIFORNIA															
Bakersfield															
Kern County General	R. W. Huntington, Jr.	783	317,595	10,927	4,217	4P	1	1	1	1	0	4	5400-7200	P	
Berkeley															
Herrick Memorial	W. J. Wedemeyer	104	108,835	2,813	2,507	4P	1	1	1	1	0	4	4800-5100	P	
Burbank															
St. Joseph	R. Straus	174	117,601	7,079	4,691	4P	2	2	2	2	0	8	3600-7200	O	
Duarte															
City of Hope Medical Center	G. D. Amromin	237	139,117	3,448	3,448	2P	1	1	0	0	0	2	5400-6000	P	
Glendale															
Glendale Sanitarium and Hospital	H. I. Harder	181	184,812	5,591	3,967	4P	1	1	1	1	0	4	4980-6660	P	
La Jolla															
Scripps Memorial	L. Gausewitz	63	63,863	3,072	2,399	1A	1	0	0	0	0	1	4800-5400	O	
Loma Linda															
Loma Linda University Hospital-Riverside County General						4P	0	3	1	1	0	5			
Loma Linda University	W. P. Thompson	77	238,667	3,969	3,197								4992-6656	O	
Riverside County General (Riverside)	G. Dybdahl	260	216,051	1,728	1,500								5424-6540	O	
Long Beach															
Memorial Hospital of Long Beach	E. R. Jennings	251	313,467	9,940	8,070	4P	1	1	1	1	0	4	5400-7200	P	
St. Mary's Long Beach	T. Kiddie	223	220,141	8,517	6,207	3P	1	1	1	0	0	3	6000-7200	P	
Veterans Admin. ¹⁴³	I. M. Reingold	731	784,646	4,286	4,251	4P	3	3	2	2	0	10	4325-12075	O	
Los Angeles															
California	P. Jernstrom	176	99,311	5,850	4,034	4P	1	1	1	1	0	4	4020-4920	FP	
Cedars-Sinai Medical Center															
Cedars of Lebanon Hospital Division	N. B. Friedman	362	312,823	8,221	8,038	4P	2	2	2	2	2	10	4500-7500	F	
Mount Sinai Hospital Division	L. Kaplan	116	272,974	4,047	3,507	4P							3 4500-7500	P	
Childrens Hospital of Los Angeles	B. Landing	259	216,581	3,078	1,768	1A							4 3900-5400	O	
Hospital of the Good Samaritan Medical Center	L. J. Tragerman	261	175,882	6,011	4,604	4P	1	1	1	1	0	4	4800-5600	FP	
Kaiser Foundation	J. Gordon	222	465,000	18,000	15,200	4P	1	1	1	1	0	4	4800-6600	P	
Los Angeles County General, Unit I	P. Beamer	2,056	1,814,483	18,395	14,364	4P	6	6	6	6	0	24	5028-6900	F	
Queen of Angels	J. H. Cremin	211	148,239	5,698	4,416	4P	1	1	1	1	0	4	4200-5100	P	
University of California	S. C. Madden	466	274,497	6,863	6,193	4P							12 3580-6300	O	
Veterans Admin. Center-Wadsworth ¹¹³	B. G. Fishkin	935	842,027	10,116	9,998	4P	5	5	4	4	0	18	4325-6665	P	
White Memorial Medical Center	O. B. Pratt	244	582,188	7,247	6,076	4P	3	1	0	0	0	4	4260-6060	P	
Martinez															
Veterans Admin.	P. J. Melnick	258	252,197	3,134	3,134	4P	2	2	1	1	0	6	4325-12075	O	
Mountain View															
El Camino	C. A. Peterson	135	334,000	6,527	4,417	4P	1	1	1	1	0	4	4800-8400	O	
Oakland															
Children's Hospital of East Bay	C. Witzleben	90	112,091	2,496	519	1A							3600-5100	FP	
Highland Alameda County	R. J. Parsons	348	224,081	5,257	4,579	3A	2	1	1	0	0	4	4092-4980	P	
Kaiser Foundation	N. L. Morgenstern	449	790,000	12,599	10,170	4P							4 4080-6840	FP	
Samuel Merritt	C. P. Baker	159	166,482	6,139	4,994	4P	1	1	1	1	0	4	4092-6510	P	
Orange															
Orange County General	E. B. Reilly	432	394,870	2,694	2,430	4P							4 4500-6900	P	
Palo Alto															
Stanford Medical Center and Affiliated Hospitals						4P	3	3	3	3	0	12			
Palo Alto-Stanford Hospital Center	L. Silverman	360	421,469	9,468	8,843								3900-5700	O	
Veterans Admin.	B. Gerstl	225	432,418	5,635	5,600										
Pasadena															
Huntington Memorial	D. S. Shillam	287	322,418	9,350	7,483	4P	1	1	1	1	0	4	4200-6000	FP	
Redwood City															
Sequoia	S. Lindsay	155	159,203	6,670	6,333	4P							2 4200-4860	P	
Riverside															
Riverside County General—See Loma Linda University Hospital-Riverside County General, Loma Linda															
Sacramento															
Mercy	S. Friedlander	106	281,191	11,021	7,467	4P	1	1	1	1	0	4	4800-8400	O	
Sacramento County	R. Hardre	506	318,199	2,621	2,170	4P	1	1	1	1	0	4	6205-7300	F	
Sutter Community Hospitals	C. M. Blumenfeld	188	263,154	7,771	7,720	4P	1	1	1	1	0	4	4200-5580	O	
San Bernardino															
San Bernardino County Charity	C. H. Lee	451	206,786	5,163	4,596	4P	1	1	1	1	0	4	4200-6000	O	
San Diego															
Donald N. Sharp Memorial Community	H. R. Irwin	164	227,611	9,881	7,253	4P	0	1	1	1	0	3	3800-5400	O	
Mercy	D. DeSanto	193	264,657	18,010	14,998	4P	1	1	1	1	0	4	4200-6300	F	
San Diego County General	D. J. Henderson	446	384,484	3,279	2,747	4P									
San Francisco															
Children's Hospital and Adult Medical Center	S. Nerenberg	104	214,939	4,142	2,872	3P							3 3900-5400	FP	
French	G. A. Watson	121	104,518	2,561	2,195	2P	1	1	0	0	0	2	4200-5400	FP	
Kaiser Foundation	M. L. Bassis	302	501,810	10,766	10,120	4P	1	1	1	1	0	4	4230-7110	P	
Mount Zion Hospital and Medical Center	G. R. Biskind	292	243,033	5,243	4,499	4P	1	1	1	1	0	4	3900-6300	P	
Presbyterian Medical Center	R. Kleinhenz	178	155,336	3,629	3,401	4P	1	1	1	1	0	4	3900-4200	P	
St. Francis Memorial	J. L. Zundell	136	270,302	4,981	3,469	4P	1	1	1	1	0	4	3600-3600	P	
St. Joseph's	C. M. McCandless	153	91,935	3,216	2,482	2P	1	0	1	0	0	2	3600-5400	F	

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, San Francisco—Continued														
St. Luke's	M. B. Black	156	163,806	3,575	2,751	4P	1	1	1	1	0	4	4200-6000	FP
St. Mary's	R. A. Jeffrey	197	269,844	5,749	5,103	4P	1	1	1	1	0	4	3600-5400	FP
Southern Pacific Memorial	V. L. Cull	178	222,184	3,956	3,762	4P	1	1	1	1	0	4	4800-6000	FP
University of California Medical Center														
University of California Hospitals	H. D. Moon, O. N. Rambo	311	216,626	8,379	8,183	4P	3	2	2	2	0	9	3540-6300	O
San Francisco General	J. L. Carr	696	196,432	3,192	3,178	4P	4	4	1	0	0	9	3540-6300	O
Veterans Admin.	D. Croll, L. Lichtenstein	216	304,954	2,447	2,447	2P	2	1	1	1	0	5	4325-6665	O
San Jose														
O'Connor	L. R. Grams	179	242,719	7,672	5,379	4P	1	1	1	1	0	4	4800-8400	O
Santa Clara County	D. L. Alcott	647	792,710	3,323	2,824	4P	2	2	2	2	0	8	4536-6888	F
San Pablo														
Brookside	G. H. DeMay, C. Rolle	153	215,191	3,888	2,724	4P	3	0	0	0	0	3	6000-6000	O
Santa Barbara														
Santa Barbara Cottage	D. R. Dickson	192	174,152	4,863	3,992	4P	2	2	2	2	0	2	3600-5400	FP
Santa Monica														
St. John's	G. J. Hummer	138	152,470	8,845	7,032	2A	1	1	1	1	0	4	3000-3600	F
Stockton														
San Joaquin General	H. Schneider	417	263,614	3,373	3,009	3A	1	0	0	0	0	1	5076-6144	P
Torrance														
Los Angeles County Harbor General	D. L. Moyer	596	627,860	5,391	5,208	4P	3	3	2	2	0	10	5023-6900	F
COLORADO														
Colorado Springs														
Penrose	M. Berthrong, J. Rice	236	229,837	5,498	4,314	4P	1	1	1	1	0	4	4800-5700	P
Denver														
Children's	E. C. Beatty, Jr.	133	305,121	3,966	981	2P	1	1	0	0	0	2	4500-5700	P
Denver General	W. C. White	920	437,516	2,893	2,884	4P	1	1	1	1	1	5	3516-5028	P
General Rose Memorial	J. Minckler	243	280,000	6,356	6,300	4P	1	1	1	1	0	4	5280-5700	O
Mercy	R. L. Hawley	149	183,771	6,864	6,314	4P	1	1	1	1	0	4	4620-5820	O
Porter Memorial	J. Denst	93	117,747	4,271	4,191	4P	1	1	1	1	0	4	3600-7200	O
Presbyterian	A. E. Lubchenco	234	241,292	6,414	5,102	4P	1	1	1	1	0	4	4200-5100	P
St. Anthony	S. K. Kurland, R. E. Herrmann	177	217,156	7,825	4,208	4P	1	1	1	1	0	4	3900-	P
St. Joseph	H. Shuey	193	337,837	8,780	6,493	4P	1	1	1	1	0	4	4320-5520	P
St. Luke's	W. C. Black	276	239,855	10,090	8,314	4P	1	1	1	1	0	4	4200-4800	P
University of Colorado Affiliated Hospitals							4	4	4	4	0	16		
University of Colorado Medical Center	D. W. King	490	300,309	7,087	7,087	4P	1	1	1	1	0	4	2500-4500	P
Veterans Admin.	C. W. Anthony	310	449,090	2,236	2,234	4P	1	1	1	1	0	4	4325-12495	P
Pueblo														
Colorado State ¹⁶²	M. Gallavan	198	130,954	1,766	1,569	4P	1	1	1	1	0	4	7200-9000	O
St. Mary-Corwin						4P	1	1	1	1	0	4		
CONNECTICUT														
Bridgeport														
Bridgeport	R. H. Pope	335	360,403	7,117	5,437	4P	1	1	1	1	0	4	3900-5700	FP
St. Vincent's	D. H. Lobdell	303	289,189	6,031	4,438	4P	1	1	1	1	0	4	5100-6300	P
Danbury														
Danbury	N. Herrera	161	180,376	4,336	3,371	4P	1	1	1	1	1	4	4200-6000	F
Derby														
Derby	D. F. Miller, Jr.	153	120,379	2,831	2,008	4P	1	0	0	0	0	1	3000-4000	F
Greenwich														
Greenwich	D. W. Benninghoff	194	127,224	5,193	4,357	4P	1	1	0	0	0	2	3300-5400	F
Hartford														
Hartford	R. Tennant	906	560,841	13,872	12,990	4P	2	2	2	2	0	8	4200-6000	P
St. Francis	J. E. Thayer	294	389,921	9,078	8,179	4P	1	1	1	1	0	4	3900-6300	FP
Manchester														
Manchester Memorial	F. P. Becker	179	142,182	5,423	3,732	2A	1	1	0	0	0	2	5100-6500	O
Meriden														
Meriden	R. E. Katzenstein	143	196,223	3,683	2,767	1A	1	0	0	0	0	1	3600-6000	F
Middletown														
Middlesex Memorial	C. E. McLeod	188	127,854	3,978	2,988	2P	2	0	0	0	0	2	5146-5146	O
New Britain														
New Britain General	P. D. Rosahn	261	255,966	7,725	6,058	4P	2	1	1	1	0	5	5100-6000	F
New Haven														
Hospital of St. Raphael	R. Nesbit	241	300,447	6,397	5,713	4P	1	1	1	1	0	4	3900-4800	F
Yale-New Haven Medical Center														
Yale-New Haven	A. Lieboy, D. Seligson	606	661,387	12,343	10,645	4P	10	4	3	2	0	19	3300-6000	P
Veterans Admin. (West Haven)	R. Yesner	246	635,884	3,370	3,270	4P	2	2	1	0	0	5	4375-7715	P
Newington														
Veterans Admin.	R. G. Olivetti	127	179,062	1,502	1,419	2P	1	1	0	0	0	2	4325-6035	P
Norwalk														
Norwalk	R. Barnett	250	224,117	5,065	3,365	4P	1	1	1	1	0	4	3420-4680	F
Stamford														
Stamford	E. S. Breakell	273	286,332	3,741	2,950	4P	1	1	1	1	0	4	4080-7080	F
Waterbury														
St. Mary's	M. E. Cox	219	213,352	4,599	3,263	4P	1	1	1	1	0	4	3900-4800	FP
Waterbury	J. O. Collins	228	272,051	5,778	5,778	4P	1	1	1	1	0	4	4200-6000	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Delaware	J. W. Howard	336	475,873	7,655	7,156	4P	1	1	1	1	0	4	5400-7200	P
Memorial	J. W. Abbiss	250	308,983	6,376	5,145	4P	3	1	1	1	0	6	5400-7800	FP
Wilmington General	J. V. Casella	199	286,537	5,381	4,013	4P	1	1	1	1	0	4	4200-4800	FP
DISTRICT OF COLUMBIA														
Washington														
Children's	J. Patrick	129	227,250	1,010	1,001	2P	2	0	0	0	0	2	3000-4300	P
District of Columbia General	L. F. Misanik	824	1,294,372	4,498	4,498	4P	4	3	3	2	0	12	3800-5000	P
Doctors	O. B. Hunter, Jr.	171	141,406	5,576	4,578	4P	1	1	1	1	0	4	4800-7200	P
Georgetown University	A. Golden	376	479,838	4,961	4,961	4P	4	4	3	1	0	12	3120-4030	P

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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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS, Chicago—Continued															
University of Illinois Research and Educational Hospitals		C. A. Krakower	379	1,228,058	15,060	15,060	4P	3	3				10	3300-4500	P
Veterans Admin. (West Side) ²⁰⁶		B. Chomet	341	642,500	2,882	2,682	4P	2	1	0	1	0	4	4325-...	O
Decatur															
Decatur and Macon County		O. C. Brosius	181	207,979	4,670	3,254	4P						4	5100-6800	F
Des Plaines															
Holy Family		R. C. Greene					2P							4800-...	F
Evanston															
Evanston—See Northwestern University Medical Center, Chicago		C. A. Nedzel	295	233,119	6,199	4,682	4P						4	4380-4860	FP
Hines															
Veterans Admin. ²⁰⁴		M. E. Rubnitz	730	981,856	5,128	4,993	4P	2	2	2	2	0	8	4325-6665	O
Oak Park															
West Suburban		G. Kent, F. Volini	235	225,701	6,663	5,981	4P	1	1	1	1	0	4	4800-5400	P
Park Ridge															
Lutheran General		J. Valaitis	205	278,599	5,299	3,893	4P	1	1	1	1	0	4	4800-7200	FP
Peoria															
Methodist Hospital of Central Illinois		H. I. Brown	230	220,815	6,307	4,782	4P	1	1	1	1	0	4	5400-7200	F
St. Francis		K. R. Sohlberg	342	310,924	5,549	5,502	4P	2	1	2	1	0	6	5100-6000	F
Rockford															
Rockford Memorial		M. O. Alexander	232	233,982	4,564	3,518	4P	1	0	0	0	0	1	3600-4800	F
St. Anthony		A. R. K. Matthews	202	145,465	4,355	4,065	4P	1	1	1	1	0	4	4800-7200	P
Urbana															
Carle Memorial		H. P. Friedman	95	170,000	4,021	3,493	1A	1	0	0	0	0	1	3000-...	O
INDIANA															
Elkhart															
Elkhart General—See South Bend Medical Foundation Hospitals, South Bend															
Evansville															
St. Mary's		F. Porro	166	203,144	4,904	3,438	2P	1	1	0	0	0	2	4800-5400	P
Fort Wayne															
St. Joseph's Hospital of Fort Wayne		L. A. Schneider	203	219,403	11,073	9,830	4P	2	1	1	1	0	4	4800-6000	P
Gary															
Methodist		W. P. Loh	237	223,667	9,818	8,183	4P	1	1	1	1	0	4	4200-6000	FP
Indianapolis															
Indiana University Medical Center															
Indiana University Hospitals		P. R. Beamer	384	361,364	12,708	12,700	4P	3	3	3	3	0	12	4000-6000	P
Marion County General		T. Randall	614	318,322	3,125	3,044	4P	1	1	1	1	0	4	3863-4854	P
Methodist Hospital of Indiana		L. H. Hoyt	520	1,251,947	18,489	11,639	4P	2	2	2	2	0	8	5400-6300	P
St. Vincent's		L. N. Foster	275	374,895	8,114	7,215	4P	1	1	1	1	0	4	5700-7500	P
Veterans Admin.		D. Rosenbaum	373	335,198	5,423	5,423	3P	1	1	1	0	0	3	4325-6035	O
Lafayette															
St. Elizabeth		H. T. Russell	150	153,046	3,426	2,512	4P	1	1	1	1	0	4	4800-4800	F
Mishawaka															
St. Joseph—See South Bend Medical Foundation Hospitals, South Bend															
Muncie															
Ball Memorial		L. G. Montgomery	305	169,702	7,899	6,054	4P						4	5100-6000	FP
South Bend															
South Bend Medical Foundation Hospitals		J. R. Bennett	479	510,365	17,763	12,761	4P	2	2	2	2	0	8	6000-6600	O
Elkhart General (Elkhart)															
St. Joseph (Mishawaka)															
Memorial Hospital of South Bend															
St. Joseph's															
IOWA															
Cedar Rapids															
St. Luke's Methodist		R. F. Looker	253	350,781	9,153	5,953	4P	1	1	1	1	0	4	4500-5400	F
Des Moines															
Iowa Methodist		J. W. Green, Jr.	258	257,716	7,194	5,251	4P	1	1	1	1	0	4	4500-5400	F
Mercy		J. Song	146	283,755	4,517	4,492	4P	1	1	1	1	0	4	4800-5700	P
Veterans Admin.		T. E. Corcoran	186	222,527	2,817	2,817	1A	1	0	0	0	0	1	4325-7715	P
Iowa City															
Mercy		K. R. Cross	61	50,051	3,525	2,304	1P	1	0	0	0	0	1	3600-6000	O
University Hospitals		E. D. Warner	556	666,474	11,138	11,138	4P	3	3	3	3	0	13†	4820-8000	P
Veterans Admin.		K. R. Cross	266	315,121	2,442	2,256	4P	1	1	1	1	0	4	4325-7715	O
KANSAS															
Halstead															
Halstead			43	91,644	2,556	2,500	2P	1	0	0	0	0	1		
Kansas City															
University of Kansas Medical Center		J. Carter	428	1,041,982	8,613	7,650	4P	2	5	5	4	0	16	4600-5800	P
Veterans Admin. (Kansas City, Mo.)		S. H. Choy	369	480,090	2,546	1,972	4P							4325-6665	
Wichita															
St. Francis		W. P. Callahan, Jr.	404	1,026,759	11,993	10,314	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	190	223,919	7,861	7,167								5400-6120	P
Veterans Admin.		M. Barnes	116	167,342	1,212	1,185								4325-6665	O
Wesley Medical Center		B. E. Stofer	195	549,576	12,219	9,079	4P	1	1	1	1	0	4	5400-6300	F
KENTUCKY															
Covington															
St. Elizabeth		R. J. Ritterhoff	184	144,991	5,258	3,994	2A						2	3900-5400	PO
Harlan															
Harlan Appalachian Regional		D. M. Kuhns	174	92,704	4,648	4,147	4P	1	0	0	0	1	2	6400-8700	P
Lexington															
St. Joseph		J. T. McClellan	113	282,230	5,403	5,403	1A	1	0	0	0	0	1	4380-4380	P
University		W. B. Stewart	190	300,000	4,500	4,500	4P	1	1	1	1	0	4	3960-5760	P

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 1966-1967					Total All Years	Salary per Year Min.-Max.	O r w M a i n - t e n a n c e
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI														
Columbia														
University of Missouri Medical Center.....	F. V. Lucas.....	232	414,972	7,748	4,052	4P	3	3	3	3	0	12	4800-6300	P
Kansas City														
Kansas City General Hospital and Medical Center.....	M. Fernando.....	301	493,036	3,098	3,006	4P	2	2	2	2	0	8	4500-6300	P
Menorah Medical Center.....	H. Cohen.....	137	200,338	4,467	3,990	4P	1	1	1	1	0	4	5700-7500	P
Research Hospital and Medical Center.....	H. K. B. Allebach, C. B. Wheeler.....	169	244,712	6,896	5,117	4P	1	1	1	1	0	4	3600-6900	P
St. Joseph.....	.....	.....	.....	.....	.....	4P	.....	.....	.....	.....	.....	.....	.....	.....
St. Luke's.....	F. C. Helwig.....	397	433,666	27,377	24,939	4P	2	2	1	1	0	6	5100-6600	P
St. Mary's.....	A. Lapi.....	201	473,206	7,311	5,616	4P	1	1	0	0	0	2	4800-6600	F
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.														
St. Louis														
Barnes.....	P. E. Lacy.....	620	767,160	15,630	14,202	3A	5	5	5	0	0	15	3300-4500	O
Veterans Admin.....														
DePaul.....	J. Bauer.....	181	265,899	5,803	5,253	4P	2	2	2	2	0	8	4800-7200	F
Homer G. Phillips.....	U. Sclafford.....	259	364,232	3,848	3,495	3A	1	1	1	0	0	3	5053-8638	P
Jewish Hospital of St. Louis.....	J. Hasson.....	272	342,253	6,795	6,371	4P	2	1	1	0	0	4	3700-5500	P
Missouri Baptist.....	W. R. Platt.....	200	129,098	12,703	10,642	4P	1	1	1	1	0	4	4200-6000	F
St. John's Mercy.....	W. L. Drake, Jr.....	217	244,931	4,389	3,374	4P	1	1	1	1	0	4	3600-4800	FP
St. Louis City.....	Y. Bleisch.....	519	565,974	3,789	3,752	4P	3	2	2	2	0	9	5305-5848	P
St. Louis University Group of Hospitals ²⁰⁸	H. Pinkerson.....	520	1,472,764	14,147	10,069	4P	4	4	4	4	0	16	2800-4800	FP
St. Luke's.....	R. W. Ogilvie.....	236	257,180	5,274	4,251	2A	1	1	0	0	0	2	3600-4200	F
NEBRASKA														
Lincoln														
Lincoln General.....	H. B. Miller.....	85	134,285	5,382	4,376	1A	1	0	0	0	0	1	5400-5400	F
Omaha														
Bishop Clarkson Memorial.....	M. Foster.....	183	422,493	7,809	5,683	4P	1	1	1	1	0	4	4200-5100	FP
Creighton Memorial St. Joseph's.....	T. L. Perrin.....	243	226,852	6,437	6,263	4P	4	0	0	0	0	4	3900-4800	P
Immanuel.....	K. C. Hoffman.....	96	136,948	5,467	3,489	2P	1	0	0	0	0	1	4800-5200	F
Nebraska Methodist.....	J. R. Schenken.....	203	147,109	9,004	8,963	4P	2	2	2	2	0	8	6300-7200	O
University of Nebraska.....	C. McWhorter.....	95	213,471	2,060	1,954	4P	1	1	1	1	0	4	3900-4800	P
Veterans Admin. ²²⁵	D. M. Fitch.....	201	245,036	2,476	2,281	3A	1	1	1	0	0	3	4325-5125	O
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial.....	R. K. House.....	232	193,396	3,849	2,641	4P	2	2	1	1	0	6	3400-4600	O
NEW JERSEY														
Atlantic City														
Atlantic City.....	M. Ackerman.....	382	186,453	4,074	3,486	2A	1	1	0	0	0	2	3900-4200	F
Camden														
Our Lady of Lourdes.....	R. Breckenridge.....	138	195,261	3,769	2,611	4P	1	0	0	0	0	1	4800-6600	P
West Jersey.....	W. V. McDonnell.....	139	233,673	7,657	7,323	4P	1	1	1	1	0	4	3900-5400	FP
East Orange														
East Orange General.....	H. L. Goodman.....	109	109,274	2,933	2,583	1A	1	0	0	0	0	1	4800-6000	F
Veterans Admin. ³³⁵	M. H. Field.....	520	474,949	3,085	3,035	4P	2	2	1	0	0	5	4325-7715	O
Elizabeth														
Elizabeth General Hospital and Dispensary.....	J. P. Greeley.....	142	95,833	4,841	3,685	4P	1	0	1	0	0	2	4200-5100	F
St. Elizabeth.....	D. H. Dreizin.....	157	169,862	3,750	3,706	2A	2	2	0	0	0	4	5500-6000	P
Englewood														
Englewood.....	S. R. Gambino.....	149	253,433	8,813	7,515	4P	1	1	1	1	0	4	3960-4860	F
Flemington														
Hunterdon Medical Center.....	E. V. Olmstead.....	123	95,587	1,893	1,708	2P	1	1	0	0	0	2	4700-5500	F
Hackensack														
Hackensack.....	D. Brown.....	164	228,898	5,082	4,983	4P	1	1	1	1	0	4	3000-3900	F
Hoboken														
St. Mary.....	A. Ehrlich.....	156	115,331	3,529	2,962	2A	1	1	0	0	0	2	4800-6000	F
Jersey City														
Christ.....	A. J. Gilitz.....	123	237,759	9,417	7,500	2P	1	1	0	0	0	2	5100-6300	F
Jersey City Medical Center.....	A. Gnassi.....	371	407,078	9,688	9,688	4P	2	2	2	2	0	8	3800-6000	F
Livingston														
St. Barnabas Medical Center.....	W. G. Bernhard.....	66	129,304	3,291	3,180	2P	1	1	1	0	0	3	3300-3900	F
Lông Branch														
Monmouth Medical Center.....	M. Rush.....	275	225,003	6,980	6,025	4P	1	1	1	1	0	4	3900-4800	F
Montclair														
Mountainside.....	H. H. Stumpf.....	209	299,981	6,422	6,105	4P	1	1	1	1	0	4	3900-4800	F
Morristown														
Morristown Memorial.....	H. F. Luddecke.....	211	348,512	7,238	7,238	4P	1	1	1	1	0	4	6000-7000	F
Mount Holly														
Burlington County Memorial.....	C. B. Catanzaro.....	180	183,468	2,586	2,586	2A	1	1	0	0	0	2	3000-4200	F
Neptune														
Fitkin Memorial.....	R. E. Conover.....	298	151,618	4,004	4,000	4P	1	1	1	1	0	2	4200-5400	F
Newark														
Newark Beth Israel.....	L. Goldman.....	268	152,522	7,794	7,291	4P	1	1	1	1	0	4	3000-3600	F
Newark City.....	E. H. Albano.....	475	607,889	3,465	3,465	3A	2	2	2	2	0	6	4200-7200	F
St. Michael.....	R. Carnes.....	197	295,125	3,673	3,673	4P	1	1	1	1	0	4	3900-6880	F
United Hospitals of Newark-Presbyterian.....	S. S. Sarkisian.....	145	200,000	5,280	5,280	3A	1	1	1	0	0	3	3900-4200	O
New Brunswick														
Middlesex General.....	S. E. Moolten.....	150	130,209	3,597	2,846	2P	1	1	0	0	0	2	4920-5568	P
St. Peter's General.....	V. A. Galdi.....	247	130,954	7,940	6,002	4P	1	1	1	1	0	4	4620-6360	FP
Orange														
Orange Memorial.....	J. B. Gere.....	216	168,649	4,481	3,682	3A	1	1	1	0	0	3	4500-5100	FP
Paramus														
Bergen Pines County Hospital— Pascaek Valley.....	.....	.....	.....	.....	.....	1A	2	0	0	0	0	2	.....	.....
Bergen Pines County.....	M. Shuster.....	411	214,485	1,068	1,031	.....	.....	.....	.....	.....	.....	.....	4200-4800	P
Pascaek Valley (Westwood).....	V. H. Gillson.....	44	57,128	2,521	2,016	.....	.....	.....	.....	.....	.....	.....	.....	.....
Passaic														
Passaic General.....	J. R. Gannon.....	155	132,063	3,041	2,991	2P	1	1	0	0	0	2	4200-4800	.....
St. Mary's.....	R. Brill.....	105	107,899	4,331	4,161	2P	1	1	0	0	0	2	4200-4800	F

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main- tenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued														
Paterson														
Barnert Memorial	J. Churg	120	173,960	3,780	3,163	1A	1	0	0	0	1	5500-5500	O	
Paterson General	J. J. Halleron	172	110,000	5,133	3,900	2P	1	1	1	1	0	2 4800-6000	F	
St. Joseph's	P. Steinlauf	302	323,665	7,531	6,848	4P	1	1	1	1	0	4 3900-4800	FP	
Perth Amboy														
Perth Amboy General	H. Pribor	213	284,074	6,393	5,607	4P	1	1	1	1	0	4 4920-9360	FO	
Plainfield														
Muhlenberg	B. H. Hyun	325	294,000	6,730	6,700	4P	2	2	2	1	0	7 4020-6000	FP	
Summit														
Overlook	G. L. Erdman	235	241,143	7,475	6,542	4P	1	1	1	1	0	4 3600-5400	F	
Trenton														
Mercer	T. K. Rathmell	142	267,941	5,042	3,787	2A	1	1	0	0	0	2 2400-4200	O	
St. Francis	F. Campo	185	412,596	10,916	10,734	3A	1	1	1	0	0	3 4200-5100	F	
Vineland														
Newcomb	M. N. Solomon	95	74,806	2,928	2,620	1A	1	1	1	1	0	1 5400-7200	FP	
Westwood														
Pascack Valley—See Bergen Pines County Hospital-Pascack Valley, Paramus														
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	T. L. Chiffelle	88	277,953	3,178	2,292	4P	1	1	1	1	0	4 4200-5400	P	
University of New Mexico Affiliated Hospitals						4P								
Bernalillo County-Indian	R. S. Stone	164	348,144	1,701	1,451		1	1	1	1	0	4 4200-4600	P	
Veterans Admin.	W. Hentel	198	260,064	2,130	2,010		4*	4	2	1	0	11 4325-6665	O	
NEW YORK														
Albany														
Albany Medical Center	W. Thomas	587	617,542	6,683	6,683	4P	3	2	1	1	0	7 4200-6000	O	
Bender Laboratory Hospitals	J. J. Clemmer	432	810,495	14,592	14,592	4P	2	2	1	1	0	6 6000-7200	O	
A. N. Brady Memorial														
St. Peter's														
Veterans Admin.	A. S. Daoud	391	438,177	6,517	6,517	4P	1	1	1	1	0	4 4325-12075	O	
Binghamton														
Binghamton General	N. W. Elton	274	222,515	3,951	2,919	4P	1	1	1	1	0	4 4500-5400	P	
Bronxville														
Lawrence	A. Eggston	122	98,078	2,289	1,649	1A	1	0	0	0	0	1 3900-3900	F	
Buffalo														
Buffalo General	J. Brennan	425	598,565	8,369	7,917	4P	2	2	0	0	0	4 4100-5000	O	
Children's Hospital of Buffalo	K. Aterman	211	325,417	2,882	2,336	1A	2	0	0	0	0	2 4100-5300	P	
Deaconess Hospital of Buffalo	J. Sbeffer, B. Fisher	144	187,608	5,548	5,548	4P	1	1	1	1	0	4 3000-4200	F	
Edward J. Meyer Memorial	H. Lansky	571	11,910	5,482	5,482	4P	2	2	1	1	0	6 4895-6410	P	
Mercy	A. B. Constantine	212	242,099	6,732	12,841	3A	1	1	1	0	0	3 5200-6500	FP	
Millard Fillmore	A. V. Postoloff	313	418,039	9,009	8,009	4P	2	2	1	0	0	4 4140-4680	P	
Roswell Park Memorial Institute	J. W. Pickren	461	310,358	12,180	12,180	4P	2	2	2	1	1	8 4650-5754	O	
Sisters of Charity	C. F. Becker	284	209,410	6,865	6,634	3A	1	1	0	0	0	2 4020-5040	F	
Veterans Admin.	G. Fazekas	308	475,278	3,112	2,956	3A	1	1	1	0	0	3 4325-6035	O	
Cooperstown														
Mary Imogene Bassett	C. V. Z. Hawn	93	132,434	3,399	3,394	2A	2	0	0	0	0	2 3960-5160	P	
East Meadow														
Meadowbrook	V. S. Palladino	519	674,923	4,293	4,249	4P	2	2	2	2	0	8 4730-7370	F	
Glen Cove														
Community Hospital at Glen Cove	T. Robertson	130	159,580	4,224	3,346	4P	1	0	0	1	0	2 4940-6240	P	
Glens Falls														
Glens Falls	R. H. Stokes	228	345,530	5,429	4,155	4P	1	1	1	1	1	1 4800-6600	F	
Johnson City														
Charles S. Wilson Memorial	A. Kosinski	200	225,308	4,665	3,254	4P	1	1	1	1	0	4 4500-5400	P	
Kingston														
Kingston Laboratory Hospitals	H. Derman	215	326,333	11,919	10,994	2P	1	0	0	1	0	2 5000-10000	O	
Benedictine														
Kingston														
Lewiston														
Mount St. Mary's	T. T. Bronk	76	137,689	7,037	6,272	1A	1	0	0	0	0	1 5100-5100	FP	
Manhasset														
North Shore	S. Gross	153	289,899	4,377	3,856	2P	0	0	1	1	0	2 4450-5470	F	
Mineola														
Nassau	L. R. Ferraro	170	195,292	5,742	5,742	4P	1	1	1	1	0	4 4800-6000	P	
Mount Kisco														
Northern Westchester	R. A. Fox	140	181,177	3,622	2,707	4P	1	1	1	1	0	4 4440-8000	P	
Mount Vernon														
Mount Vernon	J. G. Sharnoff	138	215,529	4,592	4,371	2P	1	1	1	1	0	4 3300-4200	FP	
Newburgh														
St. Luke's	T. P. B. Payne	196	176,066	4,620	4,620	1A	1	1	0	0	0	2 4200-4500	F	
New Hyde Park														
Long Island Jewish	J. I. Berkman	250	579,562	6,902	6,400	4P	1	1	1	1	0	4 4500-6250	O	
New Rochelle														
New Rochelle	W. Schraft, Jr.	197	266,172	3,864	3,108	3A	1	0	0	0	0	1 4680-5280	F	
New York City														
Beekman-Downtown	C. M. Karpas	130	235,274	1,837	1,612	1A	2	0	0	0	0	2 5100-6600	...	
Bellevue Hospital Center	M. Kuschner													
	R. T. McCluskey					4P	5	5	5	5	0	20		
Div. III—New York University		746	1,432,596	9,845	9,845	...							4200-5200	
University		205	781,913	7,289	6,540	...							6320-7340	
Beth Israel	W. Antopol	176	858,926	7,509	7,509	4P	1	1	1	1	0	4 4500-6000	P	
Booth Memorial	A. Blaustein	144	154,343	3,609	3,609	4P	2	1	0	0	0	3 3900-4800	F	
Bronx-Lebanon Hospital Center	J. C. Ehrlich	286	477,226	6,576	5,753	4P	2	2	2	2	0	8 4690-5200	P	
Bronx Municipal Hospital Center	A. A. Angrist	802	1,407,965	5,679	5,679	4P	5	5	4	3	1	18 4200-5220	FP	
Brookdale Hospital Center	D. M. Spain	200	505,651	7,603	7,603	2A	1	1	0	0	0	2 4500-5000	P	
Brooklyn	J. A. de'Veer	188	199,417	4,055	3,785	4P	1	1	1	1	0	4 5040-6060	P	
City Hospital Center at Elmhurst	W. Mautner	832	536,058	3,135	3,077	4P	3	3	3	3	0	12 4200-5220	F	
Coney Island	H. Fink	384	408,881	4,965	4,965	4P	4	2	2	2	0	10 4200-5220	P	
Cumberland	S. Werthamer	229	189,106	3,247	2,987	3P	1	1	1	1	0	4 5040-6060	P	
Doctors	S. S. Trinidad	108	165,795	3,696	3,609	1A	1	0	0	0	0	1 4800...	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 1966-1967					Total All Years	Salary per Year Min.-Max.	New Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON, Portland—Continued														
Good Samaritan	M. Heinemann	297	354,010	7,174	5,746	4P	1	1	1	1	0	4	4800-5280	P
Providence	T. Cochran	194	202,219	4,839	3,642	4P	1	1	1	1	0	4	5400-5760	P
St. Vincent	J. Nohlgren	318	209,339	9,538	8,390	4P	2	2	2	2	0	8	4800-5160	P
University of Oregon Medical School Hospitals and Clinics	S. R. Wellings, T. Hutchens	564	545,308	5,653	5,653	4P	4	4	0	0	0	8	2700-3300	F
Veterans Admin.	D. J. Sarkaria	372	338,261	3,572	3,465	3A								
PENNSYLVANIA														
Abington														
Abington Memorial	J. W. Eiman	307	312,436	6,267	5,604	4P	2	0	1	1	0	4	3300-4200	F
Allentown														
Allentown	A. Klees	383	341,255	7,225	6,541	4P	1	1	1	1	0	4	4800-4800	F
Sacred Heart	D. Stader	186	247,576	8,248	7,546	3A	1	1	0	0	0	2	4800-5100	FP
Altoona														
Altoona	H. G. Shaub	177	185,000	3,827	3,449	4P	1	1	1	1	0	4	6420-7620	F
Bethlehem														
St. Luke's	E. J. Benz	310	275,725	7,093	6,515	4P	1	1	1	1	0	4	3720-4620	FP
Bryn Mawr														
Bryn Mawr	M. M. Strumia	195	396,547	6,772	6,312	4P	3	1	1	1	0	6	3900-4800	F
Chester														
Crozer-Chester Medical Center	C. L. Lehman	200	204,794	4,366	4,366	4P	2	0	0	0	0	2	3000-4800	F
Danville														
Geisinger Medical Center	J. C. Sieracki	268	325,477	4,814	4,078	4P	1	1	1	1	0	4	3300-5400	P
Darby														
Thomas M. Fitzgerald Mercy	W. H. Miller	155	273,964	4,964	4,946	4P	1	1	1	1	0	4	3600-5400	F
Erie														
Hamot	J. A. Fust	237	430,752	8,041	7,064	4P	1	1	1	1	0	4	3900-4800	FP
St. Vincent	R. B. Eisenberg	203	364,123	6,196	6,175	4P	1	1	1	1	0	4	3900-5400	FP
Harrisburg														
Harrisburg	F. W. Brason	508	523,936	13,400	12,000	4P						2	3300-4200	F
Harrisburg Polyclinic	J. S. Forrester	268	357,985	6,027	5,124	4P	1	1	1	1	0	4	5400-5700	FP
Johnstown														
Conemaugh Valley Memorial	W. W. Ayres	229	340,064	5,537	3,686	4P	1	1	1	1	0	4	4800-5400	F
Lancaster														
Lancaster General	W. M. O'Donell	270	268,668	6,510	6,510	4P	1	1	0	0	0	2	4800-6000	F
Norristown														
Montgomery	H. T. Tamaki	99	136,151	3,146	3,026	2P	1	1	0	0	0	2	4800-5400	F
Philadelphia														
Albert Einstein Medical Center	H. Brody, D. Meranze	546	710,889	17,606	16,041	4P	4	4	3	3	0	14	2700-3600	FP
Chestnut Hill	S. B. Rose	132	146,705	3,137	2,841	4P	1	1	0	0	0	2	4200-4800	F
Children's Hospital of Philadelphia	W. C. Yakovac	136	116,932	1,531	1,531	1A	1	1	0	0	0	2	2400-2400	F
Episcopal	S. Burrows	186	193,624	3,524	2,903	4P	1	0	1	0	0	2	4200-4920	O
Frankford	C. Q. Griffith	106	174,310	4,832	4,186	3P	1	1	0	0	0	2	4800-5400	F
Germantown Dispensary and Hospital	F. Fite	248	182,819	5,135	4,431	4P	1	1	1	1	0	4	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	A. V. Dapena, A. Drickman	181	202,025	4,431	4,089	4P	1	1	1	1	0	4	2610-3210	P
Hahnemann Medical College and Hospital	J. Imbriglia	267	441,245	12,528	12,528	4P	2	2	2	2	0	8	3300-4200	P
Hospital of the University of Pennsylvania	R. Norris, H. T. Enterline	423	665,376	22,071	21,442	4P	3	3	3	3	0	12	3000-4200	O
Hospital of the Woman's Medical College of Pennsylvania	I. N. Dubin, M. M. Porter	140	242,537	2,598	2,590	4P	1	1	1	1	0	4	4400-5300	O
Jefferson Medical College	P. A. Herbut	316	743,783	12,341	12,341	4P	2	2	2	2	0	8	3000-4200	O
Lankenau	C. E. Brown	234	211,940	4,658	4,658	4P	1	1	1	1	0	4	3300-5460	P
Misericordia	H. E. Marx	211	253,498	2,942	2,942	4P	1	1	1	1	0	4	3600-5400	F
Nazareth	E. F. Ciccone	124	327,110	3,878	3,821	4P	1	1	1	1	0	4	4500-6000	F
Pennsylvania	A. R. Crane	334	689,334	4,698	4,698	4P	2	2	2	2	0	6	3600-6000	O
Philadelphia General	W. Ehrlich, H. Schwarz	958	1,124,775	9,393	9,393	4P	3	3	3	3	0	13+	3090-4539	F
Presbyterian Hospital in Philadelphia	R. P. Custer, J. Butcher	223	203,774	3,526	3,011	4P	1	1	1	2	0	5	3840-4860	P
St. Christopher's Hospital for Children	J. B. Arey	85	111,200	1,540	632	1A	0	0	0	1	0	1	2100	FP
Temple University	E. E. Aegerter	565	717,846	8,917	8,917	4P	3	3	3	3	0	12	3300-4200	P
Veterans Admin. ⁴⁵²	P. V. Skerrett	375	391,289	3,786	3,786	4P	3	1	2	0	0	6	4325-6665	O
Pittsburgh														
Allegheny General	R. C. Grauer	259	296,688	5,789	5,789	4P	1	1	1	1	0	4		F
Health Center Hospitals of the University of Pittsburgh														
Children's Hospital of Pittsburgh	G. H. Fetterman	209	153,983	2,441	2,441	2P	2	1	0	1	0	4	3900-4500	O
Presbyterian-University	R. H. Fennell, Jr.	317	496,741	7,159	7,159	4P	3	3	2	2	0	10	3900-4500	O
Veterans Admin.	E. R. Fisher	468	678,919	5,314	5,314	4P	2	2	2	2	0	8	4325-7715	O
Mercy	M. M. Bracken	297	508,952	10,355	6,789	4P	1	1	1	1	0	4	5400-6300	P
Montefiore	H. Mendelow	219	244,712	6,187	6,187	4P	1	1	1	1	0	4	4200-5400	O
St. Francis General	R. C. Hamilton	256	322,919	6,106	5,020	4P	1	1	1	1	0	4	2700-8900	FP
St. Margaret Memorial	J. E. Kurts	78	167,394	3,776	3,638	1P						1	6300	F
Shadyside	E. L. Heller	222	195,683	4,777	3,713	4P	1	1	1	1	0	4	4800-6600	P
South Side	L. Goodman	143	208,505	4,293	4,078	4P	1	1	1	1	0	4	6000-8000	F
Western Pennsylvania	R. G. McManus	277	455,584	8,398	6,844	4P	2	2	1	1	0	6	3900-5400	FP
Reading														
Reading	W. P. Jennings	414	563,396	8,601	8,601	4P	2	2	2	2	0	8	3300-4500	FP
St. Joseph's	G. P. Desjardins	202	232,361	5,412	5,159	4P	1	1	1	1	0	4	4200-5400	F
Sayre														
Robert Packer	V. E. Whiteside	155	180,640	3,281	3,281	4P	1	1	1	1	0	4	3000-6600	FP
Wilkes-Barre														
Wilkes-Barre General	C. E. Rodriguez	153	143,633	3,290	2,731	4P	1	1	1	1	0	4	4200-4200	F
York														
York	T. J. Burkart, F. A. McKeon	367	293,941	9,178	5,881	4P	2	2	2	2	0	8	4800-6000	P

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

APPROVED RESIDENCIES

16. PATHOLOGY — Continued

Location	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
PUERTO RICO														
Agadilla														
Agadilla District						1A								
Arecibo														
Arecibo District	J. A. Carro	136	83,408	3,637	3,637	1A	1	0	0	0	0	1	4200-4800	
Ponce														
Ponce District General	E. Rivera	469	229,732	3,939	3,706	3A	1	1	1	0	0	3	3900-5700	F
Rio Piedras														
I. Gonzalez Martinez Oncologic ⁴²	R. A. Marcial-Rojas	40	30,694	3,898	3,898	1A	0	0	0	1	0	1	4800-4800	
University District	R. Marcial	553	392,491	5,576	5,450	4P	2	2	1	1	0	6	3300-5100	F
San Juan														
San Juan City	M. A. DeJesus	208	336,493	3,679	3,044	3A	1	1	1	0	0	3	3600-4200	F
Veterans Admin.	F. M. Reyes	94	190,542	1,413	1,413	1A	1	0	0	0	0	1	4520-6270	
RHODE ISLAND														
Newport														
Newport	M. A. Chernow	89	130,832	2,798	2,434	1A	1	0	0	0	0	1	4200-4200	FP
North Providence														
Our Lady of Fatima—See St. Joseph's Hospital—Our Lady of Fatima, Providence														
Pawtucket														
Memorial	G. Paparo	153	314,884	16,833	11,809	4P	1	1	1	1	0	4	4800-6000	F
Providence														
Rhode Island	H. Fanger	435	760,284	9,662	9,566	4P	2	2	2	2	0	8	4700-5600	FP
St. Joseph's Hospital—Our Lady of Fatima	S. R. Allegra	208	302,234	7,691	4,660	2A	2	2	0	0	0	4	4800-5000	FP
St. Joseph's													4800-5000	FP
Our Lady of Fatima (North Providence)													4000-5000	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	E. E. McKee	326	421,671	10,348	7,467	4P	2	2	2	0	0	6	2910-4500	FP
Medical College														
Roper														
Greenville														
Greenville General	E. A. Dreskin	251	292,581	9,505	8,554	4P	1	1	1	1	0	4	4500-5500	P
Spartanburg														
Spartanburg General	M. F. Patton	216	327,811	9,386	7,508	4P	1	1	1	1	0	4	6000-6600	P
SOUTH DAKOTA														
Sioux Falls														
Sioux Valley	K. H. Wegner	155	149,158	4,885	3,718	4P	1	1	1	1	0	4	5100-6000	P
TENNESSEE														
Chattanooga														
Baroness Erlanger	J. W. Adams	369	420,680	22,206	22,206	4P	2	2	2	2	0	8	4800-5700	F
Knoxville														
University of Tennessee Memorial Research Center and Hospital	F. S. Jones	153	341,352	4,763	356	4P	1	1	1	1	0	4	5400-6000	F
Memphis														
Baptist Memorial	M. L. Trumbull	411	668,164	17,611	13,953	4P	2	2	2	2	0	8	3900-4800	F
City of Memphis Hospitals	D. Sprunt	1,237	627,110	10,111	8,237	4P	5	5	4	4	0	18	3480-6480	F
Methodist	J. K. Duckworth	230	321,098	9,423	7,513	4P	1	1	1	1	0	4	4500-5400	F
St. Joseph	L. C. Prieto	178	267,550	6,299	5,434	4P	1	1	1	1	0	4	4800-6000	F
Veterans Admin. ⁴⁷	J. M. Young	520	660,263	3,229	2,879	4P	2	2	2	2	2	10	4325-12075	O
Nashville														
Baptist	F. Womack	178	277,444	7,872	5,558	4P	1	1	1	1	0	4	3900-4800	FP
George W. Hubbard Hospital of the Meharry Medical College	H. M. Frazier	261	3,086	1,657	1,657	4P	1	1	1	0	0	3	3400-6000	F
Nashville Metropolitan General	W. A. DeMonbreun	155	265,961	3,167	3,018	2A								
St. Thomas	D. K. Gotwald	171	286,393	5,714	4,058	4P								
Vanderbilt University ⁴⁰	J. L. Shapiro	327	386,429	8,760	6,680	4P	3	3	3	3	0	12	3000-4800	FP
Veterans Admin.	N. Ende	209	484,273	2,704	2,561	4P	1	1	1	1	0	4	4325-6665	O
Oak Ridge														
Oak Ridge Institute of Nuclear Studies, Medical Division ⁴²	B. M. Nelson	30	489	72	72	1A	0	0	0	1	0	1	4800-4800	O
TEXAS														
Austin														
Brackenridge	A. DaSilva	203	211,132	3,749	3,336	4P	1	1	1	1	0	4	5400-7200	F
Dallas														
Baylor University Medical Center	G. J. Race	407	630,641	15,220	12,602	4P	3	3	2	2	0	10	5100-6000	O
Methodist Hospital of Dallas	G. Noteboom	163	299,347	8,642	1,702	4P	1	1	1	1	0	4	4500-5400	FP
Parkland Memorial	C. T. Ashworth	484	981,571	44,538	44,538	4P	4	4	2	2	0	12	2700-3600	P
St. Paul	J. H. Childers	232	498,382	10,052	9,802	4P	2	2	2	2	0	8	4500-5400	P
Veterans Admin.	H. L. Reinhart	374	607,198	4,977	4,977	4P	1	1	1	1	0	4	4325-12075	P
Fort Worth														
Harris Hospital—Fort Worth Medical Center	C. B. Mitchell	212	226,447	7,667	6,251	4P	1	1	1	0	0	4	4800-5400	F
St. Joseph	O. J. Wollenman, Jr.	135	205,947	5,152	4,308	4P	1	1	1	1	0	4	5100-6000	P
Galveston														
University of Texas Medical Branch Hospitals	F. L. Jennings	391	877,865	6,655	6,579	4P	3	3	3	3	0	12	4200-6000	P
Houston														
Baylor University Affiliated Hospitals	R. M. O'Neal					4P								
Ben Taub General	R. M. O'Neal	483	586,636	6,306	6,306		2	2	2	2	0	8	3600-5000	F
Methodist	R. M. O'Neal	404	1,209,428	22,780	31,400									
Texas Children's	H. S. Rosenberg	120	248,730	2,446	2,423									
Veterans Admin.	F. Gyorkey	489	660,994	4,061	3,972		1	1	1	1	0	4	4325-12075	P
Hermann	W. G. Brown	302	724,345	16,194	10,045	4P	1	1	1	1	0	4	4200-6492	P
St. Joseph	P. M. Marcuse	141	368,340	14,847	5,863	4P	1	1	1	2	0	5	4440-5340	P
St. Luke's Episcopal	C. J. Lind, Jr., W. T. Hill	145	399,493	6,544	6,422	4P	1	1	1	1	1	4	3900-4800	P
University of Texas M. D. Anderson Hospital and Tumor Institute	W. O. Russell	392	298,986	9,948	9,948	4P						12†	4200-10000	O

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

APPROVED RESIDENCIES

18. 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 1966-1967					Total All Years	Salary per Year Min.-Mar.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
WISCONSIN														
Eau Claire														
Luther	W. Aronson	144	175,221	3,718	3,718	3A	1	1	1	0	0	3	4200-6000	P
Fond Du Lac														
St. Agnes	R. W. Steube	209	208,317	7,405	4,681	2A	2	2	0	0	0	4	3000-3600	FP
Madison														
Madison General	P. G. Piper	189	211,336	7,446	5,979	4P	1	1	1	1	0	4	3900-4800	FP
University of Wisconsin Affiliated Hospitals	D. Angevine, F. Larson, W. Jaeschke	376	436,791	6,416	6,206	4P	2	2	2	2	0	8	3400-5200	P
University Hospitals	J. M. B. Bloodworth, Jr.	203	258,303	1,320	1,320	4P	1	1	1	1	0	4	4325-6665	P
Veterans Admin.	J. M. B. Bloodworth, Jr.	203	258,303	1,320	1,320	4P	1	1	1	1	0	4	4325-6665	P
Marathon														
St. Joseph's	C. I. Bowerman	150	156,166	3,593	2,816	4P	1	1	1	1	0	4	3600-5400	F
Milwaukee														
Columbia	G. Ritchie	210	149,958	4,866	3,390	4P	1	1	1	1	0	4	4800-5700	P
Milwaukee Children's	S. R. McCreadie	97	133,373	2,681	850									P
Evangelical Deaconess	R. S. Haukohl	113	191,636	4,583	3,802	4P	1	1	1	1	0	4	5400-6300	FP
Milwaukee	E. A. Birge	153	237,052	6,466	5,827	4P	1	1	1	0	0	3	4800-5400	FP
Milwaukee County General	J. F. Kuzma	609	723,528	5,456	4,820	4P	3	3	3	3	0	12	4275-6665	P
Mount Sinai	N. Enzer	161	304,834	4,828		4P	1	1	1	1	0	4	4200-4800	FP
St. Francis	J. D. Cardy	87	120,784	4,180	3,851	4P	1	1	1	1	0	4	4300-5500	P
St. Joseph's	C. H. Alshuler	251	331,630	9,860	7,951	4P	1	1	1	1	0	4	4800-6000	FP
St. Luke's	B. E. Clark	113	190,332	4,861	4,021	4P	1	1	1	1	0	4	5400-6600	FP
St. Mary's	D. J. Carlson	162	221,809	6,106	6,106	4P	1	1	1	1	0	4	5100-6000	FP
Veterans Admin. (Wood) ¹⁸⁴⁰	J. R. Kuzma	454	469,467	3,440	3,177	4P	3	3	2	2	0	10	4325-6665	P

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					
Kern County General	R. W. Huntington, Jr.	389	20	357	0
Oakland					
Western Laboratories	G. S. Loquvam	1,519	53	671	0
COLORADO					
Denver					
Denver General	G. I. Ogura, W. C. White				
DISTRICT OF COLUMBIA					
Washington					
Armed Forces Institute of Pathology	F. W. Kiel	500	36	375	15
FLORIDA					
Miami					
Office of Medical Examiner	J. H. Davis	1,445	101	1,181	150
MARYLAND					
Baltimore					
Office of the Chief Medical Examiner	R. S. Fisher	1,893	171	1,560	37
MASSACHUSETTS					
Boston					
Harvard Medical School Dept. of Legal Medicine	S. Warren	358	48	310	42
MICHIGAN					
Detroit					
Wayne County Medical Examiner's Office	E. S. Zawadzki				
NEW YORK					
New York City					
Office of the Chief Medical Examiner	M. Helpern	6,900	618	4,000	4,600
OHIO					
Cleveland					
Cuyahoga County Coroner's Office	L. Adelson, S. R. Gerber	1,649	140	1,220	100
Columbus					
University Hospital	E. Von Haam	362	37	295	9
PENNSYLVANIA					
Philadelphia					
Office of the Medical Examiner, Department of Public Health	J. W. Spelman	1,506	222	1,708	75
PUERTO RICO					
Rio Piedras					
Institute of Legal Medicine, University of Puerto Rico	R. A. Marcial-Rojas	1,478	214	1,030	62
TENNESSEE					
Memphis					
University of Tennessee—Institute of Pathology	J. T. Francisco				
VIRGINIA					
Richmond					
Office of Chief Medical Examiner, Commonwealth of Virginia, Dept. of Health	G. T. Mann	1,580	226	953	479
WASHINGTON					
Tacoma					
Tacoma General	C. P. Larson	69	7	21	10

APPROVED RESIDENCIES

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 215.

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, 235; Residencies, 2,254

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio.....	T. M. Holcomb.....	33	20	1,065	22	95	40,404	4	4	0	0	0	8		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	R. B. Giffin, Jr.	21	16	639	27	89	15,455	3	3	0	0	0	6		
COLORADO															
Fitzsimons General, Denver.....	H. J. Umlauf, Jr.	40	20	1,472	17	100	58,631	3	3	0	0	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	J. P. Fairchild.....	54	18	1,934	49	88	21,339	4	4	0	0	0	8		
HAWAII															
Tripler General, Honolulu.....	E. J. Tomsovic.....	20	43	1,166	19	100	28,013						6		
TEXAS															
William Beaumont General, El Paso.....	T. A. Hanson.....	13	37	1,675	17	89	63,174	3	3	0	0	0	6		
Brooke General, San Antonio.....	J. M. Louro.....	21	17	2,177	12	83	42,919	3	3	0	0	0	6		
WASHINGTON															
Madigan General, Tacoma.....	J. E. Buess.....	28	22	2,119	13	69	50,874	3	3	0	0	0	6		
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland.....	J. D. Pascoe.....	21	18	1,564	37	97	46,999	2	2	0	0	0	4		
U. S. Naval, San Diego.....	E. R. Peters.....	38	29	2,261	38	86	52,457	3	3	0	0	0	6		
MARYLAND															
U. S. Naval, Bethesda.....	A. Margileth.....	22	18	1,207	49	94	17,861	2	2	0	0	0	4		
MASSACHUSETTS															
U. S. Naval, Chelsea ²⁴⁹	J. Imburg.....	16	14	926	33	94	22,972	2	2	0	0	0	4		
PENNSYLVANIA															
U. S. Naval, Philadelphia ⁴⁵¹	J. E. Schanberger.....	19	22	2,540	51	78	44,599	2	2	0	0	0	4		
VIRGINIA															
U. S. Naval, Portsmouth.....	M. Museles.....	39	40	2,154	38	76	47,103	3	3	0	0	0	6		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington.....	R. B. Scott.....	27	40	4,897	127	67	3,336							5300-6800	P
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights.....	D. Hirschl.....	17	13		12	92	5,391	1	1	0	0	0	2	8465-9235	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center.....	H. P. Bentley, Jr.							9	8	1	0	0	18		
Children's.....	H. C. Shirkey.....	88		7,051	101	74	21,995								
University Hospital and Hillman Clinic.....	H. P. Bentley, Jr.	31	61	1,304	64	61	4,272							3240-3840	F
Fairfield															
Lloyd Noland.....	G. C. McCullough.....	20	11	1,172	4	100	28,521	2	2	0	0	0	4	4200-4800	FP
Mobile															
Mobile General.....	D. F. Sullivan.....	20	33	831	40	83	7,666	2	2	0	0	0	4	4200-5100	FP
ARIZONA															
Phoenix															
Good Samaritan.....	H. Lipow.....	58	46	7,928	84	38	3,782	1	1	0	0	0	2	5400-5700	P
Maricopa County General.....	R. Ganelin.....	68	37	4,122	97	58	15,438	3	3	0	0	0	6	5408-5990	P
St. Joseph's.....	M. L. Cohen.....	50	49	4,056	41	63	3,239	1	1	0	0	0	2	4600-4800	FP
ARKANSAS															
Little Rock															
University.....	T. C. Panos.....	71	26	3,038	137	79	8,275	5	5	1	0	0	11	3400-4000	O

APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA															
Bakersfield															
Kern County General	R. Chaney	61	29	1,170†	26	62	19,872	2	2	0	0	0	4	5400-6000	P
Fresno															
Fresno County General	W. Ziering	41	30	1,579	40	79	9,893	2	2	0	0	0	4	4560-5100	P
Los Angeles															
California Babies' and Children's Medical Center	D. C. Shelby	10	13	884	2	50	21,723	2	1	0	0	0	3	4200-4800	F
Cedars-Sinai Medical Center															
Cedars of Lebanon Hospital Division	B. M. Kagan	30	31	2,041	53	83	6,395	3	3	0	0	0	6	4500-7500	F
Childrens Hospital of Los Angeles	R. Ward	143	0	7,976†	188	89	91,319	15	12	4	0	0	31	3300-6900	O
Los Angeles County General, Unit I	P. Wehrle	132	160	7,483	134	66	50,496	12	12	0	0	0	24	5028-5616	P
Los Angeles County General, Unit II	T. L. Nelson	48	38	1,538†	24	50	8,234	4	4	0	0	0	8	5028-6900	P
Queen of Angels	D. Chambers	18	28	1,674	10	90	3,707	2	2	0	0	0	4	4200-4500	F
University of California	R. A. Ulstrom	42	26	2,103	75	83	13,762	2	3	3	1	0	9	2900-6300	P
White Memorial Medical Center	R. F. Chincock	13	17	1,780	24	83	8,268	2	2	0	0	0	4	4260-4860	P
Oakland															
Children's Hospital of the East Bay	M. A. Holliday	43	8	3,517	64	92	39,798	5	5	2	0	0	12	3600-6300	FP
Highland Alameda County	A. Hatoff	15	31	915	29	45	7,739	2	1	0	0	0	3	4092-4980	P
Kaiser Foundation	A. King	14	33	782	16	81	65,427	2	2	0	0	0	4	4080-4980	FP
Orange															
Orange County General ¹²³	M. J. Carson	12	19	1,187	19	85	7,402	3	3	0	0	0	6	4500-5004	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals															
Palo Alto-Stanford Hospital Center ¹²³	N. Kretschmer	36	34	2,558†	64	91	9,445	8	7	2	0	0	17	3900-5100	O
San Mateo County General (San Mateo)	G. F. Williams	22		1,353	11	73	4,767	2	0	1	0	0	3	3900-5500	F
San Diego															
San Diego County General ¹⁰³	J. B. Welsh	23	17	667†	12	92	2,592	1	1	0	0	0	2	4979-6240	O
San Francisco															
Children's Hospital and Adult Medical Center	J. Piel	41	25	2,794	19	74	19,278						7	3900-4800	FP
Kaiser Foundation	R. Burnip	11	30	718	12	75	77,262	2	2	0	0	0	4	4230-5190	P
Presbyterian Medical Center	L. A. Luz	18	11	987	1	100	2,864	2	2	0	0	0	4	3900-4200	P
St. Luke's	D. Haskin	17	12	657	9	89	5,594	1	1	0	0	0	2	4200-5400	FP
St. Mary's	R. T. Terry	22	17	1,911	9	88	4,367	1	1	0	0	0	2	3600-4200	F
University of California Hospitals	E. B. Shaw	25		1,135	58	90	18,094	5	7	0	2	0	14†	3580-6300	O
San Francisco General	M. Grossman	30	32	1,278	5	80	16,622	4	0	1	0	0	5	3540-6300	O
San Jose															
Santa Clara County	J. R. Maloney	30	25	1,465	71	88	19,586	3	3	0	0	0	6	4536-5244	F
San Mateo															
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto															
Stockton															
San Joaquin General	F. Ruhstaller	15	22	801	10	90	4,900	1	1	0	0	0	2	5076-6144	P
Torrance															
Los Angeles County Harbor General	K. Zike	41		1,732	41	87	12,851	4	4	0	0	0	8	5028-5616	F
COLORADO															
Denver															
Children's	F. J. Cozzetto	102	45	11,417†	112	89	8,155	6	6	3	0	0	15	3600-4200	P
Denver General	J. R. Connell	14	24	935	11	82	26,892	3	3	0	0	0	6	3518-3840	P
University of Colorado Affiliated Hospitals															
University of Colorado Medical Center	C. H. Kempe	22	30	1,021	44	94	14,631	3	9	3	0	0	15	3500-4500	P
CONNECTICUT															
Hartford															
Hartford	A. U. Peacock	24	82	920	24	83	1,914	1	1	0	0	0	2	4200-4800	P
St. Francis	T. Murphy	48	55	2,411	22	82	6,095	2	2	0	0	0	4	3900-5400	FP
New Haven															
Hospital of St. Raphael	P. F. McAlleney	20	22	2,114	17	70	2,341	3	3	0	0	0	6	3900-4800	F
Yale-New Haven Medical Center															
Yale-New Haven	C. D. Cook	35	71	1,245	130	86	12,176	6	6	2	0	0	14	3300-6000	P
DELAWARE															
Wilmington															
Delaware	W. R. Johnson	37	38	2,342	61	67	6,239	3	1	0	0	0	4	5400-7200	P
DISTRICT OF COLUMBIA															
Washington															
Children's	R. H. Parrott	151	15	12,435†	140	83	63,638	13	13	1	0	0	27	2800-5100	P
District of Columbia General	T. E. Reichelderfer	85	91	8,101	224	74	38,801	5	7	3	0	0	15	3800-5000	P
Georgetown University	P. L. Calcagno	21	34	1,280	26	81	8,506	4	3	1	0	0	8	3120-4030	P
Providence	L. Cross	26	54	2,368	9	78	1,171	1	1	0	0	0	2	4200-4500	P
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	R. T. Smith	40	13	1,698	88	91	6,000	5	4	1	1	0	11	3200-6000	O
Jacksonville															
Jacksonville Hospitals Educational Program															
Baptist Memorial	J. G. Lane	35	28	2,988	11	72	1,402	2	1	0	0	0	3	5400-5700	O
Duval Medical Center	J. K. David	29	32	1,357	46	89	28,697	0	4	0	0	0	4	5700-5700	P
St. Luke's	J. K. Moss	14	16	561	0	0	0	1	1	0	0	0	2	5100-5400	O
St. Vincent's	E. M. Frame	33	25	2,793†	12	67	1,478	2	2	0	0	0	4	5400-5700	P
Miami															
Jackson Memorial	W. Nyhan	47	64	1,827	84	70	11,841	6	6	1	0	0	13	3000-4000	P
Variety Children's ¹⁷⁷	M. Harkness	72	12	3,950	65	70	30,093	10	10	0	2	0	22	3000-3720	P
Orlando															
Orange Memorial	A. W. Townes, Jr.	39	46	6,569	133	54	1,006	1	1	0	0	0	2	5100-5400	P
Tampa															
Tampa General	L. Cimino	57	60	6,449	26	62	1,672	2	2	0	0	0	4	3600-6000	FP
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals	R. W. Blumberg							10	8	3	0	0	21		
Grady Memorial	R. W. Blumberg	52	97	1,704	56	100	16,384							2700-3900	P
Henrietta Eggleston Hospital for Children	J. H. Patterson	62	0	4,734†	67	86	0							2700-3900	P

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA, Atlanta—Continued															
Georgia Baptist	J. Yampolsky	27	60	2,115	38	44	547	3	2	0	0	0	5	4500-4680	O
Piedmont	E. Cale	15	33	1,463	0	0	815	1	1	0	0	0	2	5040-5280	P
St. Joseph's Infirmary	C. Fowler	13	20	2,464	40	55	3,732	1	1	0	0	0	2	5160-5460	P
Augusta															
Medical College of Georgia Hospitals															
Eugene Talmadge Memorial	G. Holman	24	22	552	30	67	2,853	4	3	1	0	0	8	3900-5100	O
University	J. Bell	32	25	2,148†	31	23	1,990	1	1	0	0	0	2	3900-4500	O
HAWAII															
Honolulu															
Kauikoolani Children's	D. Char	40	0	3,709	31	86	9,745	4	3	0	0	0	7	5400-6000	O
ILLINOIS															
Chicago															
Cook County	J. Greengard	351	250	14,415	738	74	164,393	12	12	3	0	0	27†	3420-5100	F
Illinois Masonic	G. George	30	33	2,163	13	69	1,628	2	2	0	0	0	4	6000-6600	FP
Michael Reese Hospital and Medical Center	J. Metcalf	74	55	3,621	92	76	10,338	7	7	2	0	0	16†	3600-5400	P
Mount Sinai	A. Grossman	33	36	1,692	81	85	3,618	2	2	0	0	0	5†	4600-5700	P
Northwestern University Medical Center															
Children's Memorial	R. Lawson	69	22	2,962†	89	78	50,890	10	10	1	0	0	21	3300-4200	P
Presbyterian-St. Luke's	J. R. Christian	49	9	2,675	39	89	24,552	4	4	3	0	0	11	4000-4600	P
Stritch School of Medicine of Loyola University															
Affiliated Hospitals ²³															
Mercy	A. Fleming	28	24	1,574	7	86	5,080	4	4	1	1	0	10	3600-4500	F
University of Chicago Hospitals and Clinics	A. Dorfman	35	44	1,245	47	91	14,046	4	4	2	0	0	10	3900-4860	O
University of Illinois Research and Educational Hospitals	I. Schulman	65	34	1,952	81	81	13,344	5	5	0	0	0	11	3000-3300	P
Evanston															
St. Francis	J. B. Murphy	36		2,601	13	100	2,984	1	1	0	0	0	2	4380-4560	FP
Evergreen Park															
Little Company of Mary	A. W. Fleming	53	68	4,705	13	77	1,162	4	4	0	0	0	8	6000-7800	P
Peoria															
St. Francis	J. P. Callaway	41	55	2,025	105	59	2,267	2	2	0	0	0	4	5100-5400	F
INDIANA															
Indianapolis															
Indiana University Medical Center								7	6	0	0	0	13		
Indiana University Hospitals	L. T. Meiks	61	32	2,135	126	68	7,533							4575-4900	P
Marion County General	R. M. Butler	568	40	893	17	70	10,173							3863-4178	P
Methodist Hospital of Indiana	J. K. Hill	68	114	5,159	40	68	2,219	2	2	0	0	0	4	5400-5700	P
IOWA															
Des Moines															
Iowa Methodist															
Raymond Blank Memorial Hospital for Children	L. F. Hill	51	26	4,092	38	79	12,144	3	3	0	0	0	6	4500-4800	F
Iowa City															
University Hospitals	D. L. Dunphy	57	21	2,416	88	90	12,896	5	5	0	0	0	10	3500-3900	P
KANSAS															
Kansas City															
University of Kansas Medical Center	H. Miller	414	28	1,603	44	82	11,608	5	4	0	0	0	9	3300-3900	P
KENTUCKY															
Lexington															
University of Kentucky Medical Center								4	4	2	0	0	10		
St. Joseph	C. Wheeler	24	12	1,815	18	75									
University	W. E. Wheeler	24	16	972	42	64	5,817							3960-5160	P
Louisville															
University of Louisville Affiliated Hospitals	W. M. Edwards							10	10	2	0	0	22		
Children's	F. Falkner			3,913	90	52	12,808							2800-3600	F
Louisville General	W. M. Edwards	150	37	5,393	181	57	24,180							2700-3700	FP
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana															
Louisiana State University Division	R. L. Fowler	139	79	1,473	47	89	9,342						16	2400-2700	F
Tulane University Division	R. V. Platou	134	71	1,344	49	65	8,298						18	2400-2700	F
Shreveport															
Confederate Memorial Medical Center	C. H. Webb	55	51	3,152	50	46	3,394	2	2	0	0	0	4	2400-2700	F
MAINE															
Portland															
Maine Medical Center	P. Good	13	28	2,435	29	79	2,734	1	1	0	0	0	2	3060-4440	FP
MARYLAND															
Baltimore															
Johns Hopkins Community Pediatric Program	A. J. Schaffer							12	6	4	0	0	22	3500-4500	O
Baltimore City Hospitals	H. E. Harrison	42	69	1,428	45	78	28,921								
Greater Baltimore Medical Center															
Hospital for the Women of Maryland															
Johns Hopkins	R. E. Cooke	71	45	1,780†	130	83	53,036								
Sinai Hospital of Baltimore	E. Kaplan	30	58	1,843	36	55	9,823								
Union Memorial	W. Grub	14	22	654	4	75	2,586								
Mercy ²⁴	S. Walker	30	28	1,323	21	57	3,285	2	2	0	0	0	4	6300-6600	P
University of Maryland	J. E. Bradley	39	50	1,015	55	67	34,944	7	7	1	0	0	15	3000-4400	P
MASSACHUSETTS															
Boston															
Boston City	S. Gellis	109	43	5,753	103	81	36,768	9	8	1	1	0	19	3600-5400	O
Boston Floating	M. B. Kreidberg	71	00	3,076	106	91	6,098	6	7	1	0	0	14	3600-4800	O
Children's Hospital Medical Center	C. A. Janeway	61		2,915	227	87	76,076	8	17	8	2	0	35†	1800-5250	F
Massachusetts General	N. B. Talbot	70	150	3,128	72	78	16,000	5	4	1	0	0	10	3600-8000	O
St. Elizabeth's	J. J. A. Cavanaugh	26	47	1,678	14	77	2,184	2	2	0	0	0	4	3600-4200	F

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APPROVED RESIDENCIES

18. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Prenatal A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS—Continued															
Worcester															
St. Vincent	P. Karpawich	53	21	3,721	23	83	845	3	2	0	0	0	5	4100-4400	P
Worcester City	R. Cox	47	23	2,001	8	63	5,582	2	2	0	0	0	4	3528-4140	FP
MICHIGAN															
Ann Arbor															
University ²⁹⁴	J. L. Wilson	59	3	1,908	95	84	21,372	8	8	5	0	0	21	3240-3540	O
Detroit															
Children's	P. Woolley	123	20	5,339	241	66	72,790	13	13	5	0	0	31	4800-6000	O
Harper	E. E. Martner	30	39	4,140	14	75	2,327	6	6	0	0	0	12	3900-5100	FP
Henry Ford	J. A. Johnston	70	25	3,734	11	73	21,973	4	2	0	0	0	6	4800-5040	P
Flint															
Hurley	R. Clark	81	36	4,618	48	69	1,196	2	2	0	0	0	4	4500-4800	F
Grand Rapids															
Butterworth	J. Wilson	45	45	3,251†	18	89	1,432	1	1	0	0	0	2	5400-5400	P
Pontiac															
Pontiac General	D. J. Trumpour	45	...	1,634	14	71	...	...	...	...	...	...	...	...	...
St. Joseph Mercy	F. M. Adams	51	30	4,117	20	85	3,028	2	2	0	0	0	4	5700-6420	P
Saginaw															
Saginaw General	R. M. Heavenrich	27	22	2,077	10	80	3,395	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	26	24	1,330	18	78	6,176	...	...	...	...	...	...	4500-6500	P
University of Minnesota Hospitals	J. A. Anderson	102	15	2,721	136	92	11,606	...	...	...	...	...	...	4500-5500	O
Ancker (St. Paul)	H. Venters	44	22	1,029	23	96	22,404	...	...	...	...	...	...	4500-6000	P
Rochester															
Mayo Graduate School of Medicine	J. W. DuShane	62	24	4,390	86	80	42,179	8	8	8	0	0	24	3600-4200	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul															
Ancker—See University of Minnesota Affiliated Hospitals, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's	M. J. Burke-Strickland	82	...	4,078	27	85	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	B. E. Batson	19	28	777	68	74	8,398	4	3	0	0	0	7	3600-4200	O
MISSOURI															
Columbia															
University of Missouri Medical Center	R. L. Jackson	32	15	1,413†	60	65	6,581	4	3	1	0	0	8	3600-4200	P
Kansas City															
Children's Mercy	N. W. Smull	75	1	2,928	71	83	53,371	6	6	0	0	0	12	3300-3600	P
St. Louis															
Homer G. Phillips	P. J. White	68	52	3,197	33	55	14,806	5	4	2	0	0	11†	4584-5571	P
St. Louis Children's	D. Goldring	127	...	5,897	146	116	...	10	10	5	1	0	26	2718-5000	P
St. Louis University Group of Hospitals	A. Sharp	119	17	6,886	124	83	16,775	6	6	2	0	0	14	2400-3240	FP
Cardinal Glennon Memorial Hospital for Children	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEBRASKA															
Omaha															
Childrens Memorial	C. R. Angle	72	1	5,192	53	75	10,772	4	4	0	0	0	8	5100-5400	O
Creighton Memorial St. Joseph's	J. R. Mitchell	25	30	2,388	14	79	3,710	3	3	0	0	0	6	3900-4500	P
University of Nebraska	G. Gibbs	111	15	760	17	94	17,776	2	1	1	0	0	4	3900-4500	P
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial	R. C. Storrs	5	7	339	6	83	5,522	1	1	0	0	0	2	3400-3800	O
NEW JERSEY															
Jersey City															
Jersey City Medical Center	F. C. Behrle	44	...	1,428	37	72	10,835	6	5	0	0	0	11	3400-4600	F
Neptune															
Fitkin Memorial	J. F. Raffette	30	34	4,834	51	65	1,431	1	1	0	0	0	2	4200-5400	F
Newark															
Newark Beth Israel	M. Fischman	25	9	1,738	13	69	769	1	1	0	0	0	2	3000-3300	F
St. Michael	E. Szelewa	49	37	4,438	74	56	3,786	4	4	0	0	0	8	3900-5980	F
United Hospitals of Newark	...	...	...	...	...	...	...	6	6	3	0	0	15	...	...
Babies	D. L. Feinberg	59	58	3,627	33	79	19,168	...	...	...	...	...	...	3600-6000	F
Newark City	D. L. Feinberg	74	80	6,640	50	76	6,789	...	...	...	...	...	...	3900-5700	F
Plainfield															
Muhlenberg	C. Hanson	33	47	3,035	22	57	3,089	1	1	0	0	0	2	4020-4800	FP
NEW MEXICO															
Albuquerque															
Bernalillo County-Indian	R. Tully	33	20	890	18	83	2,828	2	2	0	0	0	4	4200-4600	P
NEW YORK															
Albany															
Albany Medical Center	P. Patterson	28	35	1,379†	35	83	3,950	3	3	1	0	0	7	3200-6800	P
Buffalo															
Children's Hospital of Buffalo	M. I. Rubin	93	48	4,266	146	89	43,983	6	12	0	0	0	18	4100-5300	P
Edward J. Meyer Memorial	T. S. Bumbalo	49	21	1,329	10	70	20,937	2	3	0	0	0	5	4895-6410	P
East Meadow															
Meadowbrook	I. J. Olshin	45	21	8,897	82	84	3,912	3	3	0	0	0	6	4730-7370	F
Manhasset															
North Shore	A. L. Florman	16	33	1,618†	22	82	1,280	2	2	0	0	0	4	4450-5470	F
New Hyde Park															
Long Island Jewish Hospital Training Program	S. Karelitz	...	...	...	...	...	...	5	5	2	0	0	12	...	...
Long Island Jewish	S. Karelitz	29	50	2,109	59	86	3,203	...	...	...	...	...	...	4500-6250	O
Queens Hospital Center (New York City)	A. Aballi	41	40	3,828	110	70	7,620	4200-5220	F

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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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics.....	R. Olmsted.....	67	...	3,012	81	93	28,335	6	5	3	0	0	14	2700-3300	F
PENNSYLVANIA															
Danville															
Geisinger Medical Center.....	S. S. Morrison.....	17	9	632	19	68	10,164	1	1	0	0	0	2	3300-4800	P
Harrisburg															
Harrisburg.....	R. J. Tursky.....	46	45	2,453	11	71	8,982	2	2	0	0	0	4	3300-3600	F
Harrisburg Polyclinic.....	F. B. Corneal.....	46	32	2,986	25	80	3,467	2	2	0	0	0	4	5400-5700	FP
Philadelphia															
Albert Einstein Medical Center.....	M. Malen.....	45	61	2,980†	17	59	4,545	3	3	0	0	0	6	2700-3000	FP
Children's Hospital of Philadelphia.....	A. M. Bongiovanni.....	65	5	6,379	112	79	17,368	10	11	4	1	0	26	1200-6000	FP
Germantown Dispensary and Hospital.....	W. McFadden.....	18	15	1,032	6	67	2,121	1	1	0	0	0	2	3600-5100	FP
Hahnemann Medical College and Hospital ⁴⁰⁶	C. Fischer.....	31	12	1,049	17	6	5,586	3	3	0	0	0	6	3000-3600	P
Hospital of the University of Pennsylvania ⁴⁰¹	L. Barnes.....	16	34	708	14	64	9,857	2	2	1	0	0	5	900-1500	P
Hospital of the Woman's Medical College of Pennsylvania.....	D. A. Howell.....	17	13	588	1	...	3,614	3	3	0	0	0	6	4400-4700	O
Jefferson Medical College ⁴⁰⁵	H. G. Keitel.....	20	44	670	9	100	10,436	4	4	0	0	0	8	3000-3400	O
Philadelphia General.....	J. Ritter, S. Ziegler.....	113	94	3,271	44	73	53,858	6	5	0	0	0	12†	3090-5207	F
Temple University Medical Center.....	...	...	...	...	...	...	...	11	11	2	0	0	24	...	...
St. Christopher's Hospital for Children.....	V. C. Vaughan, III.....	117	3	5,370	96	88	61,254	...	...	...	...	...	...	2100-3600	FP
Temple University.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's Hospital of Pittsburgh.....	R. L. Day.....	193	...	3,362	151	92	24,204	6	14	5	0	0	25	3900-4500	O
Sayre															
Robert Packer.....	D. S. Mottsay.....	21	29	2,212	24	90	8,102	1	1	1	0	0	3†	3000-5400	FP
PUERTO RICO															
Fajardo															
Fajardo District.....	G. Marroig.....	52	...	1,581	127	42	...	2	2	1	0	0	5	4500-5700	F
Ponce															
Ponce District General.....	R. Blasini.....	121	...	3,414	564	48	7,191	4	4	0	0	0	8	3900-4500	F
Rio Piedras															
Rio Piedras Municipal.....	M. Rullan.....	31	19	827	72	50	11,200	4	2	0	0	0	6	3600-4200	F
University District.....	A. Ortiz.....	61	24	1,627	306	78	7,837	6	6	0	0	0	12	3300-3900	F
San Juan															
San Juan City.....	E. S. Colon Rivera.....	75	74	1,811	121	58	16,731	5	5	1	0	0	11	3600-4800	F
RHODE ISLAND															
Providence															
Rhode Island.....	B. Feinberg.....	31	...	1,277	24	75	3,528	3	3	0	0	0	6	2700-3600	FP
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals.....	J. R. Paul, Jr.....	...	...	...	...	...	...	4	2	1	0	0	7	2910-4500	FP
Medical College.....	...	30	13	2,317	88	75	10,721	...	...	...	...	...	...	...	...
Roper.....	...	4	13	1,664	9	62	...	...	...	...	...	...	...	...	...
Columbia															
Columbia Hospital of Richland County.....	R. W. Gibbes.....	26	37	1,234	47	38	5,894	1	1	0	0	0	2	5040-5280	P
TENNESSEE															
Knoxville															
East Tennessee Affiliated Hospitals.....	J. Chesney.....	...	...	...	...	...	...	2	2	0	0	0	4	4392-4512	F
East Tennessee Children's University of Tennessee Memorial Research Center and Hospital.....	...	23	16	1,305	15	47	2,582	...	...	...	...	...	...	...	...
Memphis															
University of Tennessee Affiliated Hospitals.....	J. Hughes.....	...	...	...	...	...	...	5	7	0	0	0	12	...	...
City of Memphis Hospitals.....	...	74	69	2,602	173	72	32,914	...	...	...	...	...	...	3480-5000	F
Le Bonheur Children's.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nashville															
Baptist.....	D. Sanders.....	21	30	1,248	18	50	2,369	2	1	0	0	0	3	3900-4200	FP
George W. Hubbard Hospital of the Meharry Memorial College ⁴⁸⁷	E. P. Crump.....	147	24	885	10	80	8,589	2	2	2	0	0	6	2700-3900	F
Vanderbilt University Affiliated Hospitals.....	...	...	...	...	...	...	...	8	0	1	0	0	9	...	...
Nashville Metropolitan General.....	W. D. Donald.....	8	16	466	7	43	13,794	...	...	...	...	...	...	...	...
Vanderbilt University.....	A. Christie.....	39	18	2,717	67	72	13,606	...	...	...	...	...	...	3000-3600	P
TEXAS															
Corpus Christi															
Driscoll Foundation Children's.....	J. M. Sloan.....	76	3	1,100	59	90	45,367	4	4	1	0	0	9†	3000-5700	FP
Dallas															
Children's Medical Center ⁴⁰⁶	H. Eichenwald.....	97	99	5,129	123	73	61,262	8	8	2	0	0	18	3600-4560	P
Galveston															
University of Texas Medical Branch Hospitals.....	C. Daeshner.....	106	27	2,622	113	68	12,632	6	6	2	0	0	14†	4200-6000	P
Houston															
Baylor University Affiliated Hospitals.....	R. Blattner.....	114	162	5,015	136	79	66,166	13	12	2	0	0	27†	...	FP
Ben Taub General.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hermann.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Texas Children's.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph.....	A. H. Kline.....	27	46	2,916	10	60	8,746	1	1	0	0	0	2	4440-4740	P
San Antonio															
University of Texas South Texas Medical School Affiliated Hospitals.....	...	...	...	...	...	...	...	4	4	0	0	0	8	4500-5700	FP
Robert B. Green Memorial.....	J. Newton.....	43	44	1,171	44	63	27,371	...	...	...	...	...	...	...	...
Santa Rosa Medical Center.....	L. J. Geppert.....	132	40	5,139	79	70	1,045
Temple															
Scott and White Memorial.....	H. E. LeBus.....	10	9	711	7	71	...	2	1	0	0	0	3	4200-4500	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			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UTAH															
Salt Lake City															
University of Utah Affiliated Hospitals.....	P. F. Bray.....														
University.....		23	11	1,692	16	82	21,304								
Latter-day Saints.....			57	4,661	49	39								3600-4200	P
Primary Children's.....		82		5,626	48	34	6,118							3600-4800	P
Shriners Hospital for Crippled Children.....															
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals.....	R. J. McKay, Jr.....														
DeGoesbriand Memorial.....		16	15	1,192†	6	100	2,982		2	1	0	0	0	3	3000-3600
Mary Fletcher.....		11	17	663†	20	80	1,655							3000-3600	P
VIRGINIA															
Alexandria															
Alexandria.....	C. MacRae.....	23	48	2,145†	6	67	4,618	1	1	0	0	0	2	3600-4200	P
Charlottesville															
University of Virginia.....	W. G. Thurman.....	21	31	844	37	54	10,634	4	4	1	0	0	9	2400-3300	F
Norfolk															
King's Daughters Children's.....	M. A. Warfield.....	54	46	4,152	29	86	25,141	2	2	0	0	0	4	3600-5100	FP
Richmond															
Medical College of Virginia—Hospital Division.....	W. E. Laupus.....	57	76	1,957	96	58	23,537	10	10	4	2	0	26†	2400-3000	F
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals.....	R. J. Wedgwood.....								12	14	4	0	0	30	
Children's Orthopedic Hospital and Medical Center.....	J. M. Docter.....	61	30	3,642	94	89	16,473							3640-4690	O
King County.....	C. W. Bierman.....	22	18	787†	14	79	7,586							2700-6600	F
University.....	R. J. Wedgwood.....	10	17	593†	14	100	8,491							2700-5700	P
WEST VIRGINIA															
Charleston															
Memorial.....	T. S. Potterfield.....	17	20	971	20	75	679	1	1	0	0	0	2	4500-4800	FP
Morgantown															
West Virginia University.....	W. G. Klingberg.....	32	10	1,012	27	59	4,617	3	3	1	0	0	7	3320-3920	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals.....	C. Lobeck.....								6	4	4	0	0	14†	3400-4600
University Hospitals.....		40	8	1,367	45	82	12,885								
Madison General.....		29	28	2,427	13	69									
St. Mary's.....		29	36	2,454	7	71									
Milwaukee															
Marquette University Affiliated Hospitals.....	J. C. Peterson.....								5	5	2	0	0	12	
Milwaukee Children's.....		100		5,482	69	87	14,161							3600-4200	P
Milwaukee County General.....		67	44	2,721	69	52	15,680							4275-5100	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, 43; Residencies, 117

UNITED STATES PUBLIC HEALTH SERVICE

ARIZONA															
U. S. Public Health Service Indian, Phoenix¹²⁷.....															
	W. K. Carlile.....	34		1,029	9	100									
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Long Beach															
Memorial Hospital of Long Beach ¹⁰⁴	M. P. Baecker.....						3,528	1	0	0	0	0	1	5400-6000	P
CONNECTICUT															
Norwalk															
Norwalk ¹⁵⁴	A. Beasley.....	6	29	672	4	100	1,387	1	1	0	0	0	2	3420-3840	F
Waterbury															
Waterbury ¹⁵⁵	P. Teiger.....	26	25	2,369	14	70	1,379	1	1	0	0	0	2	4200-4800	F
DELAWARE															
Wilmington															
Wilmington General ¹⁵⁷	H. Rosenblum.....	15	30	1,282	10	80	4,000	1	1	0	0	0	2	4200-4800	FP
ILLINOIS															
Chicago															
Edgewater ¹⁹⁵	L. Robin.....	15	35	1,290	4	50	738	2	1	0	0	0	3	5400-6600	F
Grant ¹⁹⁵	D. H. Welker.....	45	30	2,877	45	49	1,922	1	1	0	0	0	2	5400-5700	P
Northwestern University Medical Center.....															
Evanston (Evanston) ¹⁸⁹	H. Philipsborn.....	22	35	1,903	13	100	9,226	2	2	0	0	0	4	3300-3900	P
Evanston															
Evanston—See Northwestern University Medical Center, Chicago															
KENTUCKY															
Louisville															
St. Joseph Infirmary ²²¹	J. Doyle.....	48	29	3,679	24	42	1,337	3	0	0	0	0	3	4740-4860	P
LOUISIANA															
New Orleans															
Ochsner Foundation ²³³	C. H. Snyder.....	23	17	1,582	14	86	13,571	1	1	0	0	0	2	3300-3600	P
Touro Infirmary ²³³	H. Rothschild.....	9	24	872†	8	62	5,334	2	0	0	0	0	2	4500-4800	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MAINE															
Lewiston															
Central Maine General ²⁵¹	H. C. Thacher	12	16	615	14	71	734	1	0	0	0	0	1	3300-3720	F
MARYLAND															
Baltimore															
Provident ²⁵¹	E. L. White	21	18	843	8	88	1,604	2	1	0	0	0	3	5400-6000	F
MASSACHUSETTS															
Springfield															
Springfield ²⁵⁹	T. A. Doe	28	68	1,580†	17	76	1,439	2	1	0	0	0	3	3900-4200	FP
MICHIGAN															
Detroit															
Receiving ²⁵⁶	A. Camacho	71	0	2,941	30	79	4,225	3	3	1	0	0	7	4405-5328	P
Kalamazoo															
Borgess ²⁵⁶	T. Reigel	34	18	2,718	12	92	1,854	1	0	0	0	0	1	5700-6000	F
Bronson Methodist ²⁵⁸	E. F. Kercher	33	21	2,166	27	67	1,932	1	0	0	0	0	1	5700-6300	F
NEW JERSEY															
Trenton															
St. Francis ⁴⁵¹	H. Davis	33	33	2,896	10	60	1,843	1	1	0	0	0	2	4200-4920	F
NEW YORK															
Albany															
St. Peter's ³⁵⁹	J. E. Gainor	20	...	729	2	100	3,068	2	2	0	0	0	4	4200-5100	F
Cooperstown															
Mary Imogene Bassett ³⁹¹	T. C. Goodwin	4	5	251	4	75	8,244	1	0	0	0	0	1	3980-5160	P
New York City															
Flushing Hospital and Dispensary ³⁹²	H. T. Vogel	20	37	1,549	5	100	3,441	1	1	0	0	0	2	4020-4320	FP
Jewish Memorial ³⁸⁷	W. Levy	13	...	879	5	50	1,443	2	1	0	0	0	3	4200-5400	F
Mary Immaculate ³⁹²	V. Tosti	33	30	1,376	37	86	1,807	2	2	0	0	0	4	4000-4500	FP
Misericordia Hospital Training Program															
Misericordia ³⁸⁵	V. P. Casey	28	40	2,543	21	75	1,834	2	2	0	0	0	4	4200-5220	F
St. Francis ³⁸⁷	R. F. Drago	46	34	1,932	67	85	4,196	2	2	1	0	0	5	5600-6200	P
St. John's Episcopal ³⁷⁴	B. H. Sculman	24	29	479	38	63	4,682	2	2	0	0	0	4	4080-4500	FP
Wyckoff Heights ²⁵⁰	A. Eden	19	31	678	18	82	463	3	3	0	0	0	6	4080-4380	F
Rochester															
Genesee ⁴⁰⁵	R. S. Meltzer	12	...	799	5	40	2,778	1	1	0	0	0	2	4500-5000	O
NORTH CAROLINA															
Durham															
Watts ⁴⁵	A. H. London	16	12	1,204	11	64	2,380	1	1	0	0	0	2	3900-4200	F
Wilmington															
Babies ⁶⁶	R. Moore	26	6	2,642	11	27	3,067	2	1	0	0	0	3	3000-5400	FP
OHIO															
Cincinnati															
Good Samaritan ⁴¹⁵	D. J. Frank	56	85	1,904	8	63	1,560	2	1	0	0	0	3	5400-6900	P
Jewish ⁴¹⁵	L. W. Rauh	22	40	2,393	9	78	1,406	1	1	0	0	0	2	4500-4800	FP
Toledo															
Mercy ²⁵⁶	J. J. Tansey	39	...	2,189	15	67	3,591	2	0	0	0	0	2	3600-3600	FP
Warren															
Trumbull Memorial ⁴²⁰	R. P. Ostergard	24	29	2,068	7	86	676	2	2	0	0	0	4	4200-4800	F
PENNSYLVANIA															
Philadelphia															
Graduate Hospital of the University of Pennsylvania ⁴⁵⁹	J. A. Ritter	8	0	310	1	100	350	1	1	0	0	0	2	2610-2610	P
PUERTO RICO															
San Juan															
Presbyterian ⁴⁵²	J. Basora-Defillo	18	28	1,003†	30	40	678	1	0	0	0	0	1	6000-6000	F
RHODE ISLAND															
Providence															
Charles V. Chapin ²⁴⁷	M. Adelman	22	2	806	4	75	1,131	2	2	0	0	0	4	4704-4704	F
Roger Williams General ²⁴⁹	R. C. Eley	33	13	2,107	13	77	728	2	0	0	0	0	2	...-4200	F
SOUTH CAROLINA															
Greenville															
Greenville General ⁴¹⁷	H. P. Jackson	41	46	2,649†	29	24	3,689	0	1	0	0	0	1	4800-4800	P
TENNESSEE															
Chattanooga															
T. C. Thompson Children's ¹⁸⁴	R. B. Clark	63	...	3,894	82	48	29,641	4	3	0	0	0	7	4900-5100	F
Memphis															
Baptist Memorial ⁴⁵⁸	F. S. Hill	37	49	2,732	28	50	575	1	1	0	0	0	2	3900-4200	...
St. Joseph ⁴⁵⁷	J. Segal	14	23	1,375	4	50	1,211	1	1	0	0	0	2	4200-4500	F
TEXAS															
Dallas															
Methodist Hospital of Dallas ⁵⁰⁵	W. D. Crane	25	36	2,884	14	64	1,260	2	2	0	0	0	4	3720-4800	FP
WISCONSIN															
La Crosse															
La Crosse Lutheran ²¹	R. Slungaard	12	6	4,420	4	75	15,000	1	0	0	0	0	1	4200-4200	F

APPROVED RESIDENCIES

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, 31; Residencies, 49

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE											
TEXAS											
U. S. Air Force, San Antonio	R. E. Smith	56	15,000	1	1	0	0	0	2		
NONFEDERAL AND VETERANS ADMINISTRATION											
CALIFORNIA											
Los Angeles											
University of California	E. M. Heimlich	...	5,340	1	1	0	0	0	2	5500-8000	O
San Francisco											
University of California Hospitals	W. C. Deamer	100	3,867	1	1	0	0	0	2	6000-6000	O
COLORADO											
Denver											
University of Colorado Medical Center	D. S. Pearlman	...	3,100	..	..	..	..	..	3	5000-...	P
DISTRICT OF COLUMBIA											
Washington											
Children's	W. Howard	32†	2,716	1	1	0	0	0	2	4800-4800	O
ILLINOIS											
Chicago											
Michael Reese Hospital and Medical Center*	M. Mosko, A. Matheson	5	3,044	0	0	1	1	0	2†	4500-5700	P
Presbyterian-St. Luke's	...	...	...	...	...	...	...	...	...	...	...
University of Illinois Research and Educational Hospitals*	M. Samter, S. Hyde	...	1,293	1	0	0	0	0	1	3600-3600	P
KANSAS											
Kansas City											
University of Kansas Medical Center	F. Speer	Inc. in Pediatrics	2,968	1	0	0	0	0	1	4800-5200	P
KENTUCKY											
Lexington											
University	T. L. Nelson	40	942	1	1	0	0	0	2	5000-6000	O
MARYLAND											
Baltimore											
Johns Hopkins	M. B. Rhyne	Inc. in Pediatrics	4,792	..	..	..	..	..	..	3200-...	P
MASSACHUSETTS											
Boston											
Children's Hospital Medical Center	H. L. Mueller	Inc. in Pediatrics	...	1	1	0	0	0	2	...-3600	O
MICHIGAN											
Ann Arbor											
University*	J. M. Sheldon	Inc. in Pediatrics	...	1	1	0	0	0	2	3840-4240	O
Detroit											
Children's	S. Levin	109	6,925	0	0	2	0	0	2	4800-6000	O
MINNESOTA											
Rochester											
Mayo Graduate School of Medicine*	G. B. Logan	Inc. in Pediatrics	...	2	2	0	0	0	4	4200-4800	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...
NEW YORK											
Buffalo											
Children's Hospital of Buffalo	V. Cohen	127	4,237	0	0	0	1	0	1	4100-5300	P
New York City											
New York University Medical Center	...	...	...	...	...	...	...	...	...	...	...
University	V. J. Fontana	179	2,622	2	0	0	0	0	2	6320-7340	O
Presbyterian (Babies)	W. R. Kessler	Inc. in Pediatrics	3,202	1	0	0	0	0	1	4500-5000	O
Roosevelt*	W. B. Sherman	8	2,959	1	0	0	0	0	1	4300-5000	O
St. Vincent's Hospital and Medical Center of New York	...	...	...	...	...	...	...	...	...	...	...
Rochester											
Strong Memorial Hospital of the University of Rochester	J. Glaser	...	3,547	..	..	..	..	..	..	3300-5050	O
NORTH CAROLINA											
Durham											
Duke	S. Dees	173	1,327	1	1	0	0	0	2	3900-4800	P
OHIO											
Cincinnati											
University of Cincinnati Hospital Group*	J. E. Ghory	...	...	2	0	0	0	0	2	5000-5000	O
Children's	...	Inc. in Pediatrics	450	..	..	..	..	..	..	..	..
Cincinnati General	...	Inc. in Pediatrics	3,351	..	..	..	..	..	..	..	..
Convalescent Hospital for Children	...	69	761	..	..	..	..	..	..	..	..
PENNSYLVANIA											
Philadelphia											
Children's Hospital of Philadelphia	H. I. Leeks	Inc. in Pediatrics	981	1	1	0	0	0	2	4000-4000	O
St. Christopher's Hospital for Children	L. S. Girsh	100	2,523	1	1	0	0	0	2	2100-...	FP
Pittsburgh											
Children's Hospital of Pittsburgh	H. C. Mansmann, Jr.	142	3,511	0	0	1	1	0	2	3900-4500	O

APPROVED RESIDENCIES

PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P P P O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND											
Providence											
Rhode Island*	S. S. Freedman	Inc. in Pediatrics	1,311	1	0	0	0	0	1	3000-4080	FP
TENNESSEE											
Memphis											
City of Memphis Hospitals (Frank Tobey Memorial Children's)	L. E. Crawford	200	3,250	1	1	0	0	0	2	3480-3480	F
TEXAS											
Dallas											
Children's Medical Center*	S. Halpern	...	2,675	1	0	0	0	0	1	5004-5004	P
Houston											
Baylor University Affiliated Hospitals	J. McGovern	20	1,506	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.

18. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty. Programs, 36; Residencies, 69

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P P P O
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
Children's Hospital of Los Angeles	D. Flyer	7	399†	33	100	1,532	2	1	1	1	0	0	3	5500	O
University of California	F. H. Adams	10	359	30	83	396	2	2	2	2	0	0	4	5500-8000	O
Oakland															
Children's Hospital of the East Bay	E. R. Duffie, Jr.	...	...	...	...	650	2	..	..	..	..	..	..	6000-6000	FP
Palo Alto															
Palo Alto-Stanford Hospital Center	N. Sissman	5	175‡	25	95	600	2	1	1	0	0	0	2	5500-8000	O
CONNECTICUT															
New Haven															
Yale-New Haven	N. S. Talner	10	331	...	...	2,706	2	0	0	2	2	0	4	5000-8000	P
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	G. L. Schiebler	271	9	20	95	469	2	..	..	..	..	..	..	..	..
GEORGIA															
Atlanta															
Grady Memorial	F. K. Edwards	...	...	...	...	1,500	2	..	..	..	..	..	..	..	..
ILLINOIS															
Chicago															
Children's Memorial	M. Paul	7	360‡	27	89	3,261	2	..	..	..	..	..	..	6000-6000	O
University of Illinois Affiliated Hospitals	R. Miller	20	290	28	93	3,100	2	3	3	2	0	0	8†	3960-5100	F
Cook County	R. A. Miller	4	204	10	100	1,040	...	1	1	0	0	0	2	5000-6000	O
University of Illinois Research and Educational Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIANA															
Indianapolis															
Indiana University Medical Center	P. Lurie	11	401	49	79	1,645	2	0	1	0	0	0	1	4375-4700	P
KANSAS															
Kansas City															
University of Kansas Medical Center	A. Diehl	...	Inc. in Pediatrics	...	...	466	2	1	1	0	0	0	2	3300-3900	P
MARYLAND															
Baltimore															
Johns Hopkins	C. Neill, R. Rowe	...	...	...	...	3,264	2	..	..	..	..	..	..	..	..
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center	A. Nadas	24	804	50	82	2,208	2	4	3	2	1	0	10	5000-7500	O

APPROVED RESIDENCIES

19. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA															
Minneapolis															
University of Minnesota Hospitals	P. Adams		Inc. in Pediatrics			1,875	2								
ROCHESTER															
Mayo Graduate School of Medicine	J. W. DuShane	12	601	29	97	2,277	2	2	2	0	0	0	4	4200-6500	P
Rochester Methodist															
St. Mary's															
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	D. G. Watson	4	85	10	50	375	2	1	0	0	0	0	1	5000-6500	O
MISSOURI															
St. Louis															
St. Louis Children's	D. Goldring	12	390	44	88	2,061	2	2	2	2	0	0	6	5000-7000	P
NEW YORK															
Buffalo															
Children's Hospital of Buffalo	E. Lambert	12	502	47	96	3,500	2	0	0	0	3	0	3	4100-5300	P
NEW YORK CITY															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hospital Center	A. M. Rudolph						2								
New York Hospital-Cornell Medical Center	M. A. Engle						2								
New York University Medical Center	E. F. Doyle						2								
Bellevue Hospital Center															
University Presbyterian (Babies)	S. Blumenthal														
Rochester															
University of Rochester School of Medicine															
Strong Memorial Hospital of the University of Rochester	J. A. Manning						2								
SYRACUSE															
State University of New York Upstate Medical Center															
Syracuse Memorial							2								
NORTH CAROLINA															
Chapel Hill															
University of North Carolina School of Medicine															
North Carolina Memorial	H. Harned						2								
Durham															
Duke	M. S. Spach						2								
OHIO															
Cincinnati															
University of Cincinnati Hospital Group															
Children's	S. Kaplan						2								
Cleveland															
University Hospitals of Cleveland	J. Liebman						2						2		
PENNSYLVANIA															
Philadelphia															
Children's Hospital of Philadelphia	S. Friedman						2								
Pittsburgh															
Children's Hospital of Pittsburgh	S. R. Bauersfeld						2								
TENNESSEE															
Memphis															
University of Tennessee Affiliated Hospitals	L. E. Ainger	15	235	20	80	1,877	2	2	2	2	0	0	6	5000-5500	F
City of Memphis Hospitals															
John Gaston															
Frank T. Tobey Memorial Children's															
Le Bonheur Children's															
TEXAS															
Dallas															
Children's Medical Center	G. Fashena		915	36	72	543	2	2	0	0	0	0	2	6000-8000	P
VIRGINIA															
Charlottesville															
University of Virginia	J. F. Dammann	12	390			1,370	2	2	2	0	0	0	4	4000-6000	F
Richmond															
Medical College of Virginia—Hospital Division	C. M. McCue						2								
WASHINGTON															
Seattle															
University	W. G. Guntheroth						2								
WISCONSIN															
Milwaukee															
Milwaukee Children's	W. J. Gallen	3	146	4	100	787	2	1	0	0	0	0	1	3600-3900	P

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, 70; Residencies, 422

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary Per Year Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY												
CALIFORNIA												
Letterman General, San Francisco	F. J. Sheffield	5,968	78,757	12,796	1	1	1	0	0	3		
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Tuskegee												
Veterans Admin.	R. S. Wilson	2,095	400,416	2,605	2	2	2	0	0	6	4275-6035	O
CALIFORNIA												
Long Beach												
Veterans Admin.	L. B. Greene	2,922	150,054	4,684	3	3	3	0	0	9	4325-12075	O
Los Angeles												
Los Angeles County General, Unit I	E. Austin	108,470	245,445	23,199	1	1	1	0	0	3	5028-6218	P
University of California	R. E. Worden	13,617	15,036	8,171	3	3	3	1	0	10	3600-7000	P
Veterans Admin. Center—Wadsworth	K. F. Haase	4,150	122,500	8,750	4	4	4	0	0	12	4325-6035	P
Palo Alto												
Stanford Medical Center and Affiliated Hospitals ¹²⁰												
Palo Alto-Stanford Hospital Center	D. Feldman	883	27,042	3,048	2	2	2	0	0	6	3600-8000	O
San Francisco												
University of California Hospitals	G. Bard	17,781	24,675	7,591	2	2	2	0	0	6	3580-5000	O
San Francisco General	G. Bard		1,163								3540-6300	O
Kaiser Foundation Hospital and Rehabilitation Center (Vallejo)	S. Mead				1	1	1	0	0	3	4080-6240	P
Vallejo												
Kaiser Foundation Hospital and Rehabilitation Center—See University of California Hospitals, San Francisco												
COLORADO												
Denver												
University of Colorado Medical Center	J. W. Gersten	6,374	30,125	30,125	2	2	2	0	0	6	3500-4500	P
Veterans Admin. ¹⁴⁹	J. A. Hall	1,499	10,696	384							4325-12495	
CONNECTICUT												
New Haven												
Yale-New Haven Medical Center												
Yale-New Haven	R. Jones	19,000	32,000	695	1	1	1	0	0	3	3300-5000	P
DISTRICT OF COLUMBIA												
Washington												
Georgetown University	M. Kenrick	65	16,599	7,452	1	1	1	0	0	3	3120-4030	P
George Washington University	C. S. Wise	4,109	15,449	8,557	1	1	0	0	0	2	3900-4500	P
FLORIDA												
Coral Gables												
Veterans Admin.	B. B. Sutton	3,888	65,088	11,201	1	1	1	0	0	3	4325-6035	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	529	65,606	2,011							3600-7700	P
Emory University (Atlanta)	R. L. Bennett	589	8,208	3,827								P
North Carolina Baptist Hospitals (Winston-Salem)	E. H. Martin	2,096	18,969	9,751							3000-3000	P
Medical College (Charleston, S. C.)		1,398	17,765									
ILLINOIS												
Chicago												
Mount Sinai	A. Rosenthal	11,229	17,992	2,438	2	3	3	0	0	8	4600-8000	P
Charles H. and Rachel M. Schwab Rehabilitation	A. Rosenthal	70	150	11,000							3600-8000	FP
Northwestern University Medical Center												
Veterans Admin. Research	L. B. Newman	1,315	40,882	4,767	3	1	1	0	0	5	4325-7715	O
University of Illinois Affiliated Hospitals	E. E. Gordon				1	2	1	0	0	4		
Michael Reese Hospital and Medical Center		3,718	41,240	344							3600-8000	P
University of Illinois Research and Educational Hospitals		2,109	40,820	24,663							3600-8000	P
Veterans Admin. (West Side) ²⁰³	R. Wasserman	1,909	96,743	6,229	2	2	2	0	0	6	4325	O
Hines												
Veterans Admin. ²⁰¹	W. T. Liberson	4,329	341,359	2,424	2	2	3	0	0	7	4325-6035	O
Peoria												
Institute of Physical Medicine and Rehabilitation ²⁴	H. W. Kendell	2,797	46,246	15,823	2	0	0	0	0	2	5100-5700	O
KANSAS												
Kansas City												
University of Kansas Medical Center	D. Rose	12,727	26,608	6,292	1	1	1	0	0	3	6600-6600	P
Veterans Admin. (Kansas City, Mo.)	R. R. Beatty	2,426	48,924	1,010						1	4325-6035	
KENTUCKY												
Louisville												
University of Louisville Affiliated Hospitals												
Louisville General	L. Spamer	7,801	10,553	1,017	1	0	0	0	0	1	2500-3000	FP
Veterans Admin. ²²³	I. Muss	3,443	38,542	432	1	1	0	0	0	2	4325-6665	O
MARYLAND												
Baltimore												
University of Maryland	P. F. Richardson		38,090	6,104	1	1	1	0	0	3	3600-7000	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS												
Boston												
University	M. Freed	720	33,316		2	2	1	0	0	5	3600-4800	O
Veterans Admin. (Jamaica Plain)	F. Friedland	3,240	95,876	1,287	2	2	2	0	0	6	4325-12075	O
MICHIGAN												
Ann Arbor												
University ²⁸³	J. W. Rae		30,898	30,898	2	2	2	0	0	6	3240-3840	O
Detroit												
Rehabilitation Institute	J. N. Schaeffer	2,981	85,899	36,971	2	2	2	0	0	6	5400-8000	O
MINNESOTA												
Minneapolis												
Kenny Rehabilitation Institute ³⁰⁰	H. Schoening	457	51,431	1,377	1	1	1	0	0	3		
University of Minnesota Affiliated Hospitals												
University of Minnesota Hospitals	F. J. Kottke	4,740	151,519	8,668	6	6	6	0	0	18	3600-8000	P
Veterans Admin.	B. S. Troedsson	6,844	134,789	824	2	1	0	0	0	3	4325-7715	O
Rochester												
Mayo Graduate School of Medicine	E. C. Elkins	14,398	108,858	10,170	3	3	3	0	0	9	3600-8000	P
Rochester Methodist												
St. Mary's												
MISSOURI												
Columbia												
University of Missouri Medical Center	L. Wolcott	18,765	56,295	2,593	2	2	2	0	0	6	3600-5000	P
Kansas City												
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.												
St. Louis												
Jewish Hospital of St. Louis	F. U. Steinberg	381		1,783	1	0	0	0	0	1	3700-...	P
NEW JERSEY												
East Orange												
Veterans Admin. ³³³	C. R. Brooket	2,526	115,104	2,116	1	2	1	0	0	4	4325-7715	O
NEW YORK												
Albany												
Albany Medical Center	L. Policoff	6,197	29,968	14,984	1	1	1	0	0	3	3600-7500	P
Veterans Admin.	J. Ehrlich	1,954	127,971		1	1	1	0	0	3	4325-12075	O
Buffalo												
Veterans Admin.	S. Machover	2,270	143,679	13,723	1	1	1	0	0	3	4325-8035	O
Montrose												
Veterans Admin.	J. Meislin	1,422	3,573	1,248	2	2	2	0	0	6	4205-5865	O
New York City												
Bronx Municipal Hospital Center	A. S. Abramson	8,868	175,500	8,991	3	4	3	1	0	11†	4200-5220	FP
Jewish Chronic Disease	J. B. Rogoff	1,039	74,127	5,173	2	2	2	0	0	6	4500-5000	P
Kings County Hospital Center	J. G. Benton	5,453	136,605	14,817	5	11	3	0	0	19	4200-5220	F
Montefiore Hospital Training Program	J. Tobis				3	3	2	0	1	9	4500-8250	P
Montefiore Hospital and Medical Center		3,243	60,934	1,266								
Morrisania City			43,000	6,067								
New York Medical College Metropolitan Hospital Center	M. S. Lowenthal	2,445	75,294	15,401	3	3	1	1	0	8	4200-5200	F
Unit 1—Flower and Fifth Avenue Hospitals												
Unit 2—Metropolitan												
New York University Medical Center and Bellevue Hospital Center ⁶⁰												
University (Institute of Physical Medicine and Rehabilitation) ³⁷³												
Bellevue Hospital Center—Div. III	H. A. Rusk	30,360	109,011	7,242	2	2	1	0	0	5	4200-5200	P
Goldwater Memorial	M. Dacos	6,616	53,838	51	2	2	0	1	0	5	4200-5220	F
St. Vincent's Hospital and Medical Center of New York												
Grasslands (Valhalla)	E. Moskowitz	1,359	58,398	2,489	0	2	0	0	0	2	5100-5800	FP
Presbyterian	R. C. Darling	5,243	101,022	15,147						5	4500-5800	O
Veterans Admin. (Bronx)	A. Ebel	4,161	318,200	4,118	2	2	3	0	0	7	4325-12495	O
Veterans Admin. (Brooklyn)	H. Samberg	2,356	121,461		1	0	0	0	0	1	4325-4325	O
Veterans Admin. (Manhattan)	A. A. Weiss	3,268	294,488	4,246	2	2	2	0	0	6	4325-6035	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	2,582	47,875		2	1	1	0	0	4	4325-7715	O
Winston-Salem												
North Carolina Baptist Hospitals—See Georgia Warm Springs Foundation-Emory University, Warm Springs, Georgia												
OHIO												
Cleveland												
Cleveland Clinic	P. Nelson	9,035	22,872	7,079	1	1	1	0	0	3	3900-4500	P
Western Reserve University Affiliated Hospitals	C. Long				3	3	3	0	0	9		
Cleveland Metropolitan General	N. Coyne	1,706	73,838	9,645							3700-5000	
Highland View	C. Long	5,460	109,655	93							3600-5000	P
Veterans Admin.	R. Lowry	1,676	112,084	120	1	1	1	0	0	3	4325-6035	P
Columbus												
Ohio State University Hospitals												
University	E. W. Johnson	1,099	47,259	7,002	3	3	3	0	0	9	3600-5000	P
Dayton												
Veterans Admin.	L. Rosenberg	3,316	162,799	1,946	2	2	2	0	0	6	4325-6035	O
OREGON												
Portland												
Veterans Admin.	E. W. Fowls	8,750	176,761	980	2	2	2	0	0	6	4325-12075	P

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

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA												
Philadelphia												
Hospital of the University of Pennsylvania	W. J. Erdman	28,227	28,227	2,625	3	3	3	0	0	9	.....	O
Magee Memorial Hospital for Convalescents— Rehabilitation Center	F. Parry	362	29,112	6,369	1	1	1	0	0	3	3600-8000	F
Philadelphia General	A. A. Martucci	6,935	80,205	17,908	2	2	2	0	0	6	5207-6097	O
Temple University Affiliated Hospitals	C. Levenson	.....	.....	.....	3	3	3	0	0	9	.....	.....
Albert Einstein Medical Center	.....	24,509	41,971	.....	.....	.....	.....	.....	.....	.....	3600-5000	FP
Moss Rehabilitation	.....	506	29,202	2,936	.....	.....	.....	.....	.....	.....	3600-5000	FP
Veterans Admin. ³²³	R. A. Schlesinger	1,913	51,083	279	1	1	1	0	0	3	4325-6035	O
Pittsburgh												
St. Francis General	T. C. Hohmann	3,057	44,240	5,652	2	2	2	0	0	6	2700-6900	FP
Veterans Admin.	R. S. Blanchard	2,355	148,704	600	2	2	2	0	0	6	4325-12075	O
PUERTO RICO												
San Juan												
Veterans Admin. ¹⁸⁶	H. J. Flax	1,899	34,931	5,626	2	1	1	0	0	4	4875-6785	.....
SOUTH CAROLINA												
Charleston												
Medical College—See Georgia Warm Springs Foundation-Emory University, Warm Springs, Ga.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TEXAS												
Dallas												
Baylor University Medical Center ⁵⁰⁸	E. Krusen	51,133	136,738	82,043	1	1	1	0	0	3	5100-8000	O
Houston												
Baylor University Affiliated Hospitals	L. A. Leabitt	16,833	245,458	7,929	4	4	4	0	0	12	4020-11150	FP
Methodist	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Texas Institute for Rehabilitation and Research	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIRGINIA												
Richmond												
Medical College of Virginia—Hospital Division	J. B. Redford	5,570	114,195	1,811	2	2	2	0	0	6	2400-3000	F
Veterans Admin.	A. R. Dawson	3,376	271,584	234	2	2	2	0	0	6	4325-12075	P
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals	J. F. Lehmann	.....	.....	.....	8	0	0	0	0	8	.....	.....
King County	.....	13,117	31,577	.....	.....	.....	.....	.....	.....	.....	2400-5100	F
University	.....	772	54,091	5,690	.....	.....	.....	.....	.....	.....	3900-1200	P
Veterans Admin.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
WISCONSIN												
Milwaukee												
Marquette University Affiliated Hospitals	.....	.....	.....	.....	2	2	2	0	0	6	.....	.....
Milwaukee County General	J. W. Boyle	260	211,222	9,949	.....	.....	.....	.....	.....	.....	4275-6035	F
Veterans Admin. (Wood)	D. Mattarella	2,900	327,831	2,080	.....	.....	.....	.....	.....	.....	4325-6035	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, 58; Residencies, 193

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington ⁷²	W. T. Tumbusch	28	336	0	0	1,530	3	1	1	0	0	0	2	.....	.....
UNITED STATES NAVY															
MARYLAND															
U. S. Naval, Bethesda	W. Trier	24	368	1	100	2,810	2	1	0	0	0	0	1	.....	.....
Georgetown University (Washington, D. C.)	A. Fleury	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3120-4030	P
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
Phoenix															
Crippled Children's—See University of California Medical Center, San Francisco, Calif.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
CALIFORNIA															
Los Angeles															
University of California Medical Center	F. L. Ashley	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
University of California	F. L. Ashley	4	280	.....	.....	1,885	.....	1	1	2	0	0	4	4660-4660	O
Veterans Admin. Center-Wadsworth	F. L. Ashley	14	447	0	0	586	.....	1	1	1	0	0	3	7715-7715	P
Huntington Memorial (Pasadena)	G. Webster	5	440	0	0	3,234	.....	.....	.....	.....	.....	.....	.....	4200-4200	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued															
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	R. Chase	8	535	...	...	701	2	1	1	0	0	0	2	3900-6300	O
Palo Alto-Stanford Hospital Center		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pasadena															
Huntington Memorial—See University of California Medical Center, Los Angeles															
San Francisco															
St. Francis Memorial	G. B. O'Connor	14	802	4	49	867	3	2	1	1	0	0	4	4200-5400	P
University of California Medical Center		...	...	...	...	...	2	0	0	0	1	0	1	...	...
University of California Hospitals	J. E. Dunphy	7	222	2	100	637	...	...	...	...	...	...	...	4660-4660	O
Crippled Children's (Phoenix, Ariz.)	R. Peterson	9	121	...	...	723	...	...	...	...	...	...	...	4800-4800	P
Franklin	H. M. Blackfield	6	338	4	...	...	...	...	...	...	...	...	...	...	P
San Francisco General		Inc. in Surgery	...	...	...	...	...	...	...	...	...	...	...	...	...
DISTRICT OF COLUMBIA															
Washington															
Georgetown University—See U. S. Naval, Bethesda, Md.		...	...	...	...	...	...	...	...	...	...	...	...	...	...
George Washington University	G. S. Letterman	20	750	4	50	1,500	2	1	1	0	0	0	2	4200-4800	P
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	M. J. Jurkiewicz	14	646	17	76	4,198	1	1	1	0	0	0	2	4700-5800	O
Jacksonville															
Jacksonville Hospitals Educational Program	B. L. Morgan	...	...	...	...	...	2	0	1	0	0	0	1	6600-6600	P
Duval Medical Center		4	120	0	0	587	...	1	0	0	0	0	1	6300-6700	P
St. Vincent's		4	187†	1	0	108	...	...	...	...	...	...	...	...	...
Orlando															
Orange Memorial	J. E. O'Malley	7	1,021	...	...	3,600	2	1	1	0	0	0	2	8000-8300	P
ILLINOIS															
Chicago															
Cook County	O. Stuteville	21	875	21	33	1,848	2	2	2	0	0	0	4	4500-5100	F
University of Illinois Affiliated Hospitals		...	...	...	...	...	2	...	...	...	...	...	...	...	...
Presbyterian-St. Luke's	P. W. Greeley	25	1,011	1	100	223	...	0	0	0	1	0	1	5000-5000	P
University of Illinois Research and Educational Hospitals	J. W. Curtin	12	241	0	0	1,416	...	0	0	0	0	1	1	4500-4500	P
INDIANA															
Indianapolis															
Indiana University Medical Center	J. E. Bennett	...	...	...	...	...	2	2	2	0	0	0	4	...	...
Indiana University Hospitals		24	654	10	20	2,352	...	...	...	...	...	...	...	3575-4700	P
Veterans Admin.		13	172	2	100	474	...	...	...	...	...	...	...	4325-7715	O
KANSAS															
Kansas City															
University of Kansas Medical Center	D. Robinson	13	840	9	89	6,222	2	1	1	0	0	0	2	3800-4200	P
MARYLAND															
Baltimore															
Johns Hopkins	M. T. Edgerton	16	763†	5	40	2,900	2	1	1	0	0	0	2	3900-...	P
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals		...	...	...	...	...	2	2	2	0	0	0	4	...	...
St. Joseph Mercy	R. O. Dingman	9	610	4	75	559	...	...	...	...	...	...	...	6000-6300	O
University		Inc. in Surgery	...	...	...	...	...	...	...	...	...	...	...	4240-4740	O
Veterans Admin.		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dearborn															
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Henry Ford	A. P. Kelly	16	826	1	0	15,722	3	1	1	1	0	0	3	5400-6600	P
Straith Memorial ¹⁵	R. E. Straith	15	1,625	0	0	6,830	3	0	2	2	0	0	4	5600-6300	P
Wayne State University Affiliated Hospitals		...	...	...	...	...	2	2	2	0	0	0	4	...	...
Veterans Admin. (Dearborn)	W. A. Lange	6	520	4	100	520	...	...	...	...	...	...	...	...	...
Grace	W. A. Lange	10	621	...	...	39	...	...	...	...	...	...	...	4860-5160	FP
Receiving		Inc. in Surgery	...	...	...	...	...	...	...	...	...	...	...	4205-7405	P
Grand Rapids															
Butterworth ²⁹⁵	R. Blocksma	5	304†	...	...	39	2	1	0	0	0	0	1	5400-5400	P
MINNESOTA															
Rochester															
Mayo Graduate School of Medicine ²⁶	J. B. Erich	35	3,934	12	67	21,318	3	4	4	4	0	0	12	4800-7200	P
Rochester Methodist		...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's		...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	J. H. Hendrix, Jr.	...	...	...	...	...	2	1	1	0	0	0	2	...	...
University		8	379	9	44	1,601	...	...	...	...	...	...	...	4500-4800	O
Veterans Admin.		6	152	0	0	283	...	...	...	...	...	...	...	6665-7715	O
MISSOURI															
Kansas City															
Kansas City General Hospital and Medical Center	F. J. McCoy	39	1,856	1	...	12,911	2	2	1	0	0	0	3	6300-6300	P
St. Louis															
Barnes	J. B. Brown	37	1,702	9	33	4,137	2	...	...	...	...	...	...	3000-4800	...
St. Louis University Group of Hospitals	F. X. Paletta	29	1,012	6	66	1,715	2	2	2	0	0	0	4	2700-3600	FP
Veterans Admin.	R. C. Donaldson	23	317	13	56	971	...	...	...	...	...	...	...	4325-7715	O

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		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY															
East Orange															
Veterans Adm. Hospital-Jersey City Medical Center	D. M. Mayer						2	0	0	0	2	2	4	6665-6665	O
Veterans Adm. Jersey City Medical Center (Jersey City)		32	446	40	68	378								4600-4600	F
Jersey City															
Jersey City Medical Center—See Veterans Adm. Hospital-Jersey City Medical Center, East Orange															
Livingston															
St. Barnabas Medical Center ²⁴⁸	L. A. Peer	25	923	0	0	628	3	1	1	1	0	0	3	3900-4500	F
NEW YORK															
Albany															
Albany Medical Center	W. B. Macomber	15	458†	6	67	222	2	2	1	1	0	0	4	4500-5400	O
St. Peter's		10	94	0	0	372								4325-6035	O
Veterans Adm.	W. B. Macomber														
Buffalo															
Roswell Park Memorial Institute ¹⁰	F. S. Hoffmeister	29	360	20	100	2,344	1	0	3	0	0	0	3	4650-5754	O
East Meadow															
Meadowbrook	L. R. Rubin	48	1,643			3,857	2	1	1	0	0	0	2	4730-7370	F
New York City															
Kings County Hospital Center	B. Bromberg	50	836	19	50	4,672	2	2	2	0	0	0	4	4200-5220	P
Montefiore Hospital Training Program	M. Lewin						3	1	1	1	0	0	3	4500-6250	P
Montefiore Hospital and Medical Center			Inc. in Surg. 343			753									
Morrisania City															
Mount Sinai	A. J. Barsky	14	490	0	0	1,390	3	0	0	1	0	1	2	5500-6500	P
Beth Israel	A. J. Barsky	9	546			350		1	0	0	0	0	1	6000	P
Bronx Municipal Hospital Center	A. J. Barsky	11	329	1	0	1,042		0	1	0	0	0	1	5220-5220	FP
New York Hospital-Cornell Medical Center	H. Conway	25	727	1	100	1,544	2	0	0	2	0	0	2	4700-7000	P
Veterans Adm. (Bronx)	H. Conway	21	285	3	100	301		1	2	0	0	0	3	6665-7715	O
New York University Medical Center and Bellevue Hospital Center	J. M. Converse						2	1	1	0	0	0	2		
University (Institute of Reconstructive Plastic Surgery)															
Bellevue Hospital Center (Plastic Surg. Serv., 3rd and 4th Surg. Div.)		12	225	2		1,359								4200-5200	P
Manhattan Eye, Ear and Throat															
Presbyterian ³⁴⁸	G. F. Crikelair		Inc. in Surgery			4,001	2	2	3	0	0	0	5	5100-5600	O
St. Luke's	R. B. Stark	15	415	2	100	459	2	1	0	0	0	0	1	4920-4920	O
Rochester															
Strong Memorial Hospital of the University of Rochester ³⁴⁷	R. M. McCormack	22	591†	8	13	657	2	0	0	0	2	2	4	3300-5050	O
Syracuse															
State University of New York Upstate Medical Center	D. Stark	23	939	1	0	834	2	0	0	0	1	1	2	5391-5730	O
Veterans Adm.	D. B. Stark	7	156	0	0	444								4325-6665	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	E. E. Peacock	9	510†	7	86	5,104	2	2	2	0	0	0	4	7000-9000	O
Durham															
Duke University Affiliated Hospitals	K. L. Pickrell						3	2	2	2	0	0	6		
Duke		31	1,359	17	71	2,859								3900-4800	P
Veterans Adm.		17	235†	3	33									4325-7715	O
OHIO															
Cincinnati															
Christ	J. J. Longacre	15		1	100	208	2	1	1	0	0	0	2	4500-4800	F
Cleveland															
Cleveland Clinic	R. Anderson	16	838	2	100		2	1	1	0	0	0	2	5400-6000	P
University Hospitals of Cleveland ³⁴⁶	C. H. Kiehn	18	599†	6	83	490	2	1	1	0	0	0	2	5400-6000	P
Veterans Adm.		8	106†	3	67	408								6665-7715	P
Columbus															
Ohio State University Hospitals							2	1	1	0	0	0	2		
Children's	J. E. Bennett	5	436	0	0	328									
University	R. Duran	10	335	3	67	924								4800-7296	P
PENNSYLVANIA															
Allentown															
Allentown	K. Marcks	22	981†	1	100	3,809	2	0	0	0	1	1	2	3300-3900	FP
Philadelphia															
Hospital of the University of Pennsylvania	H. P. Royster	18	693	8	63	712	3	2	2	0	0	0	4	4000-6000	P
Graduate Hospital of the University of Pennsylvania	H. P. Royster	3	75	1	100	167								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		705	0	0	630										
Presbyterian-University		22	1,016	2	50	386								3060-3960	O
Veterans Adm.		42	471	19	79	1,092								4325-7715	O
RHODE ISLAND															
Providence															
Rhode Island	R. P. Sexton	10	721	4	50	606	2	1	1	0	0	0	2	4080-5280	FP
TENNESSEE															
Memphis															
City of Memphis Hospitals	A. J. Jerome	14	2	0	0	10	3	1	1	1	0	0	3	3480-3480	F

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

21. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS															
Dallas															
University of Texas Southwestern Medical School	J. T. Mills						2	1	1	0	0	0	1		
Affiliated Hospitals															
Parkland Memorial															
Baylor University Medical Center		10	674	0	0								6000-6000	O	
Children's Medical Center	J. T. Mills														
St. Paul															
Galveston															
University of Texas Medical Branch Hospitals	S. Lewis	49	1,238	48	43	6,889	3	3	3	3	0	0	9	4200-5400	P
Houston															
Baylor University Affiliated Hospitals	S. B. Hardy	47	1,202	18	61	4,121	3	2	2	2	0	0	6	4682-5357	FP
Ben Taub General															
Methodist															
Texas Children's															
Veterans Admin.															
San Antonio															
University of Texas South Texas	C. W. Tennison						3	1	1	1	0	0	3	6300-6300	FP
Medical School Affiliated Hospitals		3	66	0	0	633									
Robert B. Green Memorial															
Santa Rosa Medical Center		20	687	5	20	1,716									
UTAH															
Salt Lake City															
Latter-day Saints	T. R. Broadbent	19	987	2	50	529	2	0	0	0	1	1	2	4800-5100	P
VIRGINIA															
Charlottesville															
University of Virginia	M. E. Alrich	17	602†	9	44	1,233	2	0	0	0	1	1	2	2400-3300	F
WEST VIRGINIA															
Charleston															
Charleston General Hospital—Memorial	C. Litton						3	1	1	1	0	0	3		F
Charleston General		12	796	3	33	4,407							3800-4800	F	
Memorial		3	244	0	0	240							4800-5400	FP	
WISCONSIN															
Madison															
University Hospitals	F. D. Bernard	22	537	5	80	1,468	2	0	0	0	1	1	2	5200-5800	P

22. PREVENTIVE MEDICINE

AEROSPACE MEDICINE

The following programs in Aerospace Medicine have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, as offering acceptable training in the specialty.

School	Location	Director	Length of Approved Program (Years)	Beginning Salary (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; and several other U.S.A.F. medical facilities.				
For information regarding program write to: Headquarters, USAF Office of the Surg. Gen. (AF MSMBB) Washington, D. C. 20333 *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. 20533. Civilian physicians interested in a residency sponsored by the National Aeronautics and Space Administration should address Director of Center Medical Programs, NASA Manned Spacecraft Center, 2101 Webster-Seabrook Road, Houston, Texas 77058				
UNITED STATES NAVY				
School of Aviation Medicine, Naval Aviation Medical Center	Pensacola, Florida	V. E. Senter	2	
For information regarding program write to: Chief, Bureau of Medicine & Surgery (Code 5) Department of the Navy Washington, D.C. 20390				
NONFEDERAL				
Ohio State University Medical Center	Columbus, Ohio	W. F. Ashe	3	to be arranged with Director of Program.
For information regarding program write to: William F. Ashe, M.D., Prof. & Chairman, Dept. of Preventive Medicine, B-107 Starling Loving Bldg., 410 W. 10th Avenue, Columbus, Ohio 43210				

APPROVED RESIDENCIES

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
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington Walter Reed Army Institute of Research ²³	R. Gauld.....	Military Preventive Medicine
NONFEDERAL		
CALIFORNIA		
Berkeley University of California School of Public Health Division of Epidemiology.....	R. A. Stallones.....	Epidemiology
Division of Maternal and Child Health.....	H. Wallace.....	Maternal and Child Health
LOUISIANA		
New Orleans Tulane University School of Medicine.....	J. C. S. Paterson.....	Epidemiology
MARYLAND		
Baltimore Johns Hopkins University School of Hygiene and Public Health.....	J. C. Hume.....	Chronic Diseases, Clinical Preventive Medicine, Epidemiology, International Health, Maternal and Child Health
MASSACHUSETTS		
Boston Harvard University School of Public Health.....	B. MacMahon.....	Epidemiology
NEW YORK		
Albany State of New York Department of Health ²⁴	W. Haddon, Jr.....	Epidemiology
OKLAHOMA		
Oklahoma City University of Oklahoma Medical Center, Department of Preventive Medicine and Public Health.....	W. W. Schottstaedt.....	Clinical Preventive Medicine
WASHINGTON		
Seattle University of Washington School of Medicine, Department of Preventive Medicine ²⁵	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 1966-1967		
		1st Year	2nd Year	Total All Years
CALIFORNIA				
Los Angeles University of California School of Public Health.....	J. S. Felton.....	8	8	16
MASSACHUSETTS				
Boston Harvard University School of Public Health.....	J. L. Whittenberger.....	4	4	8
MICHIGAN				
Ann Arbor University of Michigan Institute of Industrial Health.....	H. J. Magnuson.....	4	4	8
NEW YORK				
Rochester University of Rochester School of Medicine and Dentistry.....	T. S. Ely.....	4	4	8
OHIO				
Cincinnati University of Cincinnati Institute of 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
OKLAHOMA				
Oklahoma City University of Oklahoma Medical Center, Institute of Environmental Health.....	C. A. Nau.....	..	..	..
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 1966-1967 Total All Years
UNITED STATES AIR FORCE			
OHIO			
Headquarters, Air Force Logistics Command, Ohio Wright-Patterson Air Force Base, Dayton.....	J. A. Peterson.....	University of Cincinnati...	2
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, Washington.....	G. S. Siegel.....	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, C. A. D'Alonzo.....	Ohio State University.....	1
ILLINOIS			
Peoria			
Caterpillar Tractor Company.....	C. W. Asbury.....	University of Cincinnati...	1
MASSACHUSETTS			
Cambridge			
Harvard University Health Center, Division of Environmental Health.....	B. G. Ferris, Jr.....	Harvard School of Public Health.....	1
MICHIGAN			
Dearborn			
Ford Motor Company.....	E. A. Irvin.....	University of Michigan....	1
Detroit			
General Motors Corporation.....	S. D. Steiner.....	University of Michigan....	6
NEW JERSEY			
Wayne			
American Cyanamid Company.....	H. H. Golz.....	University of Cincinnati...	1
NEW YORK			
Endicott			
International Business Machines Corporation.....	J. C. Duffy.....	None.....	1
New York City			
American Telephone and Telegraph Company.....	L. H. Whitney.....	New York University.....	1
New York State Department of Labor, Division of Industrial Hygiene.....	M. Kleinfeld.....	University of Cincinnati...	1
Rochester			
Eastman Kodak Company.....	James H. Sterner.....	University of Rochester...	2
OHIO			
Cincinnati			
National Lead Company of Ohio.....	J. A. Quigley.....	University of Cincinnati...	1
Columbus			
Ohio State Department of Health, Division of Industrial Hygiene.....			...
PENNSYLVANIA			
Harrisburg			
Pennsylvania Department of Health, Division of Occupational Health.....	J. Lieben.....	University of Pittsburgh, Ohio State University...	2
Pittsburgh			
Jones and Laughlin Steel Corporation.....	R. J. Halen, E. A. McGovern.....	University of Pittsburgh...	1
Westinghouse Bettis Atomic Power, Division Power Laboratory.....	R. E. Masters.....	University of Pittsburgh...	0
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.....	S. M. Williamson.....	Harvard University.....	2
WISCONSIN			
West Allis			
Allis-Chalmers Manufacturing Company.....	C. Zenz.....	Marquette University.....	1

APPROVED RESIDENCIES

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 1st Army Hdqrs., Fort Dix, N.J. and Governor's Island, N.Y.	D. S. Myers, Lt. Col., MC T. H. Lamson, Lt. Col., MC—Fort Dix I. S. Simmons, Col., MC—Governor's Island	Military Post—Fort Ord	100,000*	1	....
			Fort Dix Military Reservation, N.J.	50,000*	2	....
			1st U.S. Army, Governor's Island, N.Y.	100,000*	2	....
State of California	Berkeley, California	A. G. Siegel, Lt. Col., MC M. H. Merrill	Fort Bragg and environs	130,000*	1	....
			Alameda County	871,800*	2	(a)
			Berkeley City	111,300*	....	....
			Contra Costa County	493,200*	....	....
			Orange County	1,056,900*	....	....
			San Bernardino County	622,600*	....	....
			San Diego County	1,165,800*	....	....
			San Francisco City and County	755,700*	....	....
			San Jose	307,000*	....	....
			San Mateo County	528,600*	....	....
			Santa Clara County	853,500*	....	....
			Yolo County	77,500*	....	....
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	74,074	2	(d)
			Dade-Miami	935,047	....	....
			Hillsborough-Tampa	397,788	....	....
			Palm Beach-West Palm Beach	228,106	....	....
			Pinellas-St. Petersburg	374,665	....	....
			Florida State Board of Health (e)	....	....	....
		
State of Georgia	Atlanta, Georgia	J. H. Venable	Baker-Dougherty-Lee-Worth	110,500*	2	7,752
			Cobb-Douglas-Paulding	170,100*	....	....
			Columbia-McDuffie-Richmond	158,100*	....	....
			Bigg-Jones-Twiggs	160,600*	....	....
			Chattahoochee-Harris-Muscogee	155,900*	....	....
			DeKalb-Rockdale	325,200*	....	....
			Bryan-Chatham-Liberty	202,600*	....	....
			Fulton	583,300*	....	....
		
		
State of Illinois	Springfield, Illinois	F. D. Yoder	Cook County (g)	1,600,000*	2(h)	8400-9000(f)
			DuPage County	333,000*	....	....
			Lake County	321,000*	....	....
			Peoria City and Peoria County (i)	192,000*	....	....
State of Maryland	Baltimore, Maryland	E. Davens	Anne Arundel County	249,000*	2	8,180
			Baltimore County	923,000*	....	....
			Baltimore City	532,000*	....	....
			Montgomery County	399,000*	....	....
			Prince George's County	478,000*	....	....
			Washington County	108,000*	....	....
		
State of Massachusetts	Boston, Massachusetts	F. R. Philbrook	Boston City	697,197	2 (j)	9,000-9,792
			Brookline Town	54,044	....	....
			Cambridge City	107,716	....	....
			Central District	719,672	....	....
			Newton City	92,384	....	....
			Northeastern District	1,485,224	....	....
			Southeastern District	1,262,760	....	....
			Western District	729,581	....	....
		
State of Michigan	Lansing, Michigan	A. E. Heustis	(k)	....	....	4800
		
State of Minnesota	Minneapolis, Minnesota	R. N. Barr	Minneapolis City	475,800*	2	4800 (l)
			Olmsted County, incl. Rochester City	68,553*	....	....
State of Mississippi	Jackson, Mississippi	J. A. Milne	Mississippi State Board of Health	248,750	2	9,000
		
New York City	New York City	R. E. Rothermel	New York City (r)	7,840,000*	2	8,400
		
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	301,000*	2	(s)
			Halifax County	77,300*	....	....
			Orange-Person-Chatham-Lee-Caswell District Health Dept.	147,900*	....	....
			Pitt County	73,500*	....	....
		
State of Oklahoma	Oklahoma City, Oklahoma	W. W. Schottstaedt	Oklahoma University Med. Center	....	2	5,000
			Cleveland County	47,600	....	....
State of Oregon	Portland, Oregon	R. H. Wilcox	Clackamas County	121,610	2	9,600-11,040(o)
			Jackson County	83,647	....	....
			Lane County	181,173	....	....
			Marion County	138,457	....	....
			Multnomah County	156,050	(o)	....
		
State of Pennsylvania	Harrisburg, Pennsylvania	C. C. Kuehn	Kingston	349,337	....	....
			Lewistown	664,279	2 (p)	7,056-10,944
			Meadville	642,737	....	....
			Philadelphia	342,585	....	....
			Pittsburgh	620,870	....	....
			Reading	791,627	....	....
			Williamsport	342,388	....	....
			Wilkes-Barre	349,337	....	....
		
		

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	Memphis-Shelby County	657,936*	2	10,800
State of Texas	Austin, Texas	J. E. Peavy		10,000,000*	2	8,640
State of Virginia	Richmond, Virginia	M. I. Shanholts	Arlington County (q)	171,496*	2	8,400
State of Washington	Olympia, Washington	W. Lane	Benton-Franklin	80,000*	2	9,600-10,500
			Seattle-King	1,002,200*		
			Tacoma-Pierce	344,300*		
			Washington State	3,005,100*		
State of Wisconsin	Madison, Wisconsin	E. H. Jorris	Selected local health departments		2	14,048

* 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) Includes automobile allowance in addition to salary.
- (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.
- (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) Reassigned to qualified local health department when indicated.
- (l) Applicants must be citizens and have completed the academic work for the M.P.H. degree. \$400 per month offered for the post-doctoral student plus \$30 per month for each dependent.
- (m) Populations served by local health departments of assignment vary from 50,000 to 1,350,000 (estimated). Any one of 22 county health departments, 8 city health departments or 12 district offices may be used. Assignments are made on an individual basis.
- (n) Annual salary, depending on qualifications, is \$8,800 to \$10,965 the first year and \$12,500 to \$14,620 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) Local area in which the program operates may be one or more of 7 State regional offices, Allegheny County, Bucks County, or the city of Philadelphia. Stipend depends on previous training and experience of residents with a minimum of \$588 per month for those without training beyond the internship, to a maximum exceeding \$912 per month for those who qualify on the basis of prior experience and/or training in the field of preventive medicine.
- (q) Plus selected rural areas to supplement urban program.
- (r) Includes training at Montefiore Hospital, New York City.
- (s) No annual salary offered. Travel paid—rate \$70.00 per month.

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, 207; Residencies, 4,395

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio	M. B. Giffen	78	1,265	2	50	11,635	3	3	3	0	0	9		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	T. B. Hauschild	88	906	1	0	7,142	6	6	6	0	0	18		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	S. Baker	204	1,370	1	100	9,600	8	8	8	0	0	24		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	J. E. Hamill	127	1,534	0	0	13,313	3	3	3	0	0	9		
MARYLAND														
U. S. Naval, Bethesda	C. Mullin	90	946	4	100	10,801	4	4	8	0	0	16		
UNITED STATES PUBLIC HEALTH SERVICE														
TEXAS														
U. S. Public Health Service, Fort Worth—See Parkland Memorial, Dallas, Texas														

APPROVED RESIDENCIES

23. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967						Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	E. Y. Williams	20	287	4	0	3,076	18	12	12	0	0	42	5800-6700	P
St. Elizabeths, Washington	F. Waldrop	6,412	1,692	444	46	11,448	18	12	12	0	0	42	6700-8300	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center		88	1,503	3	67	6,526	6	6	6	0	0	18		
University Hospital and Hillman Clinic	J. N. Sussex												4000-5600	O
Veterans Admin.	P. H. Linton												4325-7715	O
ARKANSAS														
Little Rock														
Arkansas State	H. B. Molholm	866	3,379				6	0	0	0	0	6	8400-12000	P
University	W. G. Reese	17	220	1	100	5,737	3	3	3	1	0	10	4500-12000	O
North Little Rock														
Veterans Admin.	H. L. Lambert	1,991	1,934	86	70		3	3	3	0	0	9	4325-12495	O
CALIFORNIA														
Berkeley														
Herrick Memorial	F. Ocko	39	843	3	33	6,572	3	4	3	0	0	10	6000-7692	P
Camarillo														
Camarillo State	N. C. Mace	5,789	4,130	367	59	2,047	9	6	6	0	0	21	6744-13992	O
Eldridge														
Sonoma State Hospital-Napa State							10	10	10	0	0	30		
Sonoma State	J. C. Dawson	4,166	218	94	90	0							6744-12096	O
Napa State (Imola)	M. J. Ortega	4,788	4,876	563	52	3,600							6744-12096	O
Imola														
Napa State—See Sonoma State Hospital-Napa State,	Eldridge, Calif.													
Long Beach														
Veterans Admin.	F. C. Bowers	46	312	0	0	1,923	2	2	2	0	0	6	4325-12075	O
Los Angeles														
Cedars-Sinai Medical Center														
Cedars of Lebanon Hospital Division	J. Gussen	13	265	0	0	5,083	4	2	2	0	0	8	4500-7500	F
Mount Sinai Hospital Division	S. Schwartz	23	189	0	0	6,889	3	3	3	0	0	9	4500-5720	F
Los Angeles County General, Unit I	E. Stainbrook	185	7,798	14	43	38,448	12	12	12	0	0	36	5028-6218	P
University of California	N. O. Brill	86	510	1	100	24,344	15	15	15	2	0	47	3580-12096	O
Veterans Admin. Center-Brentwood	J. J. Riddle	1,910	1,752	122	77	17,029	12	12	12	0	0	36	4325-12075	O
Veterans Admin. (Sepulveda)	M. Unger	749	821	50	48	3,725	4	4	4	0	0	12	4325-10250	O
Norwalk														
Metropolitan State	A. R. Beisser	3,714	4,543	259	37	13,016	9	9	9	0	0	27		O
Palo Alto														
Stanford Medical Center and Affiliated Hospitals							12	12	12	4	4	44†		
Palo Alto-Stanford Hospital Center	T. A. Gonda	12	327†	1	100	12,809							3900-5575	O
Veterans Admin.	G. Krieger	1,690	5,220	40	68	6,017								
San Mateo County General (San Mateo)	J. J. Downing	33	1,286	0	0	39,709							4500-5500	F
Patton														
Patton State	B. Kovitz	4,586	3,307	762	35	4,239	7	6	6	2	1	22	6744-16212	O
San Francisco														
Langley Porter Neuropsychiatric Institute	A. Simon	81	517	2	100	24,301	12	10	10	5	3	40	3600-12000	O
St. Mary's	M. T. Khientzos	19	341			10,875	2	2	2	0	0	6	3600-4800	F
San Jose														
Agnews State	J. L. Waters	3,984	3,813	434	24	7,626	8	8	8	0	0	24	6744-...	O
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto, Calif.														
Stockton														
Stockton State	R. C. Martin	3,274	2,702	314	49	5,971	4	4	4	0	0	12	6744-12096	O
Talmage														
Mendocino State	H. N. Hook	2,139	1,927	149	77	1,317	5	5	5	0	0	15	6744-12000	O
COLORADO														
Denver														
University of Colorado Affiliated Hospitals														
University of Colorado Medical Center	H. S. Gaskill	74	1,111	0	0	14,741	12	12	12	0	0	36	3600-8500	P
Veterans Admin.	D. E. Starrett	83	662	2	50	8,891						9	4325-12495	
CONNECTICUT														
Hartford														
Institute of Living	J. Donnelly	375	542	4	2	12,620	11	11	11	4	4	41	5000-7600	O
Middletown														
Connecticut Valley	M. K. Arafah	2,742	2,315	318	46	9,017	7	3	10	0	0	20	6900-8500	FP
New Haven														
Yale-New Haven Medical Center														
Yale-New Haven	F. Redlich	68	161	0	0	9,286	0	14	6	0	0	20	3600-5000	P
Veterans Admin. (West Haven)	L. B. Fierman	169	377	2	50	1,614	14	12	1	0	0	27	4375-7715	
Newtown														
Fairfield Hills	J. E. Oltman	2,648	3,399	334	32	3,399	9	9	9	0	0	27	6960-8496	F
Norwich														
Norwich	W. W. Burns	2,696	2,464	307	39	4,966	6	6	6	0	0	18	6960-8300	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven, Conn.														
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	J. L. Foy	205	4,563	17	41	3,728	3	3	2	0	0	8	3800-5000	P
Georgetown University	R. A. Steinbach					11,150	11	11	11	2	0	35	3800-6000	P
George Washington University	L. S. Yochelson	24	640	0	0	1,404	5	5	5	0	0	15	3900-9000	P

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		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics	R. L. Williams	36	270	2	100	4,269	8	8	10	2	0	28	4500-5700	O	
Anclote Manor (Tarpon Springs)	T. E. Gagliano	65	134	1	100	3,800	1	1	1	0	0	3	4500-7500	...	
Miami															
Jackson Memorial	J. Caldwell	176	1,673	3	0	12,657	11	8	8	0	0	27	4896-8096	P	
Tarpon Springs															
Anclote Manor—See University of Florida Teaching Hospital and Clinics, Gainesville, Fla.															
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals							15	15	15	0	0	45			
Emory University	B. Holland	19	150†	0	0	0							6800-8600	P	
Grady Memorial	B. Holland	25	185			815									
Milledgeville State (Milledgeville)	J. B. Craig	12,046	6,786	1,114	21	6,193	10	10	15	0	0	35	9420-10380	O	
Augusta															
Medical College of Georgia Hospitals															
Eugene Talmadge Memorial	E. J. McCranie	26	287	1	100	4,700	3	3	3	0	0	9	4500-5500	O	
Veterans Admin.	M. Dunn	1,240	1,622	81	57	76	3	3	3	0	0	9	8650-12495	...	
Milledgeville															
Milledgeville State	J. B. Craig	12,046	6,786	1,114	21	6,193	10	10	15	0	0	35	9420-10380	O	
HAWAII															
Honolulu															
Hawaii Integrated Psychiatric Training Program	F. Cottingham	14	772			2,136	4	3	3	0	0	10	7860-9000	...	
Queen's															
Hawaii State (Kaneohe)															
Kaneohe															
Hawaii State—See Hawaii Integrated Psychiatric Training Program, Honolulu, Hawaii.															
ILLINOIS															
Chicago															
Chicago Medical School Affiliated Hospitals															
Mount Sinai	H. Garner	23	416	2	100	3,615	5	1	5	0	0	11	3600-12000	P	
Forest (Des Plaines)	R. G. Novick	85	1,039	2	50	1,000	0	4	0	0	0	4	8000-8000	O	
Illinois State Psychiatric Institute	R. C. Drye	295	961	1	10	21,973	20	20	20	2	2	64	4200-12000	P	
Chicago State															
Michael Reese Hospital and Medical Center	R. Grinker, Sr.	77	752	2	0	15,428	7	7	7	0	0	21	3600-5700	P	
Northwestern University Medical Center	B. Boshes					2,841									
Chicago Wesley Memorial	B. Boshes												3300-3900	P	
Passavant Memorial	J. Adams	24	410†	4	25	616	0	2	0	0	0	2	3600-3600	P	
Veterans Admin. Research	R. D. Chessick	23	107	1	100	0	4	0	2	0	0	6	4325-7715	O	
Veterans Admin. (Downey)	J. H. Masserman														
	V. B. Raulinaitis	2,343	2,380	179	58	6,488						19	4325-12075	...	
Evanston (Evanston)	M. Brown	26	695	2	100	1,830	0	1	0	0	0	1	3300-3900	P	
Presbyterian-St. Luke's	R. R. Bolin	59	381	1	100	3,346	4	4	4	0	0	12	7000-8800	P	
Stritch School of Medicine of Loyola University															
Affiliated Hospitals															
Loretto	G. T. Stanton	44	921	1	100	752	1	0	0	0	0	1		F	
Mercy	J. McLaughlin	19	312	0	0	2,830	3	3	3	0	0	9	3600-4500	F	
University of Chicago Hospitals and Clinics	R. S. Daniels	17	333	3	100	8,816	5	5	5	0	0	15	3900-7400	O	
University of Illinois Research and Educational															
Hospitals	M. Sabshin	26	106	0	0	9,007	5	5	6	0	0	16	3600-5000	P	
Veterans Admin. (West Side)	L. Halperin	77	540	0	0	250	3	3	3	0	0	9	4325-...	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	118	558	4	75	599	3	3	3	0	0	9	4325-6035	O	
INDIANA															
Indianapolis															
Indiana University Medical Center							13	13	13	0	0	39			
Indiana University Hospitals	J. I. Nurnberger					3,348							5400-6800	P	
Larue D. Carter Memorial	D. F. Moore	133	465	0	0	2,161							5400-6800	P	
Marion County General	W. Kissel	67	511	8	12	2,046							3863-4489	P	
Veterans Admin.	J. I. Nurnberger	69	477	0	0	239							4325-6035	O	
IOWA															
Cherokee															
Mental Health Institute	W. C. Brinegar	613	1,257	56	61	10,702	4	4	4	0	0	12	11400-12300	O	
Independence															
Mental Health Institute	S. M. Korsou	773	1,261	56	68	4,578	4	4	4	3	3	18†	11400-17100	O	
Iowa City															
State Psychopathic	P. E. Huston	43	412	0	0	8,284	12	8	0	0	0	26	5300-8500	O	
KANSAS															
Kansas City															
University of Kansas Medical Center	D. Greaves	39	376	0	0	13,459	8	7	5	0	0	20	6600-12000	P	
Veterans Admin. (Kansas City, Mo.)	F. V. Smith	50	230	1	100	39							4325-6035	...	
Topeka															
Menninger School of Psychiatry	K. A. Menninger														
	H. Klemmer														
C. F. Menninger Memorial	W. S. Simpson	122	382	1	100	31,668	3	5	5	5	5	23	4200-12000	O	
Topeka State	L. Kennedy	967	961	50	76	12,000	18	18	18	0	0	54	5000-13000	F	
Veterans Admin.	A. D. Cook, Jr.	963	2,914	120	80	5,767	20	20	20	0	0	60	4325-12495	O	

23. PSYCHIATRY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
KENTUCKY														
Anchorage														
Central—See University of Louisville Affiliated Hospitals, Louisville, Ky.														
Lexington														
University of Kentucky Medical Center														
University	J. B. Parker, Jr.	12	86	0	0	1,420							3960-5760	P
Veterans Admin.	K. B. Moore	956	1,138	10	40	11,348							4325-6035	P
Louisville														
University of Louisville Affiliated Hospitals	W. K. Keller													
Central (Anchorage)	W. Fox	1,473	1,173	105	57	4,967							8940-9852	
John N. Norton Memorial Infirmary	E. E. Landis	30	254	1	100	2,092						6	3000-10800	P
Louisville Child Guidance Clinic	J. F. Ice													
Louisville General	N. Kateryniuk	16	1,169	5	40	1,605	8	7	7	2	1	25†	3600-12000	FP
Veterans Admin.	A. Guiglia	61	602	0	0	358	1	1	1	0	0	3	4325-6665	O
LOUISIANA														
Jackson														
East Louisiana State—See Tulane University Affiliated Hospitals, New Orleans, La.														
Mandeville														
Southeast Louisiana—See Tulane University Affiliated Hospitals, New Orleans, La.														
New Orleans														
Charity Hospital of New Orleans														
Louisiana State University Division	C. Watkins	53	1,051	12	33	8,606						12	2400-3000	F
Tulane University Division	R. G. Heath	53	952	5	20	4,944						11	2400-3000	F
Tulane University Affiliated Hospitals														
Veterans Admin.	R. L. Stone	38	284	3	100	900							4325-12075	O
East Louisiana State (Jackson)	F. Silva	3,478	3,106	185	10		4	0	0	0	0	4	6000-10000	P
Southeast Louisiana (Mandeville)	T. E. Fulmer	437	2,187	3	100		4	2	2	0	0	8		P
MARYLAND														
Baltimore														
Johns Hopkins	J. Elkes	61	254†	0	0	10,494	8	8	8	1	3	28	3200-	P
Seton Psychiatric Institute	L. H. Bartheimer	253	350	12	8	490	4	4	4	0	0	12	6300-8900	P
Spring Grove State	B. Betz	2,438	5,045	246	30	6,470						15	6280-13000	
University of Maryland	R. Monroe	52	350	2	100	8,048	8	8	8	0	0	24	3500-7200	P
Crownsville														
Crownsville State	C. Casillas	1,712	2,026	152	22	7,922						12	6280-8560	O
Perry Point														
Veterans Admin.	W. M. Harris	1,218	656	30	80	1,603	2	2	2	0	0	6	4325-12075	O
Sykesville														
Springfield State	C. Sakles	3,150	2,374	326	38	7,428	5	5	5	0	0	15	6280-11651	P
Towson														
Sheppard and Enoch Pratt	C. G. Schulz	226	535	8	75	889	5	5	5	0	0	15	5900-7700	
MASSACHUSETTS														
Bedford														
Veterans Admin.—See Veterans Admin. Hospitals of the Boston Area, Boston, Mass.														
Boston														
Boston City	P. Solomon	26	152	0	0	2,968	5	3	3	0	0	11	3600-5400	O
Boston State	M. Greenblatt													
Massachusetts General	D. Limentani	2,151	1,917	217	39	30,000	15	15	15	4	4	53	4500-9594	P
Massachusetts Mental Health Center	E. Lindemann	22	501	1	1	8,586	6	6	12	1	0	25	3600-6000	O
New England Center	P. G. Myerson	216	812	0	0	39,260	25	21	9	0	0	55	4500-7500	O
University	B. Bandler	2	80	0	0	3,988	3	3	3	1	0	10	3600-6000	O
Veterans Admin. Hospital of the Boston Area		12	159			7,520	4	4	7	4	1	20	3600-6000	O
Veterans Admin. (Bedford)	B. Yood	1,443	1,109	96	67	14,138	3	0	0	0	0	3	4325-6035	O
Veterans Admin. (Jamaica Plain)	C. A. Pinderhughes	184	679	2		884	8	8	8	0	0	24	4325-12075	O
Veterans Admin. (Brockton)	D. M. Banen	957	2,256	61	67	6,972	6	0	0	0	0	6	4205-4990	O
Brockton														
Veterans Admin.—See Veterans Admin. Hospitals of the Boston Area, Boston, Mass.														
Harding														
Medfield State	N. S. Mittel	988	781	96	41	981	6	6	6	0	0	18	4500-9594	P
Worcester														
Worcester State	D. M. Moriarty	1,310	1,351	146	19	3,064	5	6	6	0	0	17	4419-12214	FP
MICHIGAN														
Ann Arbor														
University of Michigan Affiliated Hospitals							12	12	12	0	0	36		
University	R. W. Waggoner	65	243	0	0	11,212							5323-6240	O
Veterans Admin.	R. J. Ging	70	335	0	0	0							4325-7715	O
Detroit														
Henry Ford	L. D. Proctor	23	534	2	50	9,303	1	1	1	0	0	3	8620-11120	P
Lafayette Clinic	J. S. Gottlieb	69	356	1	0	19,105	12	12	12	0	0	36	7516-8519	O
Receiving	K. E. Pitts	141	7,107	17	43	2,968	5	5	5	0	0	15	7485-8416	P
Sinai Hospital of Detroit	N. Rosenzweig	29	369	1	0	2,199	4	4	4	0	0	12	6600-8400	FP
Eloise														
Wayne County General Hospital and Infirmary														
Northville														
Northville State	C. H. Chen	2,178	520	109	39	4,898	6	6	6	0	0	18	7517-11526	O
Pontiac														
Pontiac State	R. A. Braun	2,770	883	118	47	2,610	6	6	6	0	0	18	7833-8936	O
Traverse City														
Traverse City State	C. W. Page	2,792	1,208	179	34	4,195	6	6	6	0	0	18	8893-12043	O
Ypsilanti														
Ypsilanti State	E. N. Hinko	3,705	1,159	171	40	2,280	8	8	8	0	0	24	7517-11526	O
MINNESOTA														
Minneapolis														
Hennepin County General	W. W. Jepson	23	1,025	1	100	17,920	0	2	3	0	0	5	4500-6500	P
University of Minnesota Hospitals	D. W. Hastings	62	486	1	100	8,427	7	7	7	0	0	21	3150-12000	O
Veterans Admin.	W. Simon	93	702	3	100	686	4	4	4	0	0	12	4325-7715	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		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P-O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA—Continued														
Rochester														
Mayo Graduate School of Medicine.....	E. M. Litin.....	41	992	0	0	13,922	7	7	7	2	0	23	3600-1200	P
Rochester Methodist.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Mary's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MISSISSIPPI														
Biloxi														
Veterans Admin.....	A. J. Roberts.....	873	996	29	59	7,426	3	3	3	0	0	9	4205-12075	O
Jackson														
University of Mississippi Medical Center.....	.....	.....	.....	.....	.....	.....	4	4	4	0	0	12	.....	.....
Mental Health Services-Mississippi State Board of Health.....	E. Magiera.....	10	.....	.....	.....	10	.....	.....	.....	.....	.....	.....	.....	.....
University.....	F. J. Moore.....	14	245	0	0	769	.....	.....	.....	.....	.....	.....	6600-12000	O
Veterans Admin.....	H. Denham.....	30	301	0	0	2,131	.....	.....	.....	.....	.....	.....	4325-6665	O
MISSOURI														
Columbia														
University of Missouri Medical Center.....	J. M. A. Weiss.....	14	127†	1	0	3,857	5	4	3	1	1	14	6900-15000	P
Kansas City														
Greater Kansas City Mental Health Foundation.....	R. Barnes.....	60	1,022	5	.....	10,538	12	8	6	0	0	26	6300-15000	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Louis														
Barnes.....	E. Robins.....	86	1,472	5	100	7,370	7	6	6	4	2	25†	6900-11200	O
Jewish Hospital of St. Louis.....	A. Kaplan.....	23	280	.....	.....	3,723	3	3	3	0	0	9	5200-6900	P
Malcolm Bliss Mental Health Center.....	K. Smith.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Homer G. Phillips.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Louis State (Missouri Institute of Psychiatry).....	I. Sletten.....	2,634	789	135	51	8,699	8	7	7	0	0	22	6900-8900	O
St. Louis University Group of Hospitals.....	E. Auer.....	21	382	.....	.....	1,961	5	5	5	2	1	18	2400-3240	FP
Veterans Admin.....	J. Ehik.....	80	221	0	0	1	5	5	5	0	0	15	4325-12075	O
NEBRASKA														
Omaha														
University of Nebraska Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nebraska Psychiatric Institute.....	L. C. Strough.....	73	506	1	100	11,988	8	8	8	0	0	24	5400-6600	O
Veterans Admin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
NEW JERSEY														
Cedar Grove														
Essex County Overbrook.....	A. Welkind.....	3,797	1,203	612	32	1,634	5	5	5	0	0	15	7000-10000	O
Greystone Park														
New Jersey State.....	A. Crandell.....	4,943	2,124	567	26	3,734	4	4	4	0	0	12	6500-7500	O
Hammononton														
New Jersey State Hospital at Ancora.....	H. H. Brunt, Jr.....	2,091	2,296	446	41	5,816	5	5	5	0	0	15	6500-7500	P
Jersey City														
Jersey City Medical Center.....	F. Figurelli.....	11	44	2	100	953	2	2	2	0	0	6	3400-4600	F
Lyons														
Veterans Admin.....	H. Moser.....	1,941	895	75	51	663	4	4	4	0	0	12	4325-12075	O
Marlboro														
New Jersey State.....	J. B. K. Smith.....	2,344	2,040	311	34	.....	3	3	3	0	0	9	6500-7500	O
Princeton														
New Jersey Neuro-Psychiatric Institute.....	R. E. Bennett.....	874	1,549	30	87	1,930	.....	.....	.....	.....	.....	12	6500-7500	O
Trenton														
New Jersey State.....	H. W. Freymuth.....	3,228	2,426	380	25	2,689	3	3	3	0	0	9	6500-7500	O
NEW YORK														
Albany														
Albany Medical Center.....	W. Holt.....	44	1,635†	4	75	4,476	3	3	2	0	0	8	5600-12000	P
Veterans Admin.....	T. H. Gilmore.....	286	391	4	50	68	3	3	3	0	0	9	4325-12075	O
Binghamton														
Binghamton State.....	P. M. Schneider.....	2,513	1,222	316	14	3,626	3	3	3	0	0	9	7512-8425	O
Buffalo														
Buffalo State.....	J. J. Sconzo.....	2,870	1,743	551	18	11,421	.....	.....	.....	.....	.....	15	7154-8475	O
Edward J. Meyer Memorial.....	S. M. Small.....	99	2,897	30	36	7,846	4	4	4	3	0	15†	5340-8000	P
Central Islip														
Central Islip State.....	F. J. O'Neill.....	9,390	4,481	904	30	4,302	14	14	12	0	0	40	7512-8475	O
Cooperstown														
Mary Imogene Bassett—See Columbia-Presbyterian Medical Center, New York City	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
East Meadow														
Meadowbrook.....	J. M. Semer.....	56	2,348	9	33	6,471	4	4	4	0	0	12	4730-7370	F
Harrison														
St. Vincent's Hospital and Medical Center of New York, Westchester Branch—See St. Vincent's Hospital and Medical Center of New York, New York City, N.Y.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Kings Park														
Kings Park State.....	C. Buckman.....	8,452	2,615	692	15	2,962	10	10	10	0	0	30	7512-8475	F
Marcy														
Marcy State.....	N. Bigelow.....	2,810	1,067	374	29	3,743	7	4	4	0	0	15	7512-12754	P
Middletown														
Middletown State.....	H. Pleasure.....	3,173	1,346	341	32	6,000	5	5	5	0	0	15	7512-8475	O
Montrose														
Veterans Admin.....	L. H. Kashe.....	1,607	791	6	74	8,933	3	3	3	0	0	9	4205-5865	O
New York City														
Bronx Municipal Hospital Center.....	M. Rosenbaum.....	120	2,636	2	0	44,465	14	14	14	2	2	46†	4800-5220	FP
Brooklyn State.....	N. Beckenstein.....	2,900	819	332	15	0	7	9	3	0	0	18	7182-8075	O
City Hospital Center at Elmhurst.....	H. Weinstock.....	137	1,863	0	0	30,820	8	8	8	0	0	24	4200-5000	F
Columbia-Presbyterian Medical Center.....	.....	.....	.....	.....	.....	.....	10	10	10	0	0	30	.....	.....
New York State Psychiatric Institute.....	W. A. Horwitz.....	118	368	0	0	4,548	.....	.....	.....	.....	.....	.....	4250-8475	O
Presbyterian.....	L. C. Kolb.....	15	411	0	0	7,778	.....	.....	.....	.....	.....	.....	4250-8475	O
Mary Imogene Bassett (Cooperstown).....	H. Gurian.....	7	159	0	0	2,430	1	0	0	0	0	1	3960-5160	P
Creedmoor State.....	H. A. LaBurt.....	7,045	3,438	756	30	1,106	.....	.....	.....	.....	.....	.....	7512-8475	O
Harlem Hospital Center.....	E. Davis.....	13	125	0	0	11,161	4	4	4	0	0	12	4800-5220	P
Hillside.....	M. Wachspress.....	192	307	.....	.....	11,690	16	12	9	0	0	37	4500-5500	P
Kings County Hospital Center.....	I. C. Kaufman.....	394	8,728	68	5	29,150	24	24	16	3	0	67	4800-5220	P

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		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK New York City—Continued														
Manhattan State	O. K. Diamond	3,539	2,423	380	33	2,553	10	6	5	0	0	21	7182-8075	O
Montefiore Hospital and Medical Center	M. Reiser	19	211	0	0	9,155	5	5	5	0	0	15	4500-6250	P
Mount Sinai	M. R. Kaufman	128	586	0	0	7,054	12	11	11	0	0	34†	4500-6000	P
New York (Payne Whitney Psychiatric Clinic)	W. T. Lhamon	90	332	0	0	11,831	5	6	5	1	0	17	4000-7000	P
New York Medical College-Metropolitan Hospital Center	A. M. Freedman	90	600	1	0	10,000	12	10	7	5	2	35	5640-6060	F
Unit 1—Flower and Fifth Avenue Hospitals														
Unit 2—Metropolitan														
New York University Medical Center and Bellevue Hospital Center							15	15	15	4	4	53		
Bellevue Hospital Center—Div. III	A. Zitrin	700	18,591	215	40	19,415							4800-5220	P
University	S. B. Wortis			0	0	5,715	3	3	3	0	0	9		
St. Luke's	J. M. Cotton	29	479	0	0	10,514	10	10	10	2	0	32†	5440-6640	P
St. Vincent's Hospital and Medical Center of New York	H. J. Tompkins	88	653	0	0	2,950	4	2	2	0	0	8	3400-4400	F
St. Vincent's Hospital and Medical Center of New York, Westchester Branch (Harrison)	R. D. Isernia	140	750	6	50	500	7	7	7	0	0	21	4325-12495	O
Veterans Admin. (Bronx)	W. Brown	180	557	49	62		6	6	6	0	0	18†	4325-6035	O
Veterans Admin. (Manhattan)	M. A. Goldberg													
Northport														
Veterans Admin.	I. J. Blumenthal	2,217	992	56	34	14,286	6	0	0	0	0	6	8650-15855	O
Orangeburg														
Rockland State	A. M. Stanley	6,551	2,416	493	27	12,983	8	5	8	5	4	30	7512-8475	O
Poughkeepsie														
Hudson River State	H. B. Snow	4,789	1,828	640	20	2,513	6	3	4	6	3	22	7182-8075	O
Rochester														
Rochester State	G. M. Walters	3,226	1,489	436	26	15,200	5	5	3	0	0	13	7512-8475	FP
Strong Memorial Hospital of the University of Rochester	J. Romano	74	1,245†	2	0	14,979	12	12	12	0	0	36	3300-5050	O
Syracuse														
State University of New York Upstate Medical Center	D. Robinson	154	986	0	0	8,049	10	10	10	0	0	30	4100-9980	O
Syracuse Psychiatric	J. H. Cumming	64	458	0	0	751							7512-8475	O
Veterans Admin.	J. J. Danehy	90	528	0	0	550							4325-6035	O
Utica														
Utica State	G. Volow	2,114	969	276	32	4,452	4	4	4	0	0	12	7512-8475	O
Valhalla														
Grasslands	F. V. Rockwell	100	2,070	17	47	3,043	4	4	5	0	0	13	5700-7300	FP
West Brentwood														
Pilgrim State	H. Brill	13,271	4,460	1,315	27	3,300	10	10	12	0	0	32	7512-10545	O
White Plains														
New York Hospital—Westchester Division	J. H. Wall	280	301	22	59	6,740	6	6	4	0	0	16	3600-6000	F
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	M. H. Keeler	48	558†	1	0	9,729	12	12	12	0	0	36	4500-5500	O
Durham														
Duke University Affiliated Hospitals							12	8	8	4	4	36		
Duke	E. W. Busse	47	822	0	0	4,013							3900-4800	P
Veterans Admin.	R. L. Green, Jr.	73	473†	2	50								4325-7715	O
Raleigh														
Dorothea Dix	W. A. Sikes	2,522	4,175	254	53	4,127	9	9	9	0	0	27	10224-11820	O
Winston-Salem														
North Carolina Baptist Hospitals	R. Proctor	10	290	0	0	1,694	4	4	2	0	0	10	6600-12000	P
OHIO														
Cincinnati														
Rollman Psychiatric Institute	R. Chambers	114	900	3	33	6,224	8	8	8	0	0	24	7200-11000	O
University of Cincinnati Hospital Group	M. Levine						15	17	17	0	0	49†		
Cincinnati General		47	895	1	0	40,693							4325-6035	F
Veterans Admin.		70	415	1	0								4325-7715	O
Cleveland														
Cleveland Clinic	A. D. Weatherhead	21	259	0	0	2,631	1	1	1	0	0	3	4800-9000	P
Cleveland Psychiatric Institute	H. D. Arbuckle	245	1,303	20	5	5,172	8	8	8	0	0	24	5000-15500	O
University Hospitals of Cleveland	L. D. Lenkoski	66	515†	0	0	9,274	8	8	8	1	0	25†	3600-5000	P
Columbus														
Columbus State	G. I. Podobnikar	2,095	1,797	185	29	9,271	8	8	8	0	0	24	7200-7900	O
Ohio State University Hospitals														
Psychiatric Institute and Hospital	I. Gregory	97	1,170	0	0	8,590	6	6	6	0	0	18	6000-8004	P
Worthington														
Harding	G. T. Harding, Jr.	107	552	3	0	539	3	3	3	0	0	9	6000-12000	O
OKLAHOMA														
Norman														
Central State Griffin Memorial	M. B. Ruland	850	1,725	15	80	1,045	6	5	5	0	0	16	7000-12000	O
Oklahoma City														
University of Oklahoma Medical Center							6	6	6	2	1	21†		
University Hospitals	L. J. West	14	34	0	0	2,296							6000-12000	P
Veterans Admin.	C. M. Pierce	66	430	1	100	5,808								
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	G. Saslow	40	131	0	0	4,834	4	4	3	0	0	11	2700-3300	F
Salem														
Oregon State	N. B. Jetmalani	1,999	1,767	261	24	2,189	4	7	3	0	0	14	10140-10980	O

APPROVED RESIDENCIES

23. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA														
Coatesville														
Veterans Admin.	K. Wolff	1,294	919	82	80	3,475	..	..	..	..	..	8	4325-12075	O
Harrisburg														
Harrisburg State	S. P. Laucks	2,417	949	150	36	1,628	2	2	2	0	0	6	6390-7772	F
Norristown														
Norristown State	P. Glowacki	3,805	760	287	33	6,456	10	10	10	0	0	30	6390-7772	F
Philadelphia														
Albert Einstein Medical Center	P. Sloane	23	471†	1	0	738	1	1	1	0	0	3	5000-12000	FP
Eastern Pennsylvania Psychiatric Institute	W. A. Phillips	103	287	2	0	6,365	5	5	5	0	0	15	7055-7772	O
Hahnemann Medical College and Hospital	V. B. O. Hammett	Inc. in Int. Med.	707	2	2	2	2	2	2	0	0	6	3600-5000	P
Hospital of the University of Pennsylvania	A. J. Stunkard	7	159	1	0	8,834	7	7	7	3	0	24	4100-12000	O
Mercy-Douglass	J. Ewing	80	421	2	0	3,120	7	9	9	1	0	26	4600-12000	F
Institute of the Pennsylvania Hospital	W. A. Harvey	222	1,548	2	0	7,711	8	8	8	0	0	22	5100-6500	O
Jefferson Medical College	F. S. Cornelison, Jr.	18	300	1	0	2,700	8	8	8	2	2	28	6000-7400	O
Philadelphia General	R. Luce	143	1,377	8	50	14,238	5	5	5	0	0	15	6810-8412	F
Philadelphia Psychiatric Center	M. W. Brody	123	1,385	2	0	6,428	8	8	8	2	0	26	6200-7400	F
Philadelphia State	E. L. Sielke	6,233	2,238	513	15	7,138	10	10	10	0	0	30	7055-7772	O
Temple University	R. B. Sloane	14	339	2	0	9,607	..	..	..	..	..	22†	4400-5800	P
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh														
Western Psychiatric Institute and Clinic	L. W. Earley	99	589	1	..	19,246	15	15	15	0	0	45	3900-4500	O
Warren														
Warren State	A. Y. Hoshino	2,531	1,236	319	21	7,628	10	9	8	0	0	27	7005-9011	F
PUERTO RICO														
Bayamon														
Puerto Rico Institute of Psychiatry	V. Bernal Del Rio	178	534	1	1	112	4	0	0	0	0	4	5400-6600	P
Rio Piedras														
Psychiatric Center for Training and Research	J. A. Rosello	1,548	3,415	53	19	71,924	3	3	3	0	0	9	4800-6000	O
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
Medical College	J. J. Cleckley	30	978	..	..	1,712	6	4	4	0	0	14	8000-12000	P
TENNESSEE														
Memphis														
Tennessee Psychiatric Hospital and Research Institute	G. H. Aivazian	144	741	0	0	8,247	6	6	6	0	0	18	3480-12000	FP
Nashville														
Vanderbilt University	W. F. Orr	15	101	0	0	3,001	3*	3	3	0	0	9†	3000-7500	P
TEXAS														
Austin														
Austin State	C. R. Miller	3,040	5,505	305	67	5,806	14	14	14	0	0	26	8400-12000	O
Dallas														
Parkland Memorial	R. L. Stubblefield	38	322	4	..	5,273	11	8	13	1	0	33†	5600-6600	P
Timberlawn Sanitarium	R. L. Stubblefield	133	723	2	50	5,247	..	..	..	..	..	..	5800-5800	P
Veterans Admin.	J. D. Uloth	71	84	4	75	..	..	..	..	..	..	..	4325-12075	P
U. S. Public Health Service, Fort Worth	S. N. Kieffer	775	900	26	58	125	0	3	0	0	0	3	10000-12000	O
Galveston														
University of Texas Medical Branch Hospitals	H. Ford	191	1,956	7	29	6,061	10	10	10	0	0	30	5200-6000	P
Houston														
Baylor University Affiliated Hospitals														
Ben Taub General	B. Sher	22	359	0	0	4,090	2	1	0	0	0	3	5000-12000	P
Houston State Psychiatric Institute	S. H. Frazier	32	738	0	0	6,812	2	2	4	0	0	8	5000-12000	O
Methodist	M. Bettis	44	777	4	75	2,870	..	..	..	..	..	..	..	..
Veterans Admin.	A. D. Pokorny	375	2,128	8	50	5,120	4	4	2	0	0	10	4325-12075	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	..	..
Utah State (Provo)	H. E. Beaglier	600	1,308	78	12	..	..	..	..	..	..	..	6000-12000	P
University	..	17	294	0	0	4,686	..	..	..	..	..	..	6000-12000	P
Veterans Admin.	..	282	441	27	73	6,634	..	..	..	..	..	..	4325-6665	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	T. J. Boag	..	..	..	..	..	3	4	3	1	1	12	..	..
DeGoesbriand Memorial	..	10	121†	0	0	803	..	..	..	..	..	..	5000-6200	O
Mary Fletcher	..	16	242†	1	100	1,378	..	..	..	..	..	..	5000-6200	O
VIRGINIA														
Charlottesville														
University of Virginia	I. Stevenson	35	396†	..	..	1,994	5	5	5	1	2	18	4200-7200	F
Petersburg														
Central State	H. Sormus	4,649	1,485	254	10	527	..	..	..	..	..	17	9600-9600	O
Richmond														
Medical College of Virginia—Hospital Division	H. D. Lederer	41	1,628	4	50	4,754	5	5	5	0	0	15	6000-6996	F
WASHINGTON														
Fort Steilacoom														
Western State	J. W. Boudwin	2,250	1,722	245	39	4,491	3	3	3	0	0	9	7524-10236	P
Seattle														
University of Washington Affiliated Hospitals	H. S. Ripley	..	..	..	..	..	14	12	10	2	0	38	..	..
King County	F. M. Draper	21	2,088†	5	100	2,250	..	..	..	..	..	..	2700-6600	F
University	H. S. Ripley	34	381†	0	0	7,543	..	..	..	..	..	..	4325-6840	P
Veterans Admin.	M. H. Johnson	74	527	1	100	1,430	..	..	..	..	..	..	4325-7715	O
Sedro Woolley														
Northern State	S. Spiro	1,033	972	114	32	..	3	3	3	0	0	9	7524-10236	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		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P/O
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals.....	M. H. Miller.....	...	...	...	...	...	12	12	12	3	0	39†	4800-9000	P
Mendota State.....	.....	869	2,173	32	38	2,244	..	..	..	..	..	..	..	..
University Hospitals.....	.....	38	654	1	0	19,519	..	..	..	..	..	..	..	..
Milwaukee														
Milwaukee County Mental Health Center—North Division.....	C. W. Landis.....	867	5,193	33	...	14,396	7	6	6	0	0	19	4275-9035	O
Associated Training Program of Milwaukee Hospitals.....	.....	0	0	0	0	1,650	..	..	..	..	..	..	..	..
Milwaukee's Children's.....	D. H. Sackin.....	0	0	0	0	1,650	..	..	..	..	..	..	..	..
Milwaukee Sanitarium Foundation (Wauwatosa).....	R. R. Teeter.....	134	258	4	100	4,145	6	6	6	1	1	20	4500-12000	O
Veterans Admin. (Wood).....	M. J. Primakow.....	195	873	12	58	7,097	5	5	5	0	0	15	4325-6035	P
<p>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.)</p> <p>Programs, 18; Residencies, 155</p>														
UNITED STATES NAVY														
PENNSYLVANIA														
U. S. Naval, Philadelphia.....	R. V. Berry.....	227	1,985	7	57	5,593	4	4	0	0	0	8	.....	..
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
San Francisco														
Community Mental Health Services.....	R. A. Kimmich.....	...	...	...	...	...	..	..	..	..	..	..	..	..
Mount Zion Hospital and Medical Center.....	E. M. Weinschel.....	36	...	...	...	9,061	0	5	6	0	0	11	.....	P
Presbyterian Medical Center**.....	J. P. Kahn.....	9	157	0	0	5,535	3	3	3	0	0	9	3600-5000	P
ILLINOIS														
Galesburg														
Galesburg State Research.....	T. T. Tourlentes.....	1,617	532	98	34	846	4	4	0	0	0	8	4000-8000	P
MASSACHUSETTS														
Belmont														
McLean.....	A. A. Stone.....	227	359	13	69	7,978	8	12	1	1	1	23†	3900-5100	P
Boston														
Beth Israel.....	G. L. Bibring.....	0	0	0	0	7,939	1	2	4	4	2	13	3600-8000	P
Waltham														
Metropolitan State.....	M. Asekoff.....	1,650	1,286	162	35	1,950	5	5	0	0	0	10	4400-9000	O
NEW YORK														
Helmuth														
Gowanda State.....	I. M. Rossman.....	2,854	989	289	25	1,485	..	..	..	..	..	..	7512-8475	FO
New York City														
Roosevelt.....	R. W. Laidlaw.....	15	177	0	0	9,008	1	1	1	0	0	3	3900-5000	O
Willard														
Willard State.....	A. N. Mustille.....	3,170	781	292	35	3,133	..	..	..	..	..	9	7512-8475	O
Wingdale														
Harlem Valley State.....	L. P. Roberts.....	4,554	770	407	11	1,414	6	6	0	0	0	12	7512-8475	O
NORTH CAROLINA														
Butner														
John Umstead.....	W. D. Carter.....	...	...	...	...	...	..	..	..	..	..	..	..	..
OHIO														
Cleveland														
Fairhill Psychiatric.....	I. N. Perr.....	141	860	14	12	8,703	6	6	0	0	0	12	7200-7500	P
PENNSYLVANIA														
Allentown														
Allentown State.....	H. T. Fiedler.....	1,755	430	108	44	2,395	4	4	0	0	0	8	6390-6716	O
Danville														
Danville State.....	L. R. Angus.....	2,264	765	158	25	4,342	3	3	2	1	1	10	6390-13900	O
Mayview														
Mayview State.....	M. Wodnicki.....	391	3	252	1	3,358	4	4	0	0	0	8	6000-11000	FP
RHODE ISLAND														
Howard														
State of Rhode Island Medical Center—Institute of Mental Health.....	M. A. Nicotra.....	3,268	2,088	405	39	3,049	7	4	0	0	0	11	7000-7800	F

23. PSYCHIATRY—Continued

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, 17; Residencies, 77

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967						Salary per Month Min.-Max.	Maintenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
National Institutes of Health-Clinical Center, Bethesda															
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Pomona															
Pacific State	G. Tarjan	2,901	312	37	78	3,604						8	6744-12096	O	
San Francisco															
St. Francis Memorial	R. Trapnell	19	517	2	38	2,387	1	0	1	0	0	2	4200-5400	P	
COLORADO															
Fort Logan															
Fort Logan Mental Health Center	S. B. Schiff														
Pueblo															
Colorado State	C. E. Meredith	3,708	2,009	291	56	495						24†	7200-7200	O	
MARYLAND															
Rockville															
Chestnut Lodge	M. Cooperman	81	86	2	0	3,744						4	10000-10000	O	
MASSACHUSETTS															
Boston															
Peter Bent Brigham	H. M. Fox	Inc. in Int. Med.					0	0	1	2	0	3	5000-7000	P	
Stockbridge															
Austen Riggs Center	R. P. Knight	40	90	0	0	1,972						7	7500-10000	O	
Taunton															
Taunton State	W. E. Glass	1,529	922	211	43	310	6	0	0	0	0	6	9594-12215	O	
Waltham															
Walter E. Fernald State School	M. J. Farrell	2,546	42	40	33	410	1	0	0	0	0	1	1800-7000	O	
MICHIGAN															
Northville															
Hawthorn Center	R. D. Rabinovitch														
MISSISSIPPI															
Whitfield															
Mississippi State	W. H. C. Dudley	4,405	4,416	231	39	1,900	6	0	0	0	0	6	6000-9000	F	
NEW YORK															
Ogdensburg															
St. Lawrence State	J. R. Haight	1,703	830	176	28	1,192	8	0	0	0	0	8	7512-8475	O	
Port Chester															
High Point	A. Gralnick	38	84	0	0	0	0	0	2	3	1	6	8500-13500	O	
Thiells															
Letchworth Village	I. N. Wolfson	4,256	201	79	66	200	1	0	0	0	0	1	7512-7512	O	
RHODE ISLAND															
Riverside															
Emma Pendleton Bradley	M. W. Laufer	57	21	0	0	2,790	0	0	1	0	0	1	8000-8000	P	
TEXAS															
Terrell															
Terrell State ¹⁹³	L. J. Zbrank														

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, 105; Residencies, 576

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1966-1967						Salary per Year Min.-Max.	Maintenance O			
					1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years					
UNITED STATES ARMY															
CALIFORNIA															
Letterman General,* San Francisco	L. Isom		1	5	2,500	1	1	0	0	0	2	...	...
DISTRICT OF COLUMBIA															
Walter Reed, General,* Washington	S. Mourat				3,800	2	2	0	0	0	4	...	...

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1966-1967					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												
ALABAMA												
Birmingham												
University Hospital and Hillman Clinic*	J. N. Sussex	0	1	2,796	2	2	0	0	0	4	5600-7500	O
CALIFORNIA												
Berkeley												
East Bay State Mental Hygiene Clinic*	C. R. Graham		172	6,003	0	0	0	2	1	3	7000-8000	O
Los Angeles												
Cedars-Sinai Medical Center												
Mount Sinai Hospital Division*	S. Brown	23		8,116	0	0	2	2	2	6	5900-8000	F
Los Angeles County General, Unit I*	E. Stainbrook	13	44	6,515	3	3	0	0	0	6	6900-7500	P
Reiss-Davis Clinic for Child Guidance*	R. L. Motto	10	150	12,349	0	0	2	3	3	8	7000-8000	O
University of California*	N. O. Brill	38	74	4,672	0	0	0	4	4	8	7000-11520	O
Palo Alto												
Stanford Medical Center Child Psychiatry Clinic*	H. Shirley	1	11†	3,332	0	0	2	2	0	4	5100-8000	O
Pasadena												
Pasadena Child Guidance Clinic*	M. B. Durfee			7,480	0	0	3	1	0	4		
San Francisco												
Children's Hospital and Adult Medical Center	J. Ryan			8,703								
Langley Porter Neuropsychiatric Institute*	S. A. Szurek	11	5	2,676	0	0	2	2	3	7	5000-8000	O
Mount Zion Hospital and Medical Center	E. M. Weinschel	24		6,041	0	0	0	4	0	4		P
St. Mary's	M. T. Khlentzos	6	124	5,279	0	0	0	2	2	4	5400-6000	F
COLORADO												
Denver												
University of Colorado Medical Center*	H. S. Gaskill			4,364	0	0	4	4	0	8	5000-8000	P
CONNECTICUT												
Hartford												
Institute of Living—Children's Clinic*	F. G. Bucknam		35	5,702	1	1	0	0	0	2	6400-9000	O
New Haven												
Yale University Child Study Center*	A. J. Solnit			70	2	2	0	0	0	4	5000-8000	O
DISTRICT OF COLUMBIA												
Washington												
Catholic University of America*	D. A. St. Martin				1	1	0	0	0	2	4800	
Children's	R. Lourie		1†	2,624	0	0	4	4	0	8	5000-12000	O
Georgetown University Medical Center*	E. S. Kessler			2,890	0	0	2	2	0	4	5000-7000	P
FLORIDA												
Gainesville												
University of Florida Teaching Hospital and Clinics*	P. L. Adams	0	0	1,034	0	0	2	2	0	4	6000-8000	O
GEORGIA												
Atlanta												
Emory University Children's Clinic*	R. Ward			3,365	0	0	0	2	2	4	...-8600	P
ILLINOIS												
Chicago												
Institute of Juvenile Research*					6	6	0	0	0	12		
Michael Reese Hospital and Medical Center*	J. Spurlock		3	3,202	0	0	2	2	0	4	4200-5700	P
Presbyterian-St. Luke's	A. H. Norton	13	65	2,724	0	0	2	2	0	4	4600-8000	P
University of Chicago Hospitals and Clinics*	J. F. Kenward	40	10	2,765						4	4860-10400	O
INDIANA												
Indianapolis												
Indiana University Medical Center*												
Indiana University Hospitals	J. E. Simmons			2,332	0	0	1	1	0	2	6600-7500	P
Larue D. Carter Memorial	J. E. Simmons	29	64	447	0	0	1	1	0	2	6600-7500	P
IOWA												
Des Moines												
Des Moines Child Guidance Center	M. E. Barnes	16	56	9,811	0	0	1	1	0	2	7000-9000	O
Iowa City												
State Psychopathic*	R. L. Jenkins	18	59	851	1	0	0	2	0	3	7000-10000	O
KANSAS												
Kansas City												
University of Kansas Medical Center*	P. Laybourne	6	120	2,460	0	0	2	2	0	4	7000-...	P
Topeka												
Menninger Clinic (Children's Service)*	J. C. Hirschberg	51	73	7,727	0	0	3	6	4	13	5000-12000	O
KENTUCKY												
Louisville												
Louisville Child Guidance Clinic*	J. F. Ice	54	516	12,862	0	0	2	2	0	4	5000-12000	O
LOUISIANA												
New Orleans												
Tulane University School of Medicine*	C. Phillips	18		1,678	0	0	12	6	0	18	5000-8400	
MARYLAND												
Baltimore												
Johns Hopkins*	L. Eisenberg			1,707	0	0	2	2	2	6	3200	P
University of Maryland*	F. T. Rafferty	10	5	3,384	4	4	0	0	0	8	5000-8000	P

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1966-1967						Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
MASSACHUSETTS													
Belmont													
Beaverbrook Guidance Center—See Metropolitan-Beaverbrook Training Program in Child Psychiatry, Waltham, Mass.													
Boston													
Beth Israel (Children's Unit-Psychiatric Service)	G. L. Bibring	0	0	3,850	0	0	2	2	0	4	3600-8000	P	
Boston University-Boston City Hospital Guidance Center*	C. Malone	30	289	5,376	0	0	0	3	4	7	5000-12221	O	
Children's Hospital Medical Center*	G. Gardner	..	..	10,710	0	0	0	3	2	5	5000-8000	O
Douglas A. Thom Clinic for Children*	S. T. van Amerongen	15	259	2,120	0	0	2	2	0	4	3600-8000	..	
James Jackson Putnam Children's Center*	D. E. Reiser	..	..	..	..	..	..	..	..	..	..	..
Judge Baker Guidance Center*	E. S. Makkay	99	349	13,333	0	0	2	2	2	6	5000-8000	O	
Massachusetts General*	..	..	..	..	..	..	..	..	..	..	..	..
Massachusetts Mental Health Center*	G. Rochlin	14	21	7,475	0	0	3	3	0	6	5000-8000	O	
Tufts-New England Medical Center*	M. Stocking	..	..	3,200	0	0	1	1	0	2	3600-12000	O
Waltham													
Metropolitan-Beaverbrook Training Program in Child Psychiatry*	D. S. Gair	..	..	..	0	0	5	4	0	9	3600-7000	O
Beaverbrook Guidance Center (Belmont)	..	22	122	4,988	..	..	..	..	..	..	..	..
Metropolitan State	..	..	..	..	..	..	..	..	..	..	..	..
Worcester													
Worcester Youth Guidance Center*	M. Sills	..	..	9,153	4	4	0	0	0	8	7000-9500	O
MICHIGAN													
Ann Arbor													
University*	S. M. Finch	46	65	11,130	6	6	0	0	0	12	6240-8736	O	
Detroit													
Children's Center of Wayne County*	H. C. Comly	..	..	..	0	0	0	2	2	4	7517-12569	O
Lafayette Clinic*	C. B. Simson	33	92	6,165	0	0	4	4	0	8	8519-12653	O	
Northville													
Hawthorn Center	R. D. Rabinovitch	107	103	5,400	5	5	0	0	0	10	8950-14500	O	
Saginaw													
Saginaw Valley Child Guidance Clinic	N. Westlund	48	342	6,865	0	0	1	0	0	1	7500-10544	O	
MINNESOTA													
Minneapolis													
University of Minnesota Hospitals*	R. A. Jensen	15	117	1,829	0	0	4	2	0	6	3150-12000	O	
St. Paul													
Amherst H. Wilder Child Guidance Clinic*	H. S. Lippman	40	686	6,800	0	0	2	2	0	4	5000-8000	O	
MISSOURI													
Kansas City													
Greater Kansas City Mental Health Foundation*	W. Hart	..	..	..	2	1	0	0	0	3	..	..
St. Louis													
William Greenleaf Eliot Division of Child Psychiatry, Washington University School of Medicine*	E. J. Anthony	70	90	7,999	0	0	1	3	2	6	8000-8000	O	
NEBRASKA													
Omaha													
Nebraska Psychiatric Institute	R. L. Cohen	..	..	..	3	3	0	0	0	6	..	..
NEW JERSEY													
Eatontown													
Children's Psychiatric Center	A. B. Judd	..	..	5,896	0	0	2	2	2	4	4000-12000	O
Plainfield													
Union County Psychiatric Clinic*	W. E. Ganss	..	..	16,317	0	0	2	1	2	5	7500-8500	O
Trenton													
Child Guidance Clinic of Mercer County*	N. N. Boonin	..	..	..	..	..	..	..	..	..	..	..
NEW YORK													
Albany													
Albany Child Guidance Center	..	..	..	..	..	..	..	..	..	..	..	..
New York City													
Albert Einstein College of Medicine and Bronx Municipal Hospital Center*	J. B. Cramer	26	251	13,500	5	5	4	0	0	14	6060-8000	O	
Brooklyn Psychiatric Centers*	B. L. New	0	0	13,456	0	0	0	2	2	4	7000-9000	O	
Columbia-Presbyterian Medical Center*	W. S. Langford	..	..	..	6	6	0	0	0	12	..	..
New York State Psychiatric Institute	..	14	31	977	..	..	..	..	..	..	8000-9000	O
Presbyterian	..	..	..	1,740	..	..	..	..	..	..	8000-9000	O
Kings County Hospital Center*	R. M. Silberstein	..	Inc. in Psychiatry	..	0	0	8	8	4	20	4800-5220	P	
Madeleine Borg Child Guidance Institute	A. H. Esman	..	..	32,500	0	0	0	4	4	8	9200-9200	O
Mount Sinai*	A. Blau	12	53	2,081	0	0	3	3	3	9	5500-8000	..	
New York Medical College—Metropolitan Hospital Center*	A. M. Freedman	..	..	1,819	4	4	0	0	0	8	4200-5200	F
Unit 1—Flower and Fifth Avenue Hospitals	..	..	..	..	..	..	..	..	..	..	..	..
Unit 2—Metropolitan	..	..	..	..	..	..	..	..	..	..	..	..
New York University Medical Center and Bellevue Hospital Center	..	..	..	..	..	..	..	..	..	..	..	..
Bellevue Hospital Center—Div. III	B. Fish	90	1,060	5,041	0	0	8	5	3	16	4800-5220	P	
University	..	..	..	..	..	..	..	..	..	..	..	..
Postgraduate Center for Mental Health, Clinic for Children and Adolescents	..	..	..	..	..	..	..	..	..	..	..	..
St. Luke's*	J. M. Cotton	..	..	822	1	1	0	0	0	2	..	..
Staten Island Mental Health Center—St. Vincent's Hospital of the Borough of Richmond*	..	..	..	..	..	..	..	..	..	..	..	..
Staten Island Mental Health Center	R. M. Silberstein	314	646	6,148	0	0	3	3	2	8	6000-8000	P	
St. Vincent's Hospital of the Borough of Richmond	H. I. Tompkins	..	..	9,004	0	0	2	2	2	6	6000-10000	O
Rhinebeck													
Astor Home for Children	G. Mora	52	12	20	0	0	1	2	1	4	7500-8500	P	
Rochester													
Rochester Child Guidance Clinic*	W. I. Halpern	..	..	539	0	0	2	2	2	6	8400-9600	O
Schenectady													
Schenectady County Child Guidance Center	H. E. Karowe	0	296	2,636	..	..	..	..	..	2	7000-9000	O

APPROVED RESIDENCIES

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial*	R. W. Speers	1	7‡	3,242	3	3	1	0	0	7	5500-8000	O
Durham												
Durham Child Guidance Clinic, Duke University Medical Center*	J. A. Fowler	70	693	7,816	0	0	3	3	2	8	5000-8000	O
OHIO												
Cincinnati												
University of Cincinnati Hospital Group*	O. M. Krug	0	0	9,164	0	0	6	6	0	12‡	5000-8000	P
Central Psychiatric Clinic		14	4	5,368								
Child Guidance Home of the Jewish Hospital												
Cleveland												
Cleveland Guidance Center*	C. M. Ness	8	161	4,000	0	0	1	0	0	1	7000	O
University Hospitals of Cleveland*	W. D. Boaz	0	0	7,877	2	2	0	0	0	4	7000-8000	P
Dayton												
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County*	J. M. Cunningham	67	111	3,872	0	0	2	2	0	4	13000-13000	O
OKLAHOMA												
Oklahoma City												
University of Oklahoma School of Medicine*	M. S. Schechter				2	2	0	0	0	4	8940-9792	
Tulsa												
Children's Medical Center*	J. T. Proctor	35	172	11,965	0	0	2	2	0	4	9000-10000	O
PENNSYLVANIA												
Norristown												
Montgomery County Mental Health Clinics*	S. I. Altman				2	2	0	0	0	4	3600-...	
Philadelphia												
Albert Einstein Medical Center	H. Kolansky	23	28‡	226	3	3	0	0	0	6	5000-12000	FP
Child Study Center of Philadelphia	B. Rutenberg			11,997	4	4	0	0	0	8	5000-12000	
Eastern Pennsylvania Psychiatric Institute*	R. C. Prall	10		4,455	3	3	0	0	0	6	8580-9011	O
Hahnemann Medical College and Hospital*	H. Belmont			Inc. in Int. Med.	2	2	0	0	0	4	7000-8000	P
Irving Schwartz Institute for Children and Youth (Philadelphia Psychiatric Center)*	H. H. Herskovitz			8,500	0	0	0	3	3	6	7000-8000	P
Philadelphia Child Guidance Clinic*	A. S. Gianascol			7,800						6	5000-12000	O
Philadelphia General*	C. Weinberg			2,722						2	8412-8412	F
St. Christopher's Hospital for Children*	C. S. Settlage			7,789	3	3	1	0	0	7	5000-7000	P
Pittsburgh												
Health Center Hospitals of the University of Pittsburgh*												
Western Psychiatric Institute and Clinic	M. Sonis	10	7	132	4	4	0	0	0	8	5000-6000	O
Wilkes-Barre												
Children's Service Center of Wyoming Valley*	J. F. Robinson	40	519	4,620	0	0	2	2	2	4	5000-8000	O
RHODE ISLAND												
Providence												
Providence Child Guidance Clinic*	H. Jaso			4,561	0	0	0	1	1	2	7000-8000	P
Riverside												
Emma Pendleton Bradley	M. W. Laufer	57	21	2,799	0	0	0	2	2	4	10000-11000	P
TENNESSEE												
Memphis												
Memphis and Shelby County Mental Health Center*	G. W. Marten			4,700							10000-13000	O
TEXAS												
Dallas												
Dallas Child Guidance Center	L. Claman	10	380	5,225	0	0	1	1	0	2	6000-8000	O
University of Texas Southwestern Medical School*	R. L. Stubblefield			1,844	0	0	2	2	0	4	5200-7000	O
Galveston												
University of Texas Medical Branch Hospitals*	H. L. Burks	20	72	3,437	0	0	2	2	2	6	6000-10000	O
Houston												
Houston State Psychiatric Institute*	I. A. Kraft	0		1,984	0	0	0	4	4	8	7000-12000	O
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals* ⁶¹⁷	C. H. H. Branch			3,720	1	1	0	0	0	2	5000-12000	P
VIRGINIA												
Richmond												
Virginia Treatment Center for Children												
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals* University	I. N. Berlin	12	36‡	7,543	0	0	4	4	0	8	5640-6840	P
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals	H. Borenz				0	0	3	3	0	6	6000-10000	P
Children's Treatment Center		28	39	240								
University Hospitals				1,458								
Wisconsin Diagnostic Center		42	215	2,250								
Milwaukee												
Milwaukee Children's Hospital	H. D. Sackin				2	2	0	0	0	4	4920-6000	

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.

APPROVED RESIDENCIES

25. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Programs, 260; Residencies, 2,069

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Orthovoltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE													
TEXAS													
U. S. Air Force, San Antonio ⁶¹¹	C. C. Watts, Jr.	114,915	7,538	934	0	3	3	3	0	0	9		
UNITED STATES ARMY													
U. S. Army Co-ordinated Program	H. C. Harrell												
Letterman General, San Francisco, Calif.	P. E. Sieber	58,858	124	4,489	0	3	3	3	0	0	9		
Fitzsimons General, Denver, Colo. ¹⁴⁵	P. E. Siebert	69,044	43	6,276	0	2	2	2	0	0	6		
Walter Reed General, Washington, D. C.	A. J. Bauer	86,332	120	3,037	13,853	4	4	4	0	0	12		
Tripler General, Honolulu, Hawaii	R. E. Graf	73,851	58	2,008	0						4		
Brooke General, San Antonio, Tex.	L. H. Seitzman	79,186	38	5,219	0	5	5	5	0	0	15		
UNITED STATES NAVY													
U. S. Navy Co-ordinated Program	L. T. Brown												
U. S. Naval, Oakland, Calif.	M. W. Olson	50,598	23	1,733	1,300	1	1	0	0	0	2		
U. S. Naval, San Diego, Calif.	G. E. F. Stocker	158,414	92	161	14,603	2	2	3	0	0	7		
U. S. Naval, Bethesda, Md.	L. Brown	47,802	41	322	5,025	2	2	2	0	0	6		
U. S. Naval, Chelsea, Mass.	J. S. Featherston	38,662	21	263	0	1	1	0	0	0	2		
U. S. Naval, St. Albans, N. Y.	W. F. Hansen	56,339	31	254	2,069	1	1	2	0	0	4		
U. S. Naval, Philadelphia, Pa. ¹⁶³	W. M. Strunk	72,615	11	1,663	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	26,444	31	3,457	70	1	1	1	0	0	3	8232-...	O
National Institutes of Health—Clinical Center, Bethesda ¹⁷³	B. Hathaway	41,248	6	32	1,839								
NEW YORK													
U. S. Public Health Service (Staten Island), New York City ³⁹⁰	C. J. Buhrow	45,560	1,911	347		2	2	2	0	0	6		
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE													
DISTRICT OF COLUMBIA													
Freedmen's, Washington	T. W. Davis	55,330	11	62	0						6	5300-6800	P
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
Birmingham Baptist Hospitals	P. A. Morgan, Jr.	26,792	44	4,214	0	3	0	0	0	0	3	3600-4800	P
University of Alabama Medical Center	R. E. Roth	114,562	98	893	7,953	4	4	4	2	0	14		F
University Hospital and Hillman Clinic												2400-6664	F
Veterans Admin.												4325-7715	O
ARKANSAS													
Little Rock													
University	H. J. Barnhard	44,924	65	494	6,596	4	4	4	0	0	12	3400-4000	O
CALIFORNIA													
Long Beach													
Memorial Hospital of Long Beach—See Harbor General-Memorial Hospitals, Torrance													
St. Mary's Long Beach—See University of California, Los Angeles													
Veterans Admin. ¹⁰⁸	B. H. Feder	81,285	61	9,433	1,907	4	4	4	0	0	12	4325-12075	O
Los Angeles													
Cedars-Sinai Medical Center													
Cedars of Lebanon Hospital Division	D. E. Zion												
	H. L. Jaffe	31,929	32	592	11,650	2	3	3	0	0	8	4500-7500	P
Los Angeles County General, Unit I	G. Jacobson	232,737	390	13,382	2,145	9	9	9	6	0	33	5028-6900	P
Queen of Angels ¹¹⁴	S. Wilk	20,043	29	2,468	0	1	1	1	0	0	3	4200-4800	O
University of California	A. H. Dowdy	56,224	72	3,426	13,912	4	4	4	3	0	15	3580-8300	F
St. Mary's Long Beach (Long Beach)	H. T. Vanley	27,598	35	1,333	5,263							4100-7200	F
Veterans Admin. Center—Wadsworth ¹⁰⁹	J. G. Davis	102,296	64	10,314	0	4	4	4	0	0	12	4325-6035	P
White Memorial Medical Center	E. S. Tobiassen	27,614	7,319	828		2	2	2	1	0	7	4260-6060	P
Oakland													
Highland Alameda County	D. Mack	40,680	48			2	1	1	0	0	4	4092-4980	P
Orange													
Orange County General	E. N. Sargent	30,396	58	1,313	1,300						3	4500-5868	P
Palo Alto													
Stanford Medical Center and Affiliated Hospitals						8	6	6	2	0	22		
Palo Alto-Stanford Hospital Center ¹⁴¹	H. S. Kaplan	40,610	43	1,367	22,145							3900-10000	O
Veterans Admin.	H. H. Jones	24,927	0	0	0								
Sacramento													
Sutter Community Hospitals	R. C. Ripple	29,553	87	4,983	7,651	1	1	1	0	0	3	4200-5580	O
San Francisco													
Children's Hospital—Mount Zion Hospital and Medical Center—St. Mary's													
Children's Hospital and Adult Medical Center	H. J. Burbhene	14,357	6,891	492							2	3900-5400	FP
Mount Zion Hospital and Medical Center	S. B. Reich	22,782	10	2,506	0	2	2	2	2	0	8	3900-6300	F
St. Mary's	J. C. Bennett	23,048	8	1,646	0	1	1	1	0	0	3	3600-4800	F
University of California San Francisco Medical Center Affiliated Hospitals													
San Francisco General	W. Coulson	60,060	20	1,450	1,489	2	4	1	0	0	7	3540-6300	O
University of California Hospitals	A. R. Margulis	73,151	128	1,081	15,437	1	2	11	1	0	15	3580-6300	O
Veterans Admin.	S. E. Ross	29,612		57	0	2	1	1	1	0	5		

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA—Continued														
San Jose														
Santa Clara County	J. J. McCort	29,213	26	3,605	0	2	2	2	0	0	6	4536-8072	F	
Torrance														
Harbor General-Memorial Hospitals	J. H. Woodruff					5	5	5	0	0	15			
Memorial Hospital of Long Beach (Long Beach)	J. R. Anderson	28,952	31	1,686	3,580							5400-6600	F	
Los Angeles County Harbor General	J. H. Woodruff	36,842	61	133	4,340							5028-6228	F	
COLORADO														
Colorado Springs														
Penrose	J. W. McMullen, J. A. del Regato	42,909	3	1,510	10,600	4	3	3	3	0	13	4800-7200	P	
Denver														
Denver General	E. Salzman	37,584	17	742	0	2	2	2	0	0	6	3516-4200	P	
General Rose Memorial	M. Levine	38,374	8	2,186	0	1	1	1	0	0	3	5280-5700	O	
Presbyterian	K. D. A. Allen	21,024	103	1,801	14,863	2	1	1	0	0	4	4200-4800	P	
St. Joseph	G. Maresch	23,438	23	1,514	0	1	1	1	0	0	3	4320-5220	P	
St. Luke's	W. P. Stampfli	22,581	24	187	3,753	2	2	2	1	0	7†	4200-4800	P	
University of Colorado Medical Center	M. L. Daves	36,849	20	909	3,718	3	3	3	3	0	12	3500-4500	P	
Veterans Admin. ¹⁴⁶	A. L. Daywitt	41,334	1	2,366	2,424	2	2	2	1	0	7	4325-7715		
CONNECTICUT														
Bridgeport														
Bridgeport ¹⁵⁶	J. J. Esposito	32,615	41	846	2,230	1	1	1	0	0	3	3900-5400	FP	
St. Vincent's	R. D. Russo	28,095	32	1,666		1	1	1	0	0	3	5100-6300	P	
Hartford														
Hartford	W. Hall	62,682	94	5,255	13,843	2	2	2	0	0	6	4200-5400	P	
New Haven														
Hospital of St. Raphael	R. Shapiro	31,360	19	3,315	6,525	2	2	2	0	0	6	3900-4800	F	
Yale-New Haven Medical Center						4	5	4	0	0	13			
Yale-New Haven	M. Kligerman	65,030	108	1,185	11,825							3300-4200	P	
Veterans Admin. (West Haven)	M. F. Keohane	24,236	8	1,110	0							4375-7715		
Waterbury														
St. Mary's	K. Kaess	25,222	10	3,925	0	1	1	1	1	0	4†	3900-4800	FP	
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Delaware	J. W. Alden	30,270	30	1,861	0	1	1	1	0	0	3	5400-7200	P	
DISTRICT OF COLUMBIA														
Washington														
Doctors	C. E. Bickham	26,889	45	458	3,381	1	0	0	1	0	2	6000-6000	O	
Georgetown University ⁶¹⁻¹⁶⁰	W. E. Baensch	37,728	26	3,607		4	3	3	0	0	10	3120-4030	P	
Veterans Admin.														
George Washington University ¹⁷⁴	W. W. Stanbro	33,690	20	5,839	0	2	2	2	0	0	6	3900-4500	P	
Washington Hospital Center	G. J. Augustin	62,025	51	2,738	8,494	2	2	2	0	0	6	4080-4400	P	
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	G. A. B. Cowan	30,660	35	365	4,322	3	3	3	2	0	11	4000-6600	O	
Jacksonville														
Duval Medical Center	W. P. Scott	40,843	52	88	5,474	1	1	1	0	0	3	5400-6000	P	
Miami														
Jackson Memorial ¹⁷⁹	R. Parks	135,975	102	3,905	11,724	6	6	6	1	0	19	3000-4080	P	
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals						3	3	3	1	0	10			
Emory University	T. F. Leigh	33,572	8,556	1,582	8,504							3000-3900	P	
Veterans Admin.	S. Krantz	17,709	0	2,647	0							4325-7715	P	
Grady Memorial	H. S. Weens	18,389	67	2,025	4,330	4	4	4	0	0	12	2700-3900	P	
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	M. Brown	35,777	25	198	3,270	3	3	3	0	0	9	3900-5100	O	
HAWAII														
Honolulu														
Queen's	G. Liese	18,580	18	402	4,208	1	1	1	0	0	3	6600-7800		
ILLINOIS														
Chicago														
Columbus	F. Lake, D. Loebman	25,992	77	5,530	7,797	2	2	2	0	0	6	4500-5100	F	
Cook County	I. F. Hummon	174,163	44	2,273	15,664	10	8	8	0	0	26	3420-3960	FP	
Illinois Masonic	W. Meszaros	37,124	5,202	421	2,153	1	1	2	0	0	4	6000-7200	FP	
Mercy	G. Cahill	31,077	97	776	4,980	1	1	1	0	0	3	3600-4500	F	
Michael Reese Hospital and Medical Center	B. Levin	75,975	2,004	15,040	2,087	3	3	3	2	0	11†	3900-5700	P	
Northwestern University Medical Center														
Chicago Wesley Memorial	A. Cannon	62,802	20	4,090	6,533	3	2	2	0	0	7	3300-3900	P	
Children's Memorial	H. White	23,906	0	199								3300-4200	P	
Passavant Memorial	R. B. Lewis	26,148										3300-3900	P	
Veterans Admin. Research	E. G. Warnick, W. T. Moss	34,767	0	297	2,827	3	0	0	0	0	3	4325-7715	O	
Evanston (Evanston)	H. C. Burkhead	46,584	15	1,313	10,939	2	1	1	0	0	4	3300-3900	O	
Presbyterian-St. Luke's	F. H. Squire	92,732	44	405	9,563	3	3	3	2	0	11	4000-5000	P	
University of Chicago Hospitals and Clinics	R. D. Moseley	77,775	88	1,666	6,799	4	4	4	0	0	12	3900-4860	O	
University of Illinois Research and Educational Hospitals	R. A. Harvey	67,286	123	7,059	5,793	3	3	2	0	0	8	3000-3900	O	
Evanston														
Evanston—See Northwestern University Medical Center, Chicago														
Evergreen Park														
Little Company of Mary	J. H. Uhrich	64,210	38	822	5,455	1	1	1	0	0	3	6000-7800	P	

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

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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 1966-1967						Total All Years	Salary per Year Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS—Continued														
Hines														
Veterans Admin. ¹⁹⁰	I. E. Kirsh	77,350	42	6,672	0	4	4	4	0	0	12	4325-6035	O	
Oak Park														
West Suburban	J. H. Gilmore	35,024	43	5,078	...	1	1	1	0	0	3	4800-5400	P	
Peoria														
St. Francis	P. R. Dirkse	37,364	13	3,268	...	1	1	1	0	0	3	5100-5700	F	
INDIANA														
Indianapolis														
Indiana University Medical Center						6	6	5	0	0	17			
Indiana University Hospitals	J. A. Campbell	41,729	5,022	125	3,224	...	...	...	...	...	...	3575-4700	P
Marion County General	W. A. Tosick	70,131	3,938	128	3,938	...	...	...	...	...	...	3863-4489	P
Veterans Admin.	J. A. Campbell	31,966	570	2	849	...	...	...	...	...	...	4325-6035	O
Methodist Hospital of Indiana	J. W. Beeler	68,220	63	1,081	7,264	1	1	1	0	0	3	5400-6000	P	
St. Vincent's	J. L. Morton	30,567	437	1,755	1,405	1	1	1	0	0	3	5700-6600	P	
IOWA														
Des Moines														
Iowa Methodist ²¹³	A. B. Phillips	26,113	23	2,849	2,536	1	1	1	0	0	3	4500-5100	F	
Veterans Admin. ²¹⁵	P. J. Trier	27,504	10	107	1,926	1	1	1	0	0	3	4325-7715	P	
Iowa City														
University Hospitals	E. F. Van Epps	71,873	9,357	6,238	...	5	5	5	0	0	15	3500-4600	P	
Veterans Admin. ⁴⁷	K. D. Dolan	37,293	1	1,499	0	1	1	1	1	0	4	4325-7715	O	
KANSAS														
Kansas City														
University of Kansas Medical Center	D. Germann	60,786	9,643	2,986	...	2	2	2	0	0	6	4800-5400	P	
Veterans Admin. (Kansas City, Mo.)	M. F. Westfall	42,349	5	1,511	0	...	...	...	...	...	...	4325-6035	...
Wichita														
St. Francis	J. R. Kline	47,284	25	873	4,426	1	1	1	0	0	3	5400-6000	F	
KENTUCKY														
Lexington														
University	H. D. Rosenbaum	22,256	40	462	4,134	...	...	...	...	...	6	3960-5160	P
Louisville														
St. Joseph Infirmary	E. Maxwell, W. G. Farnsley	36,631	141	1,120	7,174	1	1	1	0	0	3	4740-5040	P	
University of Louisville Affiliated Hospitals	J. T. Ling	...	...	...	...	...	...	...	...	...	...	...	...
Louisville General	J. T. Ling	104,037	65	1,015	5,514	4	4	4	0	0	12	2500-6665	FP	
Veterans Admin.	R. H. Akers	22,846	0	337	0	1	1	1	0	0	3	4325-6665	O	
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	M. Garcia, C. M. Niece	212,831	261	23,299	11,435	...	...	...	...	...	16	3600-4200	F
U. S. Public Health Service	C. Kooiker	24,400	2	0	0	1	1	1	0	0	3	8532-10132	O	
Ochsner Foundation ²³¹	B. C. Buchtel	80,076	43	3,790	...	1	1	1	0	0	3	3300-3900	P	
Touro Infirmary ²³¹	A. Payzant	43,759	17	2,264	0	1	1	1	0	0	3	4500-5100	F	
Shreveport														
Confederate Memorial Medical Center	W. T. Snow	43,954	75	529	...	2	2	2	0	0	6	2400-3000	F	
MAINE														
Portland														
Maine Medical Center	J. Gibbons	41,598	57	1,660	5,616	1	1	1	0	0	3	3060-4440	FP	
MARYLAND														
Baltimore														
Johns Hopkins	R. H. Morgan	100,857	99	1,143	9,519	5	5	4	2	0	16	3200-...	P	
Sinai Hospital of Baltimore	J. O. Salik	46,093	31	1,367	6,191	2	2	2	0	0	6	5000-6000	P	
University of Maryland	J. M. Dennis	78,826	293	...	18,905	3	3	3	0	0	9	3400-4400	P	
Hagerstown														
Washington County	S. A. Macht	...	...	...	...	1	1	1	0	0	3	...	...
MASSACHUSETTS														
Boston														
Beth Israel ²⁷⁰	M. Simon	26,406	3	1,364	0	3	2	1	0	0	6	3600-6000	P	
Boston University Medical Center	J. Shapiro	152,491	30	2,938	0	6	6	6	0	0	18	4800-5400	O	
Boston City	J. Shapiro	...	...	...	...	...	...	...	...	...	...	...	...
University	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahey Clinic ²⁴⁹	F. Salzman, R. E. Wise	93,556	10	1,235	8,903	2	2	2	0	0	6	3600-4800	O	
Massachusetts General	L. L. Robbins	127,962	150	4,007	18,821	5	5	5	0	0	15	3600-6000	O	
Mount Auburn-Shattuck Associated Hospitals	R. Schatzki	...	...	...	...	1	1	1	0	0	3	...	...
Lemuel Shattuck	H. S. Sear	12,276	18	844	6,551	...	...	...	...	...	...	4415-4415	O
Mount Auburn (Cambridge)	R. Schatzki	29,216	6	1,526	0	...	...	...	...	...	...	3600-4800	P
New England Center	A. Ettinger	35,251	10	56	2,083	2	2	2	0	0	6	3600-6000	O	
New England Deaconess	J. Marks	26,342	29	1,386	5,090	1	1	1	0	0	3	3600-4800	O	
Peter Bent Brigham ²⁸¹	J. B. Dealy	41,230	11	397	4,032	4	4	4	1	0	13	3066-5066	P	
Children's Hospital Medical Center	E. B. D. Neuhauser	36,548	2	...	400	0	0	3	2	0	5	1800-5250	F	
Veterans Admin. (Jamaica Plain)	E. Wising	40,668	1	4,025	...	...	...	...	...	...	6	4205-7405	O
Cambridge														
Mount Auburn—See Mount Auburn-Shattuck Associated Hospitals, Boston														
MICHIGAN														
Ann Arbor														
University ²⁸³	F. J. Hodges	69,157	12,231	201	...	6	6	6	0	0	18	3240-3840	O	
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued													
Detroit													
Grace	L. S. Figiel	49,831	113	6,977	7,356	2	2	2	0	0	6	4260-4860	FP
Harper	J. C. Cook	42,915	83	5,540	7,513	3	3	3	0	0	9	3900-5400	FP
Henry Ford	W. R. Eyer	139,418	238	4,478	8,674	6	6	7	0	0	19	4800-5400	P
Sinai Hospital of Detroit	H. H. Feigelson	33,453	18	2,595	0	1	1	1	0	0	3	4200-4800	FP
Wayne State University Affiliated Hospitals ²⁸⁸	M. Tatelman												
Veterans Admin. (Dearborn)	R. S. Pakusch	58,089	306	10	0						5	4325-6035	O
Detroit Memorial	J. E. Lofstrom	19,913	82	206	8,791							5700-6800	O
Herman Kiefer	E. Harkaway	161,948	0	0	0	1	0	0	0	0	1	7785-8719	O
Receiving	M. Tatelman	111,878	64	4,224	0	4	4	4	0	0	12	4405-5328	P
Flint													
Hurley	D. Limbach	41,565	32	2,986	0	2	2	2	0	0	6	4500-6000	F
McLaren General ²⁹³	J. L. Anderson	18,783	17	1,515	0	1	1	1	0	0	3	5700-6300	P
Grand Rapids													
Blodgett Memorial	J. A. Gunn	31,117	28	1,235	5,632	1	1	1	0	0	3	4800-5100	P
Butterworth	E. Wahby	30,064	20	930	6,317	1	1	1	0	0	3	5400-5700	P
Pontiac													
St. Joseph Mercy ²⁸⁹	E. J. Keefe	36,513	36	2,783	0	1	1	1	0	0	3	5700-6420	P
MINNESOTA													
Minneapolis													
University of Minnesota Affiliated Hospitals ²⁹⁸						10	10	10	9	0	39		
University of Minnesota Hospitals	H. O. Peterson	80,508	160	2,915	12,705							3150-7500	O
Veterans Admin.	J. Jorgens	79,781	16	3,710	2,596							4325-7715	O
Rochester													
Mayo Graduate School of Medicine	C. A. Good, D. S. Childs, Jr.	310,341	421	4,552	27,841	10	10	10	0	0	30	3600-4200	P
Rochester Methodist													
St. Mary's													
St. Paul													
Charles T. Miller	J. B. Coleman	22,426	62	4,841	0	1	1	1	0	0	3	4200-5400	FP
MISSISSIPPI													
Jackson													
University of Mississippi Medical Center						4	4	4	0	0	12		
University	R. D. Sloan	45,713	75	139	6,241							3600-4200	O
Veterans Admin.	J. Schor	38,629	1,458	0	0							4325-6035	O
MISSOURI													
Columbia													
University of Missouri Medical Center ³⁰⁶	G. S. Lodwick	34,484	102	541	4,341	3	3	3	1	0	10	4800-5800	P
Kansas City General Hospital and Medical Center (Kansas City, Mo.)													
Kansas City													
Kansas City General Hospital and Medical Center—See University of Missouri Medical Center, Columbia													
Menorah Medical Center ²¹⁶	S. Rubin	26,714	9	795	0	1	1	1	0	0	3	5700-6900	P
Research and Affiliated Hospitals						1	1	1	0	0	3		
Children's Mercy	C. E. Shopfner	8,613	0	0	0								
Research Hospital and Medical Center	A. B. Smith	33,109	15	184	6,835							3600-6300	P
St. Luke's	L. A. Scarpellino	44,377	38	39	2,532	1	1	1	0	0	3	5100-6300	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.													
St. Louis													
Barnes (Mallinckrodt Institute of Radiology)	J. M. Taveras	77,730	200	1,769	13,556	5	5	5	5	0	20+	4200-7800	P
Jewish Hospital of St. Louis ³¹¹	H. R. Senturia	34,951	49	1,291	4,333	2	1	1	0	0	4	3700-4900	P
St. Louis City ³²¹	D. C. Weir	57,807	21	1,778	0	3	3	3	2	0	11	4583-5848	P
St. Louis University Group of Hospitals	D. Wein	66,573	5,357	1,076	5,259	2	2	2	0	0	6	2400-3240	FP
Veterans Admin.	S. Kamberg	25,746	16	1,793	0	2	2	0	0	6	2	4325-6035	O
NEBRASKA													
Omaha													
Creighton Memorial St. Joseph's	A. Dowell	27,839	33	370	4,318	1	1	1	0	0	3	3900-4500	P
University of Nebraska Affiliated Hospitals						2	2	2	0	0	6		
Nebraska Methodist	H. B. Hunt	20,487	103	2,724	7,228							3600-6000	O
University of Nebraska	P. St. Aubin	18,908	27	2,987	2,278							3900-4500	P
Veterans Admin.	H. B. Saichek	22,432	8	1	2,073							4325-5125	O
NEW HAMPSHIRE													
Hanover													
Mary Hitchcock Memorial	W. C. MacCarty	36,517	47	933	5,018	1	1	1	0	0	3	3400-4200	O
NEW JERSEY													
Camden													
Our Lady of Lourdes ⁴⁶⁰	C. K. McGeorge	24,811	14	1,470		1	1	1	0	0	3	4800-6600	P
Newark													
Newark Beth Israel	C. Berman	23,412	27	2,130	2,910	1	1	1	0	0	3	3000-3600	F
NEW MEXICO													
Albuquerque													
Bataan Memorial Methodist	J. W. Grossman	37,694	33	1,752	4,543	2	2	2	2	0	8	4200-5400	P
NEW YORK													
Albany													
Albany Medical Center	J. F. Roach	67,934	32	4,250	17,000	2	1	1	0	0	4	3200-5000	P
Veterans Admin.	C. A. Johnson	37,096	0	2,047	493	1	1	1	0	0	3	4325-6035	O
Buffalo													
Buffalo General	G. J. Culver, W. T. Murphy	42,636	40	7,845	0	5	1	1	0	0	7	4100-4700	O
Deaconess Hospital of Buffalo ³⁴⁶	R. E. Seibel	43,575	12	1,884	7,631	1	1	1	0	0	3	3900-4200	F
Edward J. Meyer Memorial ³⁴⁶	E. G. Eschner	45,929	10	3,094	0	2	2	2	1	0	7	4895-6410	P
Millard Fillmore ³⁴⁶	D. E. H. Schnap	33,348	12	1,213		1	1	1	0	0	3	4440-4680	P
Roswell Park Memorial Institute	J. Webster, F. R. Sheehan	52,737	224	8,234	12,436	5	2	2	2	0	11	4650-5754	O

APPROVED RESIDENCIES

25. RADIOLOGY — Continued

	Chief of Service or Program Director	No. of X-ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued													
East Meadow													
Meadowbrook	H. R. Zatzkin	158,450	40	3,033	367	2	2	2	0	0	6	4730-7370	F
Johnson City													
Charles S. Wilson Memorial ⁴⁰⁷	B. Jay	24,508	7	1,656	0	1	1	1	0	0	3	4500-5100	P
Mineola													
Nassau	N. Robin	19,630	18	3	7,842	1	1	1	0	0	3	4800-5400	P
New Hyde Park													
Long Island Jewish ³⁸⁴	B. S. Epstein	32,777	20	1,514	0	1	1	1	0	0	3	4500-6250	O
New York City													
Bellevue Hospital Center, Div. III-New York University School of Medicine	M. H. Poppel, S. Rubenfeld	224,204	58	1,552	4,188	3	3	3	2	3	14	4200-5200	P
Bronx-Lebanon Hospital Center	R. M. Friedenber	90,812	78	4,696	6,077	5	5	5	2	0	17†	4200-5220	FP
Bronx Municipal Hospital Center	M. Elkin	61,186	6	135	0	3	3	3	0	0	9	4200-5000	F
City Hospital Center at Elmhurst ⁴	E. Greenberg	35,998	13	1,797	0	2	2	2	0	0	6	4500-5500	O
Jewish Hospital of Brooklyn ³⁷⁴	S. Schwartz	218,913	299	497	8,113	8	6	6	1	0	21	4200-5220	P
Kings County Hospital Center ³⁹⁹	H. Z. Mellins	44,423	29	1,478	3,920	1	1	1	0	0	3	4300-5100	P
Lenox Hill	E. E. Brant	40,902	27	1,281	4,590	2	1	1	0	0	4	4500-6250	P
Long Island College	R. L. Pink	39,116	12	1,951	0	1	1	1	0	0	3	4500-6250	P
Maimonides Hospital of Brooklyn	E. J. Levin	58,000	20	14,399	32,335	5	5	5	2	2	19	4620-8900	P
Memorial Hospital for Cancer and Allied Diseases—James Ewing	R. S. Sherman, J. J. Nickson	39,192	31	859	2,007	1	1	1	0	0	3	4600-5600	P
Methodist Hospital of Brooklyn	N. Bartone	74,812	98	1,270	11,339	7	7	7	0	0	21	4500-6250	P
Montefiore Hospital Training Program	H. G. Jacobson	52,100	15	1,056	0	0	0	0	0	0	0	0	0
Montefiore Hospital and Medical Center—Morrisania City		70,984	80	81	11,429	1	7	4	0	0	12	4500-6000	P
Mount Sinai	B. S. Wolf	97,731	70	5,769	4,060	6	6	6	0	0	18	4000-7000	P
New York ³⁷⁸	J. A. Evans	41,287	26	1,534	0	2	2	2	0	0	6	4200-5200	F
New York Medical College—Metropolitan Hospital Center													
Unit 1—Flower and Fifth Avenue Hospitals	F. Borrelli												
Unit 2—Metropolitan													
New York University Medical Center													
University	M. H. Poppel	42,004	6,713	929	1,668	3	3	3	3	0	12	6320-7340	O
Presbyterian	W. B. Seaman	140,964	45	4,983	11,256	5	5	5	0	0	15	4500-5600	O
Queens Hospital Center	B. S. Epstein	60,292	134	1,370	5,314	2	4	3	0	0	9	4200-5220	F
Roosevelt	A. A. Dunn	56,431	41	331	5,730	2	2	2	0	0	6	3900-5000	O
St. Luke's	N. Finby	51,202	65	1,650	6,282	2	2	2	0	0	6	4020-4620	O
St. Vincent's Hospital and Medical Center of New York³⁸⁶													
Veterans Admin. (Bronx)	F. F. Ruzicka, Jr.	61,642	54	4,569	2,094	3	3	3	2	0	11†	5440-6640	P
Veterans Admin. (Manhattan) ³⁹⁶	M. Unger, B. Roswit	73,632	17	846	13,842	3	6	5	0	0	14	4325-12495	O
	L. R. Lawrence	57,776	116	6,193	0	6	2	1	0	0	9†	4325-6035	O
Rochester													
Rochester General	T. Van Zandt	31,163	22	3,308	0	1	1	1	0	0	3	3620-4620	FP
Strong Memorial Hospital of the University of Rochester	L. H. Hempelmann	48,444	174	256	4,210	4	4	4	2	0	14	3300-5050	O
Syracuse													
State University of New York Upstate Medical Center	C. Hale	86,813	89	320	7,964	4	4	4	0	0	12	4036-4940	O
Veterans Admin.	D. L. Doherty, Jr.	25,416	809	114	0	0	0	0	0	0	0	4325-6035	O
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	E. H. Wood	52,769	184	1,227	2,667	3	3	3	0	0	9	3000-5000	O
Durham													
Duke University Affiliated Hospitals													
Duke	R. J. Reeves	85,766	100	1,646	12,056	4	6	4	2	0	16	3000-4800	P
Veterans Admin.	S. K. Kim	34,203	0	3,257	0	0	0	0	0	0	0	4325-7715	O
Winston-Salem													
North Carolina Baptist Hospitals	I. Meschan	56,196	30	2,305	5,446	3	3	3	0	0	9	3000-4000	P
NORTH DAKOTA													
Bismarck													
Bismarck Affiliated Hospitals	H. M. Berg	41,186	36	2,409	882	1	1	1	0	0	3	6000-6000	O
Bismarck													
St. Alexius													
OHIO													
Akron													
Akron City	F. T. Moore	60,325	17	7,531	0	0	0	0	0	0	4	4200-6000	FP
Akron General	C. J. Miller, Jr.	44,031	15	3,633	0	1	1	1	0	0	3	4200-4800	FP
Cincinnati													
Jewish	L. S. Rosenberg	35,371	46	168	3,811	6	6	6	3	0	3	4500-5100	FP
University of Cincinnati Hospital Group ⁴¹⁹	F. N. Silverman, E. L. Saenger	21,958	46	962	0	0	0	0	0	0	0	0	0
Children's	B. Felson	75,504	50	1,459	9,674	0	0	0	0	0	0	1200-1620	F
Cincinnati General													
Cincinnati General													
Cleveland													
Cleveland Clinic	C. R. Hughes	106,134	18	436	7,940	2	2	2	0	0	6	3900-4500	P
Cleveland Metropolitan General ⁴²⁵	H. Hauser	87,823	124	4,496	6,847	4	4	4	0	0	12†	3700-5600	FP
Huron Road	W. Heinrich	49,708	24	2,597	0	1	1	1	0	0	3	3900-4800	F
Mount Sinai Hospital of Cleveland ⁴²⁴	G. Krause, M. Lubert	46,210	21	191	4,038	2	1	1	1	0	5	3996-5196	P
St. Luke's	D. D. Brannan	42,907	38	1,312	3,757	1	1	1	0	0	3	4800-5820	P
University Hospitals of Cleveland	H. L. Friedell	86,807	51	730	8,664	6	6	5	0	0	17†	3600-5400	P
Veterans Admin.		30,863	66	3,478	486	0	0	0	0	0	0	4325-6665	P
Columbus													
Ohio State University Hospitals	S. Nelson	67,696	58	852	22,897	5	5	5	0	0	15	3300-3900	P
University													
Dayton													
Miami Valley	D. E. Meiningier	62,096	84	5,207	0	1	1	1	0	0	3	6300-7500	P
Veterans Admin. ⁴²⁷	H. F. Plaut	34,911	0	2,292	0	2	2	2	0	0	6	4325-7715	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 1966-1967					Total All Years	Salary Per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued													
Elyria													
Elyria Memorial—See St. Joseph-Elyria Memorial Hospitals, Lorain													
Lorain													
St. Joseph-Elyria Memorial Hospitals	D. A. Russell					1	1	1	0	0	3	4800-5400	F
St. Joseph		30,240	2,773	200	0							4800-5400	F
Elyria Memorial (Elyria)		31,178	39	1,530	3,439							4800-5700	F
Youngstown													
St. Elizabeth	R. Scheetz	55,701	26	3,649	0	1	1	1	0	0	3	4800-5400	PO
Youngstown	F. A. Miller, B. S. Brown	94,096	67	8,332	2,621	2	2	2	0	0	6	3900-4500	F
OKLAHOMA													
Oklahoma City													
St. Anthony	C. G. Coin	26,513	5,905			1	1	1	1	0	4	5400-6300	O
University of Oklahoma Medical Center						4	4	4	4	0	16†	3360-12000	P
University Hospitals	S. P. Traub	38,916	86	1,834	7,941								
Veterans Admin.	S. P. Traub	34,875	0	1,582	1								
Presbyterian	E. H. Kalmon												
OREGON													
Portland													
University of Oregon Medical School Hospitals and Clinic	C. Dotter	57,862	36	1,964	7,294	3	3	2	1	0	9	2700-3300	F
PENNSYLVANIA													
Abington													
Abington Memorial ⁴⁷²	C. H. Sillars	50,785	45	3,946	0	1	1	1	0	0	3	3300-3900	F
Allentown													
Sacred Heart	M. Stamatako, C. Mengel	17,934	156	785	3,351	1	1	1	0	0	3	3600-4200	FP
Bryn Mawr													
Bryn Mawr	R. M. Harvey	31,245	50	5,176	0	1	1	1	0	0	3	3900-4500	F
Danville													
Geisinger Medical Center	J. L. Williams	41,284	57	1,350	3,805	2	2	2	1	0	7	3300-5100	P
Darby													
Thomas M. Fitzgerald Mercy	J. F. Mahoney	34,999	59	2,907	0	1	1	1	0	0	3	3120-4800	F
Philadelphia													
Albert Einstein Medical Center	H. Isard	84,457	47	6,622	10,340	4	4	4	0	0	12	2700-3300	FP
Episcopal ⁴⁷²	H. Fisher	27,892	46	2,892	0	1	1	1	0	0	3	4200-4680	O
Germantown Dispensary and Hospital	B. R. Young	33,818	20	4,427	0	1	1	1	0	0	3	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	A. Finkelstein	21,132	9	2,408	0	2	2	2	2	0	8	3210-4500	P
Hahnemann Medical College and Hospital	J. S. Lehman	44,339	172	8,764	9,203	3	3	3	3	0	12	3000-3900	P
Hospital of the University of Pennsylvania ⁴⁵⁰	R. Chamberlain	70,719	191	2,077	8,334	6	6	6	6	2	26	3000-4800	P
Jefferson Medical College ¹⁶²	P. J. Hodes	53,250	62	955	8,551	5	5	5	5	0	20	3000-4200	O
Misericordia	J. C. Rominger	22,800	50	3,300	0	1	1	1	0	0	3	3600-5400	F
Pennsylvania ⁴⁵⁰	W. J. Tuddenham	28,326	21	1,780	0	1	1	1	0	0	3	3600-4800	O
Philadelphia General	G. Wohl	57,620	36	449	4,554	5	5	5	1	0	16	3090-4539	F
Temple University	H. M. Stauffer, R. Robbins	71,048	63	229	16,143						17	3600-8400	P
Veterans Admin. ⁴⁵⁹	A. T. Shockman	52,319	9	2,303	0	3	3	3	1	0	10	4325-6665	O
Pittsburgh													
Allegheny General	T. B. Childs	44,361	79	1,285	7,757	2	2	2	0	0	6	3900-4800	F
Health Center Hospitals of the University of Pittsburgh	E. Lasser		0			3	3	4	0	0	10		
Children's Hospital of Pittsburgh		32,196	0	637	0							3900-4500	O
Magee-Womens		16,670	85	767	12,108							5160-6360	F
Presbyterian-University		38,214	2,689	2,139									
Veterans Admin.	S. Poller	37,196	9	5,358	0							4325-7715	O
Mercy	C. R. Perryman	62,905	1,573	97	0	2	2	2	0	0	6	5400-6000	P
Montefiore ¹⁶⁰	H. W. Frieman	34,216	22	1,148	7,894	1	1	1	0	0	3	4200-5100	O
St. Francis General	G. H. Alexander	46,558	81	2,430	0	2	2	2	0	0	6	2700-6900	FP
Western Pennsylvania	W. S. Mellon	44,977	34	4,613		1	1	1	0	0	3	3900-4800	FP
Reading													
Reading	G. W. Chamberlin	28,169	4	1,729	2,376	1	1	1	0	0	3	3300-4500	FP
Sayre													
Robert Packer	J. T. Littleton	25,702	14	4,576	0	1	1	1	1	0	4†	3000-6000	FP
PUERTO RICO													
Rio Piedras													
University of Puerto Rico Affiliated Hospitals													
I. Gonzalez Martinez Oncologic	V. A. Marcial	0	222	2,809	14,586	3	2	2	1	0	8	4800-6000	P
University District	R. Diaz Bonet	120				2	2	2	0	0	6	3300-5100	F
Veterans Admin. (San Juan)	L. Erlich	9,534				1	0	0	0	0	1	4520-6270	
San Juan													
Veterans Admin.—See University of Puerto Rico Affiliated Hospitals, Rio Piedras													
RHODE ISLAND													
Providence													
Rhode Island	L. A. Martineau	47,377	56	2,288	8,731	1	1	1	0	0	3	4700-5500	FP
SOUTH CAROLINA													
Charleston													
Medical Center Hospitals	H. L. Pettit					3	3	3	0	0	9	2910-4500	FP
Medical College		38,622											
Roper		23,549											
TENNESSEE													
Chattanooga													
Baroness Erlanger	C. W. Reavis	60,839	5,085	1,877	4,424	2	1	1	0	0	4	4800-5100	F
Knoxville													
University of Tennessee Memorial Research Center and Hospital	W. F. Kraemer	23,814	47	2,352	0	1	1	1	0	0	3	4392-4632	F

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 Orthovoltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE—Continued													
Memphis													
Baptist Memorial	J. E. Whiteleather	51,625	43	2,000	5,189	2	2	2	0	0	6	3900-4500	F
Methodist	J. C. King	62,562	37	4,943	228	3	3	3	0	0	9	4500-5400	F
University of Tennessee Affiliated Hospitals						4	4	4	0	0	12		
City of Memphis Hospitals	G. Cooper, Jr.	50,717	63	2,059	3,084							3480-6036	F
Veterans Admin.	B. E. Greenberg	69,399	5	875	5,437							4325-6035	O
Nashville													
Vanderbilt University ⁴⁹⁵	E. C. Klatte	48,742	80	424	5,036	4	4	4	0	0	12	3840-5040	P
Veterans Admin. ⁴⁹⁵	D. E. Sherman	43,237	3	2,394	0	1	1	1	0	0	3	4325-6035	O
TEXAS													
Dallas													
Baylor University Medical Center	J. E. Miller	57,273	209	1,444	13,647	2	2	2	2	0	8	5100-6000	O
Methodist Hospital of Dallas	R. H. Millwee	28,554	42	333	2,034	1	1	1	0	0	3	4500-5100	FP
St. Paul	M. D. Schonfeld	32,361	18	22	2,514	1	1	1	0	0	3	4500-5400	P
University of Texas Southwestern Medical School Affiliated Hospitals													
Parkland Memorial	F. J. Bonte	89,911	62	2,518	883	3	3	3	1	1	11†	3200-4000	P
Veterans Admin. ⁴⁹⁸	D. Morkovin	57,010	24	3,374	45	2	2	2	0	0	6	4325-12075	P
Galveston													
University of Texas Medical Branch Hospitals	R. N. Cooley	74,963	106	8,503	0	4	4	4	0	0	12	4200-5000	P
Houston													
Baylor University Affiliated Hospitals	V. P. Collins	242,114	292	4,097	6,937	6	6	6	0	0	18	3937-5474	FP
Ben Taub General													
Methodist													
Veterans Admin.													
Hermann ⁵¹¹	J. D. Reeve	60,816	55	4,577	0	2	2	2	0	0	6	4200-5400	P
St. Joseph ⁵¹¹	C. W. Yates	30,306	6	2,289	0	1	1	1	0	0	3	4440-5040	P
University of Texas M. D. Anderson Hospital and Tumor Institute	G. H. Fletcher	32,519	589	9,128	34,349						13†	2640-10000	O
San Antonio													
Baptist Memorial	H. F. Elmendorf	33,734	2,947	712							3	5400-6600	P
University of Texas South Texas Medical School Affiliated Hospitals						2	2	2	0	0	6	4500-6300	FP
Robert B. Green Memorial	P. Zanca	39,763	30	1,227	586								
Santa Rosa Medical Center	A. Thaggard	50,188	5,725	494	6,176								
Temple													
Scott and White Memorial	A. W. Sommer	61,913	54	2,251	4,559	1	1	1	0	0	3	4200-4800	P
UTAH													
Salt Lake City													
Latter-day Saints	E. R. Crowder	28,739	18	1,517	0	1	1	1	0	0	3	3600-4200	P
University of Utah Affiliated Hospitals	W. R. Christensen					2	2	2	0	0	6		
Holy Cross	R. R. Meyer	20,413	0	1,238	0							3600-4500	P
St. Mark's													
University ¹¹⁴	W. R. Christensen	23,899	34	5,838	0							3600-4800	P
Veterans Admin.	D. W. Stowell	25,429	0	796	0							4325-7715	P
VERMONT													
Burlington													
University of Vermont Affiliated Hospitals	A. B. Soule, Jr.					2	2	2	0	0	6		
DeGoesbriand Memorial		20,767	0	1,265	0							3500-4700	O
Mary Fletcher ²⁵⁰		33,307	50	615	5,551							3500-4700	O
VIRGINIA													
Charlottesville													
University of Virginia	T. E. Keats	59,065	45	1,472	10,010	3	3	3	0	0	9	3900-4400	F
Norfolk													
De Paul	J. Foster	32,547	34	4,161	0	1	1	1	0	0	3	6000-6600	F
Norfolk General	C. Wisoff	43,617	53	1,035	4,475	1	1	1	0	0	3	2400-5700	FP
Richmond													
Medical College of Virginia—Hospital Division	R. G. Lester	88,528	107	1,647	11,164	5	5	5	3	0	18†	3900-4500	F
Veterans Admin.	W. H. Mendel	46,123	10	405	1,154							4325-7715	P
WASHINGTON													
Seattle													
Swedish	O. Wildermuth	19,540	66	789	12,882	2	1	1	0	0	4	4500-5100	
University of Washington Affiliated Hospitals	M. M. Figley					4	2	3	2	0	11		
King County	L. Phillips	44,753		0								2700-6600	F
University	M. M. Figley	22,148	29	250	4,706							3240-6300	P
Veterans Admin.	R. S. Leighton		2	516	0							4325-7715	O
Virginia Mason	T. Carile	45,704	44	1,715	6,349	1	1	1	0	0	3	3300-5100	FP
Spokane													
Sacred Heart	C. A. Stevenson	29,710	365	3,287	2,543	1	1	1	0	0	3	4200-5100	FP
WEST VIRGINIA													
Morgantown													
West Virginia University Medical Center	H. I. Amory	30,834	39	5,355	0	2	2	2	0	0	6	3320-4520	P
Wheeling													
Ohio Valley General	A. K. Butler	24,382	59	1,573	5,499	1	1	1	0	0	3	7200-8400	P
WISCONSIN													
Madison													
University Hospitals ⁵²⁶	J. Juhl	63,685	179	11,267	6,972	4	4	5	0	0	13	3400-4600	P
Milwaukee													
Columbia	R. W. Byrne	27,932	10	2,626	0	1	0	0	0	0	1	4800-5400	P
Evangelical Deaconess	A. Melamed	32,589	36	1,139	3,126	1	1	1	0	0	3	5400-6000	F
Marquette University Affiliated Hospitals	J. R. Amberg												
Milwaukee County General	J. R. Amberg	107,905	52	7,675	0	3	3	3	0	0	9	4275-6035	P
Veterans Admin. (Wood)	J. Unger	47,884	610	5,537	0	2	2	2	0	0	6	4325-6035	P
Milwaukee ⁶⁵	J. L. Armbruster	34,427	3,240	5,906	0	1	1	1	0	0	3	4800-5100	P
St. Joseph's	G. W. Sengpiel	47,149	18	4,379		1	1	1	0	0	3	4800-6000	P
St. Luke's	H. H. Wright	23,066	41	1,190	4,133	1	1	1	0	0	3	5400-6630	P

APPROVED RESIDENCIES

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, 366, Residencies, 5,678

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio ⁵⁰⁶	E. W. Shear	70	2,207	49	88	10,216	3	3	3	3	3	15			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	C. W. Hughes	85	2,249	34	58	22,331	3	3	3	3	0	12			
COLORADO															
Fitzsimons General, Denver	D. E. Thomas	96	2,039	...	88	13,196	3	3	3	3	0	12			
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	T. J. Whelan	96	1,595	45	73	10,534	4	4	4	4	0	16			
HAWAII															
Tripler General, Honolulu	P. V. Kiehl	136	3,586	45	80	8,638	..	..	..	..	..	12		
TEXAS															
William Beaumont General, El Paso	A. Cohen	80	2,936	36	90	16,556	2	2	2	2	0	8			
Brooke General, San Antonio	E. H. Vogel, Jr.	143	2,307	107	93	10,805	4	4	4	4	0	16			
WASHINGTON															
Madigan General, Tacoma	J. H. Sharp	156	4,261	36	81	55,378	2	2	2	2	0	8			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	D. W. Robinson	108	2,850	43	84	22,969	2	2	2	2	0	8			
U. S. Naval, San Diego	C. K. Holloway	563	8,251	158	65	38,103	3	3	3	3	0	12			
ILLINOIS															
U. S. Naval, Great Lakes	P. O. Geib	132	2,187	29	86	6,777	2	1	1	1	0	5			
MARYLAND															
U. S. Naval, Bethesda	D. Osborne	114	1,579	44	89	7,788	2	2	2	2	0	8			
MASSACHUSETTS															
U. S. Naval, Chelsea	G. Van Petten	109	1,467	37	76	6,820	1	1	1	1	0	4			
NEW YORK															
U. S. Naval, St. Albans	N. M. Wertheimer	139	2,444	31	64	3,909	2	2	2	2	0	8			
PENNSYLVANIA															
U. S. Naval, Philadelphia	H. P. Mahin	166	2,464	59	73	9,034	2	2	2	2	0	8			
VIRGINIA															
U. S. Naval, Portsmouth	D. O. Montgomery	361	5,715	60	65	53,249	3	3	3	3	0	12			
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco	C. H. Lithgow	76	2,276	35	71	6,817	2	2	2	2	0	8			
LOUISIANA															
U. S. Public Health Service, New Orleans	J. H. Waite	135	2,623	55	74	11,069	2	2	2	2	0	8	8532-10132	O	
MARYLAND															
U. S. Public Health Service, Baltimore ²⁴¹	H. V. Belcher	121	2,463	81	73	13,283	2	2	2	1	0	7	8232-...	O	
MASSACHUSETTS															
U. S. Public Health Service, Boston	F. W. Love	89	1,793	33	70	9,293	1	1	1	1	0	4		O	
WASHINGTON															
U. S. Public Health Service, Seattle	J. T. West	135	2,805	25	80	18,918	1	1	1	1	0	4		O	
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington ²⁸¹	B. Syphax	80	2,132	98	41	8,922	..	..	..	..	..	..	5300-6800	P
St. Elizabeths—See George Washington University Hospital, Washington, D.C.															
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center		143	5,182	262	53	11,684	12	10	6	4	2	34			
University Hospital and Hillman Clinic	C. Lyons												3782-6227	F	
Veterans Admin.	M. B. Sullivan, Jr.												4325-7715	O	
Fairfield															
Lloyd Noland	J. M. Slaughter	54	2,646	58	29	25,490	2	2	2	1	0	7	4200-5400	FP	
Mobile															
Mobile General	H. S. J. Walker, Jr.	38	1,521	56	68	7,715	4	2	2	2	0	10	4200-6900	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
ARIZONA														
Phoenix														
Maricopa County General	M. Wood	74	2,437	114	45	15,600	3	3	2	2	0	10	5408-7550	P
Tucson														
Tucson Hospitals Medical Education Program	G. D. Robertson						6	6	3	3	0	18	6000-7200	P
Pima County General	J. J. Sampsel	33	1,068	77	51	8,026								
St. Mary's	E. G. Ramsay	72	3,872	31	68	926								
Tucson Medical Center	W. A. Soland	122	8,041	81	48	926								
ARKANSAS														
Little Rock														
University	M. Hara	57	2,005	145	28	8,487	5	4	2	2	2	15	3400-5000	O
Veterans Admin. ⁹³	R. J. Lipin	92	1,834	93	66	528	4	2	2	2	0	10	4325-6665	P
CALIFORNIA														
Bakersfield														
Kern County General	S. Palitz	46	2,109	121	73	19,441	5*	4	2	2	0	13	5400-7200	P
Fresno														
Fresno County General ¹³⁶	T. Hewlett	71	2,545	147	63	19,193	3	3	3	3	0	12	4560-6300	P
Loma Linda														
Loma Linda University Affiliated Hospitals														
Loma Linda University	B. W. Branson	55	2,988	20	68	2,608	1	1	1	1	0	4	4992-6656	O
Riverside County General (Riverside)	J. K. Longerbeam	78	2,181	91	80	7,494	2	2	2	1	1	8	5424-6540	P
Long Beach														
Veterans Admin. ¹⁰⁴	E. A. Stemmer	172	1,804	103	76	5,453	4	4	3	3	0	14	4325-7715	O
Los Angeles														
Cedars-Sinai Medical Center														
Cedars of Lebanon Hospital Division	L. Morganstern	287	6,712	155	50	11,469	7	3	1	1	0	12	4500-7500	F
Los Angeles County General, Unit I	L. Rosoff	239	7,141	732	36	19,971	6	6	6	6	0	24	5028-6900	P
Los Angeles County General, Unit II	J. F. Regan	37	1,193	74	43	8,200	1	1	1	1	0	4	5028-6900	P
Queen of Angels	J. Regan	70	5,519	87	55	2,346	2	2	2	2	0	8	4200-5100	F
University of California Affiliated Hospitals ¹³³														
University of California	W. P. Longmire, Jr.	34	1,531	61	85	9,167	9*	4	4	4	2	23	3580-7188	O
Veterans Admin. (Sepulveda)	W. P. Longmire, Jr.	34	972	66	64	3,820							4325-6665	O
Veterans Admin. Center—Wadsworth ¹¹¹	H. E. Gordon	180	3,689	249	82	9,304	12*	4	4	4	0	24	4325-6665	P
White Memorial Medical Center ⁹⁵	C. E. Stafford	47	1,944	82	73	7,014	4	2	2	2	2	12	4260-6660	P
Martinez														
Veterans Admin.	J. V. Smith	81	1,077	55	73	2,196	4	4	4	2	0	14	4325-6665	O
Oakland														
Highland Alameda County ¹¹⁸	A. J. Hunnicutt	69	2,432	173	33	10,519	9	3	3	3	0	18	4092-5028	P
Kaiser Foundation	H. Holmboe	42	2,413	72	51	25,860	4	3	2	2	0	11	4080-6840	FP
Orange														
Orange County General	I. Rappaport	60	3,119	99	79	10,118	4*	2	2	2	0	10	4500-6900	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals ¹⁴¹														
Palo Alto-Stanford Hospital Center	R. Chase	73	2,964	68	72	4,966	8	4	4	4	4	24	3900-6300	O
Veterans Admin.	L. G. Crowley	53	802	52	90	1,539								
San Mateo County General (San Mateo)	K. H. Prindle	26	754	51	69	3,093							3900-6700	F
Riverside														
Riverside County General—See Loma Linda University Affiliated Hospitals, Loma Linda, Calif.														
San Diego														
San Diego County General	R. A. Jones	61	1,459	146	47	5,695	3*	2	2	2	0	9	4979-6240	O
San Francisco														
Kaiser Foundation	P. D. Smith, Jr.	95	4,726	99	55	151,815	4	2	2	2	0	10	4230-7110	P
Mount Zion Hospital and Medical Center ¹²⁹	L. D. Rosenman	149	6,480	122	62	12,341	3	3	2	1	0	9	3900-6300	F
Presbyterian Medical Center ¹⁰¹	V. Richards	54	2,073	67	69	2,959	6*	4	4	4	0	18	3900-5400	P
French	R. E. Gardner	65	2,835	42	52	11,347	0	2	0	0	0	2	4200-5400	FP
Southern Pacific Memorial	W. L. Newberg	137	4,219	135	69	29,211						10	3900-5400	F
University of California Hospitals ¹³⁵	J. E. Dunphy	56	1,995	38	63	22,418	18	12	6	6	6	48	3580-6300	O
San Francisco General	W. Silen, C. Mathewson	93	3,395	201	51	5,845	4	4	4	0	0	12	3540-6300	O
Veterans Admin. ¹³⁹	F. W. Blaisdell	95	1,255	72	90	3,268	5*	4	1	1	2	13	4325-7715	O
San Jose														
Santa Clara County ¹³⁶	W. Gaisford	57	2,270	70	80	6,687	3	2	1	1	1	8	4536-6888	F
San Mateo														
San Mateo County General—See Stanford Medical Center and Affiliated Hospitals, Palo Alto, Calif.														
Santa Barbara														
Santa Barbara County General-Cottage Hospitals	J. E. McKittrick	56	1,143	27	52	3,173	4	2	1	1	0	8	3600-5400	FP
Santa Barbara County General														
Santa Barbara Cottage														
Stockton														
San Joaquin General	W. Brock	72	2,019	117	75	13,515	2	2	2	1	0	7	5076-8144	P
Torrance														
Los Angeles County Harbor General	M. Orloff	67	2,029	199	52	5,011	6	0	4	3	0	19	5028-6900	F
COLORADO														
Denver														
Denver General	D. H. Watkins	59	1,820	105	69	28,909	5*	2	2	2	0	11	3516-4596	P
St. Joseph ¹⁵¹	G. Eckhout	152	7,071	106	61	6,691	6*	6*	2	1	1	16	4320-5520	P
University of Colorado Affiliated Hospitals							10	8	6	6	3	33		
University of Colorado Medical Center	W. R. Waddell	51	2,935	118	87	38,813							3500-4500	P
Veterans Admin.	T. E. Starzl	135	1,597	75	87	3,150							4325-7715	
CONNECTICUT														
Bridgeport														
Bridgeport ¹⁷⁸	R. W. Berry	168	7,869	167	49	5,478	2	2	2	2	0	8	3900-5700	FP
St. Vincent's	W. H. Curley	121	6,166	115	53	1,358	2	2	2	2	0	8	5100-6300	P
Hartford														
Hartford Hospital	E. M. Andrews	190	7,073	157	66	1,466	6	6	2	2	2	18	4200-6600	P
Veterans Admin. (Newington)	P. W. Fenney	89	1,582	38	66	2,565							4325-7715	P
St. Francis ¹⁶³	J. R. Cullen	261	7,645	261	42	3,363	4	2	2	2	0	10	3900-6300	FP
New Britain														
New Britain General	J. A. Mlynarski	119	7,099	88	68	1,180	2	2	1	1	0	6	5100-6000	F

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CONNECTICUT—Continued														
New Haven														
Hospital of St. Raphael	J. J. Kneisel	107	4,751	140	40	16,580	3	3	2	1	0	9	3900-4800	F
Yale-New Haven Medical Center							8	8	6	1	4	27		
Yale-New Haven	G. Lindskog	127	3,933	130	55	6,165							3300-6000	P
Veterans Admin. (West Haven)	W. W. Lindennuth	75	1,922	65	65	1,944							4375-7715	
Newington														
Veterans Admin.—See Hartford Hospital, Hartford, Conn.														
Waterbury														
Waterbury	R. N. Davie	91	2,282	72	46	2,323	2*	1	1	1	0	5	4200-6000	F
West Haven														
Veterans Admin.—See Yale-New Haven Medical Center, New Haven, Conn.														
DELAWARE														
Wilmington														
Delaware	M. Oz	98	3,168	146	70	6,357	3	1	1	1	0	6	5400-7200	P
Memorial	R. Lennihan	50	1,965	62	40	855	2	1	1	1	0	5	5400-7800	P
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General		83	1,537	150	46	9,454	4	3	3	3	0	13	3800-5000	P
Georgetown University Service	R. J. Coffey													
George Washington University Service	B. Blades													
Howard University Service	B. Syphax													
Georgetown University	R. J. Coffey	88	4,350	173	72	7,704	8	5	4	3	3	23	3120-4030	P
George Washington University ¹⁶⁸	B. B. Blades	120	8,060	101	63	1,825	7	4	3	1	0	15	3900-4800	P
St. Elizabeths	N. Tsangaris													
Providence	L. J. Goffredi	126	5,435	98	45	2,989	2	2	1	1	0	6	4200-5100	P
Veterans Admin. ¹⁶⁸	G. A. Higgins	119	2,096†	60	77	5,072	4*	2	2	2	0	10	4325-7715	O
Washington Hospital Center	N. P. D. Smyth	117	6,702	143	62	8,129	10*	3	3	3	0	19	4080-4620	P
FLORIDA														
Bartow														
Polk County—See Lakeland General-Polk County Hospitals, Lakeland, Fla.														
Coral Gables														
Veterans Admin. ¹⁷⁸	M. W. Morgan	155	2,962	143	57	17,449	0*	4	4	4	0	18	4325-6665	O
Gainesville														
University of Florida Teaching Hospital and Clinics	E. R. Woodward	61	2,191	111	75	7,943	8	3	3	3	0	17	3600-6000	O
Veterans Admin. (Lake City)	E. R. Woodward	79	1,568	67	80								4325-7715	
Jacksonville														
Jacksonville Hospitals Educational Program														
Baptist Memorial	J. H. Wood	82	4,148	42	43	413	1	1	0	0	0	2	5400-5700	O
Duval Medical Center	T. M. Moseley	50	2,465	94	73	40,573	6*	3	2	2	0	14	5400-6300	P
St. Luke's	R. P. Thompson	90	3,830	66	26	0	1	0	0	0	0	1	5100-5100	O
St. Vincent's	J. Canipelli	100	4,851†	112	51	2,109	4	4	1	1	0	10	5400-6300	P
Lake City														
Veterans Admin.—See University of Florida Teaching Hospital and Clinics, Gainesville, Fla.														
Lakeland														
Lakeland General-Polk County Hospitals	J. P. Collins						2	2	2	2	0	8	5500-7000	O
Lakeland General														
Polk County (Bartow)														
Miami														
Jackson Memorial	D. Warren	380	10,610	457	40	11,699	11	5	5	4	0	25	3000-4680	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	L. H. Manheimer	90	3,494	105	35	3,277	4	3	2	2	0	11	4500-6000	P
Orlando														
Orange Memorial	J. W. Castleberry	139	5,569	171	38	4,084	5*	3	2	1	0	11	5100-6000	P
Tampa														
Tampa General	R. Connor	111	4,883	168	53	4,725	6	4	2	1	0	13	3600-7200	FP
GEORGIA														
Atlanta														
Emory University Hospital-Veterans Admin.							8*	0	3	1	0	12†		
Emory University	J. D. Martin	111	5,166†	48	53	6,834							3000-5700	P
Veterans Admin. ¹⁸⁴	J. C. Thoroughman	142	2,383	77	33								4325-7715	P
Georgia Baptist	W. S. Dorough	150	9,259	92	45	1,122	2	2	1	1	0	6	4500-5040	O
Grady Memorial	J. D. Martin, Jr.	129	3,796	182	62	25,842	16*	8	6	4	0	34	2700-3900	P
Piedmont	F. McRae	119	5,245	62	55	1,312	1	1	1	1	0	4	5040-5760	P
St. Joseph's Infirmary	R. H. Stephenson	116	5,597	94	50	1,640	3*	3	1	1	0	8	5160-6000	P
Augusta														
Medical College of Georgia Hospitals							13	5	4	3	2	27		
Eugene Talmadge Memorial	W. H. Moretz	67	1,368	44	73	5,516							3900-7000	O
University	D. B. Sullivan	17	588†	38	42	2,037	1	1	1	1	0	4	3900-6000	P
Veterans Admin.	W. D. Jennings, Jr.	117	1,346	74	67	4,366	11	2	2	1	2	18	4325-7715	P
Macon¹⁸⁵														
Macon ¹⁸⁵	M. B. Hatcher	225	11,729	157	23	15,556	3	2	2	2	0	9	5400-7200	F
HAWAII														
Honolulu														
Honolulu Integrated Surgical Residency							6	4	1	1	0	12		
Kuakini Hospital and Home	Y. Fukushima	74	3,815	40	65	0							6600-8400	O
Queen's	R. Johnston	161	7,724	124	48	10,084							6600-8400	
St. Francis	E. Lau	99	4,291	94	29	3,380								
ILLINOIS														
Chicago														
Cook County ¹⁸⁴	R. J. Freeark	421	17,599	750	39	51,709	24	12	12	10	2	60†	4500-5100	F
Illinois Central	C. C. Guy	99	3,404	59	53	11,590	2*	1	1	1	0	5	4560-5040	FP
Illinois Masonic	L. Peterson	151	5,240	70	45	1,826	4	2	2	0	0	8	6000-7200	FP
Mercy ¹⁹³	J. Keeley	88	2,291	112	49	6,002	2	4	3	1	0	10	3600-4500	F
Michael Reese Hospital and Medical Center	F. Hershey	111	3,212	119	60	5,538	7*	2	2	2	0	13	3600-6000	P
Mount Sinai	R. DeWall	80	2,408	101	36	14,730	5*	4	3	2	0	16†	4600-6100	P

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

26. SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O			
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year						
ILLINOIS, Chicago—Continued																
Northwestern University Medical Center.....																
Chicago Wesley Memorial ¹⁵⁹	J. Beal.....	107	4,477	97	65	5	1	1	1	0	8	3300-4200	P			
Passavant Memorial.....	J. Beal.....	43	1,895†	38	63	12,307	6	1	0	1	0	8	3300-4200	P		
Veterans Administration Research.....	F. W. Preston.....	84	1,485	25	76	3,081	5	4	3	3	1	16	4325-7715	O		
Evanston (Evanston).....	J. M. Dorsey.....	71	3,404	56	86	13,994	2	2	1	1	0	6	3300-3900	P		
Presbyterian-St. Luke's.....	E. J. Beattie.....	125	4,000	96	80	4,587	12	6	5	4	1	28	4000-5500	P		
University of Chicago Hospitals and Clinics ⁴¹	R. Menguy.....	90	3,018	169	70	16,483	4	4	4	4	4	20	3900-6200	O		
University of Illinois Research and Educational Hospitals.....	W. H. Cole.....	83	2,769	101	75	18,252	3	3	3	3	0	12	3000-4500	P		
Veterans Admin. (West Side) ²⁰²	W. J. Gillesby.....	176	3,213	153	72	7,700	3	3	3	3	2	14	4325-7715	O		
Evanston																
Evanston—See Northwestern University Medical Center, Chicago, Ill.																
St. Francis.....	D. P. Slaughter.....	105	5,276	79	65	6,692	2	2	1	1	0	6	4380-4560	FP		
Hines																
Veterans Admin. ¹⁹¹	C. B. Puestow.....	260	3,531	294	51	4,906	10*	6	6	6	0	28	4325-6665	O		
INDIANA																
Indianapolis																
Indiana University Medical Center.....	H. B. Shumacker.....						12*	3	3	3	3	24				
Indiana University Hospitals.....		54	1,383	147	84	1,594							3575-4700	P		
Veterans Admin.....		62	996	108	27	1,098							4325-6665	O		
Marion County General.....	M. I. Marks.....	82	1,453	180	50	9,522	3	3	3	3	0	12	3863-6000	P		
Methodist Hospital of Indiana.....	D. M. Schlegel.....	228	10,029	240	45	2,060	2	2	2	2	0	8	5400-6300	P		
IOWA																
Des Moines																
Iowa Methodist.....	J. Priestley.....	188	8,549	189	54	9,296	3	2	2	2	0	9	4500-5400	F		
Broadlawns Polk County.....	R. W. Hoffmann.....	44	2,073	84	54	9,296										
Veterans Admin. ²¹⁴	L. T. Palumbo.....	114	8,091	126	64	4,843	3	3	3	2	0	11	4325-7715	P		
Iowa City																
State University of Iowa Affiliated Hospitals ⁶⁶							14*	10	8	8	3	43†				
University Hospitals.....	R. T. Tidrick.....	159	4,960	242	64	19,576							3500-5000	P		
Veterans Admin.....	F. D. Staab.....	141	2,734	95	82	2,293							4325-7715	P		
KANSAS																
Kansas City																
University of Kansas Medical Center.....	F. Allbritten.....	70	1,977	110	76	5,677	8	4	4	4	0	20	3600-4200	P		
Veterans Admin. (Kansas City, Mo.).....	J. M. Zimmerman.....	70	1,903	106	73	1,738							4325-7715			
Wadsworth																
Veterans Admin. ²¹⁴	W. Brauer.....	98	1,260	65	80	4,611	2*	1	1	1	0	5	4325-6665	P		
Wichita																
St. Francis Hospital-Veterans Admin.....							4	4	2	2	0	12				
St. Francis.....	J. H. Holt.....	166	8,081	110	53	34							5400-6300	F		
Veterans Admin.....	F. W. Robinson.....	110	1,461	77	53	2,202							4325-6665	O		
KENTUCKY																
Harlan																
Harlan Appalachian Regional.....	W. H. Potter.....	56	2,132	37	35	14,488	3	2	2	2	0	9	6400-8700	P		
Lexington																
University of Kentucky Medical Center.....							8	4	4	3	2	21				
University.....	B. Eiseman.....	54	1,787	102	61	6,456							3969-5760	P		
Veterans Admin.....	W. G. Malette.....	47	950	40	73	3,064							4325-6665	P		
Louisville																
St. Joseph Infirmary.....	J. F. Minnis.....	47	1,907	58	31	1,021	4*	3	2	1	0	10	4740-5220	P		
University of Louisville Affiliated Hospitals.....	R. J. Noer.....															
Children's.....																
Louisville General.....	R. J. Noer.....	221	4,280	264	63	32,731	12	6	6	6	0	30	3160-6440	FP		
Veterans Admin.....	J. E. Hamilton.....	99	1,842	119	59	4,010	4*	3	3	3	0	13	4325-6664	O		
LOUISIANA																
Independence																
Lallie Kemp Charity—See Charity Hospital of Louisiana (Tulane Univ. Div.), New Orleans, La.																
Lafayette																
Lafayette Charity—See Louisiana State University Affiliated Hospitals, New Orleans, La., and Charity Hospital of Louisiana (LSU Div.), New Orleans, La.																
New Orleans																
Charity Hospital of Louisiana.....																
Louisiana State University Division ⁷	I. Cohn.....	116	2,986	250	49	26,921							30	2400-3300	F	
Lafayette Charity (Lafayette).....	D. B. Williams.....	66	1,896	74	26	16,328								7800-8400	P	
Charity Hospital of Louisiana.....																
Tulane University Division.....	O. Creech.....	110	2,705	207	52	25,806								33	2400-3300	F
Lallie Kemp Charity (Independence).....																
Huey P. Long Charity (Pineville).....																
Louisiana State University Affiliated Hospitals.....																
Veterans Admin. ²²⁷	B. G. Taylor.....	103	1,649	86	65	2,550	4	4	4	4	0	16	4325-6665	O		
Touro Infirmary ²²⁴	M. L. Michel.....	103	4,123†	147	48	1,008	3*	2	2	0	0	7	4500-5100	F		
Lafayette Charity (Lafayette).....	D. B. Williams.....	66	1,896	74	26	16,328								7800-8400	P	
Ochsner Foundation ²²⁸	A. Ochsner.....	60	2,631	53	66	26,812	6*	4	4	4	0	18	3300-4200	P		
Pineville																
Huey P. Long Charity—See Charity Hospital of Louisiana (Tulane Univ. Div.), New Orleans, La.																
Shreveport																
Confederate Memorial Medical Center.....	C. D. Knight.....	102	4,728	180	42	13,917	6	4	4	3	0	17	2400-4200	F		
MAINE																
Portland																
Maine Medical Center.....	E. Drake.....	194	9,618	139	59	19,923	3	3	2	2	0	10	3060-4440	P		
MARYLAND																
Baltimore																
Baltimore City Hospitals.....	M. Ravitch.....	109	2,762	128	53	23,491	6*	3	3	2	2	16†	4500-6500	O		
Church Home and Hospital.....	I. R. Trimble.....	123	3,482	68	49	5,951	4	3	2	1	0	10	5200-5800	O		
Franklin Square.....	D. B. Hebb.....	55	2,106	47	36	3,808	3	1	1	1	0	6	5500-5900	P		
Johns Hopkins ²²⁴	G. Zuidema.....	113	4,120†	261	75	20,543	5	4	3	3	3	18	3200-...	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI														
Clayton														
St. Louis County ²⁰⁹	K. B. Coldwater	49	2,281	93	52	29,825	2	2	2	2	0	8	3900-5700	F
Columbia														
University of Missouri Medical Center	M. DeWeese	40	1,244†	47	60	5,509	6	4	3	3	0	16	3600-4980	P
Kansas City														
Kansas City General Hospital and Medical Center	T. Johnson	47	1,982	166	34	15,753	2	2	2	2	0	8	4500-6300	P
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.														
St. Louis														
Barnes ³¹²	C. A. Moyer	106	3,038	125	63	7,531	11	6	5	8	0	30	3300-4200	O
Homer G. Phillips	A. D. Spencer	119	3,268	196	51	11,002	8*	4	4	4	0	20†	4584-5849	P
Jewish Hospital of St. Louis	M. D. Pareira	107	4,117	86	58	2,942	5	3	2	2	0	12	3700-5500	P
Missouri Baptist	E. R. Lerwick	49	1,923	62	47	1,402	4	3	2	1	0	10	4200-6000	F
St. Louis City ³¹⁰	W. R. Cole	79	3,019	195	47	8,692	6*	4	4	4	0	18	4583-5848	P
St. Louis-Little Rock Hospitals	R. A. Weir	123	3,824	117	46	31,210	4	2	2	2	0	10	4800-5700	F
St. Louis University Group of Hospitals	C. R. Hanlon	183	4,907	166	70	3,351	4	3	3	3	2	15	2400-3240	FP
Veterans Admin. (St. Louis University Service)	G. Kaiser	50	742	74	65	1,462	2	1	0	1	0	4	4325-6665	O
St. Luke's	C. Lischer	112	4,645	84	38	3,016	3	2	2	1	0	8	3600-4800	F
Veterans Admin.	W. Newton	51	879	73	65	1,463	2	2	2	2	0	8	4325-6665	O
Washington University Service														
NEBRASKA														
Omaha														
Creighton Memorial St. Joseph's	F. A. Miller	200	5,957	70	41	3,345	3	3	3	3	0	12		F
University of Nebraska Affiliated Hospitals							4	3	3	3	0	13		
Douglas County		25	519	38	66	0								
University of Nebraska ³²⁴	M. M. Musselman	35	771	39	59	8,010							3900-4800	P
Veterans Admin.	W. P. Kleitach	128	1,447	107	71	2,986	2	2	2	2	0	8	4325-7715	O
NEW HAMPSHIRE														
Manover														
Dartmouth Medical School Affiliated Hospitals							6	4	4	4	0	18		
Mary Hitchcock Memorial	R. E. Weismann	77	3,226	55	87	27,489							3400-5000	O
Veterans Admin. (White River Jct., Vt.)	W. B. Crandell	39	719	34	94	2,246							4000-7405	O
NEW JERSEY														
Camden														
Cooper	P. Mecray	178	4,541	131	37	11,956	2	1	1	1	0	5	4200-5100	F
East Orange														
Veterans Admin. ³³⁰	A. H. Levy	95	1,568	108	63	2,766	4	2	2	2	0	10	4325-7715	O
Jersey City														
Jersey City Medical Center	E. Halligan	202	4,583	275	27	23,487	10	6	4	4	0	24	3400-4600	F
Long Branch														
Monmouth Medical Center	L. Barnett	116	5,281	139	60	1,879	2	1	1	1	0	5	3900-4800	F
Newark														
Newark Beth Israel	S. Diener	108	5,653	108	35	12,904	2	1	1	1	0	5	3000-3600	F
Orange														
Orange Memorial	L. E. Ulvestad	106	4,348	112	34	2,713	3	1	1	1	0	6	4500-5400	FP
Paterson														
St. Joseph's	A. F. McBride	74	3,324	119	59	1,740	4	2	2	2	0	10	3900-6600	FP
Trenton														
St. Francis	A. Lettiere	122	4,124	94	35	3,713	2	2	2	1	0	7	4200-5280	F
NEW MEXICO														
Albuquerque														
University of New Mexico Affiliated Hospitals							6*	2	2	2	2	14		
Bernalillo County-Indian	J. S. Clarke	62	2,201	60	42	7,253							4200-5000	P
Veterans Admin.	D. E. Smith	112	1,905	45	89	1,694							4020-7035	O
NEW YORK														
Albany														
Albany Medical Center Hospital-Veterans Admin.							8*	7	5	3	3	26		
Albany Medical Center	C. Eckert	97	3,164†	149	64	2,164							3200-7715	P
Veterans Admin.	H. F. Welch	175	2,407	131	76	5,552							4325-6665	O
Buffalo														
Buffalo General ³⁴²	J. Paine	104	3,141	106	61	11,051	5	2	2	2	2	13	4100-5300	O
Edward J. Meyer Memorial	J. D. Stewart	102	2,517	188	48	21,266	5	3	3	3	3	17	4895-6410	P
Millard Fillmore	F. G. Stoesser	168	5,072†	238	38	868	4	3	3	2	0	12	4440-4800	P
Sisters of Charity	F. M. Zaepfel	163	6,294	142	54	1,451	2	2	2	2	0	8	4020-5280	F
Emergency Hospital of the Diocese of Buffalo	F. M. Zaepfel	100	2,979	59	38	6,149							4920-5280	P
Veterans Admin.	W. M. Chardack	104	1,976	121	58	3,912	4	3	3	3	0	13	4325-7715	O
Cooperstown														
Mary Imogene Bassett ³⁹⁰	D. A. Blumenstock	34	1,392	37	73	15,483	3*	1	1	1	0	6	3960-5160	P
East Meadow														
Meadowbrook	S. A. Wesolowski	81	2,199	169	60	5,756	6	3	3	3	0	15	4730-7370	F
Manhasset														
North Shore—See Bellevue Hospital Center (Div. III-Cornell University), New York City, N. Y.														
Mineola														
Nassau	R. F. Smith	98	4,338	80	40	8,877	2	2	2	2	0	8	4800-6000	P
New Hyde Park														
Long Island Jewish Hospital Training Program														
Long Island Jewish	P. E. Lear	81	4,018	48	56	3,197	3*	1	1	1	0	6	4500-6250	O
Queens Hospital Center (New York City)	G. M. Saypol	159	4,164	340	35	7,492	6	2	2	2	0	12	4200-5220	F
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	D. State						21*	10	8	7	7	53		
Bronx Municipal Hospital Center ³⁹⁸		110	3,200	205	50	19,000							4200-5220	FP
Lincoln		104	3,268	61	32	24,184							4200-5220	P
Beekman-Downtown ³⁹⁵	S. Mage	91	2,412	45	60	8,841	3	2	1	1	0	7	5100-6600	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO, Cincinnati—Continued														
Jewish ⁴¹⁸	E. Woliver	158	6,679†	106	41	2,923	4*	4*	3	2	0	13	4500-5400	FP
University of Cincinnati Hospital Group	W. A. Altmeier						12*	6*	5	5	7	35†		
Children's Cincinnati		53	2,461	33	88	1,089								
Veterans Admin.		120	2,545	133	63	15,486							2400-7405	F
		81	1,160	45	58								4325-7715	O
Cleveland														
Cleveland Clinic-St. Vincent Charity							6*	6	3	2	0	17		
Cleveland Clinic	G. Crile	145	5,945	123	55	20,867							3900-5400	P
St. Vincent Charity	F. Vecchio	148	4,873	111	39	19,385							3900-5400	P
Cleveland Metropolitan General	F. A. Simeone	71	1,707	80	63	16,268	10*	4	4	4	0	22†	3700-6100	FP
Fairview Park	B. A. Ceraldi	54	2,084†	35	57	3,732	3	3	2	2	0	10	5400-7200	FP
Huron Road	J. A. Woodhams	147	4,920	160	43	2,244	4	3	3	3	0	13	3900-5400	F
Lutheran	W. O. Lewin	143	6,008	84	64		4	2	2	2	0	10	3900-5100	F
Mount Sinai Hospital of Cleveland ⁴²³	H. Gans	108	4,429	79	45	3,716	6	2	2	2	0	12	3996-5196	P
St. Alexis	F. J. Simecek	142	5,202	157	52	1,611	4	2	2	2	0	10	6000-7800	F
St. Luke's	F. S. Cross	130	4,120	136	53	7,782	2	2	2	2	0	8	4800-6600	P
University Hospitals of Cleveland	W. D. Holden	95	3,638†	139	59	13,647	14*	6	6	6	0	32	3600-5400	P
Veterans Admin.		69	1,213†	87	76	1,060							4325-6665	P
Columbus														
Mount Carmel	R. W. Zollinger	136	5,035†	102	52	1,485	2*	1	1	1	0	5	3900-4800	FP
Ohio State University Hospitals														
University	R. Zollinger	107	2,873	107	75	5,737	8	6	4	4	1	23	3324-7296	F
Riverside Methodist	D. K. Heydinger	160	5,363†	107	59	7,442	5*	2	2	1	0	10	5160-5700	P
Dayton														
Miami Valley	R. K. Finley, Jr.	301	11,557	207	54	3,657	2	1	1	1	0	5	6300-7500	P
Veterans Admin. ⁴³¹	C. L. Cogbill	156	2,182	159	79	2,678	3	3	3	3	0	12	4325-7715	O
Toledo														
Maumee Valley	H. Sternfeld	59	1,815	103	60	4,155	2	2	2	2	0	8	4020-4800	FP
Youngstown														
St. Elizabeth	S. Ondash	201	5,471	106	45	1,567	5	2	2	2	0	11	4800-5700	FP
Youngstown	G. G. Nelson	255	11,117	204	40	738	6	4	2	2	0	14	3900-4800	F
OKLAHOMA														
Oklahoma City														
St. Anthony	J. D. Herrmann	108	5,594	120	48	4,100	2	1	2	1	0	6	5400-6300	O
University of Oklahoma Medical Center							8*	6*	5*	4*	1	24†		
University Hospitals ³⁵	J. A. Schilling	60	1,852	65	41	7,398							3200-7715	P
Veterans Admin.	G. S. Campbell	57	924	35	71	2,724								
OREGON														
Portland														
St. Vincent ⁴⁴³	J. Nadal	167	8,088†	115	57	7,329	2	2	2	2	0	8	4800-5160	P
University of Oregon Medical School Hospitals and Clinics ⁴⁰	W. Krippaehne	71	801	107	93	9,491	6	6	6	5	0	23	2700-3300	F
Veterans Admin.	R. M. Vetto	97	1,195	53	91	2,190								
PENNSYLVANIA														
Abington														
Abington Memorial	A. S. Frobese	112	4,825	119	60	2,178	2	2	2	2	0	8	3300-4200	F
Allentown														
Allentown	C. H. Trexler	119	4,968†	262	50	12,213	1	1	1	1	0	4	3000-3900	FP
Bryn Mawr														
Bryn Mawr	W. C. Stainback	140	5,410†	93	47	3,673	5	2	2	2	0	11	3900-4800	F
Norristown State (Norristown)	M. Troncelliti	25					0	0	2	0	0	2		P
Danville														
Geisinger Medical Center	H. M. Klinger	55	2,122	85	55	11,848	2	2	2	2	0	8	3300-5400	P
Erie														
Hamot	D. D. Dunn	81	4,542	134	46	1,697	1	1	1	1	0	4	3900-4800	FP
Harrisburg														
Harrisburg	P. A. Kunkel	229	6,962	330	43	28,017	4*	2	2	2	0	10	3300-4200	F
Norristown														
Norristown State—See Bryn Mawr Hospital, Bryn Mawr, Pa.														
Philadelphia														
Albert Einstein Medical Center ³⁷⁶		187	5,576	207		19,367	6	2	2	2	0	12	2700-3600	FP
Germantown Dispensary and Hospital ⁴⁴⁹	J. S. C. Harris	103	3,239	136	53	24,975	1	1	1	1	0	4	3600-5100	FP
Graduate Hospital of the University of Pennsylvania	W. Blakemore	124	2,268	88	68	5,976	5	3	3	3	2	16	2400-5800	P
Hahnemann Medical College and Hospital	J. Cole	103	3,269	93	30	7,008	6	4	4	4	0	18	3000-3900	P
Hospital of the University of Pennsylvania ⁴⁶⁹	J. E. Rhoads	146	3,810	216	69	5,630	10	7	7	7	5	36	3400-8500	P
Hospital of the Woman's Medical College of Pennsylvania	D. R. Cooper	52	2,074	23	62	8,897	2	2	2	2	0	8	4400-5300	O
Jefferson Medical College ⁴⁶⁹	J. H. Gibbon, Jr.	101	3,001	88	47	7,171	8*	4	4	4	0	20	3000-4200	O
Chestnut Hill	J. W. Stayman, Jr.	77	3,503	58	55	1,525							4200-4200	F
Methodist	J. J. DeTurk	87	3,402	59	29	16,826								
Lankenau ⁴⁴⁸	J. M. Deabar	123	4,702	100	50	15,416	2	2	2	2	0	8	3300-5460	P
Misericordia	G. F. Gowen	118	4,206	124	49	4,333	2	2	1	1	0	6	3600-5400	F
Pennsylvania	J. Y. Templeton	97	1,722	122	51	6,994	6	3	3	3	0	15	3600-5400	O
Philadelphia General		138	3,603	265	54	11,809							3090-4539	F
Hahnemann Medical College Service	K. Berkley													
Jefferson Medical College Service	T. B. Mervine													
Temple University Service	J. B. Hall													
University of Pennsylvania Service	W. H. Erb													
Woman's Medical College of Pennsylvania Service	R. Stahlgren													
Presbyterian Hospital in Philadelphia	L. W. Stevens	97	3,840†	106	54	9,820	2	2	2	1	0	7	3840-4860	P
Temple University	G. P. Rosemond	150	2,684	133	63	7,458	9*	5	5	5	0	24	3300-4200	P
Veterans Admin. (Wilkes-Barre)		105	1,364	96	58	1,068								
Veterans Admin. ⁴⁴⁴	O. Serlin	92	1,615	108	62	3,855	6*	3	3	3	0	15	4325-6665	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued														
Pittsburgh														
Allegheny General	W. M. McNaugher	74	2,270	93	43	3,410	4	2	2	1	0	9	3900-4800	F
Health Center Hospitals of the University of Pittsburgh	H. T. Bahnson											18	3900-6500	O
Children's Hospital of Pittsburgh		76	1,322	24	95	4,794							3900-4860	O
Presbyterian-University			2,279	92	52	2,121								
Mercy	L. D. O'Donnell	188	5,393	121	40	8,308	2	2	2	2	0	8	5400-6300	P
St. Francis General	H. E. Feather	137	4,985	74	27	6,006	3	2	2	1	0	8	2700-6900	FP
Veterans Admin. ⁴⁷⁷	F. C. Jaekson	132	1,921	178	67	3,912	7	4	4	2	3	20	4325-7715	O
Western Pennsylvania	D. W. Elliott	176	6,104†	112	42	3,191	8	2	2	2	0	14	3900-6000	FP
Sayre	Robert Packer	73	4,101	73	58	16,337	3*	1	1	1	0	6	3000-6600	FP
Wilkes-Barre														
Veterans Admin.—See Temple University Hospital, Philadelphia, Pa.														
York	F. M. Weaver	169	7,693	146	51	7,342	2	2	2	2	0	8	4800-6000	P
PUERTO RICO														
Rio Piedras														
University District	F. Raffucci	83	2,597	190	71	29,679	10	4	4	4	0	22	3300-5100	F
San Juan														
San Juan City	A. S. Casanova	99	3,202	111	44	11,754	4	4	4	4	0	16	3600-5400	F
Veterans Admin. ⁴⁸¹	J. H. Amadeo	74	1,870	30	83	8,636	4	2	2	2	0	10	4865-7495	
RHODE ISLAND														
Providence														
Rhode Island	L. L. Vargas	128	5,116	187	48	7,976	7*	2	2	2	2	15	2700-5280	FP
Veterans Admin.—See Boston University Affiliated Hospitals, Boston, Mass.														
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	G. H. A. Clowes						10*	4	4	4	0	22	2910-4500	FP
Medical College		60	1,793	91	51	9,355								
Roper		61	1,965	33	45									
Greenville	R. Ramage	198	8,246†	213	30	4,741	2*	1	1	1	0	5	4500-5500	P
TENNESSEE														
Chattanooga														
Baroness Erlanger	A. McCravey	193	8,351	227	39	7,283	8	6	3	3	0	20	4800-5700	F
Knockville														
University of Tennessee Memorial Research Center and Hospital ⁴⁸⁵	C. Zirkle	75	2,865	74	51	5,109	2	2	1	1	0	6	4392-4752	F
Memphis														
Baptist Memorial	R. M. Miles	379	14,952	263	45	3,579	5	2	2	2	0	11	3900-4800	F
City of Memphis Hospitals	H. Wilson	145	2,850	128	58	14,221	5	5	4	4	0	18	3480-5000	F
Methodist	E. N. Stevenson	181	7,745†	101	49	2,633	2	1	2	1	0	6	4500-5400	F
St. Joseph	J. D. Pigott	156	6,239	144	47	1,864	1	1	1	1	0	4	4200-4800	F
Veterans Admin.	R. F. Bowers	171	2,056	94	85	1,926	8*	6	5	3	0	22†	4325-7715	O
Nashville														
Baptist	D. Riddell	172	8,855	128	35	1,822	3	3	3	2	0	11	3900-4800	FP
George W. Hubbard Hospital of the Meharry Medical College ⁴⁹²	M. Walker	49	1,204	71	44	9,755	4	3	3	3	0	13†	2700-4500	F
St. Thomas	B. F. Byrd, Jr.	141	6,108	114	36	988	4	4	3	1	0	12	3600-3600	FP
Vanderbilt University Affiliated Hospitals ⁴⁹¹							12	6	5	5	3	31		
Nashville Metropolitan General	J. L. Sawyers	80	2,989	111	59	36,022								
Vanderbilt University	H. W. Scott, Jr.	80	2,601	92	66	7,545							3000-4000	P
Veterans Admin.	W. G. Gobbel, Jr.	173	2,672	123	71								4325-7715	O
TEXAS														
Dallas														
Baylor University Medical Center	J. W. Duckett	96	4,138	90	42	2,391	3	3	2	1	0	9	5100-6000	O
Methodist Hospital of Dallas	C. E. Patterson	158	8,392	145	44	2,676	4*	2	2	0	0	8	4500-5100	FP
Parkland Memorial	T. Shires	85	2,476	151	50	27,491	9*	5	6	6	2	28†	2700-3600	P
Veterans Admin. ⁵⁰⁴	R. P. Hays	107	1,800	83	51	2,000	9*	4	4	4	0	21	4325-6665	P
Galveston	T. G. Blocker, Jr.	57	1,715	64	54	5,987	6*	4	4	4	0	18	4200-7800	P
Houston														
Baylor University Affiliated Hospitals	M. E. DeBakey	328	10,831	360	64	16,641	15*	6*	6*	5	0	32		FP
Ben Taub General														
Methodist														
St. Luke's Episcopal														
Texas Children's														
Veterans Admin.														
Hermann	J. E. Pittman	139	5,680	125	42	8,832	2	2	2	2	0	8	3900-5100	P
Temple														
Scott and White Memorial	T. Speed	56	2,466	40	12		3	3	3	3	0	12	4200-5100	P
Veterans Admin.	A. S. Haisten	156	2,370	82	50	11,291							6665-6665	O
UTAH														
Salt Lake City														
Latter-day Saints ⁵⁹	V. L. Rees	120	2,462	78	38	3,018	5	2	2	2	0	11	3600-4800	P
University of Utah Affiliated Hospitals	W. J. Burdette						4	4	4	4	4	20		
University		58	1,396	60	62	22,468							3600-7035	P
Veterans Admin.		51	971	75	84	1,238							4325-7715	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	A. G. Mackay						2	2	2	2	0	8		
DeGoesbriand Memorial		35	1,245†	15	60	5,785							4000-5800	
Mary Fletcher		83	3,081†	67	79	9,945							4000-5800	O
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														

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

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
VIRGINIA															
Charlottesville															
University of Virginia	W. H. Muller, Jr.	55	2,206†	60	53	18,676	8	4	3	3	0	18	2400-3300	F	
Clifton Forge															
Chesapeake and Ohio Railway Employees' Affiliated Hospitals															
Chesapeake and Ohio Railway Employees	J. M. Emmett	65	2,994	53	55	15,624	4	3	2	1	0	10	4200-6000	FP	
Lynchburg General (Lynchburg)	F. R. Bryan	105	4,500										4200-5400		
Chesapeake and Ohio (Huntington, W. Va.)	J. P. Carey	52	19	41	27	8,621							5200-6000	FP	
Lynchburg															
Lynchburg General—See Chesapeake and Ohio Railway Employees' Affiliated Hospitals, Clifton Forge, Va.															
Norfolk															
De Paul	R. E. McAlpine	112	4,759	81	59	5,604	2	2	1	1	0	6	6000-6900	F	
Norfolk General	R. Payne, Jr.	91	3,212†	124	52	4,290	4	2	2	2	0	10	2400-6300	FP	
Richmond															
Medical College of Virginia Affiliated Hospitals															
Medical College of Virginia—Hospital Division	D. M. Hume	319	8,942	388	57	53,148	14	9	7	7	1	38†	2400-3300	F	
Veterans Admin.	Y. H. Zimberg	75	1,820	75	52	4,747							4325-7715	P	
Richmond Memorial	C. Byrd	169	6,900	85	46	14,318	6	0	0	0	0	6	4800-4800	F	
WASHINGTON															
Seattle															
Swedish ²⁸⁸	E. Sanderson	198	10,153†	296	65	4,470	6*	2	2	2	0	12	4500-6000	F	
University of Washington Affiliated Hospitals ²⁹¹															
King County	J. R. Cantrell	49	1,668†	101	59	15,007	12	8	8	6	6	40	2700-6600	F	
University	K. A. Merendino	19	723†	71	87	2,556							3240-8640	P	
Veterans Admin.	J. W. Bell	42	944	51	92	963							4325-7715	O	
Virginia Mason ²¹⁹	J. W. Baker	93	4,943	110	81	37,237	3	3	3	3	0	12	3800-5100	FP	
WEST VIRGINIA															
Beckley															
Beckley Appalachian Regional	W. E. Klingensmith	92	3,793	45	72	30,597	3	3	2	2	0	10	6400-8800	P	
Charleston															
Charleston General	J. G. Zekan	131	5,737	86	39	12,971	2	2	2	2	0	8	3900-4800	F	
Memorial	J. Lutz	56	2,747	44	43	2,888	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	1,866	133	70	6,286	4	4	4	2	1	15	3320-5720	P	
Wheeling															
Ohio Valley General	C. D. Hershey	140	4,317	134	37	1,126	2	2	2	0	0	6	7200-8400	P	
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals															
University Hospitals	R. C. Hickey	132	2,963	167	83	18,052	5	5	5	5	2	22	3400-5800	F	
Veterans Admin.	J. T. Mendenhall	45	1,046	42	83	660							5125-6665	P	
Milwaukee															
Milwaukee County General	E. H. Ellison	142	3,960	328	56	38,937	12*	8	6	6	0	32†	4275-6665	P	
Milwaukee ⁶⁴²	D. S. Thatcher	116	4,409	77	56	8,622	2	2	2	2	0	8	4800-5400	P	
Mount Sinai	R. W. Mann	108	4,474	50	34	2,761	2	2	1	1	0	6	4200-5100	FP	
Veterans Admin. (Wood) ⁵²⁹	A. S. Close	114	1,925	110	81	3,625	6	4	4	4	0	18	4325-6665	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, 120; Residencies, 661

UNITED STATES PUBLIC HEALTH SERVICE

NEW YORK

U. S. Public Health Service (Staten Island)															
New York City	J. D. Tovey	134	2,156	56	63	8,873	3	3	3	3	0	12		O	

OTHER FEDERAL

CANAL ZONE

Gorgas, Balboa Heights	E. P. Shirokov	51		38	66	10,062	2	2	2	0	0	6	8465-10966	O
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NONFEDERAL AND VETERANS ADMINISTRATION

ALABAMA

Birmingham															
Carraway Methodist	B. M. Carraway	89	4,972†	29	40	78,668	3	2	2	0	0	7	3800-4500		
Tuskegee															
Veterans Admin.	B. Balkissoon	128	1,021	57	58	426	3	3	3	0	0	9	4275-6035	O	

ARIZONA

Phoenix															
St. Joseph's	J. J. Berens	162	7,874	133	83	2,315	1	1	1	0	0	3	4500-5100	FP	

CALIFORNIA

Los Angeles															
California	R. M. Milliken	107	5,422	84	51	1,296	2	2	2	0	0	6	4020-4620	FP	
Hospital of the Good Samaritan Medical Center	W. Mikkelsen	188	6,840†	165	48	2,176	3*	2*	1	0	0	6	4800-5600	FP	
San Diego															
Mercy	J. H. Mehnert	97	6,082	86	60	4,193	1	1	1	0	0	3	4200-5700	F	
San Francisco															
St. Mary's	T. J. Whalen	117	3,809	55	56	7,682	3*	1	1	0	0	5	3600-4800	F	

APPROVED RESIDENCIES

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1965-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO														
Denver														
Mercy	R. F. Gipson	102	6,204	25	72	1,256	2	2	1	0	0	5	4620-5520	P
Presbyterian	K. C. Sawyer, Sr.	116	4,905	101	66	4,176	1	1	1	0	0	5	4200-4800	P
St. Luke's	C. H. McLaughlin	221	9,764	128	60	1,395	2	2	2	0	0	6	4200-4800	P
Pueblo														
Colorado State	H. H. Kerr	68	742	64	58	6,731	..	..	..	..	..	8†	7200-8400	O
CONNECTICUT														
Stamford														
Stamford	E. C. Rawls	104	4,938	154	56	3,167	1	1	1	0	0	3	4080-6780	F
Waterbury														
St. Mary's ³⁷⁸	J. Bergen	190	7,443	101	57	6,246	2	2	2	0	0	6	3900-4500	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	J. N. McClure	150	7,871†	117	32	5,177	3	3	2	0	0	10	4500-5400	P
Savannah														
Memorial Hospital of Chatham County	J. K. Quattlebaum, Jr.	73	3,200†	100	40	5,493	1	1	1	0	9	3	4500-5400	F
ILLINOIS														
Chicago														
Grant	C. K. Solander	78	2,981	52	29	5,845	1	1	1	0	0	3	5400-6000	P
St. Joseph	E. J. DelBeccaro	75	2,163	24	42	1,245	2	2	2	0	0	6	4200-5700	P
Evergreen Park														
Little Company of Mary	J. B. O'Donoghue, Jr.	189	6,873	101	41	776	2	2	2	0	0	6	6000-7800	P
Peoria														
St. Francis ²¹²	C. D. Branch	113	5,269	63	43	1,338	2	2	2	0	0	6	5100-6000	F
LOUISIANA														
New Orleans														
Southern Baptist ²²⁶	W. F. Becker	138	6,044	118	45	714	4	2	1	0	0	7	4020-4620	P
MARYLAND														
Baltimore														
Lutheran Hospital of Maryland	W. E. Gilmore	59	2,246	62	26	4,090	2	2	1	0	0	5	5700-6300	P
Provident	E. C. Walden	31	1,293	40	33	4,088	3	2	1	0	0	6	5400-7200	F
MASSACHUSETTS														
Beverly														
Beverly	R. E. Alt	87	3,161	60	70	19,896	2	2	1	0	0	5	3600-4200	F
Fall River														
Truesdale	D. F. Gallery	60	2,734	82	45	5,067	1	1	1	0	0	3	5100-7500	F
Malden														
Malden	W. E. Garrey	119	5,418	59	45	690	3	2	1	0	0	6	3900-5100	F
Pittsfield														
Pittsfield Affiliated Hospitals	R. Zupanec	111	5,068	57	53	2,140	2	2	1	0	0	5	3900-5700	F
Pittsfield General														
St. Luke's														
Quincy														
Quincy City	M. Sargent	122	4,648	111	48	1,151	2	2	1	0	0	5	3610-4010	F
MICHIGAN														
Detroit														
Alexander Blain	A. Blain, III													
Metropolitan	W. M. Taylor	38	1,438	11	18	2,556	1	0	0	0	0	1	3900-6000	F
	N. S. Gimbler	45	2,253	63	52	16,157	1	1	1	0	0	3	4380-5400	FP
Flint														
McLaren General	W. F. Dwyer	137	6,936	92	58	1,181	3	3	1	0	0	7	5700-6300	P
Kalamazoo														
Bronson Methodist	F. L. Clement	89	4,153	92	51	855	2	1	1	0	0	4	5700-6300	F
Pontiac														
Pontiac General	G. A. Sanford	143	6,456†	97	39	346	2	2	2	2	1	9†	4500-6000	FP
St. Joseph Mercy	A. Larson	129	5,302	120	55	2,315	2	2	2	0	0	6	5700-6420	P
Royal Oak														
William Beaumont	P. Jordan	86	1,030	55	76	98	..	..	..	..	..	9	5280-6300	P
Saginaw														
Saginaw General	J. E. Manning	75	4,276	57	40	120	1	1	1	0	0	3	6360-6960	F
Southfield														
Providence	V. J. Marecki	121	4,114	77	43	774	2	2	2	0	0	6	5700-6300	O
MINNESOTA														
Minneapolis														
Mount Sinai	P. A. Salmon	85	3,607	47	60	3,989	2	2	2	0	0	6	5880-7500	P
St. Barnabas Hospital-Swedish	L. J. Hay													
St. Barnabas		106	6,083	61	80	2,720	2	1	1	0	0	4	3720-4320	F
Swedish		164	5,765	123	47	4,656	2	2	1	0	0	5	3720-4920	F
MISSOURI														
Kansas City														
Menorah Medical Center	M. Silverstein	102	4,744	56	50	749	2	2	2	0	0	6	5700-6900	P
St. Luke's ³¹²	R. Allen	102	4,862	89	63	7,107	3	2	2	0	0	7	5100-6300	P
St. Louis														
Deaconess	J. H. Woodbridge	125	4,856	79	38	10,483	4	2	0	0	0	6	5400-7200	F
St. John's Mercy	W. Tomlinson	138	4,297	104	59	1,330	4	2	2	0	0	8	3600-4800	FP
NEBRASKA														
Lincoln														
Veterans Admin.	R. F. Moore	39	1,282	43	88	4,542	2	2	2	0	0	6	4275-6035	O
NEW JERSEY														
Atlantic City														
Atlantic City	J. C. McCracken, Jr.	113	4,506	110	60	29,635	2	1	1	0	0	4	3900-4500	F

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

APPROVED RESIDENCIES

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26. SURGERY — Continued

		Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1987					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW JERSEY—Continued															
Camden	West Jersey	K. L. Athey	146	5,503	65	31	2,059	1	1	1	0	0	3	3900-5400	FP
Englewood	Englewood ²¹	A. Cloud	131	6,196	72	44	2,603	2	2	2	0	0	6	3960-4560	F
Hackensack	Hackensack	R. Grant	158	8,455	106	36	5,394	3	1	1	0	0	5	3000-3600	F
Livingston	St. Barnabas Medical Center ²⁷⁸	C. J. Reilly	83	3,233	33	36	404	1	1	1	1	0	4	3300-4200	F
Mount Holly	Burlington County Memorial	L. B. Reagan	72	2,665	85	50	3,147	1	1	1	0	0	3	3000-4200	F
Newark	Newark City	I. M. Rollins	194	3,069	171	41	3,229	4	4	4	1	0	13	4200-7500	F
New Brunswick	Middlesex General	N. Rosenberg, P. Kunderman	116	5,392	107	51	4,135	4	2	1	1	0	8	4920-5568	P
	St. Peter's General	R. G. Matfield	111	6,181	73	41	3,483	4	2	1	0	0	7	4620-6360	FP
NEW YORK															
Albany	Memorial	P. Clasier	121	4,320	83	45	13,741	1	1	1	0	0	3	4500-5100	FP
	St. Peter's	M. J. Stapleton	147	6,017	71	52	12,492	2	2	2	0	0	6	4200-5400	F
Buffalo	Deaconess Hospital of Buffalo	K. H. Eckhart	131	3,692	110	32	8,103	3	2	1	0	0	6	3900-4200	F
Johnson City	Charles S. Wilson Memorial	R. W. Smith	101	3,723	64	44	15,285	3	2	2	0	0	7	4500-5100	P
Mount Vernon	Mount Vernon	J. F. Bagg	139	4,707	150	44	5,803	1	1	1	0	0	3	3300-4200	FP
Newburgh	St. Luke's	O. A. Wahl	43	1,735	51	43	...	1	1	1	0	0	3	4200-4800	F
New Rochelle	New Rochelle	W. J. McCann	153	6,247†	202	39	6,909	1	1	1	0	0	3	4680-5280	F
New York City	Booth Memorial	J. Chassin	61	2,814	41	51	6,749	4	2	1	0	0	7	3900-4800	F
	City Hospital Center at Elmhurst ⁴	D. Dreiling	117	2,771	185	70	22,033							4200-5220	F
	French	H. S. Huber	66	2,259	54	78	5,683	2	1	1	0	0	4	4800-5700	FP
	Jamaica	H. Barber	95	4,308	83	58	20,389	4	4	2	2	0	12†	4200-6600	F
	Jewish Memorial	H. C. Baron	58	2,288	57	38	3,730	2	2	2	0	0	6	4200-5400	F
	Lutheran Medical Center	R. Sanfilippo	92	3,224	63	35	2,766	3	2	2	0	0	7	4500-5100	F
	Mary Immaculate	F. Dealy	96	4,186	58	36	2,567	3	2	1	0	0	6	4000-5100	FP
	Misericordia Hospital Training Program														
	Fordham	B. M. Reynolds	175	3,721	147	49	27,288	6*	2	2	2	0	12	4200-5220	F
	St. Vincent's Hospital of the Borough of Richmond	W. F. Mitty, Jr.	90	3,074†	68	40	3,121	2	2	2	0	0	6	5900-6600	P
	Sydenham	D. F. Casten	59	1,935	41	33	6,293	2	1	1	0	0	4	4200-5220	P
Schenectady	Ellis	S. MacMillan	143	6,416	97	68	9,100	3	2	1	1	0	7†	3900-4800	FP
NORTH CAROLINA															
Durham	Watts	J. E. Davis	88	3,761	47	48	1,717	2	2	1	0	0	5	3900-4800	F
Winston-Salem	Kate Bitting Reynolds Memorial	R. T. Odom	71	2,801	64	14	12,010	2	2	2	0	0	6	5100-6300	P
OHIO															
Canton	Aultman	S. S. Reinglass	158	7,729	121	47	705	5	5	4	0	0	14	4200-6000	FP
	Mercy	P. E. Smith	179	8,089	187	45	6,657	3	3	3	0	0	9	4200-6000	F
Cleveland	Evangelical Deaconess	P. Pipik	80	2,605†	69	38	73	3	3	1	0	0	7	4200-4800	F
Dayton	Good Samaritan	P. A. Weisman	140	6,963	131	56	540	1	1	1	0	0	3	3900-4500	F
Lakewood	Lakewood	J. Magisano	114	5,654†	53	592	1,372	4	4	1	0	0	9	3900-4500	FP
Toledo	St. Vincent	J. I. Collins	108	4,903	135	59	1,591	3	1	1	0	0	5	3900-4500	F
Warren	Trumbull Memorial	D. A. Miller	126	4,923	137	38	344	4	2	2	0	0	8	4200-5400	F
OKLAHOMA															
Tulsa	Hillcrest Medical Center	F. Clingan	166	7,750†	189	39	2,370	2	2	2	0	0	6	3000-4200	F
	St. John's	L. Nienhuis	190	5,375	151	40	5,937	1	1	1	0	0	3	3600-5400	FP
OREGON															
Portland	Good Samaritan	M. McKirdie	177	7,641	100	72	5,546	1	1	1	0	0	3	4800-5160	P
PENNSYLVANIA															
Allentown	Sacred Heart	C. Holland	149	6,408	144	41	2,813	0	0	1	0	0	1	3600-4200	FP
Bethlehem	St. Luke's Hospital of Bethlehem	G. R. Greenwood	161	5,965	135	49	7,591	3	2	1	0	0	6	3720-4320	FP
Easton	Easton	J. H. Updegrave	88	3,935	75	53	4,091	1	1	1	0	0	3	4200-4500	FP
Erle	St. Vincent	F. J. Brinig	123	6,433†	167	31	1,901	2	1	1	0	0	4	3900-4800	FP
Harrisburg	Harrisburg Polyclinic	E. O. Daue, Jr.	201	6,583	165	41	4,544	2	2	2	0	0	6	5400-5700	FP
McKeesport	McKeesport	F. R. Bondi	186	6,759	115	31	7,625	2	1	1	0	0	4	5400-6600	P
Norristown	Sacred Heart	R. A. Buyers	82	4,216	62	32	5,017	2	1	1	0	0	4	4800-6000	FP

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

APPROVED RESIDENCIES

26. SURGERY — Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year		Maintenance
						Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
PENNSYLVANIA—Continued																	
Philadelphia	Episcopal	J. W. Klopp	71	2,237	77	35	7,056	2	2	2	0	0	6	4200-4680	O		
	Frankford	A. L. Colley	58	2,453	70	30	5,967	1	1	1	0	0	3	4800-5400	F		
	Mercy-Douglass	M. W. Allen	65	2,243	46	34	9,669	3	2	1	0	0	6	4800-5400	F		
	Nazareth	J. F. O'Neill	90	3,645	58	41	3,648	2	2	2	0	0	6†	4500-6000	F		
	Montefiore	S. A. Rosenberg	142	5,863	113	50	6,882	3	2	1	0	0	6	4200-5700	O		
Reading	Reading	W. K. Runyeon	143	2,303	62	59	950	2	1	1	0	0	4	3300-4200	FP		
	St. Joseph's	R. R. Impink	145	5,638	134	41	985	1	1	1	1	0	4	4200-5400	F		
Wilkesburg	Columbia	J. R. Duncan	103	4,557	101	28	26,707	1	1	1	0	0	3	6000-6000	F		
	Williamsport	S. Servoss	221	5,476	74	54	939	1	1	1	0	0	3	5000-6600	FP		
PUERTO RICO																	
Ponce	Hospital De Damas	L. F. Sala	55	2,986	25	60	4,567	1	1	1	0	0	3	3600-4200	F		
	Ponce District General	J. Colon Bonet	121	2,589	126	47	22,218	3	3	3	0	0	9	3900-5700	F		
SOUTH CAROLINA																	
Columbia	Columbia Hospital of Richland County	J. W. Fouche	121	4,693	145	46	5,272	1	1	1	0	0	3	5040-5520	P		
	Spartanburg	E. M. Colvin	227	10,734	150	33	8,907	2	2	2	0	0	6	6000-6600	P		
SOUTH DAKOTA																	
Yankton	Sacred Heart	C. B. McVay	35	1,988	22	73	1,305	1	1	1	0	0	3	5400-6600	P		
TEXAS																	
Austin	Brackenridge ¹⁹⁷	F. M. Nelson	52	2,304†	43	49	3,173	1	1	1	0	0	3	5400-6600	F		
	Dallas	C. R. Morris	185	8,338†	95	53	3,197	2	1	1	0	0	4	4500-5100	P		
Houston	St. Joseph	J. P. Barnes	134	5,775	124	50	1,481	3	2	1	0	0	6	4440-5040	P		
San Antonio	Robert B. Green Memorial	A. W. Hartman	66	2,353	118	50	19,001	3	3	3	0	0	9	4500-6300	FP		
	Alexandria	C. V. Amole	71	3,042†	53	36	4,186	2	1	1	0	0	4	3600-4800	P		
Richmond	Johnston-Willis	F. S. Johns	107	3,938	40	45	14,980	1	1	1	0	0	3	5400-6600	F		
	Roanoke	P. C. Trout	32	1,296	26	68	1,652	2	1	1	0	0	4	7500-8100	FP		
Roanoke Memorial Hospitals	H. Lee	255	8,788	115	42	5,033	3	2	2	0	0	7	5400-6000	F			
WASHINGTON																	
Seattle	Providence	G. M. Bogardus	76	5,833†	80	70	914	3*	2	2	0	0	7	3900-4800	FP		
WEST VIRGINIA																	
Huntington	Cabell Huntington	J. R. Parsons	97	5,355	68	40	7,195	1	1	1	0	0	3	4800-...	F		
	St. Mary's	G. W. Woelfel	142	7,703	85	35	5,255	2	1	1	0	0	4	3900-4800	FP		
Phillippi	Broadus	H. C. Myers	40	1,479	33	48	12,649	1	1	1	0	0	3	3900-4500	F		
WISCONSIN																	
Madison	Madison General	A. D. Anderson	53	1,772	35	69	...	2	2	2	0	0	6	3900-4500	FP		
Milwaukee	Columbia ¹⁹²	M. Schroeder	73	3,155	49	78	12,905	2	1	1	0	0	4	4800-5400	P		
	St. Joseph's	W. Weisel	124	6,088	101	78	4,810	2	2	2	2	0	8	4800-6000	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 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, 9; Residencies, 61

UNITED STATES ARMY

TEXAS	U. S. Army, Fort Hood ⁹⁴	R. L. Severance	20	2,161	13	77	12,253
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NONFEDERAL AND VETERANS ADMINISTRATION

COLORADO																	
Denver	Children's ⁹⁰	D. R. Akers	42	3,377†	35	86	2,281	0	0	0	1	0	1	4200-4200	P		
LOUISIANA																	
Monroe	E. A. Conway Memorial ⁹⁴	G. Sartor	40	1,451	50	20	10,401	0	3	0	0	0	3	7800-7800	P		

26. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MASSACHUSETTS														
Boston														
Labey Clinic ⁸⁰	J. W. Braasch	118	3,648	84	55	11,680	0	0	0	12	0	12	2100-5400	O
Chelsea														
Lawrence F. Quigley Memorial ²⁴⁸	A. L. Davis	33	595	31	64	3,897	..	..	..	..	..	..	4200-6000	P
MISSOURI														
Columbia														
Ellis Fischel State Cancer ⁸⁹	J. S. Spratt, Jr.	61	1,581	75	56	9,710	0	0	0	2	2	4	3600-4800	FP
NEW YORK														
New York City														
Francis Delafield ⁸⁰	G. Humphreys	68	648	168	78	4,845	4	3	0	0	3	10	4200-5220	P
Memorial Hospital for Cancer and Allied Diseases-James Ewing ⁸⁴	H. T. Randall	299	7,375	437	44	40,725	0	0	27	0	0	27	5520-8220	P
OHIO														
Columbus														
Children's ⁸²	H. W. Clatworthy	40	2,149	33	94	4,331	0	0	0	0	2	4†	5400-6000	P
<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 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, 111</p>														
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Duarte														
City of Hope Medical Center	R. L. Byron	28	866	98	79	10,324	0	0	2	0	3	5	5400-6000	P
COLORADO														
Denver														
Children's	D. R. Akers	42	3,377†	35	86	2,281	0	0	0	1	0	1	4200-4200	P
DISTRICT OF COLUMBIA														
Washington														
Children's	J. Randolph	26	1,874†	21	71	4,275	0	0	0	1	0	1	5100-5100	P
ILLINOIS														
Chicago														
Children's Memorial	O. Swenson	60	3,436†	58	81	12,594	0	0	0	0	3	3	3300-4200	P
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center	R. E. Gross	50	1,926	46	98	21,713	6	2	3	1	0	12	1800-5250	F
Norfolk														
Pondville	M. Yatsushashi	82	1,318	169	49	15,802	0	0	1	0	0	1	3600-3600	O
Westfield														
Western Massachusetts	O. T. Pace	45	756	122	53	8,069	0	0	0	2	1	3	9594-13650	O
MICHIGAN														
Detroit														
Children's	C. Benson	41	2,228	46	80	6,744	0	4	0	0	2	6	4800-6000	O
MISSOURI														
Columbia														
Ellis Fischel State Cancer	J. S. Spratt, Jr.	61	1,581	75	56	9,710	0	0	0	2	2	4	3600-4800	FP
NEW JERSEY														
Newark														
United Hospitals of Newark-Babies'	A. Falla	32	1,771	16	87	6,285	0	0	0	1	0	1	7000-7000	P
NEW YORK														
Buffalo														
Children's Hospital of Buffalo	T. C. Jewett, Jr.	37	2,147	25	90	5,746	0	0	0	0	1	1	4100-5300	P
Roswell Park Memorial Institute	G. E. Moore	82	1,456	119	100	13,539	0	0	0	6	6	12	4650-5754	O
New York City														
Francis Delafield	G. Humphreys	68	648	168	78	4,845	4	3	0	0	3	10	4200-5220	P
Memorial Hospital for Cancer and Allied Diseases-James Ewing	H. T. Randall	281	7,360	437	44	39,751	0	0	0	0	24	24	6220-8920	P
Presbyterian	T. V. Santulli	...	...	...	...	...	0	0	0	0	1	1	5600-5600	O
OHIO														
Columbus														
Children's	H. W. Clatworthy	40	2,149	33	94	4,331	0	0	0	0	2	4†	5400-6000	P
PENNSYLVANIA														
Philadelphia														
Children's Hospital of Philadelphia	C. E. Koop	31	1,904	34	80	2,483	0	0	2	2	0	4	1200-1200	F
St. Christopher's Hospital for Children	S. L. Cresson	54	2,450	19	89	6,944	0	0	0	0	1	1	3600-...	FP
Pittsburgh														
Children's Hospital of Pittsburgh	W. B. Kiesewetter	...	1,322	24	95	4,794	0	2	1	2	2	7	3900-4860	O
PUERTO RICO														
Rio Piedras														
I. Gonzalez Martinez Oncologic	L. A. Vallecillo	3	612	12	30	3,942	0	0	0	1	0	1	6000-6000	P
TEXAS														
Houston														
University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	96	2,708	120	78	27,000	0	0	0	6	3	9†	5400-6600	O

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

APPROVED RESIDENCIES

26. SURGERY — Continued

Residency programs in the following hospitals are approved by the Council on Medical Education as offering satisfactory training of ONE or TWO years' duration in preparation for residency training IN THE SURGICAL SPECIALTIES ONLY. Applicants intending to qualify for examination by the American Board of Surgery should refer to the four lists of approved services immediately preceding this list. Programs, 105; Residencies, 296

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	O - Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
DISTRICT OF COLUMBIA															
U. S. Air Force, Washington	P. A. Cox					32,330									
UNITED STATES ARMY															
CALIFORNIA															
U. S. Army, Fort Ord	J. L. Hannon	142	6,589	5	80	58,854	4	0	0	0	0	4			
GEORGIA															
Martin Army, Fort Benning	F. F. Krauskopf	81	2,655	30	70	11,859	5	0	0	0	0	5			
KENTUCKY															
U. S. Army, Fort Campbell	H. M. Henderson	135	3,351	9	100	44,647	3	0	0	0	0	3			
Ireland Army, Fort Knox	J. D. Caskie	53	5,903	4	100	13,178	4	0	0	0	0	4			
NEW JERSEY															
Walton Army Hospital, Fort Dix	L. O. Travis	142	6,004	64	66	131,559	4	0	0	0	0	4			
NORTH CAROLINA															
Womack Army, Fort Bragg	B. A. Rutledge	194	7,739	17	88	88,289	4	0	0	0	0	4			
OKLAHOMA															
U. S. Army, Fort Sill	T. D. Kelly	89	1,056	23	83	7,180	2	0	0	0	0	2			
VIRGINIA															
De Witt Army, Fort Belvoir	L. M. Jackson	42	2,078	9	67	9,742	4	0	0	0	0	4			
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
Phoenix															
Good Samaritan	H. Williams	216	10,251	114	45	979	2	2	0	0	0	4	5400-6300	P	
ARKANSAS															
Little Rock															
Arkansas Baptist	W. G. Cooper	220	2,431	74	37		2	0	0	0	0	2	6000-6000	F	
CALIFORNIA															
Berkeley															
Herrick Memorial	J. G. Holmes	60	2,883	63	38	682	1	0	0	0	0	1	4800-5100	P	
Glendale															
Glendale Sanitarium and Hospital	R. Brown	113	5,555	83	49	1,986	2	0	0	0	0	2	4980-4980	P	
Long Beach															
Memorial Hospital of Long Beach	A. Beland	159	8,454	130	49	562	1	0	0	0	0	1	5400-6000	P	
Los Angeles															
Santa Fe Coast Lines	L. Chaffin	43	1,185	13	69	34	4	0	0	0	0	4	5400-6180	F	
Pasadena															
Huntington Memorial	W. E. Delphey	138	6,677	132	44	12,880	3*	0	0	0	0	3	4200-6000	FP	
San Bernardino															
San Bernardino County Charity	R. Seavers	121	5,941	167	49	26,115	6	3	0	0	0	9	4800-6000	F	
San Francisco															
French	R. E. Gardner	65	2,835	42	52	11,347	0	2	0	0	0	2	4200-5400	FP	
Mary's Help Hospital-St. Joseph's															
Mary's Help	G. L. Torassa	30	1,619†	32	62	6,280	1	1	0	0	0	2	3900-4500	FP	
St. Joseph's	H. H. Lindner	57	2,546	32	63	7,956	1	1	0	0	0	2	3600-5400	F	
Santa Monica															
St. John's	J. F. Roberts	115	6,254	51	51	213							3000-3600	F	
CONNECTICUT															
Danbury															
Danbury	E. Fernand	103	4,911†	138	45	3,004	2	0	0	0	0	2	4200-4200	F	
Greenwich															
Greenwich	J. V. Halloran	115	4,756	116	69	2,369	2*	0	0	0	0	2	3300-5400	F	
Hartford															
J. J. McCook Memorial	J. Cullen	33	447	16	63	1,755									
New London															
Lawrence and Memorial Hospitals	F. B. Hartman	109	5,394†	84	67	579	3*	0	0	0	0	3	5400-5700	F	
Norwalk															
Norwalk	A. Margold	75	2,460	37	43	1,580	4	0	0	0	0	4	3420-4680	F	
DISTRICT OF COLUMBIA															
Washington															
Eastern Dispensary and Casualty	R. E. Stone	124	4,574	56	21	26,192	3	2	0	0	0	5	5000-5600	F	
Sibley Memorial	D. C. Richtmeyer	123	6,327	66	66	3,060	2	1	0	0	0	3	3600-4200	F	
FLORIDA															
Fort Lauderdale															
Broward General	R. Foster	165	7,512	148	33	305	2	0	0	0	0	2	6600-6600	O	
Miami Beach															
St. Francis	R. A. Torrado	67	519	48	45	1,325	2	0	0	0	0	2	4800-5220	P	
St. Petersburg															
Mound Park	D. Hubbell	175	6,639	234	35	3,589	1	0	0	0	0	1	4940-4940	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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS															
Berwyn															
MacNeal Memorial	R. G. Mrazek	110	5,277	114	46	2,305	3	0	0	0	0	3	5400-5400	FP	
Chicago															
American	P. Thorek	43	2,359	54	30	691	2	2	0	0	0	4	6700-7200	F	
Hospital of St. Anthony de Padua	F. P. Donlon	64	2,772	15	20	720	2	0	0	0	0	2	4800	F	
Norwegian-American	G. T. Murphy	62	2,387	85	26	2,349	5	0	0	0	0	5	6000	F	
Ravenswood	R. F. Cunningham	102	4,423	68	50	172	1	0	0	0	0	1	4800-4800	O	
St. Anne's	J. P. Cascino	61	2,749	32	31	436	4	0	0	0	0	4	6600-6600	O	
Peoria															
Methodist Hospital of Central Illinois	H. E. Cooper	154	6,338	92	50	1,014	3	0	0	0	0	3	5400	F	
INDIANA															
Fort Wayne															
Lutheran Hospital of Fort Wayne	R. Lloyd	107	5,021	10	70	1,955	1	0	0	0	0	1	3900-3900	F	
Indianapolis															
St. Vincent's	J. Finneran	97	3,980	60	31	548	3	0	0	0	0	3	5700-5700	P	
Muncie															
Ball Memorial	T. C. Moore	179	6,724	108	46	1,433	1	0	0	0	0	1	5100-5100	FP	
KANSAS															
Wichita															
Wesley Medical Center	G. J. Mastio	171	8,935	63	46	9,726	3	0	0	0	0	3	5400-5400	F	
KENTUCKY															
Louisville															
John N. Norton Memorial Infirmary	W. T. Ramage, Jr.	100	5,199	66	44	144	6	0	0	0	0	6	6600-6600	FP	
MAINE															
Lewiston															
Central Maine General	W. V. Cox	90	3,872	76	43	970	1	0	0	0	0	1	3300-3300	F	
MARYLAND															
Baltimore															
Bon Secours	G. Sullivan	88	3,799	71	34	13,006	2	1	0	0	0	4	4500-6000	FP	
Bethesda															
Suburban	J. O. Robben	96	4,728	110	52	773	2*	2	0	0	0	4	3720-4020	FP	
MASSACHUSETTS															
Fitchburg															
Burbank	F. P. Ross	57	2,150	62	60	1,524	1	0	2	0	0	3	3600-4200	FP	
MICHIGAN															
Dearborn															
Oakwood	R. H. Ramsey	102	4,560	65	54	...	5*	0	0	0	0	5	4800-4800	F	
Detroit															
Evangelical Deaconess	T. W. Baumgarten	65	2,909	53	47	3,332	2	0	0	0	0	2	5622-6240	P	
Grosse Pointe															
Bon Secours	C. J. Holt, Jr.	75	4,398	43	65	9,155	4	2	0	0	0	6	5100-5700	F	
Kalamazoo															
Borgess	R. Hodgman	55	2,678	37	35	295	1	0	0	0	0	1	5700-5700	F	
Lansing															
Edward W. Sparrow	H. J. Schmidt	182	8,684	145	46	480	1	0	0	0	0	1	6600-6600	P	
MINNESOTA															
Minneapolis															
Northwestern	R. Utendorfer	...	4,061†	100	62	2,091	3	0	0	0	0	3	3600-3600	F	
St. Paul															
St. Joseph	A. Kelly	67	3,031	35	49	...	1	0	0	0	0	1	5880-5880	P	
NEBRASKA															
Lincoln															
St. Elizabeth	F. Neumayer	77	4,097	48	40	265	2	0	0	0	0	2	4200	F	
NEW JERSEY															
Montclair															
Mountainside	F. G. Barnard	120	4,440†	69	29	1,049	3	0	0	0	0	3	3900-3900	F	
Morristown															
Morristown Memorial	S. H. M. Plum	87	3,720	50	50	1,183	1	0	0	0	0	1	6000-6000	F	
Neptune															
Fitkin Memorial	M. Q. Haneock	103	3,904	139	45	3,825	1	0	0	0	0	1	4200-5400	F	
Newark															
St. Michael	J. Connolly, A. Sarno	95	3,291	65	46	2,708	3	0	0	0	0	3	3900-5680	F	
United Hospitals of Newark-Presbyterian	T. A. Stanley	62	2,000	68	54	...	3	0	0	0	0	3	3900-4200	P	
NEW MEXICO															
Albuquerque															
Bataan Memorial Methodist	J. Whitcomb	81	3,908	30	50	12,240	3	0	0	0	0	3	4200-4200	P	
NEW YORK															
Buffalo															
Mercy	J. Persse	136	6,263	66	42	851	3	0	0	0	0	3	5200-5200	FP	
Clifton Springs															
Clifton Springs Hospital and Clinic	J. Lasner	28	1,279	16	13	10,968	1	1	0	0	0	2	4200-4800	FP	
New York City															
Jewish Chronic Disease	H. A. Kaplan	18	305	29	28	296	1	0	2	0	0	3	4500-5700	F	
New York Infirmary	L. Loseke	48	1,948	57	49	6,132	2	1	0	0	0	3	4250-4900	F	
Port Chester															
United	F. J. Murphy	115	4,122	56	36	1,169	2	0	0	0	0	2	4800-6000	P	
White Plains															
White Plains Hospital ¹⁰⁸	W. M. Sheridan	...	...	...	...	...	...	...	...	...	...	...	...	...

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 1966-1967					Total All Years	Salary Per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NORTH DAKOTA															
Bismarck															
Bismarck	N. O. Brink	74	2,915	71	26	1,627	6	0	0	0	0	6	8500-8500	P	
Fargo															
St. Luke's	G. H. Hall	68	3,368	42	40	24,417	3	0	0	0	0	3	6000-6000	F	
OHIO															
Elyria															
Elyria Memorial	P. Ferrato	179	6,557	79	44	947	2	2	0	0	0	4	4800-5400	F	
Hamilton															
Mercy	W. F. Hume	95	4,686	63	36	10,856	4	3	0	0	0	7	4500-4800	F	
Mansfield															
Mansfield General	C. L. Shafer	...	5,487	50	26	...	6	0	0	0	0	6	3600-4800	F	
Toledo															
Flower	W. Meffley	89	4,090	84	29	282	1	0	0	0	0	1	3900-3900	F	
OKLAHOMA															
Oklahoma City															
Presbyterian	E. R. Munnell	41	2,118†	52	46	4,017	4*	0	0	0	0	4	5400-6000	O	
OREGON															
Portland															
Emanuel	B. H. Best	175	7,414†	96	54	5,455	2	2	0	0	0	4	4800-4920	P	
Providence	J. C. Mitchell	126	6,116	94	66	...	4	0	0	0	0	4	5400-5400	P	
PENNSYLVANIA															
Altoona															
Altoona	J. M. Stowell	106	4,228	131	31	12,127	2	0	0	0	0	2	6420-6420	F	
Bradford															
Bradford	D. R. Watkins	50	2,147	70	29	...	2	2	2	2	0	8	3000-3000	F	
Hazleton															
Hazleton State General	S. E. Matsko	61	2,243	49	25	5,421	2	2	0	0	0	4	6090-6390	P	
St. Joseph	V. F. Greco	73	3,552	44	50	9,874	2	2	0	0	0	4	5530-5530	P	
Johnstown															
Conemaugh Valley Memorial	R. P. Zimmerman	132	4,295	126	42	1,213	2	0	0	0	0	2	4800-4800	F	
Philadelphia															
Jeanes	P. J. Grotzinger	68	2,600	65	61	9,370	3	1	0	0	1	5	5200-10000	F	
St. Joseph's	W. A. D'Alonzo	168	3,423	175	29	4,082	3	0	0	0	0	3	4800-4800	F	
St. Mary's Franciscan	W. J. Tourish	132	4,530	117	33	3,128	2	0	0	0	0	2	4200-4800	F	
Pittsburgh															
St. Margaret Memorial	J. R. Watson	6	2,244	33	61	7,778	1*	0	0	0	0	1	6300-...	F	
Uniontown															
Uniontown	R. M. Maher	101	4,181	36	36	660	2	0	0	0	0	2	5100-5100	F	
Wilkes-Barre															
Wilkes-Barre General	P. J. Morgan	71	2,304	64	45	1,026	1	1	0	0	0	2	4200-4200	F	
PUERTO RICO															
San Juan															
Presbyterian	P. A. Suau	25	1,284†	17	6	72	1	0	0	0	0	1	6000-6000	F	
TENNESSEE															
Chattanooga															
Newell	E. T. Newell, Jr.	43	2,502	58	16	25,930	3	0	0	0	0	3	6000-6600	P	
Knoxville															
St. Mary's Memorial	C. C. Smeltzer	77	4,520	52	27	137	1	1	0	0	0	2	3840-3960	F	
TEXAS															
Dallas															
Gaston Episcopal	J. W. Goode	65	3,493	12	42	100	1	0	0	0	0	1	3600-3900	FP	
Fort Worth															
Harris Hospital-Fort Worth Medical Center	J. F. Lindsay	161	6106†	78	49	658	1	1	0	0	0	2	4800-5400	F	
Houston															
Southern Pacific	J. R. Gandy	35	1,000	9	67	8,338	1	0	0	0	0	1	3900-3900	F	
UTAH															
Ogden															
Thomas D. Dee Memorial	D. W. Tanner	69	3,838	95	57	538	2*	0	0	0	0	2	3900-4200	P	
Salt Lake City															
Holy Cross	J. A. Gubler	141	7,059	138	53	141	1	0	0	0	0	1	3600-4500	FP	
St. Mark's	J. H. Clark	113	4,544	39	64	1,557	1	0	0	0	0	1	3900-...	F	
VIRGINIA															
Newport News															
Riverside	H. Williams	113	4,682	73	37	1,480	2	0	0	0	0	2	6000-7200	FP	
Richmond															
St. Elizabeth's	J. S. Horsley	22	365	17	47	...	1	1	0	0	0	2	4200-6000	FP	
Roanoke															
Lewis-Gale	W. L. Sibley	77	4,231	29	55	59,183	2	1	0	0	0	3	6300-6600	FP	
WASHINGTON															
Seattle															
Doctors	H. B. Garrigues	70	4,501	43	58	0	1	0	0	0	0	1	5400-6000	F	
Spokane															
Sacred Heart	C. P. Schlicke	193	10,677	121	55	680	2	0	0	0	0	2	4200-4200	FP	
WISCONSIN															
Janesville															
Mercy	E. W. Reinardy	68	3,816	18	56	692	3	0	0	0	0	3	6000-6000	P	
La Crosse															
La Crosse Lutheran	S. B. Gundersen, Jr.	69	3,462	90	51	38,000	2	0	0	0	0	2	4200-4200	F	
Marshfield															
St. Joseph's	B. R. Lawton	87	4,285†	60	48	3,834	2	0	0	0	0	2	6000-6000	F	
Milwaukee															
Evangelical Deacons	C. A. Bauer	129	5,608†	59	47	3,850	3	3	0	0	0	6	5400-5700	F	
St. Luke's	R. R. Watson	92	4,417	52	48	4,299	3	0	0	0	0	3	5400-5400	P	

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

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 was stated in the Special Announcements Section following the Annual Report in the 1964 Directory of Approved Internships and Residencies. Programs, 98; Residencies, 283.

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1966-1967		Salary per Year Min.-Max.	Main-tenance P O
				Number	Autopsy Per cent			Total All Years			
UNITED STATES AIR FORCE											
TEXAS											
U. S. Air Force, San Antonio ⁵¹³	D. C. Campbell, Jr.	25	449	24	83	133	2	2			
UNITED STATES ARMY											
CALIFORNIA											
Letterman General, San Francisco	E. M. Aronstam	15	262	18	89	1,434	2	2			
COLORADO											
Fitzsimons General, Denver	A. R. Hopeman	9	94	17	82	189	2	2			
DISTRICT OF COLUMBIA											
Walter Reed General, Washington ⁴⁷⁴	E. J. Jahnke	20	394	21	80	1,487	2	4			
TEXAS											
Brooke General, San Antonio ⁵¹³	H. A. Blake	15	320	12	92	472	2	4			
UNITED STATES NAVY											
CALIFORNIA											
U. S. Naval, San Diego	B. F. Baisch	36	457	31	68	1,722	2	2			
MARYLAND											
U. S. Naval, Bethesda	J. E. McClenathan	18	210	13	100	235	2	2			
NEW YORK											
U. S. Naval, St. Albans	H. S. Arnold	15	146	5	60	384	2	2			
NONFEDERAL AND VETERANS ADMINISTRATION											
ALABAMA											
Birmingham											
University of Alabama Medical Center		35	977	21	52	460	2	1			
University Hospital and Hillman Clinic	C. Lyons								6227-6227		F
Veterans Admin.	M. N. Bradley								4325-7715		O
CALIFORNIA											
Duarte											
City of Hope Medical Center	F. X. Byron	11	152	28	100	496	1	4	5400-6000		P
Los Angeles											
University of California ¹²²	J. V. Maloney, Jr.	10	351	48	94	404	2		3580-7188		O
Veterans Admin. Center-Wadsworth ¹¹⁷	R. K. Hughes	16	382	26	73	404	2	4	7715-7715		P
Oakland											
Children's Hospital of the East Bay	D. J. Dugan	4	114	8	100	43	1	1	5700-6300		FP
Highland Alameda County ¹¹⁹	D. J. Dugan	7	253	16	63	498	2	4	5628-6516		P
Olive View											
Olive View	N. C. Hamel	60	900	12	83	350	1	4	12240-12240		O
San Francisco											
University of California Hospitals	J. E. Dunphy	13	447	31	94	654	1		6300-6300		O
Torrance											
Los Angeles County Harbor General	W. Bloomer	4	79	9	63	1,247	1	1	7500-7500		F
COLORADO											
Denver											
National Jewish	M. M. Newman	15	256	11	91	135	2	2†	4200-5000		O
Veterans Admin.	R. K. Brown		36	4	100	787	1		4325-7715		
CONNECTICUT											
New Haven											
Hospital of St. Raphael	M. G. Carter	12	319	28	68	244	1	1	3900-4800		F
Yale-New Haven Medical Center											
Yale-New Haven	W. L. Glenn	35	819	59	81	1,144	2	6	4200-4200		P
DISTRICT OF COLUMBIA											
Washington											
District of Columbia General Hospital-George Washington University							2	2			
District of Columbia General-George Washington University	B. B. Blades	13	545	14	65	1,260			4500-4500		P
FLORIDA											
Gainesville											
University of Florida Teaching Hospital and Clinics	M. W. Wheat, Jr.	20	650	67	87	1,254	2	2	6000-8000		O
Miami											
Jackson Memorial ¹⁷⁶	J. Jude	28	674	52	66	255	2	6	5280-7200		P
GEORGIA											
Atlanta											
Emory University Affiliated Hospitals	O. A. Abbott						2	6			
Emory University		23	827†	39	64	0			3600-4800		P
Grady Memorial									3600-3900		P
Augusta											
Medical College of Georgia Hospitals							2	4			
Eugene Talmadge Memorial	R. G. Ellison	23	502	34	79	1,304			7000-7000		O
Batley State (Rome)	R. F. Corpe	24	149	1					7524-7800		P
Rome											
Batley State—See Medical College of Georgia Hospitals, Augusta											

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 1966-1967	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Autopsy Per cent					
ILLINOIS										
Chicago										
Chicago State Tuberculosis Sanitarium	H. T. Langston	39	312	8	50	117	1	1	4200-4200	P
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	66	301	19	52	1,169	1	4	4944-5190	F
Cook County	M. Weinberg	41	499	54	72	802	2	4	5100-5100	F
Presbyterian-St. Luke's	E. J. Beatie	70	1,257	100	74	1,050	2	6	5500-6000	P
Hines										
Veterans Admin. ²⁰⁵	W. E. Neville	21	291	66	64	958	2	3	7715-7715	O
Hinsdale										
Suburban Cook County Tuberculosis Sanitarium District	A. F. Reimann	10	120	6	67	500	1	1	4200-7200	O
IOWA										
Iowa City										
University Hospitals	J. L. Ehrenhaft	32	900	37	86	...	2	2	7000-9000	P
KANSAS										
Kansas City										
University of Kansas Medical Center	F. Allbritten	Inc. in Surgery	...	...	...	...	2	1	3600-4200	P
LOUISIANA										
Monroe										
E. A. Conway Memorial—See Ochsner Foundation, New Orleans										
New Orleans										
Charity Hospital of Louisiana	L. Strug	6	173	49	25	998	2	2	3300-3600	F
Louisiana State University Division	O. Creech	6	143	26	73	732	2	2	3300-3600	F
Tulane University Division	A. Ochsner	21	789	18	83	7,500	2	2	4500-...	P
Ochsner Foundation	E. A. Conway Memorial (Monroe)	1	438	3	67	1,752	...	...	...-7800	P
Shreveport										
Confederate Memorial Medical Center	W. W. McCook, Jr.	6	238	9	34	1,441	1	1	4200-4200	F
MARYLAND										
Baltimore										
University of Maryland	R. A. Cowley	14	306	22	77	329	2	6	3200-5700	P
Veterans Admin.	R. F. Kieffer, Jr.	27	218	9	100	...	1	...	4325-7715	P
MASSACHUSETTS										
Boston										
Boston City Hospital-Boston Sanatorium	J. W. Strieder	...	...	...	...	...	2	4	...	...
Boston City	...	15	366	35	49	...	...	...	4800-5400	O
Boston Sanatorium	...	30	85	3	33	1,250	...	...	4800-5200	P
New England Deaconess ⁴⁶⁴	R. H. Oberholt	66	1,623	62	50	1,040	2	2	3600-4800	O
MICHIGAN										
Ann Arbor										
University	C. Haight	32	661	43	72	1,358	2	8	4240-4740	O
Dearborn										
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit										
Detroit										
Henry Ford	C. R. Lam	41	1,122	88	90	1,133	2	8	5400-6600	P
Herman Kiefer	J. C. Day	90	932	6	67	411	2	6	7785-10930	O
Wayne State University Affiliated Hospitals	...	...	...	...	...	...	2	...	...	...
Veterans Admin. (Dearborn)	A. P. Thal	10	208	20	95	468	...	1	...-6665	O
Receiving	A. P. Thal	...	344	13	...	...	2	4	...-8500	P
Lansing										
Ingham Medical	A. L. Stanley	47	274	23	52	5,095	1	2	4800-6000	F
MINNESOTA										
Minneapolis										
Veterans Admin.	E. Humphrey	16	263	22	86	381	2	2	4325-7715	O
Rochester										
Mayo Graduate School of Medicine	O. T. Clagett	Inc. in Surgery	...	...	...	...	2	4	3600-7200	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI										
Jackson										
University of Mississippi Medical Center	...	...	...	...	...	...	2	2	...	...
University	J. D. Hardy	Inc. in Surgery	...	...	...	...	...	...	4800-4800	O
Veterans Admin.	...	8	196	13	62	386	...	...	...	...
Mississippi State Sanatorium (Sanatorium)	H. K. Stauss	13	158	5	80	157	...	...	3600-3600	F
Sanatorium										
Mississippi State Sanatorium—See University of Mississippi Medical Center, Jackson										
MISSOURI										
Columbia										
University of Missouri Medical Center	J. Mackenzie	9	178†	12	83	406	2	2	5400-6000	P
Mount Vernon										
Missouri State Sanatorium	J. W. Polk	418	1,193	122	48	5,413	1	2	6000-8500	P
St. Louis										
Barnes	T. Burford	27	885	53	57	2,800	2	4†	4800-5000	O
NEW JERSEY										
Jersey City										
Berthold S. Pollak Hospital for Chest Diseases	J. J. Timmes	15	194	37	62	804	2	2	6000-...	F
NEW YORK										
Albany										
Albany Medical Center	A. Stranahan	21	981†	51	65	48	2	2	4000-7715	P
Buffalo										
Veterans Admin.	W. M. Chardack	36	224	36	56	...	2	2	6665-7715	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 1966-1967	Total All Years	Salary Per Year Min.-Max.	Main-tenance F P O
				Number	Autopsy Per cent						
NEW YORK—Continued											
New York City											
Bronx Municipal Hospital Center	D. State	35	400	38	76	800	2	2	5220-5220	FP	
Columbia University Affiliated Hospitals							2	4			
Bellevue Hospital Center, Div. I	J. M. Ford	11	131	11	18	202			4200-5200	P	
Presbyterian	R. H. Wylie	Inc. in Surgery							5600-7500	O	
Veterans Admin. (Manhattan)	J. A. Malcolm	21	142						7715-7715	O	
Kings County Hospital Center	K. Karlsen	20	424	65	31	914	2	6	4200-5220	P	
Maimonides Hospital of Brooklyn	A. Kantrowitz	17	149	10	60		1	1	6250-6250	P	
Montefiore Hospital and Medical Center	G. Robinson	Inc. in Surg.	135				2	2	5000-6250	P	
Mount Sinai	R. S. Litwak	35	545	23	78	312	2	2	7000-7250	P	
New York Medical College-Metropolitan Hospital Center	S. A. Thompson	10	183	15	42	432	2	4	4200-5200	F	
Unit 1-Flower and Fifth Avenue Hospitals											
Unit 2-Metropolitan											
Queens Hospital Center	P. Crastnopol	18	119	29	53	239	2	5	4200-5220	F	
Veterans Admin. (Bronx) ³⁶⁷	P. Cooper	15	147	23	52	431	2	2	6665-7715	O	
Veterans Admin. (Brooklyn)	R. Klopstock	18	249	13	46	539	2	2	7715-7715	O	
Roslyn											
St. Francis	E. P. Mannix, Jr.	19	522	39	92	666	1	4	4800-6800	F	
Tupper Lake											
Veterans Admin.	D. V. Pecora	3	55	5	80	150	1	1	6035-6035	O	
NORTH CAROLINA											
Chapel Hill											
North Carolina Memorial	R. M. Peters	8	318†	14	86	810	2	1	4500-5000	O	
Charlotte											
Charlotte Memorial	P. W. Sanger	12	544†	36	69	4,120	2	4	5100-5100	P	
Durham											
Duke	W. C. Sealy	24	962	57	67	1,342	2		3900-4800	P	
Oteen											
Veterans Admin.	T. Takaro	95	1,387	98	66	250	2	4	6120-7035	O	
Winston-Salem											
North Carolina Baptist Hospitals	H. Bradshaw	11	338	30	67	206	2	3	...-4000	P	
OHIO											
Cleveland											
Cleveland Clinic	D. B. Effer	27	929	84	85	1,829	2	4	6000-6600	P	
Cleveland Metropolitan General	J. H. Kennedy	6	133	25	60	487	2	2	5200-6160	FP	
St. Vincent Charity	E. B. Kay	17	311	42	64	222	2	4	3720-4020	FP	
Sunny Acres Cuyahoga County Tuberculosis	H. J. Mendelsohn	Inc. in Int. Med.					1	2	6500-6500	FP	
University Hospitals of Cleveland ⁴²⁷	H. J. Mendelsohn	19	572†	10	70		2	4	5400-6000	P	
Veterans Admin.		11	138†	16	50	270			6035-7715	P	
Columbus											
Ohio State University Hospitals							2				
University	K. P. Klassen	24	685	56	79	528		2	4800-7296	P	
Ohio Tuberculosis	N. C. Andrews			11	82	0		2	3324-7296	P	
OKLAHOMA											
Oklahoma City											
University of Oklahoma Medical Center	G. S. Campbell						2	3			
University Hospitals		8	114	18	72	591			4900-7715	P	
Veterans Admin.		5	42	7	86	260					
OREGON											
Portland											
University of Oregon Medical School Hospitals and Clinics	A. Starr	137	515	58	81	5,313	2	2	2700-3300	F	
PENNSYLVANIA											
Philadelphia											
Hahnemann Medical College and Hospital ¹⁸	H. T. Nichols	17	238	37	73			4	3900-3900	P	
Presbyterian Hospital in Philadelphia	R. Trout	13	340†	23	78	207	2	1	4860-4860	P	
Temple University	J. Davila	10	142	16	60		2	4†	3600-4200	P	
St. Christopher's Hospital for Children	J. Davila	4	100	9	100	150			4800-4800	O	
Pittsburgh											
Health Center Hospitals of the University of Pittsburgh	H. T. Bahnon						2	2	...-4500		
Allegheny General	E. M. Kent	27	619	56	50	957			3900-4800	F	
Children's Hospital of Pittsburgh			197	22	91	132			3900-6500	O	
Presbyterian-University		9	188	24	67	5					
Western Pennsylvania ⁴⁷⁹	G. M. Sanes	12	297†	28	39	81	2	5	5400-5400	FP	
TENNESSEE											
Knoxville											
University of Tennessee Memorial Research Center and Hospital ⁴⁸⁴	R. Newman	11	344	17	41	237	2	2	4632-4752	F	
Memphis											
University of Tennessee Affiliated Hospitals							2	6			
City of Memphis Hospitals	J. Pate	14	259	22	60	690			3480-4400	F	
Veterans Admin.	F. A. Hughes	41	902	75	82	373			4325-7715	O	
West Tennessee Tuberculosis	F. H. Cole	67	298	8	50	289			3960-4740	F	
TEXAS											
Dallas											
Baylor University Medical Center ⁵⁰⁵	D. Paulson	25	918	40	63	190	2	2	6000-6000	O	
Parkland Memorial ⁵⁰⁰	R. R. Shaw	11	314	11	27	780	2	6	3000-3300	P	
Veterans Admin. ⁴⁹⁹	R. H. Holland	25	304	41	68	287	2		6665-7715	P	
Galveston											
University of Texas Medical Branch Hospitals	J. B. Derrick	17	432	37	29	493	2	2	4200-6000	P	
Houston											
Baylor University Affiliated Hospitals	M. E. DeBaKey	84	3,181	216	78	2,942	2	6		FP	
Ben Taub General											
Methodist											
Veterans Admin.											

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 1966-1967	Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent						
UTAH											
Salt Lake City											
Latter-day Saints	W. R. Rumel	23	4,306	78	78	72	2	2	4800-5100	P	
University of Utah Affiliated Hospitals	W. J. Burdette	10	248	4	50	1,102	2	2	6000-7085	P	
University		10	200	4	100	225			7715-7715	P	
Veterans Admin.											
VIRGINIA											
Charlottesville											
University of Virginia	E. C. Drash	14	554†	25	52	1,432	2	2	3300-3300	F	
Richmond											
Veterans Admin.	Y. H. Zimberg	10	287	17	100	716	1	1	6665-7715	P	
WISCONSIN											
Milwaukee											
Marquette University Affiliated Hospitals							2				
Milwaukee Children's	P. Hausmann		176	22	95	17					
Milwaukee County General	B. G. Narodick	10	296	12	67			2	6665-6665	P	
Veterans Admin. (Wood)	W. Weisel	21	211	29	76	525		2	7715-7715	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, 194; Residencies, 938

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio	F. E. Cook, Jr.	29	951	1	100	5,800	1	1	1	1	0	4			
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	C. A. Moore	18	532	7	86	10,758	0	1	1	1	0	3			
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	K. E. Van Buskirk	77	841	13	68	8,367	0	2	2	2	0	6			
HAWAII															
Tripler General, Honolulu	A. A. Borski	36	1,056	1	100	10,535						3			
TEXAS															
Brooke General, San Antonio	P. D. Beach	30	849	12	83	8,484	0	2	2	2	0	6			
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland ¹²⁰	E. A. Blakey	20	780	10	80	6,913	1	1	0	1	0	3			
U. S. Naval, San Diego	R. F. Dykhuizen	59	1,956	26	31	26,184	1	1	1	1	0	4			
MARYLAND															
U. S. Naval, Bethesda	W. Fraser	31	442	8	75	7,668	1	1	1	1	0	4			
NEW YORK															
U. S. Naval, St. Albans	C. W. Lewis	28	643	6	100	4,029	1	1	1	1	0	4			
PENNSYLVANIA															
U. S. Naval, Philadelphia ¹⁷⁰	H. Hubbard	33	685	22	73	6,460	1	1	1	1	0	4			
UNITED STATES PUBLIC HEALTH SERVICE															
NEW YORK															
U. S. Public Health Service (Staten Island), New York City ³⁶⁰	M. W. Justice	46	824	15	67	7,124	1	1	1	1	0	4		O	
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	W. M. Lucas	12	341	27	6	2,899							5300-6800	P	
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	F. E. Ceccarelli														

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist	H. C. Hudson	18	972†	11	70	6,200	1	1	1	1	0	4	3900-4800	F
University of Alabama Medical Center	S. W. Shirley	57	1,303	17	65	4,434	3	3	3	3	0	12	2400-3600	F
University Hospital and Hillman Clinic													4325-7715	O
Veterans Admin.														
ARKANSAS														
Little Rock														
University	J. Headstream	15	552	10	40	3,166	2	2	2	0	0	6	3400-4000	O
CALIFORNIA														
Bakersfield														
Kern County General	D. Falk	9	246†	13	77	2,705	1	0	1	0	0	2	5700-7200	P
Downey														
Rancho Los Amigos—See Loma Linda University Affiliated Hospitals, Los Angeles														
Long Beach														
Veterans Admin. ⁶⁶	A. J. Bischoff	40	493	26	69	4,259	2	2	1	1	0	6	4325-7715	O
Los Angeles														
Kaiser Foundation	J. F. Cooper	23	1,512	14	50	13,234	0	2	2	2	0	6	5400-6600	
Loma Linda University Affiliated Hospitals							1	1	1	1	0	4		
White Memorial Medical Center	R. T. Bergman	10	461	11	55	3,445							4260-5460	P
Rancho Los Amigos (Downey)	A. E. Comarr	20	120	30	65	1,100							4800-5760	P
Riverside County General (Riverside)	J. Lyons	9	543	1	100	1,203							5424-6540	P
Los Angeles County General, Unit I ¹⁰⁷	J. W. Morrow	64	1,993	94	22	22,814	3	3	3	3	0	12	5028-6900	P
Los Angeles County General, Unit II	P. Getzoff	17	465†	30	20	2,029	1	1	1	1	0	4	5028-6900	P
University of California Medical Center														
University of California	W. E. Goodwin	20	821	16	69	3,472	1	1	1	1	0	4	3580-7188	O
Veterans Admin. Center-Wadsworth	M. M. Mims	59	1,866	38	82	10,232	2	2	2	2	0	8	5725-7715	P
Los Angeles County Harbor General (Torrance)	A. Cockett	17	499	33	57	4,013	1	1	1	1	0	4	5028-6900	F
Martinez														
Veterans Admin.	J. S. Elliot	27	588	24	96	887	1	1	1	0	0	3	5125-6665	O
Oakland														
Highland Alameda County	T. T. Nickels	14	549	24	75	2,839	1	1	1	0	0	3	4392-5628	P
Orange														
Orange County General	C. K. Pearlman	8	414†	7	43	1,259	1	1	1	1	0	4	4500-6900	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals							3	3	3	3	0	12		
Palo Alto-Stanford Hospital Center	T. Stamey	18	996†	11	55	2,620							3900-5700	O
Veterans Admin.	E. Strauss	16	400	6	67	770								
San Mateo County General (San Mateo)	T. F. Conroy	2	94	2	50	470							6300-6300	F
Riverside														
Riverside County General—See Loma Linda University Affiliated Hospitals, Los Angeles														
San Diego														
San Diego County General ⁶⁸	R. J. Prentiss	17	623	29	46	4,300	1	1	1	1	0	4	4979-6240	
San Francisco														
Presbyterian Medical Center ¹⁰²	H. Weyrauch	15	650	10	60	781	2	2	2	0	0	6	3900-4800	P
Santa Clara County (San Jose)	R. A. Petersen	15	283	10	70	2,113							4536-6888	F
Southern Pacific Memorial	T. E. Gibson	18	557	10	80	3,759							3900-5400	F
University of California Affiliated Hospitals	D. Smith													
San Francisco General	F. Hinman, Jr.	24	536	26	65	947	1	1	1	0	0	3	3540-6300	O
University of California Hospitals	D. Smith	19	841	7	75	4,298	1	1	1	0	0	3	4137-6670	O
Veterans Admin.	J. W. Schulte	22	399	5	80	2,037	1	1	1	0	0	3	4325-7715	O
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														
COLORADO														
Denver														
Denver General	D. E. Newland	7	256	7	71	2,523	2	1	1	0	0	4	3516-4596	P
University of Colorado Affiliated Hospitals	O. G. Stonington						0	1	1	1	0	3		
University of Colorado Medical Center		10	568	12	75	2,633							3500-4500	P
Veterans Admin.		15	583	16	81	1,395							4325-7715	
CONNECTICUT														
Hartford														
Hartford													4200-5400	P
New Haven														
Yale-New Haven Medical Center							2	2	2	2	0	6		
Yale-New Haven	B. Harvard	42	1,637	18	67	6,761							3600-4200	P
Waterbury (Waterbury)	J. K. Shearer	16	528	11	63	118							4800-4800	F
Veterans Admin. (West Haven)	B. Harvard	12	368	11	73	816							4375-7715	
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	599	12	45	1,608	1	1	1	0	0	3	5400-7200	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals	R. Baker						2	2	2	2	0	8		
District of Columbia General	T. Kelly	14	326	15	27	2,702							3800-6000	P
Georgetown University	R. Baker	17	836	9	56								3380-3640	P
Veterans Admin.		20	364	4	75	2,482							4205-7405	O

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 1966-1967					Total All Years	Salary Per Year Min.-Max.	Malpractice	
			Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
DISTRICT OF COLUMBIA, Washington—Continued														
George Washington University Affiliated Hospitals	L. R. Culbertson	15	360	20	50	3,650	1	1	1	0	0	3	3800-5000	P
District of Columbia General	L. Culbertson	24	975	18	45	655	..	..	..	..	..	..	4200-4800	P
George Washington University	L. Culbertson	20	364	6	83	2,446	..	..	..	..	..	..	4325-7715	O
Veterans Admin.	W. D. Jarman	47	2,417	20	70	989	1	1	1	0	0	3	4080-4620	P
Washington Hospital Center ¹⁶⁴														
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	1	0	4	3200-5800	O
Veterans Admin. (Lake City)	G. H. Miller, Jr.	34	360	22	..	..	..	..	..	..	..	..	4325-7715	..
Jacksonville														
Duval Medical Center-St. Vincent's	W. A. Van Nortwick	10	432	23	43	6,956	0	2	0	0	0	2	6000-6300	P
Duval Medical Center		19	1,160†	6	50	563	1	0	0	0	0	1	5700-6300	P
St. Vincent's														
Lake City														
Veterans Admin.—See University of Florida Teaching Hospital and Clinics, Gainesville														
Miami														
Jackson Memorial	V. Politano	58	1,831	67	54	7,588	3	3	3	0	0	9	3240-4680	P
Miami Beach														
Mount Sinai Hospital of Greater Miami	S. Goldman	22	710	15	47	581	1	1	1	0	0	3	4500-6000	P
Orlando														
Orange Memorial	T. H. Frazier	33	1,358	31	58	1,041	1	1	1	0	0	3	5400-6000	P
Tampa														
Tampa General	A. Stevenson	46	1,388	23	48	2,490	1	1	1	0	0	3	4200-7200	FP
Veterans Admin. (Bay Pines)	J. L. Davis	39	533	18	83	1,242	..	..	..	..	..	..	6035-7715	..
GEORGIA														
Atlanta														
Grady Memorial	C. Rieser	33	639	20	40	8,189	2	2	2	0	0	6	3000-3900	P
Veterans Admin.	E. Haltiwanger	Inc. in Surgery	15	40	..	..	..	..	..	..	..	..	4325-7715	P
St. Joseph's Infirmary ⁴¹⁸	H. P. McDonald	21	977	10	40	836	1	1	1	0	0	3	5460-6000	P
Augusta														
Eugene Talmadge Memorial	J. R. Rinker	21	408	5	80	2,174	1	1	1	1	0	4	4500-7000	O
Savannah														
Memorial Hospital of Chatham County	P. L. Scardino	19	901†	18	28	1,267	1	1	1	0	0	3	4500-5400	F
ILLINOIS														
Chicago														
Cook County	J. L. Wilkey	79	1,548	122	27	6,652	0	2	2	2	0	6	3780-4500	F
Mercy	E. Wilson	20	532	18	44	1,865	1	1	1	0	0	3	3600-4500	F
Michael Reese Hospital and Medical Center	I. Shapiro	31	966	19	58	2,065	1	1	1	1	0	4	3600-6000	P
Mount Sinai ²⁰⁹	J. Blum	10	256	8	63	1,168	1	1	1	0	0	3	4600-5700	P
Northwestern University Medical Center						2,637								
Chicago Wesley Memorial	V. J. O'Connor, Jr.	19	1,177	17	53	..	1	1	1	1	0	2	3300-4200	P
Children's Memorial	L. King	2	585	9	100	669	..	..	..	..	..	..	3300-4200	P
Passavant Memorial	J. Grayhack	14	598†	5	80	1,410	1	0	0	0	0	1	3300-3300	P
Veterans Admin. Research	J. T. Grayhack	41	720	5	60	735	0	1	1	0	0	2	4325-7715	O
Presbyterian-St. Luke's	E. C. Graf	35	1,582	15	80	1,786	0	1	1	1	0	3	4300-5000	P
University of Chicago Hospitals and Clinics	C. W. Vermeulen	15	547	9	66	6,319	1	1	1	0	0	3	3900-4860	O
University of Illinois Research and Educational Hospitals ²⁰⁷	J. H. McDonald	16	354	8	62	3,990	0	1	1	1	0	3	3300-4500	P
Hines														
Veterans Admin. ²⁰³	F. A. Lloyd	246	1,578	57	40	4,827	0	3	3	3	0	9	5125-6665	O
INDIANA														
Indianapolis														
Indiana University Medical Center		14	433	13	30	1,521	..	..	..	..	..	..	3575-4700	P
Indiana University Hospitals	R. A. Garrett	16	475	10	43	3,393	..	..	..	..	..	..	3863-4854	P
Marion County General	M. Nourse	19	801	14	78	864	..	..	..	..	..	..	4325-6665	O
Veterans Admin.	R. A. Garrett	63	2,785	31	74	397	1	1	1	1	0	4	5400-6300	P
Methodist Hospital of Indiana	J. H. O. Mertz													
IOWA														
Des Moines														
Veterans Admin. ⁴⁵	L. J. Arduino	26	1,615	35	72	1,089	1	1	1	0	0	3	4325-7715	P
Iowa City														
University Hospitals	R. H. Flocks	68	1,895	56	55	9,521	3	3	3	3	3	15	3500-5000	P
KANSAS														
Kansas City														
University of Kansas Medical Center	W. L. Valk	21	782	23	57	4,218	2	2	2	0	0	6	3600-4200	P
Veterans Admin. (Kansas City, Mo.)	W. L. Valk	35	596	22	72	1,249	..	..	..	..	..	..	4325-6035	..
Wadsworth														
Veterans Admin.	L. Becker	26	494	12	75	4,223	1	1	1	0	0	3	5125-6665	P
St. Luke's (Kansas City, Mo.)	A. Mitchell	19	915	6	80	..	..	..	..	..	..	..	5400-5400	P
Wichita														
Veterans Admin.	M. E. Jacobson	29	354	21	52	711	1	1	1	0	0	3	4325-6665	O
St. Francis	F. W. Mattassarini	28	1,331	16	63	0	..	..	..	..	..	..	5400-6000	F
Sedgwick County Hospital and Clinic	F. W. Mattassarini	4	90	2	0	309	..	..	..	..	..	..	..	..
KENTUCKY														
Lexington														
Good Samaritan Hospital-St. Joseph	D. E. Scott	13	689	10	10	..	1	1	1	0	0	3	3120-3360	F
Good Samaritan	N. L. Bosworth	18	911	15	33	0	1	1	1	0	0	3	4380-5760	P
St. Joseph							1	1	1	0	0	3	..	..
University of Kentucky Medical Center	E. H. Ray	8	..	2	50	767	..	..	..	..	..	..	3960-5760	P
University	W. G. Malette	..	114	..	..	..	..	..	..	..	..	..	4325-6665	P
Veterans Admin.														

APPROVED RESIDENCIES

28. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY—Continued														
Louisville														
University of Louisville Affiliated Hospitals	R. Lich, Jr.													
Louisville General	R. Lich	10	360	11	46	7,515	1	1	1	0	0	3	3160-6440	FP
Veterans Admin.	H. I. Berman	23	547	22	64	556	1	1	1	0	0	3	4325-6665	O
LOUISIANA														
Alexandria														
Veterans Admin.—See Veterans Admin., New Orleans														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	G. C. Tomskey	27	963	57	51	12,558						8	2400-3300	F
Tulane University Division	J. V. Schlegel	27	891	37	68	11,505						8	2400-3300	F
Ochsner Foundation ²²⁹	W. E. Kittredge	23	857	7	43	12,331	2	2	2	0	0	6	3300-	P
Veterans Admin.	J. U. Schlegel	30	488	21	57	684	2	2	2	2	0	8	4325-6665	O
Veterans Admin. (Alexandria)														
Touro Infirmary	R. P. Morrow	16	770	8	62	1,221							4800-4800	F
Shreveport														
Confederate Memorial Medical Center	B. E. Trichel	22	1,158	26	38	4,453	1	1	1	1	0	4	2400-4200	F
MAINE														
Bangor														
Eastern Maine General—See Mount Auburn-Eastern Maine General Associated Hospitals, Cambridge, Mass.														
MARYLAND														
Baltimore														
Johns Hopkins	W. W. Scott	31	1,021	29	65	8,420	4	2	2	2	0	10	3200-	P
Sinai Hospital of Baltimore	M. A. Robbins	24	809	11	73	1,295	2	1	1	0	0	4	5200-6500	P
University of Maryland ²⁴⁴	J. D. Young, Jr.	28	1,006	27	82	5,179	0	2	2	2	0	6	3200-4400	P
Fort Howard														
Veterans Admin. ²⁴¹	H. C. Kramer	26	265	14	64	1,065	0	0	1	0	0	1	4325-6035	P
MASSACHUSETTS														
Boston														
Boston University Medical Center ²⁶¹							2	2	2	0	0	6		
Boston City	G. Austen, Jr.	45	622	24	58	6,513							3600-4800	O
University ⁴⁸³	D. Stearns	9	472	1		639							3600-4800	O
Lahey Clinic	L. D. Flint	38	1,089	8	100	7,201	2	2	2	0	0	6	3600-4800	O
New England Deaconess	L. M. Woodruff	20		2	100	50							3600-3600	O
Lawrence F. Quigley Memorial (Chelsea)	L. Woodruff	10	192	4	50	1,738							4200-6000	P
St. Luke's (New Bedford)	H. A. Hoffman	13	549	18	94	402							4200-4200	F
Massachusetts General	W. F. Leadbetter	62	2,272	39	31	5,399	2	2	2	0	0	6	3600-6000	O
New England Center	H. M. Wise, Jr.	5	196	4	25	485	1	1	1	0	0	3	3600-6000	O
Peter Bent Brigham ¹¹⁻²⁶⁰	J. H. Harrison						2	2	2	0	0	6	3566-4566	P
Veterans Admin. (West Roxbury)	H. S. Talbot	11	313	5	60	628	2	1	1	0	0	4	4325-7715	O
Veterans Admin. (Jamaica Plain) ²⁷¹	R. Chute	28	922	19	79	1,521	1	1	1	0	0	3	5125-6665	O
Cambridge														
Mount Auburn-Eastern Maine General Associated Hospitals	J. Fischmann						1	1	1	0	0	3	3600-4800	P
Mount Auburn	J. Fischmann	13	417	7	71	96							3600-4800	F
Eastern Maine General (Bangor, Me.)	J. Mimmelaar	17	466	14	33	1,622							3600-4800	F
Chelsea														
Lawrence F. Quigley Memorial—See Lahey Clinic, Boston														
New Bedford														
St. Luke's—See Lahey Clinic, Boston														
MICHIGAN														
Ann Arbor														
University of Michigan Medical Center							3	3	3	0	0	9		
University	R. M. Nesbit	37	1,671	24	42	4,802							3840-4740	O
Veterans Admin.	J. Lapidus	26	Inc. in Surg.	7	86	1,150							4325-7715	O
Dearborn														
Veterans Admin.—See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Grace	M. N. Stewart	35	1,204	26	50	1,231	1	1	1	0	0	3	4560-5160	FP
Harper	F. B. Bicknell	41	1,223	18	61	1,398	1	1	1	1	0	4	4200-5700	FP
Henry Ford	A. W. Bohne	23	1,219	10	80	16,980	2	2	2	0	0	6	4800-5400	P
Wayne State University Affiliated Hospitals														
Receiving	J. M. Pierce	27	675	32	37	5,906	2	2	2	0	0	6	4000-5328	P
Veterans Admin. (Dearborn)	J. M. Pierce	26	652	21	75	4,168						1	-7715	O
Eloise														
Wayne County General Hospital and Infirmary	J. Lapidus	31	605	18	44	1,456	0	1	1	1	0	3	5336-6469	F
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals														
Hennepin County General														
University of Minnesota Hospitals	C. D. Creevy	24	756	23	70	1,336	1	1	1	0	0	3	3594-3594	O
Veterans Admin.	G. Mellinger	50	1,193	17	82	2,663	0	2	2	2	0	6	4325-7715	O
Rochester														
Mayo Graduate School of Medicine	O. S. Culp	49	3,707	22	77	25,683	6	6	6	6	0	24	3600-4800	P
Rochester Methodist														
St. Mary's														
St. Paul														
Ancker Hospital-Charles T. Miller ⁵⁴														
Ancker	E. J. Richardson	16	440	9	7	2,570	1	1	1	1	0	4	4500-6000	P
Charles T. Miller	R. W. Geist	11	588	5	40	678	0	1	0	0	0	1	4800-4800	FP
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center							1	1	0	0	0	2		
University	T. Ainsworth	11	380	8	88	2,519							3900-4500	O
Veterans Admin.	L. E. Deddens	24	408	15	66	1,695							4325-6035	O

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

APPROVED RESIDENCIES

28. UROLOGY — Continued

Institution	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance	
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MISSOURI															
Columbia															
University of Missouri Medical Center	I. Thompson	18	501†	7	86	3,838	3	3	3	3	0	12	3600-4980	P	
Kansas City General Hospital and Medical Center (Kansas City)	H. Habib	14	375	22	59	2,267							4500-6300	P	
Kansas City															
Kansas City General Hospital and Medical Center—See University of Missouri Medical Center, Columbia															
St. Luke's—See Veterans Admin., Wadsworth, Kan.															
Veterans Admin.—See University of Kansas Medical Center, Kansas City, Kan.															
St. Louis															
Barnes ³²³	J. J. Cordonnier	28	1,051	14	35	2,860	2	2	2	0	0	6	4500-5418	O	
Homer G. Phillips	M. Abrams	28	529	44	37	3,831	1	1	1	1	0	4†	4584-5849	P	
St. Louis City ²¹⁸	H. Sunshine	17	488	31	38	3,287	1	1	1	0	0	3	5305-5848	P	
St. Louis University Group of Hospitals ³⁹	W. Melick	27	1,221	18	50	1,121	2	2	2	0	0	6	2400-3240	FP	
Veterans Admin.	J. Cordonnier	21	417	26	41	985	0	1	1	0	0	2	4325-6665	O	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals	L. J. Morin						1	1	1	0	0	3			
Mary Hitchcock Memorial		17	775	9	78	1,793							3800-4600	O	
Veterans Admin. (White River Jct., Vt.)		12	256	4	100	794							4000-5865	O	
NEW JERSEY															
Bayonne															
Bayonne Hospital and Dispensary ⁴⁸	A. J. Balsamo	25	2,820	15	53	181	1	1	1	0	0	3	3600-4200	F	
East Orange															
Veterans Admin. ³⁸³	M. Malament	45	693	50	64	1,237	1	1	1	0	0	3	5125-7715	O	
Jersey City															
Jersey City Medical Center	J. Seebode	30	662	47	26	2,221	1	1	1	0	0	3	3800-4600	F	
Newark															
Newark City	R. L. Lieb	20	415	29	48	1,829	1	1	1	0	0	3	4200-7200	F	
NEW YORK															
Albany															
Albany Medical School Affiliated Hospitals	W. Milner						2	1	1	0	0	4			
Albany Medical Center	W. Milner	21	986†	18	50	554							3200-5000	P	
Veterans Admin.	J. Berry	15	140	24	71	571							4325-6035	O	
Buffalo															
Buffalo General ³⁴⁸	W. J. Staubitz	29	990	15	27	1,900	1	1	1	1	0	4	4100-5000	O	
Edward J. Meyer Memorial	W. J. Staubitz	28	620	35	37	2,410	2	2	2	2	0	8	4895-6410	P	
Children's Hospital of Buffalo	W. J. Staubitz	10	315			556							4100-5300	P	
Veterans Admin.	M. J. Gonder	34	611	24	29	1,668							6035-7715	O	
Millard Fillmore	P. A. Greco	24	824†	9	44	513	1	1	1	0	0	3	4440-4690	P	
Roswell Park Memorial Institute-Sisters of Charity															
Roswell Park Memorial Institute	M. W. Woodruff	24	434	17	100	2,959	0	0	2	1	0	3	4650-5754	O	
Sisters of Charity															
East Meadow															
Meadowbrook	C. J. Schmidlapp	18	570	23	52	1,836	1	1	1	0	0	3	4730-7370	F	
New York City															
Albert Einstein College of Medicine Affiliated Hospitals	J. R. Herman						3	3	3	0	0	9			
Bronx Municipal Hospital Center		28	711	43	35	3,672							4800-5220	FP	
Lincoln		Inc. in Surgery		3	33	3,567							4200-5220	P	
Bellevue Hospital Center	J. W. Draper	56	507	26	43	4,939	1	1	1	1	0	4	4200-5200	P	
Div. II—Cornell University	L. A. Orkin	48	1,306	20	40	1,685	2	2	2	0	0	6	4500-6000	P	
Beth Israel	F. C. Hamm						1	1	1	0	0	3	5040-5840	P	
Brooklyn-Cumberland Medical Center		19	860	11	27										
Brooklyn		8	383	7	43	3,053									
Cumberland		18	420	21	58	2,572							4200-4800	F	
City Hospital Center at Elmhurst ⁴	M. Pincus	48	510	56	25	3,775	1	2	2	0	0	5	4200-5220	P	
Francis Delafield ³⁷²	J. Lattimer	11	962	26	19	1,182	1	1	1	0	0	3	4500-5500	O	
Jewish Hospital of Brooklyn	S. Weinberg	42	1,203	52	39	5,909	2	2	2	0	0	6	4200-5220	P	
Kings County Hospital Center ³⁶⁸	H. C. Harlin	28	998	11	9	1,082	1	1	1	0	0	3	4500-6250	P	
Long Island College	H. Hermann	35	1,000	21	29	817	1	1	1	0	0	3	5000-6250	P	
Maimonides Hospital of Brooklyn ³⁷⁴	P. Hudson						2	2	2	2	0	8	5000-6250	P	
Montefiore Hospital Training Program		Inc. in Surg.	828			2,413									
Montefiore Hospital and Medical Center		12	273	10	20	2,401									
Morrisania City		66	1,371	30	63	3,595	3	3	3	0	0	9	5000-6500	P	
Mount Sinai	H. Brendler	44	1,235	8	75	8,166	0	2	2	2	0	6	4200-7000	P	
New York	V. Marshall														
New York Medical College Metropolitan Hospital Center	G. R. Nagamatsu						2	2	2	0	0	6	4200-5200	F	
Unit 1—Flower and Fifth Avenue Hospitals		21	645	12	42	338									
Unit 2—Metropolitan		22	460	18	56	7,806									
New York Polyclinic Medical School and Hospital	F. A. Beneventi	27	1,063	11	36	1,247	1	1	1	1	0	3	3700-4900	F	
New York University Affiliated Hospitals							2	2	2	2	0	8			
Bellevue Hospital Center—Div. III	R. S. Hotchkiss	25	425	30	30	3,647							4200-5200	P	
University	R. S. Hotchkiss	25	956	27	50										
Presbyterian	J. K. Lattimer	80	2,490	28	14	9,874	3	3	3	3	0	12	4800-5600	O	
Queens Hospital Center	C. R. Neier	33	602	41	36	4,353	1	1	1	0	0	3	4200-5220	F	
Roosevelt	S. A. Beisler	24	715	15	73	2,121	1	1	1	0	0	3	4300-5000	O	
St. Luke's ³⁵⁶	J. W. Draper	35	810	16	56	4,177	2	1	1	0	0	4	4320-4920	O	
Veterans Admin. (Bronx)	J. K. Lattimer	49	1,005	43	40	1,040	2	2	1	0	0	5	5125-7715	O	
Veterans Admin. (Brooklyn) ³⁷⁴	W. Samellas	38	1,024	24	46	1,918	2	1	1	0	0	4	5125-6665	O	
Veterans Admin. (Manhattan) ³⁹⁶	A. H. Ulm	57	889	26	69		2	2	2	0	0	6†	5125-6665	O	
Rochester															
Strong Memorial Hospital of the University of Rochester ¹⁵	D. F. McDonald	26	1,015†	14	64	1,401	0	2	2	2	1	7	3300-5050	O	
Syracuse															
State University of New York Upstate Medical Center	O. M. Lilien	51	1,398	45	44	1,987	0	1	1	1	0	3	4488-5391	O	
Veterans Admin.	O. M. Lilien	27	539	20	50	1,173							4325-6665	O	

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 1966-1967					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	P. L. Bunce	10	470†	8	71	3,119	1	1	1	0	0	3	2800-5000	O
Charlotte														
Charlotte Memorial	G. A. Hawes	38	1,677†	15	73	1,482	1	1	1	1	0	4	4380-5100	P
Durham														
Duke University Affiliated Hospitals ⁴¹²							3	3	2	0	0	8		
Duke	J. F. Glenn	27	1,394	12	58	6,759							3900-4800	P
Veterans Admin.	S. Boyarsky	25	481†	11	80								4325-7715	O
Winston-Salem														
North Carolina Baptist Hospitals	W. Boyce	31	1,161	10	60	4,740	1	1	1	1	0	4	3000-4000	P
OHIO														
Akron														
Akron City	W. A. Keitzer	36	1,524	28	43	731	1	1	1	0	0	3	4520-6600	FP
Akron General ⁴¹⁴	K. F. Hausfeld	27	1,029	19	37	272	0	1	0	0	0	2	4500-5400	FP
Cincinnati														
Good Samaritan	W. Mulvaney	55	1,780	33	36		1	1	1	0	0	3	5400-7200	P
University of Cincinnati Hospital Group	A. T. Evans						3	3	3	0	0	9†		
Cincinnati General		24	745	8	53	3,287							2300-2850	F
Veterans Admin.		28	360	13	46								4325-7715	O
Cleveland														
Cleveland Clinic ⁴²⁶	R. A. Straffon	44	2,077	44	66	7,851	3	3	3	0	0	9	4200-5400	FP
Cleveland Metropolitan General	I. M. Jassim	13	377	13	46	6,215	0	1	1	1	0	3†	4200-5660	FP
Huron Road	V. C. Laughlin	23	775	13	69	607	1	1	1	0	0	3	4200-5400	F
University Hospitals of Cleveland	L. Perskey	23	1,211†	17	53	2,340	1	1	1	0	0	3	4200-5400	P
Veterans Admin.		25	509†	18	72	350							4325-6035	P
Columbus														
Ohio State University Hospitals							0	2	2	2	0	6	3624-5724	P
University	C. C. Winter	30	903	8	88	6,426								
Toledo														
St. Vincent ⁴⁴	E. A. Ockuly	23	1,036	18	50	301	1	1	1	1	0	4	3900-4800	F
Maumee Valley	E. A. Ockuly	10	292	9	22	861	0	0	0	1	0	1	-4800	FP
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	W. L. Parry						0	2	2	2	1	7†		
University Hospitals		14	502	13	54	3,100							4103-5333	P
Veterans Admin.		33	425	17	82	1,908								
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	C. Hodges	27	897	27	67	3,847	3	2	2	2	0	9	2700-3300	F
Veterans Admin.	R. B. Higgins	32	470	20	100	2,170								
PENNSYLVANIA														
Danville														
Geisinger Medical Center	H. E. Brown	23	1,097	19	37	8,381	1	0	1	0	0	2	3300-5400	P
Erie														
Hamot	R. C. Lyons	22	926	21	33	4,993	1	1	1	1	0	4	3900-4800	FP
St. Vincent	A. Kaminsky	30	1,376†	17	71	9,124	1	1	1	0	0	3	4200-5400	FP
Philadelphia														
Albert Einstein Medical Center	H. Lipshutz	51	1,625†	20	50	945	1	1	1	0	0	3	2700-3300	FP
Episcopal	G. D. Shoup	10	327	15	13	680	1	0	1	0	0	2	4200-4680	O
Graduate Hospital of the University of Pennsylvania ³⁴⁷	H. Burros	18	560	9	66	1,126	1	1	1	0	0	3	2250-2250	P
Hahnemann Medical College and Hospital	J. Gislason	19	482	15	27	1,685	1	1	1	0	0	3	3300-3900	P
Hospital of the University of Pennsylvania	J. J. Murphy	37	1,369	15	73	2,770	2	0	0	0	0	2	2400-6000	P
Jefferson Medical College ²²⁹	T. R. Fetter	35	960	6	33	5,254	2	2	2	0	0	6	3400-4200	O
Pennsylvania	B. L. Hayllar	9	312	7	4	1,768	1	1	0	0	0	2	3600-5400	O
Philadelphia General		32	633	75	48	4,806							3090-4539	F
Division A	P. Leberman						1	1	1	0	0	3		
Division B	G. J. Gislason						1	1	1	0	0	3		
Temple University	K. B. Conger	35	915	15	90	1,697	1	1	1	0	0	3	3300-3900	P
Veterans Admin. ⁴⁶⁴	M. Bogash	33	630	37	65	2,658	1	1	1	0	0	3	5125-6665	O
Pittsburgh														
Allegheny General	J. L. Hamilton	23	997	28	50	985	1	1	1	0	0	3	3900-4800	F
Health Center Hospitals of the University of Pittsburgh													4200-4500	
Presbyterian-University	J. J. Lee	19	620	11	36	1,143	0	1	2	0	0	3	4200-4500	O
Mercy	C. C. Altman	27	764	20	40	514	1	1	1	0	0	3	5400-6000	P
Veterans Admin. ⁴⁷⁷	C. A. Kuehn	26	392	26	65	1,140	1	1	1	1	0	4	4325-7715	O
Western Pennsylvania	S. H. Johnson	17	868†	5	100	476	1	1	1	0	0	3	3900-4800	FP
Wilkes-Barre														
Wilkes-Barre General	M. U. Rumbaugh	49	627	12	33	705	1	1	1	0	0	3	4200-4200	F
PUERTO RICO														
Rio Piedras														
University District	B. Gonzalez Flores						1	1	1	0	0	3		
San Juan														
San Juan City	L. A. Sanjurjo		309			3,418	1	1	1	0	0	3	3600-4800	F
RHODE ISLAND														
Providence														
Rhode Island	E. K. Landsteiner	26	972	28	54	3,056	1	1	1	0	0	3	2700-4080	FP
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	K. M. Lynch, Jr.						0	1	1	1	0	3	3084-4500	FP
Medical College		8	382	2	100									
Roper		14	597	3	66									

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		Outpatient Visits	Residencies Offered 1966-1967					Total All Years	Salary Per Year Min.-Max.	Maintenance
				Number	Autopsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE														
Memphis														
City of Memphis Hospitals	S. Raines	25	618	30	33	7,726	2	2	2	0	0	6	3480-3480	F
Veterans Admin. ⁴⁸⁶	W. H. Walker	45	801	20	80	2,550	1	1	1	0	0	3	4325-7715	O
Nashville														
George W. Hubbard Hospital of the Meharry Medical College	D. V. Bradley	8	148	11	36	993	1	1	1	0	0	3	2700-3900	F
Vanderbilt University Affiliated Hospitals							2	2	2	0	0	6		
Nashville Metropolitan General														
Vanderbilt University	R. K. Rhamy	8	434	3	87	2,465							3000-3600	F
Veterans Admin.	H. S. Shelley	26	490	20	75	703							4325-7715	O
TEXAS														
Dallas														
Parkland Memorial	H. M. Spence	20	586	15	40	5,192	1	1	1	1	0	4	2700-3600	P
Veterans Admin. ⁵⁰¹	P. A. Duff	33	614	30	60	2,500	1	1	1	0	0	3	4325-6665	P
Galveston														
University of Texas Medical Branch Hospitals	C. Hooks	21	461	9	22	3,581	2	2	2	0	0	6	4200-4200	P
Houston														
Baylor University Affiliated Hospitals	R. Scott, Jr.	105	4,461	44	54	9,332	3	3	3	0	0	9	3548-4461	FP
Ben Taub General														
St. Luke's														
Texas Children's														
Veterans Admin.														
Hermann ⁵¹⁰	C. M. Crigler	33	1,918	17	41	2,592	1	1	1	1	0	4	3900-5100	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	R. G. Weaver						1	1	1	0	0	3		
University		13	433	17	82	1,700							3600-5400	F
Veterans Admin.		18	210	9	88	345							4325-6665	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals	P. R. Powell						1	1	1	0	0	3		
DeGoesbriand Memorial		6	262†	4	50	303							4000-5800	O
Mary Fletcher		13	504†	11	73	672							4000-5800	O
White River Junction														
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.														
VIRGINIA														
Charlottesville														
University of Virginia	A. J. Paquin	26	831†	15	47	4,473	2	2	2	0	0	6	2400-3300	F
Norfolk General (Norfolk)	P. Devine	23	825†	24	46	1,249							3000-4300	FP
Danville														
Memorial	R. T. McCauley	23	1,091	19	37		0	1	1	0	0	2		
Norfolk														
Norfolk General—See University of Virginia Hospital, Charlottesville														
Richmond														
Medical College of Virginia Affiliated Hospitals							3	3	3	0	0	9		
Medical College of Virginia—Hospital Division	G. R. Prout, Jr.	36	899	29	28	2,558							2700-3300	F
Veterans Admin.	R. C. Bunts	48	1,122	30	50	2,561							4325-7715	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals	J. S. Ansell						2	2	2	0	0	6		
King County		17	510†	12	58	3,027							2700-4600	F
University		5	252†	1	100	1,088							3300-7715	P
Veterans Admin.		18	399	9	78	584							4325-7715	O
WEST VIRGINIA														
Charleston														
Memorial Hospital-Charleston General ¹²	D. R. Gilbert						1	1	1	0	0	3		
Charleston General		20	817	9	12	236							3900-4800	F
Memorial		13	545	8	0	265							4800-5400	FP
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	J. B. Wear, Jr.						2	2	2	0	0	6		
Madison General		23	895	8	75								4000-5200	P
University Hospitals		28	662	15	53	1,881							4000-5200	P
Veterans Admin.		33	611	14	73	842							5125-6035	P
Milwaukee														
Milwaukee County General	H. T. Hotter	22	504	10	40	3,023	0	1	1	1	0	3	5100-6665	P
Veterans Admin. (Wood) ⁵²³	J. W. Kearns	40	473	35	57	1,144	1	2	1	2	0	6	4325-6665	P

NUMERICAL AND OTHER REFERENCES

The footnote references and other symbols listed below are intended to provide additional information on approved residencies, as listed in the preceding pages. The footnote number following the listing of a program may indicate the name of the hospital, or hospitals, to which residents are rotated. It is not intended to indicate the reverse relationship—hospitals from which residents are rotated to the listed residency program.

Program directors may request the listing of other hospitals by footnote reference if residents are rotated from the parent hospital to the footnoted hospital for periods of six months to a year on a full-time basis as an integral part of the program. Shorter assignments or part-time assignments are not indicated in this Directory. Longer full-time assignments may be more accurately indicated by indenting the name of the affiliated hospital under that of the parent hospital in the listing of the approved residency.

If a footnote reference in this list does not seem appropriate, the program director of the residency involved should request a change in the listing of his program, submitting an outline of the full-time rotations to the Graduate Section, Council on Medical Education. Change in the listing of an approved residency generally requires the approval of the appropriate residency review committee, or concurrent action of the specialty board involved and the Council on Medical Education.

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

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

‡ Indicates discharges instead of admissions.

1. Appointments restricted to men only.
2. U. S. Citizenship required.
3. Appointments not available to graduates of foreign medical schools.
4. All clinical and laboratory services and educational programs are supervised by Mount Sinai Hospital, New York City.
5. May include one year fellowships in the Department of Cardiology.
6. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
7. May include one year of surgical research at Louisiana State University School of Medicine.
8. Includes fellowships.
9. Includes six months 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 Administration 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. Co-ordinated three year program: St. Vincent's Hospital affords two years, Maunee Valley Hospital, one year. Residents should apply to St. Vincent's Hospital.
15. First year residents to spend six months at Rochester General Hospital, Northside Division and senior residents to spend six months at Genesee Hospital, Rochester, N. Y.
16. 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. The academic year will be completed at an institution approved for training in Public Health.
24. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
25. One year of clinical investigation available.
26. The University teaching service at Veterans Administration Hospital consists of only ninety-six beds. In this co-ordinated three-year program, residents from Milwaukee County General Hospital rotate to Veterans Administration Hospital to this service only. Residents should apply to Milwaukee County General Hospital.
27. Includes one year of training (1st Year) at Barnes Hospital, St. Louis, Missouri.
28. Maricopa County General Hospital, Phoenix, Arizona.
29. The laboratory is affiliated with the Department of Pathology, Harvard Medical School.
30. Obstetrical and Gynecological pathology only.
31. Includes six months training during the second year at Bergen Pines County Hospital, Paramus, New Jersey.
32. Approved Category SP. 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 of Central Illinois and St. Francis Hospital Divisions, Peoria, Illinois; 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, Division 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 Hospital, Augusta, Georgia.
39. Senior resident to spend six months at St. Louis—Little Rock Hospital, 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, Ill.; or Blodgett Memorial Hospital, Grand Rapids, Michigan.
42. Approved for one year of training in surgical pathology part of anatomic pathology.
43. Ben Taub General Hospital, Veterans Administration 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 obtain credit for 36 months in radiology.
48. Co-ordinated 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.
53. First year of training provided at John Gaston Hospital, Memphis, Tennessee.
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, Ala.
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 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. Mountainside Hospital, Montclair, New Jersey; Hospital for Joint Diseases, Institute for the Crippled and Disabled, St. Barnabas Hospital for Chronic Diseases, Veterans Administration Hospital (Manhattan), New York City; New York State Rehabilitation Hospital, West Haverstraw, New York.
61. Applicants for residency positions should apply to Georgetown University Hospital, Washington, D. C.
62. One year of affiliated training provided on a continuing basis at Beekman-Downtown Hospital or Jewish Hospital of Brooklyn.
63. Purpose of program is the training of individuals entering careers in public health research. The second year of the residency provides full tuition for attendance at a

- school of public health for work leading to the M.P.H. degree.
64. Bridgeport Hospital, Bridgeport, Connecticut; Freedmen's Hospital, Washington, D. C.; St. Francis Hospital, Hartford, Connecticut; St. Barnabas Medical Center, Newark, New Jersey; Latter-day Saints Hospital, Salt Lake City, Utah.
 65. Duke Hospital, Durham, North Carolina.
 66. Orange County General Hospital, Orange, California.
 67. Memphis Eye, Ear, Nose and Throat Hospital, Memphis, Tennessee.
 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 Hospital for Cancer and Allied Diseases-James Ewing Hospital, New York City.
 70. Providence Hospital, Seattle, Washington.
 71. University Hospitals, Madison, Wisconsin.
 72. One year affiliated training at Barnes Hospital, St. Louis, Missouri.
 73. One year affiliated training at Milwaukee County General Hospital, Milwaukee, Wisconsin.
 74. University of Kansas Medical Center, Kansas City, Kansas.
 75. One year of training may be spent at Presbyterian Medical Center, San Francisco or San Mateo County General Hospital, San Mateo, California.
 76. Program includes assignments to affiliated Veterans Administration Hospital, Hines, Illinois and Veterans Administration Hospital (Wood), Milwaukee.
 77. Approved for four residents, one resident to be appointed every nine months.
 78. The third year of training is a one-year Basic Science Course given at the University of California Postgraduate School of Medicine, Los Angeles.
 79. Program designed for training of persons interested in academic medicine, epidemiological research, and international health. Stipend offered is available only to those who meet the criteria of postdoctoral research training program. Master of science degree offered to those completing the 3-year program or its equivalent and writing a satisfactory research thesis.
 80. University of Colorado Medical Center, Denver, Colo.
 82. University Hospital, Columbus, Ohio; Veterans Administration Hospital, Dayton, Ohio.
 84. Brooke General Hospital, San Antonio, Texas.
 85. Applicants for residency positions should apply to the Department of Neurology of the State University of Iowa College of Medicine.
 86. Applicants for residency positions should apply to the Department of Surgery of the State University of Iowa College of Medicine.
 88. Includes one year of training at Montefiore Hospital and Medical Center, New York City.
 89. Washington University Hospital, St. Louis; University of Missouri Medical Center, Columbia, Missouri; St. Louis City Hospital, St. Louis; St. Louis County Hospital, Clayton, Missouri; Jewish Hospital of St. Louis.
 90. Boston City Hospital (V Surg. Serv.), Boston; University of Virginia Hospital, Charlottesville, Virginia; Swedish Hospital, Seattle, Washington.
 91. University of Alabama Medical Center, Birmingham, Alabama.
 92. John A. Andrew Memorial Hospital, Tuskegee Institute, Alabama.
 93. University Hospital, Little Rock, Arkansas.
 94. Rancho Los Amigos Hospital, Downey, California.
 95. City of Hope Medical Center, Duarte, California; University of California Medical Center, Los Angeles.
 96. City of Hope Medical Center, Duarte, California; Olive View Hospital, Olive View, California.
 97. City of Hope Medical Center, Duarte; Los Angeles County Harbor General Hospital, Torrance, California.
 98. Sonoma State Hospital, Eldridge; Napa State Hospital, Imola; San Francisco General Hospital, San Francisco.
 99. Napa State Hospital, Imola, California; Southern Nevada Memorial Hospital, Las Vegas, Nevada.
 100. Veterans Administration Hospital Livermore; Mercy Hospital, Sacramento; Kaiser Foundation Hospital, St. Elizabeth's Infant Hospital, San Francisco.
 101. Veterans Administration Hospital, Martinez; Children's Hospital and Adult Medical Center, San Francisco; Santa Clara County Hospital, San Jose, California.
 102. Veterans Administration Hospital, Martinez; Hahnemann Hospital, Mount Zion Hospital and Medical Center, San Francisco.
 103. California Babies' and Children's Medical Center, Los Angeles.
 104. Children's Hospital of Los Angeles, Los Angeles.
 105. Children's Hospital of Los Angeles, Doheny Eye Foundation, Los Angeles.
 106. Children's Hospital of Los Angeles, Hollywood Presbyterian Hospital-Olmsted Memorial, Los Angeles.
 107. Children's Hospital of Los Angeles, Hospital of the Good Samaritan Medical Center, Los Angeles.
 108. Children's Hospital of Los Angeles, Los Angeles County General Hospital, Los Angeles.
 109. Children's Hospital of Los Angeles, Los Angeles Tumor Institute, Los Angeles.
 110. Children's Hospital of Los Angeles, University of California Hospital, Los Angeles.
 111. Children's Hospital of Los Angeles, Los Angeles; St. John's Hospital, Santa Monica, California.
 112. Los Angeles County General Hospital, Mount Sinai Hospital, University of California Hospital, Los Angeles; Los Angeles County Harbor General Hospital, Torrance, California.
 113. Los Angeles County General Hospital, University of California Hospital, Los Angeles.
 114. Los Angeles Tumor Institute, Los Angeles.
 115. Santa Fe Coast Lines Hospital, Los Angeles.
 116. University of California Hospital, Los Angeles.
 117. University of California Hospital, Los Angeles; Veterans Administration Hospital, San Fernando, California.
 118. Children's Hospital of the East Bay, Peralta Hospital, Samuel Merritt Hospital, Oakland, California.
 119. Children's Hospital of the East Bay, Samuel Merritt Hospital, Oakland, California.
 120. Highland Alameda County Hospital, Oakland, California.
 121. Highland Alameda County Hospital, Oakland; Children's Hospital and Adult Medical Center, Mount Zion Hospital and Medical Center, Southern Pacific Memorial Hospital, San Francisco.
 123. Children's Hospital of Orange County, Orange, California.
 124. Orange County General Hospital, Orange, California.
 125. Stanford Convalescent Home, Palo Alto, California.
 128. Stanford Convalescent Home, Veterans Administration Hospital, Palo Alto; Crystal Springs Rehabilitation Center, San Mateo, California.
 127. Crippled Children's Hospital, Good Samaritan Hospital, St. Joseph's Hospital, Phoenix, Arizona.
 128. Veterans Administration Hospital, Palo Alto; Santa Clara County Hospital, San Jose, California.
 129. Sacramento County Hospital, Sacramento, California.
 130. Sacramento County Hospital, Sacramento, California; San Francisco General Hospital; Southern Pacific Memorial Hospital; Veterans Administration Hospital, San Francisco; Santa Clara County Hospital, San Jose, California.
 131. San Diego County General Hospital, San Diego, California.
 132. Veterans Administration Hospital, San Fernando, California; Johns Hopkins University Hospital, Baltimore, Maryland.
 133. Veterans Administration Hospital, San Fernando, California; Johns Hopkins Hospital, Baltimore, Maryland; Mayo Graduate School of Medicine, Rochester, Minnesota.
 134. Children's Hospital and Adult Medical Center, Southern Pacific Memorial Hospital, U.S. Public Health Service Hospital, San Francisco.
 135. Franklin Hospital, San Francisco General Hospital, San Francisco.
 136. Presbyterian Medical Center, San Francisco.
 137. San Francisco General Hospital, University of California Hospitals, San Francisco.
 138. University of California Hospitals, San Francisco.
 139. University of California Hospitals, San Francisco; Santa Clara County Hospital, San Jose, California.
 140. San Jose Hospital, San Jose, California.
 141. Santa Clara County Hospital, San Jose, California.
 142. Santa Clara County Hospital, San Jose; San Joaquin General Hospital, Stockton, California.
 143. Los Angeles County Harbor General Hospital, Torrance, California.
 144. Children's Hospital, Denver.
 145. Presbyterian Hospital, Denver.
 146. Presbyterian Hospital, University of Colorado Medical Center, Denver.
 147. St. Joseph Hospital, Denver.
 148. St. Luke's Hospital, Denver.
 149. University of Colorado Medical Center, Denver.
 150. U. S. Army Hospital, Fort Carson, Colorado.
 151. Weld County General Hospital, Greeley, Colorado.
 152. St. Mary-Corwin Hospital, Pueblo, Colorado.
 153. J. J. McCook Memorial Hospital, Hartford, Connecticut.
 154. Yale-New Haven Hospital, New Haven, Connecticut.
 155. Yale-New Haven Hospital, New Haven, Connecticut; Newington Hospital for Crippled Children, Newington, Connecticut; Southbury Training School, Southbury, Connecticut.
 156. Veterans Administration Hospital, West Haven, Connecticut.
 157. Delaware Hospital, Wilmington, Delaware.
 158. Delaware Hospital, Wilmington, Delaware; Graduate Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania.
 159. Veterans Administration Hospital, Wilmington, Delaware.
 160. Armed Forces Institute of Pathology, Children's Hospital, Walter Reed General Hospital, Washington, D. C.; U. S. Naval Hospital, Bethesda, Maryland.
 161. Armed Forces Institute of Pathology, Washington, D. C.
 162. Armed Forces Institute of Pathology, Washington, D. C.; Children's Hospital of Philadelphia, Philadelphia.
 163. Armed Forces Institute of Pathology, Washington, D. C.; Children's Hospital of Philadelphia, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania.
 164. Children's Hospital, Washington, D.C.
 165. Columbia Hospital for Women and Lying-In Asylum, George Washington University Hospital, Washington, D. C.
 167. District of Columbia General Hospital, Washington, D. C.
 168. District of Columbia General Hospital, Veterans Administration Hospital, Washington, D. C.
 169. District of Columbia General Hospital, St. Elizabeths Hospital, Washington, D. C.; Fairfax Hospital, Falls Church, Virginia.
 171. George Washington University Hospital, Washington, D. C.
 172. Veterans Administration Hospital, Washington, D. C.
 173. Walter Reed General Hospital, Washington, D. C.
 174. Walter Reed General Hospital, Washington, D. C.; U. S. Naval Hospital, Bethesda, Maryland.
 175. Veterans Administration Hospital, Coral Gables, Florida.
 176. Southeast Florida Tuberculosis Hospital, Lantana, Florida.

177. Jackson Memorial Hospital, Miami, Florida.
178. Kendall Hospital, Variety Children's Hospital, Miami, Florida.
179. Variety Children's Hospital, Miami, Florida.
182. Emory University Hospital, Veterans Administration Hospital, Atlanta, Georgia.
183. Georgia Baptist Hospital, Atlanta, Georgia.
184. Grady Memorial Hospital, Atlanta, Georgia.
185. Henrietta Eggleston Hospital for Children, Atlanta, Georgia.
186. Georgia Warm Springs Foundation, Warm Springs, Georgia; University Hospital (Institute of Physical Medicine and Rehabilitation), Veterans Administration Hospital (Bronx), New York City.
187. Kapiolani Maternity and Gynecological Hospital, Honolulu, Hawaii.
188. Chicago State Hospital, Salvation Army Booth Memorial Hospital, Chicago.
189. Children's Memorial Hospital, Chicago.
190. Children's Memorial Hospital, Columbus Hospital, Chicago.
191. Children's Memorial Hospital, Herotin Hospital, Chicago.
193. City of Chicago Municipal Tuberculosis Sanitarium, Experimental Laboratory, Stritch School of Medicine, Chicago.
194. Columbus Hospital, Chicago.
195. Cook County Hospital, Chicago.
196. Cook County Hospital, Mount Sinai Hospital, Chicago.
197. Cook County Hospital, Mount Sinai Hospital, University of Illinois Research and Educational Hospitals, Chicago.
199. Englewood Hospital, Chicago.
200. Illinois Eye and Ear Infirmary, Chicago.
201. Mercy Hospital, University of Illinois Research and Educational Hospitals, Chicago.
202. Michael Reese Hospital and Medical Center, Mount Sinai Hospital, Presbyterian-St. Luke's Hospital, Chicago; Veterans Administration Hospital, Hines, Illinois.
203. Northwestern University Medical Center, Chicago.
204. Passavant Memorial Hospital, Chicago.
205. Presbyterian-St. Luke's Hospital, Chicago.
206. University of Illinois Research and Educational Hospitals, Chicago.
207. Veterans Administration Hospital (West Side), Chicago.
208. Little Company of Mary Hospital, Evergreen Park, Illinois.
209. Veterans Administration Hospital, Hines, Illinois.
210. Silver Cross Hospital, Joliet, Illinois.
211. Community Memorial General Hospital, La Grange, Illinois.
212. Peoria State Hospital, Peoria, Illinois.
213. Broadlawns Polk County Hospital, Des Moines, Iowa.
214. Iowa Methodist Hospital, Mercy Hospital, Des Moines, Iowa.
215. University Hospitals, Iowa City, Iowa.
216. University of Kansas Medical Center, Kansas City, Kansas.
217. Wesley Medical Center, Wichita, Kansas.
218. Cardinal Hill Convalescent Hospital, Lexington, Kentucky.
219. St. Joseph Hospital, Veterans Administration Hospital, Lexington, Kentucky.
220. University Hospital, Lexington, Kentucky; University of Louisville Medical Center, Louisville, Kentucky.
221. Children's Hospital, Louisville General Hospital, Louisville, Kentucky.
222. Louisville General Hospital, Louisville, Kentucky.
223. University of Louisville Medical Center, Louisville, Kentucky.
224. Washington-St. Tammany Charity Hospital, Bogalusa, Louisiana.
225. Washington-St. Tammany Charity Hospital, Bogalusa, La.; Charity Hospital of Louisiana (Tulane University Division), New Orleans, Louisiana.
226. Lallie Kemp Charity Hospital, Independence, Louisiana.
227. Lake Charles Charity Hospital, Lake Charles; Touro Infirmary, New Orleans.
228. E. A. Conway Memorial Hospital, Monroe, Louisiana.
229. E. A. Conway Memorial Hospital, Monroe, Louisiana; Huey P. Long Charity Hospital, Pineville, Louisiana.
230. Charity Hospital of Louisiana (Tulane University Division), Crippled Children's Hospital, New Orleans.
231. Charity Hospital of Louisiana, New Orleans.
233. Charity Hospital of Louisiana (Tulane University Division), New Orleans.
234. Ochsner Foundation Hospital, New Orleans.
235. Confederate Memorial Medical Center, Shreveport, Louisiana; Kansas City General Hospital, Kansas City, Missouri.
236. Baltimore City Hospitals, Baltimore, Maryland; Veterans Administration Hospital, Fort Howard, Maryland.
237. Greater Baltimore Medical Center, Baltimore, Maryland.
238. James Lawrence Kernan Hospital, Baltimore, Maryland; Gillette State Hospital for Crippled Children, St. Paul, Minn.; Eastern New York Orthopaedic Hospital-School, Schenectady, New York.
239. James Lawrence Kernan Hospital, Baltimore, Maryland; United Hospitals of Newark-Hospital for Crippled Children, Newark, New Jersey.
240. Johns Hopkins Hospital, Baltimore, Maryland.
241. University of Maryland Hospital, Baltimore, Maryland.
242. University of Maryland Hospital, Veterans Administration Hospital, Baltimore, Maryland.
243. Veterans Administration Hospital, Baltimore, Maryland.
244. Veterans Administration Hospital, Fort Howard, Maryland.
245. Peninsula General Hospital, Salisbury, Maryland.
246. Beth Israel Hospital, Boston City Hospital (III Surgical Service), Carney Hospital, St. Elizabeth's Hospital, Boston.
247. Beth Israel Hospital, Children's Hospital Medical Center, Boston; Emma Pendleton Bradley Hospital, Riverside, Rhode Island.
248. Boston City Hospital, Boston.
249. Boston City Hospital, Children's Hospital Medical Center, Boston.
250. Boston City Hospital, Boston; Charles V. Chapin Hospital, Providence, Rhode Island.
251. Boston Floating Hospital, Boston.
252. Boston Lying-in Hospital, Children's Hospital Medical Center, Boston.
253. Boston Lying-in Hospital, Children's Hospital Medical Center, Veterans Administration Hospital (West Roxbury), Boston.
254. Boston Lying-in Hospital, Children's Hospital Medical Center, Veterans Administration Hospital (West Roxbury), Boston; Free Hospital for Women, Brookline, Massachusetts.
255. Boston State Hospital, Boston, Pondville Hospital, Norfolk, Massachusetts.
260. Children's Hospital Medical Center, Boston.
261. Children's Hospital Medical Center, New England Deaconess Hospital, Peter Bent Brigham Hospital, Boston.
263. Children's Hospital Medical Center, Veterans Administration Hospital (West Roxbury), Boston; Burbank Hospital, Fitchburg, Massachusetts.
264. Children's Hospital Medical Center, Boston; Veterans Administration Hospital, Providence, Rhode Island.
266. Faulkner Hospital, Massachusetts General Hospital, New England Deaconess Hospital, Boston; Pondville Hospital, Norfolk, Massachusetts.
267. Lahey Clinic, Boston.
268. Lahey Clinic, Boston; Children's Orthopedic Hospital and Medical Center, Seattle; Northern State Hospital, Sedro Woolley, Washington.
269. Lemuel Shattuck Hospital, Boston; Lynn Hospital, Lynn, Massachusetts.
270. Lemuel Shattuck Hospital, Boston or Pondville Hospital, Norfolk, Massachusetts.
271. Massachusetts General Hospital, Boston.
272. New England Center Hospital, Boston.
273. New England Center Hospital, St. Margaret's Hospital, Boston.
274. New England Center Hospital, Veterans Administration Hospital (Jamaica Plain), Boston; Mount Auburn Hospital, Cambridge, Massachusetts.
275. Peter Bent Brigham Hospital, Boston.
276. Veterans Administration Hospital (Jamaica Plain), Boston.
277. Lahey Clinic, Veterans Administration Hospital (Jamaica Plain), Boston.
278. Veterans Administration Hospital (Jamaica Plain), Boston; Framingham Union Hospital, Framingham, Massachusetts.
279. Lawrence F. Quigley Memorial Hospital, Chelsea, Massachusetts.
280. Lynn Hospital, Lynn, Massachusetts; Salem Hospital, Salem, Massachusetts; Middlesex County Sanatorium, Waltham, Massachusetts.
281. Pondville Hospital, Norfolk, Massachusetts.
282. University Hospital, Ann Arbor, Michigan.
283. Veterans Administration Hospital, Ann Arbor, Michigan.
284. Veterans Administration Hospital, Ann Arbor; Wayne County General Hospital and Infirmary, Eloise, Michigan.
286. Children's Hospital, Detroit.
287. Children's Hospital, Grace Hospital, Detroit.
288. Children's Hospital, Woman's Hospital, Detroit.
289. Harper Hospital, Detroit.
291. Herman Kiefer Hospital, Receiving Hospital, Detroit.
292. Receiving Hospital, Detroit.
293. Wayne State University Affiliated Hospitals, Detroit or Bellevue Hospital Center, New York City.
294. Wayne County General Hospital and Infirmary, Eloise, Michigan.
295. St. Mary's Hospital, Grand Rapids, Michigan.
296. Hennepin County General Hospital, Minneapolis.
297. Hennepin County General Hospital, Mount Sinai Hospital, University of Minnesota Hospitals, Minneapolis.
298. Hennepin County General Hospital, Mount Sinai Hospital, Minneapolis; Ancker Hospital, St. Paul, Minnesota.
299. Hennepin County General Hospital, University of Minnesota Hospitals, Minneapolis.
300. Kenny Rehabilitation Institute, Minneapolis.
301. University of Minnesota Hospitals, Minneapolis.
302. University of Minnesota Hospitals, Veterans Administration Hospital, Minneapolis.
303. University of Minnesota Hospitals, Minneapolis; John Gaston Hospital, Veterans Administration Hospital, Memphis, Tennessee.
304. Ancker Hospital, St. Paul, Minnesota.
305. St. Joseph's Hospital, St. Paul, Minnesota.
306. Mississippi Baptist Hospital, Jackson, Mississippi.
307. Mississippi State Sanatorium, Sanatorium, Mississippi.
308. St. Louis County Hospital, Clayton, Missouri.
309. Ellis Fischel State Cancer Hospital, Columbia, Missouri.
310. Ellis Fischel State Cancer Hospital, Columbia, Missouri; Barnes Hospital, St. Louis State Hospital, St. Louis.
311. Ellis Fischel State Cancer Hospital, Columbia, Missouri; Cardinal Glennon Memorial Hospital for Children, St. Louis.
312. Ellis Fischel State Cancer Hospital, Columbia, Missouri; St. Louis City Hospital, Veterans Administration Hospital, St. Louis.
313. Children's Mercy Hospital, Kansas City, Missouri.
314. Children's Mercy Hospital, St. Luke's Hospital, Kansas City, Missouri.
315. Kansas City General Hospital, Kansas City, Missouri.
316. Veterans Administration Hospital, Kansas City, Missouri.
317. Barnes Hospital, St. Louis.
318. Cardinal Glennon Memorial Hospital for Children, St. Louis.
319. McMillan Hospital, St. Louis.
320. St. Louis City Hospital, St. Louis.
321. St. Louis University Group of Hospitals, St. Louis.
322. Shriners Hospital for Crippled Children, St. Louis.
323. Veterans Administration Hospital, St. Louis.
324. Bishop Clarkson Memorial Hospital, Children's Memorial

- Hospital, Nebraska Methodist Hospital, Veterans Administration Hospital, Omaha.
325. Creighton Memorial St. Joseph's Hospital, University of Nebraska Hospital, Omaha.
326. Children's Seashore House at Atlantic City for Invalid Children, Atlantic City, New Jersey; Hospital of the University of Pennsylvania, Philadelphia.
327. Children's Seashore House at Atlantic City for Invalid Children, Atlantic City, New Jersey.
328. Children's Seashore House at Atlantic City for Invalid Children, Atlantic City, New Jersey; University of Pennsylvania Rehabilitation Center, Philadelphia.
329. Cooper Hospital, Camden, New Jersey.
330. Hackensack Hospital, Hackensack, New Jersey; Babes Hospital, Newark, New Jersey.
331. Margaret Hague Maternity Hospital, Jersey City, New Jersey.
332. Margaret Hague Maternity Hospital, Jersey City, New Jersey; Manhattan State Hospital, New York City.
333. Veterans Administration Hospital, Lyons, New Jersey; Hospital for Crippled Children, Newark, New Jersey; Kessler Institute for Rehabilitation, West Orange, New Jersey.
334. Newark City Hospital, United Hospitals of Newark-Hospital for Crippled Children, Newark, New Jersey; U. S. Public Health Service Hospital (Staten Island), New York City.
335. Orange Memorial Hospital, Orange, New Jersey.
336. Bergen Pines County Hospital, Paramus, New Jersey; Coney Island Hospital, New York City.
337. Gloucester County General Hospital, Woodbury, New Jersey.
338. Carrie Tingley Hospital for Crippled Children, Truth or Consequences, New Mexico.
339. Albany Medical Center Hospital, Albany, New York.
340. Veterans Administration Hospital, Albany, New York.
342. Children's Hospital of Buffalo, Mercy Hospital, Veterans Administration Hospital, Buffalo, New York.
343. Children's Hospital of Buffalo, Veterans Administration Hospital, Buffalo, New York.
344. Children's Hospital of Buffalo, Buffalo, New York; Strong Memorial Hospital of the University of Rochester, Rochester, New York.
345. Edward J. Meyer Memorial Hospital, Buffalo, New York.
346. Roswell Park Memorial Institute, Buffalo, New York.
347. Roswell Park Memorial Institute, Buffalo, New York; Genesee Hospital, Rochester, New York.
348. Veterans Administration Hospital, Buffalo, New York.
349. Meadowbrook Hospital, East Meadow, New York.
352. Veterans Administration Hospital, Montrose, New York; Bellevue Hospital Center, New York City.
353. Long Island Jewish Hospital, New Hyde Park, New York; Long Island College Hospital, New York City.
354. Long Island Jewish Hospital, New Hyde Park, New York; Long Island College Hospital, Maimonides Hospital of Brooklyn, New York City.
355. Beekman-Downtown Hospital, Memorial Center for Cancer and Allied Diseases—James Ewing Hospital, St. Luke's Hospital, Woman's Hospital, New York City.
356. Bellevue Hospital Center, New York City.
357. Bellevue Hospital Center, Bronx Municipal Hospital Center, New York City.
358. Bellevue Hospital Center, Division I—Columbia University, New York City.
359. Bellevue Hospital Center, Francis Delafield Hospital, New York City.
360. Bellevue Hospital Center, University Hospital, New York City.
361. Bronx Municipal Hospital Center, New York City.
362. Bronx Municipal Hospital Center, Lincoln Hospital, Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City.
363. Bronx Municipal Hospital Center, Presbyterian Hospital, New York City.
364. Brooklyn Eye and Ear Hospital, Long Island College Hospital, New York City.
365. Brooklyn Hospital, Maimonides Hospital of Brooklyn, Veterans Administration Hospital (Brooklyn), New York City.
366. City Hospital Center at Elmhurst, New York City.
367. Flower and Fifth Avenue Hospitals, New York City.
368. Francis Delafield Hospital, New York City.
369. Francis Delafield Hospital or Goldwater Memorial Hospital, New York City.
370. Francis Delafield Hospital, Mount Sinai Hospital, St. Luke's Hospital, New York City.
371. Francis Delafield Hospital, Presbyterian Hospital, New York City.
372. Harlem Hospital Center, New York City.
373. Hospital for Joint Diseases, New York City.
374. Kings County Hospital Center (Brooklyn), New York City.
376. Lefferts General Hospital, New York City.
377. Lincoln Hospital, New York City.
378. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City.
379. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York Hospital, New York City.
380. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, Presbyterian Hospital, New York City.
381. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, U. S. Public Health Service Hospital (Staten Island), New York City.
382. Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital, New York City; U. S. Public Health Service Hospital, Seattle, Washington.
383. Metropolitan Hospital, New York City.
384. Montefiore Hospital and Medical Center, New York City.
385. Montefiore Hospital Training Program, New York City.
386. Montefiore Hospital and Medical Center, Presbyterian Hospital, New York City.
387. Morrisania City Hospital, New York City.
389. New York Hospital-Cornell Medical Center, New York City.
390. Presbyterian Hospital, New York City.
391. Presbyterian (Babies) Hospital, New York City.
392. Queens Hospital Center (Jamaica), New York City.
393. St. John's Episcopal Hospital (Brooklyn), New York City.
394. St. Luke's Hospital, New York City.
395. Triboro Hospital (Jamaica), New York City.
396. University Hospital, New York City.
398. Veterans Administration Hospital (Bronx), New York City.
399. Veterans Administration Hospital (Brooklyn), New York City.
400. Wyckoff Heights Hospital (Brooklyn), New York City.
401. St. Charles Hospital, Port Jefferson, New York.
402. Genesee Hospital, Rochester, New York.
403. Genesee Hospital, Highland Hospital, Rochester General Hospital, Rochester, New York.
404. Genesee Hospital, Rochester General Hospital, St. Mary's Hospital, Rochester, New York.
405. Strong Memorial Hospital of the University of Rochester, Rochester, New York.
407. State University of New York Upstate Medical Center, Syracuse, New York.
408. Grasslands Hospital, Valhalla, New York.
409. John Umstead Hospital, Butner, North Carolina; Dorothea Dix Hospital, Raleigh, North Carolina.
410. Lincoln Hospital, North Carolina Cerebral Palsy Hospital, Watts Hospital, Durham, North Carolina.
411. McPherson Hospital, Durham, North Carolina.
412. Watts Hospital, Durham, North Carolina.
413. Watts Hospital, Durham, North Carolina; North Carolina Sanatorium, McCain, North Carolina.
414. Children's Hospital of Akron, Akron, Ohio.
415. Children's Hospital, Cincinnati.
416. Cincinnati General Hospital, Cincinnati.
417. University Hospitals (Children's Hospital), Oklahoma City, Oklahoma; Vanderbilt University Hospital, Nashville, Tennessee.
418. Longview State Hospital, Cincinnati.
419. Veterans Administration Hospital, Cincinnati.
420. Cleveland Clinic Hospital, Cleveland, Ohio.
421. Cleveland Metropolitan General Hospital, Cleveland.
422. Cleveland Metropolitan General Hospital or Institute of Pathology, West Reserve University, Cleveland.
423. Cleveland State Hospital, Cleveland.
424. Highland View Hospital, Cleveland.
425. Lutheran Hospital, Cleveland.
426. St. Vincent Charity Hospital, Cleveland.
427. Sunny Acres Cuyahoga County Tuberculosis Hospital, Cleveland.
428. University Hospitals of Cleveland, Cleveland.
429. Children's Hospital, Columbus, Ohio.
430. Children's Hospital, Columbus State School, Mount Carmel Hospital, Columbus, Ohio.
431. Children's Hospital, Columbus, Ohio; St. Elizabeth Hospital, Dayton, Ohio.
432. University Hospital, Columbus, Ohio.
433. University Hospital, Columbus, Ohio or Miami Valley Hospital, Dayton, Ohio.
434. Veterans Administration Hospital, Dayton, Ohio.
435. Central State Griffin Memorial Hospital, Norman, Oklahoma.
436. Mercy Hospital, Oklahoma City, Oklahoma.
437. Presbyterian Hospital, Oklahoma City, Oklahoma.
438. Veterans Administration Hospital, Oklahoma City, Oklahoma.
439. Holladay Park Hospital, University of Oregon Medical School Hospitals and Clinics, Portland, Oregon.
440. St. Vincent Hospital, Portland, Oregon.
441. University of Oregon Medical School Hospitals and Clinics, Portland, Oregon.
442. Veterans Administration Hospital, Portland, Oregon.
443. Oregon State Hospital, Salem, Oregon.
444. Lower Bucks County Hospital, Bristol, Pennsylvania; Children's Hospital of Philadelphia, Misericordia Hospital, Philadelphia.
446. Crozer-Chester Medical Center, Chester, Pennsylvania.
448. American Oncologic Hospital, Children's Hospital of Philadelphia, Philadelphia.
449. Chestnut Hill Hospital, Philadelphia, Pennsylvania.
450. Chestnut Hill Hospital, Children's Hospital of Philadelphia, Philadelphia.
451. Children's Hospital of Philadelphia, Philadelphia.
452. Children's Hospital of Philadelphia, Hospital of the University of Pennsylvania, Philadelphia.
453. Children's Hospital of Philadelphia, Philadelphia General Hospital, Philadelphia.
454. Children's Hospital of Philadelphia, Philadelphia General Hospital, Presbyterian Hospital in Philadelphia, Philadelphia.
455. Episcopal Hospital, Philadelphia General Hospital, Philadelphia.
456. Hahnemann Medical College and Hospital, Philadelphia.
457. 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.
458. Hahnemann Medical College and Hospital, Presbyterian Hospital in Philadelphia, St. Christopher's Hospital for Children, Temple University Hospital, Philadelphia.
459. Hahnemann Medical College and Hospital, St. Christopher's Hospital for Children, Philadelphia.
460. Hospital of the University of Pennsylvania, Philadelphia.
461. Hospital of the University of Pennsylvania or Temple

- University Hospital, Philadelphia.
 462. Jefferson Medical College Hospital, Philadelphia.
 463. Jefferson Medical College Hospital, Philadelphia General Hospital, Philadelphia.
 464. Jefferson Medical College Hospital, St. Christopher's Hospital for Children, Philadelphia.
 465. Lankenau Hospital, Presbyterian Hospital in Philadelphia, Philadelphia.
 466. Misericordia Hospital, Philadelphia.
 467. Pennsylvania Hospital, Philadelphia.
 468. Pennsylvania Hospital, Philadelphia General Hospital, Veterans Administration Hospital, Philadelphia.
 469. Philadelphia General Hospital, Philadelphia.
 470. Philadelphia General Hospital, St. Christopher's Hospital for Children, Philadelphia.
 471. St. Christopher's Hospital for Children, Philadelphia.
 472. Temple University Hospital, Philadelphia.
 473. Wills Eye Hospital, Philadelphia.
 474. Valley Forge General Hospital, Phoenixville, Pennsylvania.
 475. Allegheny General Hospital, Pittsburgh.
 476. Allegheny General Hospital, Children's Hospital of Pittsburgh, Pittsburgh.
 477. Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania.
 478. Children's Hospital of Pittsburgh, Eye and Ear Hospital of Pittsburgh, Pittsburgh.
 479. C. Howard Marcy State Hospital, St. Francis Hospital, Shadyside Hospital, Pittsburgh.
 480. Health Center Hospitals of the University of Pittsburgh, Pittsburgh.
 481. University (District) Hospital, Rio Piedras, Puerto Rico.
 482. San Juan City Hospital, San Juan, Puerto Rico.
 483. Veterans Administration Hospital, Providence, Rhode Island.
 484. East Tennessee Tuberculosis Hospital, Knoxville, Tennessee.
 485. St. Mary's Memorial Hospital, Knoxville, Tennessee.
 486. Baptist Memorial Hospital, Memphis, Tennessee.
 487. City of Memphis Hospitals, Memphis, Tennessee.
 488. University of Tennessee Affiliated Hospitals, Memphis, Tennessee.
 490. Baptist Hospital, Veterans Administration Hospital, Nashville, Tennessee.
 491. Middle Tennessee Tuberculosis Hospital, Nashville, Tennessee.
 493. 2nd and 3rd year of residency will be spent at Parkland Memorial Hospital, Dallas, Texas.
 494. Nashville Metropolitan General Hospital, Veterans Administration Hospital, Nashville, Tennessee.
 495. Vanderbilt University Hospital, Nashville, Tennessee.
 496. Veterans Administration Hospital, Nashville, Tennessee.
 497. Austin State Hospital, Austin, Texas.
 498. Baylor University Medical Center, Children's Medical Center, Dallas, Texas.
 499. Baylor University Medical Center, Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
 500. Baylor University Medical Center, Children's Medical Center, Veterans Administration Hospital, Dallas, Texas.
 501. Baylor University Medical Center, Parkland Memorial Hospital, Dallas, Texas.
 502. Baylor University Medical Center, St. Paul Hospital, Dallas, Texas.
 503. Children's Medical Center, Dallas, Texas.
 504. Children's Medical Center, Gaston Episcopal Hospital, Dallas, Texas.
 505. Children's Medical Center, Parkland Memorial Hospital, Veterans Administration Hospital, Dallas, Texas.
 506. Parkland Memorial Hospital, Dallas, Texas.
 507. Veterans Administration Hospital, Dallas, Texas.
 508. Ben Taub General Hospital, Houston, Texas.
 509. Hermann Hospital, Houston, Texas.
 510. Southern Pacific Hospital, University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
 511. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
 512. Robert B. Green Memorial Hospital, San Antonio, Texas.
 513. Robert B. Green Memorial Hospital, San Antonio State Tuberculosis Hospital, San Antonio, Texas.
 514. Santa Rosa Medical Center, San Antonio, Texas.
 515. U. S. Air Force Hospital, San Antonio, Texas.
 516. Veterans Administration Hospital, Temple, Texas.
 517. Primary Children's Hospital, Salt Lake City.
 518. University Hospital, Salt Lake City.
 519. Western State Hospital, Fort Steilacoom; Children's Orthopedic Hospital and Medical Center, Seattle, Washington.
 520. Children's Orthopedic Hospital and Medical Center, Seattle, Washington.
 521. Children's Orthopedic Hospital and Medical Center, Firland Sanatorium, Seattle, Washington.
 522. Firland Sanatorium, U. S. Public Health Service Hospital, Seattle, Washington.
 524. Highland Hospital, Charleston, West Virginia; West Virginia University Medical Center, Morgantown, West Virginia.
 525. University Hospitals, Madison, Wisconsin.
 526. Veterans Administration Hospital, Madison, Wisconsin.
 527. Martha Washington Hospital, Milwaukee County Hospital, Milwaukee.
 528. Milwaukee Children's Hospital, Milwaukee.
 529. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee Hospital, Milwaukee.
 530. Milwaukee Children's Hospital, Milwaukee Hospital, Milwaukee.
 531. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
 532. Milwaukee Children's Hospital, Veterans Administration Hospital (Wood), Milwaukee.
 533. Milwaukee County General Hospital, Milwaukee.
 534. 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 | Aerospace Medicine |
| 6. Internal Medicine | Occupational Medicine |
| 7. Neurological Surgery | Public Health |
| 8. Neurology | 18. Psychiatry and Neurology |
| 9. Obstetrics and Gynecology | Child Psychiatry ² |
| 10. Ophthalmology | 19. Radiology |
| 11. Orthopedic Surgery | 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 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 and 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 chronological year of the program. Those portions of the program designed to increase the scope of training beyond ordinarily clinical anesthesia experience should be described in some detail, specifying time allotment, place, names of instructors, and such other information as may be of importance in assessing the training value of the program.

General Consideration for a Two Year Program.—With the exception of the additional instruction secured in the three-year program, which is essentially non-clinical, the following requirements apply to two-year programs also.

Staff.—The most important element in the staffing of a training program is the genuine interest of the staff in instruction of residents in all the aspects of the field of anesthesiology. The need and desire to teach must be the primary motive for the development of a training program. Those programs in which the evidence points toward the acquisition of residents primarily to satisfy the needs of the clinical work load will be seriously questioned as will those programs in which the number and variety of patients available to the resident are limited. The staff should be of sufficient number so that any resident may expect direct supervision at any time. The ratio of staff to residents is subject to so many variables that a fixed number cannot be assigned. Ordinarily, a program in which there is only one functioning staff person as far as the training program is concerned will not be approved.

The staff should ideally be composed of physicians with different interests and capabilities. Included should be those who are interested in and proficient in clinical management of anesthesia, the basic sciences, general medicine, and research.

The director should be capable of administering the program and given the power to do so. His position as director should be determined on the basis of his interest and facility as a teacher and not primarily upon the basis of his seniority or control of private practice.

Clinical Material.—Through the parent hospital and/or the affiliated hospital, a sufficient variety of anesthetic problems should be available to the resident to provide the basis for instruction and experience in anesthetic management of patients undergoing thoracic, pediatric, obstetrical and neurosurgical procedures, as well as in problems arising from all other types of surgical cases.

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the 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 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 outpatient 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, through the office of the American Board of Internal Medicine.

7. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 verified intracranial neoplasms, for each resident completing his training each year. Close contact must be maintained between the staff neurosurgeons and the resident staff. It is essential that the resident participate actively in the diagnostic study, operative treatment, and postoperative care of patients. The period of training consists of four years and must be preceded by at least one year of approved internship, preferably in surgery, although a rotating internship is acceptable. If the neurosurgical training is begun after a rotating internship, additional training of at least six months in surgery must be arranged by the chief of the neurosurgical service.

The residency period must be chiefly clinical and not didactic, and there must be concurrent instruction in neurology and the basic sciences, particularly as they relate to neurosurgery. To qualify for the full four years of approval, a residency must provide broad experience in neurosurgery.

The residency program should be adequate to insure competence and skill. Under supervision the resident should be given the responsibility for the diagnostic studies and some of the operations, especially in his final year.

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical

procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

Applied Basic Science Instruction.—Organized basic science work as applied to neurological surgery is especially desirable in neuroanatomy, neuropathology, neurophysiology, neuroradiology and neuroophthalmology. This should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 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-

appropriate 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 Aerospace Medicine, Occupational Medicine and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Section 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 co-ordinated supervision of the educational and training experience of the resident by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic study in which the candidate is enrolled as a graduate student, in residence; and a second phase in which the candidate secures field training and experience. These two phases may be carried on consecutively or separately.

Academic training: The academic phase of the residency training must be at least one year of graduate study. The character and quality of advanced study engaged in by the resident should be equivalent to that of students seeking advanced degrees. However, the content of the residency program may differ from the curriculum required for an advanced degree, and achievement of such a degree is not a requirement. The program of instruction should be individualized as far as possible to the needs of each resident, and when feasible, conducted on a tutorial basis.

The content of courses offered should include but not be limited to: principles and practices of preventive medicine, medical and public health administration, human ecology, environmental medicine, and both basic and advanced study in biometry and epidemiology. Every effort should be made to strengthen the resident's competence in the clinical and laboratory disciplines and to provide an effective integration of the clinical sciences in relation to human health problems with that of epidemiology. Supplementary courses should be

available to the resident in such areas as microbiology, immunology, genetics, cytology, biophysics, and the social sciences; especially, sociology, anthropology, economics and psychology.

Field training: Field training should be under the supervision of staff qualified to provide guidance and graduate instruction in preventive medical practice or research, either directly under an educational institution or an organization or agency affiliated with the educational institution. Each resident should have progressively graded responsibility, under competent direction, of at least one year's duration.

In selecting field training experience for the resident, the training institution may use a field training area partially or entirely under its own jurisdiction and supervision or it may use an affiliated organization or agency most suitable to the needs of the individual resident. The resources and organization of the affiliated agency must satisfy basic requirements for graduate training purposes; the calibre of supervisory professional staff members and their competence and interest in residency level training should be the determining factors in the assignment of residents to their charge.

The third year of the preventive medicine residency training program may be allotted to academic study, field training, clinical residency in a field closely related to preventive medicine, research, or a combination of such experiences.

Since research methods and scientific inquiry play so large a part in the practice of preventive medicine, special attention should be given to the development of research competence in the residency period. As a part of the three years of residency training, the resident should be required to undertake an independent and original investigation in a special field and to present the results of this research in a thesis acceptable to the responsible institution.

Facilities: The facilities of the training institution need not conform to any rigid pattern; educational institutions, research centers or operating agencies may qualify, provided the residency program is appropriately affiliated with and supervised by an approved and accredited academic institution. A plan of affiliation between two or more of these categories will be necessary in most instances. In every case, the combination must provide:

1. An educational environment capable of providing the breadth of instruction outlined above;
2. Laboratory space, supplies, and technical assistance for research by the resident;
3. A well-stocked, up-to-date medical library;
4. Facilities for field training of sufficient size and scope to provide experience in each of the major areas of preventive medicine and to exemplify good administrative organization. The staff members associated with residency programs should have demonstrable interest in and capacities for teaching, as well as high competence in their respective fields.

Personnel and Organization: The Director of the residency training program should be qualified in preventive medicine and have established competence in teaching and graduate training. There should be at least one person on the training staff who has established competence and continuing experience in each of the major fields of instruction. The training staff members should be selected by the Director and should be directly responsible to him for their participation in the program. There should be specific commitments concerning the time to be contributed by each staff member and the content of training which he is to provide. There should be a Residency Advisory Committee composed of the Director and the heads of the departments primarily concerned with the training of the resident, and selected consultants. This Committee should concern itself with the development, content and improvement of the training program, the policies, procedures and conduct of the program inclusive of instructional techniques, and the periodic evaluation of all phases of the resident's training. It should report 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.

Aerospace Medicine

A formal training program in Aerospace medicine should include academic training in the fundamental disciplines of preventive medicine and public health; it should also include training and experience in the basic and clinical sciences related to aerospace operations and ground support, and in administrative support of aerospace medicine programs. The formal training program should be of at least three years' duration. One year should be devoted to academic study in preventive medicine and public health, and two years to a residency in aerospace medicine. The residency should include an academic component and an applicatory component; the entire residency should normally be under sponsorship of a school of aerospace medicine, a medical school, a school of public health, or a graduate school. An approved government or civilian agency or institution may also serve as the agency responsible for residency training. It should normally be responsible for the maintenance of the health of a sufficiently large number of flying and ground support personnel to provide the residents with the broad experience in the various phases of the specialty. There should be a sufficient amount and variety of aeronautical equipment available to enable the resident to familiarize himself with its use. A well-staffed hospital to which aerospace-medicine problems are referred should be available. If not, such training should be provided through affiliation. Experience in the examination, care, and management of ambulatory patients should be provided through the facilities of an adequately staffed and well-equipped outpatient department. The agency should have access to an adequately equipped laboratory in which studies on problems relating to aircraft accidents and hazards of flight can be carried out. The applicatory component may be secured through affiliation with the sponsoring agency.

Academic Program—Public Health and Preventive Medicine.

Courses should normally be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should normally cover the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organization and administration of programs for promotion of health.
3. Evaluation and control of environmental hazards to health.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health degree or equivalent and such desired elective subjects as may be applicable to aerospace medicine.

Residency.

The residency should provide training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which

may be encountered. The residency should include an academic component which covers the following subjects:

1. Aviation physiology: responses of the body to changes in temperature, pressure, and oxygen concentration, and to acceleration, which may be encountered in flight.
2. Selection of aircrews: medical examination and selection of persons to be trained for flying or aerospace activities.
3. Maintenance of aircrews: recognition, prevention, and treatment of disorders related to flight; influence of specific disorders on fitness for flying; consideration of these problems from viewpoints of clinical specialties such as internal medicine, surgery, ophthalmology, otorhinolaryngology, and neuropsychiatry.
4. Flying safety, including accident prevention and medical support of accident investigation (aviation pathology).
5. Environmental hazards faced by flyers and ground support workers; devices, equipment, and procedures for protection of personnel concerned.
6. Aerial transportation of patients: contraindications for air travel by patients; medical problems in movement of patients by air.

The applicatory component of the residency should provide an opportunity for the planned and supervised application of the knowledge and concepts of preventive medicine and aerospace medicine gained in the academic phases of the program. The program should impose definite responsibilities upon the resident. The program may be in a civilian or military organization having responsibility for the health of a reasonable number of flying personnel and/or personnel concerned with ground support of aeronautical or aerospace operations. It should encompass experience in the following fields:

1. Clinical aerospace medicine: diagnosis, prevention, and treatment of disorders resulting from flight or ground support activities; evaluation of disorders having a bearing on capabilities or qualification for duties in aviation or ground support.
2. Administrative aerospace medicine: planning, administration, and supervision of a broad health program for flying and/or ground support personnel.

The entire residency training program should be under the supervision of a Director of Training who is certified in aerospace medicine, and a Residency Advisory Committee. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General Requirements, Section 1). The committee should be made up of persons of recognized capabilities in aerospace medicine and/or related medical fields. Should any portion of the program be arranged through affiliation, the resident should during such period be under the direct supervision of an individual certified in aerospace medicine and/or a related clinical specialty. The supervisor in such a situation should be furnished a clearly defined statement of experience and responsibility required during the period of affiliation.

Eligibility of Applicants.

In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for an appointment to an approved residency in aerospace medicine should have completed at least one academic year of graduate study in preventive medicine, or training and study deemed by the American Board of Preventive Medicine to be substantially equivalent to such graduate study.

Occupational Medicine

Residencies in occupational medicine, as a specialized branch of preventive medicine, should include training in the

principal divisions of preventive medicine and public health, such as administration, health education, epidemiology (control of communicable and degenerative diseases), accident prevention, and sanitation. The training should not neglect the broad problems of community health but should emphasize their relation to the industrial population as an important part of the general population and to occupational hazards and disease.

The training period comprises a period of specialized training of three years' duration, one year of which is carried out in supervised practice in an industrial medical organization. Ordinarily these programs should be conducted under the sponsorship of an educational institution. They may be organized in a school of medicine, a school of public health, or an associated graduate school, in which the facilities of a university as a whole are available for intramural instruction. Extramural training should be provided by an organization affiliated with the educational institution, and having a satisfactory medical service. The intramural and extramural phases may be carried on simultaneously or as separate periods.

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 hygiene problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

The staff of the medical department, including nurses and technical assistants, should be adequate in numbers, competent to perform the work which is required of them, and should have such relationship to the chief of the medical staff and such functions in the performance of the work of the medical department as are in keeping with sound professional standards.

The local professional relationships of the medical staff should be such as to insure appropriate liaison with private physicians of the employees. The services of fully qualified consultants in specialized fields of medical and surgical practice should be utilized as necessary.

2. Facilities. The quarters and facilities of the medical department should be adequate in location, arrangement, and equipment to provide freedom from noise, to insure comfort, cleanliness, and orderliness in the conduct of the medical work, and especially to yield complete privacy for interviews, medical examinations, and the maintenance of wholly confidential medical records.

Laboratories, equipment for the conduct of clinical and environmental observations and investigations, and appropriate reference books and periodicals shall be available within the medical or other plant facilities, or in such proximity elsewhere as to meet adequately the needs of the practice of medicine and industrial hygiene.

3. Industrial Medical Practice. The type of medical practice conducted by the industrial medical department shall be of a high professional quality and shall extend into all of the fields of medical activity that are appropriate to the needs of the industry concerned.

The medical examinations and the medical records should be such as to reveal the hygienic status of the population of the plant or industry in a reasonably effective manner, with respect to injury, illness, and disease of non-occupational or occupational origin. They should also be adequate in respect to the medical problems of the individual employee. The information on the respective occupations, hygienic problems, and hazards associated with specific occupations and operations within the plant or industry should be comprehensive and up-to-date; the means by which such information is kept current, through reports, trips of inspection, analytical and other environmental data, should be part of the regular mechanisms of the medical operations and relationships within the industrial organization.

4. Adaption and Utilization of Personnel and Facilities for Medical Instruction. In addition to the general adequacy of the medical personnel and facilities for the performance of their necessary duties, the conditions within the medical department and the industrial organization which it serves must be such as to provide time for the training of medical residents. The competence of the preceptors within industry and the affiliation of the personnel of the medical department with the institution responsible for professional instruction must be such as to insure the fulfillment of an educational function, rather than to provide a means of delegating the less exacting and less responsible work of the medical department to a subordinate in training.

Eligibility of Applicants.—In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicants for an appointment to an approved residency in occupational medicine should have completed one academic year in an accredited school of public health leading to a degree of Master of Public Health or have had equivalent training. In some cases, residency training may proceed the year of formal academic training.

The provisions of the section on General Requirements (Sections 1 to 9) must also be met for approval.

Board Requirements.—Candidates for examination in occupational medicine must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in occupational medicine. One of these years must have been devoted to graduate study leading to a degree of Master of Public Health in an approved School of Public Health (or other similar training and study satisfactory to the Board). Another year must have been spent in graduate study in occupational medicine or in a closely related field acceptable to the Board. (Section I).

At least one of the remaining four years must have been spent in an approved occupational medicine program in one or more industrial medical organizations approved for scope and quality of service. (Section II, 16).

Public Health

Residencies in this field should include training in the principal divisions of public health, such as administration, health education, epidemiology (control of infections and degenerative diseases), maternal health, infant and child health, accident prevention, and sanitation. Approval for residency training in the specialty is ordinarily extended to training areas organized under a state plan, although recognition may be given to a local health department offering acceptable training in one or more of the major branches. An acceptable program should be for a period of one or more years' duration. If the training is limited to a single field of public health, the length of the training should be at least two years, one of which may be spent in residency training in an appropriate clinical specialty.

The health department in which training is given should be well-established and should serve an area large enough to offer comprehensive experience in the several aspects of community health. A program of sufficient scope and diversity is not likely to be provided in communities of less than 50,000 population.*

The department should be efficiently organized on a basis which will assure the provision of public health services of a superior quality as well as proper supervision of the residents' training. It should co-operate actively with other agencies, official and non-official, in the development and conduct of a community-wide health program.

The facilities of the health department, including office and laboratory space, should be adequate for the efficient functioning of the public health service. When the work of the resident involves considerable travel, adequate transportation should be provided. The department should maintain a basic collection of reference texts and periodicals in public health and associated fields, even if more complete library facilities are available outside the department.

An efficient system of records must be maintained. Since much of the resident's later responsibility is likely to be administrative in nature, it is essential that he has a thorough indoctrination in the preparation and maintenance of reports, registers, and other required records.

Residency training at the state and local level should be under the direction of a qualified physician trained in public health who has demonstrated his ability to administer a comprehensive public health program. His professional qualifications should meet the standards required of the staff of hospitals approved for residency training in other specialties (General Requirements, Section 1). His staff should include a sufficient number of well-trained personnel to provide adequate health service to the community and assistance in the training program. A state department of health responsible for the organization and conduct of a training plan should make available consultative service in the several basic and special public health fields.

The residency training should include planned observation of and active participation in the various public health programs operating within the community. It should include experience in the collection of vital statistics, control of communicable disease, promotion of child and adult health, regulation of the environment, and education of the public with respect to personal and community health. Training in these several fields should be such as to provide familiarity with the planning, development, and methods of operation of public health programs and the duties and techniques used by the members of the staffs of the responsible public health agencies.

Eligibility of Applicants. In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for appointment to an approved residency in public health should have completed one academic year, leading to a degree of Master of Public Health, in an accredited school of public health, or have had equivalent advanced training. In some cases, the year of residency may precede the year of formal academic training.

Board Requirements.—Candidates for examination in public health must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in public health.

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equivalent).

*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 demonstrable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

The provisions of the General Requirements (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 including mental retardation. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children and adolescents. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children and adolescents on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportunities for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequate equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic text and periodicals, both historical and current, in the field of Child Psychiatry and related fields. There should be an adequate record system.

The core of the training experience lies in the quality of the supervision of the fellow's clinical work. The training supervisor should be competent, engaged in the practice of diagnosis and treatment of children and their parents. He should not only be professionally competent, but should understand the supervisory process. It is desirable in the two-year period that the fellow have experience with more than one supervisor. Each trainee should have at least two hours of supervision per week.

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, 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, Diagnostic Radiology, and Therapeutic Radiology

Radiology

Residencies of three years' duration should provide training in all divisions of the specialty: diagnostic roentgenology, therapeutic radiology (including therapy by means of radium or one of its substitutes), and nuclear medicine.

The training should be systematic and progressive in character with gradual assignment of responsibility. It should also include an active participation in radiologic conferences, staff meetings and joint conferences with other departments.

During the three-year period of training, the resident will spend 24 months in diagnostic roentgenology and 12 months in therapeutic radiology. It is expected that during this time the resident will receive instruction in diagnostic and therapeutic nuclear medicine, in radiation physics, in health physics and protection, in radiation biology, in pathology, in the pertinent areas of electrical engineering, in special as well as the more common diagnostic roentgenologic procedures and in the use of all accepted modalities of radiation therapy.

The radiologic training in the organ systems should be on a plane that requires the resident to become conversant with physiology of the normal individual and the pathologic physiology of disease. This should include knowledge of the biological and pharmacological action of contrast media and other drugs used in radiologic procedures.

In view of the importance of pathology as a basis for radiologic diagnosis and therapy, stress should be placed on its study. Credit will be given for pathology up to a maximum of three months. The pathology may be taught concurrently throughout the three years or as a separate full-time assignment. Instruction in radiation physics and radiobiology may run concurrently with part or all of the training program.

The relationship of the radiology department to residencies in other fields is stated in Sections 1 and 2 of these Essentials.

Quantitative Requirements.—In residencies covering the entire field of radiology, it is desirable that there be a minimum of 20,000 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems) and a minimum of 1,500 radiotherapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). Experience with a variety

of surface, intracavitary and interstitial treatments by means of radioactive substances must be provided. The caliber of the training program in a fairly wide field is of more importance than the exact number of examinations and treatments.

Applied Basic Science Instructions.—In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, physiology, radiation physics and radiobiology. Such work should be closely related with clinical experience.

Diagnostic Radiology

The residency in diagnostic radiology should provide advanced training in the diagnostic aspects of the field of radiology with the intent of producing a highly trained clinical specialist. The scientific environment in which the training occurs should be sufficiently broad to permit experience in the fields of research and teaching as it concerns diagnostic radiology.

Definition.—Diagnostic radiology is understood to encompass all aspects of roentgen diagnosis as well as diagnostic applications of nuclear medicine.

Duration of Training Period.—The minimal training period in diagnostic radiology shall be three years. It shall provide a program of graded study, experience and responsibility in all facets of roentgen diagnosis, clinical applications of diagnostic nuclear medicine and health physics and protection.

Institutional Requirements.—The institution offering a residency in diagnostic radiology should be of such size and composition as to be able to provide ample clinical material for training purposes. The program should provide adequate opportunity for the trainee to participate in and personally perform neuroradiologic, cardiovascular and other specialized roentgen diagnostic studies. There must be an existing approved program for training in radiology.

Departmental Requirements.—**STAFF**—The attending staff has the responsibility to insure a system of graded experience commensurate with the level of training. Increasing resident responsibility in respect to patient care should be an important feature of the training period. While various functions of the resident training program may be delegated to one or several members of the attending staff, the training program should be under the supervision of a full-time staff member who is recognized as a specialist in radiology or diagnostic radiology.

Education Requirements of the Residency:

(1) One full-time radiologist per each two residents in training would seem to provide adequate opportunity for teaching and supervision.

(2) The residency program should be so planned that residents receive adequate instruction and individual training in all of the diagnostic subspecialties, as well as health physics and protection, radiation therapy and pathology.

Formal instruction in physics and radiobiology, and experience in diagnostic nuclear medicine are required.

(3) It is important that appropriate emphasis be placed on the necessity for correlated teaching rounds or conferences. The number of such teaching rounds should include at least one weekly conference for each of the major clinical departments. In addition, there should be frequent intra-departmental teaching conferences.

(4) **Research**—It is expected that the resident participate in the research opportunities of the department. This is perhaps best accomplished by the assignment of the resident for a specific period to the research facilities of the department.

(5) **Library Facilities**—A departmental library is essential and must contain a sufficient variety of texts and journals to meet the needs of the various levels of resident training. There should also be easy access to a general library.

(6) Teaching-Film Museum—A film museum indexed, coded and currently maintained with continuing follow-up should be available for resident use.

A well-balanced educational program at this level requires diversity of clinical material, continuous clinical teaching and an active investigative and research effort.

Therapeutic Radiology

Purpose of Residency in Therapeutic Radiology.—The practice of therapeutic radiology is, in major degree, the management of patients with malignant disease with special competence in the therapeutic use of ionizing radiation. The residency program in this specialty should be designed to give the residents:

(1) Experience in the actual use of all accepted common modalities of radiation therapy of the various types and locations of cancer.

(2) Knowledge of diagnostic radiology and the basic sciences related to radiation therapy and malignant disease.

(3) General knowledge of the techniques, methods and results of other forms of cancer management so that he may be able to assess the merits of all methods of treatment of malignant disease.

Duration of Training Period.—The minimal training period in therapeutic radiology shall be three years.

General Requirements.—The caliber of all facets of the training program is of extreme importance. Guides to be used for approval of such a training program in therapeutic radiology follow:

(1) **INSTITUTIONAL REQUIREMENTS:** The institution offering the residency should have active programs in cancer surgery and cancer chemotherapy as well as in radiotherapy. The institution should have a tumor registry. The institution applying for approval will be expected to fulfill the requirements without recourse to establishing affiliated programs with other institutions. There must be an existing approved program for training in radiology.

(2) **DEPARTMENTAL REQUIREMENTS:**

(a) The training program should be under the supervision of a full-time radiologist who is recognized as a specialist in radiation therapy.

(b) The department should be staffed so that full-time supervision may be given to the resident. There should be at least one staff radiotherapist per each three residents in training.

(c) A full-time radiological physicist must be available.

(d) Experience in all of the major modalities of radiotherapy must be provided. These include superficial, orthovoltage and supervoltage teletherapy, interstitial and intracavitary gamma-ray therapy and therapeutic nuclear medicine.

(e) Patient material should be of sufficient magnitude to provide a broad experience in the actual treatment and follow-up of the various types of cancer amenable to radiation therapy. Departments which specialize in the treatment of cancer in certain anatomic areas to the practical exclusion of other areas do not provide a well-rounded program for training in the entire field.

(f) The radiotherapist should be in control of his in-patient service and out-patient clinic.

(3) **ALLIED BASIC SCIENCES:** Allied basic sciences pertinent to the radiation therapy include radiation physics, radiation biology, pathology with emphasis on neoplasia, and medical statistics.

It is suggested that the resident be assigned for a six-month period to the department of Pathology on a full-time basis.

Radiation physics and radiation biology may be taught in the form of didactic lectures, seminars, and practical laboratory exercises.

(4) **ALLIED CLINICAL FIELDS:** Paramount allied clinical fields are diagnostic radiology, cancer surgery and cancer chemotherapy. The resident should become familiar with the methods, techniques and results in these fields. These may be done by regular attendance at tumor conferences, departmental conferences and/or by actual assignment.

(5) **RESEARCH:** The resident should participate in research opportunities either at the clinical level or in one of the allied basic sciences. At least one research project should be completed and certified to by the program director.

It should be emphasized that the above recommendations provide only minimal standards.

The American Board of Radiology certifies physicians in the entire field of radiology including nuclear medicine, diagnostic radiology and therapeutic radiology.

An applicant for the examination in any radiologic field must have completed, after an approved internship, a period of study of at least three years in a department approved for radiologic training, followed by one year of additional experience (practice, training or research) in radiology or allied sciences.

The provisions of the General Requirements (Sections 1 to 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.

20. Special Requirements for Residency Training in Thoracic Surgery

Thoracic surgery residencies should be so organized as to provide experience and tutelage in all aspects of surgical diseases of the thorax, thereby relating pathology, physiology and the basic sciences to clinical experience.

The surgical experience must encompass two years of graded responsibility, likewise, as nearly as possible, in all aspects of the field. To achieve this, affiliations between complementing services or institutions and utilization of cardiopulmonary laboratories as well as research facilities are to be encouraged.

Prerequisites. Residents in approved programs should have completed the training requirements for examination by the American Board of Surgery or should have completed such requirements at the conclusion of a specified period of the training in thoracic surgery. The moral and ethical standards of the candidate must be acceptable.

Duration of Training. Programs should preferably be of two years' duration during which time the candidate's surgical experience should by preference be exclusively in the field of thoracic disease, and the twenty-four months should by preference be consecutive.

When affiliations occur between services or institutions where special emphasis is placed on particular segments of the field, (cardiovascular, neoplasms, tuberculosis, etc.) rotation should be spaced so that proper benefit will be obtained from each training period. Simultaneous service at more than one institution is deemed ill-advised because continuity of experience is sacrificed and the resident may well become an "unessential" part of the staff and assume the role of an itinerant observer.

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

Scope of Training. The training must be so planned as to fulfill the following objectives:

(a) Thorough understanding of the basic sciences as they apply to thoracic surgery.

(b) Graded and progressive assumption of operative responsibility.

(c) Finally, assumption of relatively complete responsibility for the patient's care under proper supervision.

Clinical Material. Since few hospitals are capable of providing uniform experience in all aspects of this field, affiliations are encouraged between diverse services. These areas of varying emphasis include: cardiovascular diseases, pulmonary diseases (non-tuberculous), diseases of the mediastinum including the esophagus, tuberculosis, and the chest wall, including diaphragm. Training in endoscopic techniques should be included.

Where services are highly developed in one particular area such as cardiovascular disorders or tuberculosis, approval can be given for a total of one year only, diversification of experience being essential during the remainder of the training program.

Approved residencies should include no more than six months of intensified activity in research (animal surgery), cardiopulmonary laboratories or on medical (non-surgical) services.

Due consideration is given to the value of experience obtained on private services, particularly when combined with "ward" or "free" beds but preceptorship type training alone is not approved.

The provisions of the General Requirements (Sections 1 to 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

Victor W. Logan, M.D., Executive Director
P.O. Box 7748, Philadelphia, Pennsylvania, 19101

American Board of Neurological Surgery

Guy L. Odom, M.D., Secretary-Treasurer
Duke University Medical Center, Durham, N.C.

American Board of Obstetrics and Gynecology

Clyde L. Randall, M.D., Secretary-Treasurer
100 Meadow Road, Buffalo, New York 14216

American Board of Ophthalmology

Office of the Secretary-Treasurer
Box 236, Cape Cottage Branch, Portland, Maine

American Board of Orthopaedic Surgery

Wm. A. Larmon, M.D., Secretary-Treasurer
29 E. Madison St., Chicago, Ill., 60602

American Board of Otolaryngology

Dean M. Lierle, M.D., Secretary-Treasurer
University Hospitals, Iowa City, Iowa, 52241

American Board of Pathology

A. James French, M.D., Secretary-Treasurer
University of Michigan Dept. of Pathology
1335 E. Catherine St., Ann Arbor, Michigan, 48104

American Board of Pediatrics

John McK. Mitchell, M.D., Executive Secretary
6 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 has issued certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in anatomic pathology, clinical pathology, a combination of these two fields, anatomic pathology and 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, aerospace medicine, occupational medicine, and general preventive medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neu-

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Medical Schools										Foreign Medical Graduates Special or Additional Requirements			All Graduates			
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Medical Society Membership	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam. ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Application or Registration Fee	Total Fee	Stated Limitation (Years) on Applicant's Eligibility ^a
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	60	125	3
Neurological Surgery	x	x	x	x	4	2	x	..	..	..	x	x	x	..	25	200	3
Obstetrics and Gynecology	x	x	x	x	3	2	..	..	..	x	x	..	..	..	25	175	..
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	..	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	..	35	175	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	..	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	3,567	1937
American Board of Colon and Rectal Surgery	349	1949
American Board of Dermatology	2,471	1932
American Board of Internal Medicine	16,616	1936
American Board of Neurological Surgery	1,158	1940
American Board of Obstetrics and Gynecology	8,284	1930
American Board of Ophthalmology	6,137	1915
American Board of Orthopaedic Surgery	4,459	1934
American Board of Otolaryngology	5,961	1924
American Board of Pathology	7,045	1936
Anatomic Pathology	3,457	
Anatomic Pathology and Clinical Microbiology	1	
Anatomic Pathology and Clinical Pathology	2,076	
Anatomic Pathology and Neuropathology	8	
Clinical Chemistry	18	
Clinical Microbiology	28	
Clinical Microbiology and Clinical Chemistry	1	
Clinical Pathology	1,235	
Forensic Pathology	151	
Hematology	18	
Neuropathology	52	
American Board of Pediatrics	10,393	1933
American Board of Physical Medicine and Rehabilitation	556	1947
American Board of Plastic Surgery	697	1937
American Board of Preventive Medicine	2,412	1948
Aerospace Medicine	457	
Occupational Medicine	471	
Public Health	1,459	
General Preventive Medicine	25	
American Board of Psychiatry and Neurology	8,468	1934
Psychiatry	6,802	
Neurology	674	
Psychiatry and Neurology	992	
American Board of Radiology	8,738	1934
Diagnostic Roentgenology	919	
Medical Nuclear Physics	7	
Radiological Physics	79	
Radiology	6,403	
Radium Therapy	8	
Roentgen Ray and Gamma Ray Physics	25	
Roentgenology	1,019	
Therapeutic Radiology	273	
Therapeutic Roentgenology	5	
American Board of Surgery	14,583	1937
Board of Thoracic Surgery (Affiliate of the American Board of Surgery)	1,656	1949
American Board of Urology	3,278	1935
Totals	101,828	
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy	200	
Cardiovascular Disease	776	
Gastroenterology	519	
Pulmonary Diseases	302	
Total	1,797	
American Board of Pediatrics		
Allergy	173	
Cardiology	155	
Total	328	
American Board of Psychiatry and Neurology		
Child Psychiatry	417	
American Board of Surgery		
Proctology	81*	
Totals	2,623	
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, 1945-1965.

Year (Ended March)	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
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	44,356
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	60,644
1956 (June 30)	19	3,083	63,727
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,970	73,121
1959 (June 30)	19	4,306	77,427
1960 (June 30)	19	3,985	81,408
1961 (June 30)	19	4,234	85,642
1962 (June 30)	19	4,826	90,468
1963 (June 30)	19	5,376	95,844
1964 (June 30)	19	5,598	101,442
1965 (June 30)	19	5,386	106,828

* 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, 1965. 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 101,442 certificates was reported as issued by the 19 specialty boards to July 1, 1964. From this date through June 30, 1965, 5,386 certificates were issued, bringing the total to 106,828 certifications on June 30, 1965. In the subspecialties, 160 certificates were issued, bringing that total to 2,623 on the same date.

Table 3 indicates the total number of certificates issued each year for the past 21 years by all specialty boards. The total number on June 30, 1965, was 106,828.

The twelfth edition of the *Directory of Medical Specialists*, compiled by the Advisory Board for Medical Specialties and published in 1965 by *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

E. M. PAPPER, President, New York City
 ROBERT D. DRIPPS, Vice President, Philadelphia
 JOHN ADRIANI, New Orleans
 RICHARD H. BARRETT, Hanover, N. H.
 ALBERT FAULCONER, Rochester, Minn.
 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.

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 second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

2. Survey Examination.—The Board may require a survey in addition to the letters and annual reports which it currently requires.

3. Oral Examination.—After the appropriate period of practice acceptable to the Board the candidate's qualifications are reviewed and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in the spring and fall. Examiners consist of Directors of the Board, and Diplomates who assist as associate examiners. Oral examinations cover all phases of Anesthesiology, including the basic sciences and clinical applications.

Applicants are entitled to three opportunities at yearly intervals to take the written examination. This three-year period begins on the date an applicant is first declared eligible for the written examination.

*The Residency Review Committee for Anesthesiology is currently reviewing those programs desiring to be listed as being approved for three years of training. Those seeking such approval should submit an application together with a detailed description of the facilities and training activities which are being offered for the additional year to the Secretary, Residency Review Committee for Anesthesiology, % Council on Medical Education, 535 North Dearborn Street, Chicago, Illinois 60610. The director of each training program should take note that, until he has received official notice from the Committee Secretary that his program has been approved for three years of training, he and his trainees should continue to make prior arrangements individually with the Board as to credit allowable for the trainees' proposed activities beyond two years of clinical training.

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**

CLIFFORD E. HARDWICK, President, Portland, Oregon
 KARL ZIMMERMAN, Vice President, Pittsburgh
 FRANCIS J. BURNS, St. Louis, Mo.
 PATRICK J. HANLEY, New Orleans
 MERRILL O. HINES, New Orleans
 A. W. MARTIN MARINO, SR., Brooklyn, N. Y.
 ANDREW J. McADAMS, Pittsburgh
 NORMAN D. NIGRO, Detroit
 HYRUM R. REICHMAN, Salt Lake City
 STUART T. ROSS, Secretary, 520 Franklin Avenue,
 Garden City, New York 11530

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. He shall possess full citizenship in the country in which he practices.
3. He shall limit his practice to proctology, shall appear personally before the Board, and shall submit to the required examinations.
4. He shall deliver to the Board upon request an official

*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 I: 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 I 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.

FEEES

Application fee: A fee of twenty-five dollars (\$25) shall accompany the application.

Examination fee: A fee of one hundred fifty dollars (\$150) is due and payable when the candidate is notified that he has been approved for examination.

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

- LOUIS A. BRUNSTING, President, Rochester, Minn.
- EDWARD P. CAWLEY, Vice President, Charlottesville, Va.
- RUDOLF L. BAER, New York City
- RAY O. NOOJIN, Birmingham, Ala.
- REES B. REES, San Francisco, Calif.
- WILEY M. SAMS, Miami, Florida
- WALTER B. SHELLEY, Philadelphia, Pa.
- J. WALTER WILSON, Los Angeles, Calif.
- CLARENCE S. LIVINGOOD, Secretary, American Board of Dermatology, Henry Ford Hospital, Detroit, Mich. 48202

REQUIREMENTS FOR REGULAR CERTIFICATION

Each applicant must satisfy the following requirements before he is eligible for the written and oral examinations, upon which certification depends.

A. General Qualifications

1. High moral and ethical standing in the medical profession.
2. Graduation from an approved medical school in the United States of America or in Canada. Graduates from foreign medical schools are required to have the standard certificates of the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).
3. Satisfactory completion of an approved internship.
4. A State license to practice in the United States of America or Licentiate of the Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or by regular status in the Armed Forces of the United States or Canada.
5. Citizenship in the United States or Canada.

B. Residency Training Requirements and Experience Qualifications

1. Formal training in clinical dermatology and related subjects of thirty-six months is required. This training must be obtained as a resident, fellow, or graduate student in a Dermatology Residency Training Program of an institution

approved by the joint action of the Board and the Residency Review Committee of the American Medical Association. Candidates who take part of their training at an institution approved for less than three years, must spend at least twelve months of the thirty-six months training period full time in a program approved for three-year training. Up to one month of each year during the thirty-six months may be taken as vacation without cumulative privileges. Training must be completed within five years except where military service or other compelling circumstances shall intervene.

2. Preceptee training is a part of the program in some three-year training centers. The Preceptorship in the private office of a staff member at a given three-year training center is the direct responsibility of the Director of the Training Program. Under this plan, up to one-half time each day is spent in the office of the Preceptor; the remainder of the time is spent in the clinics and teaching sessions of the co-operating three-year center. Precepteeships are limited to one year during the second or third year of training. Preceptees are selected by the mutual agreement of the Director of the co-operating Training Center, and the Preceptor.

3. Training Credit of six months is allowed for Diplomates of the American Board of Internal Medicine, the American Board of Pathology and the American Board of Pediatrics.

4. Completion of an additional twelve months of experience in dermatology, after completion of the training requirements, is required. Thus, candidates who complete their training on or about October 15th of a given year are eligible to take the written examinations in June of the following year.

5. All training must be completed in a manner satisfactory to the Board.

REQUIREMENTS FOR SPECIAL HOMETLAND CERTIFICATION

Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of approved residency training in dermatology must satisfy the following requirements before they are eligible for the written and oral examination, upon which certification depends.

1. High moral and ethical standing in the medical profession.
2. Graduation from a Medical School listed in the World Directory of Medical Schools (World Health Organization).
3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).
4. Citizenship of the country to which the candidate is returning and possession of a valid license to practice medicine in that country.
5. Satisfactory completion of three full years of training in an institution or institutions approved by the Board and the AMA Residency Review Committee for graduate training in Dermatology, and passing the written and oral examinations given by the American Board of Dermatology.

THE BOARD EXAMINATIONS

A. Preliminaries

Candidates who have completed their formal three-year training in Dermatology by October 15th of any given year are eligible to take the examinations the following year. Those candidates who are applying for the Special Homeland Certificate do not require one year of experience, and therefore are eligible to take the examinations at the end of three years of formal training.

Toward the end of three years of formal training, it is essential that the candidate request an Application for Certification form from the office of the Secretary of the Board. This completed form must be filed with the Secretary of the Board before March 1st of any given year in which the examination is to be given. The Application is then submitted to the Committee on Requirements with the letters

of recommendation and the annual training reports from the Director of the candidate's Training Center. The members of the Requirements Committee appraise the qualifications of all candidates and decide as to their eligibility for examinations. Information regarding the exact time and place of the examinations is published twice a month in the Examinations and Licensure column of the Journal of the American Medical Association and in the Archives of Dermatology.

B. The Writtens

The written examination is held in various centers throughout the country in June. It is three hours in length and is of the objective, multiple-choice, machine-scorable type. Every effort is made to avoid "tricky" or ambiguous questions. This examination is designed to test the candidate's knowledge of clinical dermatology, as well as his understanding of anatomy, physiology, chemistry, pathology, microbiology, radiology, hematology, genetics and pharmacology as related to dermatology. Considerable emphasis is placed on extensive reading of the literature. Special attention is also directed toward internal medicine as it pertains to dermatologic problems. A sampling of questions asked during the previous written examinations of the Board is available from the Secretary's office on request; the cost is \$4.00, payable in advance.

C. Orals

The oral examination is held every October for those candidates who have successfully passed the written examination. It is given at one of the major training centers and is a half-day in length for each candidate. Here the candidate appears before each member of the Board for practical questioning concerning clinical problems. The candidate will be asked to examine and evaluate patients, interpret slides of clinical and histopathologic material, equipment, laboratory reports and actual cultures. The examination has heavy clinical weighting with one section on internal medicine. It also includes demonstration of competency in the fields of histopathology, allergy, immunology, microbiology and therapy, including physical treatment modalities and dermatologic surgery.

The decision of the Board is final as to whether the candidate passes, fails or is conditioned. Such decisions are based on the results of both the written and oral examinations, and the annual training reports from the Director of the candidate's Training Center.

RE-EXAMINATION

A candidate who fails the written examination or who fails or is conditioned in the oral examinations is automatically eligible the following year for a second examination without formal application, but with payment of a re-examination fee of \$50.00

If a candidate fails to complete successfully all or part of the examination on TWO occasions, he must present evidence of additional training and experience in an institution approved for three years of training, before being eligible for further examination. The candidate must then file a new Application and pay another fee of \$150.00. All candidates seeking re-examination must apply before the closing date of March 1st.

If a candidate who has failed or has been conditioned does not appear for re-examination before the expiration of three ensuing years, he must then make a new application and pay an additional fee of \$150.00 before he can be re-examined.

GENERAL INFORMATION

All queries concerning training programs, requirements, etc., should be made in writing and directed to the Secretary of the Board. In view of the nature and significance of the decisions made, group action is necessary and hence

all communications between the Secretary and the candidate must be in writing.

It is the responsibility of the candidate to make early contact with the Board by requesting a Preliminary Registration form. This is to be filed at the beginning of training by the trainee and returned with the registration fee of \$25.00 to the office of the Secretary of the Board. The filing of the Preliminary Registration form will establish the identity and status of the candidate and will begin his permanent file. This makes it possible to assess the preliminary training plan of the candidate, and to call his attention to deficiencies which should be corrected. In addition, an evaluation of progress in training is made possible by annual reports from the Director of the Training Center to the Board.

Training programs in Dermatology are passed upon by the American Medical Association Dermatology Residency Review Committee.

In addition to its natural concern with training programs, the Board acts as an advisor to prospective residents and residents in training. Finally, it conducts both written and oral examinations for candidates, and it issues certificates to those who successfully meet the requirements listed.

AMERICAN BOARD OF INTERNAL MEDICINE

HENRY BRAINERD, Chairman, San Francisco
 SAMUEL P. ASPER, JR., Vice Chairman, Baltimore
 JACK D. MYERS, Secretary-Treasurer, Pittsburgh
 JOHN C. BECK, Montreal, P.Q., Canada
 CRAIG W. BORDEN, Chicago
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 WILLIAM D. ROBINSON, Ann Arbor, Mich.
 TRUMAN G. SCHNABEL, JR., Philadelphia
 THOMAS A. WARTHIN, West Roxbury, Mass.
 VICTOR W. LOGAN, Executive Director, P.O. Box 7748,
 Philadelphia, Pa. 19101

GENERAL QUALIFICATIONS

1. All candidates must be licensed to practice medicine in a state, territory, province or possession of the United States or Canada, or if non-citizens they must be licensed in the country of origin.
2. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

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.

*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.

(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 a third year of training in other institutions; however, such institutions must have a nationally recognized reputation for advanced training programs and provide this in an academic atmosphere.

Assignments for this year of graduate 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 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.

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 in full-time 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 the Chairman of a Department of Medicine in an approved medical school in the United States or Canada. This recommendation must assure that the candidate has been trained for a minimum of five years after internship, and that during the training period the candidate has had adequate direct responsibility for patient care in the broad field of internal medicine. This plan is intended for the unusual candidate. Each application will be considered individually by the Executive Committee of the Board. The candidate's curriculum vitae, including his bibliography and reprints, should be included.

If the candidate wishes to qualify after a minimum of five years of training, it will be the responsibility of the Head of the Department of Medicine concerned to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to the examination. It will be 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 EXAMINATION: 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
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) 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.

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.

*Twelve months of an approved residency may be substituted for this requirement. However in this event, the *additional* requirements in paragraph 3 must still be fulfilled.

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.

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 of 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 framed in such manner as the Board elects, and designed to test the candidate's basic clinical acumen and his knowledge of physiology, anatomy, biochemistry, pathology, bacteriology, and pharmacology as related to internal medicine.

2. The ORAL EXAMINATIONS are held 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, or-

derly 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 roentgenologic, pathologic, hematologic, electrocardiographic and other diagnostic material related to his patients.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive Director.

The closing date for acceptance of applications for the written examination 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 (\$60.00) dollars. Forty-five (\$45.00) dollars will be refunded if the application is disapproved.

The oral examination of sixty-five (\$65.00) dollars is due when applying for admission to the oral examination.

RE-EXAMINATION

I. WRITTEN EXAMINATION

- 1) The interval between written examinations will be not less than one year.
- 2) A fee of twenty-five dollars (\$25.00) is due upon application for re-examination.
- 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 (\$65.00) is due upon application for re-examination.
- 3) Candidates failing three (3) oral examinations, one or more of which occurred after February 1, 1958, must apply for and pass another written examination before admission to further oral examinations.

NOTE: Candidates who elect an interval of three years or more between oral or written examinations must file new applications.

CANCELLATIONS

A candidate who cancels his assignment for oral examination will be required to pay a special fee before admission to a subsequent examination. This provision becomes necessary because cancellations deprive other candidates of opportunity for examination.

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 bear the official seal of the Board and the signatures of the members 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, 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 Director.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

- DONALD D. MATSON, Chairman, Boston
- C. HUNTER SHELDEN, Vice-Chairman, Pasadena, Calif.
- LYLE A. FRENCH, Minneapolis
- E. S. GURDJIAN, Detroit
- FRANCES MURPHEY, Memphis, Tenn.
- J. LAWRENCE POOL, New York, N.Y.
- DAVID L. REEVES, Santa Barbara, Calif.
- HENRY G. SCHWARTZ, St. Louis
- 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).

THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

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REQUIREMENTS FOR ADMISSION TO THE EXAMINATION

The Part I (Written) Examination

For U.S. and Canadian citizens, the following are required:

1. The possession of the degree of Doctor of Medicine (or equivalent degree) from an institution of learning acceptable to the Council on Medical Education of the American Medical Association.

2. The completion of at least one year of internship in a hospital approved for internship by 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 first postgraduate year of clinical experience as an intern.

3. The completion of a *progressive* residency in obstetrics and gynecology of three or more years duration approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada, an experience which must include the usual length of time as senior or chief resident in the program as approved.

For foreign graduates not intending to practice in the United States or Canada, the following are required:

1. Possession of a permanent E.C.F.M.G. (Educational Council for Foreign Medical Graduates) certificate.

2. Completion of an approved internship and the same or equivalent residency experience as currently required of the graduates of U.S. and Canadian schools.

Definition: "Board Eligible"

In the viewpoint of this Board a candidate is "Board eligible" when he

1. Has passed the Part I (written) examination, and when

2. By virtue of citizenship, licensure, and limitation of practice, is currently qualifying for the Part II (oral) examination.

A candidate *must* write Part I *within three years* of the date he becomes eligible to do so. Failure to write Part I within the prescribed three years makes a candidate permanently ineligible. An exception to this ruling can only be made by action of the Board of Directors.

SPECIAL NOTICE REGARDING THE THREE-YEAR RULE

An applicant completing an approved residency on or before June 30, 1966, must write Part I in July 1966, July 1967 or July 1968. An applicant completing an approved residency between July 1, 1966, and June 30, 1967 must write Part I in July 1967, July 1968 or July 1969.

For a residency completed on a date other than June 30, the permitted three year period includes the next three July (Part I) examinations.

Candidates are urged to apply for the Part II (oral) examination as soon as they have passed the Part I (written) examination and have fulfilled all other requirements.

The Part II (Oral) Examination

Each application will be considered in accordance with the requirements effective in the year admission to the examination is requested.

To be eligible to take the oral examination the candidate must have fulfilled the requirements for certification as listed below:

1. A passing grade in the Part I (written) examination.
2. Full citizenship in the U.S. or Canada.
3. Unlimited license to practice medicine in one of the states or a province of Canada.

4. Not less than eighteen consecutive months of post-residency practice, limited to the specialty in one locality or community immediately prior to the date of application.

Interpretation of "one locality" may be made by the Board for a candidate whose post-residency practice in obstetrics and gynecology has been in governmental service.

Post-residency practice should provide opportunity for colleague appraisal of the candidate's abilities when working on his own responsibility. Approvable post-residency experience may occur in independent practice, while an assistant or associate, or in governmental service. After completion of residency requirements, a candidate advanced to a full-time teaching appointment in a medical school will be considered in practice when his activities include clinical responsibility within a university affiliated teaching hospital.

Periods of residency or fellowship in excess of the currently required minimum may not be substituted for any part of the required post-residency time in practice.

5. When applying to take Part II the candidate must provide the Board with the names and addresses of two sponsors, both preferably Diplomates of this Board, who are currently familiar with the applicant's abilities in the practice of obstetrics and gynecology in his community. In a smaller community in which other Diplomates of this Board are not in practice the candidate may suggest to the Secretary of the Board the identity and qualifications of two proposed sponsors.

6. The candidate's good ethical and professional character, standing and reputation must be established to the satisfaction of the Board. In addition to statements of the candidate's sponsors the Board initiates inquiry within the community from which the candidate applies to take Part II. Before his application is considered by the Credentials Committee, the identity of each candidate desiring to be certified is made known to Diplomates of this Board in his community. The Board may also request comment of administrative officers of organizations and institutions in which the candidate is known and of others. Endorsements and testimonials in support of a candidate's application other than from the candidate's sponsors or upon solicitation by the Board will usually be regarded as information of lesser significance than that gained in answer to the confidential inquiries made by the Board.

7. A foreign-born candidate eligible for certification, must supply a notarized statement with his application, (not a copy of original citizenship papers) attesting to full citizenship in the United States or Canada. A candidate so qualified must also submit with his application to take Part II documentary evidence of the date of unlimited licensure to practice medicine in one of the United States or a province of Canada.

APPLICATIONS

Only one ruling on any application will be made within a period of twelve months. The Board reserves the right to reject an applicant for any reason deemed advisable and without stating the same. Such decision of the Board shall be final.

Part I (Written) Examination for Authentication

Upon completion of an approved residency program (as listed by the Council on Medical Education of the American Medical Association), a candidate is immediately qualified to write the Part I examination.

Beginning January 1, 1966, all candidates must write the Part I examination within three years after completion of

an approved residency program. An exception to this ruling can be made only by action of the Board of Directors.

Application forms for the Part I (written) examination scheduled for early July of each year must be obtained from the office of the Board.

Completed applications to take the Part I (written) examination will be accepted by the office of the Board only during the two months of each year indicated in the "Schedule of Examinations" published by the Board.

Endorsement and verification of residency experience will be requested by the Board from (a) the Director or Superintendent of the hospital, and (b) the Chief of the obstetrical-gynecological residency program indicating:

1. That the candidate is making satisfactory progress as a resident.
2. The anticipated date on which the candidate will complete his residency program.

If his application is accepted, the candidate will receive a *Part I-Admission and Residency Verification Form*, the lower half of which must be returned promptly with payment of the \$75 examination fee to take Part I, in order for the candidate to receive notification several weeks before the examination of the time and place he has been scheduled to take Part I.

On the day of the examination the candidate must present to the proctor the upper portion of the Part I-Admission Slip and Residency Verification Form, which must have been signed by the Hospital Director, certifying that the candidate has satisfactorily completed his residency program.

Reapplication to Take Part I

A candidate failing Part I may request re-examination within two years. (See RE-EXAMINATIONS).

Part II (Oral) Examination for Certification

Application forms may be obtained from the office of the Board. Completed applications to take Part II will be accepted by the Board office only during the two months of each year indicated in the "Schedule of Examinations" published by the Board.

Each application to take Part II 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 immediately preceding the time of application. The patients listed must be only those for whom the candidates assumed the major responsibility. Interpretation of "major responsibility" implies that the candidate has personally operated upon, attended the delivery or maintained control of the patient's management.

Separate lists of obstetrical and gynecological patients should be prepared across unbound paper 8½ by 11 inches and must conform IN ALL DETAILS to the format illustrated in the Bulletin of the Board.

**SPECIAL CATEGORY
CASE LISTS INADEQUATE**

Candidates in either a full-time academic position or a governmental service at the time of application to take the Part II (oral) examination may be required to submit a Statement of Clinical Responsibility in addition to a case list. The Statement must be in the form shown in the Bulletin of the Board.

When Candidate Postpones Part II

An applicant declared eligible who fails to exercise the privilege of examination in the same year is required to submit current duplicate certified typewritten lists of all patients dismissed from his service in each hospital where he has practiced during the year immediately preceding his request to be again scheduled to take Part II. Such a request by a candidate previously accepted for examination should be made of the Board office, with resubmission of new and current lists of hospital dismissals, during the two

months of the year in which applications are receivable for the next Part II examination.

TIME LIMITATION

A candidate who fails to pass the Part II examination *within 3 years after the requirements for certification have been fulfilled*, must re-apply for the Part I examination. Only by again passing Part I can he remain eligible to apply to take again the Part II (oral) examination for certification.

FEEES

The fees have been computed to cover the cost of examinations and administrative expense.

The Part I (Written) Examination

Applications for the Part I examination must be accompanied by payment of an application fee of \$25, which is not refundable.

Before the candidate will be scheduled to write the Part I examination, he will be required to return the bottom portion of the Admission Slip to the Board office with payment of the examination fee of \$75.

A candidate failing the written examination may take Part I again by notifying the Board office that he wishes to do so but his request must be accompanied by repayment of the examination fee of \$75.

The Part II (Oral) Examination

A candidate accepted to take Part II will be notified of his eligibility to take the oral examination and must then pay the Part II examination fee of \$75, which is not refundable.

This \$75 examination fee is payable each time a candidate is notified of the date he will be admitted to the Part II examination. When unusual circumstance have accounted for the failure of an eligible candidate to appear for examination, the Board may permit rescheduling of the candidate to take Part II without payment of additional fee.

THE EXAMINATION

Part I (Written)—For Authentication

Part I, scheduled for early July each year, consists of a comprehensive written examination in both obstetrics and gynecology as well as related basic sciences, and is given within a single three hour period.

Each examination will be conducted by selected proctors at designated centers throughout the United States and Canada.

Special arrangements may be made with a senior officer to supervise the examination of a candidate in governmental service provided such a candidate keeps the Board office informed of his address.

Each applicant accepted for Part I examination will be required to achieve a passing grade of 75 per cent.

Part II (Oral)—For Certification

Part II, conducted by the Directors of the Board and other Examiners, consists of:

An oral examination designed to test 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 as well as in related basic sciences, and his familiarity with recent obstetrical and gynecological literature. The candidate is expected to recognize and discuss photographs illustrating the gross pathology of obstetrical and gynecological disease. The candidate is also expected to identify and describe microscopic preparations illustrating obstetrical and gynecological pathology.

After interviewing a candidate, examiners submit written reports to the assembled Board and all other Examiners. Each candidate is then passed or failed by the vote of the entire Board.

Part I

RE-EXAMINATIONS

A candidate notified of his failure to pass Part I may by written request, in January or February, ask to be rescheduled for the Part I the following July. (See Time Limitation ruling.)

Part II

A candidate notified of his failure to pass Part II may by written request, in March or April, ask to be rescheduled to take the next Part II (oral) examination. Duplicate type-written lists of all cases dismissed from his care in all hospitals during the year immediately preceding his request to take Part II are also due with each request to take the oral examination. (See Time-Limitation ruling.)

POSTPONED ELIGIBILITY

When the Board notifies the candidate of his ineligibility or postpones his admission to an examination for one or two years, a candidate may as directed, request re-opening of his application *without payment of additional fee*. Such written request should be accompanied by evidence that the reasons for the previous ruling of ineligibility or postponement have been corrected.

A candidate desiring reconsideration of his application to take Part II must submit in April or May, with his letter indicating such request, duplicate certified typewritten lists of all patients dismissed from his service in each hospital where he has practiced *during the year immediately preceding his request* for readmission to the Part II examination.

Each reapplication will be considered in view of the requirements effective in the year readmission to the examination is requested.

TYPES OF BOARD APPROVAL

Authentication—By Passing Part I

The Board has recognized the desirability of permitting Foreign Nationals who do not plan to become citizens of the United States or Canada or to be certified, to take Part I and accordingly has established a procedure for authentication of basic knowledge and residency training.

Each letter of authentication attesting to the passing of Part I does not of itself confer or purport to confer upon any person any degree, legal qualifications or privileges. It merely acknowledges that the individual has completed an approved residency in obstetrics and gynecology and has passed the written (Part I) examination of this Board.

Certification—By Passing Part II

Each certificate granted or issued does not of itself confer or purport to confer upon the individual any degree or legal qualifications, privileges or license to practice obstetrics and/or gynecology; nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by this Board. The privileges granted physicians in the practice of obstetrics and gynecology in any hospital is the prerogative of that hospital, not of this Board. The major objective of the Board is to maintain established qualifications for specialists in obstetrics and gynecology by certifying as specialists those who, in accord with the stated regulations and requirements, voluntarily appear before the Board for the purpose of recognition and certification.

Diplomates of this Board are listed in the Directory of Medical Specialists and are so designated in the American Medical Directory.

REVOCATION OF CERTIFICATION

Upon revocation of any certificate of Qualification by this Board as aforesaid, the holder thereof shall return his Certificate of Qualification and all other evidence of certification to the Secretary of the Board and his name shall be removed from the list of certificate holders of this Board. Revocation may occur whenever:

1. The physician certified shall not in fact have been eligible to receive certification, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, Directors, examiners, officers, or agents at or before the time of issuance of such Certificate of Qualification.

2. Any rule governing examination for certification shall have been violated by the physician so certified but the fact of such violation shall not have been ascertained until after the issuance of the Certificate of Qualification.

3. The physician so certified shall fail to abide by the regulations governing the limitation of his practice to the specialty of obstetrics and gynecology.

4. The physician so certified shall violate the standards of the ethical practice of medicine then accepted by organized medicine in the locality in which he shall be practicing, and, without limitation of the foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in any County or District Society shall be evidence of a violation of such standards of ethical practice of medicine.

5. The physician so certified shall fail to comply with or violate, or the issuance or receipt by him of such Certificate of Qualification shall have been contrary to or in violation of, the Certificate of Incorporation, the By-Laws or the Rules and Regulations of this Board.

Each candidate, when making application, signs an agreement regarding disqualification or revocation of certificate for cause.

RESIDENCY PROGRAMS

The contents of the Essentials of Approved Residencies as well as of the Guide for Residency Programs in Obstetrics and Gynecology, published by the Council on Medical Education of the American Medical Association should be known by those who desire to conduct an approved program.

Application for approval of a residency program must be made on special forms obtainable from the Secretary of the Residency Review Committee for Obstetrics and Gynecology in the office of the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Following inspection of the proposed program by a representative of the Council, the application will be submitted to the Residency Review Committee for consideration and action.

The Residency Review Committee, sponsored jointly by the American Board of Obstetrics and Gynecology and the Council on Medical Education of the American Medical Association, is composed of twelve Diplomates of this Board who have had experience in the organization and supervision of sound programs for graduate education in this field. The sponsors have reviewed and approved the policies of the Committee and have delegated to it full authority to act.

To be approved, a program must be designed to provide an educational opportunity for the resident that is progressive both in experience and responsibility. All such programs must achieve a balance between academic activities and the clinical experiences acquired through the care of patients. The total number of residents in an approved program must not exceed the number indicated in the notice of current effective approval by the Residency Review Committee for Obstetrics and Gynecology unless such change has been agreed to and acknowledged by correspondence with the Residency Review Committee.

Director of Program

The chief of service and at least one additional member of the staff must be Diplomates of this Board. 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. 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 direction of a single chief to assure integration of teaching and a satisfactory rotation of residents between obstetrics and gynecology.

Content of Residency Program

1. The American Board of Obstetrics and Gynecology requires not less than three years of progressive residency experience composed equally of eighteen months of clinical obstetrics and eighteen months of clinical gynecology.

2. The final year must include the responsibilities of the chief or senior resident in the program.

3. The Board recognizes that some residency programs, in order to fulfill the minimal requirements described in the preceding paragraphs, may extend beyond three years. It is emphasized that a residency longer than three years must provide progressive responsibility in both obstetrics and gynecology for each resident in the program.

4. Education in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to total care of the patient. Assignment to a basic science course which removes the candidate from clinical obstetrics and gynecology cannot be permitted within the required minimal time of clinical responsibility in an approved program.

5. Exchange of residents between approved programs of obstetrics and gynecology is acceptable. Exchange into other specialties cannot be permitted within a three-year residency designed to fulfill only the minimum of required clinical experience in obstetrics and gynecology.

6. Assignment of residents to the clinical services of institutions not approved for residency training cannot be permitted unless the work of such service is carefully supervised by the chief of the approved residency program to which the resident has been appointed. Such an arrangement must have been described in the hospital information form supplied to the Residency Review Committee and have been approved by that Committee when the program was considered.

RULINGS AND INFORMATION

Residency Experience

Since July 1, 1962, this Board has required a minimum of three years approved and progressive residency, composed of not less than eighteen months in clinical obstetrics, and eighteen months in clinical gynecology including the usual length of time as senior or chief resident in that program as it had been approved, to complete the requirements for admission to the Part I (written) examination.

The Board of Directors may under exceptional circumstances accept comparable foreign training as the equivalent of the completion of an approved residency program in the United States or Canada. Credit for a residency in "accelerated programs" will be allowed only for residencies served during 1943-1946.

Residents' Contracts

Any physician who formally obligates himself to enter a residency program approved by the Residency Review Committee and who breaks his contract without justifiable cause, either before or during his period of service, except by mutual consent of the candidate and the hospital, may be declared ineligible for examination for certification at the discretion of this Board.

Governmental Services

An applicant on service in obstetrics-gynecology under orders in a governmental hospital, may be credited with residency experience only if that hospital is conducting a currently approved residency program in obstetrics and gynecology.

A candidate's time-in-practice requirements may be fulfilled while on active duty in governmental services 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 in a governmental hospital or hospitals during the twelve months immediately preceding the date of his application to take the Part II (oral) examination.

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 practice after separation from governmental service, must have been in civilian practice a minimum of eighteen months in that locality.

Physicians in practice who are recalled to service as members of either National Guard or reserve units may be granted credit toward their post-residency practice time for not more than 50 per cent of the time required; this credit will not, in any circumstance, exceed nine months.

Single Certification

Physicians otherwise qualified, who were graduated before January 1, 1939, whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for the last five years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. Knowledge of both obstetrics and gynecology will be required during the examination.

Emergency Care: Limitation of Practice

It is permissible for candidates and Diplomates of the American Board of Obstetrics and Gynecology to participate in emergency care.

The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except when this is related to governmental services or emergency care.

Diplomates of Other Boards

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.

Time Limitations

After January 1, 1966, the Part I (written) examination must be taken within three years of the completion of an approved residency program.

After January 1, 1966, the candidate who passes the Part I (written) examination will be considered Board eligible-i.e., eligible to take the Part II (oral) examination. If such a Board eligible candidate does not pass the Part II (oral) examination within three years after the requirements for certification have been fulfilled, his eligibility is forfeited. He may regain eligibility thereafter only by applying for and again passing the Part I (written) examination.

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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 36 months 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 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

Applicants must take the written test within two years after acceptance of application. If the written test is not taken within this 24 month period, the application is considered expired and must be resubmitted with fee of \$100.00.

Applicants must complete successfully the written test and oral examination within six years after acceptance of application. After six years, a new application, credentials, and application fee are required.

SPECIAL OPHTHALMIC TRAINING

Specialized training leading to competence in ophthalmology may be obtained by graduate studies in the medical sciences, by research, and by residency training. A candidate is expected to be familiar with the fundamental sciences pertaining to ophthalmology and with their application in the diagnosis and treatment of ocular diseases and abnormalities. The following studies are considered fundamental to the adequate practice of ophthalmology:

1. Anatomy, histology, and embryology of the eye and ocular adnexa
2. Developmental abnormalities of the eye and ocular adnexa and their enzymatic, genetic and chromosomal basis
3. Biochemistry, nutrition, and metabolism of the eye
4. Physiology of the eye and ocular adnexa
5. Microbiology and immunology as related to ophthalmology
6. Physical, physiologic, and geometric optics
7. Histopathology
8. Systemic diseases and their ocular manifestations
9. Pharmacology, toxicology and therapeutics
10. Neuro-ophthalmology
11. Principles of ophthalmic surgery

Special training in ophthalmology may be obtained in a variety of ways.

1. By study in systematic course of the basic sciences related to ophthalmology.
2. By means of organized study of basic topics with appropriate laboratory aids during the period of residency training.
3. By research carried out in an established laboratory under the supervision of an experienced investigator, with the development of special skills in certain of the basic sciences. It must be recognized that investigation frequently involves a limited sphere of knowledge and that an applicant must make provision for instruction in areas of knowledge which is not encompassed by his research experience.
4. Individual courses in basic sciences are provided by various institutions and permit the candidate intensive instruction in special areas.
5. The Home Study Course in ophthalmology of the American Academy of Ophthalmology and Otolaryngology may be used to supplement other courses. It constitutes a valuable method of organizing and applying the results of one's reading.

CLINICAL EXPERIENCE

Clinical experience can be obtained only by means of the examination, diagnosis, and care of many patients having a wide variety of ocular disorders. A residency, fellowship, or traineeship in an approved hospital provides the most effective way of obtaining adequate clinical skill.

MILITARY SERVICE

Credit for military service is based upon individual consideration of the medical activities of the applicant by the American Board of Ophthalmology. Full information con-

cerning the type of assignment, the clinical experience and the supervision must be provided with the application.

WRITTEN QUALIFYING TEST

Before being accepted for oral examination, each applicant must pass a written qualifying test. This is a multiple choice test usually consisting of 200 questions which may cover any topics of ophthalmology and are especially devoted to the following subjects:

1. Anatomy and histology
2. Embryology and developmental anomalies
3. Biochemistry, nutrition and metabolism
4. Physiology
5. Microbiology, immunology, and external diseases
6. Optics and refraction
7. Medical ophthalmology (systemic diseases)
8. Ocular motility
9. Neuro-ophthalmology
10. Pharmacology, toxicology and therapeutics
11. Histopathology
12. Surgery

The test has been described by Adler in Transactions of the American Ophthalmological Society 56:45, 1958.

The written test is given simultaneously in a number of designated cities in January of each year. Applicants who pass the written test are considered "Board eligible" and will be notified to appear for a subsequent oral examination. Candidates who fail the written test must repeat it within two years after the first failure. Applicants who fail two tests may reapply following acceptable additional training.

ORAL EXAMINATIONS

Oral examinations are usually held twice annually at a time and place determined by the American Board and shall be announced in the Journal of the American Medical Association. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined. *The clinical examination must be taken within two years after passing the written.*

If candidates fail to pass all subjects within three attempts, they must reapply, obtain approval of the Board, and pass another written qualifying test before being admitted to the oral examinations.

The oral examination is divided into the following topics:

1. External diseases
2. Medical ophthalmology
3. Histopathology
4. Refraction
5. Ocular motility
6. Neuro-Ophthalmology
7. Principles of ophthalmic surgery

1. EXTERNAL DISEASES OF THE EYE AND ADNEXA. Kodachrome pictures or slides of common conditions affecting the external eye and its adnexa are used as a basis for discussion. Candidates are expected to be familiar with the principles of instruments used in biomicroscopy and in gonioscopy. Methods of examination, diagnoses and treatment will be discussed.

2. MEDICAL OPHTHALMOLOGY. Candidates are expected to demonstrate a broad knowledge of systemic diseases with particular reference to their manifestations in the eye and adnexa. It is anticipated that candidates will be familiar with the advantages of the various types of ophthalmoscopes and with other methods of examining the ocular fundus. A series of illustrations of abnormalities of the ocular fundus will be used as a basis for discussion of various ocular and systemic diseases.

3. **HISTOPATHOLOGY.** Candidates are expected to be familiar with the general pathology as well as with the pathogenesis and pathophysiology of diseases of the eye. They should recognize normal histologic appearance and pathologic changes, and are expected to carry out microscopic examination of a series of sections of eyes with a variety of disorders. They should be familiar with various micro-organisms causing ocular disease and the methods used to demonstrate them.

4. **REFRACTION.** Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optical principles of refraction and retinoscopy;
- (b) The various types of spectacle lenses and the effects of decentration, tilting, and the like;
- (c) The indications for various methods of examination;
- (d) Contact lenses, visual aids for low visual acuity, colored lenses, and various types of safety lenses.

5. **OCULAR MOTILITY.** Candidates should understand the anatomy and physiology of the neuromuscular mechanism for binocular vision. They should be able to discuss in detail the onset, course, and management of various types of comitant and non-comitant deviations. They are expected to discuss in detail abnormal sensory mechanisms and the methods of diagnosis and treatment.

6. **NEURO-OPHTHALMOLOGY.** Candidates are expected to be familiar with ophthalmic manifestations of various neurologic disorders. They are expected to know the anatomy and physiology of the central connections of the eye and their variation in disease. They should recognize the common abnormalities involving the orbit and related structures as demonstrated on roentgenographic examination. They should understand the diagnostic measures required to demonstrate various neurologic disorders and the manifestations of disease as demonstrated on the perimeter and tangent screen.

7. **PRINCIPLES OF OPHTHALMIC SURGERY.** Candidates should understand the principles of ophthalmic surgery including the pathogenesis, course, and treatment of various surgical disorders of the eye. They should understand the use of radiant energy in the management of ocular disease. They are expected to be familiar with the management of trauma to the orbit and its soft tissues. They should be able to indicate the methods of diagnoses, the differential diagnoses, and the management of various ocular disorders. They should be familiar with the indications, the prognosis, the complications and their management, and the long-term results of various surgical procedures.

RE-EXAMINATION

Individuals who fail the written test or the entire oral examination cannot be admitted in less than 12 months. They must, however, be re-examined within 24 months upon presentation of evidence of acceptable additional training and payment of re-examination fee. The Board at its discretion may deny candidates the privilege of re-examination. If a candidate should fail to pass one or more subjects in the clinical examination, but not the entire examination, the Board decides on an individual basis when he may appear for re-examination after additional acceptable preparation.

CERTIFICATION

The certificate is issued only to those who have successfully passed the written test and the oral examination. Physicians who have received the certificate are DIPLOMATES (not members) of the Board. Members of the American Board of Ophthalmology are elected by the three component societies.

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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 Board is also empowered to approve programs for Hand Training on approved services.

(b) A maximum of three months of training may be given toward the adult orthopaedic surgery requirement for time spent on 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.
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

REQUIREMENTS FOR CERTIFICATION

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 correlative anatomy, clinical 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 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 candi-

dates 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.

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GENERAL REQUIREMENTS

The following general qualifications are required of applicants for examination by the American Board of Otolaryngology.

1. An applicant shall possess moral, ethical and professional qualifications acceptable to the members of the Board.

2. An applicant shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association or by the Canadian Medical Association.

3. An applicant shall have completed an internship of at least one year's duration which has been approved by the Council on Medical Education of the American Medical Association or the Canadian Medical Association.

4. An applicant who has received some or all premedical and/or medical instruction outside of the United States or Canada, shall present documented evidence of the satisfactory completion of such study.

5. An applicant from a country other than the United States or Canada, who has received acceptable foreign premedical and medical training and who has served an approved residency in Otolaryngology in the United States or Canada, is eligible for examination provided he meets all other requirements of the Board.

6. An applicant who has received premedical, medical and residency training, other than in the United States or Canada, will be considered on an individual basis by the members of the Board

SPECIAL REQUIREMENTS

1. An applicant must have completed four years of graduate training in addition to the internship. This training must include a minimum of one year in general surgery and three years in otolaryngology, both in approved programs.

The year of general surgical residency should be taken before the residency in otolaryngology. However, it may be taken between the first and second years or second and third years, but not following completion of the residency in otolaryngology.

2. The course of study must include anatomy, biochemistry, embryology, microbiology, pathology, physiology, pharmacology, and the communication sciences, including audiology and speech.

LIMITED CERTIFICATION

At the discretion of members of the Board, a limited certificate may be issued to a physician who possesses all the prerequisites for certification by the Board, but practices solely, one branch of the specialty. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

APPLICATION FOR EXAMINATION

1. An applicant for examination shall complete and submit the application forms supplied by the Executive Secretary of the Board. They shall contain records of the following: personal and medical education, internships, residencies, and other postgraduate studies, hospital and outpatient department appointments, teaching positions, memberships in medical societies, personal publications, and any additional information that the candidate feels might be of value.

The application shall be signed by two diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two recent (made within six months of the date of the application) photographs of the applicant, 4"x3½", unmounted, dated for time when taken, and autographed on the front; (b) three letters of endorsement from responsible citizens of the United States or Canada, two of which must come from diplomates of the American Board of Otolaryngology; (c) a list of operations and assists performed by the applicant during his residency training, attested to by the Chief of Service or the Head of the Department; (d) proper certification of training; (e) the application fee.

The application, complete with the exception of the list of operations and assists, shall be mailed to the Executive Secretary not less than nine months prior to the probable date of examination. The list of operations and assists must be submitted not earlier than one month prior to completion of the residency. The date for the applicant's examination will not be assigned until after this list has been received by the Executive Secretary.

2. An accepted application remains active for three years from the date of the mailing of the notification of acceptance by the Secretary of the Board. If at the termination of this period of time, a candidate has failed to appear for examination, the application fee is forfeited and the application is canceled.

3. No final statement of eligibility for examination can be given until after the formal application has been completed and reviewed by the Credentials Committee of the Board.

4. The proper authorities of the Board reserve the right to reject any application.

FEES FOR EXAMINATION

The fee for the examination is \$255.00. Of this sum, \$125.00 must accompany the application. No part of this \$125.00 is refundable and no application will be processed until this amount is received by the Secretary-Treasurer of the Board. The remaining \$130.00 of the fee must be remitted to the Secretary-Treasurer immediately upon notification of acceptance for examination. No part of this \$130.00 is refundable once the applicant has been notified of his/her acceptance for examination, and the fee has been paid.

Applicants who meet the requirements to take the Board examinations will be notified as early as possible as to probable date of examinations. Inasmuch as the number of candidates who can be admitted to a course of examinations at any one time is limited, appointments are made in the order in which the applications are received and processed.

EXAMINATION PROCEDURE

The time and place of the examinations are determined by members of the Board. Advance notices of examinations are published in the Journal of the American Medical Association and certain journals devoted to the specialty of otolaryngology. Insofar as is possible, examinations are held at a time near that of the annual meetings of the American Academy of Ophthalmology and Otolaryngology, or other national ear, nose and throat societies. The time allotted for these examinations is from three to five days. They are usually conducted orally, and are divided into three parts: oral, clinical, and pathological.

Oral examinations and observations of the candidate's clinical evaluation techniques are utilized to personal knowledge, understanding skill, habits and attitudes in the following general categories:

1. Morphology, physiology, pathology, microbiology, biochemistry and pharmacology, relevant to the head and neck, air and upper food passages, and the sensory, motor and autonomic nervous systems as related to these areas.
2. Abnormal function and disease of the regions and systems enumerated in paragraph 1.
3. Medical management of such abnormality and disease.
4. Surgical management of such abnormality and disease, including pre- and post-operative care. The technique of surgery in congenital, inflammatory, neoplastic and traumatic states.
5. Diagnoses and diagnostic methods, including related laboratory procedures.
6. Diagnostic and therapeutic radiology, including the interpretation of radiographs (with or without contrast media) of the nose, accessory sinuses, neck, larynx, lungs and esophagus, and skull with particular reference to the temporal bone.
7. Knowledge of the current literature especially pertaining to the areas mentioned in paragraph 1 above.

RE-EXAMINATION APPLICATION

A candidate who fails one course of examinations may be permitted to take a subsequent course of examinations after a period of eleven months, but before the expiration of

forty-eight months, from the date of notification of his/her first failure, provided that such a request for re-examination is approved by the members of the Board, and an additional fee of \$255.00 is paid when the candidate is notified of his/her acceptance. An application to appear for re-examination must be mailed to the Secretary-Treasurer at least nine months prior to the time for the examination.

A candidate who failed a second examination, may apply for a third. A new application must be filed. Acceptance depends upon recommendation of the Credentials Committee of the Board and the Board as a whole. The applicant is advised to submit evidence of further study and professional progress with this application. The fee for the third examination is \$255.00, \$125.00 of which must accompany the application. The balance of the fee, \$130.00, will be due upon notification of acceptance for the examinations.

A candidate who is being re-examined is required to take the complete course of examinations.

CERTIFICATION BY THE BOARD

A certificate is granted by the American Board of Otolaryngology to a candidate who has met all the requirements and has satisfactorily passed its examinations.

A candidate who is being re-examined must take the complete examination.

AMERICAN BOARD OF PATHOLOGY

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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 or in a hospital affiliated with an approved medical school 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 further training in pathology, or the independent practice of anatomic and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(b) *Anatomic pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. In addition, training in a pathology department of an approved medical school after the second year of undergraduate study may be credited as outlined under 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of anatomic pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(c) *Clinical pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology. Candidates may substitute not to exceed 12 months of a clinical internship, a fellowship or instructorship in a preclinical department of a medical school for one of the four years. The credit for undergraduate training or a master's or doctor's degree also applies, as outlined in 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of clinical pathology

in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(d) *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 one of the following types of training:

(1) For qualification in clinical chemistry, clinical microbiology, or hematology, applicants already holding a certificate of the Board in anatomic and clinical pathology, or the certificate in clinical pathology only, one additional year of supervised training in the special field of 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.

For qualification in neuropathology, applicants already holding the certificate of the Board in anatomic and clinical pathology, or the certificate in anatomic pathology only, two years of supervised training in neuropathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. One of the two years may be substituted for the fifth year toward regular certification. The Board admits to examination in anatomic pathology and neuropathology candidates with approved training consisting of two years in anatomic pathology and two years in neuropathology, plus a fifth year (internship, practice, or further training).

For qualification in forensic pathology, applicants already holding a certificate in anatomic and clinical pathology or in anatomic pathology only, or, in special instances, in clinical pathology only—one year of supervised training in forensic pathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. The Board will accept the combination of approved training in anatomic, clinical and forensic pathology after five years on the basis of two years in anatomic pathology, two years in clinical pathology, and one year in forensic pathology. For details, write the Secretary of the Board.

(2) Applicants not holding a certificate in pathology from the Board—five years of training in the special field of their choice, provided four of the five years have been in institutions approved 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 professional 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

Training or experience, or both, of reserve officers in the military services is evaluated on an individual basis. Credit depends upon the assignment the applicant has had, e.g., in a military institution approved for training in pathology by the Council on Medical Education of the American Medical Association as compared with an assignment to an unapproved vocation. For evaluation of credit for military service, write to the Secretary of the Board.

BOARD ELIGIBLE

For the purposes of the American Board of Pathology "Board Eligible" for examination is to be defined as applicable to a pathologist, a) who has sent in a formal application, including fee, to the American Board of Pathology, b) whose application has been evaluated by the Board and found to meet the requirements for examination by the American Board of Pathology, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board Eligible" for examination is valid for three years only, after which a new application, with additional fee, re-evaluation and new statement for examination are required. 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.

Candidates who fail to appear for examination and have not notified the Office of the Secretary of the American Board of Pathology at least one month prior to the date of the examination will be subject to forfeiture of the examination fee.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technique. The applicant may apply for certification in anatomic and clinical pathology, in anatomic pathology only, in clinical pathology only, or in a special field.

After February 1, 1967, a candidate who is eligible for examination in anatomic and clinical pathology, having fulfilled the minimum requirements of 24 months of approved training in anatomic pathology and 24 months of approved training in clinical pathology, will receive his certificates only after he has successfully passed both parts (anatomic pathology and clinical pathology) of the examination. The two parts may be taken at one session or at separate sessions of the American Board of Pathology within a three-year time limit of "Board Eligibility."

A candidate who has fulfilled the requirements for anatomic pathology only, or clinical pathology only (i.e., internship, plus three years approved training and an additional year of further training, practice or research in pathology) will receive the certificate immediately after passing the total examination in anatomic pathology or clinical pathology.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the *Directory of Approved Internships and Residencies of the American Medical Association* each year. 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 to 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 labo-

ratory 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 of appropriate size, it is expected that the medical staff of the Department of Pathology will include clinical pathologists to implement the subspecialties represented in clinical pathology.

2. 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 in general hospitals with a ratio of less than 20 sq. ft. per hospital bed or per 5,000 admissions annually will be scrutinized closely.

4. Equipment for the Laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of necropsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Percentage of necropsies:

No institution with a necropsy rate of less than 25 per cent will be approved, and those institutions with a rate between 25 and 40 per cent will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so, e.g., teeth, metallic or other foreign bodies, etc.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and necropsy material. Indices of selected diagnoses of tests in clinical pathology are equally valuable for teaching and research.

8. Museum:

There should be available gross pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. 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 clinicopathologic conference must be held at least every two weeks.

11. Volume of laboratory work:

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

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

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

CATEGORY APCP-4. In both anatomic and clinical pathology for a total of four years.

CATEGORY APCP-2. In both anatomic and clinical pathology, one year in each for a total of two years.

CATEGORY AP-3. In anatomic pathology only for three or more years.

CATEGORY AP-1. In anatomic pathology only for one year.

CATEGORY CP-3. In clinical pathology only for three or more years.

CATEGORY CP-1. In clinical pathology only for one year.

CATEGORY SP. Special pathology only, usually for one year. This designation includes forensic pathology, research only, and such other special programs as may be approved.

AMERICAN BOARD OF PEDIATRICS

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- JOHN MCK. MITCHELL, Executive Secretary, 6 Cushman Road, Rosemont, Pa. 19010

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

*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.

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.

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 prior to completion of two full years in the *practice* of pediatrics.

The certificate of the Board will be awarded to those candidates who pass successfully the examination of the Board, after they have completed a period of practice or further study in their own country, which when added to similar experience in the United States or Canada, makes a total of two years in the practice or further study of pediatrics.

All candidates who take and pass the oral examination of the Board after January 1, 1965 will receive the Standard certificate of the Board.

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
SHELDON C. SIEGEL, Los Angeles

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in Pediatrics before 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.

FEEES

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.**

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.

*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.

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
 SIDNEY BLUMENTHAL, New York City
 PAUL R. LURIE, Indianapolis
 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.

FEEES

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) Complete two years full time training in an approved training program in pediatric cardiology.
- (3) Special cases not meeting the above requirements in full may be considered for examination only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

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
 H. WORLEY KENDELL, Peoria, Ill.
 A. B. C. KNUDSON, Washington, D.C.
 EDWARD M. KRUSEN, Dallas
 JUSTUS F. LEHMANN, Seattle
 EDWARD W. LOWMAN, New York City
 DONALD L. ROSE, Kansas City, Kan.
 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 1 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 1 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

CLIFFORD L. KIEHN, Chairman, Cleveland
 DAVID W. ROBINSON, Vice Chairman, Kansas City, Kan.
 MINOT P. FRYER, Secretary-Treasurer, St. Louis
 ARTHUR J. BARSKY, New York, N. Y.
 GEORGE F. CRKELAIR, New York, N. Y.
 THOMAS D. CRONIN, Houston, Tex.
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 E. HORACE KLABUNDE, San Francisco
 WILLIAM K. LINDSAY, Toronto, Canada
 DOUGLAS W. MACOMBER, Denver
 ROBERT M. McCORMACK, Rochester, N.Y.
 JOSEPH E. MURRAY, Boston
 FRANCIS X. PALETTA, St. Louis
 HENRY S. PATTON, Oakland, Calif.
 PAUL P. PICKERING, San Diego, Calif.
 CLIFFORD C. SNYDER, Coral Gables, Fla.
 RICHARD B. STARK, New York, New York
 GEORGE V. WEBSTER, Pasadena, Calif.
 MRS. ESTELLE E. HILLERICH, Corresponding Secretary, 4647
 Pershing Ave., St. Louis

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. Credit of one year may be given towards this requirement to those who have had extensive approved qualifying training in disciplines other than general surgery, e.g., orthopedic, urological, otolaryngological, etc., each case to be evaluated by the Board on its own merits. The training in general surgery of those candidates who have been certified by the American Board of Surgery fulfills the requirements of this Board for general surgery.

4. Training in general plastic surgery, including maxillo-facial surgery, for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery, 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, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the Board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements or by the entire Board where necessary after a review of the candidate's formal application for such rulings to make the rounds of the Committee.

In 1960, the Board began to issue special Foreign Certificates (nonresident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States and who have passed the regular examinations of the Board, and who will return to their homeland to practice. Candidates who finish their training in plastic surgery after Jan. 1, 1961, will be required to have the certificate of the ECFMG. All candidates must possess a valid license to practice medicine in their home country. Requirements for the Foreign Certificate (nonresident certification) may be obtained from the office of the Board.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery does not assume the responsibility for independent inspection and approval of the residency programs in plastic surgery, but recognizes those residencies in plastic surgery approved by the Residency Review Committee for Plastic Surgery. This Committee is a tripartite body composed of representatives from the Council on Medical Education of the American Medical Association, from the American College of Surgeons, and from the American Board of Plastic Surgery, the secretary of the Committee being a member of the Council on Medical Education of the American Medical Association.

Any Diplomat 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 applying 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 "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, Micropathology, 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 preoperative 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 the written examination and an average grade of 75% on the entire written and oral examination. The grade of 75% must be received for reexamination in the written part or in any part of the 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.

FOREIGN CERTIFICATION

In 1960 the Board began to issue special Foreign Certificates (non-resident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States or Canada and who have passed the regular examinations of the Board, and who will return to their homeland to practice.

Candidates for the special foreign certificates must have three years of training in general surgery before beginning training in plastic surgery. The training in general surgery may be foreign training. Letters should be sent to the Board from the chiefs under whom the training was obtained, describing the quality and quantity of such training in general surgery, and attesting to the training.

Such foreign certificates will not be valid in the United States or Canada. Such candidates must possess the standard certificate from the Educational Council for Foreign Medical Graduates or a license to practice in any state in the U.S. and must possess a valid license to practice medicine in their home country.

Important:

Before beginning the training in plastic surgery, the prospective candidate should have an evaluation of his training to date made by this Board. Application forms for this purpose are obtainable from the Office of the Board, and a Booklet giving the requirements for the foreign certificate is also available from the Board Office.

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 Aerospace Medicine, Washington, D.C.
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- J. H. BAILLIE, Toronto, Ontario, Canada
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- MERRILL H. GOODWIN, Washington, D. C.
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- MALCOLM H. MERRILL, Berkeley, Calif.

WILLIAM P. RICHARDSON, Chapel Hill, N.C.

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CHARLES F. SUTTON, Springfield, Ill.

JOHN C. HUME, Secretary-Treasurer, 615 North Wolfe Street, Baltimore, Md. 21205

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education of the American Medical Association, or a foreign hospital internship satisfactory to the Board; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;
4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and
5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually by the American Medical Association. Copies may be obtained from the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. *Residency (after internship) of not less than two years, in addition to 1 above, which shall have provided planned instruction in the principles of aerospace medicine, and supervised participation in a comprehensive program of aviation medicine approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; a period of experience deemed by the Board to be substantially equivalent to the year of supervised experience under some circumstances may be acceptable in lieu of the second year of training.

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training or research in, or the teaching or practice of, aerospace medicine.

4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching or research in, or practice of, aerospace medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.

2. *Residency (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; or a period of experience deemed by the Board to be substantially equivalent to such year of residency.

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, 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.

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 Train-

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually by the American Medical Association. Copies may be obtained from the Residency Review Committee for Preventive Medicine, Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

ing 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 examination, provided he or she has continued full time in his or her field of concentration and has submitted evidence of completion of at least three years of further special training or research, teaching or practice acceptable to the Board, in addition to the academic and residency training required for Part I. Ordinarily, the filing of a reapplication form with the Board will fulfill the requirement for such evidence. Reapplication must be made not later than November 30 of the year prior to taking Part II of the examination the following spring.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three years of the date of the first examination for which he or she is declared eligible, except as specified above, is required to file a new application, and to pay a new application fee.

Candidates failing the examination, may, upon timely application and payment of appropriate fee, be admitted to re-examination within a three-year period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty (e.g. Public Health), may apply for certification in another affiliated specialty (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than the year of formal graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES

Application fee	.....\$35
Must be submitted with application; is not refundable. For those electing to take Parts I and II of the examination separately, an additional fee of \$10.00 must be submitted with the application for Part II.	
Examination fee	.....\$135
Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.	
Certificate fee	.....\$10
Payable prior to issuance of certificate.	
Re-examination fees:	
Each part taken	.....\$50
Examination fees for additional affiliated specialties: Each specialty	
	.....\$65

*This fee schedule goes into effect January 1, 1966. All applications received before December 31, 1965 will be processed under the current fee schedule (application fee—\$25, examination fee—\$100, certification fee—\$10, re-examination fee—\$25 for each part, examination fee for additional affiliated specialties—\$50 for each specialty).

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consists of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part II is a comprehensive written examination or, in the case of candidates being examined in General Preventive Medicine, a comprehensive oral examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral interview or practical examination is also required of candidates being examined in Public Health, Aviation Medicine, or Occupational Medicine which usually will be held at the completion of Part II of the examination. An endeavor will be made to adapt the details of the oral interview or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written and/or oral examination relating specifically to such field, i.e. Part II only.

The examiners will submit a report upon each candidate to the assembled Board, by which the result of the examination will be determined finally.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that

the applicant has been found to be possessed of special knowledge in the field specified in his application. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching, research, or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

CERTIFICATION OF FOREIGN MEDICAL GRADUATES

The Board may issue special certificates to graduates of foreign medical colleges indicating the possession of special knowledge in Preventive Medicine, or a field thereof. Such certificates are issued only to individuals not authorized to practice medicine in the United States or Canada.

To be eligible for such certification, the individuals must make application for special certification and establish to the satisfaction of the Board that (1) he has been graduated with the degree of Doctor of Medicine, or a degree determined by the Board to be equivalent, from a medical school not located in the United States or Canada; (2) he has satisfactorily passed the qualifying examination given by the Educational Council for Foreign Medical Graduates; and (3) he has had not less than six (6) years of training and experience in Preventive Medicine or a field thereof, which included (a) at least one year of study in a School of Public Health, or a school determined by the Board to offer equivalent training and (b) at least three (3) years of Residency Training or supervised field experience in Preventive Medicine or a field thereof, except that one year of such training and experience may be satisfied by a clinical Residency judged by the Board to be directly related to Preventive Medicine or a field thereof.

The application procedure, the examination process and the fees are the same as those required for all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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APPLICATION FOR CERTIFICATES

An application, in order to be considered 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 began after June 30, 1964, a resident in training must spend at least two of his three years of training in a single program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological 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 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

REQUIREMENTS FOR CERTIFICATION

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 application 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 applica-

tion, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable, after which he shall forward the application to the Committee on Credentials in Child Psychiatry. This Committee shall consider the application and any other information available and notify the Secretary whether the application is accepted. The certification of a candidate shall be approved by a majority of the members of the Committee on Certification in Child Psychiatry at any meeting held for such certification.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for Certification in Child Psychiatry must establish that:

(a) He is a physician possessing an unlimited license for the practice of medicine in some state of the United States or province of Canada.

(b) He is of acceptable ethical and professional standing.

(c) He is a Diplomate in Psychiatry of the American Board of Psychiatry and Neurology, Inc.

(d) He has satisfactorily completed the required training and experience in child psychiatry as a specialty.

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 is 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.

All candidates beginning their specialized training in Child Psychiatry after June 30, 1965, must have two years of training in Child Psychiatry Centers approved by the Committee on Certification in Child Psychiatry in conjunction with the Residency Review Committee for Psychiatry and Neurology.

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.

REQUIREMENTS FOR CERTIFICATION

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 of the American Board of Radiology 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 a medical school acceptable to the Board in another country.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate 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 requires a candidate to submit a list of the operative procedures performed by him during his training period.

GROUP I PROGRAM

Satisfactory completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four or more years of training by the Conference Committee on Graduate 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 or more years by the Conference Committee.

GROUP 2 PROGRAM

Satisfactory completion of a graded residency in general surgery of at least three years' duration including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate 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

REQUIREMENTS FOR CERTIFICATION

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 CRÉDIT

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 microscopic lesions and the interpretation of roentgenograms also may be included.

REEXAMINATION

Candidates who fail Part 1 or Part 2 are required to wait one year before they can be eligible for reexamination.

Should a candidate fail a reexamination in Part 1 or in Part 2, the Credentials Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

FEES

The fee for examination is one hundred seventy-five dollars (\$175) payable as follows: twenty-five dollars (\$25) for

registration, seventy-five dollars (\$75) for Part 1 and seventy-five dollars (\$75) for Part 2.

The fee for reexamination in Part 1 or in Part 2 is seventy-five dollars (\$75).

Each fee for examination or re-examination includes a processing charge which is not refunded in case of withdrawal (\$10.00 for Part I; \$15.00 for Part II).

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

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)

- JOHN W. STRIEDER, Chairman, Newton Lower Falls, Mass.
- ROLLIN A. DANIEL, JR., Vice Chairman, Nashville, Tenn.
- O. T. CLAGETT, Secretary-Treasurer, Rochester, Minn.
- HENRY T. BAHNSON, Pittsburgh
- EDWARD J. BEATTIE, JR., Chicago
- LYMAN A. BREWER, III, Los Angeles
- DUANE CARR, Memphis, Tenn.
- DAVID J. DUGAN, Oakland, Calif.
- DONALD B. EFFLER, Cleveland, Ohio
- DONALD L. PAULSON, Dallas, Texas
- PAUL W. SANGER, 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. Clagett, M.D., 1151 Taylor Avenue, Detroit, Michigan 48202.

Preceptorships alone are not considered to provide adequate training.

Even though emphasis on one or another facet of thoracic surgery, (esophagus, tumor, tuberculosis, cardiovascular, etc.) may have characterized the candidate's training experience, he is nevertheless held accountable for knowledge concerning all phases of the field. Not more than one year of training credit is to be allowed for experience that is confined to any one such segment.

Since few hospitals are capable of providing adequate experience in all facets of thoracic surgery, affiliation between diverse institutions is recommended. By preference the twenty-four months of training should be consecutive, and rotation through affiliated institutions or services should be appropriately spaced for proper benefit from each. It is also required that the candidate be familiar with the basic

sciences as they relate to thoracic surgery. His moral and ethical standards must be acceptable.

FOREIGN TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for training in thoracic surgery acquired on services outside of the United States.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training but also upon information available to the Board concerning their professional ability as Thoracic Surgeons and their ethical standing.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part I is written, and Part II is an oral examination in clinical surgery, X-ray interpretation and pathology.

Part I. This examination will be given simultaneously at least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Candidates examined by the American Board of Surgery in Part I (written examination) on or after October 26, 1955, who are certified by the American Board of Surgery will be required to take only the Part II examination of the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in Part I prior to October 26, 1955 will be required to take Part I (written examination) of the Board of Thoracic Surgery before taking its oral examination.

Part II. In order to be eligible for Part II a candidate must have successfully completed Part I if required to take this preliminary examination. Examinations in Part II are held near the time and place of the annual meetings of the American Association for Thoracic Surgery and the American College of Surgeons.

It is the policy of the Board of Thoracic Surgery to examine candidates in Part II only upon the completion of their thoracic surgery residency unless circumstances require their returning to a foreign country, departure as a medical missionary, etc.

Dates of written and oral examinations are regularly published in the Examination and Licensure column of the Journal of the American Medical Association and the Journal of Thoracic and Cardiovascular Surgery.

RE-EXAMINATIONS

Those individuals who fail Part I or Part II are required to wait for a period of one year before they are eligible again to take the part which they have failed. Those who fail twice in Part I or Part II will be required to wait for a period of two years. In addition they will be required to submit evidence of additional study and preparation prior to admission to re-examination. A candidate must give at least 60 days' notice requesting reconsideration for examination. The Board may at its discretion deny the candidates the privilege of further re-examination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Furthermore, a candidate who has failed in an examination (Part I or Part II) and who does not apply for re-examination within three

years shall be required to make a new application and pay a new examination fee.

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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 ROBERT LICH, JR., Vice President, Louisville, Ky.
 THOMAS E. GIBSON, San Francisco
 J. HARTWELL HARRISON, Boston
 HUGH JEWETT, Baltimore
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 WM. NILES WISHARD, JR., Secretary-Treasurer, Indianapolis
 or
 MRS. RUBY L. GRIGGS, Executive Secretary, 30 Westwood
 Road, Minnetonka, Minn., 55343

REQUIREMENTS FOR ALL APPLICANTS

A. APPLICATION FOR CERTIFICATION MUST BE MADE ON A SPECIAL FORM provided by the Secretary. This shall be returned to him accompanied by other required data and credentials and by \$75.00 of the examination fee. (See Article VII. Fee.)

B. The applicant must have graduated from a medical school of the United States or Canada recognized by The Council on Medical Education of The American Medical Association and must have completed an internship of not less than one year in a hospital approved by this Council.

Requirements of graduates of foreign Medical Schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

Graduates of foreign medical schools are required to acquire the standard certificate issued by the Educational Council for Foreign Medical Graduates or to be licensed by examination to practice in this country.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special graduate training as follows:

1. An approved internship of at least one year.
2. One year in the basic sciences or clinical studies basic to Urology; or one year residency in general surgery or internal medicine, on an approved service.
3. An approved graduated three-year residency in Urology, leading to competency in all its phases.

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.

FEE

The examination fee is \$175.00. (This fee will be increased when and if the expense of the examinations and

other activities of the Board demand.) Seventy-five dollars should accompany the application. One hundred dollars should be paid when the application has been processed. Neither fee is returnable. The cost of the preparation and mailing of the certificate will be charged to the candidate.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, but he must give sixty day's notice of his intention to appear for re-examination. A NEW group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has been failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination. A candidate who has been conditioned in one or more parts of the examination will be charged a fee of \$25.00 for each re-examination.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

1. Evidence of Hospital Practice
 - A. A list of all major and minor hospital cases during the most recent two-year post-residency period. These lists should include the name of the hospital, identification of the patient, date of admission and designation of the specific surgical procedure.
 - B. A detailed presentation of 25 representative (not necessarily consecutive) major urological cases chosen from the above-mentioned list.
 - C. The Board may request photostatic copies of the complete hospital record on any case listed.

2. Written Examination

The written examination is designed to demonstrate the candidate's urological preparation and his knowledge of the entire field of urology and allied subjects; i.e., clinical Urology, embryology, anatomy, physiology, pathology, bacteriology, physiological chemistry, endocrinology, etc.

This examination may be held simultaneously on a specified date in different parts of the country at places convenient for candidates.

3. Pathology Examination

The examination in pathology will consist of the identification of gross and microscopic morphology and urinary sediments.

It will be held at the time of the oral-clinical examination.

4. Oral-clinical Examination

This will consist of a discussion of urological problems. The subjects forming the basis of this examination include all phases of urography and clinical urology (male, female and child) encompassing metabolic, physiologic, biochemical and bacteriologic aspects of clinical urology.

It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

The Board is fully cognizant that all operative results are not always perfect, so the candidate need not be fearful

reporting undesirable results or deaths. In the latter instance, a necropsy report is desirable to complete the clinical picture.

Having selected a variety of major urological surgical procedures the candidate's next problem is preparation of the reports. The reports must be done personally and the final typewritten material proofread and a statement included to verify this fact. Particular attention should be given to the use of descriptively clear grammatically correct English including punctuation, spelling, paragraphing, dating and careful numbering of pages.

If the records are not bound, the case reports should be stapled individually, bearing the numbers 1 through 25 so that the examiner can easily identify each, in grading the set.

Carbon copies of the entire group are to be brought to the Oral-clinical Examination.

Each case report should begin with the following headings:

1. Identification of the patient
2. Age, sex, occupation, race and marital status
3. Name of hospital, city, state and referring physician
4. Date of hospital admission
5. Preoperative diagnosis
6. Operative procedure and date
7. Final diagnosis
8. Complications
9. Final result
10. Date of hospital discharge

The body of the record should contain the following:

1. History
 - A. Chief Complaint
This is to be stated as subjective symptom and not an objective or laboratory observation.
 - B. Present Illness
This is to be presented, fully dated, as a historical record of the patient's complaints and their development.
 - C. Past Personal History
An account of the patient's previous illnesses, operative procedures, injuries, venereal infections, allergic manifestations and a review of symptoms. Such information as marital status, menstrual history, personal habits should be included.
 - D. Family History
Facts relevant directly or indirectly, to the present illness should be recorded.

PREPARATION OF CASE REPORTS

Preparation of case reports by candidates for examination by the American Board of Urology, Inc., is requested in order to give the Board a view of the competency of the candidate in his daily practice and to acquaint the examiner with candidate's abilities in working up patients having undergone a *variety* of major urological surgical procedures.

It is essential that the greatest possible variety of major surgical urological disorders be presented. Any specific surgical procedure must not exceed 25 per cent of the entire group of case reports. The Board is interested in the candidate's abilities throughout the entire scope of Urology (male, female and children) rather than the candidate's interest or abilities in a small segment of urological practice. The case reports may deal with post-residency, private or ward patients under the candidate's charge and upon whom he has personally operated.

These reports must reveal the candidate's competency, not only in the presentations of facts, but also portray the candidate's ability to think, to express himself in clear well written English and specify, to the examiner, the patient's problem, the reasons for and the interpretation of the various diagnostic procedures, the decision for the particular surgical

procedure and the final patient result. Furthermore, there should be included a 6 month post-hospital follow-up, and in its absence, a statement as to the inability (in rare instances) of the candidate to follow the patient for this length of time. In short, the candidate must present the material, adequately dated, in such a way that the examiner need not rely on his own imagination to complete or supplement any of the details in the candidate's case reports.

2. Physical Examination

The physical examination should be presented in significant detail under proper headings paragraphed for ease of reading. At its beginning the patient's blood pressure, temperature and pulse is to be stated.

3. Laboratory Data

Clinical laboratory data must be reported in detail and not recorded as "normal." It is to be reported under proper headings; i.e., blood count, urinalysis, blood chemistries, x-ray, renal function studies, etc.

Urographic and angiographic studies are to present the interpretation of the candidate and not a copy of the radiologist's report.

4. Preoperative Hospital Period

This should be presented in detail with significant dates and the several diagnostic procedures described including their indications. Again this should be presented under appropriate headings; i.e., laboratory data, cystoscopic examinations, excretory urograms, etc.

Any omission of indicated laboratory or x-ray data because of economic reasons or lack of available facilities should be so stated.

5. Provisional Diagnosis

6. Indications for Operation

The specific indications for a particular operation should be stated with supporting subjective and objective data in order to completely justify the anticipated surgery.

7. Operative Procedure

The operative procedure should be described in detail including the type of anesthesia, preparation of patient, etc.

8. Pathology

A. Tissue Examination

The tissue removed should be described by the candidate as to the gross appearance, its weight, size, and the histologic findings. This is to be the observation of the candidate rather than a copy of the pathologist's report.

B. Chemical Examination

Such findings as the composition of stones, etc.

C. Bacteriologic Reports

The report of any specific infection which may have been demonstrated in the operative specimen, operative wound, urine obtained in the event of stones or an obstructive uropathy, etc.

9. Postoperative Course

This should be carefully dated and portray in detail this portion of the patient's hospital illness. It must include all complications, unusual febrile reactions, their cause and consultations along with specific findings and recommendations.

The postoperative therapy should be specifically outlined including reasons for such therapy. The time of removal of sutures, the drain and the catheter should be recorded along with the final condition of the wound.

Postoperative laboratory data or x-rays should be recorded stating their indications, the results and their influence on further therapy.

10. Final Diagnosis

REQUIREMENTS FOR CERTIFICATION

11. Final Hospital Summary

A concise statement stating patient's admission date and the primary problem along with the date of operation and its indication and a brief summary of the post-operative period and the date of discharge.

12. Postoperative Post-hospital Follow-up

This should include a period of 6 months with significant dates, specific therapy, laboratory and x-ray studies and their indications. In the event the patient was not or could not be followed for six months (in rare instances) the reasons should be stated. The final condition of the patient should be recorded.

13. Final Case Summary

This summary should provide the examiner with evidence of the candidate's cerebrations which either support or deny the efficacy of the preoperative, operative, and postoperative decisions and any intervening irregularities which may have influenced the ultimate handling of the particular patient problem.

FINAL ACTION OF THE BOARD

Final action concerning each applicant is made by the entire Board and is based on the applicant's training, his professional record, his attainments in the field of Urology, and the results of the examinations. This Board is organized not to prevent qualified urologists from obtaining certificates but to assist them in becoming recognized in their communities as men competent to practice in the special field of Urology.

THE ACTIVITIES DESCRIBED IN THIS PAMPHLET PROCEED FROM THE CERTIFICATE OF INCORPORATION IN WHICH IS STATED THE NATURE OF THE BUSINESS, OBJECTS, AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED OUT BY THIS CORPORATION.

REVOCATION OF CERTIFICATE

Certificates issued by this Board are subject to the provisions of the Articles of Incorporation and the By-laws. According to Article IX, Section 4, of the By-laws, "Each Certificate shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, The American Board of Urology, Inc., or of the By-laws; or

B. The physician or party certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the directors of the Board at the time of the issuance of such certificate; or

C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The physician so certified, at any time while continuing to practice, shall cease to practice Urology; or

E. The physician so certified shall at any time have neglected to maintain the degree of competency in the practice of the specialty of Urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or

F. The physician so certified has been found to be guilty of unethical practices or immoral conduct or of conduct leading to revocation of his license.

The Board of Trustees of this Corporation shall have the sole power, jurisdiction and right to determine and decide whether or not the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation. The Board of Trustees may, however, in its discretion, require any physician so certified to appear before the Board of Trustees or before any one or more of them or before any individual or individuals designated by the Board of Trustees, upon not less than twenty (20) days written notice, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked upon any one or more of the above-described grounds specified in such notice. The failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Trustees, shall constitute, *ipso facto*, cause for revocation of his certificate. The decisions of the Board of Trustees relating to all matters under this Section 4 shall be final and binding.

MEDICAL LICENSURE REQUIREMENTS*

Citizenship Requirements for Permanent Licensure

No Requirement		
California	Guam	Virgin Islands
Canal Zone	Maine	Washington
District of Columbia	Utah	
Declaration of Intention		
Connecticut	Massachusetts	Pennsylvania
Hawaii	Minnesota ³	Rhode Island
Idaho	New Hampshire	South Dakota
Illinois	New Mexico	Texas
Indiana	New York	Vermont
Iowa	Oregon	Virginia
Maryland		Wisconsin
Full Citizenship		
Alabama	Louisiana	Ohio ¹
Alaska	Michigan ⁴	Oklahoma
Arizona	Mississippi ²	Puerto Rico
Arkansas	Missouri	South Carolina ⁴
Colorado	Montana ¹	Tennessee
Delaware ¹	Nebraska	West Virginia
Florida	Nevada ¹	Wyoming ²
Georgia	New Jersey	
Kansas	North Carolina ²	
Kentucky	North Dakota	

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 ⁴
	California	Florida ⁴
	Colorado ²	
	Delaware	
	District of Columbia	
	Indiana ²	
	Massachusetts ⁵	
	Missouri ⁶	
	New Hampshire	
	New Mexico	
	Oregon ¹	
	Rhode Island ⁶	
	South Carolina ⁴	
	Texas ²	
	Vermont ⁶	
	Virginia ¹	
	West Virginia ⁷	

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. Must have institutional permit or license.
4. Hospitals required to register names of interns every 6 months with State Board of Medical Examiners. Interns may serve for a period of 2 years without licensure.
5. Limited registration granted.
6. Temporary permit required.
7. Foreign graduates must obtain a temporary license for such service.
8. 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. 192, pp. 855-904 (June 7), 1965.

Medical Licensing Boards Requiring Internship

Alabama	Iowa	Oregon ⁵
Alaska ¹	Kansas	Pennsylvania
Arizona ⁵	Kentucky	Puerto Rico ³
California ⁴	Louisiana ³	Rhode Island ³
Canal Zone	Maine	South Dakota
Colorado	Michigan	Utah
Delaware ³	Minnesota	Vermont ⁵
District of Columbia	Montana	Virgin Islands
Florida ³	Nevada	Washington
Guam	New Hampshire ⁷	West Virginia
Hawaii	New Jersey ⁴	Wisconsin
Idaho	North Dakota	Wyoming
Illinois ²	Oklahoma ⁴	

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 with stated substitutes.
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. May be straight or rotating.
6. Must be approved by Board and meet minimum standards of qualification by the AMA.
7. An internship, approved by the Board, of not less than 12 months.
8. One year approved internship or 5 years private practice in the United States.
9. Foreign graduates are required to have completed 2 years of AMA-approved internship.

Licensure, Registration, or Other Requirements for Residents

Licensure	Registration	Other Requirements
Iowa ⁵	Arkansas	Arizona ¹
Maine ⁶	California ²	Florida ²
Michigan ⁶	Colorado ²	
Minnesota ⁶	Delaware	
Montana	District of Columbia	
Nebraska	Idaho	
Nevada ⁹	Illinois ⁴	
North Carolina ¹¹	Indiana ¹⁴	
North Dakota	Massachusetts ⁵	
Oklahoma ¹¹	Missouri ⁶	
Puerto Rico	New Hampshire	
South Dakota	New Mexico	
Utah	New York ¹⁰	
	Oregon ¹	
	Pennsylvania ¹²	
	Rhode Island ⁶	
	South Carolina ⁴	
	Texas ¹²	
	Vermont ⁶	
	Virginia ^{1, 7}	
	West Virginia ⁵	
	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. May serve for not more than 1 year without licensure in a hospital functioning as a part of the teaching program of an approved medical school in California.
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 required except in Public 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. Must have institutional permit for internship or duration of residency in specific hospital; register annually and pay \$1 fee. Exempt if licensed in Texas.
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 for term not more than 6 months, and only once renewable.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard 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, Institutional permit, good only in state institution, renewable each year.
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 semiannual 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	A certificate of Graduate Training issued if requirements of law have been met. No authority to practice nor licensure rights.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to foreign graduates, noncitizen who is awaiting citizenship. Temporary license issued to interns, residents, fellows, or house officers.
Montana	Temporary license is granted to physicians to practice anywhere in the state in the interim between license meetings. Must appear at next board meeting to have temporary license made permanent.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
New Hampshire	Temporary license or until full citizenship or a maximum of 5 years for foreign-trained physicians.
New Jersey	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of the state.
New Mexico	Institutional permit issued for practice in state hospitals only. Permits for interns and residents. Temporary licenses issued until next board meeting.
New York	Temporary certificate for 2 years for residency training required 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 until next board meeting and for locum tenens. Limited license for physicians employed in state hospitals. Does not apply to foreign graduates.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for 2 additional years.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign Postgraduate Registration for physician in United States on Educational Visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit issued for intern and residency training on a yearly basis. Temporary permits are issued to endorsement applicants 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 graduates, 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 requirement may be waived and temporary license granted on annual basis at the discretion of the Board provided the applicant successfully completes ECFMG examination or Board's written examination; citizenship must be obtained within 5 years.

	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	25
Alaska	x	x	x	x	x	x	x	35
Arizona	x	x	x	x	x	x	x	50
Arkansas	Not Accepted							
California	x				x		x	40
Canal Zone	x				x	x	x	10
Colorado	x		x	x	x	x	x	50
Connecticut	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	35
Florida	x		x	x		x	x	20
Georgia	x	x	x			x	x	50
Guam	x	x				x	x	50
Hawaii	x		D		x	x	x	50
Idaho	x		D		x	x	x	75
Illinois	x		D		x	x	x	50
Indiana	x		D		x	x	x	25
Iowa	x	x	D	x	x	x	x	50
Kansas	x		x	x	x	x	x	50
Kentucky	x		x		x	x	x	50
Louisiana	Not Accepted							
Maine	x				x	x	x	100
Maryland	x		D		x	x	x	50
Massachusetts	x		D				x	50
Michigan	x	x	x	x	x	x	x	30
Minnesota	x		D	x	x	x	x	50
Mississippi	x		x			x	x	35
Missouri	x		x			x	x	50
Montana	x	x	x		x	x	x	75
Nebraska	x		x	x				25
Nevada	Not Accepted							
New Hampshire	x		D				x	30
New Jersey	x	x	D				x	50
New Mexico	x		D	x			x	100
New York	x		D			x	x	40
North Carolina	x		x			x	x	50
North Dakota	x		x			x	x	100
Ohio	x	x	x			x	x	50
Oklahoma	Not Accepted							
Oregon	x		D	x	x	x	x	125
Pennsylvania	x		D			x	x	50
Puerto Rico	x					x	x	30
Rhode Island	x		D	x	x	x	x	50
South Carolina	x		x			x	x	100
South Dakota	x	x	D	x	x	x	x	40
Tennessee	x	x	D	x	x		x	50
Texas	x		D			x	x	50
Utah	x		x	x	x	x	x	25
Vermont	x		D			x	x	20
Virgin Islands	x						x	65
Virginia	x		D			x	x	50
Washington	x	x		x	x	x	x	25
West Virginia	x		D			x	x	25
Wisconsin	x		D	x	x	x	x	75
Wyoming	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.
Arizona. Two years of approved internship in United States' hospitals required.
California. Non-Citizens—Two-year internship in an approved hospital in the United States, one of said years being in California, followed by oral and clinical examination. Citizens—one year approved internship in an approved hospital in the United States followed by oral and clinical examination; if satisfactory internship already completed, all three parts of examination (written, oral, clinical) may be taken at the same time.
Canal Zone. Acceptable at the discretion of the Board.
Colorado. Credentials must be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being issued by the U. S. Consul in the country wherein the school of graduation is or was located. Two years of approved residency.
Connecticut. For graduates of unapproved medical schools, minimum of three years of hospital training in approved hospital in United States or Canada required, one year of which must be in general medicine. Maintains list of acceptable medical schools.
Delaware. Residence for one year required.
District of Columbia. 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. \$50 examination fee for nonresidents.
Guam. Residence for one year required. Diplomates of National Board eligible on endorsement basis.
Hawaii. Residence for one year required. Diplomates of National Board eligible on endorsement basis. Graduates of other schools considered if in practice for 7 of 11 years as 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 and citizenship.
Iowa. The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all of the following: (a) a diploma issued by a medical college which college has been neither approved nor disapproved by the medical examiners; and (b) completion of three years of training as a resident physician which training has been approved by or is acceptable to the medical examiners; and (c) recommendation of the ECFMG.
Kansas. Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul. ECFMG certificate has a favorable bearing on acceptance.
Kentucky. Applicant required to complete at least five years' training in the United States in an institution approved by the board 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. Two years graduate training.
Mississippi. Interview by examining board prior to examination required.
Missouri. Temporary license issued noncitizens, awaiting citizenship.
New Hampshire. Diplomates of National Board of Medical Examiners eligible on endorsement basis. Temporary license valid until citizenship is completed may be given. Considered on 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, ECFMG examination or equivalent required of both groups.
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 Carolina. Residency training is required as specified by the Board.
South Dakota. Applicant required to practice in a State Institution for four years under a temporary license and reappear before the board for permanent licensure.
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. Canadian graduates endorsed by a Canadian province must also appear.
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 accredited hospital training 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 Endorsement of Credentials**

	Written Examinations	Licenses Issued by Reciprocity or Endorsement
Alabama	Annually	Continuously
Alaska	On application	Continuously
Arizona	April, July, December	January, May, August
Arkansas	June and November	June and November
California	Quarterly	Once a week
Canal Zone	Quarterly	Quarterly
Colorado	Twice annually	Quarterly
Connecticut	March, July, and November	Continuously
Delaware	January and July	Monthly
District of Columbia	Twice annually	Quarterly
Florida	June and November	No reciprocity
Georgia	June and October	June and October
Guam	No examination given	On application
Hawaii	January and July	Continuously
Idaho	Semiannually	Semiannually
Illinois	Quarterly	Quarterly
Indiana	Annually, June	Once a month
Iowa	June and December	Monthly
Kansas	January and June	January and June
Kentucky	Biannually	Eight examinations annually
Louisiana	June and December	June and December
Maine	March, July, and November	March, July, and November
Maryland	June and December	Once a Month
Massachusetts	January and July	Monthly except August
Michigan	June and October	Continuously
Minnesota	Quarterly	Quarterly
Mississippi	Annually, June	June and December
Missouri	Twice annually	Eight times annually
Montana	January and July	Continuously
Nebraska	Annually in June	Continuously
Nevada	Quarterly	Quarterly
New Hampshire	Twice annually	Twice annually
New Jersey	June and October	Monthly
New Mexico	May and November	May and November
New York	July and December	Continuously
North Carolina	Annually, June	Five times annually
North Dakota	January and July	January and July
Ohio	June and December	Six times annually
Oklahoma	Annually, June	Quarterly
Oregon	January and July	Quarterly
Pennsylvania	May and November	Every 6 to 8 weeks
Puerto Rico	Twice annually	Continuously
Rhode Island	Quarterly	Eight times annually
South Carolina	June and November	May, June, and November
South Dakota	Twice annually	Continuously
Tennessee	Quarterly	Continuously
Texas	Biannually	Quarterly
Utah	Annually, May	February, June, Au- gust, and November
Vermont	January and June	Continuously
Virgin Islands	Twice annually	Twice annually
Virginia	June and December	June and December
Washington	January and July	Quarterly
West Virginia	January and July	Quarterly
Wisconsin	January and July	Quarterly
Wyoming	February, June, and October	February, June, and October

Medical License Fees

	Exami- nation	Reciprocity or Endorsement
Alabama	\$ 25	\$100
Alaska	35	110
Arizona	50	150
Arkansas	50	100
California	40	100 ^a
Canal Zone	50	10
Colorado	25	50
Connecticut	50	100
Delaware	50	150
District of Columbia	35	50 ^a
Florida	50	..
Georgia	20 ^{a, f}	100
Guam	..	50
Hawaii	50	50
Idaho	25	150
Illinois	75	150
Indiana	25	100
Iowa	50	100
Kansas	50	..
Kentucky	50	75
Louisiana	25	50
Maine	100	100
Maryland	50	50
Massachusetts	50	75
Michigan	30	100
Minnesota	50	100
Mississippi	35	50
Missouri	50	100 ^a
Montana	75	100
Nebraska	25	50
Nevada	100	200
New Hampshire	30	50
New Jersey	60 ^b	110
New Mexico	100	100
New York	40	40
North Carolina	50	100
North Dakota	100	100
Ohio	50	100
Oklahoma	25	100
Oregon	50 ^f	100 ^c
Pennsylvania	50	75
Puerto Rico	30	30
Rhode Island	50	50
South Carolina	50	100
South Dakota	40	90
Tennessee	50	100
Texas	50	100
Utah	25	50
Vermont	20	50
Virginia	50	100
Virgin Islands	65	65
Washington	25	25
West Virginia	25	100
Wisconsin	50 ^d	100
Wyoming	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.

g. Plus \$10 filing fee and \$18 initial fee.

h. \$100 for graduates of foreign medical colleges.

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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 Appendix Table 6. 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).

Although 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.
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- 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, 403 Sequoyah Memorial Bldg., Oklahoma City 5.
- Oregon: Mr. R. L. Collins, Secretary, Box 5175, Eugene.
- Rhode Island: Mr. Thomas B. Casey, Administrator, 366 State Office Bldg., Providence.
- South Dakota: Dr. W. McA. Kleibacker, Secretary, 909 Mulberry St., Yankton 57678.
- 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, Department of Registration, 318 State Capitol Bldg., Salt Lake City 84114.
- 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 ³

*Fee for registration by examination and reciprocity: (1) non-residents \$50; (2) reciprocity \$75; (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, 1964

Year of Enactment	Subjects Included in Examination								Interstate Registration Policies																									
	Anatomy	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	Utah	Washington	Wisconsin	Other
Alabama	x	x	x			x	x			Reciprocity if examination is equal to that of Alabama																								
Alaska	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Arizona	x	x	x			x	x			Reciprocity if credentials equal to those of Arizona and 4 subjects passed at one time																								
Arkansas	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Colorado	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Connecticut	x	x	x			x	x			No reciprocity																								
Dist. of Columbia	x	x	x			x	x			Examination may be waived ³																								
Florida	x	x	x			x	x			No reciprocity																								
Iowa	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Kansas	x	x	x			x	x			Examination may be waived ³																								
Michigan	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Minnesota	x	x	x			x	x			x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	x ³	
Nebraska	x	x	x			x	x			May waive examination if basic science or medical grades of other states not less than 75% in each subject																								
Nevada	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
New Mexico	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Oklahoma	x	x	x			x	x			Considered on individual basis																								
Oregon	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Rhode Island	x	x	x			x	x			Considered on individual basis																								
South Dakota	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Tennessee	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Texas	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Utah	x	x	x			x	x			No reciprocity																								
Washington	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Wisconsin	x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

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, bacteriology, and chemistry.